IDENTIFYING THE CHALLENGES OF PREVIOUSLY INCARCERATED MOTHERS

by Vanessa A. Harris

The present study identifies the parenting challenges, support, and resources experienced by previously incarcerated mothers as they reenter society. Comparisons are made to non-incarcerated high-risk mothers to determine if and how the two groups differ. The sample consists of 32 participants divided into two groups, previously incarcerated (n=17), and non-incarcerated high-risk (n=15) mothers. Participants completed questionnaires to assess their parenting challenges, personal support, and family support. Both groups of mothers participated in focus groups to discuss their specific challenges and support systems. Findings suggest that previously incarcerated mothers experience unique parenting challenges associated with their incarceration and drug history. Previously incarcerated mothers and non-incarcerated high-risk mothers were found to experience similar levels of support and resources though their ability to benefit from the support differs. With the growing number of mothers being released from prison, these findings will contribute to programs that assist these mothers and their families.
IDENTIFYING THE CHALLENGES OF PREVIOUSLY INCARCERATED MOTHERS

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Mothers in Prison

In 2007, approximately 65,000 inmates were mothers to minor children (Bureau of Justice Statistics [BJS], 2008). From 1991 to 2007 the number of minor children with an incarcerated mother increased by 131%, resulting in an estimated 1.7 million children with an incarcerated mother (BJS, 2008). As previously incarcerated mothers (PIMs) reenter their roles with their families, friends, and communities, many expect to resume some form of parenting (Arditti & Few, 2008). Unfortunately, little is known about the reentry process for PIMs and the challenges they face, especially with reference to parenting.

A potential reason for the limited knowledge about the challenges PIMs face is due to the historically high levels of male incarceration. In 2007, 92.8% of prison and jail inmates were men (BJS, 2008). Therefore, a large portion of the reentry literature examines reentry from the perspective of fathers. According to the BJS (1996) in 1995 there were an estimated 68,000 incarcerated women, in 2007 this number increased by 205% to 208,000 (BJS, 2008). In 2007, approximately 744,200 male inmates reported being a father to at least one child below the age of 18. Despite the high number of imprisoned fathers, only 26% of fathers reported being primary caregivers prior to incarceration. In comparison, 77% of incarcerated mothers reported being the primary caregivers to their minor aged children prior to incarceration. It is unknown regarding how many of these incarcerated mothers and fathers will return to their children during reentry, though it can be assumed that a greater proportion will be mothers. As the number of incarcerated mothers increases so does the number reentering society, necessitating research on the challenges they face specifically regarding their relationships with their children (e.g., regaining authority. For example, Brown and Bloom (2009) conducted life-history interviews with 25 reentering mothers. During the interviews the mothers expressed challenges with feelings of having lost their authority as a parent, even after returning back to the household. Brown and Bloom explain that the authority challenges are difficult for reentering mothers due to no longer being a “moral leader” in the home or public, resulting from incarceration history.

Currently there are reentry programs with parental components to help reentering parents in their relationships with their children. However most of these programs and research literature are focused on fathers. With the growing number of incarcerated mothers research examining their parenting challenges is necessary in order to contribute to the knowledge base of parenting components of reentry programs. PIMs have expressed that the parenting classes completed prior
to or during reentry are not fully applicable once they return home (Brown & Bloom, 2009), suggesting that improvements are needed. There is currently growing research that examines the parenting challenges and forms of support experienced by various types of non-incarcerated high-risk mothers (NIMs) (Jackson, 1998; Sanders & Woolley, 2005; Swick, 2008)\(^1\), which can contribute to the knowledge of reentry programs if NIMs and PIMs are considered the same population. If all NIMs and PIMs experience the same or similar parenting challenges, support, and resources, then the parenting aspects of reentry programs can be developed from information regarding any type of high-risk mother. If the NIMs and PIMs differ, then this would suggest that the parenting aspects of these programs will need to be specialized from research specifically with PIMs.

By examining the challenges that PIMs face, a greater foundation of knowledge can be built to help improve the parenting aspect of reentry programs. Prior to investigating the impact of parenting challenges and forms of support on the reentry process, comparisons to other NIMs, must be conducted. NIMs are those who experience cumulative disadvantage. Cumulative disadvantage is defined as individuals who experience multiple risk factors that can negatively influence parenting; for example, low-income households, parental incarceration, and chronic health problems (Arditti, Burton, & Neeves-Botelho, 2010). Comparisons between NIMs and PIMs will help determine if the parenting challenges and forms of support that PIMs experience are a result of their transition through reentry, or are typical challenges experienced by high-risk mothers in general.

**NIMs’ Challenges and Resources**

Most mothers experience some form of parenting challenges, especially when being the full-time primary caregiver of their children. One of the typical parenting challenges reported by NIMs includes but is not limited to disciplinary problems. For example Hill, Rush, and Roosa (2003) examined ethnic differences in NIMs’ inconsistent discipline, child depression, and hostile control. Results suggest that mothers’ inconsistent discipline practices were significant predictors of their children having conduct problems. Additional challenges for NIMs include; finding and sustaining adequate tangible (e.g., housing, money, food) (Kissane, 2003; Letiecq, \(^1\) When referencing studies of high-risk mothers (e.g., low-income), the abbreviation “NIMs” will be used for clarity purposes. The studies do not specifically state that they recruited for never-incarcerated mothers, nor for previously incarcerated. Please see specific articles for what they considered high-risk.
Anderson, & Koblinsky, 1996) and intangible (e.g., emotional) resources. Gaining resources can also be a challenge for NIMs who lack friend and family support to provide emotional and financial assistance (Henly, Danziger, & Offer, 2005; Middlemiss, 2003).

Domínguez and Watkins (2003) examined sources of social and family support received or available for NIMs. Mothers reported challenges with social support either due to inconsistent/unreliable support, or negative support. The negative support tended to be support with strings attached, for example receiving occasional childcare from a family member but in exchange, having to allow them to move in and financially support the occasional caregiver (Domínguez & Watkins, 2003). The NIMs also reported on challenges with receiving community support, the main challenge being the interaction with individuals who do not expect them to exceed out of their poverty or other undesirable circumstances. Middlemiss (2003) examined poverty, stress, support, and differences in parenting behaviors among NIMs. Results suggest the NIMs received minimal family and community support. For example when examining childcare assistance many of the mothers reported that their older children provided the majority of help. Similar but greater challenges are reported by PIMs.

**PIMs’ Challenges and Resources**

The typical parenting challenges experienced by NIMs are unlikely to produce the levels of distress experienced by PIMs even though they both experience cumulative disadvantages. Many of the factors that contribute to cumulative disadvantage tend to be experienced by PIMs (Sampson & Laub, 1997). One contribution to cumulative disadvantage is inconsistent housing. Many PIMs report multiple periods of homelessness both before and after incarceration with 20% of imprisoned mothers reporting being homeless within 12 months of incarceration (BJS, 2000). Insufficient housing creates multiple problems. For example, mothers who are homeless or without stable housing are unable to regain custody of their children (Brooks-Gordon & Bainham, 2004; Laughlin, Arrigo, Blevins, & Coston, 2008) which can increase parenting challenges if the mother and child both wish to reunite. Inconsistent employment or low paying employment can contribute to cumulative disadvantage, furthermore, finding employment due to incarceration can be a major challenge as well (Western, 2002). Brown and Bloom (2009) conducted 25 life-history interviews in addition to employing quantitative exploration on 203 files of paroled PIMs. Of the 203 mothers only 75 (37%) reported obtaining a full time employment position in the last 16 months, though length of employment is unknown. Of the
37% many of these women reported having anywhere from one to five different full time jobs during the 16 month time frame, with many of the jobs being temporary positions and suggesting the PIM’s employment instability. The employment and housing challenges are even greater for PIMs with a felony status due to not qualifying for public assistance when looking for housing and having to deal with potential employers being cautious of the PIM’s felony status (Arditti & Few, 2008; Richie, 2001). While NIMs and PIMs may experience similar levels of parenting challenges and support, the stress of the challenges may be greater for the PIMs due to the stress associated with reentry.

A major stressor could include regaining custody or visitations with their children (for those who desire to do so) and regaining all of the responsibilities that go along with the parent-child relationship. When mothers are incarcerated, they are no longer the primary caregiver for their child. The primary caregiver role may be given to the other parent, grandparents, family friends, or the state. Regardless of who cares for the child, the mother-child relationship is altered while the mother is incarcerated. After accepting the altered parental role while incarcerated, it can be difficult for the mother and child to adjust back to their previous relationship (Arditti & Few, 2008). Arditti and Few (2008) interviewed ten PIMs during reentry and assessed various areas of maternal distress (e.g., financial, relationships). Mothers reported on the difficulty of no longer knowing the day-to-day needs of their children, or knowing how to communicate with children who they had not seen in years, and have gone from child to teenager. PIMs in the Brown and Bloom (2009) study report on the challenges of being with their children during reentry and having to reestablish their relationships after being gone. The mothers have to relearn how to interact and be in the lives of their children. The adjustment can be especially difficult for PIMs whose incarceration was drug related. Participants of Arditti and Few (2008), expressed how being on drugs caused them to be emotionally absent from their children’s lives before incarceration. Drug-related incarceration then results in the mothers being both emotionally and physically absent from their children. Associated with parenting challenges, difficulties with resources and support are also commonly experienced by PIMs.

Personal and family resources that are strained prior to the mother’s arrest become depleted during incarceration and after her release. Limited resources may affect PIMs to a greater extent than NIMs due to their reentry transition. PIMs may require personal resources like social/emotional support, food, and transportation when reentering society (Richie, 2001;
Shivy et al., 2007). PIMs need to find appropriate social support. In many situations, the reentering individual will rejoin groups of friends who are currently participating in criminal activities (Taylor, 1996), and will need to create new bonds with non-criminal or addicted friends (Trimbur, 2009) to decrease reentry challenges such as addiction relapse. For example, participants of Arditti and Few (2008) expressed the need to no longer associate with friends who use drugs to help decrease their chances of their own illegal and drug involvement. Gaining family and community support can be difficult with the stigma associated with incarceration, and instant distrust created when the incarcerated status is discovered. Dodge and Podgrebin (2001) conducted 54 interviews that gathered information on reentry challenges. The participants reported that after reentering and becoming involved in their community (e.g., church, child’s school) they were stigmatized and excluded after their incarceration history was reviled. For one mother the stigma extended to her child and the child’s friends would no longer play with them. From a personal resource perspective, the mother may need forgiveness from individuals she has hurt in order to move past her mistakes. The mother may require help from the community to find out about available counseling, health care, and food services. Many of these women lack adequate health care to take care of basic needs for themselves and their children (Green et al., 2005). The family may require resources for finding family therapy locations, daycare programs for the kids, or moral support in dealing with the difficulties of their transition.

In summary, PIMs are faced with many challenges when reentering society. Some of the common challenges that they face include; finding employment, housing, reconnecting with their families, children, and communities, refraining from narcotic usage, and getting proper care for any physical or mental disorders (Brown & Bloom, 2009; Dodge & Pogrebin, 2001). Developing greater understanding of these parenting and social support challenges is necessary to understand the reentry process experienced by PIMs. To gain a greater perspective of the challenges experienced by PIMs and not just high-risk mothers, qualitative and quantitative procedures are employed in this current study.

Present Study

The current study examines the challenges faced by PIMS as they reenter their parent-child relationships, families, and communities. This study is an extension of the Arditti and Few (2006) study. Arditti and Few examined “how relationships and subsequent reentry influence mothers’ family relationships” (p.103). The study also examined the community resources and
perception of family support. The present study examines variables associated with the parent-child relationship and social support. Comparisons of the mother-child relationship and forms of support are also made between NIMs and PIMs.

The goal of the present study is to examine the challenges that PIMs face with their children, families, and communities during their reentry process. There are two main objectives. The first objective is to determine the unique parenting challenges experienced by PIMs and how they differ from NIMs. These challenges include but are not limited to; their current mother-child relationship, and degree of parental stress. The second objective is to obtain information on the quality of the mothers’ personal, social, and emotional support resources, and how they differ from NIMs. While much of the present study is being done for exploratory purposes, there are a few key questions being examined.

Research Questions and Hypotheses

1) What type of parenting challenges do PIMs experience during the reentry process, and how do they differ from NIMs?

All parents experience some form of parenting challenges (e.g., discipline, communication) as they interact with their children. Parents with different life experience are likely to still have similar parenting challenges with their children. Due to the cumulative disadvantage and reentry status of PIMs, it is hypothesized that they will have unique combination of parenting challenges that differ from NIMs. It is also hypothesized that PIMs will experience greater levels of parenting challenges compared to NIMs.

2) What type of personal and family resources do PIMs receive during the reentry process, and how do they differ from NIMs?

The type and degree of personal (e.g., emotional support, time for rest) and family resources (e.g., housing, clothes for family, childcare) may also differ for the PIMs. It is hypothesized that PIMs will receive minimal forms of support due to their incarceration history. NIMs are expected to report greater support and resources compared to PIMs due to not having the negative influence of incarceration and stress of reentry. Healthy relationships may become severed due to incarceration of the PIMs. The loss of healthy relationships also results in the loss of resources and support, which may not be experienced by NIMs.

The original study by Arditti and Few (2006) had participants complete an 80-minute interview and a series of questionnaires. The questionnaires completed were the Center for
Epidemiologic Studies Depression scale (CES-D) (Radloff, 1977); Parental Stress scale (Berry & Jones, 1995); Perceived Social Support Families and Friends scale (Procidano & Heller, 1983); and the Family Resource scale (Brannan, Manteuffel, Holden & Heflinger, 2006). The present study replicates and extends the Arditti and Few (2006) study by including a focus group component analyzed with framework analyses, and comparisons to a NIMs group. Many of the questionnaires from the Arditti and Few (2006) study are used. This includes the Parental Stress scale and the Family Resource scale. To assess the level of perceived social support, the Personal Resource Questionnaire (PRQ85, Brandt & Weinert, 1981) is used instead of the Perceived Social Support Families and Friends scale. In addition, the Parental Relationship Questionnaire (PRQ, Reynolds & Kamphaus, 2004) is administered to provide insight into the perceived mother-child relationship despite the level of parental stress. The present study makes use of focus groups for each group of mothers (NIMs and PIMs), and asks questions regarding their mother-child relationship, peer/family support, and community support. By addressing questions regarding community support the study addresses an acknowledged limitation of the Arditti and Few (2006) study.

