

ABSTRACT

Title of Dissertation:

MOTHERING AFTER INCARCERATION:
REENTRY AND RENEGOTIATING
MOTHERHOOD

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In the wake of mass incarceration, there has been an unprecedented increase in the incarceration of women in the United States. The majority of incarcerated women are mothers, whose absence causes a significant disruption in family life. While research has demonstrated the negative impact of maternal incarceration on women and their children, much remains to be learned about women's return to the community and in to family life upon reentry.

The purpose of the research, conducted in the District of Columbia (2015-2016), was to explore the lived experience of mothering after incarceration, the role of motherhood on women's experiences of prison to community reentry, and the impact of incarceration and reentry on women's roles as mothers. Sources of data for this study include life history interviews with formerly incarcerate mothers, interviews with community stakeholders such as community service providers and criminal justice professionals, participant observation at relevant service

organizations and community events, and archival data. This research design allowed for an examination of the lived experiences of formerly incarcerated mothers, as well as the social and structural context within which they mother their children, and in which they attempt to gain access to resources to rebuild their lives after incarceration.

The research produced case studies that highlight the structural, institutional, and social factors that shape the lives of incarcerated women, including their sense of motherhood and how these factors affect the practice of mothering for women who become involved in the criminal justice system. The findings reveal the ways women attempt to mother their children as they struggle within and against difficult social positions, and how kinship ties are challenged, made, and remade as a result of a mother's incarceration. The findings contribute to the anthropology of mothering, and underscore emergent roles of kinship, both biological and fictive, in the practice of mothering and experiences of prison and reentry for women who become involved in the criminal justice system. The experiences of formerly incarcerated mothers has implications for broader understandings of motherhood and mothering as dynamic, contextual processes, structured by the conditions in which women mother their children.

MOTHERING AFTER INCARCERATION: NAVIGATING REENTRY AND
RENEGOTIATING MOTHERHOOD

by

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Dedication

This dissertation is dedicated to mothers.

To my mother, Kimberly Kane Hall, for her love and unwavering support.

To my “dissertation mothers”, for their patience and guidance.

To the mothers whose stories I have the privilege of sharing in this project.

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List of Abbreviations

CCA	Corrections Corporation of America
CSOSA	Court Services and Offender Supervision Agency
CTF	Central Treatment Facility
DCHA	DC Housing Authority
DOES	DC Department of Employment Services
DOC	Department of Corrections
FBOP	Federal Bureau of Prisons
FCI	Federal Correctional Institute
FDC	Federal Detention Center
MORCA	Mayor's Office of Returning Citizens Affairs
PE	Project Empowerment
RRC	Residential Reentry Center
RSC	Reentry Sanctions Center
RUGs	Racialized Urban Ghetto
SHU	Segregated Housing Unit

Chapter 1: Introduction

The first thing I did when I got back [from prison] I got my son. I went to his school. I called his father, "What school does he go to, where is it located, I want to pick him up from school, and we're going to go out and get something to eat". That was the first stop. Let me tell you this story. So, he's the child that I didn't see often because he was with his father, and me and his father's relationship is nonexistent, so of course he's not going to bring him up to Connecticut [where Sheila was incarcerated], so I hadn't seen him since, for four years. Yeah. So, when I went in the school, I [said to the staff] I'm looking for [son's name], he's in the second grade. They was like, oh the second grade table is over there. And I'm looking, and I realized I don't know which one is mine, 'cause I haven't seen him in four years, and I know he's big and he's changed (...) So I was like, Okay, can you show me where [son's name] is? So, they're looking [at me] like, he's right there! I didn't recognize him. I walked up to him and I said, do you know who I am? He said no. I was like, who's your father? He was like [father's name]. I said, what's your mom's name? He said Sheila. I said, that's me. He opened his eyes so wide and jumped on me and just started crying, crying, crying. So, that was my first stop.

