

ABSTRACT

Title of Thesis: *RESILIENCE IN FORMERLY
INCARCERATED BLACK WOMEN: RACE
CENTRALITY AND SOCIAL SUPPORT AS
PROTECTIVE FACTORS*

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The United States incarcerates a larger percentage of its population than any other country in the world. Women are entering prison at higher rates than men in recent years, especially Black women, who are underrepresented in the literature. Very little is known about formerly incarcerated Black women, who experience unique challenges such as disproportionate rates of mental health issues, gendered racism, intimate partner violence, and recidivism to prison. This study examined how social support and race centrality mitigate challenges faced by a sample of 54 formerly incarcerated Black women living in a large metropolitan city in the mid-Atlantic. Two multiple hierarchical regressions were used to explore whether social support and race centrality moderated the relationship between gendered racism and depression. There was no evidence to indicate that race centrality predicted depression. Social support was found to moderate the relationship between the variables. Implications for practice and future directions are discussed.

RESILIENCE IN FORMERLY INCARCERATED BLACK WOMEN: RACE
CENTRALITY AND SOCIAL SUPPORT AS PROTECTIVE FACTORS

by

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Chapter 1: Introduction

The United States spends over \$80 billion dollars per year on prisons (Bureau of Justice Statistics, 2017), and incarcerates a larger percentage of its population than any other country in the world (Tripodi & Davis, 2013). The U.S. also incarcerates the most women in the world, where the number of incarcerated women is rising at higher rates than that of their male counterparts in the past two decades (Harmon & O'Brien, 2011; Tripodi & Davis, 2013). There are nearly 190,000 inmates in federal prisons, around 13,000 of whom are women (Federal Bureau of Prisons, 2016). The alarming rate of female incarceration in the United States highlights the need for inquiry into the unique plight of women in the criminal justice system.

Black men and women are largely overrepresented in every facet of the criminal justice system (Hetey & Eberhardt, 2018). These racial disparities manifest in many forms, ranging from greater rates of arrest, to greater rates and severity of prosecution for crimes as compared to their White counterparts (Kutateladze et al., 2014; Rhodes et al., 2015). Black women and men are also disproportionately overrepresented within the United States prison population, where only 13% of the United States population is Black (U.S. Census Bureau, 2015) but 38% of U.S. federal inmates are Black (Federal Bureau of Prisons, 2016). This disparity is especially evident with female offenders, where Black women are imprisoned at over twice the rate of White women (The Sentencing Project, 2015). This massive disparity may be attributed to systemic factors unique to Black female offenders,

which occur partially because of their multiple marginalized identities (Crenshaw, 1989; Settles, 2006).

Female offenders are distinct from male offenders in that their criminal behavior is often associated with and intertwined with their victimization (Arnold, 1990). Black female offenders are often survivors of childhood abuse and intimate partner violence (Richie, 1996; 2001). Black female offenders also suffer disproportionately from poverty, and mental health and health issues (i.e., HIV, depression, etc.) as compared to White women or Black men (Herbst et al., 2016; Richie, 2001; Vigilante et al., 1999). Despite these disparities, formerly incarcerated Black women are largely underrepresented in the criminal justice and psychology literature (Richie, 2001). Limited existing scholarship focuses on risk factors, rather than highlighting strengths and resiliency. The dearth of literature in this area necessitates more research to address the distinct challenges faced by Black female offenders by identifying potential protective factors.

The current research endeavors to address the lack of research on formerly incarcerated Black women using Gender Entrapment Theory to serve as the theoretical backdrop. Beth Richie's (1996; 2001) theory of Gender Entrapment conceptualizes the process of entering and recidivating to prison for some Black female offenders. Compared to the general population, Black women disproportionately experience economic marginalization, and many are in poverty for their entire lives (Huebner et al., 2010). Gender Entrapment Theory describes the phenomenon in which low-income, battered, Black women can be led to engage in illegal activities resulting in their incarceration and continued participation in the

criminal justice system (Richie, 1996; 2001). This theory emphasizes intersectional discrimination, and takes into consideration a history of physical and sexual abuse, gendered racism, health disparities, and socioeconomic status as factors which partially explains their overincarceration.

While Gender Entrapment Theory thoroughly describes risk factors associated with prisoner reentry (Richie, 1996; 2001), less is known about the potential protective factors which may reduce the intensity of mental health symptoms of some formerly incarcerated Black women. Resiliency may be an important process to consider when examining success in life after prison for Black female offenders, who experience significant adversity and have high levels of resilience (Kramer et al., 2015). There is a dearth of resiliency literature that focuses on Black women, and there is no resiliency literature that focuses exclusively on Black women who have been formerly incarcerated. Examining the ways in which formerly incarcerated Black women overcome the adversity they face may be helpful in better understanding and identifying protective factors against mental health issues they may experience during life after prison. Using a resiliency framework to identify protective factors is appropriate to begin to address the challenges faced by formerly incarcerated Black women using a strengths-based approach.

Statement of Problem & Present Study

Racial disparities are widespread in the United States criminal justice system (Alexander, 2010; Kutateladze et al., 2014; Rhodes et al., 2015). In the past decade, women have entered the system at greater rates than men (Tripodi & Davis, 2013), especially Black women, who enter the system at greater rates than White women

(The Sentencing Project, 2015). Gender Entrapment Theory suggests that as a result of their multiple marginalized and intersecting identities, low-income Black women may experience unique challenges which may lead to their incarceration (Richie, 1996; 2001); however, their reentry experiences remain largely underexamined. Institutional circumstances (e.g. systemic racism, wealth inequality, etc.) contribute significantly to the mental health challenges faced by Black women returning citizens (Vigilante et al., 1999). However, by identifying and exploring key individual and contextual factors, future interventions aimed at helping people navigate reentry within the context of institutional factors may be tailored for individuals from a strength-based perspective.

The purpose of this quantitative study was to explore potential resiliency factors, racial centrality and social support, as protective factors against depression in formerly incarcerated Black women in a major metropolitan city located in the mid-Atlantic. This research is informed by Gender Entrapment Theory (Richie, 1996; 2000), and by resiliency theory (Kumpfer, 1999). Drawing directly from Gender Entrapment Theory, gendered racism is assessed as a risk factor. Two resiliency factors, racial centrality and social support, are assessed as potential protective factors. Depression, a negative mental health outcome which often occurs in the context of reentry for many returning citizens, is assessed as well. This study sought to fill gaps in the literature by identifying key resiliency factors which play roles in mitigating the harmful effects of gendered racism on depression in formerly incarcerated Black women.

Study Hypotheses

The purpose of this study is to test whether social support and racial centrality moderate the relationship between gendered racism and depressive symptoms, outlined in *Figures 1* and *2*. The research hypotheses are as follows:

Hypothesis 1: Higher frequency of gendered racism will be significantly associated with depressive symptoms.

Hypothesis 2: Higher racial centrality will be significantly associated with fewer depressive symptoms.

Hypothesis 3: Higher levels of perceived social support will be significantly associated with fewer depressive symptoms.

Hypothesis 4: Social support will moderate the positive relationship between gendered racism and depressive symptoms, such that those with greater social support will experience fewer depressive symptoms due to the gendered racism they experience (*Figure 2*).

Hypothesis 5: Racial centrality will moderate the positive relationship between gendered racism and depressive symptoms, such that those with stronger racial centrality will experience less depression due to the gendered racism they experience (*Figure 1*).

Figure 1

Predicted moderation model with racial centrality.

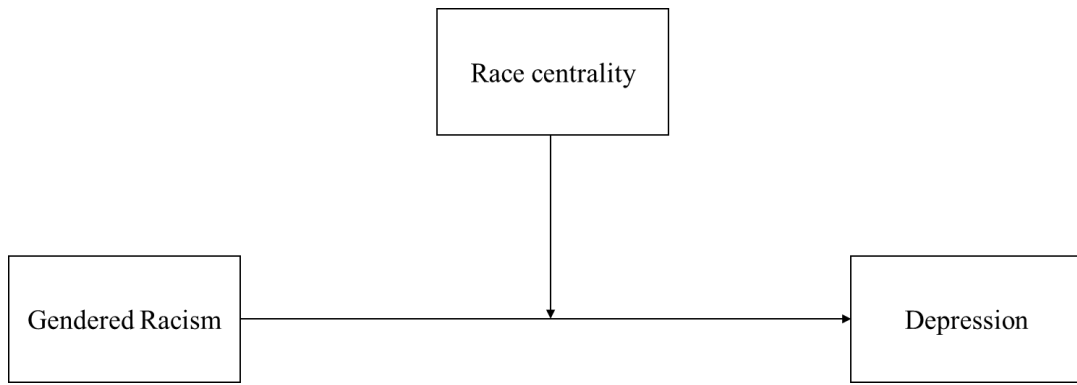
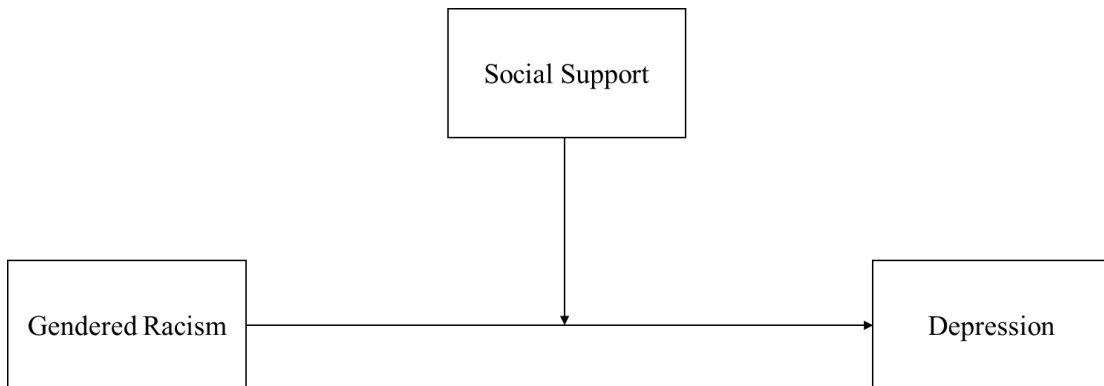


Figure 2
Predicted moderation model with social support.



Chapter 2: Literature Review

Mass Incarceration and Prisoner Reentry

Rates of crime in the United States rose from the 1960s through the early 1990s when it reached a peak (Campbell et al., 2015). Since the 1990s, however, rates of crime across the United States have been falling (Travis et al., 2014). Despite the evidence crime has been on the decline in recent years, United States incarceration rates remain high (Bureau of Justice Statistics, 2016; Travis et al., 2014). Similarly, the rate of female imprisonment has been increasing in the last five years and some predict the female prison population will continue to rise as well (Huebner et al., 2010). Rising rates of incarceration may be due to penal trajectory policies. Policy pertaining to penal trajectories comes primarily from individual state's governments, however due to the failed "get tough on crime" era, incarceration trends in the United States have increased by 450% since the 1970s (Campbell et al., 2015). This massive increase in incarceration rates can possibly be explained by factors related to race, political climate, and policy changes related to the War on Drugs, which has created policies that fill prisons with low-level and non-violent offenders (Campbell et al., 2015).