Method

Participants

Participants were recruited from various community programs in an inner city 2. The sample included mothers (n = 32) that belonged to one of two groups (NIMs or PIMs; see Table 1, group demographics). NIMs (n = 15) who were their children’s primary caregivers were between the ages of 19 and 32 years (M = 25.68, SD = 4.11). PIMs (n = 17) ranged in ages of 20 and 48 years (M = 29.96, SD = 7.29). NIMs were recruited through a government funded childcare center designated for low-income mothers. The director of the program helped to identify mothers who reported never being incarcerated. PIMs were recruited through two different government funded programs specifically for women dealing with substance and alcohol abuse. Program directors helped identify mothers who reported previous incarceration. Both PIM programs provided current housing for the women.

To qualify for the study NIMs and PIMs had at least one child between the ages of two and 17 years old. An exception was made for two PIMs who participated despite their children

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2 Further information regarding the recruitment locations of the participants can be requested from the Author via e-mail.
being older than 17. The exception was made due to the mothers’ history of multiple incarcerations while their children were under 17 years old and the hope that their comfort in discussing their parenting challenges would help foster discussion from younger mothers. Only one of the two mothers completed the questionnaires and their data was not included in the quantitative analyses. Both mothers for whom an exception was made participated in the focus group due to their life experiences.

All of the NIMs who reported their ethnicity (n = 13) identified as being African American, which is important due to minority status being a common theme of high-risk populations (Arditti et al., 2010). The majority of the mothers reported being either single (60%), or in a significant relationship (26.7%). The majority of the mothers had completed high school or GED equivalent (33.3%), partial college/specialized training (33.3%), or college degree (13.3%). Approximately half of the NIMs were unemployed (53.3%) at the time of the study. The majority of the mothers reported having their own house or apartment during the last six-months (93.3%), while others lived with a family member. All but one participant reported receiving some type of government aid currently or within the last six-months, including; food stamps, social security, medical, welfare, and section 8.

The majority of the PIMs identified as being Caucasian (81.2%). The majority of the PIMs reported being single (43.8%) or divorced/separated (31.2%). The current sample is not representative of the incarcerated population regarding the educational deficits of individuals in the criminal justice system (BJS, 2000) and other maternal reentry studies (Brown & Bloom, 2009; Celinska & Siegel, 2010). While few of the mothers had not completed high school (18.7%), a majority of the mothers had completed high school or GED equivalent (31.2%), partial college/specialized training (31.2%), or college degree (12.5%). While many of the mothers had completed some form of specialized training, it is unknown whether these mothers did so in addition to a high school diploma. The majority of the PIMs reported being unemployed (87.5%) at the time of the study. The type of housing varied greatly for the PIMs both before and after incarceration, ranging from homeless to having their own apartment/house. The majority of the PIMs (84.4%) reported receiving some type of government aid prior to and after incarceration, including; food stamps, social security, medical, welfare, and section 8.

Materials:
Each participant completed a biographical packet (Bio) and a series of psychological questionnaires. The NIMs completed the same packet as the PIMs however; questions regarding incarceration history were removed or altered since NIMs were not previously incarcerated. In addition, PIMs have questions regarding currently receiving resources during reentry, for the NIMs these questions reference their current resources. All participants completed questionnaires that assessed information regarding the parent-child relationship and support.

**Biographical packet.** The questions in the biographical packet (See Appendix C & D) were generated after reviewing the literature and compiling many of the important questions in areas that affect reentry. Information was gathered about the mothers’ education, work history, health, and available resources. Information was gathered about possible behavioral or mental disorders that their children may have, as well as custody and living arrangements. Details of the mothers’ incarceration history and resources provided while incarcerated.

**Parental Stress Scale.** The Parental Stress scale (See Appendix F) is an 18-item self-report measure that examines the potential stress associated with different aspects of parenthood. Questions are rated on a five-point scale: strongly disagree (1); to strongly agree (5). Potential overall scores range from 18 – 90, with higher scores suggesting higher degrees of stress. Questions measure positive (e.g., emotional benefit) and negative (e.g., financial costs) aspects of parenthood (Berry & Jones, 1995).

The Parental Stress scale has good reliability with a high test-retest correlation of .81 over a six week span, an internal consistency of .83 (Berry & Jones, 1995). To assess validity the Parental Stress scale was compared to the Perceived Stress scale (Cohen, Kamarck, & Mermelstein, 1983) which assesses the level of stress experienced during the previous month, within various types of parent-child relationships. The Parental Stress scale positively correlates with the Perceived Stress scale within all relationship types. The comparisons include; mothers, fathers, parents’ of children younger than 6, parents of children older than six, and parents with one or more than two children. All correlations were significant at a .01 level, ranging from r = .46 to r = .53, with a minimum sample size of n = 69 and a maximum sample size of n = 233 (Berry & Jones, 1995).

**Parenting Relationship Questionnaire (PRQ).** The parenting relationship questionnaire (PRQ) is a component of the Behavioral Assessment System for children (BASC-2). The PRQ is a self-report scale that examines the parents’ perspective regarding their relationship with their
children. There are two different forms, which are completed based on the child’s age (Form 1= preschool, 2-5 yrs old, Form 2 = School age, 6-18 yrs old). Each form examines various components of the parent-child relationship, for example, communication and involvement.

**Family Resource Scale.** The Family Resource scale is a self-report scale that “measures the adequacy of a family’s tangible and intangible resources” (Dunst & Leet, 1987, p. 1). The family resource scale differs from the personal resource scale by addressing the needs of the family instead of the individual (e.g., mother). The 31-item scale covers a variety of resources, e.g., food, shelter, transportation, and has the respondents score each question on a 5-point scale, “(1) not at all adequate to (5) almost always adequate” (Dunst & Leet, 1987). Potential scores fall between zero and 155 with higher scores suggesting greater amounts of family resources. The scale has an internal reliability of .92, a split-half reliability of .95, and a 2-3 month test-retest of r = .52, p < .001. Criterion validity was determined by comparing the Family Resource scale with measures of Personal Well-Being (r = .57, p < .001) and Commitment to Intervention (r = .63, p < .001).

**Personal Resource Questionnaire (PRQ85).** The Personal Resource Questionnaire (PRQ85) is a self-report measure of perceived social support. Perceived social support is measured within five dimensions: a) the indication that one is valued (Worth), b) that one is an integral part of a group (Social Integration), c) the provision for attachment/intimacy (Intimacy), d) the opportunity for nurturance (Nurturance), and e) the availability of information, emotional, and material help (Assistance).” Internal reliability ranges from an alpha of .85 to .93, with construct validity being assessed with correlations between Beck’s Depression Inventory (r = -.42), Spielberg’s Anxiety scale (r = -.37) and the Eysenck’s Introversion (Neuroticism) scales (r = -.28) (Brandt & Weinert, 1981).

The PRQ85 consist of two parts. The first part consists of 10 questions that provide different examples of life situations. The participant responds with regard to their degree of support received and by whom. The second part is a 25-item scale that is based around questions regarding the five dimensions of perceived support (worth, social integration, intimacy, nurturance, and assistance). The participants respond using a seven-point Likert scale. An example question would be, “There is someone who loves me and appreciates me” (1= strongly disagree to 7 = strongly agree). Potential overall scores range from 25-175, with higher scores
suggesting greater social support. For the purpose of the present study only the second part of the PRQ85 was administered.

**Focus Group Questions.** Information was gathered from the focus groups regarding their mother-child relationship, peer/family support, and community support. Each focus group was led by the P.I. and only consisted of NIMs or PIMs. Group sizes ranged from four to seven mothers. Discussion lengths ranged from 30-45 minutes. All groups received the same set of questions, but the previously incarcerated groups received additional questions addressing their reentry experience (see Appendix G).

**Procedure**

The NIMs and PIMs met on separate days for data collection. Although groups of individuals met separately they followed the same sequence of events, received the same directions, and completed the same questionnaires. Each session lasted approximately two hours, was scheduled around the convenience of the participants, and was conducted at the locations of the programs from which they were recruited. As the participants arrived they signed-in, collected their consent forms, and completed a nametag. All participants were asked to provide a false name on their name tag for privacy protection. This name was used on their questionnaires to maintain anonymity. Participants were asked to address each other by their false names even if they knew their real name, so that real names were not recorded during the audio-recorded discussion. An introduction welcoming the participants and restating the purpose of the study was provided verbally to the participants. Consent forms (See Appendix A and B) were then verbally reviewed by the researcher. After verbally reviewing the consent forms and allowing the participants’ time to review them, all individuals present signed their consent forms, stating their false name and real name. The consent form was the only form that included the participants’ real name and was kept isolated from all survey materials.

Once the consent forms were signed and collected, each participant received their biographical packet. Participants were given approximately 45-minutes to complete the questionnaires. Instructions were read to the participants and time was permitted for questions. After the bio packet was completed, participants completed the packet of questionnaires (See Appendix E-G). After the completion of the questionnaires all packets were collected and assigned identification numbers for privacy.
After the questionnaires were completed, the study continued with a brief lunch provided by the researchers, followed by an audio-recorded focus group. In two circumstances focus groups were completed on different days following the questionnaires. During data collection for the NIMs, a greater number of participants arrived than was expected. Due to focus groups not being recommended for sizes greater than ten, seven of the mothers left after the completion of their questionnaires and were part of a focus group completed on a different day. The second rescheduled focus group consisted of PIMs and was rescheduled due to a time conflict with the program facility. Each mother participated in one focus group and each group only met once.

The focus groups were structured around a series of pre-determined topics focusing on community support, peer/family support, and mother-child relationships. The discussions were facilitated by a graduate student with training in leading focus group discussions. The audio of the discussions were recorded using a digital recorder, and a professional transcriptionist was employed to produce transcripts. After completion of the focus group, each participant received a monetary compensation of $10.00 in the form of a gift card, regardless of their degree of participation in the actual discussion.

Qualitative Procedures. Framework analysis described by Krueger and Casey (2000) was used to examine the qualitative data gathered from the focus groups. While there are various ways to examine qualitative data, framework analysis is better suited when examining focus groups with specific questions (Srivastava & Thomson, 2009), and a priori themes. Framework analysis provides a way to code, categorize, and interpret focus group responses for expected or emerging themes (Krueger, 1994; Srivastava & Thomson, 2009). Discussion topics can be compared between groups to determine if themes are shared across groups or independent for specific groups.

As previously mentioned, the focus groups were transcribed by a professional transcriptionist. Transcripts were then read independently by two graduate student coders. One of the coders led the discussions, and had a background of the reentry literature. The second coder was a novice in the reentry literature. The background differences between the two coders help to decrease the potential of confirmation bias from having knowledge of the trends in the reentry literature. After the transcripts were proofed for accuracy, each coder read the first transcript for each group (first NIM and PIM groups), and took detailed notes regarding potential concepts and categories for each group. After each coder developed their individual sets of concepts and
categories, discrepancies between coders were discussed until a single list of concepts and categories were decided upon. If a discrepancy could not be agreed upon, a third coder would have been brought into interpret the data, this was never necessary for the current study. After the coding of the first discussions for each group was completed, the next set of focus groups was conducted with the same questions.

During coding of the second set of focus groups the previously compiled lists of categories were used to label concepts and categories. If new concepts emerged that could be grouped under a previously created category then they were grouped. If new concepts emerged during the second set of transcripts and could not be grouped with previous categories, then new categories were developed. Potential discrepancies were then discussed regarding the second set of transcripts. After all transcripts were analyzed, all discrepancies were discussed and reconciled; the transcripts were re-coded individually by both coders with the finalized list of emerged categories (see Table 2, category descriptions). Summaries of each emerged category for the NIMs and PIMs were completed to allow for thematic comparisons.

**Results**

The results of the study are divided into five sections. The first section includes the descriptive data and statistics of the NIMs and PIMs. All of the descriptive data presented are from the biographical packet. The descriptive data includes general information and comparisons of the mothers’ children to provide a clearer understanding of the parenting circumstances surrounding both groups. The second section includes the quantitative results for research question one, examining parenting challenges. Section three includes the quantitative results of research question two, examining social support and resources. All of the questionnaire scores are converted to T-scores. T-Scores are reported in the tables and used to construct all figures unless otherwise stated. All chi-squared analyses are based on 2 x 2 contingency tables unless otherwise stated. Section four includes the qualitative results for research question one, followed by the qualitative results for research question two. Results from the NIMs’ focus groups are presented first for each question, followed by the PIMs’ results. Table 2 provides a description of the emerged categories, themes, and codes. Many of the focus group questions produced similar themes and codes. Due to the overlap, the key questions are presented prior to the descriptions of the results.

**Descriptive Analyses**
The number of children per participant ranges from 1-5 with no significant difference between the NIMs and PIMs; \( t(21.17) = -1.31, p = .19, d = 0.49 \) (See Table 3). There is no difference in the age when the NIMs had their first child in comparison to the PIMs, \( t(26) = 1.19, p = .25, d = 0.45 \). There is no difference between the NIMs and PIMs regarding the reported number of children with disabilities \( \chi^2 (1) = 0.19, p = .66 \), Cramér’s \( V = .09 \). There is a difference in the reported number of children with behavioral problems \( \chi^2 (1) = 2.28, p = .13 \), Cramér’s \( V = .30 \), with a greater number of PIMs (n = 8) reporting problems compared to NIMs (n = 2), though not significant. The child disabilities and behavioral problems that were previously diagnosed, NIMs include; ADHD, ADD, and learning disabilities. The child disabilities and behavioral problems that were previously diagnosed, PIMs include; ADHD, ADD, learning disabilities, severe asthma, severe anger, and Bipolar Disorder. The PIMs (\( M = 29.96, SD = 7.30 \)) are older than the NIMs (\( M = 25.68, SD = 4.11 \)), \( t(26) = 1.87, p = .07, d = 0.72 \). The age of the participants’ children ranges from 7 months - 16 years. There are differences in the age of the children, with PIMs having older children than the NIMs; \( t(57) = -2.33, p = .02, d = 0.60 \).

