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HOW THEY SEE ME: REENTRY EXPERIENCES OF WOMEN WITH MENTAL ILLNESSES: AN INTERPRETATIVE PHENOMENOLOGICAL APPROACH

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By

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DISSERTATION

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ABSTRACT

How They See Me: Reentry Experiences of Women with Mental Illnesses: An Interpretative Phenomenological Approach

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Supervising Professor(s):
Jandel Crutchfield, Ashley Palmer, Robert Kunovich, December Maxwell, Rebecca Mauldin

The reintegration of justice-involved people into the community has emerged as a key concern of the criminal justice system as prison populations have increased globally. High recidivism rates indicate that prisons have not adequately prepared many prisoners for life after prisons. Over one million women are released from US jails and prisons each year and reintegrate into society (National Institute of Justice, 2022). These women will reintegrate into society with disproportionately high rates of mental health issues and women who leave jails and prisons with mental health issues face increased risks of experiencing substance use, risky behaviors, homelessness, and recidivism (Skeem, et al., 2006). And although recidivism is a complex phenomenon, research has shown certain practices and policies can reduce the tendency to reoffend (Bender et al., 2016). Addressing mental health concerns can reduce recidivism, but there little is known about how a mental illness diagnosis influences the reentry experiences of justice-involved people. Even less is known about how this impacts women specifically. The purpose of this study is to explore the re-entry experiences of justice-involved women who have

a mental illness diagnosis. The study examined how a diagnosis of mental illness shapes justice-involved women's interactions with reentry services and providers. An interpretative phenomenological approach guided the entire study: from the design of the interview guide to the collection of data through in-depth semi-structured interviews, and into the data analysis.

Thematic analysis of the data resulted in three superordinate themes and seven subthemes: The first superordinate theme, 'Negative experiences with reentry service providers,' was comprised of two subthemes: 'lack of support' and 'stigma of mental illness/otherness.' The second superordinate theme, 'Coping,' was comprised of three subthemes: 'substance abuse.' 'trust issues,' and 'practitioners as a positive resource.' The final superordinate theme, 'Internal Resources,' was also comprised of two subthemes: 'motivation for desistance from crime,' and 'the role of friendships/connections.'

The findings were compared with current literature on justice-involved women from an intersectional and ecological systems perspective to make recommendations for social and institutional change. Reentry service providers can use the findings to develop specific interventions for women who are transitioning back into society that not only addresses the stigma of incarceration, but also the compounding stigma of a mental illness diagnosis. This will allow reentry services to design a more supportive and evidence-based service delivery system to justice-involved people. Policymakers can decriminalize substance use-and mental health-related behaviors as well as fund mental health diversion and reentry services that promote access to mental health resources and supports.

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dreamed that I would meet others that have the same vision to change the world one person at a time. I am humbled by your tireless dedication to improving the life of those that live with serious mental illnesses and I am eternally thankful that I am alongside you in this endeavor.

Finally, a word to myself: as women, we do not always take credit for our accomplishments, and this holds true for me personally. At times impostor syndrome would overcome me and I frequently questioned my decision to pursue a doctorate. What I have learned is that if you don't acknowledge to yourself and others your contributions and achievements, it will eventually diminish you, and hold you back. As a single mother of two children who was working full time throughout my doctoral education, I do not have the words to accurately convey what it took to finish this project. Specifically, where I found the strength and determination to get through the times I almost gave up. In light of this, I want to take a moment to acknowledge my own perseverance and dedication to the pursuit of this degree. Also, I would be remiss in not mentioning my family- especially my parents and children. Their belief in me has kept my spirits and motivation high during this process.

Dedication

I will keep this short and sweet. I dedicate this dissertation to Mami, Papa, Dev and Eashon. To my sons: I hope that I have shown you in the way that I live my life that there is nothing you cannot achieve. Through all of the ups and downs we have gone through in this roller coaster ride of life- it has always has been for you. To my parents: thank you for always believing in me no matter the circumstances. I hope you are proud.

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Chapter 1: Introduction to the Study

Introduction

The number of individuals legally committed to community corrections and probation has increased dramatically in recent years (Ditton, 1999; Glaze & Bonzcar, 2007). This growing population of offender's experience challenges in multiple domains of life, including rehabilitation/recidivism, housing, employment, education, and access to therapeutically effective and culturally relevant mental health care (Skeem, et al., 2006). Skeem et al. (2006) argued that individuals with mental illness who are forced into the criminal justice system are a particularly vulnerable group. This vulnerability is related to the fact that they simultaneously experience barriers and challenges related to their criminal history, the stigma of deviance, and the stigma of mental illness (Copenhaver et al., 2007).

Reentry [reintegration] refers to the process of leaving jail and/or prison and rejoining society. Reintegration is designed to help justice-involved people successfully return to their communities and reentry programs are designed to help returning citizens successfully reenter society following their incarceration. These programs focus on factors such as employment, health, education, and housing. These programs are meant to help lower recidivism rates and ensure the justice-involved population does not commit another crime and/or return to incarceration. In addition to reentry, recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime (National Institute of Justice, 2022). Therefore, the reentry of justice-involved people is critical to reducing recidivism rates.

Although researchers have highlighted the different factors that impact recidivism and successful reentry, there is scant research regarding women specifically, and even less regarding women with mental illnesses (Bender et al., 2016; Gunnison et al., 2015; Tarpey and Friend, 2016; Tyler and Brockman, 2017; Zortman et al., 2016); This study will address that gap: the collective reentry experience of women with a mental illness diagnosis who are transitioning back into society.

The number of justice-involved women who are reentering society has increased dramatically in recent years (Ditton, 1999; Glaze & Bonzcar, 2007). This growing sector of the justice-involved population faces increasing challenges in reintegration including, housing, employment, education, and access to therapeutically effective and culturally relevant mental health care (Skeem et al., 2006). Furthermore, women with a mental illness who have been incarcerated are a particularly vulnerable group. As this group of women are faced with multiple stigmas, understanding their experiences with reintegration providers is crucial to making sure they do not recidivate. And although there is no shortage of reentry programs and non-profits that help with the reintegration of justice-involved women, there is limited knowledge about how the women who utilize these services and programs experience the transition; and even less is known about how mental illness shapes these experiences.

This study consists of five main chapters. Chapter one of the study introduces the problem and provides an overview of the study. Chapter two covers the history of mass incarceration, existing literature on justice-involved women with mental illness, protective and risk factors for recidivism, and mental illness diagnosis as it relates to incarceration and reentry. Chapter three explains the details of the selected methodology. Chapter four discusses the

findings of the study. Chapter five highlights the findings, interpretation, implications, and recommendations of the study.

Background

There are 1.5 million people in state and federal prisons and approximately 219,000 are women (Sawyer & Wagner, 2020). And although the United States is home to just 4% of the world's female population, it is responsible for 33% of the entire world's incarcerated female population (Sawyer & Wagner, 2020). The problem is substantial., the latest data shows that the number of women in jail on a given day grew by more than 5%, even as the rest of the jail population declined (Sawyer & Wagner, 2020). Between 1980 and 2020, the number of incarcerated women increased by more than 475%, rising from a total of 26,326 in 1980 to 152,854 in 2020 (Sawyer & Wagner, 2020). The number of incarcerated women was nearly five times higher in 2020 than in 1980 (Sawyer & Wagner, 2020). According to a November 2019 report by the Prison Policy Initiative, the rate of incarceration of women in the United States is at a historic and global high, with 133 women in correctional facilities per every 100,000 female citizens.

To further exacerbate the problem, over half these women return to prison within a three-year period from release for either committing a new crime or for violating the terms of their release (Sheet, 2020). And although females are less likely to recidivate than their male counterparts, much of the early research on coping and adjustment to the negative effects of incarceration is concerned with males; there is less extensive literature on women (Patel et al., 2021). Research on female incarceration is critical to understanding the full consequences of mass incarceration and its huge impacts on society- both financial and social costs.

For example, The Bureau of Justice statistics (Kluckow & Zeng, 2022) estimates that the United States spends more than $80 billion each year to keep prisoners incarcerated and another $3.9 billion annually on private prisons and jails. Between 1982 and 2012, the growth in justice system expenditures was 310% (Kluckow & Zeng, 2022). In addition to the financial burden to taxpayers, the annual cost to families for taking care of a loved one that is incarcerated is $2.9 billion (Sawyer & Wagner, 2020). For every dollar in corrections costs, incarceration generates an additional ten dollars in social costs (Pettus-Davis, et al., 2016). More than half of the costs are shouldered by the families, children, and community members who have committed no crimes (Pettus-Davis, et al., 2016). Essentially, excluding the cost of jail, the aggregate burden of incarceration would exceed $500 billion annually (Pettus-Davis, et al., 2016).

With regards to women, at least 60,000 children become homeless as a result of maternal incarceration (Wakefield & Wildeman, 2014). The average cost of homelessness is $14,480 per homeless person, so the total cost of child homelessness is $0.9 billion (Sparks, 2017). This figure is a gross underestimate because it does not include the psychological harm becoming homeless does to children. These issues are further exacerbated when the returning mother faces mental health issues herself. It is approximated that three-fourths of women incarcerated in the US experience mental health issues (James & Glaze, 2006; Prins, 2012).

The mental health issues of justice-involved women who are released from US jails and prisons present major public health concerns because mental health problems increase their risk for drug use, risky drinking, risky sexual behaviors, housing problems, and employment instability, multiple incarcerations, and adverse outcomes for their children (Cutcher, et al., 2014; Dube et al., 2001; Dube, et al., 2003; McClelland, et al., 2002; Visher, et al., 2011).

However, because men make up most the incarcerated population, little is known about the experiences of women with mental health issues after their release from jail and/or prison.

Addressing mental illnesses among the returning citizens makes psychological, practical, and fiscal sense. If women are accurately assessed while they are under the jurisdiction of a criminal justice system, and subsequently receive effective integrated treatment, while also linked with comprehensive community services, the possibility of reducing the multiple burdens among returning justice-involved women with mental illness increases. Moreover, the multiple issues that these women present for jails and prisons, and the communities to which they continually return, also may benefit.

Over the past decade, community-based intervention programs for women involved with the criminal justice system have gained popularity and these programs are much more cost effective thereby appealing to policymakers funding the criminal justice system (Melton, et al., 2000). For example, programs that provide individual and group therapy, psychiatric evaluations and ongoing care and medication management can create a safe environment for justice-involved women with mental illnesses have been successful at reducing recidivism among women, but specifically, women with mental illness who are reintegrating (Covington, 1997; Sideman & Kirschbam, 2002; Sowards et al., 2006).

Addressing mental health concerns can reduce recidivism, but there little is known how mental illness influences the reentry experiences of justice-involved people. And even less is known about how this impacts women specifically. The studies to date were conducted over a decade ago and in turn, are not addressing the current increase in justice-involved women. This study's findings can help reentry service providers to develop specific interventions for women with mental health issues who are transitioning back into society that not only addresses the

stigma of incarceration, but also the compounding stigma of a mental illness diagnosis. This will allow reentry services to design a more supportive and evidence-based service delivery systems to justice-involved women. Policymakers can decriminalize substance use-and mental health-related behaviors as well as fund mental health diversion and reentry services that promote access to mental health resources and supports.

Problem Statement

There are over 200,000 women incarcerated in the US on any given day, making up nearly one-third of the world's female prisoners (Walmsley, 2015). Women's incarceration rates in the US have increased nearly 700 percent since the 1980s, far exceeding that of men (Travis, et al., 2014; Walmsley, 2015). Most women incarcerated in US prisons will be released within two years and women in jails within one month (Bonczar, 2013; Olson & Escobar, 2012). Thus, an estimated one million women are released from US jails and 100,000 from prisons each year (Carson & Anderson, 2016; Solomon, et al., 2008). Women incarcerated in US jail and prisons experience high rates of mental health issues and approximately three-fourths of women incarcerated in the US experience mental health issues (James & Glaze, 2006; Steadman, et al., 2009), but there is a dearth of information concerning the role mental illness plays in women's lives as they prepare for reentry and when they return to their communities.

Of incarcerated women with mental health issues, an estimated three-fourths have co-occurring substance use disorders (Abram et al., 2003). Many incarcerated women meet diagnostic criteria for post-traumatic stress disorder, depression, bipolar disorder, and schizophrenia (Lynch, et al., 2012). Incarcerated women also report high rates of abuse, violence, and trauma in the form of physical and sexual abuse as children and adults; as well as multiple types of other adverse childhood experiences (Dube, et al., 2003; Lynch et al., 2012;

Messina & Grella, 2006). Furthermore, an estimated three-fourths of incarcerated women had an incarcerated caregiver as children and two-thirds witnessed violence or lived with a caregiver who used drugs or alcohol; illustrating the heritable nature of incarceration, trauma, and substance use issues (Lynch et al., 2012). Therefore, women who have mental health issues are susceptible to significant risk after release. However, because men make up most the incarcerated population, little is known about the mental health of women after their release from jail and prison as most research has been conducted on men.

Incarcerated women's mental health issues are likely to continue after release. In a study conducted by Visher & Bakken (2014), compared with women without mental health problems, women with mental health problems released from prison experience higher rates of post-release suicidal thoughts (33 v. 3%), hallucinations (26 v. 2%), poor health (44 v. 25%), hospitalizations (30 v. 11%), housing problems (39 v. 23%), criminal activity (43 v. 20%), arrest (42 v. 26%); and lower rates of employment (22 v. 39%), and family support (6 v. 83%) (Visher & Bakken, 2014). While women's mental health symptoms may improve initially after release, those improvements appear to level off within 6 months (Guydish et al., 2011). Perhaps not surprisingly then, over two-thirds of women return to using drugs and alcohol within the first month of release (Scott & Dennis, 2012). Furthermore, lower levels of social and family support after release may contribute to worsening depression and post-traumatic stress symptoms, as well as an increased risk for rape, abuse, and violence (Salina, et al., 2011). Thus, the mental health problems of women released from incarceration require attention because they may increase their risk for substance use, suicide, homelessness, unemployment, re-arrest, insufficient support, violence, and trauma.

The incarceration of women cannot be addressed without also addressing the topic of recidivism. In a study conducted by Drake (2018), approximately 5 million individuals were under justice system community supervision in 2014. And about two thirds of the reentry population reoffended within 3years, with over half of these individuals committing crimes within the first year (National Institute of Justice, 2014). Since recidivism rates are high, this problem has a large impact on society, which highlights the need for further understanding of recidivism and its risk factors. There are both personal and environmental risk factors for recidivism and they are not mutually exclusive. This population has tremendous needs, and there are limited resources available to them upon release (Baglivio al., 2017; Breetzke & Polaschek, 2018; Ward & Fortune, 2016). One subgroup of this high-needs group is women who struggle with mental illness.

With the rates of incarceration of women rising and often occurring in environments with several other risk factors for criminal behavior, these women pose a special challenge with regards to recidivism. As the Tarpey & Friend (2014, pg. 12) stated, there is both a "collective internal cognitive identity development process as well as an external visual identity" that can impact how the individual interacts with others, including interaction with reentry services. A mental illness can impact how an individual is perceived by others, resulting in potential mistreatment and barriers to achieving conventional goals (Dooley, et al., 2014; Peterson & Panfil, 2017). This type of identity can result in systematic oppression of this reentry population and can result in higher rates of recidivism and increased barriers to rehabilitation interventions (Wildeman et al., 2018; Peterson & Panfil, 2017; Spooner, et al., 2017).

The mental health issues of women released from US jails and prisons present major public health concerns because mental health problems increase their risk for injection drug use,

risky drinking, risky sexual behaviors, housing problems, and employment instability, multiple incarcerations, and adverse outcomes for their children (Cutcher, et al., 2014; Dube et al., 2001; Dube, et al., 2003; McClelland, et al., 2002; Visher, et al., 2011). However, the scholarship in this area has considered mental illness only as a broad concept, rather than specific to women and reentry. The purpose of this study is to explore the experiences of reentry women who have a mental illness diagnosis. Given the rise in justice-involved women, and as both mental illness and recidivism are major social problems, there justifies a need to inquire into these women's unique experiences of reentry to facilitate positive change- not only to reduce recidivism, but to improve reentry programming in general.

Purpose of the Study

The purpose of this qualitative study was to explore the reentry experiences of women with a mental illness (diagnosed and undiagnosed). This study is based on research that mental illness plays a significant role for women in their reintegration process; however, the extent or nature of the influence on post-release is relatively unknown. There is a dearth of information concerning the role mental illness plays in women's lives as they prepare for reentry and when they return to their communities; but most research has considered mental illness only as a broad concept, rather than specific to women and reentry. Given the rise in justice-involved women, and as both mental illness and recidivism are major social problems, there justifies a need to inquire into these women's unique experiences of reentry to facilitate positive change- not only to reduce recidivism, but to improve reentry programming in general. The insights from this study can be used to tailor best practice interventions for both women and people with a mental illness diagnosis that are reintegrating.

This reentry population has a unique set of identities that can shape their experiences with reentry service providers and although there is a growing body of research on justice-involved women, an intersectional and phenomenological perspective is lacking from current criminal justice research. In addition, a mental illness diagnosis can shape reentry experiences by adding another level of stigma which can increase recidivism risk (Bender, et al., 2016). However, to date, there has been scant literature on how this diagnosis impacts reentry experiences and more specifically, how to best address the multiple risk factors in the rehabilitation of justice-involved women with a mental illness diagnosis. This requires a novel and innovative approach to understand what motivates and inspires women to be successful once they return to their communities.

Research Question

How does mental illness shape justice-involved women's experiences with reentry service providers?

Scope and Delimitations

The scope of the study centered around the reentry of women with a mental illness diagnosis. The participants were adult women who have a mental illness diagnosis (diagnosed or self-reported), who have a criminal history, and have experiences with reentry organizations. Additionally, although the population of justice-involved women is big in scope, my inclusion criteria applies to a smaller subgroup of this population. The focus of the study was on the experiences of these women and how their identities shape their experiences with reentry providers and services and will refrain from addressing the myriad of other social issues that may be impacting them. Therefore, the findings of this study only represent the reentry experiences of women who have a mental illness diagnosis.

As this particular subset of the justice-involved populations may be transportation disadvantaged, virtual interviews and focus groups were more advantageous for participation. Conducting interviews virtually and recording allowed me to replay the session recordings in order to ensure appropriate coding. As such, participants were more comfortable sharing their thoughts since they are not in the same room as other participants. An important delimitation of the study was its focus on adult females who were incarcerated during a specific timeframe at prisons operated by either the United States federal government or the state of Texas.

Limitations

Since the study was qualitative and exploratory with a small sample size, the findings may not be easily replicated in a larger study. However, the findings will still be beneficial in that they may be transferrable, because the results can help guide future research on justice-involved women. The sampling method may also pose a limitation because the participants were all most likely participating in some type of reentry services so there may also be a bias related to motivation for change. The women in this study may have experiences that could be different from those women who do not participate in any type of reentry services. And the women who participated in my study may have been more willing to share their experiences because of a greater willingness to change. Additionally, the experiences of these women were very personal and because some participants may not be comfortable sharing their experiences with me, I tried to establish trust and rapport to create a safe space in which they can share their experiences with someone outside of their community.

An understanding and incorporation of the researcher's role in the research process is critical to any qualitative study. Researchers must accept that they cannot entirely remove themselves from the research and instead acknowledge how their personal experiences, values, and perspectives can result in biases (Fusch et al., 2018). Qualitative research is an iterative process that demands transparency as it relates to mitigating researcher bias (Megan et al., 2015). As with any study, a researcher may have some biases that will need to be addressed- and this will be no different in my study. Another potential limitation is my own intersectionality as the researcher and how that can shape the responses of the participants. Given that the design is qualitative, this type of influence is unavoidable, as is the risk of my own inherent bias coming into play. I addressed these by attempting to bracket personal conceptions, potential bias, and assumptions in interview notes and the use of a reflexive journal. I also used member checking

and debriefing so the women were able to review their responses and my interpretation of their responses to ensure that I have captured the essence of their experiences.

Significance

The results of this study will provide insight into the reentry experiences of justice-involved women with mental illness issues and how their identities affect the way in which they seek, access, and utilize reentry services. With this knowledge, reentry service providers can better support this population. As Zortman et al (2016) posited, positive interactions with service providers can increase engagement in services, thereby increasing their chances of successful reentry and decreasing recidivism. By increasing the awareness of this population's interpretations and interactions, it can assist in increasing the quality of engagement in services and assisting others to interact with this population.

Additionally, gaining a further understanding of how different barriers interact and influence each other can also aid in helping to improve programs and prioritize the needs of these women to focus on a system-based approach to reentry. By focusing on the interactions of these barriers, reentry providers can create programs that provide the most stability of both the program and the reentry population. Researchers have consistently demonstrated that early intervention, community/family support, cognitive treatment process, and access to supportive services can independently reduce the chances of recidivism (Berg & Cobbina, 2017; Chalas & Grekul, 2017; Lee, et al., 2016; Tarpey & Friend, 2016). The results of this study will add to the current reentry scholarship by a greater understanding of how intersectionality impacts recidivism. This knowledge can also support protective factors for women with a mental illness diagnosis. By further exploring this population's experiences with community systems, the

findings of this study will add valuable insights to assist professionals in providing quality services to this population that can assist in reducing the social problem of recidivism.