This story highlights how maternal incarceration causes a significant disruption in family life, and the importance of family reunification for many formerly incarcerated mothers. This dissertation is about the experiences of formerly incarcerated mothers in the District of Columbia, who upon release from prison not only navigate the process of reintegrating into society, but also reuniting with their children and reintegrating into their families. With the unprecedented increase in the incarceration of women – many of whom are mothers– in the U.S. (Sentencing Project 2015), the impact of maternal incarceration on family functioning and the complexities of how mothering is constituted within the larger context of the United States Correctional system have yet to be fully realized. While research has demonstrated the negative impact on both women and their children as a result of

maternal incarceration, much remains to be learned about women's reentry in to the community and to family life after incarceration. Data for this study was collected through life history interviews with formerly incarcerated mothers, interviews with community stakeholders such as community service providers and criminal justice professionals, participant observation at relevant service organizations and community events, as well as the collection of archival data. The research contributes to the growing body of anthropological work on mothering and underscores the emergent roles of kinship, both biological and fictive, in the practice of mothering and experience of reentry. The research also contributes to the existing research on prison to community reentry, highlighting the importance of both objective and subjective aspects of women's lives upon reentry, suggesting opportunities for intervention, improved policy and practice.

Statement of the problem

Since the 1980's, the female incarceration rate has grown rapidly, outpacing that of males in the United States (Sentencing Project 2015). The existing research suggests that the policies of the War on Drugs and changes in the criminal justice system, including sentencing policies such as mandatory minimum sentencing and sentencing guidelines, have contributed to the staggering growth of incarcerated women (Goodwin 2015; Mauer 2009). Worsening social and economic conditions have also contributed to the rapid rise in the number of incarcerated women in the U.S. The ascendance of neoliberal political and economic policies have impacted the labor market, resulting in the loss of employment opportunities and wages, as well as significant cuts to social programs providing assistance to low-income families. In

turn, these structural changes promoted an increased use of criminalized survival strategies by marginalized women (Sudbury 2010; Harvey 2005; Reese 2005). Many scholars have argued that the phenomenon of mass incarceration reflects a “penal treatment of poverty” rather than a response to a rise in crime (Wacquant 2001:406; See also Davis 1997; Tonry 1995).

The rapid growth of incarceration in the criminal justice system has disproportionately affected people of color, particularly African Americans and especially women (Carson 2015) in economically challenged African American communities (Brown 2010; Roberts 2003). Approximately two-thirds of incarcerated women are mothers, the majority of whom also face the financial challenge of single motherhood (Swavola et al. 2016; Glaze and Marushack 2008). Demographics of incarcerated women make apparent the intersecting nature of race, class, and sex-based or gendered oppression (Moe and Ferraro 2007). The impact of structural disadvantage on criminalized behavior is particularly salient for African American women (Chesney-Lind and Pasko 2012; Hill and Crawford 1990), who are typically removed from and returned to neighborhoods where violence, drug use, and crime are widespread. Like men, women in these neighborhoods are affected by structural conditions that shape the nature and extent of their criminal offending (Leverentz 2014; O’Brien 2001). However, the experiences of women who become involved with the criminal justice system are shaped not only by racial and economic inequality, but by sex/gender based oppression as well. These intersectional inequalities (Collins 2015, 2000; Dill and Zambrana 2009) increase women’s

vulnerability to violence, crime, and imprisonment (Belknap 2015; Potter 2013; Crenshaw 2011) and shape women's pathways to prison.

The feminist pathways approach is a perspective from feminist criminology which argues that gender matters significantly in shaping criminality, and that socioeconomic marginalization and victimization throughout the life course are risk factors for women's entry into criminal offending (Chesney-Lind and Pasko 2013; Dehart 2008; Belknap 2001; Owen 1998). Introduced by Kathleen Daly (1992, 1994), the pathways framework has been adopted by numerous scholars. The research utilizing this approach has identified several key issues that shape women's involvement in criminal offending, including: social and economic marginality, histories of personal abuse, mental illness, substance abuse, and the importance of relationships (meaning that women's criminal involvement often comes about through women's relationships with family and significant others) (Bloom, Owen, and Covington 2003).