In 2015, the Bureau of Justice Statistics announced that the number of people under some form of community correctional supervision in the United States was approximately 4,660,300 people, a figure that has been on a steady decline since it peaked at the start of the century (Kaeble et al., 2016). Community correctional supervision is comprised of probation and parole services, and accounts for most of

the U.S. correctional population (Kaeble et al., 2016). It was reported by the Bureau of Justice Statistics in 2015 that parole services are received by 870,500 individuals. These formerly incarcerated individuals have left prison and are reentering their communities, an experience referred to as the *reentry process*. It is imperative for counseling psychologists to examine the reentry process through a scholarly lens, because formerly incarcerated individuals, especially women, are at greater risk for depression and other mental health problems (Freudenburg et al., 2005). Many individual, environmental, and institutional factors (i.e. psychological resilience, neighborhoods these individuals are returning to, reentry policy, etc.) contribute to the reentry experience and likelihood of mental health problems, and successful reentry will be contingent upon a combination of some of these factors.

Many crime scholars have distinguished the female experience with crime from the male experience, recognizing that there are “gendered pathways” to crime and imprisonment (Huebner et al., p. 226, 2010; Miller & Mullins, p. 229, 2006). A gendered pathway to crime refers to the unique pathway to criminality and punishment that individuals take as determined by their gender. For example, criminal offending in adulthood is associated with childhood victimization in women offenders (Huebner et al., 2010). There are also gendered pathways toward reform because women also have unique experiences during their reentry process (Cobbina et al., 2012; Huebner et al., 2010). For example, most incarcerated women are mothers, therefore they are more likely than their male counterparts to receive positive reinforcement from caring for their children (Berg & Cobbina, 2016). Women also have different risk factors for incarceration and subsequent mental

health problems. For example, intimate partner violence and criminal offending are often positively associated for many female offenders (Huebner, 2010; Richie, 1996; 2010).

This background of literature exposes a critical need for increased scholarship and focus on the reentry process for formerly incarcerated Black women. Combined with evidence which suggests Black women are entering prison at higher rates than White women (Huebner et al., 2010), scholarship about the unique factors experienced by Black women is sorely needed. Moreover, the limited scholarship which does examine Black women returning citizens typically focuses on risk factors, illustrating their unique challenges which make them more likely to experience mental health problems during their reentry process. Focusing on strengths and protective factors is important to gain a more nuanced understanding of their experiences.

Gender Entrapment

Gender Entrapment Theory is an important theory which effectively encapsulates several of the risk factors for incarceration and challenges during reentry of Black Women. Originally conceived by Beth Richie, Gender Entrapment refers to the process through which low-income battered Black women may be led to engage in illegal activities, resulting in their incarceration and continued participation in the criminal justice system (Richie, 1996; 2001). This theory encompasses the experiences of Black women who may have undergone challenges related to discrimination due to their racialized gender roles, intimate partner violence, mental health issues, and poverty. Gender Entrapment Theory suggests that each of these are

factors which contribute to the disproportionate incarceration and subsequent recidivism of this understudied population.

To create Gender Entrapment Theory, Beth Richie (1996; 2001) conducted several large-scale qualitative studies to examine the unique causes of arrest and incarceration of Black women which often occur in the context of their multiple intersecting marginalized identities. Richie also examined the challenges formerly incarcerated Black women experience during their reentry process. Richie used Grounded Theory methodology to analyze data from 42 open-ended and life-history interviews with incarcerated women in the New York area. The data suggest that multiple forms of discrimination, gendered racism, vulnerability to intimate partner violence, and racial disparities in healthcare and the criminal justice system are all factors which contribute to the overincarceration of Black women.

Gendered Racism. A key feature of Gender Entrapment is the influence of several forms of structural discrimination Black women face because of their multiple marginalized identities. Many scholars have referenced “double jeopardy” in writings about Black women, referring to the dual discrimination and oppression Black women may experience because of sexism and racism (Gutierrez, 1990; King, 1995; King, 2016; Lewis & Neville, 2016). Applications of the concept of double jeopardy often characterize these discriminations as simply additive, rather than considering the unique ways in which these systems of oppression may interact to shape the experiences of people from multiple marginalized groups (King, 1995). Kimberlé Crenshaw (1989; 1993) criticizes the additive, single-axis framework while

examining institutional discrimination and inequity, catalyzing the push for an intersectional approach in dismantling systems of oppression.

Kimberlé Crenshaw coined the term *Intersectionality*, which was originally used to conceptualize the unique experiences of Black women, whose experiences were often omitted from feminist theory and antiracist politics (Crenshaw, 1989; 1993). Intersectional frameworks seek to understand the intersection of multiple identities at the individual level, as well as consider the ways in which multiple forms of systemic oppression (i.e. racism, sexism) place individuals in unique social locations which produce political consequences. Crenshaw (1993) distinguishes between structural intersectionality, political intersectionality, and representational intersectionality to effectively encapsulate the distinct plight of Black women. Most relevant to the present study, structural intersectionality refers to the ways in which some people are situated at the intersection of multiple marginalized social locations, such that they experience marginalization from multiple forms of structural oppressions at once (Crenshaw, 1993).

Black women experience unique challenges because of their social locations as both Black people and as women. For example, Black women seeking safety from their violent partners are often influenced by the *intersection* of race, class, and gender, as opposed to each individual social location acting independently (Sokoloff & Dupont, 2005). Black women may be reluctant to report the abuse by their Black male partners to law enforcement because of fear that their partners will be treated poorly in the institutionally racist criminal justice system (Richie, 2000; West, 2004). It is imperative that scholars examine the impact of racism and sexism at the

intersection of all social locations, elucidating the unique experiences often omitted from the typical discourse concerning racism or sexism. An intersectional framework is imperative in conceptualizing the experiences of formerly incarcerated Black women, who hold multiple marginalized identities which inform their experience in the criminal justice system.

The interactive effects of multiple marginalized social locations also produce societally prescribed gender roles. *Gendered racism* is a term which describes discrimination based on socially constructed gender roles determined by race (Essed, 1991). For example, Black women are often stereotyped as being promiscuous, effectively minimizing credibility of Black female who are survivors of rape (West, 2004). Another example is that Black women are stereotyped as aggressive and resilient, which may prevent survivors of intimate partner violence from receiving equal treatment or services (Sokoloff & Dupont, 2005). Gender entrapment suggests that this can be directly damaging to Black female offenders, who experience higher amounts of intimate partner violence and abuse (Richie, 1999).

Gendered racism may also partially explain some racial disparities among women in the criminal justice system. Benevolent sexism refers to a chivalrous form of sexism which posits women in a position of needing to be protected and cared for (Glick, & Fiske, 2001). This may manifest in the criminal justice system as preferential treatment for some female offenders. Some literature suggests that Black women might not receive the same type of favorable treatment as other female criminal offenders. Young (1986) suggests that Black women may receive harsher sentencing in the criminal justice system due to stereotypes and race-specific gender

role expectations, such as stereotypes which characterize Black women as dominating or masculine.

Increased attention in the scholarship has been paid to gendered racism. Buchanan's (2005) Racialized Sexual Harassment Scale (RSHS) seeks to measure experiences of oppression focused on racial and gender identity concurrently. The 7-item RSHS has support for strong content validity. Lewis and Neville (2015) followed suit by developing a scale which measures experiences of oppression focused at the intersection of these two marginalized identities, calling it the Gendered Racial Microaggressions Scale (GRMS) for Black women. The GRMS was developed from an exploratory factor analysis with 259 Black women, and a confirmatory factor analysis with 210 Black women. This scale seeks to measure more subtle and common everyday discriminations against Black women which operate at the intersection of their marginalized identities (Lewis & Neville, 2015).

There are few empirical studies which examine the influence of gendered racism on mental health outcomes of Black women. In a sample of over 300 Black women, Thomas et al. (2008) found that gendered racism was positively associated with psychological distress. They also observed that within this sample, emotional coping was partially protective against the negative impact of gendered racism on mental health outcomes. Another study sought to examine the relationship between gendered racism and suicidality while controlling for mental health variables in a sample of 204 mainly low socioeconomic status Black women (Perry et al., 2012). Their results suggest that among low SES Black women, there is a strong positive relationship between instances of gendered racism and suicidal ideation. In their

study, gendered racism had stronger influence than other variables, including SES, mental health, and coping resources. This suggests that gendered racism may be a key influential risk factor in the lives of Black women.

Carr and colleagues (2014) examined the relationship between gendered racism and depressive symptoms in a sample of 144 low-income African American women in the South-Eastern part of the United States. Using Buchanan's (2005) Racialized Sexual Harassment scale (RSHS) to measure gendered racism, and the Beck Depression Inventory-II (BDI-II; Beck et al. 1996) to measure depression, they found gendered racism to be significantly positively associated with greater levels of depression. There was limited evidence for positive coping (e.g. externalization) acting as a mediator between gendered racism and depressive symptoms, and the authors called for a continued examination of variables which may potentially buffer against the impact of gendered racism on depression. The proposed study will seek to fill some of the gaps in the literature by examining such variables.

No known studies examine the specific role of gendered racism in the lives of formerly incarcerated Black women. Evidence suggests that gendered racism has a negative impact on the mental health of Black women, possibly contributing to depression (Carr et al., 2014), however this has not been examined in the context of Black women who have been to prison. This study fills the gap in the literature by examining the relationships between gendered racism and depressive symptoms in formerly incarcerated Black women, a population already at great risk for depression.

Depression. Gender entrapment also encompasses health disparities such as increased rates of mental illness. Female offenders are at high risk for mental health

issues such as substance abuse, post-traumatic stress disorder (PTSD), and major depressive disorder (Lynch et al., 2014; Visher & Bakken, 2014). In 2017, the Bureau of Justice Statistics reported that the largest proportion of incarcerated people experiencing mental health issues experience major depressive disorder above all other mental health disorders (Bronson & Berzofsky, 2017). Due to their marginalized status, depression is a common challenge for many formerly incarcerated women (Lynch & Heath, 2017). Formerly incarcerated Black women are at greater risk for depression due to their higher likelihood of surviving intimate partner violence (West, 2002), struggling with substance addiction (Bush-Baskette, 2000), and having experienced the trauma of having been incarcerated (Davis, 2011). The higher rates of depression in Black women may also be partially explained by the multiple oppressions they face (Carr et al., 2014).

Women in the general population also tend to have higher incidence of depression. The rates of major depression in women (8.5%) is almost twice the rate of major depression in men (4.8%) (NIH, 2016). Moreover, Black women consistently experience higher rates of depression when compared to other groups in similar circumstances. Black women who are survivors of intimate partner violence (West, 2004) and formerly incarcerated Black women (Richie, 1999) report higher rates of depression than their White counterparts. Higher rates of depression may be directly linked to their racialized gender roles. For example, the “strong Black woman” stereotype, the perception that Black women are naturally resilient and caregiving, may have a negative impact on the mental health of Black women. Donovan and West (2015) conducted a quantitative study with a sample of 92 Black women college

students and found that higher stress was more likely to be related to higher rates of depression in women who endorsed the Strong Black Woman stereotype. This may suggest that the high rates of depression in Black women is likely related to their multiple identities, and these identities must be considered when examining depression in the lives of female returning citizens.