In comparison, no significant difference is found between the two groups when comparing the custody type prior to the PIMs’ incarceration \( \chi^2 (2) = 4.04, p = .13 \), Cramér’s \( V = .38 \), with 86.7% of the PIMs having full or joint custody of their children. A 2x3 chi-square comparisons of biographical packet data reports a difference between the NIMs and PIMs regarding their current type of custody \( \chi^2 (2) = 16.63, p = .001 \), Cramér’s \( V = .76 \), with all of the NIMs having full custody of their children and 31.3% of the PIMs having full or joint custody of their children. Following the trend of the previously incarcerated literature, grandparents (47.1%) are reported as the primary caregiver for the PIMs’ children, followed by the children’s fathers (17.6%). The NIMs were asked if they were to fall ill who would be their child’s primary caregiver. The NIMs’ responses followed the same trend as the PIMs, with the majority reporting that grandparents (53.3%) followed by the children’s fathers (26.7%) would be the child’s caregiver.

**Research Question 1:**

What type of parenting challenges do PIMs experience during their reentry process, and how do they differ from NIMs?

The questionnaire data regarding parenting challenges produced mixed results when examining differences between the NIMs and PIMs. The hypothesis is partially supported
regarding PIMs having greater parenting challenges than NIMs. The PIMs have a greater number of children with behavioral problems, though no difference exists when examining the relational frustration subscale of the Parenting Relationship questionnaire, with PIMs reporting a slightly greater amount of frustration than the NIMs; \( t(28) = 1.63, p = .12, d = 0.49 \). The results of the Parental Stress questionnaire approaches significance with PIMs reporting higher levels of parental stress than the NIMs; \( t(29) = 1.91, p = .06, d = 0.69 \) (See Table 4). The Parenting Relationship questionnaire has two subscales to assess parenting involvement and confidence. The PIMs report lower levels of parenting involvement compared to the NIMs, \( t(19.38) = -3.85, p = .001, d = 1.41 \). The PIMs also report lower levels of parenting confidence compared to the NIMs; \( t(17.18) = -2.85, p = .01, d = 1.04 \). Parenting confidence and involvement are also positively correlated \( r = .80, p < .01 \), and not moderated or mediate by the length of maternal incarceration.

**Research Question 2:**

What type of personal and family resources do PIMs receive during their reentry process, and how do they differ from NIMs?

The questionnaire data partially supports the hypothesis that PIMs have significantly less support and resources compared to NIMs. Examination of various types of resources and support produced mixed results. Comparisons of the Personal Resource questionnaire shows that PIMs report lower levels of personal resources (e.g., emotional support) than NIMs, though there is no significant difference, \( t(26) = -0.83, p = .42, d = 0.32 \). Comparisons of the Family Resource questionnaire have PIMs reporting lower levels of family resources (childcare) compared to NIMs, \( t(28) = -3.56, p = .01, d = 1.24 \) (See Table 4). A 2 x 3 chi-square test on the biographical packet shows that housing resources varied between the two groups both before and after incarceration. Due to NIMs never being incarcerated, their housing six-months prior to the time of the study is used to compare with PIMs’ housing prior to incarceration, \( \chi^2 (2) = 8.11, p = .02 \), Cramér’s \( V = .54 \) (See Table 1), with most NIMs having their own apartment versus living with friends and family or living in a homeless shelter. PIMs housing resources directly after incarceration, during reentry are compared to NIMs current housing. A 2 x 3 chi-square shows significant differences \( \chi^2 (2) = 17.83, p = .001 \), Cramér’s \( V = .76 \), with a greater number of PIMs living with friends and family or being homeless compared to NIMs.
The majority of both groups received government resources prior to incarceration for the PIMs or six-months previously for the NIMs $\chi^2 (1) = 2.72, p = .10$, Cramér’s $V = .09$. The majority of the sample also reports currently receiving some form of government resources, with there being no difference between the two groups $\chi^2 (1) = 2.55, p = .11$, Cramér’s $V = .30$. A 2 x 2 chi-square of the biographical packet also shows differences in employment status based on group membership, with greater numbers of NIMs reporting having employment $\chi^2 (1) = 3.88, p = .05$, Cramér’s $V = .35$ (See Table 1).

**Qualitative Results**

**Research Question 1:**

The hypothesis for research question one that NIMs and PIMs have unique parenting challenges is supported with the qualitative data. The parenting challenge reported by NIMs includes inconsistent discipline. In comparison, PIMs parenting challenges tend to stem from them not being physically and emotionally available for their children, resulting in parenting inconsistencies. PIMs also have a challenge with trying to manage their children’s fear of future abandonment from the mother. In addition to parenting challenges, parenting goals are presented for both groups due to future goals representing current challenges.

**Mother-child Relationship**

**What type of challenges do you encounter with your children?**

The thematic category that emerged for the NIMs include inconsistent discipline. The NIMs report that due to their inconsistency in disciplinary practices they have increased authority and discipline problems like not listening or taking the mother seriously. Many of the mothers acknowledge that discipline problems are common for all children, especially younger children as mothers try to figure out the best way to communicate their expectations. Nonetheless, many of the mothers agree that their lack of committing to discipline choices results in greater problems later because the children learn that their mothers will not follow through with punishments. The lack of authority seems to result in some mothers questioning their parenting abilities due to their children not taking them seriously, though the reverse relationship could also be possible.

*Sample NIM Comments Include:*

Why they don’t listen to us or why they don’t take us seriously because we don’t follow through on what we said. I don’t think she should have to get in her daughter’s face, but
we need to be firm like that from the beginning so they won’t have that doubt. . . ‘cause some kids know like, my mom ain’t gonna do anything anyway, so I’m doin’ it anyway.

“But we’re their parents so it makes us think like, god am I doing this right?”

In comparison, the PIMs report that their parenting challenges results from them being physically and emotionally unavailable. The unavailability resulted from the mothers’ incarceration and continued during reentry. The unavailability continued through reentry due to mothers dealing with the shame of their incarceration and challenges with their various drug and alcohol addictions, which caused emotional unavailability. For many of the PIMs the incarceration and unavailability resulted in losing the respect and authority of their children. The loss of respect is reported more so for the older children who are teenagers or adolescence, while the loss of authority is reported for younger and older children. When dealing with their loss of authority, many of the PIMs express that their children do not believe that their mother has the right to discipline them since they are not around. Mothers report that their children are also confused regarding who the authority figure is when the mother is around (e.g., mother versus caregiver). The authority confusion usually results in the child listening to the caregiver versus the mother. The loss of authority and not being around for their children results in many of the mothers feeling inadequate as parents. Feelings of inadequacy results in the mothers believing that they do not have the right to chastise their children when they misbehave. The inadequacy also stems from the mothers not knowing how to handle their children when they get upset or need help with things that mothers should know (e.g., how to use the potty or what to make to eat). A few mothers became very emotional when expressing their feelings of inadequacy and the intimidation they feel when dealing with their children. The feelings of inadequacies tend to result in some of the mothers overcompensating in other areas of their parenting (e.g., buying unnecessary clothes or toys, minimal discipline).

*Sample PIM Comments Include:*

“My son’s the same way whenever I go to my parents’ house and tell him something, unless, you know, unless Mamaw backs it up or says to do that then he doesn’t listen to me.”
I felt funny trying to tell him what to do. Now it was hard for me to step back into the mother’s role. Once I had been in jail and everything and I had got out it was like my guilt and shame of being in jail and being away from them allowed my sons to do whatever they wanted to do so that they would accept me back.

And then I feel intimidated you know what I mean? I don’t know if anyone ever felt like that. But like real intimidation but I’m the momma I’m supposed to have control. But it feels sometimes that he got the control.

And then, then I know I can’t chastise him the way that I want to because I feel bad, you know what I mean? And I feel like I (inaudible) and then I feel guilty so I do shit I try to (inaudible) I try to replace with me not being there with material things like clothes and shoes. You know what I mean? And, I know that that don’t work.

The second parenting challenge includes having to handle the children’s fear of abandonment once the mothers returned. Some of the mothers with older children report that their children distanced themselves from them, as if to protect themselves by not becoming too attached in case the mother left again. The detachment makes it difficult for the mothers to try and reconnect with their children once they returned. Others report that while their children are not detached, they are only comfortable around the mother if another individual is also present, as if the mother is a stranger. Lastly, many of the mothers with younger children report that getting their children to not “freak out” every time they left to go somewhere is a challenge, even if it is just to leave to another room. A few mothers believe that this may be due to the children fearing the mothers will not return. Some of the mothers suggest a solution to others who are currently dealing with this challenge. They report that their children start to fear abandonment less once the mothers start dropping them off and picking them up at daycare. They believe this daycare consistency helps to show the children that they will always come back to get them.

*Sample PIM Comments Include:*

And I felt that my son thought that I left him and I didn’t want him because now every time I have him and I turn around just to walk to get him something to drink, I don’t even
leave the room, he freaks out. He starts crying to the point his face turns red. . . Like I’m always gonna leave him and not come back. I’m always gonna come back.

I’m like, come on, let’s go. And like I want to take him with me now, you know what I mean. He’s not really comfortable like yet going places with me, but, you know what I mean. He’ll let me take him to the park as long as it’s with other people.

**What are your main goals as a parent?**

The parenting goals for the NIMs are comprised of three thematic categories including breaking the cycle of poverty, being supportive, and having their children develop healthy peer relationships. To break the cycle of poverty the mothers express efforts of trying to keep their children out of trouble or from making choices that can have long-term negative influences on their future goals (e.g., having children too young). A goal for many of the mothers includes making sure that their children become educated and experience life outside of their community. Some mothers plan to start or continue saving for their children’s future education. The second goal includes being supportive regardless of agreeing with their children’s choices. The majority of the NIMs agree that a major goal includes being able to provide support to their children, now and throughout their lives. For these mothers being supportive means being available for their children even in situations that they do not agree with (e.g., helping them take care of their children if they have them young). Many of the mothers are determined to never give up on their children regardless of what they go through. Lastly, many of the NIMs agree that they want their children to have healthy peer relationships and to have restricted contact with unhealthy peer relationships. Healthy peer relationships include only letting their children have friends whose parents share similar beliefs and parenting styles.

*Sample NIM Comments Include:*

I ain’t accepting this just get through high school. High school was not an option, high school is like elementary, you want to do that. But I’m tryin’ to make sure my kids get, it’s at that point now, I’m starting while they’re young. When I get paid every other week and every other week all my kids get twenty-five dollars in their banking account for college fund.

“Right, you support ‘em, you gotta support ‘em, regardless of what they’re doing or what they’re going through.”
“I don’t expose my kids to a lot of people. And even their kids, because people teach their kids things that I don’t want my kids to learn.”

The thematic category for PIMs includes developing stability for their children. To create stability the mothers are focusing on self-improvements including; getting sober, finding employment, staying out of jail, and obtaining safe housing. Many of the mothers also express hope in having their children returned to their custody, allowing for maternal stability in their children’s lives. The majority of the mothers also express that their goal of stability includes always being physically and emotionally available for their children. If their children do not live with them they want to make sure their child can always contact them and know they are always available if they need their mother. One mother expressed her previous long-term goal was to be at her oldest son’s high school graduation and not in jail. After reaching that goal her new goal is to continue to be available and out of jail so that she can be there to watch her two younger sons graduate.

Sample PIM Comments Include:

This time last year, or 2009, I was in prison and I was laying on my bunk bed in [jail location] and he was in the eleventh grade and I was laying on my bunk bed and I was like, “damn, god I just want to be there when he graduates to see him in his cap and gown.” And I was there [begins to cry]. And when he walked across the stage, I was like “dang I’m here.” And I was looking at my two little boys, I have a seven and a ten year old and I was like, “Damn I hope I get to be there”.

I want to be able to provide like some kind of stability or some consistency ‘cause like in the last five years I’ve moved fourteen times. And I usually drag my kid around with me and um, unless I couldn’t then I left him at my moms, but I’ve never really like had a lease and stayed for the whole year, you know, and I’d like to try that out sometime.

Research Question 2:

The qualitative data for research question two also partially supports the hypothesis that resources and support vary between NIMs and PIMS. The forms of resources received are very similar between groups as well as the people who provide them. Both groups also report similar
challenges involved in the process to receive resources. The major difference between the two groups is not the resources received or available but the ability to accept and benefit from them.

Peer and Family Support

**What type of support do you receive from your friends and family?**

NIMs have very similar themes as the PIMs regarding their current friend and family support. Some of the NIMs report that they receive mostly emotional support from their own mothers and other women at the childcare center, including having a listening ear, and words of encouragement. Few of the NIMs report receiving support from friends outside of the childcare program. Only a few of the NIMs report receiving much support from the fathers of their children, while others receive some support from friends, siblings, and their grandmothers.

*Sample NIM Comments Include:*

But if she [another mother at the daycare] sees that I’m in need. I’m boohoo cryin’ like they gonna come and aid you. . .It’s just about that mutual like, I got your back. Like I see you need a hug, I see you need some words of encouragement.