Summary

There is a significant amount of research regarding the risk factors and treatment interventions of recidivism that attempt to guide best practice; however, recidivism is still a major problem. Researchers have found that while individual and environmental risk factors have a major impact on recidivism, it is the interaction of these that influence recidivism rates (Tarpey & Friend, 2016). There has been a call to incorporate intersectionality into criminal justice research to begin to develop the voices of the marginalized populations (Martin, et al., 2020; Wesely & Miller, 2018; Willison & O'Brien, 2016; Windsong, 2018). In this study, I used systems theory and an intersectional approach to explore the reentry experiences of justice-involved women with mental illness to fill the gap in research.

The inherent goal of this study was to understand the essence of the experiences of women with mental illnesses as it pertains to their experiences with community reintegration. I used an Interpretative Phenomenological Analysis (IPA) to explore how the women assign meaning to their reentry experiences. The data will provide an evidence-based approach to reentry service delivery for justice-involved women and add to the knowledge about the role of mental illness for women returning to their communities following a period of confinement. The second chapter reviews the conceptual framework of the study and extant literature related to the history of mass incarceration, existing literature on justice-involved women with mental illness, protective and risk factors for recidivism, and mental illness diagnosis as it relates to incarceration and reentry.

Chapter 2: Literature Review

Introduction

Incarceration is an expensive problem; it costs taxpayers money, disrupts families, and impacts community systems (DeHart, et al., 2018; Ritzer, 2004). It costs about $88 dollars a day to incarcerate an individual (Kluckow & Zang, 2022); however, this does not account for the indirect costs of incarceration. There is the impact on the victims, the cost of crime on the neighborhood, the impact of criminal behavior on the economy, the financial and psychological impact on family, and the impact of incarceration on the individual once released (DeHart et al., 2018; Ritzer, 2004). Ritzer (2004) stated that criminal behavior can affect a community's infrastructure by impacting local businesses, esthetics, and the overall culture of the community.

Crime in communities attracts more crime, creating a cycle of poverty and violence that impacts all residents (Ritzer, 2004). Individuals who are incarcerated are not generating income while costing society money, which can have a major impact on the economy long term (Ritzer, 2004). And individuals who are incarcerated often have children or families who may use public assistance to supplement for the loss of income provided by the incarcerated individual or have barriers to employment, such as lack of childcare (Amani et al., 2018; DeHart et al., 2018).

According to DeHart et al. (2018), this can create stress on a family unit, with the partner also lacking the emotional support of a second parent. Additionally, children with an incarcerated family member are more likely to commit a crime in the future (DeHart & Shapiro, 2017). Even when released, the impact of incarceration still follows an individual. They face issues such as stigma, barriers to obtaining housing and employment, the stress of juggling

probation and/or parole requirements, and a lack of privacy (Martin et al., 2020; Peterson & Panfil, 2017).

As incarceration is a major social problem, so is recidivism. Recidivism is often influenced by many different environmental and psychosocial factors (Tyler & Brockman, 2017) and these factors interact with each other in ways that create stigmas that can impact an individual's interactions with the environment (Tyler & Brockman, 2017). The justice-involved population returning to their communities after a period of incarceration can have a significant impact on public safety for the communities they are returning to and one way to reduce this impact is by addressing the barriers to successful reentry. One of these barriers is mental illness.

The struggles for justice-involved population can be even more difficult for those that suffer from a mental illness because they face psychological challenges such as discrimination, isolation, and instability which can lead to devastating outcomes such as homelessness, substance abuse, overdose, and suicide (Notowny et al, 2014). According to the National Alliance on Mental Illness, 21% of adults experienced mental illness in 2020 and 64% of incarcerated people have reported mental health concerns. Approximately half the people in U.S. jails and over one third of the population of U.S. prisons have been diagnosed with a mental illness (Notowny et al., 2014).

During reentry, mental illness complicates the path for justice-involved people returning home and for women, this path is even more complicated because of the lack of gender responsive programming in reentry (Olson & Escobar, 2012). Women involved in the justice system who have mental illnesses have injustices that occur on multiple levels and interventions need to be more specific to meet their needs. As interventions have been either tested and/or developed for males (Kerig, 2018) and now that there is an influx of women involved with the

correctional system, there needs to be a more focused reentry system that is addressing their needs. Justice-involved women with mental illness who are reintegrating often have different rehabilitation and reentry needs and their intersecting identities presuppose the need to focus on the different experiences based upon their intersection of identities, social positions, and oppression to administer the most effective services for them. The goal of this study is to identify the needs of justice-involved women with mental illness who are reintegrating so that they are more effective at addressing this unique population's needs

In this chapter, I will provide key definitions, conceptual framework of the study and extant literature related to the history of mass incarceration, existing literature on justice-involved women with mental illness, protective and risk factors for recidivism, and mental illness diagnosis as it relates to incarceration and reentry.

Definition of Key Terms

For the purposes of this study, the following definitions will add clarity:

Gender: External male and female identifiers visible to others and the roles and generalizations that go along with the physical appearance (Moradi, 2017).

Desistance: Desistance is the process of abstaining from crime by those with a previous pattern of offending and is often an ongoing process (Laub & Sampson, 2001

Intersectionality: The unique combination of identities in which a person either identifies with or that others identify them as (Moradi, 2017; Windsong, 2018).

Recidivism: A person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime (National Institute of Justice,

2014). It refers to previously incarcerated persons who are returned to prison for commitment of another offense or a violation of the terms of release.

Reentry/Reintegration: The transition from incarceration back into the community (Sawyer & Wagner, 2020). There are many different types of reentry services such as probation/parole, house arrest, halfway houses, community service agencies, inpatient, and outpatient treatment.

Socioeconomic status: A person's social location based upon income: lower, middle, or upper class (Moradi, 2017).

Systems: Different entities (e.g., family, culture, social service agencies, etc.) and the way in which they interact with the individual (Neal & Neal., 2013). Systems can include groups of people as well as abstract ideas (Bronfenbrenner, 1977). It is important to note that systems can also be socially constructed.

Incarceration: is a state of confinement in a jail or prison following conviction of a crime.

Justice-involved: is a person who has, in the past, been involved with the criminal justice system.

Mental Illness: health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social., work or family activities (American Psychiatric Association, 2022).

Conceptual Framework

Intersectionality

Intersectionality was born from a tradition of Black feminist scholars and activists' work around class, race, and gender. Building on the work that was done both inside and outside the academy, critical legal scholar Kimberle Crenshaw (1989, 1991) introduced and expanded upon the term, intersectionality, to be applied within academia. As Crenshaw was a legal scholar, she argued that any analysis of crime that looks at racial., class, or gender disparities should take account of those intersecting identities (Crenshaw, 1989, 1991). In her essays, Crenshaw argues that experiences and lives cannot be separated into distinct identities of race, class, and gender. Rather, those identities overlap, crossing over into one another in many ways, depending on the context and situation. In this way, intersectionality highlights the fact that every person has multiple social statuses and that these statuses work in conjunction to shape an individual's experiences and identities in diverse ways (Crenshaw, 2013; Harnois, 2014).

Although rooted in Black feminist thought, intersectionality has advanced feminist studies beyond a solely gendered perspective of women's experience that goes beyond just race and gender. An intersectional perspective recognizes the significance of gender but does not consider it the most important axis of experience. To do so would prejudice a true understanding of the many different axis of experience, according to Crenshaw (2011). Intersectional work addresses the impact that the intersection of multiple identities has on a person's experience of either oppression or privilege (Moradi, 2017). Based on Crenshaw's work, intersectionality has informed research in the gamut of academic disciplines such as law, public health, history, ethnic studies, law, education, and social sciences (Paik, 2017; Cho et al., 2013).

As a critical theory, intersectionality conceptualizes knowledge as situated, contextual., relational., and reflective of the multiple identities in which an individual exists (Crenshaw,

1989). This approach is centered on structural inequality and advocates of this approach contend that self-reported race/ethnicity and sex are fundamental determinants of opportunity structure (Collins, 2015). In contrast to a one-dimensional approach to stratification, scholars who adopt the intersectional approach contend that the consequences of racial/ethnic self-classification and sex cannot be disaggregated (Collins, 2015); instead, they must be understood jointly. Intersectionality seeks to explain the question of how multiple forms of inequality and identity inter-relate in different contexts and over time (e.g., the inter-connectedness of race, class, gender, disability, and so on).

Collins (2015) describes intersectionality as functioning within matrices of domination that represent combinations of micro and macro level power structures and interrelated systems of oppression. There are historical and socially specific ways in which these power structures have been constructed and overlap to create different kinds of social realities, identities, and experiences (Bernard, 2019). Collins (2015) defined intersectionality as "the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities" (pg. 2). In particular, it can be used to examine reentry services that ignore other axes of marginalization, such as class and race, generating a powerful dynamic that can result in the inability to access gender sensitive/appropriate reentry services, possible denial of therapeutic resources, exposure to mental health damaging environments and reoffending (Gueta, 2020).

The power of intersectionality as a framework for social science studies is its potential to tap into theoretical., applied, and lived experiences (Brewer, et al., 2002). Intersectionality disrupts group-based notions of women, people of color, and sexual minorities. It calls attention to these social identities and highlights how they are treated as marginal because they are

conceptualized as subsets of a broader group (Crenshaw, 1991). An intersectional approach assumes that different forms of oppression, such as racism and genderism overlap and result in unique social group which requires considering the intersecting and reinforcing relationships between multiple disadvantages. It underscores the complex nature of power and allows scholars to acknowledge how one form of stratification cannot be understood without considering how it intersects and reinforces other forms of stratification.

Additionally, intersectionality describes the way in which different identities interact with each other to form a person's complete identity (Moradi, 2017). This identity can not only shape how individuals view themselves, but how society perceives the individual. Moradi (2017) described how someone who is labeled and perceived by others based upon their appearance can shape their interactions with others and in turn, can influence how that individual sees others- in an almost cyclical relationship. This shapes the way society develops with these groups to create either privilege or oppression (Moradi, 2017). Often the label of being an offender impacts how others view them, resulting in increased oppression and decreased opportunities for advancement (Ward & Fortune, 2016).

Researchers (Parent et al., 2016; Steffensmeier, et al., 2017; Tarpey & Friend, 2016; Tyler & Brockmann, 2017) have shown that many marginalized groups are often more likely to be incarcerated (e.g., ethnic minorities, impoverished families, individuals with physical or mental health issues, people with addiction) and these identities can influence how the criminal justice system interacts with these groups in a way that can create oppression (Steffensmeier et al., 2017). These groups have experienced multilayered oppression and understanding the voices of these marginalized populations can bring clarity to learn how these interactions with the criminal justice system can shape their experiences with oppression. Intersectionality focuses on

the individual's unique combination of identities and how these identities both influences, and are influenced by, their social environment. One of the benefits of intersectionality in reentry research is its ability to highlight the unique experiences of individuals based upon their actual and perceived identifies. This perspective focuses on intermeshing systems of oppression and the need to work toward structural changes to promote social justice and equity. The cumulative and overlapping effects of these power structures uniquely shape justice-involved women's experiences.

Intersectionality and Justice-involved Women

Currently, the research on justice-involved women does not employ an intersectional lens (Chesney-Lind, 2006). The intersectional model of identity aims to describe the social location of any individual in relation to systems of oppression that shape the social construction of their identity. Race, class, and gender are examples of these systems as they may lead to structural inequities organized around social identities. However, the existing research falls short of capturing power, privilege, and oppression given the complex experiences of those who experience various forms of discrimination simultaneously such as justice-involved women with mental illnesses.

The current scholarship focuses on gender as the sole form of marginalization and often ignores the experiences of other marginalizations (Bunn, 2018; Fader & Traylor, 2015). This discrimination is more complex as these women may experience bias based on their gender, the stigma surrounding incarceration and mental illness as well. Within feminist criminology, there has been a call to use an intersectional perspective that considers multiple marginalization that intersect with gender to shape the experiences of justice-involved women (Chesney-Lind, 2006).

Potter (2013) introduced intersectional criminology that incorporates an intersectional perspective, but more of the research is focused on the lives of Black women and their pathways to crime and incarceration, none of which that has been applied explicitly within a reentry context of justice-involved women.

Ecological Systems Theory

Ecological system theory was developed by Bronfenbrenner as a lens to view how an individual is impacted by the different factors in the environment throughout their lifespan (Bronfenbrenner, 1977). This theory divides the environment into four different components; the microsystem, mesosystem, exosystem, macrosystem (Bronfenbrenner, 1977); with the later addition of a fifth component, the chronosystem (Neal & Neal., 2013). The microsystem is the system closest to the individual., with the highest level of influence due to direct contact (Bronfenbrenner, 1977). This system includes family, friends, schools, coworkers, and any other systems that an individual comes into direct contact with on a regular basis (Bronfenbrenner, 1977). The mesosystem contains the interactions between entities in the microsystem (Bronfenbrenner, 1977). The exosystem consists of systems that have indirect or minimal contact with an individual., yet they still have influence over factors of that person's life, such as neighbors, community support agencies, politicians, and media outlets (Bronfenbrenner, 1977). Macrosystems refer to the larger societal culture and how that influences the individual (Bronfenbrenner, 1977). Often, there are major historical events or system trends that impact an individual., known as chronosystems (Neal & Neal., 2013). When there is dysfunction present in any of these social systems it creates higher levels of distress in the individual., placing them at higher risk for offending (Patten, et al., 2018).

The ecological systems theory examines how the individual and their own unique qualities are impacted by the interaction of different aspects of their environment, such as microsystems, mesosystems, exosystems, and macrosystems (Burns, et al., 2015). Ecological systems theory can lead to a greater understanding of how these different interactions [in the environment] can drastically impact the reentry experiences of women. This framework can assist in looking at the services being provided and other environmental and social factors that influence the experiences of the reentry population to reduce recidivism.

As stated previously, research has shown that successful reentry is influenced by many factors and focusing on these different factors (Parent et al., 2016; Tarpey & Friend, 2016; Tyler & Brockmann, 2017) can create a successful reentry for justice-involved women with a mental illness diagnosis. While previous researchers have shown that both individual and environmental factors influence recidivism rates, given how the intersection of an individual's identity influences their interactions with the social environment, it is essential to view recidivism through the lens of intersectionality to gain insight into the individual risk factors and how those, in turn, simultaneously influence and are influenced by the social environment as viewed by a combined intersectionality-systems theory approach.

Application of Theory

Recidivism is a very individual issue, with both risk and protective factors interacting in different ways for every individual; and a person's identity can have a major impact on how they are treated by society's systems. McNeeley (2018) found that that ecological risk factors impacted justice-involved individuals who were ethnic minorities, but not White individuals, suggesting that the environmental risk factors influence individuals based upon their identity.

Research has found risk for recidivism to be an interaction between individual risk factors and environmental influences (Parent et al., 2016; Ward & Fortune, 2016) and systems theory states that a person is influenced by the systems and the way they interact with the person, while intersectionality views the impact that a person's identity has on the way these systems interact.

As both play a major role in recidivism, it would be a disservice to view the problem through a single lens; such is the current state of scholarly literature on this topic. Research identifies that there are many different social system factors that interact with the reentry population that play a role in their integration back into society (Berg & Cobbina, 2017; Gunnison et al., 2015; Martin, 2016; Parent et al., 2016; Tarpey & Friend, 2016). Not only are we looking at an issue of how social systems influence individuals' lives (Owusu-Bempah, 2017), but also how their identity impacts and shapes these interactions (Moradi, 2017). Marginalized reentry populations also have such a unique set of interactive needs that it can create a complex web of systems, with one system dependent on access to the other; as such, it is not always possible to separate which system is most affecting justice-involved women's reentry (Baglivio et al., 2017; Berg & Cobbina, 2017; DeHart et al., 2018.; Tyler & Brockmann, 2017).

The recent studies have described the demographics of justice-involved women as being poor, undereducated, and disproportionately women of color (Baca Zinn & Zambrana, 2019; Berg & Cobbina, 2017; Carson & Anderson, 2016; Crenshaw, 2011; Day & Gill, 2020)). These women generally have both mental and health problems and have experienced serious substance abuse, have histories of domestic/childhood abuse, experienced psychological stress and psychiatric conditions. These issues create overlapping and intersecting stigmas and situate these women in places of oppression that can limit their rehabilitation goals when reintegrating. A more nuanced understanding of the experiences of justice-involved women with mental illness

can be achieved by moving beyond simplistic social categories such as gender, class, sexuality, race and age to advance research with justice-involved women.

Crenshaw (1991) developed three different cores of intersectionality as guides for assessment and application: structural intersectionality, political intersectionality, and representational intersectionality. The first, structural intersectionality, allows for the identification of socio-structural elements such as poverty and institutions that place women of color at a disadvantage. Hence, embracing intersectionality when working with justice-involved women with mental illness can facilitate a crucial shift in focus from the [implied] deficiency of individuals' to focusing on the shortcomings of the systems responsible for addressing those needs.

The second core, political intersectionality, finds issue with the debates embedded in policy, social service, law, and even academic knowledge regarding women's problems, such as domestic violence, that effectively silence or erase the experiences of women of color. This might be the result of prioritizing White women's experiences as victims, or by focusing struggles for social justice on sexism and not racism (Cho et al., 2013; Collins, 2015). Lastly, representational intersectionality analyzes how broad cultural stereotypes exploit and marginalize women of color (Crenshaw, 1991). The understanding of these cores of intersectionality can help identify the intersecting identities that that emerge from different systems of oppression with the justice-involved population; and the effects that these intersections of multiple oppressions affect women's decisions to engage in crime and how they experience reentry service providers with the additional marginalization of mental illness.

Through exploring women's narratives through an intersectional framework, it is possible to move beyond consideration of gender alone to understand how systems of oppression based

on race, age, and other social locations intersect and combine to construct disadvantages among justice-involved women. Women with a history of mental illness and incarceration are situated within the matrix of oppression. For example, a mental illness can impact how an individual is perceived by others, resulting in potential mistreatment and barriers to achieving conventional goals (Dooley, et al., 2014; Peterson & Panfil, 2017). This type of identity can result in systematic oppression of this reentry population, and can result in higher rates of recidivism and increased barriers to rehabilitation interventions (Goldman et al., 2014; Peterson & Panfil, 2017; Spooner, et al., 2017). This highlights the needs for a new research agenda and policy that integrate the intersectional framework within scholarship to provide a more developed understanding of justice-involved women.

Literature Review

History of Mass Incarceration

The phrase "mass imprisonment" was coined by David Garland (2001) in 2000 to describe the distinctive expansion of imprisonment in the United States between 1975 and the late 1990s. At the close of the twentieth century between 1970 and 2010 more people were incarcerated in the United States that were imprisoned in any other country and at no other point in its past (Sawyer & Wagner, 2020). America's social., political., and economic institutions were so inextricably entangled in the criminal justice system (Sawyer & Wagner, 2020). Incarceration rates in the United States exceed those in all other industrialized nations, with over 2 million people currently incarcerated (Sawyer & Wagner, 2020; Weiss & MacKenzie, 2010).

The carceral system was designed to dominate individuals and the rapid and disproportionate increase in United States incarceration rates is a result of bipartisan legislation and the focus of many different presidential administrations (Foldvary, 2012). The acceleration of the prison expansion began with Nixon's "Tough on Crime" initiative in the early 1970s and continued through the 1980s with the Reagan administration's "War on Drugs" (Foldvary, 2012). The Clinton administration introduced the Violent Crime Control and Law Enforcement Act of 1994, the largest crime bill ever passed, which increased funding for prisons to prepare for the sharp increase in demand for penitentiary facilities the bill was expected to cause (Foldvary, 2012). Funding for prisons increased again in 2003, when the U.S. Congress created, increased, or expanded nearly 40 mandatory minimum sentences.

Theoretical discussions of mass incarceration (Garland, 2001; Lynch, 2011; Wacquant, 2010) identify three distinct phases from the late 1970s through the 1990s. The first phase was

mostly driven by local prosecutors who began to use existing sentencing laws and the prosecutorial discretion (already available under existing law) to send more and more people who committed [marginal] crimes to state prison rather than jail or probation (Zimring, 2020). The second phase was from the late 1980s through the mid-1990s. This involved the use of increasing prison terms for individuals who committed drug offenses, as they were the focus of increasing legislation by Congress (this was the moment of the racially disproportionate five-year minimum mandatory sentence for possession of five grams or more of crack cocaine, compared to more than 500 grams of powder cocaine). During this time, state legislatures gave prosecutors even more discretion to seek longer prison sentences, and stripping courts of the power to exercise leniency by setting mandatory minimums.

The third phase, beginning in the late 1990s, was driven largely by Congress, with compliance from state legislatures, consisted of laws locking long sentences in place by eliminating or reducing the scope of early release mechanisms that allowed shortening of prison sentences beyond minor amounts and allowing substantial sentence enhancements for those with with previous felonies (most notoriously California's "three strikes" law) (Weisburg, 2019). As Zimring (2020) points out, the first two phases were not necessarily driven by increasing crime but required the persons to be convicted of new crimes before becoming subject to new, enhanced prison sentences.

In the third phase, existing laws were made more punitive against existing crimes and criminal records. As a result, prison populations and imprisonment rates continued to rise throughout the 1990s, despite a nationwide crime decline that was among the most robust in U.S. history (Blumstein, et al., 2000). By the mid-90's, the idea of a less punitive correctional system was no longer the main goal during the height of what became known as the Crime Control Era.

The United States correctional system began to shift back to the original concept of incarceration as punishment and crime control policies and drug laws during this era disproportionately impacted mental health populations as the carceral state raced to keep up with the political change (Tonry, 2017). Not only did the new approaches increase incarceration in this era, but it also caused an influx of individuals experiencing mental illness being cycled through the criminal justice system (Blumstein, et al., 2000).