The prevalence of major depressive disorder and elevated depressive symptoms in female offenders has been established empirically. In a multisite study seeking to determine the prevalence of mental illness of women in jail, Lynch and colleagues (2014) recruited 491 women randomly sampled from jails in several states and conducted structured interviews with each participant. They found 43% of the participants had serious mental illness, with 28% ($n = 137$) of their sample meeting lifetime criteria for major depressive disorder. Additionally, in a longitudinal study which assessed depressive symptoms with the CES-D among 59 women released from prison in a rural northwestern state, the average depression score was clinically elevated (Lynch & Health, 2017). In this study, 53% of women in this study scored above the 16-point cutoff used to evaluate the CES-D scores. Additionally, post-release depression tended to be comorbid with post-release PTSD, and substance abuse issues.

Cognitive, emotional, and somatic symptoms in the form of post-release depression is one major aspect of reentry which effects the lives of people released from prison (Ekland-Olson et al., 1983), and the length of time that an individual has been released from prison may influence presence of depressive symptomology. In a sample of 101 male and female prisoners, mental health outcomes were assessed

before and after release from prison (Shinkfield & Graffam, 2010). Among this sample, the mean score of depression using the Beck Depression Inventory (BDI-II) increased from levels for 1-4 weeks post release from prison ($M = 6.89$) to higher levels 3-4 months post-release from prison ($M = 8.12$). These findings suggest that the longer amount of time spent working to reintegrate into the community after release from prison, the higher levels of depression an individual experiences. Results from the Shinkfield and Graffam (2010) study point to the great need to study precursors to depression in formerly incarcerated people who have been released from prison for some time.

Some research has investigated the impact of variables which may influence the intensity and duration of post-release depression. For example, in Ekland-Olson and colleagues' (1983) study, it was found that various dimensions of support from family, independence, and self-esteem were important factors which could help to prevent post-release depression at various stages of reentry. Another study focused on the impact that post-release depression may have in the lives of HIV positive formerly incarcerated people, who when depressed, reported different post-release needs than their non-depressed counterparts (Scheyett et al., 2010). In this study of 101 HIV positive returning citizens released from North Carolina prisons, individuals with higher scores on the CES-D were significantly more likely to believe they would need more help with various needs, such as housing and transportation, and had lower self-efficacy in their ability to cope (Scheyett et al., 2010). This highlights the distinction there may be between the experiences of nondepressed returning citizens

versus the experiences of depressed returning citizens, and the need to engage in more scholarship focused on post-release depression.

The very limited research on post-release depression in formerly incarcerated individuals is alarming. It is evident that various structural and circumstantial forces in the reentry process create a greater likelihood that formerly incarcerated people will experience depression, and more attention must be focused on the specific precursors to depression in this population. The precursors to depression in formerly incarcerated Black women specifically should be studied, due to the great disparities in mental health programs and access to mental health resources. Additionally, more attention must be focused on how individuals at greater risk for depression demonstrate resiliency in the face of adversity.

Resilience

Since Emmy Werner's (1989) seminal work on resilient children in Hawaii, resilience has become a popular concept in prevention scholarship (Kumpfer, 1999; Windle, 2011), and may be useful to apply to research on reentry experiences. Resilience can be defined as the occurrence of positive adaption in the individual despite experiencing adversity or stress (Luthar & Cicchetti, 2000). Adversity and positive adaption are often cited as the two major components of psychological resilience (Fletcher & Sarkar, 2013; Luthar & Cicchetti, 2000; Luthar et al., 2000; Masten 2001), where for resilience to occur there must be a presence of both constructs. In the context of psychological resilience, adversity has been defined by Luthar and Cicchetti (2000) as negative life circumstances that are associated with adjustment difficulties. Additionally, they defined positive adaption as a social

competence with meeting developmentally appropriate tasks. It is important to note that these constructs should be defined relative to the culture to which they apply; in other words, resilience research must be conducted with diverse populations who may have differing resiliency processes (Ungar, 2008).

When resilience rose to popularity in psychology scholarship in the 1970s, there grew a newfound interest in those who experienced adversity, and characteristics which made them prevail over challenging circumstances (Fletcher & Sarkar, 2013). This was a paradigm shift away from focusing mostly on risk factors in stressful life circumstances, towards examining protective factors and identifying strengths in the individual (Richardson, 2002). Early studies in resilience included exploration into qualities of people who had positive adaptation despite challenging circumstances, like people living in poverty (Fletcher & Sarkar, 2013). These early efforts to understand resilience focused on protective factors against adversity (Rutter, 1987; Werner, 1989). Often discussed as a characteristic, resilience was conceptualized as a trait which encapsulated several protective factors which enable an individual to positively adapt to the stressful situations they encounter (Fletcher and Sarkar, 2013). Richardson (2002) discussed these early efforts to understanding resilience as the “first wave” of resilience research (p. 308). Since the early 1990s, however, there has been a pull away from understanding resilience as a trait, and a push towards understanding resilience more as a dynamic process (Fletcher & Sarkar, 2013; Kumpfer, 1999; Luthar et al., 2000; Ungar, 2008). As discussed in Richardson’s (2002) review, the “second wave of resiliency inquiry” included a greater focus on the *process* of gaining characteristics associated with resilience (p.

308). There have been several models which have been developed to understand resilience as a process (Burt, 2012; Kumpfer, 1999; Richardson et al., 1990). Richardson and colleagues (1990) catalyzed this change with their Metatheory of Resilience and Resiliency, a model which describes the process through which individuals in a state of homeostasis react to a stressful life event, resulting in resilient reintegration or other types of integration. In her 1999 chapter, Karol Kumpfer argues that understanding difficult and stressful situations requires more complex methods than simply examining risk factors. She proposes a resiliency model illustrating the dynamic process of the individual interacting with their environment. Other models have focused on adolescents (Haase, 2004; Werner, 1989), families (Palmer, 2008) and police officers (Paton et al., 2008).

Furthermore, there is also a push for more nuanced framing of resilience to represent more diverse populations in literature (Hitchens & Payne, 2017; Ungar, 2008). There is a gap in the literature around cross-cultural validation of findings, and culturally determined outcomes linked to resilience (Ungar, 2008). Hirani and colleagues (2016) emphasize the need for a more ecological view of resilience, where there is consideration of individual resilience within several contexts, including community and the greater society. Payne (2011) criticizes traditional models of resilience for failing to consider structural factors which can influence the resilience process, and potentially excluding people in marginalized groups from consideration. While there are some studies which investigate the role of resilience in the lives of people from marginalized populations (Dale et al., 2014; Hitchens & Payne, 2017; Van Wormer et al., 2011), and some resilience models based on racial/ethnic

minorities (Burt et al., 2012; Coll et al., 1996), the literature base remains dominated by a focus on White or middle-class populations (Ungar, 2008). The proposed study seeks to fill these gaps by focusing on an understudied and marginalized population.

Since it's increase in popularity, resilience has been studied across a range of populations, including but not limited to women with HIV (Dale et al., 2014; Smith et al., 2015), women experiencing intimate partner violence (Kramer et al., 2017; Richie, 1996), and adolescents (Haase, 2004; Kumpfer, 1999; Werner, 1989). While there exists some helpful literature on resilience in Black women (Banyard et al., 2002; Hitchens & Payne, 2017; Singh & Williams, 2013; Smith et al., 2015; Van Wormer et al., 2011), there remains a lack of extensive resilience research of Black women across their diverse social locations and intersecting identities. The existing literature includes an emphasis for consideration of protective factors associated with resilience, such as structural systems (Hitchens & Payne, 2017), social support (Banyard et al., 2002; Singh & Williams, 2013; Smith et al., 2015), racial identity (Miller & MacIntosh, 1999), and critical consciousness (Brown, 2006). Black people may be more resilient than their White counterparts, however there is a scarcity of resiliency research focused on this group (Brown, 2008). To better understand the resiliency process of Black women offenders, it is necessary to explore protective factors related to resilience in this population.

Social Support

While structural elements which can promote resilience and are related to reintegration have been documented in the literature (Berg & Cobbina, 2016; Hitchens & Payne, 2017), there is less focus on more micro-level resiliency factors

which can also impact the reentry process. Exploration into structural aspects of reintegration should be balanced with more complex, interpersonal, and individual aspects of this process, because these factors also play a large role in the successful reintegration and potential resilience of a returning citizen. Current procedures designed for post release (e.g. when inmates are given a small amount of cash on their way out of prison) do not provide enough support during the reentry process, causing returning citizens to rely on other forms of support to assist them during this challenging transition.

Support during the reentry process can take many forms. Most studies which examine protective factors during prisoner reentry have focused on substance abuse treatment and employment readiness programs (Naser & Vigne, 2006). However, some scholars affirm that social forms of support may have a significant influence on the reentry experiences of formerly incarcerated people (Breese et al., 2000; Ekland-Olsen et al., 1983). This would implicate social support as an important variable to examine as a protective factor against challenges during reentry of formerly incarcerated Black women. Additionally, social support may be useful to examine within a resiliency framework, because the literature pertaining to social support has been consistent in illustrating the protective influence of social support during the resiliency process (Banyard et al., 2002; Singh & Williams, 2013; Smith et al., 2015). For example, Howell and colleagues (2017) suggest that social support serves an important role in the resiliency process in women survivors of intimate partner violence, such that it can provide the emotional resources to improve psychological well-being.

In general, those with romantic partners, friends, and family who provide instrumental and emotional resources, tend to have better mental health outcomes, such as higher self-esteem and overall well-being, than those with less social support (Cohen & Wills, 1985). Breese et al. (2000) defines social support as “a network of family, friends, and organizations that provide instrumental and/or emotional resources” (p.4). The two types of social support often discussed are instrumental social support, which focuses on instrumental resources or tangible benefits (i.e. transportation), and emotional social support, which include emotional resources with more personal benefits (i.e. empathy, friendship) (Bailey et al., 1996; Breese et al., 2000; Smyth et al., 2015). This definition of social support is appropriate to use when considering the reentry experiences of formerly incarcerated people, because they rely on both forms of social support due to the unique challenges they face. Returning citizens rely on tangible benefits due to the structural barriers they face (Chesney-Lind & Mauer, 2002), and rely on emotional benefits due to the high rates of social stigma they experience (Hirschfield & Piquero, 2010).