The perception of “no support” falls into three different categories for the NIMs. The first category is the perception of receiving no actual support, which very few of the mothers report. The few NIMs that do report no actual support do not provide explanations regarding their circumstances. The second category of no support is described as no support by choice (positive). For the NIM group a small portion of the mothers report that they do have offers of support, typically childcare from their mothers and grandmothers. Even though their family offers to provide support, the mothers tend to decline the offers because they do not want to burden their mothers and grandmothers with taking care of their children. The feelings of responsibility tends to result in these mothers feeling that they do not have support, though they realize it is created out of their choice to decline support. The third category of no support is described as no support by choice (negative) and includes NIMs who have sources of support but choose not to accept them because it is negative support. Forms of negative support include offers of childcare from individuals who do not have high standards in the care of their own children. Many of the mothers agree that they do their best to avoid help and interactions with other parents who have poor parenting skills.
Sample NIM Comments Include:

“When it’s time to go to bed he [her son] like to be held. My grandma can’t take him, he’s too heavy for that so I don’t even bother with that [having her babysit].”

That’s like why I don’t be let people watch my kids. They be like, can they come here? No they cannot. If I don’t feel safe walkin’ off leavin my kids or driven off leavin’ my kids, I’m not leavin’ my kids. Because my kids are used to certain things. Some people don’t even feed their kids. You’d be surprised by how many people don’t even really feed their kids. . . You’re man eatin’ steak, but these kids eatin’ hot dogs. Like come on.

While some of the PIMs report currently receiving support from friends and family, others report no support from any of their friends or family. The two thematic categories that emerged include; type of support and perceptions of no support. For the PIMs who are receiving support the common form tends to be emotional (e.g., someone to talk to, receive advice from). The majority of the emotional support comes from the participants’ mothers, women in their treatment programs, significant others, and individuals who participate in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). The common trend seems to be that the participants’ families are currently only willing to provide support (e.g., emotional) only after the PIM has reached a certain number of days clean from substance abuse (e.g., 30 days to one year). While few of the mothers report previous financial support from friends or family, currently none report receiving this form. The majority of the mothers specifically state that they only receive support from current friends who are clean or in treatment. Only one of the participants reports receiving emotional support from other individuals currently in active addiction. Currently none of the mothers are the primary caregiver for their children. Yet, only a few mothers report currently receiving support in the form of childcare. The majority of the childcare support comes from the participants’ mothers, the child’s father, cousins, sisters, and friends. A small few of the mothers agree that knowing their children are safe with their parents has made it easier for them to stay on the streets and be in active addiction.

Sample PIM Comments Include:

Before I was incarcerated I tried to get clean. I was clean for a while. And, umm, you know I found friends and support in Alcoholics Anonymous. And, when I went back out
there [out of jail], they were still there for me. And when I was in jail they were still there for me, they didn’t give up on me. And now that I’m clean again and out of jail, they’re still there, I still have my network. And, then family support, as far as family goes, you know, my parents never gave up on me.

I know that it’s bad for us to be around those people [other addicts] like because you know, they can trigger us to use. Some of them do that support you the most. And you don’t really know it. ‘Cause maybe you’re doin’ something that they couldn’t do. And I know I have a lot of people like my friends. . . They were happy, they cried with me because it becomes a lifestyle for some people. Some people just lose hope, you know what I mean? Some people get so far gone it’s like, they think there’s no hope left for them so that’s where they’re stuck at. And some of them don’t want to see you like that.

For over a whole year I stayed out there [the streets]. ‘Cause my mom and dad had ‘em [kids]. If I had them I would have been on my game probably and you see what I’m sayin’? It just made it easier for me to stay out there longer. It’s sad to say, but I think that’s what it did.

Many of the PIMs also report receiving no support from either their friends or families. There are two themes within the category regarding perception of support. The first is that the PIMs have no actual support due to consequences of previous actions. Others report that they have burnt too many bridges in the past and now have no current support from friends or family. Some mothers report that their families are afraid to invest in them since they have failed reentry multiple times. One PIM reports growing up in the foster care system and never having close female friends, resulting in no current support as well. Other participants who report receiving emotional support but only after being clean for certain duration of time, state that they do not receive financial support, either out of distrust from their families or unavailable family resources. The lack of financial support results in some of the mothers being incarcerated for longer periods of time because the family will not or cannot post bail for their release. Additionally, many of the mothers report that their incarceration did not result in the loss of support, but the process of being in active addiction ruined the relationships. For many, their
addictions resulted in them becoming incarcerated, but by then many of their support systems were already damaged.

*Sample PIM Comments Include:*

> My support system is pretty much non-existent at this point. I have to build those relationships. Umm because I’ve just done too much to people around me and ahh, I can’t like let it get to me or take it personally. I just have to be strong enough for everybody right now. ‘Cause I just, like I said, I’ve just done too much to people I have surrounded myself with. And, enough was enough so I have to build a new support system. And that’s hard, it’s difficult, it’s a set-back. Especially ‘cause it can take years to build a relationship and it can take moments to destroy it.

This time my mom would not talk to me. She had my kid but she wouldn’t talk to me and my sister quit talking to me. My sister is my best friend in the whole entire world, and so I had no choice but to find other support.

The second category of perception of support includes no support by choice (negative), which are mothers who have sources of support but choose not to accept them because it can result in negative outcomes (e.g., drug relapse), causing the mothers to perceive that they do not have support. This type of “no support” typically includes receiving assistance from friends or family who are still using drugs or participating in illegal activities. The women tend to avoid support from these individuals for multiple reasons. One includes the fear of drug relapse by interacting with individuals still in active addiction. Other reasons include falling back into the illegal lifestyle of crimes. And lastly, some of the mothers realize that receiving support from unhealthy individuals means that they, themselves are still unhealthy. In both situations the mothers are without support, but one form is due to choice while the other is not.

*Sample PIM Comments Include:*

> Because I was like I can’t leave my family, like I need them to support me. But really that shit’s just really unhealthy, like my family’s dysfunctional and I have to distance myself from them and have boundaries for me ‘cause the support I need is not really for real gonna come from there.
So, and like she said, I have some friends who are there for support, but they be like two because most of the people are people I used with so I can’t. If I had to call I could, but that’ll just be me being sick still. If I’m gonna call someone my usin’ buddies or my old sugar daddies and such, I’d still be staying in my addiction.

**Community Support**

**What type of support do you receive from your community?**

The thematic category that emerged for the NIMs regarding their community resources is the process to receive services. Almost all of the NIMs agree that dealing with the program employees that provide services (e.g., welfare, food stamps) results in unnecessary stress. While there are many services available, it takes a lot of personal motivation to learn about which services they qualify for. Once services are found, many of the mothers feel that the employees judge them for needing assistance and try to make them feel “low” or “embarrassed” for needing assistance. Having to deal with the stress of obtaining resources causes many of the mothers to not try and receive other resources that they may qualify for. One mother strongly agrees with the rest of the group regarding the service employees’ judgment, but she does not feel embarrassed or low, because she only needs the assistance as a stepping stone. Almost all of the mothers agree that the personal information required to receive services is unnecessarily intrusive and embarrassing to provide, when the information has nothing to do with the services being received (e.g., asking if they have an STD on their food stamp application).

The mothers report less challenges in the process to receive services that are truly community based (e.g., from the church or schools). Many of the mothers speak highly of the churches that provide resources to the community. The churches provide food assistance during the year, around holidays, and financial assistance for child and housing necessities (e.g., diapers, electric bills). The majority of the mothers also view their childcare program as providing helpful resources (e.g., parenting class, school supplies) that are not a challenge to obtain.

*Sample NIM Comments Include:*

Basically it’s like I have to crawl up on my hands and knees and like beg you for something for you to give me services offered for everyone in the state of [name]. I’m like chick; I’m not takin’ this out of your paycheck. Personally I prefer to not have to get any of this shit from you all.
I worked at a temporary service for a month and I got a letter sayin’ they was takin all of my food stamps because I grossed, what? I’m not one of these lazy people who try to sit up here and just gimme, gimme, gimmee. I kept a job for three and a half years. I work seasonal job at the temp service and I’m going to school. So why don’t you help me help myself? I feel like as soon as you get a little something’ they try to snatch everything from you, it’s ridiculous.

There are three thematic categories for the PIMs regarding their community resources, including: desire to change, lack of services, and process to receive services. Almost all of the mothers agree that regardless of the community and government resources that are available to help with reentry and addiction, nothing will help if the individual does not have a current desire to change. Until the women were ready to change, none of the services truly benefited them. Some women believe that services regarding substance abuse would have been beneficial if they had the resource early in their addiction. Others believe that earlier help would not have benefited them unless they were ready for it and until they were ready, they would cycle out of jail and rehabilitation centers. Other women state that when they had the desire to change and get into a treatment program, they sometimes did not qualify for entry due to lack of referrals. Most of the mothers agree that once they reached the desire to change they started to accept the community resources that were available and began to benefit from them. The mothers found out about the various community resources from other women who were also on the streets or incarcerated. A few of the mothers heard about services by representatives of the organizations coming to the jail or prison and providing information to the inmates. Many of the women received previous or current support from their churches, including; money to pay bills, funding to receive counseling, food, and clean clothes.

*Sample PIM Comments Include:*

I just want to say, no matter what program you have available, until you’re ready. . .I mean regardless if this was available [treatment center], I could have came here, I was so caught up in my addiction I’d have been living here and getting high passing piss tests. I was so good at what you do, whether it be prostitution, stealing, robbing. You’re living here for free, getting all the help you needed, but still getting high. You have to literally, physically know when you’re ready [full group agreement].
For me, When I was out there you know, it wasn’t that I didn’t have the support, it was I was in active addiction and I didn’t want the support. The support was there, but when I’m getting high, with the guilt and shame of getting high. I don’t want you to see me like that and I ain’t comin around, so therefore I’m gonna put that guard up and I’m gonna have that F it mentality and F you. You ain’t doin’ this, you ain’t doin’ that. But really I was just I didn’t want their help. I wanted the dope and not their support.

The second thematic category deals with lack of services. Some of the PIMs state that to their knowledge, there are few services that they can use. The lack of services is not due to there being few services in the community, but due to there being few services that the PIMs qualify for. Some of the mothers report that they do not qualify for food stamps or cash assistance because of their housing situation (e.g., living with parents, or under the age of 22 yrs). Some programs require referrals for entry, which for some, only happened after they were already incarcerated. A few of the mothers state that they could not receive assistance because they were not a current resident of the county they were released in, and had to wait to receive residency. Many of the mothers place high importance on the need for more inpatient rehabilitation facilities since many reentering women have no place to go but back to the streets. The few inpatient facilities tend to be full or require referral, which they usually only knew how to receive after incarceration. Many of the PIMs also have felony charges, resulting in not qualifying for the necessary services to help them improve their situations. One of the mothers who does not qualify for many services due to lack of county residency, also emphasizes the importance of more preventative services for individuals on the streets (e.g., needle exchange programs), especially in the cities and suburbs. Lastly one of the mothers placed high emphasis on the need for more case managers to help determine which services are available that they qualify for.

Sample PIM Comments Include:

Being here and having this housing I think is beneficial and does help with stability and be able to get on your feet to look for a job and knowing you got somewhere to live. But having a felony blocks me from a lot of stuff too. Because I’m only twenty and I already have a felony.
I’m a recent felon, so I found that I’ve been denied the section eight or any subsidized or any low-income housing and getting work. And I have yet not income yet except for what [program] offers. There’s no technicality about it, I am homeless. And I don’t have the ability to provide for me or my children at this point. And without some assistance we at least get started. I don’t have a hope in hell.

Usually when you’re out there on your own trying to get it, it’s just so much, you gotta be referred by this or have a diagnosis for that. The best place to get this is in jail or, you know what I mean? Like treatment or something like that. And usually you gotta go to jail before they send you to treatment or it’s like, once you’re in the system you can call the people, get the references.

I really wanted to come in [treatment center], but they were early releasing me and it would be late, and there’d be nobody here, you know? And, like I did like three times before I finally came in here, because when I would get out there was no doors open to come to right then and so I went back to doin’ what I knew how to do. And that was get high. So I’m very, very thankful for to the ones that stuck their neck out for me and didn’t give up on me this time.

Lastly the PIMs discuss the process of going into the community and getting services or assistance. A few of the mothers emphasized the challenges of trying to obtain services (e.g., counseling or assistance) and feeling the stigma of incarceration or being an addict. Some feel that the individuals who are meant to help them are the ones that treat them as a statistic and are waiting for them to fail. Some of the mothers who are repeat offenders strongly agree with the previous statement. One mother expressed the challenge of trying to put herself out there to receive services from individuals who may have stereotypes from things they have read about people with addictions or past offender. The social stigma and feelings of doubt regarding their success, results in some of the mothers feeling as if they should not go through the effort to become clean since no one expects them to succeed.

*Sample PIM Comments Include:*
“I think it’s sad when people look at you like a statistic. ‘Cuz sometimes I think counselors look at you like she’s just gonna become a statistic.”

Being reinforced that there’s nothing that can help you. You are a hopeless case, you know what I’m saying? You’re a dope fiend and there’s nothin’ that can be done for you. That kept being reinforced. Had it been something that took that away and told me that you can, you can be alright. I believe my life might have took a different turn sooner.

And that makes you want to do drugs even more when you sit there and they basically treat you like a lost cause like because you feel like nobody has any faith in you and nobody’s gonna be behind you to support you. And you feel like, well you know, if they don’t think that, they don’t believe in you, what’s the point?

Discussion

Parenting Challenges

The quantitative data suggest that there are minimal differences between the NIMs and PIMS regarding the various types of parenting challenges they experienced, with few differences found when comparing the questionnaire results. In comparison the qualitative data suggest greater differences in parenting challenges. For example the PIMs have to reestablish a relationship while also dealing with their child’s fear of abandonment. It is currently unclear if their fear of abandonment is new from the anticipation of maternal reentry or was developed prior to incarceration and reentry. Most likely the fear developed prior to incarceration due to the majority of the PIMs reporting that they had previously left their children due to addiction or other incarcerations. Even if the fear results from previous incarcerations or maternal absence from addiction the result is still the same, PIMs experience greater obstacles when with their children during reentry.