As the rate of incarceration of women has grown, so has the number of children affected by maternal incarceration at the state and federal level. Since 1991, the number of children with a mother in prison has more than doubled, up 131%, as the majority of incarcerated mothers were residing with and caring for their children prior to their incarceration (Glaze and Maruschak 2008). The massive growth in the incarceration of women presents profound difficulties not only for the children of incarcerated mothers and family members who may act as children's caregivers, but also for the mothers themselves in terms of their ability to adapt to prison life as they

maintain relationships with their children, as well as their ability to reintegrate in to society and their families upon release (Arditti 2012; Mallicoat 2011; Arditti and Few 2008; Genty 2002).

Although they are the fastest growing segment of the incarcerated population, women still represent a minority of those in America's prisons and jails. As a result, there are fewer facilities for women, and women are more frequently incarcerated further away from their families than are male prisoners, making maintaining family ties more difficult. Returning women have many needs upon reentry, and often find themselves returning to the same environments, and facing the same challenges that led to their incarceration. But because men comprise the majority of the incarcerated population, women's needs upon release are often under-assessed and unaddressed in reentry programming (Garcia and Ritter 2012; Schram et al. 2006). Women's roles as mothers and their responsibilities to their children is frequently overlooked as an important aspect of prison-to-community reentry for women. This is a critical oversight, given that the majority of incarcerated women are mothers for whom reunification with children is a primary concern upon reentry (Brown and Bloom 2009; La Vigne, Brooks & Schollenberger 2009; Covington 2003).

Purpose of Study

The primary objective of the research was thus to explore women's experiences of mothering after incarceration and particularly to inquire what shapes the process of prison-to-community reentry. But the literature also reveals that structural oppression constrains women's choices and shapes mothering at the

margins of social and economic life, and that maternal incarceration poses a significant disruption of familial relationships. Thus, my study sought to reveal the ill effects of family disruption due to maternal incarceration. The existing research has documented these factors including the effects of maternal incarceration on children, on children's temporary caregivers, and on the strain of separation from children for incarcerated mothers (Poehlmann 2015; Arditti 2012; Berry and Eigenberg 2003; Fuller-Thomson and Minkler 2000; Young and Smith 2000). However, my major contribution was to the scant literature on women's experiences of mothering after incarceration and how these influence their reentry outcomes (Brown and Bloom 2009; Hayes 2009).

The following questions guided the research:

- How do women experience mothering after incarceration, and how does their desire for family reunification shape their reentry experience?
- How do incarceration and subsequent reentry impact women's roles as mothers?
- What are the risk or protective factors for mothers as they navigate the reentry?

The research findings highlight the structural, institutional, and social factors that shape the lives of incarcerated women, including their sense of motherhood and practice of mothering, and how these factors in turn shape their experience of prison-to-community reentry. The findings also show how kinship ties are challenged, made, and remade as a result of maternal incarceration, and suggest the importance of fictive families created during incarceration as a source of social support for women

both during incarceration and after release. These findings contribute to the existing literature on reentry, and demonstrate how ethnographic knowledge can contribute to improved correctional practices and programs for mothers and their families. The research also contributes to anthropological knowledge of mothering, reproduction, and kinship.

Overview of the Study Methodology

The research reported here is based on 9 life history interviews with formerly incarcerated mothers, 10 open ethnographic interviews and numerous informal interviews with community stakeholders such as community service providers and criminal justice professionals, and participant observation at relevant service organizations and community events. This research design allowed for a holistic examination of the lived experiences of formerly incarcerated mothers, as well as the social and institutional context within which they attempt to gain access to resources to rebuild their lives after incarceration.

Organization of the Dissertation

Following this introduction to the research, Chapter 2 presents a review of the literature relevant to this research, as well as the conceptual framework for the study. Chapter 3 introduces the research site, and presents the research design methodology used to collect and analyze the data for this study. Chapter 4 presents individual case studies of nine formerly incarcerated mothers. Chapter 5 presents the findings and analysis, and Chapter 6 presents the discussion, conclusions, and suggestions for future research.

Definitions of Key Terms

The definitions below are presented to standardize the meaning of terms used throughout this dissertation. Some of these are used in a different or narrower manner than is implied in their common definitions.