Since the 1970s the United States began an increase in prison population over the course of thirty years that accounts for 25% of the global population of prisoners (Leigey & Schartmueller, 2019). American mass incarceration includes 1) reshaping incarceration around punitive means instead of rehabilitation; 2) a categorical approach to using imprisonment on an entire category of justice-involved persons instead of as an individual option; and 3) capitalism- a huge shift in the scale and economics of incarceration (Tarpey & Friend, 2017). At the end of the 20th century, mass incarceration moved from the margins of society to the front and center and has become an assault to the lives of the urban poor. Historians and social scientists continue to debate over the precise causes of United States mass incarceration, but much of the research is shifting to documenting the overwhelming economic, political., and social consequences of this thirty-year path. The disproportionate incarceration rates in the United States has brought to light historic systemic oppression and the racially charged reliance on incarceration. This systemic approach started with the Nixon administration and continued through George W. Bush's Smart on Crime policies (Sawyer & Wagner, 2019). Disparate sentencing laws and disproportionate policing has rendered the American incarcerated and supervised population overwhelmingly, a population of color.

In addition, the landscape became even more complex in 2020 with racial disparities, discrimination, police brutality, and criminal justice reform gaining national media attention. It is evident that criminal justice systems have impacted communities and have become racialized for many years. The Black Lives Matter movement became an international phenomenon as activists took to the streets in cities across the United States. The H.R. 7120 George Floyd Justice in Policing Act of 2020 addresses a wide range of issues on policing practices and law enforcement accountability (Hattery & Smith, 2021). Racial inequality, violence, drugs, and mental illnesses are extremely prevalent issues in prisons across the nations still today.

Mental Illness, Incarceration, and Reintegration

Estimated rates of serious mental illness in prisons and jails range from 14% to 25%, more than double the percentage of the general adult population (Fazel & Danesh, 2002; Steadman, et al., 2009). This means that as many as 375,000 people with serious mental illnesses are incarcerated on any given day, rather than living in community or therapeutic settings. In addition to serious mental illnesses, factors that contribute to severe psychological distress are prevalent among the imprisoned. For example, as many as 90% of male and female prisoners have significant trauma histories (i.e., having experienced or witnessed extreme violence; Pettus-Davis, 2014).

Many stages of the criminal justice system are confronted with the challenge of responding effectively to the needs of mental health populations. Agencies and officials have attempted to develop and strategize plans to achieve better results when it comes to the treatment of the mental health population, but they continue to struggle with an effective method of care-either during or post incarceration. According to James and Glaze (2006), roughly half of all

prison and jail inmates (56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates) had a mental health problem, defined as having a recent history or symptoms of a mental health problem. And mental health problems are highly predictive of recidivism (Fazel & Danesh, 2002).

It is important to note that the direction and response to treatment for the women with mental illness in the criminal justice system is founded on the ultimate goal of public safety (Visher & Travis, 2003). Those diagnosed with mental illness are exceedingly stigmatized for their mental illness (Link, et al., 1999) as well as for being justice-involved. Even professionals who understand and consistently work with these populations have negative attitudes towards them, including mental health professionals (Rao, et al., 2009) and probation officers (Eno, et al., 2013).

There has been scant data collected on the specific statewide prevalence of psychiatric disorders or the comorbidities of those disorders among probationers (Eno, et al., 2013). However, according to the U.S. Department of Justice (2021), probation agencies supervise 56.4% of justice-involved individuals in the United States criminal justice system and this includes incarcerated individuals diagnosed with a mental health illness. By the end of 2016, there were over 6.6 million individuals being supervised under the United States criminal justice system in jail, prison, or on probation or parole, and more than four million under community supervision (Kaeble, et al., 2016).

These statistics highlight the importance of preparing these individuals for desistance from crime and successful community reentry (Gaspar et al., 2019). Currently, recommendations for successful reintegration of justice-involved individuals experiencing mental illness focuses on implementing evidence-based treatment that helps to reduce recidivism with specialized

policies for populations with unique needs such as those with mental illness (Eno Louden et al., 2018). The relationship between research evidence and policy and practice is nuanced and policy makers need evidence of research that would benefit from a research community in which there are strong supports between qualitative and quantitative approaches to enact best practices for justice involve individuals with mental illness issues.

Female Criminality

For much of American history, men have made laws, arrested, judged, incarcerated, guarded, and policed our society. Only recently has women's influence on the criminal justice system become a subject of debate and scholarship in academia (Belknap, 2015). Still, most scholars discuss female criminality as an outlier instead of acknowledging that women's roles within the criminal justice system is nuanced and merits further scholarship. Women are treated as intruders in an essentially masculine space and many larger questions about gender, marginalization, and their pathways to crime remain unanswered. As a matter of fact, aside from victimization, the underrepresentation of women in most every aspect of the criminal justice system has created a masculine vacuum from which no discussion of gender could escape. Academics who are interested in utilizing gender as a conceptual framework still face difficulty in challenging persistent approaches to knowledge production in criminological research (Bernard, 2019).

Female criminality has been explained from a variety of feminist perspectives; marginalization from conventional institutions, disrupted family and personal relationships, and institutionalized racism, sexism, and economic disadvantage have all been explored as explanations for the involvement of women in crime (Broidy & Agnew, 1997; Chesney-Lind,

1986, 1997; Daly & Chesney-Lind, 1988; Owen & Bloom, 1995; Bernard, 2013). Marginalized women involved in crimes tend to be young, poor, non-White, high school dropouts, unmarried mothers, un-/under-employed and educated, with a history of drug problems, family violence, and sexual abuse (Bernard, 2013). The vulnerabilities that affect the lives of marginalized women can be difficult to measure due to the overlapping influence or intersectionality of multiple forms of subjugation such as ingrained racism, sexism, economic disadvantage, abuse, exploitation, and the historical undervaluation of women in society (Collins, 2015).

As such, women's criminality could be best understood as an adverse response to a lack of an acceptable means for women to demonstrate an authentic identity within intersecting systems of oppression. This viewpoint allows acknowledgement of the potential of intersectional approaches to understand the realities that are faced by justice-involved women. Whereas males have historically received the greatest amount of attention in the criminal justice system, the underrepresentation of women in the system has led some scholars to focus on female criminality because of the rise in the numbers of incarcerated women in the last decade. Despite their minority status, women still make up a significant number in the criminal justice system and that number is rising (Sheet, 2020). Additionally, women also bring special issues to the criminal justice system that can no longer be ignored. This includes paying attention to experiences as justice-involved women and as victims.

Although males have always engaged in crime at higher rates than females, and this continues to be true today, according to the recent statistics on crime by the Federal Bureau of Investigations (Carson & Anderson, 2016), from 2002 to 2012, the rates of male arrests for violent offenses decreased almost 15% while the female rate decreased less than 2%. For property crime, rates of male arrests have decreased by almost 7% while rates for females'

arrests have increased almost 25% (Carson & Anderson, 2016). As females make up a larger percentage of justice-involved individuals in the system, it is increasingly important that their needs be addressed and more resources be devoted to understanding their experiences, offending patterns, and treatment within the criminal justice system and beyond.

Mental Illness and Justice-involved Women

Researchers generally agree that the prison environment produces a highly challenging lifestyle that requires an individual to adapt to a culture that is unlike any other environment in the world outside (Adams & Ferrandino, 2008; Baglivio et al., 2017; Helfgott & Gunnison, 2020). Understanding how these experiences alter the individual's view of himself or herself is critical for the development of interventions to promote successful re-entry, since such programs should resonate with the person's perceptions, interpretations, and memories of his prison experience in order to be effective (Draine, et al., 2005; Helfgott & Gunnison, 2020). Knowledge about the ways in which individuals process the subjective experience and lasting impact of incarceration may be particularly important for improving the mental health in prison and beyond.

The available data indicates that the prevalence rates of most psychological disorders in incarcerated women exceed the rates found in the community. In a study conducted by Harvard (Karlsson & Zielinski, 2020), which assessed 12-month prevalence rates of a wide range of psychological disorders, incarcerated women evidence greater rates of MDD (1.2–2.9x higher), alcohol disorders (1.5–22.2x higher), simple phobia (1.6x higher compared to specific phobia), OCD (2.8x higher), bipolar disorders (2.9–4.6x higher), PTSD (2.9–5.6x higher), dysthymia

(3.7–6.3x higher), any substance use disorder (4.6–6.7x higher), and drug disorders (42.9–102.9x higher).

A study conducted by Green et al. (2016) compared lifetime mental illness prevalence rates between incarcerated women and women in the general community found that incarcerated women had significantly higher rates of all psychological disorders that they assessed (manic episodes, major depressive episodes, dysthymia, SUDs, and PD), aside from schizophrenia and schizophreniform, compared to the community sample of women. Green et al (2016) found that the incarcerated women reported statistically significant higher rates of SUDs (alcohol abuse/dependence and drug abuse/dependence), MDD, and schizophrenia. In another study conducted by Jordan et al (2016), instead of reporting on prevalence rates, the samples were divided by age (18–25 and 26–50) and race (White and African-American). Jordan et al (2016) reported that incarcerated women (across age and racial/ethnic groups) had higher rates of substance use disorders compared to the community sample of women. They also reported a higher rate of mood disorders although this was only significant among older Whites (26–50 years old). On the other hand, the community sample had higher rates of anxiety disorders (i.e., GAD and PD); the only significant difference was among African American women.

It is well researched that women who become incarcerated disproportionately have higher rates of most mental health disorders and mental health comorbidity is also prominent (Green et al., 2016; Karlsson & Zielinski, 2020; Nowotny et al., 2014). In the research, incarcerated women are a highly traumatized population with complex and significant emotional and behavioral health needs and incarceration may be the ultimate outcome for many women with lifetime mental illness issues (Yang et al., 2009; Nowotny et al., 2014). Without the development of community-based mental health services and partnerships with reentry organizations for

women with mental illness women who are released into the community from a correctional setting, there is a greater chance of increased recidivism and limited success upon reentry.

While there is a dearth of research that contributes to knowledge in this area, the research does clearly convey that incarcerated women evidence disproportionate rates of depressive disorders, PTSD, and SUDs suggesting that substance abuse problems may be an imminent risk factor for incarceration among women. The research on mental illness prevalence rates is limited and there is a great need for more comprehensive studies of mental illness among justice-involved women. Without more comprehensive studies on mental illness among this population there is limited evidence for the possible impact of mental illness in justice-involved women-including their reintegration needs. We know little about the subjective experience of these women and how their mental illness shapes their experiences with reentry providers. Given the potential range of perceived meanings and the impact of these interpretations on later behavior (and recidivism) it is imperative that we understand more about the subjective experiences of this population and reintegration of these women.

Mental Illness, Reentry and Women

As mentioned previously, the prevalence rate of mental health problems is quite high among justice-involved women and these mental health issues pose problems for these women at every sate of the criminal justice process, from the initial arrest to community reentry and reintegration. Additionally, justice-involved women have such unique life experiences and pathways to crime that further complicate their successful reentry (Belknap, 2001). Research indicates justice-involved women have histories of personal abuse, social and economic marginality, homelessness, mental illness, and substance abuse (Bloom et al, 2003). In addition to these circumstances possibly having played a role in their initial involvement with crime,

research indicates that it can complicate their reintegration (Keston et al, 2012). For example, when justice-involved experiencing mental illness reintegrate, they often have trouble accessing substance abuse and mental health treatment, have difficulty securing gainful employment and may need to depend on family members for financial support and/or housing (Assimonye et al., 2022; Bender et al., 2016).

Thus, women leaving prison face multiple, often simultaneous, task or requirements as they reintegrate and attempt to reestablish their lives outside of prison such as finding housing, earning enough income to support themselves, and reconnecting with children and family. The ability to be successful at the aforementioned tasks can influence the ability to live a drug free and crime free live and unresolved mental health and substance abuse problems can likely complication an already challenging transition (Berg et al., 2017; Bunn, 2018; Salina, 2011).

As many justice-involved women leave the criminal justice system without the mental health and substance abuse treatment they need, upon release, they may face an increased risk of adverse outcomes when reintegrating. And although many of these women are mandated to participate in some portion of a treatment service as part of their supervised release conditions, there are few resources in the communities in which they are reintegrating into (Salina et al., 2007; Staton et al., 2003; Tarpey & Friend, 2016). Thus, it stands to reason that successful reintegration is predicated upon the success of reentry programs to address justice-involved women's mental health needs. This can increase their chances of reentry success by improving their ability to support themselves and abstain from substance abuse which have been shown to contribute to desistance from crime.

For example, in a study conducted by Salina et al. (2011), 281 women participated in Gender Responsive Jail Diversion Treatment Program that was created to treat nonviolent

justice-involved women experiencing mental illness. The goal of the program was to provide gender-specific programs and services to facilitate successful reintegration (Salina, et al. 2011). In the study, the women reported that they did not understand how to live with their mental illness (specifically PTSD) before treatment which caused them to engage in substance abuse and other prohibited activities (Salina et al., 2011). It was reported by the women in the study that without access to mental health resources, they often attempted to alleviate their PTSD symptoms by using alcohol illegal substances, or the misuse/abuse of prescription drugs. This can lead to loss of employment, housing, and possible violation of the terms of their supervision/parole which can lead to incarceration.

The women in the study reported that subsequent to treatment they were better equipped to handle their emotions without substances, thereby reducing their chances of violating the terms of their supervision and/or probation and recidivating. They reported that the trauma-focused treatment that integrated both mental health and substance abuse was critical to their rehabilitation (Salinas, et al., 2011). As such, trauma-informed and integrated treatment post release for justice-involved women experiencing mental illness (Salina et al, 2007) is imperative to improve outcomes for these women during the critical first months of release.

In a study published by Covington (2008), the author introduced the term WIT (Woment's Integrated Treatment) that is based upon the principles for gender responsive services. In her findings, she reports that utilizing the WIT program with women in a residential program showed a decrease in depression and trauma smptoms (Covington, 2008). The focus groups results showed that there was strong support and satisfaction for the design and curriculum of the program from women that were involved with a drug court and prison staff alike. As mentioned previously, reentry programs in general, have been designed for

predominantly male populations and over the last few decased, researchers are increasingly cognizant of the importance of gender responsive programming for justice-involved women reintegrating. Therefore, it is imperative that substance abuse and mental health treatment in the reentry programming is more gender responsive and trauma-informed to provide the most empowering environment for justice-involved women experiencing mental illness to heal and become successful after prison.

Risk Factors for Recidivism for Justice-involved Women with Mental Illness Issues

There are many risk factors for recidivism for justice-involved women- both personal and environmental- that can be present at different stages of life. It is important to understand each different type of risk factor as well as how the risk factors interact, to fully understand recidivism as it relates to for justice-involved women with mental illness issues.

Childhood risk factors

The first and possibly the most compelling factors start in childhood. While some of these risk factors, such as having a family member incarcerated or having a single parent, female head of household (Baglivio al., 2015), increase a youth's risk of becoming justice-involved, and there is significant research that children who commit crimes have the highest recidivism rates into adulthood (Chamberlain & Wallace, 2016). Therefore, it is important to highlight these risk factors as they are at the beginning of the cycle of recidivism. Other childhood risk factors such as having a low socioeconomic status and having family members who are incarcerated (Baglivio et al., 2015) also play a strong role in risk of first time offending and recidivism. Having an incarcerated family member places high levels of emotional, financial, and physical stress on the family with regards to childcare, loss of income, and utilizing financial resources to

support the incarcerated individual (Datchi et al., 2016). Additionally, the stigma surrounding incarceration can act as a barrier to families seeking support resulting in further isolation for the family members that are not incarcerated (Datchi et al., 2016).

Exposure to childhood traumas is often linked to an increased risk of offending for justice-involved women with mental illness as well. These types of abuse (emotional, physical, verbal, and sexual), neglect, domestic violence, substance abuse and/or mental illness in the home, single parent households, divorce, and parental incarceration have all been linked to higher risks of becoming a first-time offender as well as higher rates of recidivism (Craig et al., 2017). Often these childhood traumas go unaddressed, and oftentimes, the neglect continues into adulthood.

Individual risk factors

Substance use disorders, mental health, and physical health issues all are major risk factors for recidivism (Houser et al., 2018). Approximately 70%of individuals who are incarcerated have a behavioral health struggle (Amani et al., 2018). And it was found that females are more likely than males to have mental health struggles, have experienced trauma, and abuse substances to cope with the above issues (Houser et al., 2018). Often these issues go untreated for many reasons such as lack of service providers, difficulty in accessing services due to structural barriers in the community, the individual being unready for change, and stigma/cultural beliefs about treatment (Amani et al., 2018). While incarcerated there are very few treatment options, even if there is a program available they are often very impacted or provide subpar care (Bender et al., 2016). Mental illness, substance abuse, and physical health struggles can also impair engagement in necessary rehabilitation services (Houser et al., 2018).

One of the highest predictors of recidivism is prior involvement in the justice system (Chamberlain & Wallace, 2016). While this does not provide much insight given the definition of recidivism, it does highlight the huge issues faced by the reentry population. According to Houser et al. (2018) other personal risk factors include age, gender, and race. While males have higher rates of recidivism, justice-involved women have different rehabilitation needs due to difference in skills and circumstance such as the increased likelihood of being the caretaker of children (Houser et al., 2018; Bohmert & DeMaris, 2018).

Environmental risk factors

There are many ways in which the environment can impact the risk of recidivism. A major risk factor for recidivism is associating with deviant peers (Baglivio et al., 2017). Chambers and Wallace (2016) found that when justice-involved individuals returned to an area in which there were high rates of crime, these individuals had a 67 % greater risk of reoffending. Other environmental risk factors include limited access to work or educational facilities (Bender et al., 2016; Lockwood et al.,2017) and in more rural areas this is also couple with a lack of resources and barriers such as limited access to public transportation, limited access to mental healthcare, and communities that have discriminatory views regarding justice-involved people. (Ojha et al., 2018). Additionally, access to transportation can have a major impact on a person's ability to successfully complete reentry requirements. Lack of transportation can make it more difficult for a person to keep necessary appointments or maintain employment (Bohmert & DeMaris, 2018). These barriers to can include having to drive with a suspended license, lack of a reliable vehicle, living in an area without adequate public transportation, or being unable to walk to service locations (Bohmert & DeMaris, 2018). According to Gunnison et al (2015), these shortcomings can significantly impact and increase the risk of recidivism.

Another major contributing factor for recidivism is unemployment. This is a major issue for the reentry population, as conventional ways to income can greatly reduce crime and income is so intricately tied to so many different reentry needs such as housing, and transportation (Amani et al., 2018; Bender et al., 2016; Houser et al., 2018). There are many barriers to employment such as denial due to a background check, the impact of institutionalism on employability, poor education limiting opportunities, intrusion of law enforcement on employment resulting in less willingness to hire, and low self-efficacy or feelings of shame resulting in self-limitations (Amani et al., 2018).

Finally, lack of access to stable housing is a huge risk factor for recidivism (Houser et al., 2018). It can be difficult to access safe affordable housing with a criminal record and the inability of stable housing can result in difficulties in meeting all the statutory requirements of supervision. And oftentimes, justice-involved women are reintegrating to society and their families with young children, placing an additional burden upon them (Houser et al., 2018).

Protective Factors Against Recidivism for JusticeIinvolved Women Experiencing Mental Illness

When someone has a strong motivation for change coupled with a lack of a criminal identity, it can serve to protect against environmental risk factors (Berg & Cobbina, 2017). The strength of a woman's commitment to change had a strong impact on deterring reoffending even in an environment with social influences to engage in deviant behavior (Berg & Cobbina, 2017). Additionally, having a strong sense of ethnic identity can serve as a protective factor against a multitude of factors including criminal behavior, as it can serve as a way to reprogram an individual's sense of identity away from a criminal one and serve as a way to help to counter racial inequality in society (Assimonye et al., 2022)).

For women with children, having strong family ties, including positive influence from family of origin, can be a major protective factor against recidivism (Houser et al., 2018; Lee et al., 2016). Additionally, Houser et al. (2018) reported that having a significant other and/or child can serve as a strong motivator for change as well. A healthy family unit serves as a strong motivator for positive change by emulating socially acceptable behaviors. Family support for women can help reduce the barriers to accessing and utilizing reentry services (Lee et al., 2016). Family support can assist in desistance from crime by increasing the amount of time spent engaging in prosocial behaviors, and the reinforcement prosocial values (Bohmert & DeMaris, 2018; Lee et al., 2016). Additionally, families can aid with resources such as housing, transportation, employment resources, childcare, food, and other basic needs (Datchi et al., 2016).

Faith-based organizations can help to reduce recidivism on several levels, through providing resources, a prosocial support system, and can help to support a positive identity that does not solely focus on being an ex-offender (Houser et al., 2018). Prosocial social connections can play such a crucial role in reducing recidivism, that even visits from chaplains and mentors, with no prior connection to the justice-involved population, can help to reduce recidivism through establishing a positive self-identity and noncriminal social network (Duwe & Johnson, 2016). Protective factors are important to consider in reentry literature, as they can build upon individual and community level strengths to help reduce recidivism for women who are reintegrating.