Social support has frequently been found to be positively associated with various dimensions of subjective well-being (Coker et al., 2002; Nguyen et al., 2016; Siedlecki et al., 2014; Thompson & Peebles-Wilkins, 1992). Cohen and Wills’ (1985) seminal paper classified the role of social support in well-being, where they determined the *process* through which social support can be beneficial for well-being by identifying and comparing two dominating models. One common model, the buffering model, suggests that social support functions as a buffer against the negative impact of stressful life events. The Cohen and Wills’ (1985) review

catalyzed the development of the buffering hypothesis through subsequent studies which investigated the protective influence of social support against adverse effects of stress. For the purposes of this review, there will be a focus on the buffering model because of its close relations to the resiliency framework. In the present study, social support will be examined as a protective factor against depression in formerly incarcerated Black women.

The buffering hypothesis has been used in over 30 published studies over the past several decades (Bailey et al., 1996; Cohen & McKay, 1984; Coker et al., 2004; Howell et al., 2017; Lakey & Orehek, 2011; Mitchell et al., 2006; Nguyen et al., 2016). Much of the literature on social support focuses on transitional periods of life, and on the buffering effects of social support amid stressful life events, such as people returning to their communities after serving time in prison. The buffering hypothesis states that psychological stress will have harmful effects on an individual with no social support, and that social support will lessen the harmful effects of psychological stress (Cohen & McKay, 1984; Lakey & Orehek, 2011). For many, reintegration into the community after incarceration is a stressful life event, and the negative effects of reintegration may be buffered by social support. There is some evidence of the positive impact of social support for prisoners while still in prison (Hairston, 1988), as well as research which pertains to how social support may influence the reentry process in positive ways (Breese et al., 2002; Naser & Vigne, 2006).

The buffering model of social support may be useful when identifying potential protective factors against depression during the reentry process. Ekland-

Olsen and colleagues (1983) noted that the intensity and duration of post-release depression is impacted by factors like social support. They assert that when returning citizens have strong familial ties, the stressful impact of reintegration can be lessened. The qualitative study utilized data from group interviews of men who were recently released from prison in a Southern state. Much of the sample (84%) in the Ekland-Olsen et al. (1983) study reported that they felt welcome at home, a dimension of social support similar to perceived support (Siedlecki et al., 2014). Additionally, those who felt welcome at home reported less confusion as to what to do upon release, and experiences less loneliness, suggesting that familial support facilitated reintegration by promoting mental health and protecting against social isolation as they worked to get settled. It is important to note, however, that different dimensions of social support (i.e. emotional support), may show some variation in how they influence the adjustment process. This study is fairly dated, and more research on formerly incarcerated individuals is needed to determine the ways in which social support may function as a resiliency factor against negative outcomes during the reentry process.

Also using the buffering model as a theoretical framework, Breese and colleagues (2000) studied the process and dimensions of social support during the prisoner reentry process. Their research was a qualitative study using data from interviews with 21 male prisoners who had recidivated to prison at least once prior. This study found that the various dimensions social support was broken down into (i.e. instrumental, normative, and social), each had different effects on the formerly incarcerated person's experiences in their reentry process. Someone from a low-

income family can be made to feel additional pressure to contribute to ameliorating their family's needs by engaging in profitable criminal conduct, subsequently putting them at risk of reincarceration. Additionally, many of the offenders in the sample were lacking in social support. For example, most did not have a positive relationship with academic institutions, were not married, and had rejected religious institutions as a means of social support. However, strong emotional attachment to family and a sense of belonging was identified as psychologically beneficial, suggesting that strong family ties may buffer the stress related to reintegration.

Naser and Vigne (2006) also assert that social support from family during prisoner reentry plays an important role in this process. In their sample of 413 men released from prison and returning to communities in Baltimore and Chicago, participants completed surveys and participated in one-on-one interviews at various time points after release from prison. Their results were consistent with prior studies which asserted that formerly incarcerated people rely on their family for instrumental and emotional resources. Individuals in this sample tended to expect their families to be less supportive upon release than they were, and were likely to place greater value on the role of their family systems after receiving support during reentry (Naser & Vigne, 2006). Findings such as these suggest that male prisoners and returning citizens may not be entirely aware of the potential beneficial impact family support can have on their reentry process. More research must be conducted on women to determine the ways in which social support may buffer against some of the challenges they face during reintegration.

There have been many other contexts in which the beneficial effects of social support have been demonstrated empirically, including helping engagement in HIV care (McDoom et al., 2015), promoting self-esteem of Black adolescent mothers (Thompson & Peebles-Wilkins, 1992), and decreasing depression in women survivors of intimate partner violence (Coker et al., 2002). There is still a strong need to study the role of social support in the lives of Black individuals, who have high levels of resilience due to their social support networks (Brown, 2008). Limited research suggests a positive association between social support and mental health in African Americans (Nguyen et al., 2016), and that social support is closely related to resilience in this population (Brown, 2008). Even more pressing, it is important to know more about social support in Black women specifically, as social support has been found to be a significant and culturally relevant protective factor related to resilience for this group (Howell et al., 2017). Black women also may prefer different types of social support than their male counterparts due to the different challenges they experience (Coates 1987, Raj et al., 1999).

Some studies have examined the role of social support in the lives of Black women who are faced with numerous stressful life events. As mentioned previously, formerly incarcerated Black women are disproportionately HIV positive. McDoom and colleagues (2015) found that social support can lessen the impact of stigma and help facilitate engagement in HIV healthcare for Black women over the age of fifty living with HIV. In a sample of older Black women receiving HIV care from clinics in Boston ($N = 20$; $M = 56.6$ years old), interviews revealed that disclosure of one's HIV status was an important component of seeking social support, which fell into the

categories formal support (i.e. social workers, support groups) and informal support (i.e. friends and family members). When the women were successfully able to disclose their HIV status, they gained formal and informal social support, leading to their seeking out medical care. Health outcomes are best optimized for people living with HIV when they receive medical treatment, therefore social support is an important protective factor against negative health outcomes for older Black women living with HIV. These findings are useful in considering formerly incarcerated Black women, who suffer from disproportionately high rates of HIV positive status.

The buffering hypothesis has also frequently been applied to other populations of Black women as well. Women who survive intimate partner violence tend to report lower levels of perceived social support than their non-abused counterparts (Howell et al., 2017), however social support may act as a buffer against the negative impact of abuse (Coker et al., 2004; Mitchell et al., 2006). Howell and colleagues (2017) were interested in protective factors related to resilience in mostly Black women survivors of intimate partner violence, and in their sample of 112 women, social support significantly predicted resilience. Nguyen et al. (2016) examined the influence of informal social support on well-being in older African Americans. The well-being variables included life satisfaction, happiness, and self-esteem, and were positively associated with various forms of social support.

Findings such as these suggest that social support as an important factor which may strengthen the resilience of formerly incarcerated Black women, who are more likely to be HIV positive and more likely to be survivors of intimate partner violence. This population is largely understudied, and little is known about the potential

buffering impact social support may have against challenges related to reentry, or the potentially positive impact social support may have on resilience and mental health outcomes in formerly incarcerated Black women. This study seeks to close the gap in literature by investigating the role of social support in the lives of formerly incarcerated Black women.

Racial Identity

Recent resiliency scholars are recommending that newer models of resilience consider the intersection of identities in their frameworks (Hirani et al., 2016; Payne, 2011). Racial identity is an important construct to study because it may act as a buffer against the negative effects of perceived discrimination for some African Americans (Sellers et al., 2003). Formerly incarcerated Black women often experience unique challenges related to their intersecting social locations as Black people and as women, and their race is often discussed as a risk factor for various negative outcomes in the reentry process. The proposed study seeks to continue to reframe the complex experiences of formerly incarcerated Black women from a deficit perspective to a strength-based perspective by examining an aspect of racial identity as a potential resiliency factor.

There have been several important attempts to operationalize racial identity to better measure and assess the effects of racial identity on well-being and other health outcomes in African Americans. In past scholarship, Black racial identity was often conceptualized as an individual's consciousness around what it means to be Black psychologically, politically, and socially (Neville & Cross, 2017). One popular older conceptualization is the Cross (1971) Nigrescence model, which describes the

psychological process through which African American individuals develop a way of thinking about themselves in terms of being Black. This definition of the construct has changed over time, and newer models and conceptualizations of Black racial identity emphasize the significance of racial consciousness (Neville & Cross, 2017).

Sellers and colleagues (1998) provided a newer conceptualization by creating the Multidimensional Model of Racial Identity (MMRI), which identifies 4 dimensions of African American racial identity: Saliency, centrality, regard, and ideology. These domains tap into the significance and meaning that an individual ascribes to their racial identity, for example racial centrality refers to the extent to which racial identity is an important part of how one defines them self (Sellers et al., 1998). The MMRI is more concerned with the status of various domains of racial identity, whereas the Nigrescence model is more concerned with the development of racial identity.

Racial identity has been examined as a protective factor for Black Americans to determine its buffering effects on various factors ranging from racial discrimination (Sellers & Shelton, 2003) to school climate (Butler-Barnes et al., 2017) and several others. When examined as a moderator variable, two common ways in which racial identity is conceptualized is informed by Cross's (1971) Nigrescence theory, and by Sellers and colleagues' (1998) Multidimensional Model of Racial Identity. Using conceptualizations from these theories, researchers have examined racial identity as a protective factor for various subgroups of African Americans, ranging from African American adolescents, to African American university students, to African American women. The following sections will include a brief review of some of this literature.

Racial identity has often been examined as a protective factor in the lives of African American adolescents. One study used a sample of 733 African American girls to examine the relationships between school climate, racial identity, and achievement motivation (Butler-Barnes et al., 2017). Data were taken from a larger longitudinal study focused on a large sample of African American children, who were asked to complete a survey with measures to assess their achievement motivation beliefs, school climate, and racial identity beliefs. Using linear mixed models to analyze this longitudinal data, it was found that private regard (how positively or negatively an individual views African Americans) was associated with academic persistence and curiosity over time. Additionally, their findings suggested that racial centrality served as a buffer for the Black girls, where it was found that racial centrality moderated the relationship between school climate and academic motivation. These findings that positive racial identity attitudes such as racial centrality act as protective factors for Black adolescents is consistent across other studies with young African Americans (Greene et al., 2006; Sellers et al., 2003).

Studies which focus on protective factors for young African Americans have focused on factors which may protect against the negative impact of racial discrimination. As discussed above, gendered racism and other forms of discrimination are detrimental to Black individuals. Perceived racial discrimination has been found to be associated with greater symptoms of depression, and lower life satisfaction in African American college students (Prelow et al., 2006). Examining the impact of protective factors on various forms of discrimination on mental health outcomes is crucial to inform interventions for counseling psychologists working with

African American clients. Racial centrality has been found to be protective against the negative impact of peer discrimination on various outcomes, such as academic outcomes (Chavous et al., 2008), violent behaviors (Caldwell et al., 2004), and substance use vulnerability in African American youth (Stock et al., 2011). Findings such as these illustrate the importance of racial centrality in buffering against the negative effects of discrimination in African American youth.