Reentry: Reentry is the process of being released from prison into society (Travis, Solomon, and Waul 2001).

Returning Citizen: Returning citizen is the commonly used and preferred term for a formerly incarcerated individual, as it is less stigmatizing than “ex-convict” or “former offender” and emphasizes the individual’s membership in and transition back in to society. This term is seen by some as problematic, as noncitizens are also incarcerated and some have suggested using “returning person” instead. However, returning citizen is the preferred term used by government agencies and reentry advocates and is now common in the literature on prison to community reentry.

Motherhood: Motherhood can be defined as the state of being a mother. It is also a social institution that functions ideologically and politically (Walks 2010).

Mother: An individual identity and a gendered social role (Walks 2010).

Mothering: Mothering be understood as both a biological process and a gendered social engagement. Social aspects of mothering or mother-work include the everyday tasks of caring for children (Walks 2010).

Social Reproduction: Social reproduction, defined as the “creation and recreation of people as social and cultural, as well as physical human beings” (Glenn 1992:4) and

as “the array of activities and relationships involved in maintain people both on a daily basis and intergenerationally” (Glenn 1992:1).

Chapter 2: Literature Review and Conceptual Framework

This chapter provides the conceptual framework for the study, and a review of the relevant literature. I first present the conceptual model, which is meant to illustrate the broader social arrangements that structure the conditions under which criminal justice involved mother their children. A review of relevant literature related to maternal incarceration and reentry organized in relation to the model is also presented, including literature relevant to the conceptual framework that informed the research and analysis.

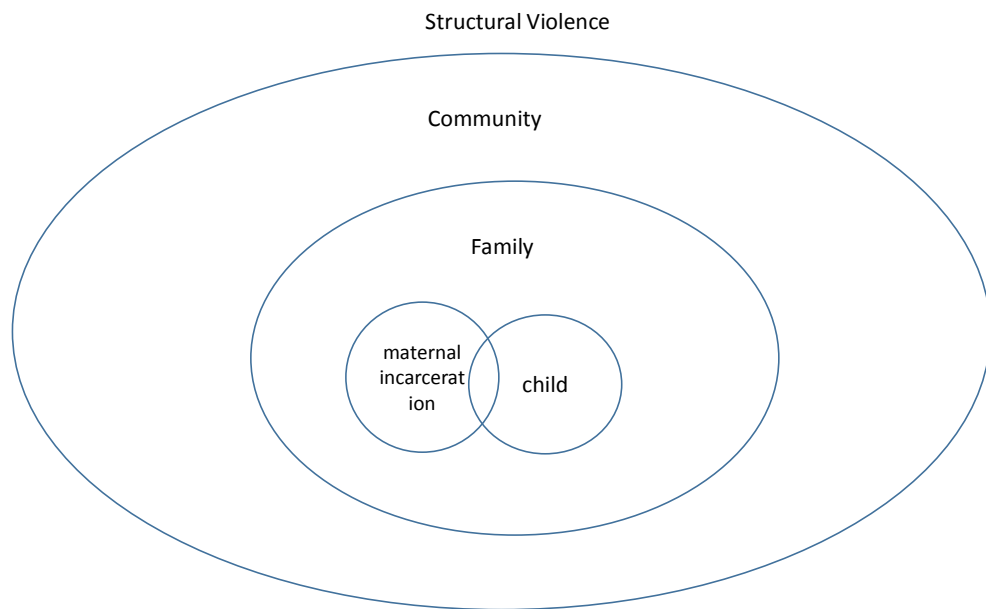
Conceptual Model for this Research

Conceptually, I draw on the anthropological literature on mothering, particularly the framework of stratified reproduction, as well as the concept of structural violence. Stratified reproduction builds on the concept of structural violence and provides a lens through which to examine how social structures of inequality shape women's reproductive experiences and practices.

Figure 1 shows how for women involved in the criminal justice system, motherhood is embedded in a sociocultural setting in which women and their families are subject to various forms of structural violence. The matrix is meant to illustrate how women and their families are situated within a nested series of social contexts and broader social arrangements that structure the conditions under which women carry out reproductive labor. Surrounding the family and community levels is a web of structural oppression, including intersectional oppression on the axes of race, class,

and gender, and neoliberal economic-political policies and rhetoric, and mass incarceration.