Quantitatively, while the PIMs report a larger number of children with behavioral problems, there is no significant difference between the two groups regarding the level of relationship frustration that the mothers have with their children. With the greater number of children with behavioral problems it would be expected for the PIMs to also experience significantly more frustration. A reason for the discrepancies could be due to the majority of the
PIMs not having everyday interactions with their children, resulting in lower levels of overall frustration, though behavioral problems still occur.

Interestingly, while the relationship frustration questionnaire differences are not significant, differences on the parental stress scale approached significance, suggesting that different variables may be assessed on the parental stress and relationship frustration measures. While the PIMs parental stress scores are greater than the NIMs, the scores are still lower than expected for this population. The PIMs in the current sample may express lower than expected amounts of parental stress due to them currently having very little, if any, interaction with their children. While lack of interaction could be a source of increased parental stress, for some, it could also allow for a skewed perception of their actual stress, resulting in a greater positive view on negative situations due to low exposure to these situations. While there are potential reasons for the moderate levels of stress for the PIMs, it is unclear as to the unexpected, average levels of parental stress for the NIMs. In the maternal high-risk literature, low resource mothers tend to report greater levels of stress compared to the current sample. Middlemiss (2003) completed qualitative and quantitative assessments of 60 NIMs regarding their experience of poverty, stress, and support. Results showed that the mothers quantitatively experienced high levels of stress above the norm. While the minimal difference between the NIMs and PIMs is surprising, the lack of higher levels of stress for both groups is even more surprising due to both types of mothers suffering from cumulative disadvantage.

The current study replicates findings of Arditti and Few (2006), with PIMs reporting moderate levels of parental stress. While the results of the parental stress scale only approached significance, the findings should not be disregarded. The results continue to follow the same trend as the rest of the study with PIMs experiencing greater stress. Furthermore, the greater stress experienced by PIMs is evident in the qualitative components and should be explored further. Arditti and Few suggests that home observations be employed in future studies to provide a complete picture of the parent-child relationship. While home observations were not employed during the current study, the focus groups helped shed more understanding of the stress and parenting challenges of PIMs that may not be represented in the questionnaire data.

Results from the qualitative data provide additional support for the questionnaires measuring potential parenting challenges. The majority of PIMs report that they do not currently have legal custody of their children or have regular interactions, which are consistent with the
Arditti and Few (2006) sample. The lack of interaction seems to be the driving factor with many of their parenting challenges, which is also confirmed in the questionnaire data. The PIMs report lower levels of involvement with their children, which was to be expected with the majority of the PIMs not having custody or living with their children at the time of the study. Unfortunately for the PIMs, the lack of interaction does not start after the mothers’ incarceration, but began earlier due to their drug and alcohol addictions. Similar results emerged in a qualitative study by Arditti and Few (2008), with PIMs reporting unavailability due to substance abuse problems. While it is likely that lack of custody influences levels of involvement, lack of custody is unlikely to be the only major influence. First, for the current study it is unknown whether the PIMs lost legal custody of their children or if they voluntarily asked friends/family to care of their children while incarcerated and have yet to take their children back. If the latter is the case then lack of involvement it likely less influenced by custody type due to the mother still having legal custody.

In the current sample, parenting confidence is positively correlated with parental involvement, suggesting that parenting classes that are geared to improve quality and quantity of mother-child interactions could potentially improve the overall quality of the relationship. While the lack of parenting confidence is most apparent for the PIMs, some of the NIMs also mentioned questioning their own parenting abilities. Similarly, Sanders and Woolley (2005) found that both low and high resource mothers who had children with behavioral problems had lower levels of parenting confidence. While low parenting confidence can have negative effects on both low and high resource mothers, it can be especially challenging for PIMs due to their greater potential for less involvement with their children when they first reenter.

In the current study while the PIMs are separated from their children during incarceration and reentry, they feel they lose their authority and respect from their children. More importantly, many of the PIMs report feeling that they have lost the right to be an authority figure to their children (Brown & Bloom, 2009). The results from the focus groups suggest a multiple relationship challenges and potential ways that they interact and influence each other. The potential relationships and suggestions for how they interact are briefly provided in the following summary statement though these have not been tested specifically and require further research before true claims can be made.
According to the focus groups in many cases the PIMs have lost the right to be an authority figure to their children due to no longer having custody. Regaining authority can still be a challenge even after regaining custody if the children still do not believe that their mother has the right to discipline them due to her previous incarceration. Many of the PIMs feel inadequate as parents and as a result they fail at consistently disciplining their children and instead over compensate. Some of the over compensating results in the mothers buying their children unnecessary items, but other mothers allow their children to do as they wish, in hopes of gaining their approval. As the mothers feel inadequate they tend to spend less time with their children, due to the guilt of not being able to successfully parent them. Unfortunately many of the PIMs are caught in a cycle of questioning their parenting competency, limiting their child involvement, over compensating, leading to unsuccessful discipline, resulting in questioning their parenting competency.

The results of the PRQ measure of disciplinary practices suggest that very few of the PIMs have challenges with disciplining their children, yet their focus group data states differently. The use of qualitative procedures helps to provide a fuller picture by allowing the participants to explain and expand on their answers, unlike quantitative procedures. For this reason the focus group contributes understanding to the dynamics of the relationship and helps clarify the differences found within the disciplinary practice results. The questionnaire assessed information on the mothers’ beliefs about establishing household and family rules and how consistently they respond to their children’s misbehaviors. The questionnaire is not clear regarding the specific challenges in this area. In comparison, the focus groups suggest the mothers have strong beliefs in establishing rules but are inconsistent with enforcement. Similar inconsistencies arise with the PRQ measure of relational frustration for the PIMs. Survey scores suggest low relational frustration while focus group data suggests the opposite. The survey assessed frustration experienced during common parenting situations. It could be that due to limited interactions with their children they may not have experienced all of the parenting situations on the survey, resulting in scores reflecting how they believe they may feel.

**Parenting Goals**

With the parenting challenges that PIMs experience due to their unavailability, it comes as no surprise that the unanimous parenting goal for the mothers is to provide stability to their children. For some of the PIMs, stability means improving themselves in every way necessary
(Celinska & Siegel, 2010) for example; overcoming addiction and gaining employment in order to regain custody of their children. For others, stability means always being available for their children physically and emotionally. By obtaining stability the mothers hope to regain the trust of their children. While the NIMs also report being available for their children as a goal, their two parenting goals are vastly different. The NIMs goals are to make sure that they break the cycle of having to struggle through life and that their children develop healthy peer relationships. While the two goals are different, the outcomes are the same. By helping their children develop healthy relationships and discouraging negative influences, they help to ensure that their children do not go down the wrong path (e.g., illegal activity, drugs). Positive, healthy relationships helps increase the chances of NIMs’ children succeeding in life, thus breaking the cycle.

**Peer and Family Support**

Due to the NIMs not losing custody of their children they were asked to provide a response regarding who would be the primary caregiver to their children during a hypothetical situation in which the mother became ill. Over half of the NIMs believe that their parents would become the primary caregiver, specifically many of the maternal grandmothers, followed by the child’s father. Both groups follow a trend that is common in the incarceration and poverty literature, with having the grandparents becoming the caregiver of young children (BJS, 2000; Hayslip & Kaminski, 2005). While there are positive aspects to guardianship being provided by grandparents after maternal incarceration, a growing body of literature suggests that an equal proportion of negative aspects (e.g., caregiver health problems, financial strain) also develop (Bowers & Myers, 1999; Simpson & Lawrence-Webb, 2009).

The quantitative component suggests that the amount of family resources vary between the two groups, with PIMs reporting significantly less resources. The difference supports the hypothesis that there are differences in family resources. In contrast, the hypothesis was not supported with there being no significant differences on the personal resource questionnaire. In comparison to the Arditti and Few (2006) study, the current study does not produce the same results. The Arditti and Few sample reported moderate levels of family support (e.g., childcare) and of perceived personal support (e.g., emotional). The current sample reports below average levels of family support and above average levels of personal support. Unfortunately, the personal support scales cannot be compared directly to Arditti and Few due to different measures being employed to assess personal support. The differences between the two studies regarding
reported family resources should be examined further to help determine which sample characteristics are likely to produce greater versus fewer family resources.

It can be assumed that personal and family resources cover different aspects of an individual’s life, thus allowing for one to be adequately provided while the other is not. For example, a family can have food for every day (family resource), while the mother may not have anyone to confide in regarding her challenges (personal resource). What is difficult to determine is how personal resources can be met within both groups of the current study, when PIMs report higher rates of current unemployment and greater levels of recently living in a homeless shelter. Specifically, for the PIMs there is a reported decrease in housing resources over time with less PIMs having their own apartment or house after being released from incarceration versus prior to incarceration. A potential explanation could be due to the recent lifestyles that many of the PIMs have experienced. Many of the PIMs report previously living on the streets, having severe drug and/or alcohol addictions, and participating in prostitution on more than one occasion. With experiencing many prior hardships, it could be that minimal current personal resources are viewed as adequate, in comparison to their previous situations. The focus group discussions help to shed light on the differences in the types of resources received by the two groups. In comparison, NIMs had very consistent housing. Though comparisons of the NIMs housing six months prior may not be a sufficient comparison to the PIMs housing prior to incarceration the within groups before and after comparisons still support the notion that PIMs have less housing resources during reentry.

The NIMs and PIMs report minimal friend and family support. When support is provided, it tends to be in the form of emotional support and minimal childcare. For the PIMs the majority of the emotional support tends to come from their parents and other women in rehabilitation programs. Many of the PIMs report on the importance and difficulty in finding healthy support systems and developing new healthy relationships. Trying to establish new relationships after incarceration is a common challenge for individuals going through reentry. This challenge is very apparent in the current study with many of the PIMs reporting that they have to learn how to be in healthy friendships. To decrease the challenges of reentry for PIMs, programs may need to address improving the mothers’ social skills, which will help with their personal support relationships, but also with their interactions with their children. Improved
social skills can also help improve the mothers’ chances of becoming employed, a major resource the PIMs do not have (Calabrese & Hawkins, 1988).

The majority of the PIMs report not having their own apartment but instead resided with someone else or were homeless prior to being at their current rehabilitation program. Over half of the PIMs are currently unemployed. Both stable housing and proof of employment are necessary for many of these mothers to regain custody of their children. The majority of the PIMs have felony charges and do not qualify for various housing and financial assistance programs and have decreased chances of employment (Arditti & Few, 2008; Richie, 2001; Shivy et al., 2007). An important point to consider is that the results are produced from self-reports regarding the perceived resources, which may not translate into actual resources. Few of the PIMs report that they view their childcare as a form of support or resource. Only a couple of the mothers spontaneously offered childcare as a type of support they currently have. It is unclear if these mothers view that having their child cared for by a friend or family member is actually considered support. It could be that the mothers view the childcare as support for the child, which does not benefit the mother. It could be that some of the PIMs feel that it is the families’ responsibility to take care of their children, resulting in the mothers not viewing it as support. Lastly, the PIMs may not view their childcare as a form of support due to few of the mothers having custody of their children and having no legal day-to-day responsibilities. The lack of custody is most likely the key reason that childcare is not viewed as support, thought future research is needed specifically to regarding differences in forms of custody removal (e.g., lose legal custody, voluntarily remove legal custody, or verbally agreement with friend/family to take over custody though not legally). The PIMs’ view regarding the childcare of her children is important. The PIM who views the childcare as support towards her versus mandatory responsibility of the family, may have different challenges when interacting with her children and their caregivers.

Similarly the NIMs do not report friend and family support regarding childcare. The lack of friend and family childcare is potentially due to the specific sample of mothers. The NIMs were recruited from a childcare program, suggesting that due to the program, childcare assistance from friends and family are not needed. Additionally, some of the NIMs report that they cannot depend on others to care for their children especially if they do not take good care of their own children. While the NIMs report limited childcare assistance from family and friends, many of
the mothers report that their older children are very helpful in the care needs of their siblings. The current results are consistent with other childcare reports of low-income mothers, who report that their older children are their main source of childcare support (Letiecq, et al., 1996; Middlemiss, 2003).

The current study differs from the Arditti and Few (2006, 2008) studies, both of which include interview components of PIMs. A common form of emotional support reported by all of the studies came from Narcotic Anonymous groups and other substance abuse support groups, and is viewed as beneficial. The current sample of PIMs report minimal, if any, friend and family support. The majority of Arditti and Few participants report a lot of friend and family support after their release, including; transportation, emotional, financial, shelter, and childcare. Few of the Arditti and Few participants report not receiving friend and family support after incarceration. The differences found between the studies could be due to how “no support” is defined, in the current study “no support” is divided into three specific types. The division of no support allows for some forms of available support to be grouped into no support. Further discussion is provided in the discussion of no support (positive) and no support (negative).

In the current study the NIMs and PIMs share many similarities regarding the reasons they do not have support, but also a few important differences. Many of the mothers in both groups report not receiving current friend or family support. Interestingly the reasons for no support fall into three different types of categories. “No Actual” support is a common response from both groups of mothers though the cause of the missing support differs. For the NIMs, the cause is due to not being offered support or having anyone who is able to provide support (Letiecq et al., 1996; Middlemiss, 2003). The current NIMs’ results are consistent with the resource literature when examining the friend and family support provided to low-income mothers, with many provided minimal or no support (Domínguez & Watkins, 2003; Henly et al., 2005; Letiecq et al., 1996; Middlemiss, 2003). Almost all of the PIMs agreed that the missing support is a result of their addictions, incarcerations, and loss of trust throughout the process (Richie, 2001). Some of the PIMs who report that they do not currently have any type of support, do state that they will get emotional support from some of their family but only after periods of sobriety. This is important because even though the mothers know that they will have future support they still do not consider them as having current support. For some individuals, knowing that they will have future support might suggest that they do in fact have current support even if
indirectly, by the family having faith that the mother will get better, thus providing conditional support. For the current sample, this perspective does not seem to be the case.