Research on the benefits of positive racial identity attitudes also extends to studies with African American adults. Pyant and Yanico (1991) found that racial identity attitudes in Black women were related to mental health in various ways. In their exploratory study with a sample of 143 Black women, they drew from the Cross (1971) Nigrescence theory and used Parham and Helms' (1981) measure of racial attitudes to conceptualize racial identity. In the regression analyses it was found that preencounter attitudes (attitudes which indicate little racial consciousness) were negatively associated with well-being and self-esteem in this sample of Black women. This is consistent with findings from similar studies looking at the role of racial identity attitudes in African American adults, where preencounter attitudes were associated with negative mental health outcomes, such as anxiety (Parham & Helms, 1985), or acculturative stress (Thompson et al., 2000). Findings such as these suggests that the way in which racial identity is conceptualized is important in understanding how it may interact with various risk factors.

Other studies have investigated the protective role that other stages of racial identity development from Cross's (1971) Nigrescence theory can have. For example, in Thompson and colleagues' (2000) study, they examined the role that the various

stages of racial identity development may have in the relationship between racial socialization and acculturative stress in African American college students. In this study, a sample of 84 African American university were given a questionnaire which included prompts for demographic information, racial socialization, acculturation, and racial identity. Racial identity was assessed using the Black Racial Identity Attitude Scale (RIAS) developed by Parham and Helms (1996) and based on the Cross (1980) Nigrescence model. It was found that internalization attitudes (having pride and awareness in one's identity) was associated with lower levels of acculturative stress in this sample of African American college students, pointing to the need to better understand relationship to racial identity as a potential protective factor against various negative outcomes. Findings such as these illustrate the significant role that racial identity plays in the lives of many African American adults, but that these findings may be determined by the stage of racial identity development, or by the ways in which racial identity is conceptualized.

Racial identity has been studied as a protective factor in conceptualizations outside of the Cross (1971) Nigrescence theory and the Parham and Helms' (1981) measure of racial attitudes. Hughes and colleagues (2015) conceptualized racial identity closer to some of the domains identified by Sellers and colleagues (1998). In this study, self-esteem, depressive symptomology, and various racial identity attitudes were examined in a sample of 3,570 African Americans who took a survey including these measures. It was found that racial centrality was positively associated with positive evaluations of participants own group, which was positively associated with self-esteem and negatively associated with depressive symptoms. These findings are

consistent with results from another study, which found that in a sample of 555 African American young adults, individuals who had more of a centralized racial identity tended to report lower levels of psychological distress (Sellers et al., 2003). These combined findings indicate that racial centrality is associated with positive outcomes and negatively associated with negative outcomes pertaining to mental health in some groups. Thus, it may be a significant protective factor for some African Americans, and this scholarship must be extended to other African American populations exposed to risk, such as returning citizens.

Some studies have examined the role of racial identity as a moderator between discrimination and mental health outcomes in the broader group of African Americans, and findings are inconclusive. Sellers and Shelton (2003) conducted a study with a sample of 267 African American college students to examine the role that various domains of racial identity may play in the relationship between perceived discrimination and subsequent psychological distress. The results from their regression analyses suggested that different domains of racial identity may interact differently with perceived discrimination. For example, it was found that those with higher levels of racial centrality and group identification were more susceptible to the negative psychological consequences of perceived discrimination. Consistent with these findings, Burrow and Ong (2010) found in a sample of 174 African American doctoral students that racial centrality worsened the negative effects of perceived discrimination on depression levels. Yet in the Sellers and Shelton (2003) study, racial ideology and public regard acted as protective factors against the negative impact of discrimination on psychological distress. It was also found that higher

levels of racial centrality were associated with greater vigilance about perceiving instances of discrimination, which may explain the greater levels of psychological distress in those with greater racial centrality.

Conversely, Jones and colleagues (2007) examined racial identity attitudes as moderators in the relationship between racist stress events and depression symptoms in a sample of 144 Black women. It was found that multicultural identity attitudes protected against the negative impact of racist stress events on depressive symptoms, and those with greater multiracial identity had fewer depressive symptoms. However, other components of Black racial identity, such as Afrocentrism (empowerment and advocacy of Black culture), did not protect against the negative impact of racist stress events. Mixed findings such as these and above highlight the need to continue research which investigates various forms of racial identity as protective factors with Black women from different social locations.

The proposed study seeks to determine if racial centrality, a form of racial identity, is protective against the negative impact of discrimination on depression symptoms in formerly incarcerated Black women. Racial identity has been examined as a protective factor for young Black girls (Butler-Barnes et al., 2017), African American young adults (Caldwell et al., 2004), and African American adults (Hughes et al., 2015). While it is clear how important of a role racial identity and gender play in the lives of Black women (Crenshaw 1989; Gutierrez, 1990; King, 1995) there is no known scholarship examining racial identity as a protective factor for Black women offenders, who are largely influenced by risk factors related to their racial and gender social locations (Richie, 1996). More research is needed to determine the potential

buffering effects racial identity may play in the challenges experienced by this group. The current study will begin to close these gaps in the literature, by examining racial centrality in its relation to resilience as a protective factor against depression in formerly incarcerated Black women.

Chapter 3: Method

Power Analyses

An a priori power analysis conducted with the program *G*Power* (Erdfelder et al., 1996; Faul et al., 2007) recommended that with an estimated medium effect size, the size of the sample should be approximately 70 participants in order to achieve adequate statistical power.

Participants

The sample consisted of formerly incarcerated self-identified Black women, 18 years or older, from a large metropolitan city in the mid-Atlantic. A total sample of 54 participants was retained. The age of participants ranged from 21 to 65 years old ($M = 32.18$; $SD = 9.217$). Of this sample, 28 participants indicated they had been incarcerated 1 time (50.9%), 20 indicated they had been incarcerated 2-3 times (36.4%), and 7 indicated they had been incarcerated greater than 3 times (12.7%). Most participants reported they were lower class ($n = 19$, 34.5%) or working class ($n = 25$, 45.5%), and they appeared spread out among rural ($n = 11$, 20%), suburban ($n = 21$, 38.2%), and urban environments ($n = 21$, 38.2%).

Measures

Gendered Racism. The Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015) was used to assess gendered racism in the form of gendered racial microaggressions. Microaggressions are a form of subtle discrimination which may manifest as unconscious or unintentional and subtle slights against people from

marginalized groups (Lewis & Neville, 2015). This scale was chosen for the sample population due to its unique encapsulation of instances of discrimination against specifically Black women. Lewis and Neville (2015) developed the GRMW using a sample of 469 Black women with ages ranging from 19-68 years ($M = 37.69$, $SD = 13.14$), and reported the following reliability estimates: The 23-item GRMW ($\alpha = .93$), assumptions of beauty subscale ($\alpha = .87$), silenced and marginalized subscale ($\alpha = .88$), strong Black woman subscale ($\alpha = .74$), and angry Black woman subscale ($\alpha = .75$). These subscales capture some unique forms of discrimination experienced by Black women. Responses on the scale range from 1 (*I did not experience this event*) to 5 (*I experienced this event 7 or more times*). Sample of items are “Negative comments about my hair when natural” (assumptions of beauty), “I have felt unheard” (silenced), “I have been told that I am too independent” (strong Black woman), and “Someone has told me to calm down” (angry Black woman). There is support for convergent validity, such that the total scores were significantly and positively correlated with the Racial and Ethnic Microaggression Scale and the Schedule of Sexist Events.

Racial Identity. A subscale from the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1997) was used to assess racial centrality. The MIBI is a 71-item measure which includes the dimensions of racial identity centrality, ideology, and regard. The 10-item Centrality subscale was used in the present study. This subscale measures the extent to which race is central to an individuals’ identity (Sellers et al., 2003). In Sellers and colleagues (1997) scale development study using a sample of 474 African American college students, the subscale was found to have

relatively high internal consistency ($\alpha = .77$). The relationship between the centrality subscale and several race-related behaviors (i.e. having a Black best friend) was also investigated. Participants with a Black best friend had higher scores on the centrality subscale ($p < 0.01$), producing evidence supporting the predictive validity of the subscale. A sample item of this subscale is “Being Black is an important reflection of who I am”. Responses to the scale ranged from 1 (*strongly disagree*) to 7 (*strongly agree*).

Social Support. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) was used to assess perceived social support. The MSPSS consist of three 4-item subscales for perceived social support from family, friends, and a special person (romantic partner or other significant adult). Zimet and colleagues (1988) reported internal consistency reliability coefficients for the family subscale ($\alpha = .87$), friends subscale ($\alpha = .85$), special person subscale ($\alpha = .91$), and the entire 12-item MSPSS ($\alpha = .88$). Response formats fall on a 7-point Likert scale response continuum, ranging from 1 (*very strongly agree*) to 7 (*very strongly disagree*). The total score was obtained by summing the three subscale scores, which were each obtained by summing their item scores. Higher scores are indicative of higher levels perceived social support. Samples of items are, “I can talk about my problems with my friends” (Friends subscale), “My family is willing to help me make decisions” (Family subscale), and “There is a special person in my life who cares about my feelings” (Special Person subscale). The MSPSS has moderate construct validity, as indicated by the significant negative correlations between the MSPSS subscales and depression and anxiety subscales from the HSCL (Zimet et al., 1988).

Depression. The Center for Epidemiological Studies- Depression scale (CES-D; Radloff, 1977) was used to assess depressive symptoms. In the 20-item CES-D scale participants were asked to indicate the extent to which they felt 20 depressive symptoms during the past week. A sample item of this scale is “I thought my life had been a failure”. Response formats ranged from 1 (*rarely or never*) to 4 (*most or all of the time*) and scores were summed up to determine levels of depressive symptoms. Radloff (1991) reported that the CES-D Scale demonstrates strong evidence of internal consistency with college students ($\alpha = .87$). Radloff (1977) established validity by significant correlations with other self-report measures of depression, such as a .60 correlation ($p < 0.05$) with the Bradburn Negative Affect Scale in one sample.

Procedure

After obtaining approval from the Institutional Review Board at the University of Maryland, the recruitment process was rigorous. Due to the very difficult-to-reach nature of the participant population, a variety of recruitment methods were utilized. Word-of-mouth and snowballing recruitment methods were the major source of recruitment, which included direct contact with over 30 treatment facilities, reentry programs, and other organizations which provide support to returning citizens. Study participants were also recruited through recruitment emails and flyers about the study, where instructions on how to participate were provided. Participants were informed that they would receive \$5 as compensation for their time.

Study participants completed paper surveys ($n = 12$) and online surveys ($n = 42$). For each survey type, participants underwent the informed consent process,

which included a brief explanation of the purpose of the research. Next, they completed the questionnaire which included racial centrality, perceived discrimination, depression, and social support measures, and demographics questions (see *Appendices B through G*). Overall, the survey required slightly below average reading level, as indicated by the Flesch reading Ease score of 65.2 and the Flesch-Kincaid grade level of 6.9. The online surveys took respondents an average of 14 minutes to complete. Lastly they received \$5 compensation for completing the survey.