Summary

With regards to reducing recidivism, women who have mental illnesses and are reintegrating back into society have complex needs. It is critical to understand the needs of this population as told in their own words. Given the intersections of stigma, race, gender, and mental illness, therein lies an intrinsic difficulty to access services as those without the intersections. These factors all come with their own unique set of stigmas and interact with each other in ways that not only impact the other aspects of identify but influences the way in which the individual interactions with the environment in a reciprocal manner (Tyler & Brockmann, 2017). Datchi et al (2016) reported that interventions need to take a diverse approach to reduce recidivism that matches the needs of the individual to be most effective.

Although there is current knowledge on risk factors and effective prevention, there is minimum research on how mental illness impacts the engagement with reentry service providers and organizations. The current study addressed that gap by taking an intersectionality and systems approach to explore the experiences of justice-involved women with mental illnesses by providing a narrative of how their identities interact and how those identities impact their experiences with service organizations. Thus, findings from this study may add to a growing discourse on the structural policy changes that will benefit this vulnerable population. Reentry programs play an integral role in the lives of women who are returning to society and can meet the dynamic needs of this population, but they must reflect what the women need as told by the women. This qualitative inquiry was designed to give voice to these women to relate their interactions with reentry service providers and organizations and provide insight into how these experiences were shaped by their mental illness. This investigation was designed and implemented around the experiences of the justice-involved women within a community reentry

organization network and how their [marginalized] social statuses has shaped their reentry experiences.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the experiences of reentry women with a mental illness (diagnosed and undiagnosed). The study is based on research that mental illness plays a significant role for women in their reintegration process; however, the extent or nature of the influence on post-release is relatively unknown. There is a dearth of information concerning the role mental illness plays in women's lives as they prepare for reentry and when they return to their communities; but most research has considered mental illness only as a broad concept, rather than specific to women and reentry. The purpose of this study is to explore the experiences of reentry women who suffer from mental illnesses in order to aid the development of more comprehensive and effective programs and interventions for justice-involved women.

In this chapter, I discuss the population and sampling methods used in depth to provide insight into the participants of the study. Bias and potential influence during the data collection process are also discussed to provide transparency in the research process. Additionally, the procedures and instrumentation will be explored so that future researchers are able to understand this study. I conclude the chapter by reviewing issues of trustworthiness and ethical safeguards that were put in place for the study.

Research Design and Rationale

I developed the following research question to guide this study:

> How does mental illness shape justice-involved women's experiences with reentry service providers?

Phenomenon of Study

The overall phenomenon being explored was the experiences of women with a mental illness with reentry networks. Specifically, I focused on context of the experiences of women with a mental illness within the reentry network. Systems theory explores how different social and environmental systems impact a person's development and trajectory (Broffenbrenner, 1977) and intersectionality refers to the way in which their multiple identities interact to place their social location of either oppression or privilege (Crenshaw, 1982). With these theoretical concepts guiding the study, an interpretative qualitative methodology was used, involving interviews with open-response questions, since one of the primary goals of the investigation was to obtain nuanced information regarding the structure of subjective experience.

Qualitative "inquiry typically focuses in depth on relatively small samples, selected purposefully" (Coyne, 1997, p. 627). Since this approach is overwhelmingly used to study social reality and experienced-based phenomena (Coyne, 1997), it has the potential to significantly contribute to the knowledge base of counseling, counselor education, psychological and behavioral sciences, and the criminal justice fields. Individual in-depth interviews and are particularly successful ways of collecting qualitative data since they focus on capturing the individual lived experiences of people that can then be supplemented with other data (i.e.,

journaling, observations and field-notes) (Marshall & Rossman, 2014). For this study, qualitative approaches were used to elucidate the experiences of a select group of women using direct narrative. This methodology facilitated a more nuanced understanding of the women's experience with reentry organizations- with the ultimate goal of advancing social justice for this population through the authenticity of the findings reported here.

A qualitative design allows the researcher to explore how individuals make meaning of a social problem (Pietkiewicz & Smith, 2014). Since the purpose of this study was to explore experiences based upon socially constructed identities and their placement on a social location of oppression, it was essential to adopt an explorative methodological research design because although there were assumptions that were made, there was theory that was tested. The use of a qualitative methodology allowed me to explore the experiences of women with mental illness as they navigate the reentry organizations.

Interpretative Phenomenological Analysis

IPA is a process that explores how participants make sense of their experiences (Pietkiewicz & Smith, 2014). IPA is based upon the assumption that people are "actively engaged in interpreting the events, objects, and people in their lives. "To examine this process, IPA draws upon the fundamental principles of phenomenology, hermeneutics, and ideography" (Pietkiewicz & Smith, 2014, p. 8). Phenomenology refers to the reductive process of attempting to identify the factors of an experience that make that experience unique (Pietkiewicz & Smith, 2014) and ideography refers to an in-depth analysis of experience and context (Aspers & Corte, 2019). And hermeneutics refers to understanding a person's mindset and language to accurately interpret their experiences (Maxwell, 2008). This allows for a focus on how an event is

interpreted by individuals. IPA utilizes these fundamentals by attempting to incorporate both the experiences of the participant and by exploration of how and why they came to find this sense of meaning (Pietkiewicz & Smith, 2014).

IPA has its roots in psychology and is recognized that the central role of the analyst is in making sense of the personal experiences of research participants (Smith, 2004). It is this perspective that sets it apart form more descriptive phenomenal approaches. Discussion of themes in more descriptive methodologies can deny the active role the researcher plays in analysis (Braun & Clark, 2006) and therefore limit the analysis of the meanings that participants attach to their experiences. Finlay and Ballinger (2006) describe IPA as a methodology that aims to explore individuals' perceptions and experiences. Thus, IPA takes on a more idiographic approach which focuses on the individual cognitive, linguistic, and physical being (Finlay & Ballinger, 2006). Essentially, IPA involves a two-stage interpretation process in which the researcher tries to interpret the participants' meaning making activity- sometimes referred to as a double hermeneutic (Smith, 2004).

Therefore, IPA involves an in-depth exploration of a specific person's experiences to understand them, prior to making any generalizing statements (Pietkiewicz & Smith, 2014). IPA does not explore causation or look for a rooted theory; rather, it uses the data to begin to identify themes in experiences of participants (Pietkiewicz& Smith, 2014). The researcher may compare, and contrast participants experiences to understand the larger phenomenon of the specific population when using IPA (Smith, 2004). In this study, I used an IPA approach because this type of approach allowed me to explore the women's experiences, the meanings attributed to those experiences, and the psychological process of how those meanings were established (Storey, 2007).

This approach worked justifiably well with intersectionality and systems theory because these theories can be applied to how an individual establishes the meaning of these experiences. Reentry women who have mental illnesses have a unique set of experiences and identities that can shape their interactions with reentry organizations. This, in addition to the to the limited amount of research in this area and the complexity of how unique each participant's intersecting identities are, an IPA research method was most appropriate to achieve the purpose of the study. Use of open dialogue with the women and asking questions that included not only their own identity, but their experiences with other labels aided me in gaining insights into not only their identities and their interactions, but also in how they impact their experiences. As researchers have shown that many different factors impact recidivism and successful reentry (Bender et al., 2016; Gunnison et al., 2015; Tarpey & Friend, 2016), I want to explore how mental illness shapes the collective experiences of each woman.

Although other qualitative research designs, such as ethnography and case study would have been appropriate, they would not allow me to explore how the women in the study assign meaning to their experiences. Conversely, narrative inquiry was also considered for this study, but this type of design would not allow me to explore specific experiences with reentry service providers and organizations, as narrative inquiry is obtained through a more comprehensive view of their overall life experiences. In this study, I explored more recent reentry experiences and how the women have made meaning of their reentry experiences, which is why IPA was chosen. Rather than seeking results that can be generalized to broader populations, the purpose of the methodology is to ground the findings in the standpoint of the women that were interviewed and ultimately humanize their lived experiences and perspectives while providing a range of practical applications to help in developing more gender appropriate reentry services. The women had

shared experiences because they have had some involvement with the justice system and navigating reentry networks; however, they all have unique and experiences that are shaped by their one commonalty- mental illness.

Assumptions

An overarching assumption driving this investigation is that women with mental illness are negatively impacted by societal labeling/stigma and by the debilitating nature of the disease. A related assumption is that these women are doubly impacted by the added stigma of their criminal history. Another assumption that I held is that when an individual provides their narrative, they may feel discrimination but may not be able to identify which identity (or a combination thereof) is influencing their experiences. This can be especially true in my study because society may assign a label that the individual may not see themselves aligned with. Therefore, I assumed that the women that elected to participate in the study had a level of insight into their experiences in order to differentiate these intersections and how they are viewed by others.

I also assumed that these labels are socially constructed, that they are assigned by a privileged group, and that they cross over to multiple domains in order influence interactions and continue to create oppression for the marginalized groups (Windsong, 2018). In order to explore this, group identities need to be explored on both an individual and societal level to understand how they make meaning of their own identities. This assumption relates to the belief that appearance is associated with the assigned labels that others react and respond to (Windsong, 2018).

The next assumption I held is that the group of privilege is White, male, heterosexual., affluent, and education (Windsong, 2018). This group has created the current research narrative, and their voices have shaped the direction of society to maintain their privilege (Moradi, 2017; Windsong, 2018). There then becomes an assumption that a woman who has a mental illness diagnosis has a different reentry experience based upon their diagnosis. Also, since the interviews required self-reporting, there is a concern that the women may not have been completely candid or even cognizant of their own experiences. In other words, they may have been influenced to respond in a socially acceptable manner instead of in a more authentic way. Therefore, I assumed that through building rapport with the women, they were honest about their experiences and my identity as a researcher did not impact their responses in a significant way. I also assumed that the women would honest and not embellish or diminish their stories and experiences when they shared them with me.

Role of the Researcher

In this study, as the researcher, I collected, coded, and analyzed the data to draw conclusions based upon the experiences of the women through their self-disclosure (Alase, 2017). I played an active professional role in this study because I conducted the interviews and engaged with the women. I established rapport with the women from the beginning to establish an environment of trust, confidentiality, and support with the hope that they were able to engage with me in an honest and open manner during the interviews.

I had no prior relationship with any of the women, so there were no concerns regarding dual relationship influence. While the women did not have a prior relationship with me, I do have experience working with justice-involved individuals, both in the criminal justice system

and as a part of reentry services. Additionally, I do have a current relationship with the agency that was involved in the data collection process, as I am employed by Hospital X. To address any ethical issues with regards to this relationship, the women that were selected were ones who had completed the mental health court and were no longer affiliated with the hospital and/or the mental health court program. This was accomplished by the purposeful sampling and strict inclusion criteria of a time greater than twelve months of hospital admission.

To analyze IPA research, I need to be cognizant of my own implicit biases and experiences and be able to set these aside to gain an objective and deeper understanding of the participants' experiences (Alase, 2017; Storey, 2007). For my study, it was essential that I actively listened to the experiences of the women while also attempting to place myself in their lived experiences (Pietkiewicz & Smith, 2014); in this vein, it was important for me to recognize that my own personal experiences may have shaped both my research experiences and the experiences of the women (Pietkiewicz & Smith, 2014). In IPA research, while there is no testing of a hypothesis, prior scholarship suggests that experiences of marginalized populations are those of differential treatment, power hierarchies, and oppression (Seabrook & Wyatt-Nichol, 2016; Windsong 2018). Therefore, to avoid any personal biases that I may not have been aware of, I analyzed the women's interview responses while intentionally setting aside my assumptions (Creswell, 2014) by way of bracketing and the use of a reflexive journal.

Another potential bias that I held before embarking upon this study is the belief that social systems have influence on a person's social location and that while people make their own choices, the options they have are shaped by their environment. I understand that this may skew my view of justice-involved women because I tend to view female incarceration as a result of criminal justice system that is systemically oppressed. Additionally, my personal experiences in

working with this population have revealed to me the systemic barriers that can inhibit change. Therefore, I tend to view female incarceration as a systems problem where less responsibility is placed on the women. In light of this bias, the interview guide was designed to be objective so lead the women towards this conclusion and the interviews were conducted in a manner that was open-ended and not leading.

Methodology

Most approaches in the United States criminal justice system focus [primarily] on desistance from crime and have been informed largely by research involving justice-involved males and current approaches to interventions with justice-involved women do not fully support their needs. I argue that despite a wealth of evidence showing that justice-involved women comprise an entirely unique and vulnerable population with experiences of abuse and neglect in childhood and subsequent mental illness struggles (Hedderman et al., 2011; Annison et al., 2019; Barry & McIvor, 2010; Gilbert & O'Dowd, 2019), this has not translated into policy and practice that can inform effective reentry interventions for justice-involved women. It is the inherent goal of this study to offer context specific understanding to develop gender-specific policy and practice that can inform effective reentry approaches and interventions with women who, at times, are duly stigmatized.

The power in understanding the lived experiences of these women is fundamental to how they understand themselves and feel they are seen by others. As IPA is an integrative hermeneutic phenomenology that examines how someone makes sense of their lived experiences (Davidsen, 2013), it is through their own narratives that the women in this study are able to articulate who they are and who they want to be. As such, exploration of how justice-involved

women make sense of their interactions and experiences with reentry service providers offers an alternative to research that has heretofore been based largely on males. The application of an intersectional lens and systems theory offer a greater potential to provide theoretical insights into effective policy and practice with justice-involved women.

The overall phenomenon that I proposed to understand from this study was the experiences of justice-involved women who have a mental illness and their encounters with reentry service providers. It is imperative that we understand what types of barriers these women face with accessing resources and increased stigma (Dooley et al., 2014: Peterson & Panfil, 2017); and most importantly, to understand this from their own perspectives. There is a gap in the literature with regards to reentry and justice-involved women with a mental illness and the purpose of this study was to explore these experiences to better understand how to better serve this population. The research question was: How does mental illness shape justice-involved women's experiences with reentry service providers?

Ethical Considerations of Research with Justice-involved Populations

> "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's dual focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living." (NASW Code of Ethics, 2021, paragraph or page number?).

Ethical practice is a combination of many factors that goes beyond the consideration of codes of conduct and IRB approval. This can create an ethical dilemma between what we should

research and what is considered possible to research (Smith, 2007). Taking into consideration the magnitude of undertaking research with marginalized groups, I found it useful to reflect upon my own reasons for undertaking this research and the greater context of the research itself. It is well known in scholarly literature that to adopt an ethical approach, it is imperative that to reflect upon not only the motivation, but also the power relations which can exist and influence the research (Howard, 2010; Towl, 2011). The importance of reflecting upon power relations is certainly nowhere more important than with research on justice-involved women. It is evident in the literature that that most justice-involved women have multiple and complex needs, which can be linked to the cycles of abuse, victimization and offending (Widom & Osborn, 2021).

As I have conducted this research, I have become increasingly cognizant of an approach that is sensitive to power dynamics. Towl (2011) argues that research with justice-involved populations must be situated within the wider social context from which they come. This is a powerful and meaningful insight when embarking upon this research. The socially disadvantaged backgrounds of justice-involved populations is a stark contrast to the socially advantaged backgrounds that researchers, such as me, come from. Howard (2010) argues that reflection is crucial with regards to this disparity and the recognition of the power dynamics is a vital component of ethical conduct.

This research was conducted in accordance with the American Psychological Society's Ethical Principles of Psychologists and Code of Conduct (APA, 2016) and the National Association of Social Workers Code of Ethics (NASW, 2011). The code of conduct and ethics particularly resonates with this research, as this is an area concerned with perceived authority and how this influences participants. However, while codes of conducts are a useful tool for guiding behavior and research, "critical reasoning skills and to honestly exploring one's own

motivations and values are advocated as a crucial element of ethical decision making (Towl, 2012, p. 168). This can be challenging but acutely important for considering the use of power in ethical decision making. There were a range of skills upon which I relied throughout the research process that shaped my approach in this study.

Ethics and moral theory are about making judgments, especially judgments informed by some explicit framework. And although I do not consider myself a feminist, I do strongly align with feminist research ethics as it applies to my research. These moral and ethical frameworks represent value positions on the experiences and places of women around the world (Preissle, 2006). 'Feminist ethicists should aim, first and foremost, to improve the overall condition for women in particular—and also for other vulnerable people like children, the elderly, the infirm, the disabled, and disadvantaged minorities." (Jaggar, 2013, p. 463). This is my intention with this study and for future research I will conduct. This research is phenomenological and focused on the person-in-context (Tuffor, 2017) and my overall goal is to incorporate the voices and experiences of justice-involved women and inclusivity.

A concern when conducting qualitative research is that not all possible risks and ethical concerns could be anticipated, so it was imperative to have a strategy in place to deal with unexpected situations. The interviews revealed nuanced and complex experiences of trauma, substance abuse, and mental health issues. To account for this, I engaged in rigorous reflection at the end of each interview and conducted debriefing sessions with the women. Additionally, I kept notes and reflections to ensure that my views were bracketed in order to conduct an ethically responsible approach to this work. Additionally, I took time at the beginning of each interview to explicitly explain confidentiality and the limits to said confidentiality. Most

importantly, I intentionally prioritized the women's wellbeing and security over the collection of data, which is consistent with the nature of IPA (Tuffour, 2017).

Author Positionality. Understanding my influence in the research process starts with acknowledging any potential conflicts as a researcher completing a case study at my current place of employment. My approach has been influenced by my values, code of conduct and my concern for the health and wellbeing of this under-researched population. It is an approach concerned with social justice and includes the consideration of equal and equitable distribution of resources, the right to fair treatment, and right to self-determination (NASW, 2021). For me, in practice this means that I focus my work and my research on individuals who have been stigmatized and marginalized by the criminal justice system and to help them achieve empowerment while challenging the narratives of justice-involved individuals in general. The context of this research is fueled by a concern for the lack of knowledge, scholarship, and literature concerning approaches to the rapidly growing population within the United States criminal justice system- women (Kovera, 2019); as the current body of scholarship is mainly focused on males (Kovera, 2019).

In my current professional role at Hospital X, I do not provide direct patient care and I am not involved in documenting or tracking any of the information I analyzed in this study. I can attest that I was valuably influenced by my current role at Hospital X. As the Mental Health Court Administrator, I am responsible for the security of very personal data and therapeutic progress of patients who suffer from severe mental illness and their criminal offenses. This role allowed me to understand the importance of protecting the confidentiality of the women that participated in this study. I felt confident that I had taken steps to ensure that women's confidentiality was maintained. In addition, I was intentional about [only] recruiting women

who had graduated the mental health court prior to starting my role as the administrator of the court program in 2022. I took additional precautions to mitigate researcher bias, including using an interview protocol, maintaining a reflexive journal., and achieving data saturation through triangulation (Fusch et al., 2018; Jonsen & Jehn, 2009).

I was committed to the principle that the women should be able to lead the direction of the interview rather than follow the script I had created. I also was cautious during the interviews and did not ask questions about previous experiences of violence and/or abuse or questions regarding previous offending. A woman-centered approach has been strongly advocated for work with justice-involved women (Day & Gill, 2020) and I was intentional with this approach in the study.

Co-researcher Positionality Statement. Glennisha Norman, PsyD obtained her Bachelors in Psychology from the University of Texas in Austin; her Masters in Mental Health Counseling from Capella University, and her Doctorate of Psychology from Walden University. Glennisha's behavioral health experience ranges from private practice, sub-contracting with the federal government, working in non-profit organizations targeted towards survivors of sexual abuse, and more recently in leadership within an inpatient psychiatric facility. Her experience has nurtured a natural passion to support and encourage trauma survivors in recognizing their unlimited potential while overcoming adversity. She has volunteered with many local charitable organizations and was recently a key note speaker at the Peace of Mind Conference held by the Mosaic Counseling Centers of East Texas. Glennisha's dissertation involved identifying factors associated with rapid readmissions to inpatient psychiatric facilities and she utilizes this research and key lessons taken from working in the field to be impactful in addressing unmet needs of the women with mental illness.

Setting

The interviews took place remotely via the participants phones or their laptop computers while I utilized my own personal computer; and Microsoft Teams for both conducting the interviews and subsequent transcription. The specific day and times were mutually agreed upon between the participants and I. The interviews took place over one week and debriefing was completed the following week. There were no interruptions during the process and most of the nine interviews ranged from 90 minutes to 120 minutes each. There were no known factors that may have impacted and/or influenced the participants at the time of the interviews and no incentive was offered for participation.

Sample Demographics

A total of nine women participated in this study. They all identified as cisgender women of ethnic minority status. (*See Figure 1)*. The entire sample of women identified as ethnic minorities to include: four African-Americans; three Latina; one South Asian, and one Native American. All of the women had minor children under the age of seventeen; seven women reported that they were the sole custodial parent and the other two women had shared custody. All of the women that participated had children that they were the custodial parent for and four reported being the sole custodial parent.