The other two forms of support are no support (positive) and no support (negative). Unlike the NIMs, none of the PIMs report being provided with support from a positive individual (e.g., family or friends) and turning down the support. This suggests that the mothers either do not have offers of positive support (unlikely due to reporting receiving support) or that they never turn down an offer, which is more likely. Lastly, both groups of mothers report being offered support that comes from a negative individual, resulting in them denying support. This is especially important for PIMs who need to cut all unhealthy ties with family and friends who can influence the success of them overcoming addiction (Arditti & Few, 2008; Shivy et al., 2007). For the PIMs who have challenges with developing healthy relationships they may have no choice but to accept help from other addicts or family members who are not healthy to be around (e.g., abusive or addicts). By ending these relationships and turning away the potential support they can provide, the PIMs increase their challenges with resource support in hopes of overall success. For PIMs to decrease their challenges with resource support, they need to learn how to separate themselves from their unhealthy relationships while simultaneously developing healthy relationships to sustain support. Similarly, the NIMs also report turning away offered support from individuals who could have a negative impact on their life, and is consistent with other findings regarding NIMs and support (Domínguez & Watkins, 2003).

Community and Government Support

The PIMs provide information regarding their experience with community resources. A major theme that receives unanimous agreement from the PIMs is that regardless of the resources available, they do little to benefit them if the mother does not possess a desire to change herself and her situation. Typically, for the mothers to get into a rehabilitation program they had to receive a referral, generally resulting from their incarceration. Unfortunately, mandatory rehabilitation is not a result of the mother’s desire to change, resulting in minimal outcomes. After the study the PIMs were provided a chance to get the results of their parent-child relationship questionnaire. Within three weeks of the original data collection many of the mothers were no longer residing at their rehabilitation program. While some of the mothers had graduated out approximately six mothers were re-incarcerated or removed from their program. The PIMs may have greater success rates in these programs if they had arrived on voluntary
bases, resulting from their desire to change versus mandatory enrollment. This is hypothesized because in many cases the PIMs report that when they were ready to change, they did not have access to the necessary resources (rehabilitation programs, stable safe housing) to change (Richie, 2001). It seems that these women are in need of more inpatient drug and rehabilitation programs that allow for them to enter without referral. Only then will these women have the chance to receive the help they need, when it will benefit them most.

Lastly, both groups of mothers report that they experience a lot of challenges and unnecessary stress when going through the process to obtain community and government resources. The mothers feel that there are strong stigmas associated with needing public assistance, the majority of which comes from the program employees. Both groups of mothers express how the struggle of dealing with employees in the public assistance system causes many of them to not want to receive the services that they do qualify for. This is especially unfortunate for the PIMs because the majority of them already have a limited number of public resources they qualify for due to previous felony arrests (Richie, 2001; Shivy et al., 2007). By avoiding the negative interactions with public agencies, the PIMs are left with very little, if any assistance to help keep them off the streets, off drugs and out of jail. Unfortunately, the current results are consistent with the literature. Many NIMs report feelings of embarrassment, negative interactions, and judgment from program staff, unnecessary stress to receive resources, and feeling that they are taking from the less fortunate (Domínguez & Watkins, 2003; Kissane, 2003; Middlesmiss, 2003). Many participants in the Arditti and Few (2008) study report positive experiences with community resource staff, though some still report hostile and unsupportive experiences. While the process to receive public assistance does not need to be a joyful road to go down, these results suggest that something needs to change to allow the people who need the assistance the most, to feel comfortable enough to actually obtain them.

In conclusion, the PIMs do seem to experience greater parenting challenges in specific, but not all areas, including behavioral problems, stress, limited involvement, low parenting confidence, child’s fear of abandonment, and loss of authority. The causes of the parenting challenges seem to stem from the PIMs being physically and emotionally unavailable, while the NIMs are due to inconsistent discipline practices, though future studies are needed to assess directional causation. For support and resources PIMs did not experience all forms of less support or resources, though they did experience lower resources in housing, employment,
family resources, and emotional support. It could be that the PIMs benefit from support less compared to NIMs, or are provided with more negative support that conflicts with their recovery. It could also be due to differences in perceived versus actual support, or due to PIMs qualifying for fewer resources. Nonetheless, the findings suggest that NIMs and PIMs do have different parenting challenges and support, and should be viewed as different populations. Reentry programs could benefit from integrating greater amounts of interventions based on success with PIMs versus NIMs to improve success for the PIMs. Parenting classes specifically for PIMs transitioning through reentry are also necessary versus general parenting classes that do not take into consideration reentry.

**Limitations and Future Directions**

One limitation in the current study is that the PIMs sample is not representative of the previously incarcerated population. During recruitment effort was put towards recruiting more African American mothers. Unfortunately, many of the mothers did not qualify do to their children being above the age of 18 or having not been incarcerated. Surprisingly, many women were disqualified because while they had been arrested multiple times, they had not received a conviction resulting in incarceration. Due to minority mothers tending to experience greater negative experiences associated with poverty and incarceration (Middlemiss, 2003) it can be expected that if the current sample was representative of the criminal justice population then the differences between the NIMs and PIMs would be even greater. The potential impact of minority underrepresentation is also evident with the level of education reported by PIMs with many having a high school diploma or college experience.

The parent-child relationship questionnaire provides seven subscales for comparison, including: attachment, discipline practices, involvement, parenting confidence, relational frustration, communication, and satisfaction with school (see Figure 1). The communication and satisfaction with school subscales are not provided on the surveys for parents with children between the ages of 2-5 years old. The two subscales are dropped from the current analyses due to only two NIMs having scores, resulting in insufficient data to run comparisons. Future studies that employ the PRQ questionnaire must keep record of the number of participants with children in each age group so that necessary sample sizes can be met to allow for comparisons.

While the majority of current reentry research conducts one-on-one interviews to gather their qualitative information (Arditti & Few, 2006; Arditti & Few, 2008; Arditti et al., 2010;
Brown & Bloom, 2009), the current study conducted focus groups instead of interviews for multiple reasons. First, research suggests that focus groups may help facilitate participation when discussing sensitive topics (Kevern & Webb, 2001). When conducting one-on-one interviews regarding sensitive topics, participants may feel uncomfortable sharing their personal experiences with someone (researcher) who cannot relate to their experiences. While focus groups with other participants who share similar experiences can provide a “safe zone” to discuss their experiences resulting in less discomfort and potential for greater participation. Focus groups are also a good method to use versus one-on-one interviews when discussing sensitive topics, due to outspoken participants being able to “break the ice” for more shy participants (Kevern & Webb, 2001; Kitzinger, 1994).

A potential limitation to using focus groups versus interviews is that participants may be reluctant to disagree with statements of other participants, resulting in conformity and only half of the story being told (Kitzinger, 1994). For the current study group conformity did not appear to be a problem, mothers in both groups provided alternative responses to the topics questions. As a precaution to conformity, many of the questions were asked in a positive and then later negative way (e.g., what are positive things about your relationships? Versus, what are some things that you would like to improve about your relationships?). Lastly, participants may be less likely to provide information during the focus groups in fear of others being able to use the information against them. This did not seem to be the case; all of the mothers talked at some point, and were very open to talking about their children. If interviews were conducted in the current study, it can be assumed that the participants would be just as careful regarding what they said as they were in the focus groups since they were told what information would have to be reported to authorities (e.g., current child abuse).

There are limitations with employing self-report assessments. Through self-reports the participants are giving their perceived versus actual resources, services and type of parent-child relationships. Even with the bias of self-reports, they are still very beneficial because perceived support is just as important as actual support. If a mother is surrounded by help but continues to perceive that she has none, this would suggest that other variables may be influencing her opinion. For the current study this was exactly the case. While many of the PIMs perceived that they did not have family and friend support, many in fact did (e.g., childcare) even though they did not interpret it as such. Future studies should examine the mothers reentry challenges from
the perspective of the major individuals in her life (e.g., caregiver of her child, friends) to help assess actual versus perceived support and resources. For example, the caregiver may feel resentment towards the PIM if they do not feel appreciation for taking care of the mothers’ child. The PIM may have confusion regarding the anger or resentment from the caregiver, if they do not understand why they should be appreciative for the caregiver looking after their child. Results can contribute to counseling and reentry programs to help the PIMs and their children’s caregivers improve communication regarding the support provided in the relationship.

Future research should also examine the types of personal resources viewed as “necessary” by PIMs, to determine if their idea of the type of necessities needed to be comfortable is the same as NIMs. Greater understanding regarding the “necessities of comfort” can help shed light on the lack of personal resource differences provided by the two groups. It could be that the wrong types of resources are being compared. Using multiple measures of personal resources as well as qualitative approaches can help better identify the types of resources desired by both groups of mothers.
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<td>1</td>
<td>9.7</td>
</tr>
<tr>
<td>Marital Status</td>
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<td></td>
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</tr>
<tr>
<td>Single</td>
<td>9</td>
<td>7</td>
<td>51.6</td>
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<tr>
<td>Married</td>
<td>--</td>
<td>1</td>
<td>3.2</td>
</tr>
<tr>
<td>Separated or divorced</td>
<td>--</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Significant relationship</td>
<td>4</td>
<td>1</td>
<td>16.1</td>
</tr>
<tr>
<td>Widow</td>
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<td>1</td>
<td>3.2</td>
</tr>
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<td>Missing</td>
<td>2</td>
<td>1</td>
<td>9.7</td>
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<tr>
<td>Employment Status</td>
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<td></td>
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<tr>
<td>Employed</td>
<td>6</td>
<td>2</td>
<td>25.8</td>
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<tr>
<td>Looking</td>
<td>7</td>
<td>8</td>
<td>48.4</td>
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<tr>
<td>Previous Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own house/apt</td>
<td>14</td>
<td>8</td>
<td>70.9</td>
</tr>
<tr>
<td>Family member</td>
<td>1</td>
<td>4</td>
<td>16.1</td>
</tr>
<tr>
<td>Friend</td>
<td>--</td>
<td>2</td>
<td>6.5</td>
</tr>
<tr>
<td>Group home/shelter</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Homeless</td>
<td>--</td>
<td>2</td>
<td>6.5</td>
</tr>
<tr>
<td>Current Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own house/apt</td>
<td>13</td>
<td>2</td>
<td>48.4</td>
</tr>
<tr>
<td>Family member</td>
<td>2</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Friend</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Group home/shelter</td>
<td>--</td>
<td>3</td>
<td>9.7</td>
</tr>
<tr>
<td>Homeless</td>
<td>--</td>
<td>3</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Note: Dash marks represent zero frequencies
Table 2

*Description of Qualitative Coding for NIM and PIM Groups*

<table>
<thead>
<tr>
<th>Category by Group</th>
<th>Thematic Category</th>
<th>Grouped Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parenting Challenges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIM 1</td>
<td>Parenting Inconsistency of Discipline</td>
<td>Authority, discipline, not listening</td>
</tr>
<tr>
<td>PIM 1</td>
<td>Emotional and Physical Unavailability</td>
<td>Loss respect, authority, feel inadequate, over compensation</td>
</tr>
<tr>
<td>PIM 2</td>
<td>Children’s Fear of Abandonment</td>
<td>Emotional detachment, loss of trust, discomfort</td>
</tr>
<tr>
<td><strong>Parenting Goals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIM 1</td>
<td>Breaking the Cycle</td>
<td>Struggling life, higher education, future preparation</td>
</tr>
<tr>
<td>NIM 2</td>
<td>Provide Support</td>
<td>Availability, independence, dependable</td>
</tr>
<tr>
<td>NIM 3</td>
<td>Develop Healthy Peer Relationships</td>
<td>Good friends, negative contacts</td>
</tr>
<tr>
<td>PIM 1</td>
<td>Provide Stability</td>
<td>Availability, self-improvement, custody</td>
</tr>
<tr>
<td><strong>Friend and Family Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIM 1</td>
<td>Levels of No Support</td>
<td>Actual, by choice positive, negative</td>
</tr>
<tr>
<td>NIM 2</td>
<td>Received Support</td>
<td>Form and who</td>
</tr>
<tr>
<td>PIM 1</td>
<td>Levels of No Support</td>
<td>Actual, by choice negative</td>
</tr>
<tr>
<td>PIM 2</td>
<td>Received Support</td>
<td>Form and who</td>
</tr>
<tr>
<td><strong>Community and Government Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIM 1</td>
<td>Process to obtain resources</td>
<td>Embarrassed, low, stressed</td>
</tr>
<tr>
<td>NIM 2</td>
<td>Forms of Resources</td>
<td>Government and Community</td>
</tr>
<tr>
<td>PIM 1</td>
<td>Desire to Change</td>
<td>Service knowledge, types, learned from</td>
</tr>
<tr>
<td>PIM 2</td>
<td>Lack of Services</td>
<td>Knowledge, access, unqualified</td>
</tr>
<tr>
<td>PIM 3</td>
<td>Process to obtain resources</td>
<td>Stress, judgment, stigmas</td>
</tr>
</tbody>
</table>
Table 3

*Descriptive Analyses of Biographical Packet Data (N = 31)*

<table>
<thead>
<tr>
<th>Variables</th>
<th>NIM (n = 15)</th>
<th>PIM (n = 16)</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>2.36 (1.50)</td>
<td>1.75 (.93)</td>
<td><strong>-1.30</strong></td>
</tr>
<tr>
<td>Age of Having First Child</td>
<td>19.29 (4.81)</td>
<td>21.71 (5.97)</td>
<td><strong>1.19</strong></td>
</tr>
<tr>
<td>Age of Children</td>
<td>4.72 (3.16)</td>
<td>6.91 (4.08)</td>
<td><strong>-2.33</strong>*</td>
</tr>
<tr>
<td>Number of Children w/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabilities</td>
<td>3</td>
<td>4</td>
<td>0.02</td>
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<tr>
<td>Behavioral Problems</td>
<td>2</td>
<td>8</td>
<td><strong>4.76</strong>*</td>
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<tr>
<td>Previous Custody Type</td>
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<td></td>
<td>4.59</td>
</tr>
<tr>
<td>Full</td>
<td>13</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Joint</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Current Custody Type</td>
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<td></td>
<td>17.54***</td>
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<tr>
<td>Full</td>
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<td>4</td>
<td></td>
</tr>
<tr>
<td>Joint</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01. ***p < .001
Test statistic in bold are t-tests, all others are chi squares
Table 4