Chapter 4: Results

Data Screening

Surveys were removed if they were incomplete, or if participants failed more than one validity check. An example of a validity check used was “Please select ‘Strongly Disagree’ for this item” and the respondent passed the validity check if they responded correctly to the prompt. Surveys were also removed if the participant indicated in the demographics questions that they did not identify as African American or Black, or if the survey was taken multiple times using the same IP address ($n = 70$). After deleting ineligible participants, there was a marginal amount of missing data, and so listwise deletion methods were used. The following assumptions for the regression models were checked: linearity, normality, homogeneity of variance, skewness, and kurtosis (Cohen, Cohen, West, & Aiken, 2003).

Normality was tested using the Kolmogorov-Smirnov Test, a histogram, and a Q-Q Plot. According to the Kolmogorov-Smirnov test, CES-D scores were not normally distributed. Upon examining the Q-Q plot and histogram, the CES-D scores were acceptable because the points did not dramatically deviate from the trend line on the Q-Q plot and the histogram appeared normal. Linearity was assessed with the variables. Relationships between social support, gendered racism, and depression appeared linear. The relationship between racial centrality and depression appeared close to linear. Homogeneity of variance was tested by visually assessing the

unstandardized residual plot against the predicted equation, which appeared to be randomly dispersed. It was concluded that this data is fit for a multiple regression.

Power Analysis

There was sufficient statistical power because of the sample size in the present study ($n = 54$). A post hoc power analysis conducted with the program *G*Power* (Erdfelder et al., 1996; Faul et al., 2007) revealed that the power was .87, satisfying the recommendations of Cohen (1988) to have a statistical power above .80. This suggests that the statistical significance of the regression analyses may be interpreted.

Preliminary Analysis and Descriptives

Descriptive statistics, including means and standard deviations, were computed for the sample ($N = 54$), shown in *Table 1*. A preliminary correlational analysis was conducted to begin to examine the relationships between all study variables. *Table 1* shows the means, standard deviations, and correlations of the variables in the present study. Social support was positively associated with racial centrality ($r = .353$). Social support and depression were negatively associated ($r = -.333$). The combined score of the GRMS was significantly positively correlated with depression ($r = .443$).

The average for summed scores on the CES-D suggests widespread symptoms of depression in this population, with an average score well above the 16-cutoff used to indicate clinical levels of depression ($M = 23.98$, $SD = 8.72$). The participants in the current sample reported some levels of social support, with the average response as “neutral” to “mildly agree” on questions asking their perceptions of familial,

friend, or romantic support ($M = 4.327$, $SD = 1.135$). On average, participants reported that racial microaggression happened to them “seldom” ($M = 2.906$, $SD = .674$), and that the levels of stress associated with those experiences was on average, “stressful” ($M = 3.021$, $SD = .815$). On average, participants in this sample reported some amount of race centrality ($M = 4.607$, $SD = .756$), indicating that many felt somewhat connected to their racial identity.

Table 1

Descriptive Statistics and Pearson Correlations for Preliminary Analysis with Social Support, Racial Centrality, Gendered Racism, and Depression variables (N = 54)

Variable	1	2	3	4
1. Gendered Racism	--			
2. Social Support	.006	--		
3. Racial Centrality	-.106	.353**	--	
4. Depression	.443**	-.333*	-.254	--
<i>M</i>	2.963	4.327	4.607	23.982
<i>SD</i>	.660	1.135	.756	8.728
Range	1.56-4.46	1.58-6.92	3.25-6.38	6-46
Skewness	-.215	-.308	.342	-.284
Kurtosis	-.136	.224	-.390	.299
α	.943	.903	.722	.830

* $p < 0.05$, ** $p < 0.001$

Regression Analysis

To reduce problems associated with multicollinearity among the variables in the regression equations, all predictor and moderator variables were centered on their means (Frazier et al., 2004). Two multiple hierarchical linear regressions were conducted to determine the effect of gendered racism and either social support or racial centrality on depression.

To test the hypothesis that social support moderates the relationship between gendered racism and depression, a hierarchical multiple regression analysis was conducted. In the first step, two variables were included: Gendered racism and social support. These variables accounted for a significant amount of variance in depression ($R^2 = .309$, $F(2, 51) = 11.417$, $p < .001$). The main effect of gendered racism was statistically significant, with the unstandardized regression coefficient (β) 5.98 ($t(51) = 3.826$, $p < 0.01$), meaning that for each additional unit increase in gendered racism, depression increases 5.98 units, controlling for perceived social support. The unstandardized regression coefficient (β) for social support was -2.582 ($t(51) = -2.885$, $p = 0.006$), meaning that for each additional unit increase in perceived social support, depression scores decrease by 2.582 units, controlling for perceived gendered racism (*Table 2*).

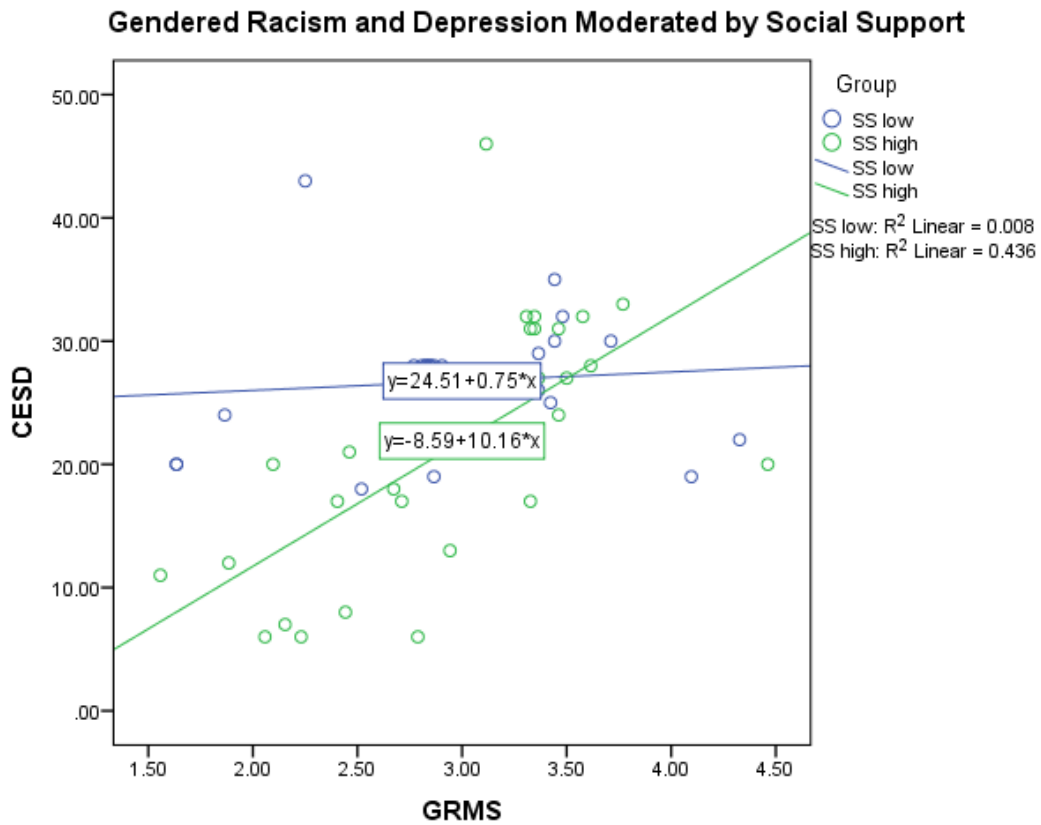
In the next step, the interaction term between social support and gendered racism was added to the regression model, which accounted for a significant proportion of the variance in depression scores $\Delta R^2 = .136$, $\Delta F(3,50) = 9.27$, $p = .001$, $b = .373$, $t(50) = 3.503$, $p < .001$. A significant positive relationship was found between gendered racism and depression. The significant interaction term confirmed that the presence of social support significantly changes this relationship, however it did not act as a buffer. In other words, individuals who experienced high gendered racism but also had high social support experienced higher levels of depression compared to those who had lower levels of social support. See *Table 2* and *Plot 1* for a summary of these results.

Table 2

Regression Results for Testing Moderation of Social Support on the Relationship between Gendered Racism and Depression

Variables	β	SE	t	p	R	R ²	F	p
					.556	.309	11.417	.001
Intercept	23.981	1.006	23.832	.001				
Gendered Racism	5.890	1.539	3.826	.001				
Social Support	-2.582	.895	-2.885	.006				
GR x SS	3.794	1.083	3.503	.001				
ΔR^2 due to interaction	ΔR^2	F	p					
GR x SS	.136	13.385	.001					

Plot 1



To test the hypothesis that racial centrality moderates the relationship between gendered racism and depression, a second hierarchical multiple regression analysis was conducted. In the first step, two variables were included: Gendered racism and racial centrality. The model accounted for a significant amount of variance in depression ($R^2 = .240$, $F(2, 51) = 8.046$, $p < .001$). The main effect of gendered racism was statistically significant, with the unstandardized regression coefficient (β) 5.570 ($t(51) = 3.430$, $p < 0.01$), meaning that for each additional unit increase in gendered racism, depression increases 5.570 units, controlling for racial centrality. Racial centrality was not statistically significant ($\beta = -2.418$, $p = .094$) (Table 3).

In the next step, the interaction term between racial centrality and gendered racism was added to the regression model, which did not account for a statistically significant increase in the amount of predicted variance in depression scores $\Delta R^2 = .003$, $\Delta F(3,50) = 5.336$, $p = .667$, $b = .055$, $t(50) = .420$, $p = .677$.

Table 3
Regression Results for Testing Moderation of Racial Centrality on the Relationship between Gendered Racism and Depression

Variables	β	SE	t	p	R	R^2	F	p
					.490	.240	8.046	.001
Intercept	23.981	1.056	22.718	.001				
Gendered Racism	5.570	1.624	3.430	.001				
Racial Centrality	-2.418	-.209	-1.705	.094				
GR x RC	1.015	2.418	.420	.677				
ΔR^2 due to interaction	ΔR^2	F	p					
GR x RC	.003	5.336	.003					

Discussion

As hypothesized, self-reported instances of gendered racial microaggressions were positively associated with depression levels. This suggests that those who report more instances and greater stress associated with gendered racial microaggressions also tend to report greater levels of depression. Frequency of racial microaggressions and stress appraisal of racial microaggressions were significantly positively related, meaning that participants who reported more instances of racial microaggressions tended to report higher levels of stress associated with these experiences. Racial centrality was not a significant predictor of depression; however, it was correlated with perceived social support. In other words, individuals who reported that race was an important part of how they see themselves also tended to report that they felt socially supported by their friends and family. As expected, higher levels of perceived social support were associated with lower levels of depression. However, social support moderated the relationship between gendered racism and depression such that it enhanced the effects. The results of the multiple regression analyses suggest that both gendered racism and perceived social support are important influences on depression in formerly incarcerated Black women.