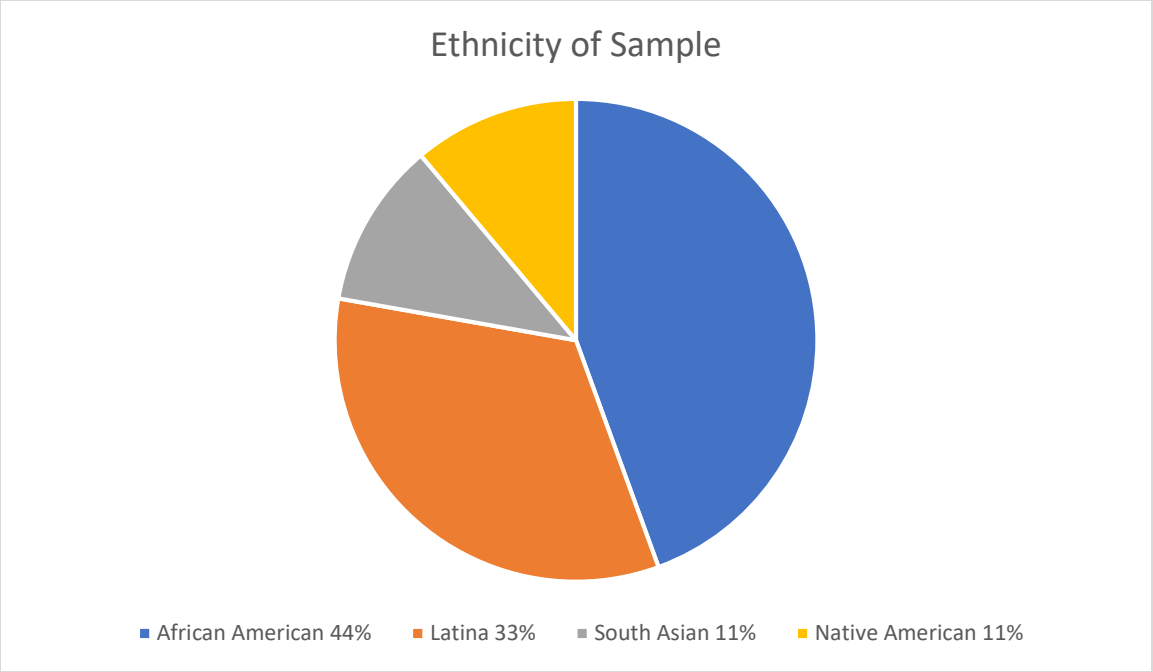

FIGURE 1 ETHNICITY OF SAMPLE

All nine of the women lived in Texas and had been incarcerated for at least one year and were currently not on either supervised release or parole. All nine of the women had low level crimes and it was their first-time becoming justice-involved (See Figure 2). And as per inclusion criteria, all of the women utilized reentry services and had multiple contacts with reentry service providers at least three times during their period of reintegration and had completed their obligations to the Mental Health Court at least one year prior. In light of the small sample size and to protect the women's identity, I did not collect further demographic data than what I have disclosed (*See Table 1*)

TABLE 1

Demographic Table

	Age	Marital Status	Children	Highest Education	Employment Status	Annual Income	Living Status
A1	32	Single	1	GED	Full time	$0-$24,999	Home
B2	41	Divorced	4	Some college	Full time	$25,999-$50,999	Home
C3	44	Single	1	GED	Full time	$50,999-$75,999	Apartment
D4	51	Single	2	GED	Full time	$25,999-$50,999	Duplex
E5	24	Divorced	1	Associates	Full time	$50,999-$75,999	With parents
F6	38	Single	3	High School Diploma	Unemployed	$0	Home
G7	40	Single	2	Some college	Part time	$0-$24,999	Apartment
H8	22	Single	2	Bachelors	Unemployed	$0	Apartment
I9	56	Divorced	2	Masters	Full time	$50,999-$75,999	Home
Total	**9**						

Profiles of Offenses. There was a total of 10 convictions for nine women as reported to the researcher. The women shared their stories of how they became justice-involved and the majority of offenses constituted a crime that, by their own recollections, were committed in furtherance of obtaining illegal drugs or as a result of unmanaged mental illness (*See Figure 2*).

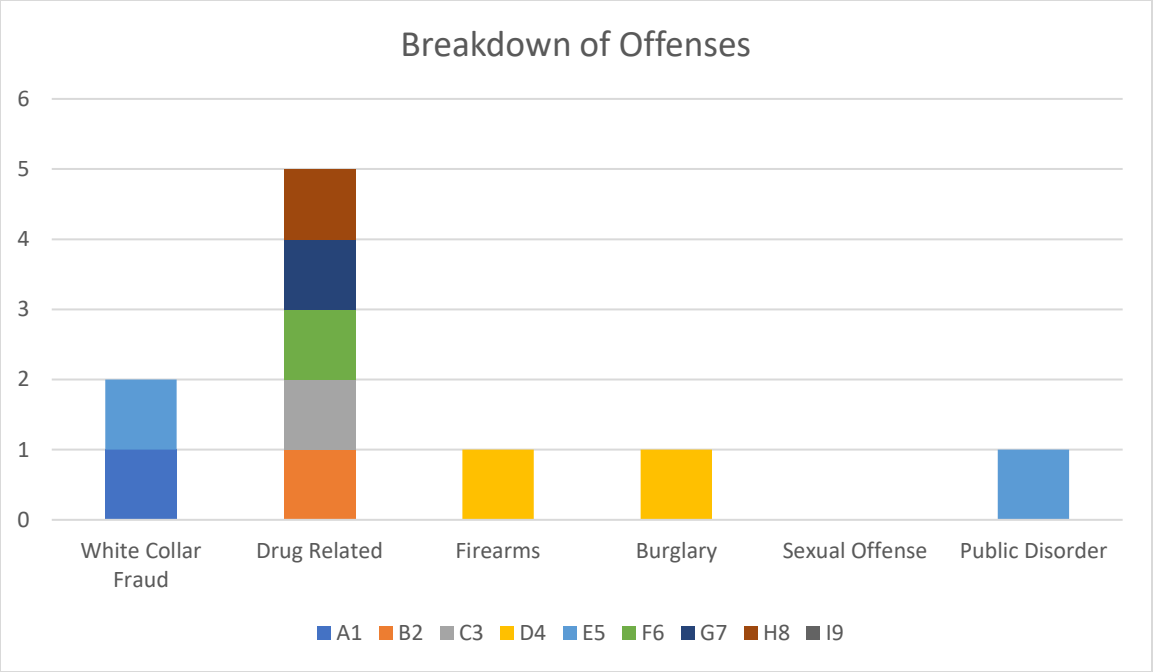

FIGURE 2 BREAKDOWN OF OFFENSES

Data Collection

Participants were recruited through the use of aggregated [personal] data from Hospital X. The hospital participates in mental health court in conjunction with a North Texas District Attorney's office that offers deferred adjudication to justice-involved women experiencing a mental illness, given that they agree to receive mental health treatment and subsequent outpatient treatment. The data on the participants was collected in an Excel document. The spreadsheet contained names, date of birth, offense type, mental illness concerns, ethnicity, education level, supervision terms, and contact information of women and men who "graduated" from Mental Health Court. This is the spreadsheet that I utilized when I started recruiting for the study.

As evidenced by the extremely sensitive nature of the information contained in the data file, a meeting was held with the Director of Social Services and the Vice President of Hospital

X to explain the aims and benefits of the study and to obtain final approval for the use of the data. Following the meeting and subsequent approval., a preliminary process for the recruitment process was presented to the hospital risk department. I presented on the details of the project including possible future collaborations to address the needs of the patient populations and potential risks associated with data breaches. Upon receiving approval., I started recruiting participants.

As this study is rooted in the phenomenological research tradition, it is important to limit the size of the sample (Boddy, 2016) and the selection of the participants should reflect and represent the homogeneity that exists among the sample pool (Klassen et al., 2012). As IPA is an idiographic approach that is focused on understanding a particular phenomenon within a particular context, homogeneity is necessary in order to fully understand the phenomenon. In essence, since IPA is concerned with how people make sense of their world, there is a need to consider and apply homogeneity in this study. In this vein, I was intentional in selecting women who identified as ethnic minorities because this would allow me to gain a better understanding of the overall perceptions among the women's lived experiences. As Klassen et al. (2012) stated, "it is essential that all participants have [similar lived] experiences of the phenomenon being studied (p. 155). As such, the recruiting process and subsequent sample was selected from a homogenous sample pool of participants in order to understand the true insight into a particular experience.

Therefore, in IPA fashion, I sent initial emails to 15 different women and followed up with phone calls after 24 hours (See Appendix B). It was from this pool of 15 that 11 agreed to participate. I emailed and/or called each of the 15 women to discuss the details and aims of the study and to address any questions they had prior to reviewing the informed consents. Next, the process of informed consent began via Microsoft Teams and started with a brief introduction

about myself and my goals (current and future) with the research and an information sheet was provided for those that opted to have a hard copy (See Appendix C). To ensure that there was adherence to the informed consent process, I made sure that the consent process was ongoing, facilitating the choice to opt out at any time before, during, and at the conclusion of the interviews. I read the informed consent verbatim to the women at the start of the interviews and obtained recorded confirmation of participation. Once the informed consents were completed, I scheduled interviews with 9 out of 11 women; two women decided to forego participation until later time. I thanked these two women for the willingness to participate and left my contact information with them should they decide to take part in the study at a later time.

The nine interviews had time ranges between 90 and 120 minutes each, although initially scheduled for one hour. As much as I tried to anticipate what to expect in the interviews, the fact of the matter is that there were many unpredictable elements (such as the extended interview time) that came up during the process with regards to the response to the interview questions. As the questions relied upon the memories of a most likely stressful time for the women, I tried to establish rapport with the women so they felt relaxed and comfortable about the process before the interviews commenced. I was asking these women to relay some of their innermost feelings regarding identity, mental health, and incarceration with me and I wanted to ensure that they trusted me with their stories. A reflexive journal was completed after each interview and the template is included (*See Appendix E*).

The journal was used as a tool for me to bring awareness of my role in the interactions between the women and I and to allow me to better understand the women's lived experiences from an objective perspective; particularly since I work with this population in my employment. To fully honor and understanding the women's experiences, it requires of me to have an open

attitude to allow unexpected meanings emerge through the bracketing of my own worldview. Bracketing is an integral part of phenomenological inquiry that requires the researcher to put aside their own beliefs about the phenomenon under investigation or what one already knows about the subject prior to and throughout the phenomenological investigation (Chan et al., 2013; Shosha, 2012). This is one of the main tenets of IPA research and is unique to the phenomenological approach.

And although efforts were made to put aside my own knowledge, values, beliefs, and experiences, in the widely acknowledged in scholarly literature that these cannot always be eliminated [bracketed] (Chan et al., 2013). Additionally, there is no single set of methods of bracketing in the literature on IPA (Chan et al., 2013; Shosha, 2012; Gearing, 2004; Wall et al., 2004) As I am the primary instrument of data collection, I can still be intentionally cognizant of my own preconceptions and beliefs by examining them through the reflexive journal. It was my aim to be aware of the concept of bracketing throughout this entire research study, and although qualitative work is not entirely without bias, through the honest and consistent examination of my interests and values, I reexamined my position within the process from start to finish. Additionally, the journal acted as a tool for ensuring transparency during the data collection and as a way of documenting rigor within the study.

In phenomenological research, the research questions are merely a guide for the interview, and the researcher follows the cues of the participants (Creswell, 2012) so a semi-structured interview is the standard process for collecting data and conducting interviews. As per the interview guide (See Appendix A), the questions were open-ended to elicit a more narrative/storytelling response to the inquiries. Although I was guided by the interview schedule, during the interviews, I asked probing and follow up questions based on the responses of the

women. This method allowed me to pursue the phenomenon, while still allowing the women to introduce issues that I had not previously thought of. This was both advantageous and disadvantageous in that there was not substantive data regarding the women's meaning making, as there was data concerned with their experiences. The study was supported by rich data about these experiences and the data is still reflective of the reentry experiences of justice-involved women with mental illness issues. Although the lack of participant insight into how they made meaning of their experiences (Goldman et al., 2014), the meaning making was still uncovered by the study in my subsequent analysis. This is further discussed in Chapter 5. There were no aberrant circumstances that arose during the data collection process and no process variations across all nine of the interviews.

Data Analysis

After acknowledging that my own interpretation might influence data analysis, it was important to address measures to enhance the trustworthiness of the data (Colaizzi, 1973). Morrow et al. (2015) point out that Colaizzi's data analysis method is the only phenomenological analysis that calls for the validation of results by returning to study participants. To ensure that participants' experience is correctly interpreted, Colaizzi's method is matched with IPA in the present study. This procedure helps the participants to ascertain if their answers to any questions need to be rectified and ensures that I have not misinterpreted the data (Colaizzi, 1973). This was addressed in my study by debriefing with each of the women individually in a follow up meeting. This will be explicitly discussed in the following section.

Qualitative data was derived from narrative materials with verbatim transcripts from the nine in-depth interviews and data was collected until saturation. Analysis of data followed the

principles of IPA (Pietkiewicz & Smith, 2014) as discussed in Chapter 3. I listened to the video recordings several times and read the transcriptions at least three times to fully immerse myself in the data. Analysis involved focusing line by line on the experiential 'claims, concerns, and understandings of each participant' to begin to organize the data and trace themes among participants (Pietkiewicz & Smith, 2014).

As IPA is idiographic and committed to the detailed analysis of a phenomenon, I considered each women's experience individually before moving on to cross-case analysis for convergence. This allowed me to meticulously examine the convergence between the women's experiences. Initially, I planned to use qualitative software (Dedoose) to generate themes and codes, but then pivoted to hand coding transcripts because it allowed me to better understand the essence of their experiences and provided me with greater alignment with the data. To this end, I utilized a color-coding process with the deidentified data in which different colors were used to represent different codes. I read the transcripts several times to immerse myself in what the women were communicating with me so that I am able to honor and highlight their lived experiences to the best of my ability.

Code Development. The first step in the analysis was to understand what each individual woman was experiencing; secondly, to start developing a list of significant statements (codes) to understand the phenomenon of study and to identify emerging codes across the transcripts; third, to group the codes into larger meaning units of information (themes). This process was done several times and codes were recoded to better identify emerging themes. And to increase the credibility and validity of the research, I incorporated investigator triangulation into the data analysis process.

After I initially coded the data, I asked my colleague Dr. Norman, to also code the [deidentified] data based on the initial codes. We held two separate meetings to review the codes and discuss the applicability of each and adjustments to the initial coding list were made with the feedback. I extracted the original codes and themes, and my colleague was brought in for discussion and review and review retrospectively. The coding list was revised several times until agreement was reached on a finalized coding list.

Theme Extraction. The second step was to extract the themes from the data. After I conceptualized and synthesized the themes, Dr. Norman and I had a discussion regarding the relevance of each of the quotes. This process led to a further reduction of the themes and the overarching themes and several subthemes were developed. I asked Dr. Norman to read through the synthesized themes and assess for the appropriateness of each theme prior to inclusion in the paper. After the initial and secondary readings, the relevant quotes were extracted and placed in an excel spreadsheet according to the RADaR analytic procedure (Watkins, 2017). The process was organic- meaning the quotes were viewed as independent of each other, but still referenced back to the original research question- how does mental illness shape justice-involved women's experiences with reentry service providers?

Once each individual transcript was coded and examined for themes, I made a chart to organize the themes across the transcripts. I completed this by writing down themes and comparing for convergence across the transcripts. The data produced three themes and seven subthemes; the main themes were present in all of the transcripts, while the subthemes were present in five of the transcripts (*See Table 2*).

TABLE 2

Themes

Superordinate Theme	Subtheme
1. Negative Experiences with Reentry Service Providers	1.1 Lack of support
	1.2 Stigma of mental illness/otherness
2. Coping	2.1 Substance abuse
	2.2 Trust issues
	2.3 Practitioners as positive resource
3. Internal Resources	3.1 Motivation for desistance from crime
	3.2 Role of friendships and connections

Synthesis of Themes. The next step in the analysis is synthesis (translation) which is the method by which to identify the themes across the various studies. This is the heart of the qualitative research (Patel et al., 2021). I spent time with the data and extracted themes with supporting quotes from the women and after the emergence of the themes and Dr. Norman was consulted with to discuss the findings. After I reviewed themes and justifications for them, the quotes were transferred into the spreadsheet, and I reread the quotes and sat with them for a couple of days.

I then went back to the transcripts to make sure the integrity of the quotes was apparent in the new themes prior to creating tables. After the themes were identified, the actual data synthesis (translation) was conducted. The themes were reviewed multiple times to ensure that there was a synergistic understanding of the phenomenon and discussed with Dr. Norman one

last time. It was from this iterative review process that led to a deeper understanding of how mental illness shapes justice-involved women's experiences with reentry service providers.

Evidence of Trustworthiness

Qualitative research is frequently criticized for lacking scientific rigor with poor justification of the methods adopted, lack of transparency in the analytical procedures and the findings being merely a collection of personal opinions subject to researcher bias (Creswell, 2012). Assessing the reliability of study findings requires researchers and to make judgements about the trustworthiness of the research in relation to the application, fitness of the methods undertaken and the integrity of the final conclusions. Given the given the nature of subjectivity in data analysis (Aguirre & Bolton, 2013), there are several ways in which a researcher can provide evidence of trustworthiness in qualitative research: triangulation, credibility, dependability, confirmability, and authenticity, (Lincoln & Guba, 1985; Koch & Harrington, 1998; Aguirre & Bolton, 2013). In my study, I used several methods to increase the validity of the results and address any potential issues of trustworthiness.

Triangulation. There are four types of triangulations (1) data source triangulation, (2) investigator triangulation, (3) theory triangulation, and (4) methodological triangulation (Weyers et al., 2008). In this study, triangulation occurred at the level of the researcher. This effort was strengthened by the fact that Dr. Norman and I have independent research interests and contributed independently- but discussed the results collaboratively, allowing for a more objective and nuanced understanding of the data.

Credibility. Credibility refers to the truth of the data or the participant views and the interpretation and representation of them by the researcher (Polit & Beck, 2010). Credibility is

enriched when the researcher verifies the research findings with the participants (member checking). A qualitative study is considered credible if the descriptions of human experience are immediately recognized by individuals that share the same experience (Polit & Beck, 2010). To improve credibility, I engaged in debriefing with the women after each interview by providing a brief summary of their interview, and solicited feedback if I misinterpreted anything during the interview. This allowed the women to reflect and make sure the data [accurately] reflected what they were trying to convey.

Dependability. Dependability refers to the constancy of the data over similar conditions (Polit & Beck, 2010; Tobin & Begley, 2004). This is achieved when another researcher agrees with the decisions at each stage of the research project (Ryan et al., 2007). I accomplished this by having weekly meetings regarding my progress with my Dissertation Committee Chair, Dr. Jandel Crutchfield. Additionally, I consulted closely with my colleague, Dr. Norman during the data analysis process. Throughout the study, I led with the intention that this study be replicable with similar participants in similar conditions for future research with justice-involved individuals- both men and women.

Confirmability. Confirmability refers to the researcher's ability to demonstrate that the data represent the participants' responses and not the researcher's biases or viewpoints (Polit & Beck, 2010; Tobin & Begley, 2004). Confirmability was achieved through the use of the reflexive journal. I documented my thoughts and ideas in the journal at the conclusion of each interview. Additionally, at the conclusion of the data collection process, I reviewed my journal several times subsequent to and at the conclusion of the data analysis. With the use of color coding and creating charts during thematic analysis, I was able to log and follow my train of thought in how interpretations of the transcripts occurred, thereby ensuring that the findings were

derived directly from the data and not my own presuppositions. Finally, in writing the results section, I provided rich quotes from the women themselves that depicted each theme. This was validated by my colleague, Dr. Norman to ensure that my own biases were not evident in the quote selection in that the themes were appropriately reflective to the quotes.

Authenticity. Authenticity refers to the ability and extent to which the researcher expresses the feelings and emotions of the participant's experiences in a faithful manner (Polit & Beck, 2010). This is perhaps the most challenging aspect thus far in this study. As a main focus of this study was to honor and lift the voices of the women I interviewed, I attempted to maintain authenticity of their voices by allowing their words to dictate every aspect of the data analysis process. I did this by allowing adequate time in collecting data to obtain a deep understanding of the women and their experiences. Although the interviews were initially scheduled for 60 minutes, all of them lasted substantially longer, and two were 120 minutes long. Furthermore, I conducted debriefing sessions with the women in an effort to provide prolonged engagement. As Lincoln & Guba (1985) postulate, "although engagement provides scope; it is the researchers' attentions to the feelings and emotions of the participant that provide depth to the study" (Cope, 2014, p. 41). I employed my therapeutic skill set to make sure I was keenly aware of the emotions and spirit of the women that I interviewed.

Summary

The methodology of the current study was discussed in a manner to allow for transparency and replication. Since the purpose of the study was to explore the reentry experiences of justice-involved women with mental illness, an IPA method was chosen to allow myself to develop an in-depth understanding of the participants' experiences and how they make

meaning of those experiences. The sampling method was purposeful to reflect the population of interest and participants were all justice-involved women who are ethnic minorities with mental illness. The interviews were recorded and transcribed so that I could code and analyze the data using IPA fundamentals. Issues of trustworthiness were discussed and addressed while ethical considerations were employed to ensure the highest standards of research were upheld. In the next chapter I review the results of the study.

Chapter 4: Findings

The purpose of this study was to explore the reentry experiences of justice-involved women with mental illness issues. I conducted nine interviews ranging from 90 minutes to 120 minutes over the course of seven days. The interview guide was designed to answer the research question: how does mental illness shape justice-involved women's experiences with reentry service providers? After I completed the interviews, the coding, and the data analysis, there were three superordinate themes. The first superordinate theme, 'Negative experiences with reentry service providers,' was comprised of two subthemes: 'lack of support' and 'stigma of mental illness/otherness.' The second superordinate theme, 'Coping,' was comprised of three subthemes: 'substance abuse.' 'trust issues,' and 'practitioners as a positive resource.' The final superordinate theme, 'Internal Resources,' was also comprised of two subthemes: 'motivation for desistance from crime,' and 'the role of friendships/connections.'