Figure 1 Incarcerated Women's Lives are Embedded in a Context of Structural Violence



Structural Violence as a Theoretical Framework

The term structural violence refers to institutionalized social structures, such as poverty, racism, gender inequity, and other broad social arrangements, that inflict harm by constraining individual agency and preventing people from meeting their basic needs (Rylko-Bauer and Farmer 2016; Ho 2007; Farmer 1996). Anthropologists, as well as scholars from a number of other disciplines, have used structural violence as a conceptual framework that broadens levels of analysis of social issues. The use of structural violence as a conceptual framework is perhaps most prevalent in medical

anthropology. Medical anthropologists have examined how structural violence influences risk for HIV infection or decreased access to treatment among marginalized and vulnerable populations (Shannon et al. 2008; Lane et al. 2004), and more specifically how stigma and prejudice based on HIV/AIDs status and other health conditions, or immigrant/migrant status, can lead to discrimination and structural barriers to care (Abadía-Barrero and Castro 2006; Larchanche 2012). Others have integrated structural violence with other perspectives to assess how policies shaped by social inequalities related to structural violence, deny human rights, increase vulnerability to harm, and sustain inequality (Holmes 2013; Benson 2008; Castro and Singer 2004). Sangaramoorthy (2014) makes a unique contribution to current approaches of understanding health disparities, arguing that current approaches to health disparities naturalize difference and reproduce structural violence. Using ethnographic evidence from long-term fieldwork in hospitals, clinics, community based organizations, and the social worlds of Haitians in Miami, Sangaramoorthy illustrates “the multiple ways in which HIV/AIDs prevention reproduces and naturalizes categories of differences and downplays the everyday suffering of the people it tries to act on” (p.141).

Anthropologists use of the concept of structural violence has evolved and been applied in some interesting ways. One example is David Vine’s (2009) book on the expulsion of the indigenous people of Diego Garcia by the U.S. and British governments for the creation of a military base illustrates how structural forces shape lives, constrain agency, and create suffering. Another example is Akhil Gupta’s (2012) ethnography of poverty and bureaucracy in India that provides an analysis of

structural violence enacted by the state in its administration of poverty alleviation programs, the key mechanisms of which include corruption, the use of written records despite the target population being largely illiterate, and the expansion of bureaucracy. Gupta suggests that poverty in India has been normalized through numerous statistical projects aimed at measuring it, and the result is the normalization of suffering and avoidable deaths. The arbitrariness of care, he argues, is produced by the very mechanisms intended to ameliorate social suffering.

The concept of structural violence has also been critiqued as a concept that although valuable, “needs to be elaborated, complicated, and diversified” in order to document how it operates in “real lives” (Bourgois and Scheper-Hughes 2004:318). Anthropologists have called for a refining of structural violence so that it may better capture “the complexity, and the contradictions of the lives of the poor and disenfranchised” (Green 2004:320). Structural violence is one form of violence that interconnects in complex ways (Rylko-Bauer and Farmer 2016), with concepts such as *symbolic violence* (Bourdieu 2000), *normalized violence* the *violence continuum* (Scheper-Hughes and Bourgois 2004), and *structural vulnerability* (Quesada et al. 2011) to broaden the structural violence approach. Associated with sociologist Pierre Bourdieu (2000), *symbolic violence* refers to the ideas and values of the dominant group that are imposed on the subordinate group. These dominant values become embedded in everyday life in a way that reflects unequal power relations, but is perceived by both the perpetrator and the victim as normal or deserved. *Normalized violence* (Bourgois 2009) is adapted from the concept of *everyday violence* developed by Scheper-Hughes (1992), and refers to the way violence becomes an inevitable part