The results from this study generally align with what was expected based on prior research. Hypothesis one explored the relationship between gendered racism and depression. In this study, gendered racism was significantly positively associated with depression levels. This finding is consistent with past research which has found that gendered racism is associated with psychological distress (Lewis & Neville, 2015; Perry et al., 2012) and depressive symptoms (Carr et al., 2014). Gendered

racism is often pervasive in the lives of Black women and is harmful to their psychological well-being. For Black women, their combined gendered racial identity is more central to how they see themselves than either racial or gender identity alone (Perry et al., 2012), therefore discrimination which targets these specific identities may be even more harmful than racism or sexism. The findings from the current study demonstrate that this very specific form of discrimination negatively impacts formerly incarcerated Black women as well, highlighting the need to consider sociocultural factors in reentry services.

The second and fifth hypotheses focused on racial centrality. Race centrality was chosen as a variable in this study because of the evidence in prior studies suggesting that centrality may act as a buffer against the negative outcomes associated with various stressors in African Americans (Seller et al., 2003, Chavous et al., 2008; Caldwell et al., 2004; Stock et al., 2011). In this study, racial centrality was not significantly correlated with depressive symptoms, and did not moderate the relationship between gendered racism and depression. This may mean that for Black women who have been to prison, closeness to their racial identity is not related to depression. Past studies suggesting that racial centrality acts as a buffer against various risk factors have sampled university students or juveniles, populations which are different from formerly incarcerated Black women in many ways. Racial centrality may not be protective for Black women who have gone to prison, because many of them have experienced discrimination due to their racial identity. They may associate victimization and oppression with their racial identity, therefore it may not be protective. Additionally, levels of racial centrality may have been lower than

expected due to other potentially more salient aspects of the participants' identities, such as being a returning citizen, or living in poverty. More research is needed to understand the complex ways that formerly incarcerated Black women see themselves in terms of their race, and how this might operate in different ways from other Black individuals.

The third and fourth hypotheses examined the role of social support in predicting symptoms of depression. Social support was found to be negatively associated with depression, which is supported by past research that has found that social support can influence the reentry process in positive ways for mental health (Breese et al., 2002; Ekland-Olson et al., 1983; Naser & Vigne, 2006). The buffering model of social support states that social support can significantly buffer the relationship between a risk factor and a negative outcome variable, like depression (Cohen & Wills, 1985). Contrary to the buffering model, the current study found that higher levels of social support seemed to exacerbate the positive relationship between gendered racism and depression. This may mean that for formerly incarcerated Black women, social support does not operate in the same way as it does for other populations. Those with close friends and family in their lives may be more likely to be negatively affected by gendered racism, because they may have the space and support to discuss these issues, possibly causing rumination which can lead to depression. Additionally, it may be that the clinical levels of depression are so elevated in this population that more formal interventions, such as psychotherapy, is needed to mitigate the harmful effects of gendered racism. More attention must be

paid to the multifaceted nature of social support, understanding both positive and negative components of it (Croezen et al., 2012).

The current study found that racial centrality was not significantly associated with any other variables, apart from perceived social support. Women may not explicitly recognize that gendered racism occurs as a result of the intersection of their racial and gender identities, and they may experience gendered racism more broadly as discrimination. As a result, gendered racism may not be associated with racial centrality in any way. Racial centrality was positively correlated with social support, suggesting that individuals who feel more supported by family and friends tend to feel that race is an important part of how they see themselves. The participants in the current sample reported lower levels of social support than African Americans have in other studies (Brown et al., 2008). This may be due to social stigma faced by formerly incarcerated people, which often results in social exclusion (Berg & Huebner, 2011; Heidemann et al., 2014). Formerly incarcerated individuals may be in greater need of social support, because social ties help reduce recidivism (Berg & Huebner, 2011; Breese et al., 2000). More research must be done to understand the role of social support in their lives, and factors which may make them feel socially supported in positive or negative ways.

Limitations

Due to the difficult-to-reach nature of the population, criteria for participation erred on the side of inclusivity. Eligible participants included those who were formerly incarcerated Black women of all ages above 18 years of age. This doesn't account for the likelihood that individuals in different age groups are likely to have

differing experiences after their incarceration. Additionally, this sample includes individuals who had been incarcerated and released for any amount of time. Those with longer stays in prison, or those who are most recently released may report more difficulty reintegrating than others. Additional rationale for more inclusive criteria to participate in the study is that there is very limited scholarship on formerly incarcerated Black women, and this study seeks to tap into the shared trauma of having been incarcerated. However due to potential within-group variation, this may threaten generalizability of the findings. The intention of the present study is to contribute to the small body of literature concerned with Black women returning citizens, and to inform future studies and interventions from a strength-based perspective. These limitations may be addressed in future studies using quantitative approaches, as well as studies that use qualitative methods (such as phenomenology or grounded theory) to continue to understand the nature of formerly incarcerated Black women's reentry experiences.

The design of the study precludes any causal inferences about the results and interpretations regarding the directionality of the results cannot be confirmed. Therefore, results from this study are exploratory in nature, and future research pertaining to formerly incarcerated Black women should examine causal pathways. The use of self-report data also introduces the possibility that there was response bias due to the sensitive nature of some of the questions. Participants may not have felt comfortable honestly answering questions pertaining to their mental health or experiences with gendered racism. Participants were recruited from various community resource centers and organizations which provide services to formerly

incarcerated women, therefore the women which make up this sample may be different from women who are not connected to specific reentry resources. More work must be done to cast a wider net in order to reach a more diverse population of formerly incarcerated Black women.

Implications and Future Research Directions

Future research directions may be understood in the context of this study's limitations. First, cross-sectional research which focus on the comparison of experiences of women in different age groups might allow for a more nuanced understanding of how incarceration may influence individuals' experiences at different stages in their life. Second, there is a need for studies which are more specific about their inclusion criteria. For example, it is suggested that more studies focus on the specific range of time that falls immediately after release from prison. There is evidence which suggests formerly incarcerated individuals have a difficult time reintegrating into their communities immediately after release compared to years after (Freudenberg et al., 2005), therefore more work must be done to understand the risks and protective factors which occur at early stages of the reentry process so that interventions targeting reintegration may be customized for individuals who could best benefit.

Formerly incarcerated Black women experience a plethora of challenges, including but not limited to gendered racism, depression, and socioeconomic hardship. Black women are resilient in the face of adversity, however formerly incarcerated Black women still require more attention paid to them in the literature to better understand how they navigate these challenges. A major strength of this study

is that it considered important protective factors for formerly incarcerated Black women, namely social support. This study unexpectedly found that those with higher levels of social support were more susceptible to the negative effects of gendered racism, findings which contradict others which suggest support from loved ones can lead to positive post-release outcomes (Naser & Vigne, 2006). Black women may utilize different forms of social support in different ways than other individuals who have been released from prison, therefore more research must be done to understand the underlying processes of the various forms of social support in their lives.

In this study, racial centrality was not significantly associated with the variables, apart from social support. This may be due to the small sample size of the present study, therefore more studies with larger samples should be conducted to determine the role that racial centrality plays as it relates to depression and other mental health variables. Additionally, racial centrality may not have been found to be significant for formerly incarcerated Black women because other aspects of their racial identity may be more salient to them. Other variables from Sellers and colleagues (1998) conceptualization of racial identity may be helpful to examine, such as racial ideology. This component of racial identity is informed by how the individual views society, and believes how African Americans should act in society. Due to their increased marginalization status as a person who has been incarcerated, formerly incarcerated Black women may tend more to their racial identity in the context of the larger society, as opposed to how central they personally feel their racial identity is to them. Future studies need to examine these other racial identity variables which may have more of an impact on this population.

Black women who have been to prison report that they experience the stress of gendered racism, which can lead to depression. Thus, counseling psychologists are encouraged to inquire about a range of discriminatory experiences and instances of gendered racism when working with Black women returning citizens who are depressed. When therapists overlook conversations exploring cultural identity and experiences, clients report that therapy is less effective (Owen et al., 2016). Due to the low attrition rates of low-income African American clients, counselors must foster multicultural competencies to avoid these common mistakes which may discourage a formerly incarcerated Black woman from seeking help with mental health issues. People who have been incarcerated experience depression above all other mental health issues (Bronson & Berzofsky, 2017; Lynch et al., 2014), therefore in the literature more attention must focus on what can be done to mitigate the risk of depression and other mental health issues.

In addition to understanding the risks that formerly incarcerated Black women face, counseling psychologists need to attend to the protective factors. Counseling psychologists may benefit from research which examines protective factors, because these research findings can inform their work with Black women clients, specifically those who have been incarcerated. Individuals from this study who reported that they felt cared for and supported by their family and friends also reported lower rates of depression. For formerly incarcerated people, having adequate social support will make them more likely to successfully reintegrate into the community, and less likely to recidivate (Naser & Vigne, 2006). When working with this population, counseling psychologists must make exploring the social relationships of their clients a priority.

It may be more important for this type of client to have deeper understandings of how their relationship dynamics work, and for therapy sessions to focus on how to foster healthier, more meaningful relationships. Additionally, a psychologist may consider referring a client to community resources which would expand their social networks.

Lastly, recruitment for this study proved extremely challenging, as formerly incarcerated people can be difficult to access and involve in academic research. As expected, the sensitive nature of this research (i.e. seeking out a very socially stigmatized and ostracized group and asking them to disclose instances of discrimination and mental health concerns) caused reluctance from the people providing services to formerly incarcerated people to allow access to these potential participants. This meant that very much work in-person and on the phone was required on the part of the researcher to thoroughly explain the goals of the research, as well as become acquainted with study participants when possible. The researcher also received feedback from study participants and other contacts for how to engage in this type of sensitive research. For example, it was suggested that the language used in the study materials be changed from “Study participants will receive \$5 as compensations for their time” to “Study participants will receive a small cash gift of \$5 for their time”. Examples like this demonstrate the need for researchers conducting research on formerly incarcerated people to consult and work closely with formerly incarcerated people, due to the lack of inclusivity in the “Ivory Tower”. This can promote transparency of the research process, and ensure that study participants needs are met.

In summary, this study sheds light on how social support, gendered racism, and stress associated with these events affect depression in a sample of formerly incarcerated Black women in a major metropolitan city in the mid-Atlantic. The results of the multiple linear regression suggest that gendered racism and social support are both significant predictors of depression in this sample. Additionally, it was found in this sample that women did not feel that they had much social support, and experience clinically elevated levels of depression. With all of the unique challenges faced by this understudied population, more work must be done to learn the ways in which psychologists and other advocates can better understand and better serve them.