The themes mentioned converged across all of the transcripts and there were no major discrepancies in the data during the collection and analysis process. During the analysis, there was a point at which meaning making was not accurately expressed in the transcripts. Since IPA involves a more flexible approach, I considered the possible similarities between themes and how to extrapolate the meaning making from the women's verbatim accounts as I developed the analysis. This involves working towards the meaning making in a way that comes together for each individual (McCoy, 2017). And since IPA it is not prescriptive, I considered how I could be more innovative in terms of organizing the data. I became immersed in the transcripts and interpretation that was in the interviews themselves. The context through which the women 'made sense', had time [temporal] elements- essentially their experiences were situated in making sense of themselves across life transitions and time. These meanings all added to

richness of analysis and from their accounts the converging themes emerged. And because the IPA methodology follows a [hermeneutic] phenomenological approach that is both flexible and inductive (McCoy, 2017) and based upon the interpretation of experiences, I was able to identify themes related to how the women made sense of their experiences. Each of these themes will now be considered in turn, with a description of each superordinate theme along with illustrative examples from the interviews.

Theme 1: Negative Experiences with Reentry Service Providers

One theme that was prevalent throughout of all the interviews were the women reporting negative experiences when interacting with reentry service providers. The women reported that they believed these experiences were attributed to the services providers preconceived biases with regards to their history of mental illness. Within this theme, there were two subthemes under the umbrella which relate to the aspect of how the women felt they were treated due their mental illness.

> [C3] spoke candidly about her mental illness: "So Umm, not too many people know this, but I have seven mental health diagnosis. I've struggled with my mental health all of my life. I was heavily, heavily medicated for most of my childhood and teen years. And it bothered me that when I went to prison and then came home, all of the people knew my history and that was uncomfortable. Like I felt they treated me like I was crazy with all these diagnoses. They acted like I couldn't talk for myself and think for myself…I have bipolar disorder and I been diagnosed with major depressive disorder, social anxiety disorder, general anxiety disorder, obsessive compulsive disorder in the past and it was like they thought I was like not able to live so they just kinda gave up on me when I was struggling."

One woman [G7] recalled how a reentry housing coordinator told her she would not be able to get approved for housing because of her schizophrenia diagnosis:

> "Like this lady really asked me do I see things and I knew that she knew about my schizophrenia. After that it was like she wasn't even trying to help me. I mean I can't

> help that I got this f***** up disease because that's what it is…I didn't ask for it hell. But they all just quit helping like they was scared of me or something."

Another woman [D4] emotionally recalled how she felt when she first encountered the halfway house staff:

> "They look at us and they think because they been at their jobs for all these years that they can just read about us on a piece of paper and tell we are crazy or dangerous or both…that's frustrating because they just don't know what it feels like to live with depression and then you come home and you got all these responsibilities and stuff to do so you don't pull chains again, there were times that I wanted to just be gone, for real."

Subtheme 1.1: Lack of support.

The group of women in their entirety reported that there was a general lack of support for a) people with mental illnesses and b) women in general. This may be due to the lack of understanding of the unique needs of this population and a deficiency of knowledge by the reentry service providers in how to effectively engage them in services. [A1] spoke at length about lack of support and understanding of her mental illness:

> "The services these places offer don't really help me like they do everyone else. I need doctors and people who know what I am going through. You talk to this person and that person and as soon as you start talking about bipolar or being sad or anything, they just look at you. Which is funny because there are a lot of people I was locked up with that have some serious issues…there is no help for us."

> [H8] spoke about this lack as well: "I didn't feel there was a lot of mental health help when I came home. I had to find out from other people. I mean there are classes and normal education and like that, but anything extra like it just isn't there…and sometimes we don't qualify for this and that help because we have violent stuff that we did in our past because of our minds weren't right."

> [H8] also spoke about the lack of trained mental health professionals within the reentry landscape: "I mean some of them tried, they really did, but I don't think they knew how to help and that's not really their fault either I guess, it's the system that is messed up."

Subtheme 1.2: Stigma of mental illness/otherness

All nine women reported experiencing stigma based upon their mental illness issues as a part of their reentry experience. When the stigma was described, it was preceded by an account of how difficult was to live with the shame they felt. The flow of the interviews seemed to go back to the start of the source of the mental illness as a way of making sense of the process. [A1] described her offending as being linked to her mental illness and how she felt even more stigmatized because she now had a felony record. She stated:

> "They don't look at me as a person or what all good things I have done. It's like once I'm a convict, that's all I am and this doesn't help anything when I start getting thoughts in my head that I cant stop."

> [D5] mentioned how she felt other viewed her: "I did what others expected of me I had. I didn't feel I had a freedom of choice or freedom of thought. Or so I think that like the identity thing is both internal and external to the world. I was just the lady who needed to go get meds again. Even my husband kind of treated me that way." She went on to say: "And I was treated as such. You know, I was the outcast. I was the black sheep."

And another woman [F6] talked about her experience when speaking to the job counselors at the halfway house as a disheartening experience:

> "It was just I was just trying to do something, but I didn't feel worthy of anything more than that at that time also… Actually, a few years to be quite honest, I, until I was out of probation, I didn't feel worthy of something."

> [I9] spoke about the neighborhood surrounding the halfway house: "Right, right. Outside it was rampant and it's still is it is. It is a known like homeless drug infested area and it's it's it just the way that it is. So when the general public saw me come outside, it was like they already formed an opinion of me."

> [B2] spoke about being diagnosed with severe depression: "You know, you were saying something about how it made me feel to have depression or anything else, it was like my own personal barrier or something, but it was something I thought everyone could see too, I don't know if that makes any sense."

> [A1] also spoke to how she felt stigmatized by her own community: "Within the Indian community, there's very few people that have gone through what I have gone through, especially with how our parents and families can see that. So again, I have to say that it really affected what I thought about myself. Like I'm not just a felon, but I am a crazy felon too, wow that was hard to say. And even leading up to going to prison, because of of my use of drugs and my, thinking behaviors and certain patterns that had gotten really haywire and an out of control whether or not I was… I felt also a lot of guilt and shame for having to put them through that." All of the women spoke about this ostracization in one way or another.

> [F6] described how her mental illness diagnosis affected how the service providers had little faith in their success: ""It's like they didn't believe in me, didn't think I was good for anything and not gonna change. They would look at me sideways. If I tried to tell them something bad happened or that I was struggling to something nobody ever believed me…even my PO expected me to fail or always trying to catch me slipping."

Theme 2: Coping

The relationship between mental illness and coping is a complex one, with studies suggesting that those who tend to utilize emotion-oriented coping are also more likely to score high on measures of anxiety, depression, and other mental health symptoms (Huck, 2012). Past trauma and the stigmatization of mental illness was very apparent in how the women coped with their reintegration. Although a majority of women spoke about negative coping styles and dealing with trust issues, they did also speak about learning more positive coping skills through mental health professionals. It was through safe relationships that they were able to gather strength and develop trust.

> [C3] spoke of "being surrounded by the good people at my counseling center was how I survived. Without that place, I would have lost it for real."

The women described how substance abuse was a means they used to cope with both the overwhelming obstacles to reintegration, but also how mental health professionals were pivotal in their reintegration.

> [H8] spoke about a program for justice-involved people with severe mental illnesses that was new to the halfway house: "I got connected with [agency] and they had a great program that I was able to get into and without it, it would've been hard for me to just live a somewhat normal life because living with schizophrenia isn't normal anyways."

Subtheme 2.1: Substance abuse

The women described that they coped with their struggles through the use of drugs and/or alcohol. All nine women spoke of having experienced some adversity when reintegrating and the drug and alcohol use was within the context of coping with the unpleasant reentry experiences. They described the substance abuse as a way of "self-medicating" or "coping." The drug and alcohol use were frequently detailed following times of have negative experiences with either reentry service providers or fellow justice-involved people they were living with in the halfway house. At times, the links between experiencing the negative emotions and coping through drug and alcohol use were explicit and at other times the association was implicitly made.

> [A1] spoke about her struggles with an ADHD diagnosis which led her to abusing Adderall: "I didn't feel in control at some times during coming home so my drug of choice was that I had the most issues with was Adderall and it since it was prescribed to me, it didn't matter if I dropped dirty on a UA or anything like that…it started with just one or two and then went out of control."

[G8] spoke about abusing her psychotropic medications and how readily they were available to her:

> "That's kind of where my addiction actually started was when I found a pill that worked great. If one worked great, 20 worked better… so I started to abuse my psych meds and then I'd have to switch my psych meds because they didn't work and then I would add alcohol in the mix."

She also spoke of the local mental health crisis care clinic:

> "Lately, I was getting the MHMR right. Nothing better in the world for an addict is addicted to illegal substances than to get them from a county place where all you gotta do

> is have the symptoms and they'll prescribe you the meds. And so of course, every couple of months, the symptoms would be worse and they would just adjust the dose."

One woman [D4] recalled how she was having an identity crisis due to her childhood trauma and this was the catapult to the substance abuse:

> "I think my depression started because of what happened to me in my childhood and I never got any help and it just got worse and worse. I was not being who I am. I was not, you know, I was having identity crisis. I was. I had never been appropriately treated for all of my childhood trauma."

Subtheme 2.2: Trust issues

Despite the explicit importance of trust in the reentry process, several of the women discussed their lack of trust in others. The discussions were centered around being mistrustful of the reentry service providers.

> As [A1] articulated: "I was just released from prison and there were all these people who say they were trying to help me, but man come on I didn't believe them. I kept thinking to myself that they didn't know how it was for me dealing with all of the stuff in my own brain and then when I asked someone for just a little thing it was like they couldn't do it…and they want trust."

> [B2] said about the reentry service providers: "You don't know these people. You don't know these people. They're strangers and then you come in and get thrown in with them and you just have to actually walk up to them and talk and then you have to tell them all what you been through and all the meds you on and all that…man come on, that is hard."

Justice-involved women have issues with trusting others, and as evidenced by these women's' experiences, trust [lack of] can be an obstacle to positive experiences.

Subtheme 2.3: Practitioners as a positive resource

Although at times, the experiences of these women were negative, many of the women spoke of the role of practitioners as a positive source for help. The environments and approaches that

enabled care from mental health practitioners, such as therapists and counselors, were crucial in their coping with their mental illnesses. There was an emotional safety element and a sense of cohesion which ran throughout the descriptions, which seemed to provide an environment that the women described as nurturing and welcoming. All nine of the women described feelings of gratitude in relation to the mental health practitioners, psychiatrists, and psychologists. The explicit style through which these professionals interacted with the women was received overwhelmingly positive. There was something particular about the practitioners' approaches that really resonated with the women. This engagement was described at the level of specific interventions as well as their general approaches with the women. [A]1 spoke about having a counselor who was of the same ethnicity as she was and this was very important to her identity:

> "My first two days there the drug and alcohol counselor that was there. Her name was Counselor XYZ. So she was an Indian woman and this made me feel comfortable and at ease. It was the first time since being home that I actually felt that. Ok, I think I'm go to cry now."

> Another woman [C3] spoke about her psychiatrist: "But seeing him every month and then my counselor every week, it helped me talk through what I was really dealing with in a safer environment and in a place where I didn't feel like I was being too judged."

The approaches were described as non-judgmental and accepting.

> [E5]: "I didn't feel like I had to answer or prove myself to her. That is a big thing to me because all of my life I had to prove myself or explain my mind to people…I didn't with my counselor and I still see her to this day."

These encounters with professionals impacted most of the women's self-esteem and having a meaningful relationship with the counselors seemed to help them cope with their mental illness struggles. The way in which the practitioners engaged with the women, through compassion and understanding, affected them in a profound way.

> As [G7] describes: “She kind of like opened my eyes and she said just because you’ve done this, you’ve been to prison, like, you can use this experience to help other people other people and she said to not be discouraged…talking with her made me feel better and she always lifted my spirits and gave me hope.”

Theme 3: Internal Resources

All of the women discussed differences they had noticed about themselves, as a result of effective interventions and approaches. The majority of women described particular “aha” moments that caused them reconsider their identities and experiences from a new perspective, instead from the perspective of being stigmatized. These moments were described as times during their reintegration process where they “hit rock bottom” and had to “sink or swim.” These memories were often surrounded by personal loss and the mental health fallout which at times even made some contemplate suicide. The women spoke of an internal strength that allowed them to continue forward to determine their own future.

This theme is very much rooted in self-determined strength and a clear concept of their identity. Within this theme, transition and growth was represented in how they related to themselves now instead of in the past. The women saw themselves as being ‘normal’ now, while they viewed themselves negatively in the past. This change of self-perception over time involved ‘pulling the person out of the past’, a process of separating the person they used to be, from the person they have become.

> [G7] spoke about how her incarceration changed her: “It heled me learn that there is that that I can come out of this and to be able to use what my experience was in prison as a catapult.”

Another woman [E5] spoke about how the group classes showed her how to communicate her situation and mental illness struggles in a different way:

> "And I felt like I had relearned how to talk about the stuff that was bothering me or like what I was going through. I felt like there was a community of people that had been formally incarcerated, but then there was other people that were part of the community that are well respected from from business standpoints where they understood what my issues were. And I learned how to talk to people again because I had lost a lot of confidence so that was good."

[B2] recalled how the job talks from businessmen and women in the community helped her to gain some soft skills:

> "It was internal for me at first, but then having external validation through people of high status and being able to ask them questions and learn from them."

Several of the women spoke about learning to accept their past helped them move forward:

> [D4]: "That it really helped me learn how to take ownership over my past and I was able to use that to kinda learn more about how my depression had a lot to do with why I did the things to land me in prison, like that was shocking."

> [E5]: "I just really learned that I can't you know change all of the stupid shit I have done, but what I can do is just move on. They really showed me that in those classes with the professional speakers."

> [F6]: "Ya there was no way that I was going to get through all of the appointments, the therapy, the classes, all of the stuff that my PO wanted me to do without a ride or anyone I can depend on. I learned so much that even though all of this stuff was going on right now, it was going to be over, like it can't last forever, but sometimes your past can really change your future in a good or bad way. I just figured that I need to leave the past behind and those people that judge me for it- well that's on them and not me because I am all the way good and straight now."

There was a collective level of endurance and understanding which was apparent throughout the transcripts. But what brought this together phenomenologically is how they described the meaning of positive change within the context of their lives. Ultimately, there was a sense that they have achieved a positive change in their lives, through managing to control elements of their lives which had evaded them in the past.

Subtheme 3.1: Motivation for desistance from crime

The factors that the women spoke about that allowed them to desist from crime ranged from fear of being reincarcerated to the sense of loss they felt when they were separated from their family-specifically their children. There was a focus on relationships for being their greatest motivation. In fact, these relationships were a core factor. They spoke of a new ability to discern between healthy and unhealthy relationships and the often-detrimental effects of the latter. There was an interrelated aspect in terms of managing the potential for recidivism and managing their relationships. They made sense of their desistance from how beneficial (or damaging) the key relationships in their lives were going.

> [H8] said this: " you know in the last 2 years since I got home, I am able to just choose relationships differently…you know analyze them and stuff like that, and do you know, from what I've achieved - and I'm sure from what I've been doing since my release, I think I've got the upmost pride and upmost achievement and success and I am proud of myself. I don't want to go back, like ever."

Another woman [I9] echoed this same sentiment:

> "Because I've made such progress so I don't wanna go back like I already got out of. I got out of prison. I don't wanna go back. So, I'm not gonna. I'm not gonna mess it up because I don't want to let my family down." Several women referred to changing their environments as a means of desistance.
>
> [E5]: "Which is the number one thing for an addict is you change people, places, things. That is what triggers you back into that environment. If I was in a different environment, you know, I don't know if I would have been able to be."

> [F6] spoke about how she understands now that her mental illness is just something she will have to deal with and that realization was pivotal: "I used to be so antsy all the time and think people with know I am bipolar or something, and then I would lash out and do stupid s*** because I was embarrassed…but now I understand that because I didn't have my mind under control, I couldn't do nothing. Now, I see my doc every month and he makes sure I am on the right track and this helps me to stay straight because I don't wanna like disappoint him and my counselor who I still see."

In this subtheme, there was the sense that the women had learned the ability to not be overwhelmed by chronic stress of their mental illnesses- which had been a problem in the past. There seemed to be some internal control in terms of agency and decision making and their ability to ask for help when they needed it. It seemed they gained the ability to master the stress of dealing with the mental illness struggles more efficiently and most of them are actively managing their mental illness both pharmacologically and behaviorally. It also impacted upon decisions made in terms of being more discerning of relationships. All of these areas were particular concerns for the participants and were areas in which each individual had managed to gain mastery over, which they shared had a direct relationship to their previous offending.

Subtheme 3.2: The role of friendship and connections

In the interviews, I discovered that there was a level of understanding that was described in relation to connections to other women by all of the women. This theme seemed to resonate with the many women that were interviewed. It seems that the women were more apt to form friendships because of being able to relate to one another without having to explain their circumstances or fear of rejection. Having shared life experiences within friendships was expressed to be important to reintegration.

In addition to expressing that shared life experience was an important component of how the women coped with negative reentry experiences, the women also talked about how important a person's physical and emotional availability during their times of need was. [B2] spoke about how important it was to have others that she was incarcerated while reintegrating:

> "Seeing my friend who I was down with was also something helpful. So, there's a few people that became. I became very close with that. I had met in the halfway house or known or like who I'd known from prison that that were there that were my community."

> [D4] also spoke about having a community of women who were also struggling with mental illness: "Because it because it did. It did do that. It did allow me to have not only community of people that were formerly incarcerated that I could see also their progress of how they were able to come out of that and do something on their own and then it helped me because I could talk to them, like really talk to them like I can't talk to nobody else. I can talk about everything with them."

Several other women talked about the importance of friendships. [B2]:

> "It was just the girls hanging out in the living room and stuff like that and we was going through some old used clothes and they made me feel so comfortable and um ... a lot of the girls here, they talk to me and they say well, just be patient and don't give up and it's going to be a long process. The process, it takes really long, but don't give up, you know? Don't give up. Whatever you do, don't give up. These were the women that were in my group…I guess we feel each other because we all crazy ha I guess."

> [F6]: "If I make a mistake, she doesn't bash me; she encourages me. She lifts me up. When I do wrong, she doesn't downplay me. She lifts me up and helps me. She picks me up and helps me move forward. She's just making my whole day just go so good when I speak to her because she's like a light, like a sunshine. She is so positive, and I really like that."

> [H8]: "On my worst day she's always there. She has the other type of bipolar so she gets me. She's not overbearing but she just sits there when I need her. Like, if I'm crying or having a bad day, she's there. If I'm having a happy day and want to tell her something, she's there to laugh with me."

Summary

In this chapter I have detailed the results from the interviews. As there are multiple marginalization that mark the lives of justice-involved women with mental illnesses, these populations can be disconnected from services/resources. They suffer from stigmatized mental health issues that can make others wary and/or frighten them; especially for those that experience severe mental illness such as schizophrenia. They can be deemed problematic at reentry agencies which creates more barriers to accessing appropriate reentry services.

From negative experiences and being stigmatized by reentry service providers, the women learned to cope [initially] by substance abuse but then found support within the mental health practitioners while tapping into their internal resources. The understanding of the women in relation to interventions and approaches that support desistance were related to gaining strength through relationships and mental health supports such as psychopharmacological and behavioral interventions. Additionally, relationships with other women who were struggling with the same issues was also a crucial part of their reentry experiences. The reentry experiences of these women were overall not positive, and the next chapter will address this in more detail.

Chapter 5: Discussion, Conclusions, and Recommendations

This study highlights the experiences of justice-involved women with mental illness when interacting with reentry service providers. Using an intersectional lens and ecological systems theory as a framework, I interviewed and analyzed the narratives of nine women. The women in this study shared stories of substance use that began in childhood, generational substance use, and of the effects it has had on their criminality.

I used an IPA approach to explore the lived experiences [life world] of the women to understand how they made sense out of their interactions with reentry service providers. Semi-structured interviews were conducted with nine women recruited from a north Texas hospital. On the basis of the research conducted, I conclude that justice-involved women with mental illnesses recognize the need for more holistic approaches to reentry in an effort to reduce recidivism and desistance from crime.

This research explored these perspectives through asking the research question: How does mental illness shape justice-involved women's experiences with reentry service providers? The study yielded three superordinate themes with seven subthemes. The first superordinate theme, 'Negative experiences with reentry service providers,' was comprised of two subthemes: 'lack of support' and 'stigma of mental illness/otherness.' The second superordinate theme, 'Coping,' was comprised of three subthemes: 'substance abuse.' 'trust issues,' and 'practitioners as a positive resource.' The final superordinate theme, 'Internal Resources,' was also comprised of two subthemes: 'motivation for desistance from crime,' and 'the role of friendships/connections.'

This chapter is structured to account for the developing nature of this research. Therefore, conclusions are drawn from the data to establish how justice-involved women experience reentry service providers. This is followed by theoretically driven insights and conclusions are made in relation to how to build support and recovery into the reentry space. Finally, I will interpret and apply the results toward future research and discuss how to create positive change for justice-involved women.

Interpretation of the Findings

This chapter draws conclusions in relation to how justice-involved women with mental illness made sense of their experiences to identify interventions designed to reduce recidivism. In light of these insights, I conclude that recidivism is best achieved through focusing on recovery and a strengths-based approach that encompasses professional assistance in the form of therapists and psychiatrists. Additionally, addressing the stigma associated with mental illness must be interwoven into reentry service programs. I further conclude that work with this population must be trauma informed, to account for the myriad ways justice-involved women with mental illnesses needs are unmet.