of life for some people, and the broader indifference of society to this violence. The *violence continuum* proposed by Scheper-Hughes and Bourgois (2004b) conceptualizes violence as operating along a continuum and acts as a framework for examining how structural, symbolic, and normalized violence are linked to various kinds of direct violence, and the relationship between violence and power. The notion of *structural vulnerability*, introduced by Quesada, Hart, and Bourgois (2011), extends the “economic, material and political insights of structural violence to encompass more explicitly (and to project to a wider audience) not only politico-economic but also cultural and idiosyncratic sources of physical and psychodynamic distress” (p.341). Building on Leatherman’s (2005) notion of “space vulnerability”, structural vulnerability is a positionality, meaning that an individual’s vulnerability is produced by their location in a social hierarchy and relevant network of power relationships and effects. Similarly, an individual’s position within social hierarchies such as race, class, and migration status results in the valuation of some people’s reproduction and the devaluation of others, as discussed in the following section.

Motherhood, Stratified Reproduction and Structural Violence

Stratified reproduction is “the hierarchical organization of reproductive health, fecundity, birth experiences, and child rearing that supports and rewards the maternity of some women, while despising or outlawing the mother-work of others” (Rapp 2001:469). Said another way, stratified reproduction is a way of describing the influence of structural inequality on motherhood and mothering. For women in the context considered here, motherhood itself is conducted in a context of structural violence, stratified along the axis of race, class, and other social arrangements that

allocate resources inequitably. Stratified reproduction is central to the discussion of maternal incarceration, as it provides a lens through which to examine how systems of inequality influence women's reproductive practices, including their mothering. This research contributes to research on women who mother under difficult contextual conditions.

Stratified reproduction provides a useful framework for exploring how reproduction is patterned along multiple axes of social status and inequalities, both culturally and politically. Women's experiences of reproduction, from pregnancy to childbirth to mothering, are shaped by cultural and political discourse, practices, and policies that encourage and support the reproduction of some and stigmatize and discourage the reproduction of others. Incarcerated women are typically poor, single mothers of color, many of whom are incarcerated for drug related offenses (Carson 2015; Moe and Ferraro 2007). As a result, incarcerated mothers often have membership in multiple marginalized mother groups (black mothers, single mothers, young mothers, welfare mothers, and addicted mothers), whose motherhood and mothering is stigmatized and devalued (Arditti 2012). Additionally, stratified reproduction is also used to describe the ways in which political, economic, and social conditions structure the conditions under which women carry out physical and social reproductive labor. As a conceptual framework, stratified reproduction provides a way to examine the underlying structural power imbalances that create opportunities and allocate resources enabling some women to reproduce and care for children while others are inhibited from doing so (Kanaaneh 2002; Mullings 1995; Roberts 1997; McCormack 2005).

Stratified Reproduction was originally coined by Shellee Colen (1986) in her work on West Indian caregivers and their employers. She found that the nannies and their female employers engaged in unequally valued “mothering work”, revealing a transnational and highly stratified system of reproduction. She later elaborated on the concept of stratified reproduction specifically by arguing:

By stratified reproduction I mean that physical and social reproductive tasks are accomplished differently according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in the global economy, and migration status and that are structured by social, economic, and political forces. The reproductive labor – physical, mental, emotional– of bearing and raising and socializing children and of creating and maintaining households and people (from infancy to old age) is differentially experienced, valued, and rewarded according to inequalities of access to material and social resources in particular historical and cultural contexts (1995:78).

A pivotal book in articulating the significance of stratified reproduction as a framework for analysis, *Conceiving the New World Order* (1995), edited by feminist anthropologists Faye Ginsburg and Rayna Rapp, has been particularly influential for scholarship focused on mothering and motherhood since the mid 1990’s. They articulate the significance of stratified reproduction as a framework for examining power relations and inequalities in the realm of reproduction (Walks 2011). Ginsburg and Rapp employed the term to “describe the way some categories of people are empowered to nurture and reproduce, while others are disempowered” (1995:3). Put

another way, stratified reproduction acknowledges that experiences of reproduction are influenced by a number of cultural beliefs and practices that are hierarchically organized according to normative categories (Ginsburg and Rapp 1995).