*Questionnaire Data for PIMs and NIMs (N = 31)*

<table>
<thead>
<tr>
<th>Variables</th>
<th>NIM (n = 15)</th>
<th>PIM (n=16)</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Stress</td>
<td>46.61 (9.42)</td>
<td>53.18 (9.74)</td>
<td>1.91</td>
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<tr>
<td>Parenting Relationship Subscales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment</td>
<td>52.60 (8.03)</td>
<td>47.39 (11.32)</td>
<td>-1.45</td>
</tr>
<tr>
<td>Parenting Confidence</td>
<td>54.66 (4.07)</td>
<td>45.34 (11.99)</td>
<td>-2.85**</td>
</tr>
<tr>
<td>Involvement</td>
<td>55.78 (4.75)</td>
<td>44.21 (10.63)</td>
<td>-3.75***</td>
</tr>
<tr>
<td>Relational Frustration</td>
<td>48.11 (7.03)</td>
<td>52.89 (11.83)</td>
<td>1.91</td>
</tr>
<tr>
<td>Disciplinary Practices</td>
<td>52.59 (8.94)</td>
<td>47.41 (10.62)</td>
<td>-1.42</td>
</tr>
<tr>
<td>Personal Resources</td>
<td>51.81 (9.93)</td>
<td>48.65 (10.15)</td>
<td>-0.85</td>
</tr>
<tr>
<td>Family Resources</td>
<td>55.64 (7.17)</td>
<td>45.07 (9.65)</td>
<td>-3.56**</td>
</tr>
</tbody>
</table>

*Note:* *p < .05. **p < .01. ***p < .001*
Figure 1. PIMs and NIMs Questionnaire Comparisons
APPENDIX A

INFORMED CONSENT FORM

You are invited to take part in our current project. The study looks at the challenges that mothers face when they return home from jail. We are interested in the services that would be useful for the mothers. Dr. Harris at Miami University is completing this project. The study should take about 90-minutes to complete. If you decide to participate, we will ask about your background. We will ask you to complete questionnaires and take part in a focus group discussion today. Some of the questions may cause you to feel uncomfortable. These sensitive questions ask information about your criminal history, history of abuse and drug/alcohol usage. You have the right to not answer any questions that cause you discomfort, without fear of negative outcome. The focus group discussion will include questions about the problems you have faced since coming home. We will ask what people or organizations have helped you or could help you. We will ask information about your parenting challenges. We will use the information from today for reports, make suggestions to service providers and policy-makers.

Your participation today is not mandatory. You will receive a $10.00 gift card for coming to this meeting, whether or not you decide to participate. If you decide to participate in the discussion today, we promise you the following things:

1. Confidentiality. Everything you tell us will be kept in confidence. The focus groups will be audio-taped and we will take notes. We will destroy the tapes once we have made complete notes of this meeting. We will not use your name when writing any reports. Your comments will be disguised so that no one can identify who made specific remarks. After the report is written all notes will be destroyed. Everyone who works on this study has signed a Pledge of Confidentiality. The pledge requires them not to tell anyone outside the research staff any information about you. The only exception to our pledge is if you tell us about plans to harm yourself or commit a specific crime against someone else. We also must report any suspected acts of child abuse and neglect.

   We will not tell anything you tell us in the study to the police, corrections officers, the parole department, or anyone else.

2. Voluntary Participation. You do not have to participate. Your decision to participate in any part of the study will not affect any services you receive. You may stop participating in the study at any time. You can also refuse to answer any question at any time.
3. Additional Information.

If you have questions regarding your rights as a participant, you may contact the Institutional Review Board (IRB) at Miami University, at 513-529-3600. All forms will remain on file indefinitely. If you have any questions about the project you may contact Dr. Yvette Harris and Vanessa A. Harris, please see the contact information in the letterhead.

Please keep this page for your records. Please turn to Page 2 to sign the consent form and give the completed form to the Dr. Harris.
Consent Form

You are making a decision about whether or not to participate. Your signature says that you have read the information above and want to participate. You may decide to stop participating at any time after signing the form.

Please print your false name that you would like to go by while participating in the study. Sign your real name, and write in the date below to show that you have read and understand this information and that you agree to participate in the study.

I agree to participate in the Family Reunification Study. I understand that my participation is not mandatory and will not affect any services I receive. I understand that the focus group will be audio taped and agree to address other participants by their false names, if I know their real names. I understand that I can stop participating or refuse to answer questions at any time.

False Name__________________________________________________________

(PLEASE PRINT)

Real Name___________________________________________________________

(PLEASE PRINT)

Current Address: _____________________________________________________
____________________________________________________________________
____________________________________________________________________

Address to be contacted at most of the time:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

_______________________________  _________ / ________ / ________
Signature of Participant          Month       Day        Year

_____________________________  
Signature of Investigator

Vanessa A. Harris
Department of Psychology
90 N. Patterson Avenue
Oxford, OH 45056
You are invited to take part in our current project. The study looks at the challenges that low-income mothers face when raising their children. We are interested in the services that would be useful for these mothers. Dr. Harris at Miami University is completing this project. The study should take about 90-minutes to complete. If you decide to participate, we will ask about your background. We will ask you to complete questionnaires and take part in a focus group discussion today. Some of the questions may cause you to feel uncomfortable. These sensitive questions ask information about your history of abuse and drug/alcohol usage. You have the right to not answer any questions that cause you discomfort, without fear of negative outcome. The focus group discussion will include questions about the problems you have faced. We will ask what people or organizations have helped you or could help you. We will ask information about your parenting challenges. I will use the information from today for reports; make suggestions to service providers and policy-makers.

Your participation today is not mandatory. You will receive a $10.00 gift card for coming to this meeting, whether or not you decide to participate. If you decide to participate in the discussion today, we promise you the following things:

1. **Confidentiality.** Everything you tell us will be kept in confidence. The focus groups will be audio-taped and we will take notes. We will destroy the tapes once we have made complete notes of this meeting. We will not use your name when writing any reports. Your comments will be disguised so that no one can identify who made specific remarks. After the report is written all notes will be destroyed. Everyone who works on this study has signed a Pledge of Confidentiality. The pledge requires them not to tell anyone outside the research staff any information about you. The only exception to our pledge is if you tell us about plans to harm yourself or commit a specific crime against someone else. We also must report any suspected acts of child abuse and neglect. We will not tell anything you tell us in the study to the police, corrections officers, the parole department, or anyone else.

2. **Voluntary Participation.** You do not have to participate. Your decision to participate in any part of the study will not affect any services you receive. You may stop participating in the study at any time. You can also refuse to answer any question at any time.
3. **Additional Information.**

If you have questions regarding your rights as a participant, you may contact the Institutional Review Board (IRB) at Miami University, at 513-529-3600. All forms will remain on file indefinitely. If you have any questions about the project you may contact Dr. Yvette Harris and Vanessa A. Harris, please see the contact information in the letterhead.

*Please keep this page for your records. Please turn to Page 2 to sign the consent form and give the completed form to the Dr. Harris.*
Consent Form

You are making a decision about whether or not to participate. Your signature says that you have read the information above and want to participate. You may decide to stop participating at any time after signing the form.

Please print your false name that you would like to go by while participating in the study. Sign your real name, and write in the date below to show that you have read and understand this information and that you agree to participate in the study.

_I agree to participate in the Family Relationship Study. I understand that my participation is not mandatory and will not affect any services I receive. I understand that the focus group will be audio taped and agree to address other participants by their false names, if I know their real names. I understand that I can stop participating or refuse to answer questions at any time._

False Name__________________________________________________________
(Please Print)

Real Name___________________________________________________________
(Please Print)

Current Address: ________________________________
______________________________________________
______________________________________________

Address to be contacted at most of the time:
______________________________________________
______________________________________________
______________________________________________

_______________________________  __________/________/________
Signature of Participant          Month     Day      Year

_______________________________
Signature of Investigator

Vanessa A. Harris
Department of Psychology
90 N. Patterson Avenue
Oxford, OH 45056
(513)-529-2009
APPENDIX C

Biographical Packet (PIM)

(Section 1)

Today’s Date: Month: _____ Day: _____ Year: _____

False Name: ______________________ (First) ______________________ (Last)

How long have you been out of prison or jail? Please state in months:____________________

(Section 2)

Your Background

Mother’s Age in Years: ______

Mother’s Date of Birth: Month: _____ Day:_____ Year:_____

Ethnicity:

___ African-American/ Black ___ Caucasian/ White ___ Hispanic

___ Asian ___ Native American ___ Other

Marital Status:

___ Single ___ Engaged ___ Married ___ Separated (not living together)

___ Divorced ___ Significant Relationship ___ Widowed ___ Other

Highest School Degree for Mother:

___ Elementary School (up to 7th grade)

___ Junior High School (9th grade)

___ Partial High School (10th or 11th grade)

___ High School Graduate/GED

___ Partial College (more than one 1)/ or any specialized training.
What type of training? ____________________________________________

___ College Graduate

___ Graduate School-Post College

Did you complete any certification or educational courses while incarcerated? Yes ___ No ___

Are you CURRENTLY taking any certification or educational courses? Yes ___ No ___

What type of housing did you have BEFORE your incarceration?

Own Apt/house ___ Family Member___ Friends ___ Group Home ___ Shelter ___

Homeless ___

What type of housing did you have directly AFTER your incarceration?

Own Apt/house ___ Family Member___ Friends ___ Group Home ___ Shelter ___

Homeless ___

(Section 3)

Employment

Are you currently employed? Yes ___ No_____

If you marked NO, are you currently looking for employment? Yes _____ No _____

How long have you been looking for employment? Not Apply _____

__________________________ (Please specify if in days, months or years).

If you marked YES, how long have you been employed at your current job? Not Apply _____

__________________________ (Please specify if in days, months or years).

Mother’s occupation (please be very specific and detailed).

________________________________________________________________________

________________________________________________________________________

(Section 4)

Your Physical/Mental Health History

59
Have you been diagnosed with having any mental problems? Yes _____ No _____

If you marked YES, what have you been diagnosed with? Not Apply _____

Did you receive treatment BEFORE your incarceration, for your mental problems?

Yes _____ No _____ Not Apply _____

Mark all types of treatment that you received BEFORE your incarceration:

Prescribed Medication: Yes _____ No _____ Not Apply _____

Individual Counseling: Yes_____ No_____ Not Apply _____

Group Counseling: Yes_____ No_____ Not Apply _____

Did you receive treatment DURING your incarceration, for your mental health problems?

Yes_____ No_____ Not Apply _____

Mark all types of treatment that you received DURING your incarceration:

Prescribed Medication: Yes _____ No _____ Not Apply _____

Individual Counseling: Yes_____ No_____ Not Apply _____

Group Counseling: Yes_____ No_____ Not Apply _____

Did you receive treatment AFTER your incarceration, for your mental health problems?

Yes_____ No_____ Not Apply _____

Mark all types of treatment that you received AFTER your incarceration:

Prescribed Medication: Yes _____ No _____ Not Apply _____

Individual Counseling: Yes_____ No_____ Not Apply _____

Group Counseling: Yes _____ No _____ Not Apply _____

Are you CURRENTLY receiving treatment for your mental health problems?

Yes _____ No _____ Not Apply _____
Mark all types of treatment that you are CURRENTLY receiving:

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any physical or health problems? Yes  No

If you marked YES, what type of Physical or health problems? Not Apply

Did you receive treatment BEFORE your incarceration, for your physical or health problems?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you receive treatment DURING your incarceration, for your physical or health problems?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you receive treatment AFTER your incarceration, for your physical or health problems?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you CURRENTLY receiving treatment for your physical or health problems?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Section 5)

Resources
Did you receive any type of state or government funded resources BEFORE your incarceration, for example: Welfare, food stamps, paid day care?  Yes____  No____

Please list all types of resources (if any) that you received:  Not Apply _____

________________________________________

________________________________________

________________________________________

Did you receive any type of state or government funded resources AFTER your incarceration, for example: Welfare, food stamps, paid day care?  Yes____  No____

Please list all types of resources (if any) that you received:  Not Apply _____

________________________________________

________________________________________

________________________________________

(Section 6)

Child Information

Do you have children with any diagnosed mental or physical disabilities?

Yes____  No____  Unknown____

If you marked YES or UNKNOWN, what type of disability does your child have or do you THINK they may have if it has not been diagnosed yet?  Not Apply _____

________________________________________

________________________________________

How long has your child been diagnosed with the disability/disorder? _________ Not Apply____

Are they receiving medication for their disability/disorder? Yes____  No____  Not Apply____

For how long?___________

Are they receiving any type of counseling for their disability/disorder? Yes____  No____
For how long? __________

Do any of your children have any behavioral problems? Yes____ No____

If you marked YES, please list the types of behavioral problems. Not Apply____

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Section 7)

Visitation

Were you visited by any of your children during your last incarceration? Yes____ No____

If you marked YES, how often did one or more of your children come to visit? Please list your children from oldest to youngest.

Child 1:

0 times____ 1-3 times____ 4-6 times____ More than 6 times____ Not Apply____

Child 2:

0 times____ 1-3 times____ 4-6 time____ More than 6 times____ Not Apply____

Child 3:

0 times____ 1-3 times____ 4-6 time ____ More than 6 times____ Not Apply____

How often did you get visits from others who were not your children, for example; friends or family members?