Appendices

Appendix A

Consent to Participate

Project Title	<i>Resilience in Previously Incarcerated Black Women</i>
Purpose of the Study	<i>This research is being conducted by Stephanie E. Yee with Richard Q. Shin, Ph.D. at the University of Maryland, College Park. I am inviting you to participate in this research because you are a Black woman who went to prison. You can provide a unique perspective on the issues assessed in the survey. You will be asked to report your experiences related to gendered racism, social support, racial identity, and mental health. The purpose of this research is to better understand the experiences of formerly incarcerated Black women.</i>
Procedures	<p><i>You will complete a 10-minute confidential survey. In the survey, you will respond to items such as "My family is willing to help me make decisions". The survey also includes questions asking about your background information like age, race, and gender identity. At the end of the survey, you can click on a link which will take you to a page where you can enter your email address to coordinate \$5 payment through Venmo, PayPal, or Cash App with the researcher.</i></p> <p><i>The researcher may remove data that is determined to be false, fake, or provided without thoughtful consideration. A limited number of checks will be made throughout the survey to ensure that you are providing thoughtful and honest responses. The researcher reserves the right to not compensate participants who provide false or fake responses.</i></p>
Potential Risks and Discomforts	<p><i>Potential Risks or discomforts It is possible that answering questions about depressive symptoms or gendered racism may cause some distress while completing the questionnaire. There are no known medical risks associated with participating in this research.</i></p>

	<p><i>Should you experience any significant discomfort or distress, you can explore some of the mental health resources available at the following online links or to call 1-800-273-TALK to be routed to a crisis center nearest you:</i></p> <p><i>https://www.mentalhealth.gov/ https://www.nimh.nih.gov/health/find-help/index.shtml https://therapists.psychologytoday.com/ http://locator.apa.org/ https://findtreatment.samhsa.gov/</i></p> <p><i>A potential data breach may be a potential risk. I will do my best to prevent this from happening by storing data with password protection, and never linking personal data to survey data.</i></p>
Potential Benefits	<i>Although this study may not directly benefit you, you will be contributing to strength-based research. Results from the study may help formerly incarcerated Black women in the future.</i>
Confidentiality	<i>I will do my best to keep your personal information confidential and anonymous. To help protect confidentiality: Datasets will be password protected, and at no time will your survey data be linked to personal information. If I write an article about this research, your identity will be protected as much as possible. After 10 years the data will be destroyed. Personal information will only be shared with people from the University of Maryland or governmental authorities if anyone is in danger or if law requires.</i>
Compensation	<i>If you choose to participate in this study, you will earn \$5 via your choice of PayPal, Venmo, or Cash App.</i>
Right to Withdraw and Questions	<p><i>Your participation in this research is voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop at any time. If you decide not to participate in this study or if you stop at any time, you will not be penalized.</i></p> <p><i>If you have questions, concerns, or complaints, or if you need to report issues related to the research, please contact the investigator.</i></p> <p style="text-align: center;">Stephanie Yee syee1@umd.edu</p>
Participant Rights	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;">University of Maryland College Park</p>

	<p style="text-align: center;">Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p style="text-align: center;"><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
<p>Statement of Consent</p>	<p><i>Signing on the line below means that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered and you agree to participate in this research study. If you agree to participate, please sign and date below.</i></p>	
<p>Signature and Date</p>	<p>NAME OF PARTICIPANT</p>	
	<p>SIGNATURE OF PARTICIPANT</p>	
	<p>DATE</p>	

Appendix B

Preliminary Screening Questions

How many times have you been incarcerated (gone to prison)?

- 0 times
- 1 time
- 2-3 times
- Greater than 3 times

Do you identify as a Black woman?

- Yes
- No

Appendix C

Multidimensional Scale of Perceived Social Support (MPSS)

**We are interested in how you feel about the following statements. Read each statement carefully.
Indicate how you feel about each statement.**

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
There is a special person who is around when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix D
Centrality Scale from Revised Multidimensional Inventory of Black Identity

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
Overall, being Black has very little to do with how I feel about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, being Black is an important part of my self image.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My destiny is tied to the destiny of other Black people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Black is unimportant to my sense of what kind of person I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of belonging to Black people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong attachment to other Black people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Black is an important reflection of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Black is not a major factor in my social relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix E

The Gendered Racial Microaggression Scale for Black Women

Please rate how often you experienced each event in your lifetime and indicate how stressful each event was for you.

	How often have you experienced each event in your lifetime?					How stressful was each event for you?					
	Never	Very rarely	Seldom	Twice per month	Once per week or more	Not at all stressful	Slightly stressful	Stressful	Moderately stressful	Very stressful	Extremely stressful
Someone said I was unattractive because size of my butt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got negative comments about the size of my facial features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone imitated the way they think Black women speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone made me feel unattractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative comment about my skin tone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone assumed I speak a certain way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectified me based on physical features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone assumed I have a certain body type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a sexually inappropriate comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative comments about my hair when natural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	How often have you experienced each event in your lifetime?					How stressful was each event for you?					
	Never	Very rarely	Seldom	Twice per month	Once	Not at all stressful	Slightly stressful	Stressful	Moderately stressful	Very stressful	Extremely stressful
					per week or more						
Assumed I was sexually promiscuous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt unheard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My comments have been ignored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone challenged my authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been disrespected in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has tried to "put me in my place"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt excluded from networking opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please select "never" and "stressful" for this item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assumed I did not have much to contribute to the conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone assumed I was sassy and straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had been told that I am too independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone made me feel exotic as a Black woman	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been told that I am too assertive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assumed to be a strong Black woman	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has told me to calm down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perceived to be "angry Black woman"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone accused me of being angry when speaking calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix F

Center for Epidemiological Studies- Depression scale (CES-D)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
I was bothered by things that don't usually bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that people dislike me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not get "going".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G
Demographics Questions

Instructions: Please answer all the demographic questions below. Your responses will be used to describe participants in general, and at no time will they be reported individually. Please do not leave out any questions.

The last time you were incarcerated, what was the offense you were convicted for? Please indicate if you would prefer not to disclose.

The last time you were incarcerated, how long did you serve time for? Please indicate if you would prefer not to disclose.

How long have you been out of prison?

- Less than 1 month
- 1 month-1 year
- 1 - 2 years
- 2-3 years
- 3-4 years
- Greater than 5 years

Do you identify as trans?

- Yes
- No

If yes, which of the following describes your gender identity?

- Agender
- Genderqueer
- Non-binary
- Questioning
- Trans Man
- Trans Woman
- I describe my gender identity as:

What is your age?

Which of the following best described your racial or ethnic identity? (please select all that apply)

- Asian/ Asian American (For example, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)
- Black/ African American (For example, African American, Haitian, Nigerian, and so on.)
- White/European American (For example, German, Irish, French, and so on.)
- Latino/a/x (Please note that this category historically has been referred to as "Hispanic," for example, Mexican, Mexican American, Puerto Rican, Cuban, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, and so on.)
- Native/Native American/ Indigenous People (For example, Navajo, Mayan, Tlingit, and so on.)
- Native Hawaiiin
- Middle Eastern
- North African
- Pacific Islander (For example, Guamanian or Chamorro, Samoan, Fijian, Tongan, and so on.)
- I describe my racial or ethnic identity as:

Which of the following describes your generational status?

- First generation (I was not born in the US)
- Second Generation (At least one of my parents or guardians were not born in the US, but I was)
- Third generation and beyond
- I don't know
- Other:

Which of the following best describes your citizenship or immigration status?

- U.S. Citizen
- U.S. Permanent Resident
- Other Citizenship
- Other (Including undocumented, refugees, and asylum seekers)
- Prefer not to disclose

Please indicate your highest level of education completed:

- Did not receive high school diploma
- High School Diploma, GED
- Trade school/ technical school/certification
- Associate's Degree
- Bachelor's Degree
- Professional Degree (e.g. JD, MD)
- Graduate Degree
- Other (please specify)

Geographic Region of your primary residence:

- Rural
- Suburban
- Urban
- Other (please specify):

What is your Political Identity?

- Very Conservative
- Conservative
- Moderately Conservative
- Moderate
- Moderately Liberal
- Very Liberal
- Other (please specify):

Is there a particular US political party with which you identify?

- Democrat
- Green
- Independant
- Libertarian
- Republican
- No affiliation
- Other (please specify):

What is your total income before deductions for taxes, bonds, dues, or other items?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Prefer not to disclose

In which socio-economic class have you spent the majority of your life?

- Lower Class
- Working Class
- Middle Class
- Upper Middle Class
- Upper Class
- Other (please specify)

How would you identify your religion/spirituality?

- Agnostic
- Atheist
- Buddhist
- Catholic
- Christian
- Hindu
- Jewish
- Morman/Latter-Day Saints
- Muslim
- Unitarian/Universalist
- No Religious Affiliation

Do you identify as a person with (a/an) (please select all that apply):

- Autism
- Deaf-Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment Including Blindness
- I do not identify as a person with a disability
- I do not identify with any of these categories, but I do consider myself a person with a disability (please explain):

How would you identify your sexual identity/sexual orientation?

- Asexual
- Bisexual
- Heterosexual/straight
- Lesbian/gay
- Pansexual
- Queer
- Questioning
- None of these best describe my sexual orientation, I identify as _____

In your honest opinion, should we use your data in our analysis in this study?

- Yes
- No

Thank you for completing this survey! Your responses are very important to us and will be held in confidentiality. Please see Stephanie to be compensated \$5

Appendix H

Recruitment Flyer

Resilience During Reentry Study

Be part of an important research study!

- Do you identify as a Black woman?
- Have you previously been incarcerated?

If you answered YES to these questions, you may be eligible to participate in survey research.

The purpose of this research study is to learn about the unique experiences of previously incarcerated Black women during reentry. Participants will receive an incentive payment of \$5 for completion of the survey which take approximately **10 minutes** to complete.

To participate in this study, you must 1) Identify as a Black woman (at least 18 years of age), and 2) have been released from a state or federal facility at least 1 month prior to participation in the study but no longer than 5 years

If you fit this criteria and are interested in participating, please contact the researcher to receive the survey link.

If you are not eligible for this study, you can help by sharing this with previously incarcerated Black women, individuals who may know previously incarcerated Black women, or listservs that may reach previously incarcerated Black women.

Thank you for considering participating! This study has been reviewed by the University of Maryland-College Park Institutional Review Board. If you have questions or concerns about participating, feel free to email me at syee1@umd.edu

Participate in research! (603)
545-7593 or syee1@umd.edu

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Appendix I

Recruitment Script for Email

My name is Stephanie Yee, and I am a graduate student in counseling psychology at the University of Maryland, College Park. I am conducting an academic survey to understand more about experiences of formerly incarcerated Black women. I want to learn more about how they are often able to overcome some of the challenges they've faced since being released from incarceration, and I am hoping that this survey will help inform future interventions from a strength-based perspective.

To participate in this study, you must 1) Identify as a Black woman (at least 18 years of age), and 2) have been released from a state or federal facility

If you fit this criteria and are interested in participating, click the following link to my survey (or copy the link into your preferred Internet browser):

https://survey.az1.qualtrics.com/jfe/form/SV_0uEhQYUqJamn4wZ

Click (or copy and paste into your browser) the link to complete the survey. At the end of the survey, you will receive a prompt to enter your email so that you can receive \$5 for participation in my survey.

If you are not eligible for this study, you can help by forwarding this to formerly incarcerated Black women, individuals who may know formerly incarcerated Black women, or listservs that may reach formerly incarcerated Black women.

Thank you for considering participating! This study has been reviewed by the University of Maryland-College Park Institutional Review Board. If you have questions or concerns about participating, feel free to email me at syee1@umd.edu

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