In this study, I identified three main themes in relation to how mental illness impacts justice-involved women's interactions with reentry service providers. In the following subsections, these themes will be further explored in relation to the literature to discuss the meanings that may be interpreted from the results. This research can begin to fill the gap in the literature concerning how mental illness can impact reentry and recidivism.

Negative Experiences with Reentry Service Providers

It is well known in the scholarly research that the justice-involved population often experience discrimination based upon their criminal history (Bender et al., 2016; Goldman et al., 2014; Tyler & Brockermann, 2017). It is also well known that having a mental illness can lead to discrimination and stigmatization (Staton et. al., 2003; Prince & Wald, 2018; Kenney, 2020). The results of this study underscored the aforementioned research. All nine of the women reported having negative interactions with the reentry service providers based upon both their criminal history and mental illnesses. Although the women described the negative interactions with other stemming from being justice-involved, they frequently reported occurrences of discrimination that were directly related to their mental illness struggles. And although there is a dearth of literature on the stigma and judgement that justice-involved populations face, there is scant literature on how having mental illness exacerbates the negative experiences/interactions.

The findings of the study add to the literature by exploring how mental illness impacts these experiences. One woman described how the reentry service providers formed an opinion of her prior to meeting her. Other participants described how they felt ostracized from the rest of the justice-involved population because of their mental illness which affected the support they [did not] received from reentry service providers. This stigma was experienced on several levels of interaction in their communities (Tyler & Brockermann, 2017). The women described reentry providers, who are positioned to help provide supports, as treating them differentially while also not taking into consideration their unique needs. They also reported experiencing these stigmatic experiences based upon others' responses to their mental health history. Bender et al. (2016) report that justice-involved populations frequently experience greater stigma and this research concluded that living with a mental illness can further stigmatize these individuals.

Coping

Women in the study consistently endorsed traumatic histories, struggles with substance use, and mental health challenges, oftentimes in combination. Some of the women seemed to experience a landslide of consequences as the result of maladaptive coping strategies that evolved from a need to survive. The findings of this study supported the recommendation that having positive supports, such as therapists or service providers, was reported to be helpful in facilitating positive changes and to help women cope with their situations. The women made it clear that they benefited the most when they received positive supports from providers who treated them respectfully and viewed them as more than a person who committed a crime.

The women also reported that these positive supports were the foundation to meeting their basic needs and the beginning of their successful reintegration journey. Researchers have found that a major aspect of positive reintegration is having basic needs met (Tarpey & Friend, 2016). And from their perspective, it is evident that these supports did indeed help the women with meeting basic needs such as housing and becoming gainfully employed. The caring environments that were found within counseling centers and group therapy were a source of strength and support for all of the women that participated in the study. They felt safe and trusted within the confines of these relationships and were allowed to discuss their issues in a non-judgmental space.

Researches have pointed to the fact that the relationship between mental illness and coping is quite complex (Umucu et al., 2021; Kenney, 2012; National Institute of Drug Abuse, 2020) due to past trauma and the stigmatization of mental illness exacerbated the women's struggles. As evidenced by this study, in addition to supports as mentioned above, the women also spoke of

negative coping strategies to deal with the negative experiences they lived. The women described how substance abuse was a means to cope with the overwhelming obstacles to reintegration.

Although the overwhelming majority of the women in the study engaged in some form of substance abuse, they again recalled the positive coping skills acquired through therapy and treatment. One of the women credited the counseling center for getting her through her addiction and subsequent mental illness, while others recalled using substances to control their mental illness. While some providers were seen as being the opposite of helpful and the source of negative experiences, there also seemed to be some positive individuals within the reentry network as well. It is very likely that these providers were better trained to work with individuals with mental illness.

Internal Resources

From this research, it is clear that there is an internal motivation for the women to desist from crime in light of the barriers they face. Based upon on how they made sense of their experiences of different situations, people, and systems, I conclude that internal resources provide a fundamental aspect to desistance from crime and reducing potential recidivism. There is a link between interventions and approaches that promoted the development of self-efficacy in managing stress that were noteworthy.

There is literature that details how improving self-determination can lead to greater chances in recovery (Mancini, 2008; Pilch, 2016; Corrigan et al., 2012) and this research has highlighted the importance of this. The practitioners that helped the women with self-efficacy and future oriented thinking were particularly important when the women described the reasons for desistance. The meaning the justice-involved women made of their experiences and their coping

strategies (both adaptive and maladaptive) highlights that addressing mental health concerns is paramount to effective interventions and approaches to reducing recidivism.

Theoretical Discussion

Intersectionality

It has been argued that the heart of vulnerability in offending populations involves intersectionality' (Arditti, 2015, p. 1569) as there is a cumulative and cross-section of vulnerabilities. Thus, the justice-involved population, and particularly women, based upon their adversities, are more likely to be vulnerable. Intersectionality theory provides a strong framework from which to consider this research. Intersectionality theory stemmed from the feminist view that gender could not be isolated or viewed in isolation from other constructs (Crenshaw, 2011). The idea that multiple identities 'mutually construct one another' (Collins, 1998) in relation to gender, race, sexuality and class, in addition to reinforcing each other, accounts for the complex structures through which oppression may occur.

Each woman came into the study with different identities that impacted and shaped their experiences. Some of these identities were ascribed to them based upon their gender, age, and justice involvement; and since all of the women that participated in this study were ethnic minorities, this identity intersected with their mental illness in terms of their experiences. The women reported being treated differently (and at times negatively) based upon these intersections. These findings support those of Wesley and Miller (2018) who reported that the intersection of different identities impacts individuals' interactions with the justice system. The results of this study also support that having a mental illness acts as an identity label that interacts with other identities and results in greater experiences of stigma and discrimination.

Persons with intersecting identities of disadvantage are subjected to multiple systems of inequality working simultaneously (Berry & Bell, 2012). Although the interviews in this study did not specifically address specific areas of race or culture, insights into these areas were clear. The intersection between gender and other constructs such as stigma, mental illness, and race all play an important role in how these women define themselves and their subsequent behavior. In the reentry space, the absence of appropriate resources can leave the justice-involved population to essentially fend for themselves and in this type of environment, the way a person- man or woman- presents themselves can be a strategic self-defense mechanism (Crenshaw, 1991).

Being labeled as "crazy" appeared to increase the women's number of negative interactions with reentry service providers and in turn, increased barriers to receiving support services. Because intersectionality theorizes how different stigmatic identities interact to shape an individual's overall social location of oppression (Moradi, 2017), having a mental illness while also being a justice-involved woman places them in a lower social location then another justice-involved individual (Moradi, 2017). This shaped the women's experiences with regards to the reentry service providers and consequently impacted how they interacted with others in relation to the negative experiences. For example, the negative coping mechanisms such as substance abuse.

Intersectionality posits that that the researching race, class, and gender as independent constructs that exert independent influences on outcome variables is not grounded in reality (Baca, et al., 1996; Burgess-Proctor, 2006; Crenshaw, 1991; Daly & Chesney-Lind, 1988; Trahan, 2011). In fact, these different social divisions do not exist or operate independently in social life. Essentially, no one individual is just racialized, gendered, or situated in some socioeconomic class (Burgess-Proctor, 2006; Crenshaw, 1991; Trahan, 2011; Zinn & Dill, 1996).

Rather, all people are, at all times of their lives, the member of a racial group, gender, and class, and it is at the intersection of these attributes that identity is formed (Zinn & Dill, 1996). It is the combination of people's race, class, and gender that influences their experiences and perceptions of self and others (Wildman, 1997). In short, there are multiple forms of oppression for those with different combinations of race, class, and gender identities (Wildman, 1997). And these forms of oppression have structural and contextual components and produce qualitatively different lived realities (Wildman, 1997). Such is the case for the women in this study.

For example, the women expressed anger when describing the different treatment, they received from some reentry service providers and this impacted how they interacted with the providers. This further underscored the preconceived notions that the providers may have already have which in turn reinforced the negative stereotypes of not only justice-involved women, but individuals with mental illnesses in general. This created a negative feedback loop which could have led to further discrimination and adverse experiences. This cycle has been documented in the literature as being related to recidivism in that it can impact how social systems (e.g., criminal justice system, reentry service organizations, probation officers) treat these individuals (Datachi et al., 2016). The women's intersecting identities can create a higher risk of recidivism by exposing them to greater scrutiny. Their identities can also result in bias and judgment from creating additional barriers to critical reintegration resources. Acknowledging and understanding the role of intersecting identities as they relate to reentry services is the first step in facilitating positive social change for justice-involved women.

Ecological Systems Theory

The ecological systems theory examines how the individual and their own unique qualities are impacted by the interaction of different aspects of their environment, such as microsystems, mesosystems, exosystems, and macrosystems (Burns et al., 2015). Ecological systems theory can lead to a greater understanding of how these different interactions [in the environment] can drastically impact the reentry experiences of women. This framework can assist in looking at the services being provided and other environmental and social factors that influence the experiences of the reentry population to reduce recidivism.

Microsystems. The microsystem is described as the immediate situation or setting in which a person lives and includes family, workplace, relationships, and education (Broffenbrenner, 1977). With regards to the reentry experiences, once a woman becomes justice-involved, other justice-involved individuals [temporarily] make up their microsystem. This can lead to pressure to continue to engage in antisocial and deviant behavior and the reinforcement of criminality (Goldman et al., 2014). This aligns with the findings of this study that the impact of mental illness can act as an inhibitor towards positive change when the experiences with reentry service providers are negative.

Mesosystem. The mesosystem involves interrelations between contexts containing the developing person. In short, a mesosystem is a system of microsystems (Broffenbrenner, 1977). While mental illness can create a space for deviance, having positive supports in the environment, such as the counseling centers, can play an important role in facilitating positive change for the women in the study. A great majority of the women reported that without these supports, their reentry overall would not have been successful. In relation to the mesosystem, the

results suggest that returning to an environment that has positive supports for individuals with mental illnesses can increases successful reintegration.

Exosystem. The exosystem examines the structures and systems of society in which the participant lives but may not play an active role (Broffenbrenner, 1977). This systemic level is particularly important in considering the implications of justice-involved women because community factors at this level can interfere with access and utilization of services. For example, a previous incarceration can influence reentry into the community because it can limit access to housing, employment, and education. The women in the study reported access barriers to these necessities when recalling their experiences with reentry service providers.

Macrosystem. The macrosystem can be described as the larger background of the participant including culture, ethnicity, and gender (Broffenbrenner, 1977). The macrosystem refers to overarching institutional patterns and systems such as economic, social., educational., legal., and political systems. "Macrosystems are ideological blueprints influencing development made manifest through other systemic levels." (Arditti, 2005 p. 252). This type of influence is of special importance when considering the impact of incarceration on women with mental illnesses who are reintegrating because it affects how they are treated in different types of settings. For example, the women identified as being treated differently by some reentry service providers because of their mental illness history. These same women reported being treated "like humans" by the practitioners which greatly influenced them towards maintaining a positive outlook.

Chronosystem. The chronosystem describes the external systems in time (Broffenbrenner, 1977). For example, the women in this study were interviewed in a post-Covid society during a highly charged political time in American society. This may have influenced their experiences with the reentry service providers as well. For example, the negative experiences reported by the

women may have been a consequence of American racism that is deeply ingrained in the nation's ecology- including its chronosystem by the cumulative impact of history. The centuries of structured inequalities and inequities remain alive, and empowered in the context of long-term national, professional, community-level, and individual decision-making practices. These chronosystem-level conditions of bias may have contributed to the statuses of vulnerability, and stigma of the justice-involved women; thereby creating the negative experiences perceived by the women in the study.

Limitations

This phenomenological study was a deep examination of women's lived experiences. These findings are situated at this historical., social., cultural point in time between this researcher, each participant, and across participants. This study connects to deeply personal information and lived experiences as they are re-told. The women's vulnerability and disclosure were appreciated and necessary. As they shared their lived experiences, it is noted there were traumatic experiences that were not captured within this paper. Instead, this paper is centered around the lived experiences of women who live with mental illness and how they experienced reentry service providers. In so doing, it is my goal that these findings move the literature forward to include perspectives, knowledge, and lived experience that are scant in the general body of social work and criminological research currently.

Generalizability. As with any study, the current study was not without limitations. Qualitative studies tend to not be as generalizable as quantitative studies (Creswell, 2014). This held true for this study. However, generalizability was not the intention set at the beginning of this study and design. One of the aims of this study was to provide a foundational., nuanced and

in-depth of understanding of justice-involved women's experiences to fill a gap in the current literature and the possibility of transferability. Increased understanding of the lived experiences of the women was the primary objective here. Given the small sample size of nine women, this particular study is not generalizable outside of justice-involved population with mental illness in the state of Texas. Additionally, based on the sample, their reentry experiences may be different then similar women in different parts of the country due to the variability of legal systems across the nation. Additionally, these findings are not offered as an absolute. Instead, they are a place to continue understand and develop connections, strategies, and discourse regarding the lived experience of mental illness and reentry.

Sample. As IPA methodology calls for a small homogenous sample to truly capture the essence of the phenomenon under study (Pietkiewicz & Smith, 2014), there was the potential for sampling bias to occur in the study. Although I could not predict who I would engage with prior to the interviews and careful consideration was given to the inclusion criteria, I cannot discount the fact the women that chose to participate may have been more motivated to change than their peers. As the sample was framed according to the purpose of the study, this restricted the sample to just those women with mental illness struggles. In a sense, this restricted [limited] the sampling of women with reentry service providers (i.e., those without mental illnesses).

At the time of recruitment, the sample was homogenous based upon the inclusion criteria, but from the point of engagement, interview, and subsequent analysis, it was evident that there were some differences in the sample of women. There were women who had been exposed to violence and engaged in sex work that resulted in a criminal conviction. Although this could be considered a limitation, it underscored my commitment to ensure that there was inclusivity in my approach to this research.

Avoiding Bias. As IPA involves the researcher exploring their own reactions, suspending bias, and attempting to place themselves in the participants own experiences (Pietkiewicz & Smith, 2014). And although I attempted to account for my own presuppositions by bracketing and the use of a reflexive journal., my own intersectionality and experiences may have impacted the study. Throughout this study, I tried to be intentional of my own bias regarding discrimination and differential treatment this population faces and my own empathy towards the needs and struggles of those who are both dealing with mental illnesses and reintegrating back into society after a period of incarceration.

However, it is possible that the women I interviewed were cognizant of my empathy and this could have led them to disclose much more information than they intended to. Another important consideration was the power differential between me and the women. While there is the assumption that the women provided responses that are true and accurate, there is the possibility that the nature of the roles in the study may have affected how the women answered and engaged with me.

Finally, this study could have been explored using alternative qualitative methods such as case study, or narrative analysis that does not require a process that is focused data analysis such as IPA. The interpretive phenomenological method assumes that researchers can never disengage from their feelings, experiences, and knowledge and should not try to do this. With this approach, the research is co-created between the researcher and the study participant, with each bringing one's uniqueness to the research (Benner, 1994). And although I was transparent throughout the research process, it needs mentioned that another less subjective approach may add to the scholarly literature.

Recommendations

This study raised several policy, practice, and research issues important for government, state and federal correctional systems, reentry organizations, academia, and our local communities. It also points to issues that should guide policymakers to enact laws that adequately address the real needs of women releasing into the community, rather than those that perpetuate the downward spiral of lives that the women themselves have worked to positively change.

Policy

As mentioned in Chapter 3, forty years of mass incarceration has resulted in a criminal justice system that has the most destructive effects on some of the most marginalized populations in our society. Although the incomprehensible and unjust American criminal justice polices in the past years were enacted to increase public safety, they have fallen short of their goals (Travis et al., 2014). In fact, these policies have created an epidemic of mass incarceration that is present today. In light of this, there is a great opportunity to promote smart Decarceration, but it requires innovative policies that not only increase public safety, but also reduce disparities.

Recommendation 1. Use incarceration as a deterrent for only the most dangerous/violent crimes. Evidence suggests that incarceration is not the most effective method of achieving public safety (Travis et al., 2014); but it instead it works best when dangerous individuals are actually removed from society. In spite of this, the majority of women who are currently incarcerated and experience mental illness are non-violent, have low level drug offenses - with most of the women having committed a crime for the first time (Austin et al., 2013; Lattimore et al., 2003; Snyder, 2012; Travis et al., 2015). Criminal justice policies should reflect the evidence and utilize

incarceration only when community-based options are unavailable or the individual is deemed a danger to public safety, of which justice-involved women with mental illness are not as evidenced by this study (*See Figure 2*). One way to address this is by investment in criminal justice diversion programs for women with mental illnesses (Baillargeon et al., 2010).

For example, increasing access to community-based treatment for these women prior to their involvement in criminal activity via the use of a mobile crisis intervention team comprised of liaisons between law enforcement and mental health professionals. These teams could be designed to intervene before the women commit a crime, thereby removing the need to arrest and/or imprison women with mental illness women. Another strategy is a mobile outreach program that provides substance abuse, mental health treatment, and other social services to individuals that are at high risk of homelessness, hospitalization, or criminal activity.

In addition, another approach that can address the needs of justice-involved women with mental illness is to incorporate mental health diversion programs, deferred adjudication for the women with mental illness, and problem-solving courts such as mental health courts. These courts (such as the one in this study) are comprised of specialty judges, mental health professionals, and community based treatment providers. These courts can provide court supervision with mental health and substance abuse treatment to avoid incarceration and/or reduce incarceration time for justice-involved women. These courts are based on the principle of therapeutic jurisprudence and have been successful in reducing the likelihood of women with mental illness individuals being rearrested (Swartz et al., 2009).

Finally, although the aforementioned strategies suggest value in reducing incarceration and recidivism rates for justice-involved women, they will be of little value if there is no adequate community based mental health resources available in the reentry space. Justice-

involved women with mental illnesses need integrated support both prior and subsequent to incarceration that addresses the women's unique needs and avoid the fragmentation that is rampant in reentry services currently.

Recommendation 2. Reallocate resources to community-based supports and reentry programming. As mentioned in a previous chapter, the United States spends over $52 billion annually on incarceration (Durose et al., 2014). Recidivism is intricately tied to reentry programming and an approach that builds resilience should be adopted to support the needs of justice-involved women. A more sustainable approach calls for investment in behavioral health services, public education, and economic infrastructure. This type of approach would strengthen the communities while also providing opportunities for women (and men) who are reintegrating. Of note, based on the results presented in this project, this approach should be a recovery centered approach- because without a fundamental shift towards supporting the mental health needs of justice-involved women, there will remain a gap in understanding how to reduce recidivism with regards to women.

Recommendation 3. Remove legal obstacles to reintegration. Along with mass incarceration, there has been enacted policies that restrict justice-involved women from access to housing, student loans, professional licensing, employment, and denial of voting rights (Laird, 2013). These restrictions can also reduce critical access to mental health treatment as these policies severely limit the rights and advancement of justice-involved people. They stand in the way of rehabilitative aims such as employment, reunification with family, and other social supports. For example, the justice-involved women in this study consistently spoke about the mental health practitioners as being key individuals with whom they had positive experiences with. Without being able to secure employment, the women would not be able to obtain health

insurance to continue receiving treatment from the psychiatrists, therapists, and other mental health professionals that were significant to the women in this study. It is critical that as criminal justice reforms gain momentum, these civil policies also are amended to ensure that they are not counterproductive to the rehabilitation of justice-involved women with mental illnesses.

Practice

The needs of justice-involved women with mental illnesses are complex and results from this study call for more integrated support for these women. This means that women would be able to access substance abuse treatment alongside access to psychiatrists and therapists as a part of their reintegration. Based on this research, I recommend that these services be, at a minimum standard, trauma informed and integrated. The following statement from the American Psychological Association (2020) summarizes what integrated care means:

> "For healthcare and support to be 'integrated', it must be person-centered, coordinated, and tailored to the needs and preferences of the individual., their career and family. It means moving away from episodic care to a more holistic approach to health, care and support needs that puts the needs and experience of people at the center of how services are organized and delivered."

Currently, many state and federal institutions utilize risk assessment scales to statistically predict the probability that an individual will reoffend. These scales are used to calculate critical aspects of someone's life after incarceration such as the amount of time they are on supervision, the level of supervision, and location monitoring. The issue at hand is that these scales are based on an individual's past criminal history instead of being future oriented. I contend from this

research that the focus of these scales should be based on an individual's potential, rooted in resiliency, recovery, and adaptation, instead of solely on an individual's criminal history.

As current approaches to reduce recidivism are informed by male focused research, I argue that there must be different assessments tailored specifically to women that more accurately identify the root causes of their criminological pathways. Gender-specific assessments should be developed for women who have offended, and I recommend that these should be developed from insights from women with lived experiences of offending and reintegrating. This would provide a more holistic picture of intervention and support needs. These risk assessments that occur prior, during, and subsequent to a period of incarceration should take adversity and interpersonal violence into account in order to be mindful of past and current experiences of trauma and abuse. They should also consider how these experiences are interconnected. For example, substance abuse as a coping strategy and mental health support needs in relation to post-traumatic stress.

Finally, I argue that there should be trauma informed service delivery that should be incorporated within the training of criminal justice practitioners and reentry service providers. This would provide greater insight into the criminal behavior and act as an invaluable resource to support desistance from crime. Prioritizing trauma-informed interventions and practices when working with justice-involved women, can lead to less stigmatization the women feel when they have mental illnesses, which in turn can reduce the barriers they face when reintegrating. One such method could be continuing education for reentry service providers and frequent trainings on mental illness.