Who Came to visit 1: __________________________

0 times ______ 1-3 times____ 4-6 times____ More than 6 times____ Not Apply____

Who Came to visit 2: __________________________

0 times____ 1-3 times____ 4-6 time____ More than 6 times____ Not Apply____

Who Came to visit 3: __________________________

0 times____ 1-3 times____ 4-6 time____ More than 6 times____ Not Apply____
Approximately how far was your prison located from your child? Please state in hours or minutes, driving or flying. _______________________________

Was distance a problem with visitation? Yes _____ No _____

Approximately how long did it take for each child to return to your care after your most recent incarceration? Please state if time is in days, weeks, months or years. __________________________
Child(ren) History

Please complete the chart below regarding your children. You are not required to answer every section if you do not feel comfortable doing so.

<table>
<thead>
<tr>
<th>Child’s Gender</th>
<th>Child’s Age</th>
<th>Child’s Birthday (Will not be shown in results)</th>
<th>Mother’s Age At Their Birth</th>
<th>Did They Live with You BEFORE Your Incarceration</th>
<th>Did They Live With You AFTER Your Incarceration</th>
<th>Mark The Main Caregiver(s) of Your Child(ren) While You Were Incarcerated</th>
<th>What Type of Custody Did You Have BEFORE Your Incarceration</th>
<th>What Type of Custody Do You Have NOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
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</table>
Criminal History

Please complete the following section about your criminal history as well as information regarding the resources received while incarcerated. Only include information for charges that you were convicted of regardless of if you had to serve time or not. Start by listing your most recent conviction(s) followed by the least recent. *Please note, when answering the questions related to drug and alcohol use, please only mark Not Apply if you do not use illegal/legal drugs or alcohol. If you do not wish to respond, please leave that question blank.

<table>
<thead>
<tr>
<th>Type of Crime</th>
<th>Length of Incarceration (Days, Months, Years)</th>
<th>Did Your Children Visit You During Your Incarceration?</th>
<th>* Did You Receive Any Drug or Alcohol Counseling?</th>
<th>Receive Family Counseling?</th>
<th>Participate in Parenting Programs?</th>
<th>Length of Parole</th>
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The next section will ask questions regarding any types of previous physical, verbal or sexual abuse. You are not required to answer every section if you do not feel comfortable with it. If you do choose to not respond to a question do to the sensitivity of the topic please mark the "Decline to Answer" box. If you were abused by multiple people during the same or different time period, respond to each abuse separately.

Have you ever been PHYSICALLY abused?  Yes _____ No _____ Decline to answer _____
Have you ever been SEXUALLY abused?  Yes ____ No______ Decline to answer _____
If you marked YES to either types of abuse, please complete the chart below.

<table>
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<tr>
<th>Age Abuse Started</th>
<th>Age Abuse Stopped</th>
<th>Type of Abuse</th>
<th>Type of Abuse</th>
<th>Did You Inform Anyone About the Abuse</th>
<th>Did Informing Another Person, Stop the Abuse</th>
<th>Did You Receive Counseling</th>
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(Section 1)

Today’s Date: Month: _____   Day: _____   Year: _____

False Name:___________________ (First) ___________________ (Last)

(Section 2)

Your Background

Mother’s Age in Years: ______

Mother’s Date of Birth: Month: _____ Day: _____ Year:_____

Ethnicity:

___ African-American/ Black   ___ Caucasian/ White   ___ Hispanic

___ Asian   ___ Native American   ___ Other

Marital Status:

___ Single   ___ Engaged   ___ Married   ___ Separated (not living together)

___ Divorced   ___ Significant Relationship   ___ Widowed   ___ Other

Highest School Degree for Mother:

___ Elementary School (up to 7th grade)

___ Junior High School (9th grade)

___ Partial High School (10th or 11th grade)

___ High School Graduate/GED

___ Partial College (more than one 1)/ or any specialized training.

What type of training? ______________________________________

___ College Graduate
Graduate School-Post College

Have you completed any certification or educational courses? Yes ____ No ____

Are you CURRENTLY taking any certification or educational courses? Yes ____ No ____

What type of housing did you currently have?
Own Apt/house ____ Family Member____ Friends ____ Group Home ____ Shelter ____ Homeless ____

What type of housing did you have approximately 6 months ago?
Own Apt/house ____ Family Member____ Friends ____ Group Home ____ Shelter ____ Homeless ____

(Section 3)

Employment

Are you currently employed? Yes ____ No____

If you marked NO, are you currently looking for employment? Yes ____ No____

How long have you been looking for employment? Not Apply ____ ________________ (Please specify if in days, months or years).

If you marked YES, how long have you been employed at your current job? Not Apply ____ ________________ (Please specify if in days, months or years).

Mother’s occupation (please be very specific and detailed).

_______________________________________________________________

_______________________________________________________________

(Section 4)

Your Physical/Mental Health History

Have you been diagnosed with having any mental problems? Yes ____ No____

If you marked YES, what have you been diagnosed with? Not Apply ______
Have you received PREVIOUS treatment for your mental health problems?

Yes _____ No _____ Not Apply _____

Mark all types of treatment that you have PREVIOUSLY received:

- Prescribed Medication: Yes _____ No _____ Not Apply _____
- Individual Counseling: Yes_____ No_____ Not Apply _____
- Group Counseling: Yes_____ No_____ Not Apply _____

Have you received treatment in the last 6 MONTHS, for your mental health problems?

Yes_____ No_____ Not Apply_____

Mark all types of treatment that you received in the last 6 MONTHS:

- Prescribed Medication: Yes _____ No _____ Not Apply _____
- Individual Counseling: Yes_____ No_____ Not Apply _____
- Group Counseling: Yes_____ No_____ Not Apply _____

Are you CURRENTLY receiving treatment for your mental health problems?

Yes _____ No _____ Not Apply _____

Mark all types of treatment that you are CURRENTLY receiving:

- Prescribed Medication: Yes _____ No _____ Not Apply _____
- Individual Counseling: Yes_____ No_____ Not Apply_____ 
- Group Counseling: Yes _____ No _____ Not Apply _____

Do you have any physical or health problems?  Yes_____ No _____

If you marked YES, what type of Physical or health problems?  Not Apply _____
Have you received PREVIOUS treatment, for your physical or health problems?

Yes_____ No_____ Not Apply_____

Prescribed Medication: Yes_____ No_____ Not Apply_____

Have you received treatment during the last 6 MONTHS, for your physical or health problems?

Yes_____ No_____ Not Apply_____

Prescribed Medication: Yes_____ No_____ Not Apply_____

Are you CURRENTLY receiving treatment for your physical or health problems?

Yes_____ No_____ Not Apply_____

Prescribed Medication: Yes_____ No_____ Not Apply_____

(Section 5)

Resources

Did you ever receive any type of state or government funded resources, for example: Welfare, food stamps, paid day care? Yes_____ No_____

Please list all types of resources (if any) that you received: Not Apply _____

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Have you received any type of state or government funded resources during the last 6 MONTHS, for example: Welfare, food stamps, paid day care? Yes_____ No_____

Please list all types of resources (if any) that you received: Not Apply _____

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
Child Information

Do you have children with any diagnosed mental or physical disabilities?

Yes _____  No_____   Unknown _____

If you marked YES or UNKNOWN, what type of disability does your child have or do you THINK they may have if it has not been diagnosed yet?    Not Apply _____

________________________________________________________________________________________

________________________________________________________________________________________

How long has your child been diagnosed with the disability/disorder? ________  Not Apply____

Are they receiving medication for their disability/disorder?  Yes_____  No_____  Not Apply____

For how long? __________

Are they receiving any type of counseling for their disability/disorder? Yes_____  No_____  

For how long? __________

Do any of your children have any behavioral problems?  Yes_____  No_____  

If you marked YES, please list the types of behavioral problems.  Not Apply_____ 

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
The next section will ask questions regarding any types of previous physical, verbal or sexual abuse. You are not required to answer every section if you do not feel comfortable with it. If you do choose to not respond to a question do to the sensitivity of the topic please mark the “Decline to Answer” box. If you were abused by multiple people during the same or different time period, respond to each abuse separately.

Have you ever been PHYSICALLY abused?        Yes ____ No____ Decline to answer ____

Have you ever been SEXUALLY abused?        Yes ____ No ____ Decline to answer ____

If you marked YES to either types of abuse, please complete the chart below.

<table>
<thead>
<tr>
<th>Age Abuse Started</th>
<th>Age Abuse Stopped</th>
<th>Type of Abuse</th>
<th>Person Who Caused the Abuse</th>
<th>Did You Inform Anyone About the Abuse</th>
<th>Did Informing Another Person, Stop the Abuse</th>
<th>Did You Receive Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physical _____</td>
<td>Mom: _____</td>
<td>Yes ____</td>
<td>Yes ____</td>
<td>Yes ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual _____</td>
<td>Dad: _____</td>
<td></td>
<td>No ____</td>
<td>No ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decline _____</td>
<td>Step-mom: __________</td>
<td>Decline ____</td>
<td>Decline ____</td>
<td>Decline ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grandparent: __________</td>
<td></td>
<td>No ____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Aunt/Uncle: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Siblings: __________</td>
<td></td>
<td>No ____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cousins: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family Friend: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decline to answer:</td>
<td></td>
<td></td>
<td>No ____</td>
<td></td>
</tr>
</tbody>
</table>

|                   |                  | Physical _____| Mom: _____                  | Yes ____                             | Yes ____                          | Yes ____                                 |
|                   |                  | Sexual _____  | Dad: _____                  |                                    | No ____                            | No ____                                  |
|                   |                  | Decline _____| Step-mom: __________       | Decline ____                        | Decline ____                       | Decline ____                            |
|                   |                  |               | Grandparent: __________    |                                     | No ____                            |                                        |
|                   |                  |               | Aunt/Uncle: __________     |                                     |                                    |                                        |
|                   |                  |               | Siblings: __________      |                                     | No ____                            |                                        |
|                   |                  |               | Cousins: __________       |                                     |                                    |                                        |
|                   |                  |               | Family Friend: __________|                                     |                                    |                                        |
|                   |                  |               | Other: __________         |                                     |                                    |                                        |
|                   |                  | Decline to answer: |             |                                     | No ____                            |                                        |

|                   |                  | Physical _____| Mom: _____                  | Yes ____                             | Yes ____                          | Yes ____                                 |
|                   |                  | Sexual _____  | Dad: _____                  |                                    | No ____                            | No ____                                  |
|                   |                  | Decline _____| Step-mom: __________       | Decline ____                        | Decline ____                       | Decline ____                            |
|                   |                  |               | Grandparent: __________    |                                     | No ____                            |                                        |
|                   |                  |               | Aunt/Uncle: __________     |                                     |                                    |                                        |
|                   |                  |               | Siblings: __________      |                                     | No ____                            |                                        |
|                   |                  |               | Cousins: __________       |                                     |                                    |                                        |
|                   |                  |               | Family Friend: __________|                                     |                                    |                                        |
|                   |                  |               | Other: __________         |                                     |                                    |                                        |
|                   |                  | Decline to answer: |             |                                     | No ____                            |                                        |

73
# Center for Epidemiologic Studies Depression Scale (CES-D)

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the **past week**: (circle one number on each line)

<table>
<thead>
<tr>
<th>During the past week...</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of time (3-4 days)</th>
<th>All of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don’t bother me ........................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. I did not feel like eating; my appetite was poor ........................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3. I felt that I could not shake off the blues even with help from my family ..........0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. I felt that I was just as good as other people ........................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing .........................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. I felt depressed ........................................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort ..................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>8. I felt hopeful about the future ................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>9. I thought my life had been a failure ........................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>10. I felt fearful ..............................................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>11. My sleep was restless .................................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>12. I was happy ................................................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>13. I talked less than usual .............................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>14. I felt lonely ................................................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>15. People were unfriendly ...............................................................................................0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>During the past week...</td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
<td>Occasionally or a moderate amount of time (3-4 days)</td>
<td>All of the time (5-7 days)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>16. I enjoyed life...</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. I had crying spells</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. I felt sad</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. I felt that people disliked me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. I could not &quot;get going&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX F

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1= Strongly disagree  2= Disagree  3=Undecided  4=Agree  5=Strongly Agree

___ 1. I am happy in my role as a parent.
___ 2. There is little or nothing I wouldn’t do for my child(ren) if it was necessary.
___ 3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
___ 4. I sometimes worry whether I am doing enough for my child(ren).
___ 5. I feel close to my child(ren).
___ 6. I enjoy spending time with my child(ren).
___ 7. My child(ren) is an important source of affection for me.
___ 8. Having child(ren) gives me a more certain and optimistic view for the future.
___ 9. The major source of stress in my life is my child(ren).
___ 10. Having child(ren) leaves little time and flexibility in my life.
___ 11. Having child(ren) has been a financial burden.
___ 12. It is difficult to balance different responsibilities because of my child(ren).
___ 13. The behavior of my child(ren) is often embarrassing or stressful to me.
___ 14. If I had to do it over again, I might decide to not have child(ren).
___ 15. I feel overwhelmed by the responsibility of being a parent.
___ 16. Having child(ren) has meant having too few choices and too little control over my life.
___ 17. I am satisfied as a parent.
___ 18. I find my child(ren) enjoyable.
APPENDIX G

Focus Group Questions

1. What type of difficulties do you encounter with your children?
2. What are the positive things about your relationship with your children?
3. What are your main goals as a parent?
4. What type of support do you receive from your friends?
5. What type of support do you receive from your family?
6. What type of services do you wish you had received in the past?
7. How did you find out about services and were they difficult to get?
8. What type of support do you receive from your community (e.g., friends, church, services, and schools).

Additional questions for previously incarcerated mothers:
   1. How has your incarceration affected your relationship with your children?
   2. How has your incarceration affected the type of support you receive from your friends and family?
   3. Do you feel that you or your children are treated differently after your incarceration?