Research

This research was conducted with the direct involvement of women living with mental illness. The development of research that is focused on innovative research methods to inform service delivery for justice-involved women which consider their lived experiences is critical within this population. Learning more about their priorities and ideas is central to me as a researcher. As this work evolves, a priority is developing more research that centers participatory methodologies. This will challenge current research paradigms that are largely influenced by quantitative methodologies. Evidence based practice should be informed by research that incorporates a holistic approach to the understanding of experiences and meaning making, based upon the insights of women who have lived through adversity.

I recommend further research that takes a more phenomenological approach with justice-involved women because a deeper understanding of their perspectives would be useful to address the gaps in the criminal justice literature with regards to justice-involved women with mental illnesses. This could be utilized to inform effective approaches and interventions with different types of justice-involved populations- not just those that have mental illnesses. The discussion of how gender, race, and mental illness intersect leads to a recommendation of future research to be developed that explores how cultural experiences also intersect with the aforementioned constructs towards developing more culturally sensitive interventions.

The uneven effects of mass incarceration on people of color, people in poverty, and people with substance use and mental health disorders have been documented for years (Pettus-Davis & Epperson, 2015). There is a need for broad care networks of social resources to support needs and well-being of women living with mental illness. That was demonstrated in women's lived experience (e.g., housing, basic income, substance use response, mental health care).

Instead of evidence of available and effective care supports/community, there was a web of structural disorder that requires closer examination and research. It seems that the criminal justice system has criminalized some aspects of mental illness because of absence of viable and sustainable mental health care treatment options (Gur, 2010; Wood et al., 2017). This criminalization creates a revolving door in penal institutions, does little to decrease the prison populations, and increases recidivism (Gur, 2010; Wood et al., 2017). Future research on best practices for the justice-involved population must account for and be intentional about how criminal justice policies improve or exacerbate the conditions for women with a mental illness who are reintegrating. Reductions in racial, class, and behavioral-health disparities should be conceptualized as key outcomes in smart Decarceration policy research and any future efforts should target the reduction of these disparities. The government can call for research that can articulate racial equity to assure that reducing disparities is a focal point of any Decarceration work.

Finally, the study of crime has been largely dominated by quantitative methodologies. However, intersectionality of justice-involved individuals does not lend well to quantitative frameworks. It is simply not possible to effectively study every combination of race, class, and gender using statistical technologies. Also, most academic and governmental sources of crime data reduce the social relations of class, race, and gender to static, categorical variables and I argue that a qualitative or mixed methods and intersectional approach is better suited to understating the unique needs of the justice-involved woman because their identities lie at the intersection of race, class, gender, the combination of these constructs shape their experiences with not only the criminal justice system and reentry system, but other social systems as well.

The findings of qualitative research can lead to a greater understanding to these intersections and how they justice-involved women experience their worlds. By further exploring these connections and interactions and how they impact recidivism, will only strengthen the scholarly literature, and create positive impacts on future research. Additionally, a multidisciplinary approach to future research in this field of study to include practitioners such as therapists, counselors, and psychiatrists may lead to improved outcomes and reduced rates of recidivism for justice-involved women.

Implications

In the current climate of mass incarceration, it is critical to offer evidence-based alternatives to the address the issue of inadequate preparation for releasing prisoners. Otherwise, our prisons will continue to be revolving doors. This study's focus on the experiences of those that are impacted by criminal justice policies offers applicable and practical insights for sustained and successful reentry. Reintegration is difficult without the presence of a mental illness, but this process can be even more problematic to someone with a mental illness. The barriers for these women and the need for support is clearly evidenced by this study. The findings confirm that the needs of this population should remain at the forefront to policymakers, educators, practitioners, reentry service providers, and even prison administrators who make decisions about the way women do their time and the results of this study have several implications for positive social change.

The first major Implication is the need to reduce negative interactions with reentry serviced providers from the perspective of individuals with mental illnesses. It underscores the need to focus on increasing positive interactions. This is something that can be implemented to

help improve with delivery of reentry services. This is especially evident with how receptive the women were to the positive support they received from practitioners. Reentry service providers need to be cognizant of their own preconceived notions and biases when working with individuals with mental illness to ensure they are not further stigmatizing them. Increasing their awareness of the subculture of this group can help address and reduce any biases. As recommended earlier, ongoing continuing education and trainings to the direct service providers could address in reducing the negative interactions.

The second implication is to [intentionally] create and provide positive experiences for justice-involved women with mental illness. For example, the reentry women in this study shifted their perceptions of self and others through their positive experiences with practitioners. The subtheme of practitioners as positive support this implication. This implies that having a prosocial support system can be related to facilitating positive change. The findings suggest that justice-involved women with mental illness are able to be benefit from services if [when] they are presented in a positive and respectful manner. As such, reentry service providers should be cognizant of the impact that their interactions with these women can have with regards to engagement in services. This intentionality can provide a context that can facilitate understanding by taking into consideration all of the pressures that are placed on justice-involved women experiencing mental illness. For example, if the reentry service providers were able to understand the traumatized backgrounds of the women that come in contact with, it may be possible for to see them from a different perspective.

Furthermore, if the criminal justice system, as a whole, views the struggles that justice involved men and women experiencing mental illness are faced with (in regards to reentry), there gives rise to the possibility to create an alternative sentencing program for this population. If

mental illness is regarded as a reentry barrier, the justice system can begin to see these individuals in a different way, then enact policy changes can appropriately address their needs. The growing awareness to support non-carceral responses for people in crisis is encouraging. Additional examination of the structural challenges within the mental health care system and promoting care spaces are needed.

The third implication is directly related to the theme surrounding the friendships and connections between women. Many justice-involved women may experience reduced social support as a result of a stigmatizing and shameful labels tied to having been in jail- oftentimes a stigma that their families, peers, and broader social network places on them as they attempt to reenter their communities (Patel, et al., 2020). This stigmatization is exactly what the women in this study felt. Connecting with other people in order to feel belonging and support can be challenging for these particular women because of the multiple stigmatization of being both justice-involved and having a mental illness. These women must navigate challenges related to self-perception and a sense of belonging can provide stability in their perceptions of self-identity. Additionally, if these women experience reduced feelings of belonging upon release from incarceration, this could exaggerate a negative state of self-perception, which can further promote psychological distress and lack of motivation to live a purposeful.

As the theme suggests, the connections and friendships the women found in one another were overwhelmingly viewed as positive sources of support. This suggests that mentorship programs that employ previously incarcerated women can be successful as they can create a positive relationship that encourages desistance and positive change. If we know from this research that women view shared experiences and support in high regard, there is benefit in recruiting women who have been released and reintegrated successfully. These women can serve

as mentors to women who are recently returning to further assist them in navigating life. This is a key implication from this work, as mentors are uniquely positioned to help other women as they are aware of the multitude of struggles women face when reintegrating. This concept has not been explored in the literature, allowing for the other researchers to generate theoretical explanations for these findings.

This study has led me to some interesting questions for further research: What is the relationship between self-worth, mental illness, and desistance in justice-involved women? ? How do the relationships that women form inside a prison affect their reintegration back into society when you live with a mental illness? How can we form mentorship programs that utilize the wisdom and experiences of formerly incarcerated women who also struggle with mental illness?

Summary

The findings of this study add to the current literature regarding justice-involved women with a mental illness who are reintegrating back into society. It expands the work to include the voices and experiences of justice-involved women to the current reentry narrative.

Reflexive Statement

In this section, I will consider some of the assumptions I made at the beginning of the research as well as some reflections on the experience of undertaking the work. This serves to provide my personal conclusions on how the research, and engaging with the women, has affected my perspective over the course of this work. When I started this research, I assumed that how the women viewed themselves would play a larger role in the discussions, However, this did

not really assert itself in the women's sense making of their experiences. This understanding- that how the women viewed themselves was not a primary concern for the participants led me to a number of personal insights.

Because I work with both- the women with mental illness and justice-involved individuals, I was not completely naive to stigma that is often experienced within this population. However, what this research revealed to me was the severity of the impact on the women's lives. Its effects seemed to resonate throughout their lives, including family life and ideas about the future. Despite the difficulties they experienced, I came to realize that the women were seemingly unaware of their own strength and resilience. The stigma and the ostracization was, at times, so severe, that I found myself questioning how they found it within themselves to continue making a change in their lives. The depth of their strength was nothing short of amazing. Not only did some of them experience serious drug overdoses and suicide attempts, but they also experienced physical attacks. A few of these women had been broken- literally- and it made me question how is this population of justice-involved women invisible in mainstream research- with at times blatant disregard for their needs.

The participants were, for the most part, not enraged by the pain and injustice they experienced and I discovered that there is a lack of reentry services that adequately support justice-involved women who struggle with mental illness. I found myself questioning over and over again how this was possible. At one point during the process, I felt as if I was alone in researching these women and wanting change for them and the reentry system overall. In my view, nothing existed which provided direction regarding the mental health and trauma recovery elements which are essential., given the experiences they have endured. Justice-involved women

who had a diagnosed mental illness seemed to be better researched, but this aspect of mental illness is isolated from their crimes and I do not understand why or how.

I could not have prepared myself for how immersed I became in this research. I liked the women, admired the women. In entering their worlds as a researcher and discussing their experiences and then departing so quickly made me feel as if I was a part of the same system they were sharing about. This did not feel good. I wanted to get to know them better and I felt honored and humbled by their candor in reliving their traumas. I frequently found myself frustrated by the fact that there was nothing I could do to change what they went through and at times, I felt helpless. I realized that undertaking this research allowed me to see differences in the way I work at my job and has allowed me to be a better advocate and social worker.

With regards to academic research, I started to feel that approaches that make generalized large knowledge claims could actually create gaping holes in understating the justice-involved population. such as with large scale analysis of quantitative work. This work has reinforced my commitment to qualitative research because it gives voices and real lived experiences to the numbers that quantitative research provides. This, for me, is the crux of social work.

My epistemological standpoint has shifted through conducting this research and I have become more analytical and critical of research with the justice-involved population that relies on quantitative methods alone. I believe a quantitative approach in isolation does neither attend to nor account for the complexities of context-specific understanding of what really matters to those that have been justice-involved. I believe that quantitative and qualitative methods should be complementary approaches with regards to this populations; perhaps, a mixed-method approach would be the preeminent approach with this population.

For example, the [lack] of mental health support needs as a consequence of lived trauma was clearly evident in this study; however, if I used a quantitative approach in isolation, these aspects would not have been so evident. This study has underscored my belief that women [humans] have an enormous amount of resilience and determination centered upon growth and development and this phenomenological approach is similar to the therapeutic process of making sense of the past to experience to achieve positive mental health and growth. I hope to add value to the scholarly research on this population and I am humbled and thankful to have been a part of these women's lives.

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Appendix A
Interview Guide

<<Interview Guide>>

1. **Brief Greetings and Introductions**

2. **Housekeeping and Confidentiality Rules**
***Be respectful of other group member's opinions.**
***What is said in the group stays in the group.**

3. **Time Limits and Response Expectations**

4. **<u>Present Interview Questions for Group Participation</u>**
*Note: These questions are for semi-structured interviews (this means there are a few broad categories of questions with additional probing questions).

- **Q1. Interviewee Introductions**
  a. To start, please introduce yourself by sharing a little bit about yourself.

- **Q2. Please describe how you identify yourself**
  a. How do you think others see you?
  b. How does this impact you?

- **Q3. Please describe your mental health**
  a. How do you think other would view you (if they knew about your mental illness/substance abuse?
  b. How does this impact you?

- **Q.4 Please describe your reentry experiences**
  a. What were your experiences with service providers?
  b. What factors do you believe influenced these experiences?
  c. How do you think your mental illness/substance abuse has shaped these experiences?
- **Q.5 What are your goals for rehabilitation?**
  a. What is keeping you on track?
  b. What is your biggest risk for reoffending?
     1. How do you overcome this?

- **Q.6 What systems have had the greatest influence on your reentry?**
  a. How has this influenced you?
  b. Why?
  c. How does your mental illness/substance abuse impact your interactions with these systems?
- **Q.7 Do you believe your past has influenced your pathway**

Probing questions:

1. "Can you offer an example of that?"
2. "Please tell me more."
3. "Please explain what you mean by [blank]"
4. "Such as?"
5. "In what way?"
6. "How?"

- **Q.5 Invitation for Additional Comment**

  a. "What do you think is the most important thing we should know about the reentry organizations you have worked with/accessed?

  b. "What resources within community are needed to improve the outcomes for returning citizens?"

4) Closing Remarks and Acknowledgements

Thank You for Your Time and Participation!!!

Appendix B

Recruitment Email and Phone Script

<<Recruitment Email- to be sent directly from research team>>

Dear _____:

The School of Social Work at UT Arlington has partnered with Medical City McKinney for a research project about understanding the experiences of [previously] justice-involved women (who struggle with or have struggled with mental illness) with reentry service providers in the DFW area. The study is called "How They See Me: Reentry Experiences of Women with Mental Illness: An Interpretative Phenomenological Approach." The study will explore how (if) mental illness shapes justice-involved women's experiences with reentry service providers. The research takes a bottom-up approach and is based on the experiences of [previously] justice-involved women and how they perceive the reentry services providers based on their experiences with mental illness. The research from this study can be used to tailor best practice interventions for both women and people with a mental illness diagnosis that are reintegrating, inform programs administrators, and future research projects.

Specifically, we are seeking women to be interviewed by phone or in person by one of the UT Arlington researchers. During the interview, we will ask about your experiences with reentry services providers during the time you were on community supervision/parole/probation. The interview will last from 60-90 minutes (about 1 and a half hours) and can be arranged for the day and time that is best for you. Also, after the study, a summary of the findings from the interviews will be shared with all the participants.

Please note: Reported findings will be aggregated and de-identified. The names, characteristics, and roles of participants will not be shared nor connected to any of the findings, with the intent of keeping individual responses anonymous

If you are interested in taking part, please contact Mansi Patel at mansi.patel@mavs.uta.edu.

Thanks in advance for your consideration and potential participation.

Thank you,

Mansi Patel
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Appendix C
Informed Consent

TITLE OF RESEARCH PROJECT
"How They See Me: Reentry Experiences of Women with Mental Illnesses: An Interpretative Phenomenological"

RESEARCH TEAM
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IMPORTANT INFORMATION ABOUT THIS RESEARCH PROJECT
The research team above is conducting a study about the experiences of [previously] justice-involved women. The purpose of this study is to explore the reentry experiences of women with a mental illness (diagnosed and undiagnosed). The insights from this study can be used to tailor best practice interventions for both women and people with a mental illness diagnosis that are reintegrating. You can choose to participate in this research study if you are a woman of color, have a mental illness diagnosis (diagnosed or self-reported), who have a criminal history, and have experiences with reentry organizations. You can participate in this study if the following is true: a) history of struggling with mental illness (diagnosed or self-reported); b) history of incarceration of at least one year; c) graduated from Medical City McKinney Mental Health Court (MCMMHC) at least twelve months prior; d) accessed/utilized reentry services/providers in the Dallas/Fort Worth metroplex at least three different times; and e) not on parole/probations or supervision during the time of interview.

You might want to participate in this study if you would like to share contribute your perspective and share your direct experience in utilizing and accessing reentry service providers. However, you might not want to participate in this study if you are uncomfortable sharing your personal experiences or if you are unable to commit to an individual interview session of 60-90 minutes. Your decision about whether to participate is entirely up to you. If you decide not to be in the study, there won't be any punishment or penalty; whatever your choice, there will be no impact on any benefits or services that you would normally receive.

Even if you choose to begin the study, you can also change your mind and quit at any time without any consequences.
This study has been reviewed and approved by an Institutional Review Board (IRB). An IRB is an ethics committee that reviews research with the goal of protecting the rights and welfare of human research subjects. Your most important right as a human subject is informed consent. You should take your time to consider the information provided by this form and the research team, and ask questions about anything you do not fully understand before making your decision about participating.

TIME COMMITMENT
You will be asked to participate in 1 interview session either in person at a location most convenient for you or via computer or phone. Participation in this study will last approximately 60-90 minutes.

RESEARCH PROCEDURES
If you decide to participate in this research study, this is the list of activities that we will ask you to perform as part of the research.

1. Read through this Informed Consent and talk with the research team to make sure that any questions you may have are answered; then make your choice about whether to participate.
2. If you agree to participate, you will be asked to sign the Informed Consent Form.
3. Agree to participate in an individual interview session.
4. Participate and respond to the interview question during your scheduled interview session. If you participate in a one-time individual interview, it should take between 60-90 minutes.

The interview will be audio recorded using an encrypted handheld digital recorder. After the interview, the recording will be transcribed, which means they will be typed exactly as they were recorded, word-for-word, by either (a) member of the research team or (b) a professional transcription service.

POSSIBLE BENEFITS
Although you probably won't experience any personal benefits from participating, you will have an opportunity to share your insights and experiences that may potentially contribute to the understanding and enhancement of program services and outcomes for justice-involved women.

POSSIBLE RISKS/DISCOMFORTS
This research study is not expected to pose any additional risks beyond what you would normally experience in your regular everyday life. However, if you do experience any discomfort, please inform the research team.

COMPENSATION

No compensation will be offered for participation in this study.

ALTERNATIVE OPTIONS
There are no alternative options offered for this study.

CONFIDENTIALITY
The research team is committed to protecting your rights and privacy as a research subject. All paper and electronic data collected from this study will be stored in a secure location on the UTA campus and/or a secure UTA server for at least three (3) years after the end of this research. The recordings will be kept with the other electronic data in a secure UTA O365 One Drive account for the duration of the study.

The results of this study may be published and/or presented without naming you as a participant. The data collected about you for this study may be used for future research studies that are not described in this consent form. If that occurs, an IRB would first evaluate the use of any information that is identifiable to you, and confidentiality protection would be maintained.

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records as described here and to the extent permitted by law. In addition to the research team, the following entities may have access to your records, but only on a need-to-know basis: the U.S. Department of Health and Human Services and the FDA (federal regulating agencies), the reviewing IRB, and sponsors of the study.

CONTACT FOR QUESTIONS
Questions about this research study or reports regarding an injury or other problem may be directed to Mansi Patel, mansi.patel@mavs.uta.edu or (972) 658-6532 or Janel Crutchfield, jandel.crutchfield@uta.edu. Any questions you may have about your rights as a research subject or complaints about the research may be directed to the Office of Research Administration; Regulatory Services at 817-272-3723 or regulatoryservices@uta.edu.

CONSENT
By signing this form, you are confirming that you understand the study's purpose, procedures, potential risks, and your rights as a research subject. By agreeing to participate, you are not waiving any of your legal rights. You can refuse to participate or discontinue participation at any time, with no penalty or loss of benefits that you would ordinarily have. Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.

_____

SIGNATURE OF VOLUNTEER **DATE**

**If you agree to participate, please provide the signed copy of this consent form to the research team. They will provide you with a copy to keep for your record.*

Appendix D
Demographic Survey

<<Demographic Survey>>

1. What is your gender?
Male
Female
Other

2. Which of the following best describes your ethnicity?
White
Asian Indian
Hispanic or Latino
Multiple races
Other

3. Which age category do you belong to?
18-20
21-25
26-30
31-35
36 and above

4. What is your marital status?
Single
Married
Divorced
Separated
Never married

5. Do you have children
Yes
No
If Yes, please specify how many ___

6. What is highest educational qualification?
Middle school
High school
Some College
College
Graduate
Post graduate
Doctorate
Other

7. Which of the following best describes your employment status?
Employed, working 40 or more hours.
Employed working 1-39 hours per week
Not employed, looking for work
Not employee, NOT looking for work
Disabled

8. What is your family's annual income?
$0-$24,999
25,999-$50,999
$50,999-$75,999
$75,999 and above
Prefer not to answer

9. Who do you live with?
Roommate
Parents
Alone
Partner
Family

10. Which type of housing do you live in?
Mobile home
Townhouse
Apartment
Duplex
Other

Appendix E

Reflexive Journal Template

Reflective practice – post interview

1. Where did the interview occur? Under what conditions?

2. Any issues (aware of) prior to interview?

3. Did I find out what I wanted to find out at interview?

4. If not, what was the problem?

5. How did the interviewee react to questions?

6. How well did I do asking questions?

7. How was the rapport?

8. How did I feel/react to interview?

9. At point of any distress, what was my approach / was this effective?

10. Were there any procedural concerns?

11. How was the interview left?

12. How did I feel after interview?

13. How would I change / use lessons learned?

Self-reflexivity

14. What shaped my perspective / reactions during the interview?

15. How did I perceive the interviewee?

Interviewee reflexivity

16. How might the interviewee have made sense of the interview process?

17. How might she have perceived me? Why? How do I know?

18. How might these perceptions have affected the interview?

Appendix F

Debrief Sheet: Resources and Referrals

<<Resources and Referrals>>

If immediate risk of harm to self or others <u>call 911</u> or go to the nearest emergency room

1. American Foundation for Suicide Prevention 1-888-333-2377
2. Suicide Prevention Lifeline 1-800-273-8255
3. Mental Health America 1-800-969-6642
4. Local 2-1-1- for local resources and referrals
5. Suicide and Crisis Lifeline
    a. call 988
    b. text 988
6. National Institute of Mental Health 1-866-615-6464
    a. 1-800-950-NAMI
    b. text NAMI to 741741
7. Contact number on the back of your insurance card for private referrals
8. Anxiety and Depression Association of America 240-485-1001
9. Depression and Bipolar Support Alliance 1-800-826-363