Conceiving the New World Order includes papers on stratified reproduction written by anthropologists including Colen (West Indian nannies), Mullings (the politics of race and class in single female headed households), Lewin (lesbian mothers) and Ward (teen mothers). These authors examine the discursive processes through which mothers are categorized as suitable or unsuitable, and stratified (by age, race, class, sexuality, nationality, etc.) and “how these cultural understandings are translated in to the social organization of everyday life” (Ginsburg and Rapp 1995:13). For example, Leith Mullings (1995) chapter on African American single mothers in New York identifies how the cultural stereotypes of black women as jezebels and single mothers results in their being viewed by society as inadequate mothers, ideologies of class blame them for their poverty, and ideologies of patriarchy label nontraditional family forms such as single motherhood pathological (Mullins 1995: 129). In doing so, attention is diverted from social inequalities and the injustice of the racial and gendered labor market. Additionally, cultural images of African American women as bad mothers function to justify and conceal the challenging conditions in which they raise and financially support their children.

Scholars have adopted stratified reproduction as a theoretical framework with which to examine a number of issues relevant to the intersections of reproduction and stratification, and how these hierarchies shape the experiences of women attempting

to mother “along a range of fault lines” (Ragone and Twine 2000:7) both within and across cultures (Roberts 1997; Connolly 2000; Geronimus 2003; Chavez 2004; McCormack 2005; Barrow and Laborde 2008; Hough 2010; Barcelos and Gubrium 2014; Phinney et al 2014; Tomori 2014). As a framework, stratified reproduction recognizes both the cultural and political structural forces that shape reproduction, motherhood, and caregiving.

Chavez (2004) utilizes the framework of stratified reproduction to examine the discourse of the supposed threat of Latina reproduction and fertility to U.S. society found in popular national magazines from 1965-2000. Three interrelated themes emerged from his analysis of the discourse of the perceived threat of Latina reproduction in America: 1) high fertility and population growth (a threat to the nation’s demographic future); 2) the potential for a re-conquest or takeover of U.S. territory; and 3) the overuse and subsequent destabilization of medical and other social services by low-income immigrants. Chavez then analyzed survey data from both Anglos and Latino respondents in Orange County, California, and found that while there were some modest differences between Latinos and Anglos, the evidence did not support the negative view of Latina reproduction-related behavior. Rather, he found that the discourse surrounding the reproduction of women from Mexico and Latin America (often falsely viewed as a homogenous group) is about more than reproduction. It is also about reinforcing the belief that Anglo-Americans are legitimate Americans, and the danger of white Americans being demographically displaced by less-legitimate Latinos. (pp.178-185). This is a powerful narrative that serves to valorize the reproduction of white women and position the reproduction of

Latina women as a reproductive threat to society, and provides justification for political actions to curb immigration and deny undocumented immigrants access to care.

Another example of stratified reproduction is the “reproductive threat” posed by African American women, and the racialized image of the “welfare mother” or “welfare queen”, used in political discourse to deny social services to those deemed undeserving (poor mothers, especially black mothers). Roberts (1997) documents the devastating impact of U.S. welfare policies that punish African American women for having children. Using stratified reproduction, she contrasts the representations and policies that discourage and even penalize the childbearing of poor, nonwhite women with those that encourage and promote the reproduction of more affluent white women. Cultural, as well as political representations of motherhood are one part of stratified reproduction. Public policies then support and reinforce these views by structuring the economic benefits of mothering along lines of race, class, immigration status, etc. (Roberts 1997).

Although the number of white and black women receiving welfare in the 1990s was virtually equal, the public and stereotypical image of the “welfare mother” was black. The racialization of welfare draws from myths of the pathology of the black family and single, female headed households, and the view that single mothers exhibit a cultural deficit that produces poverty and social disorganization. In her examination of the evolution of welfare policies and the political debate prior to the passage of a major welfare reform law, The Personal Responsibility and Work

Opportunity Reconciliation Act of 1996 (PRWORA), Roberts notes how states began to receive waivers from the federal government for “family caps”, policies that allowed states to deny welfare benefits for children born to mothers receiving welfare. Family caps were a more palatable way to deter welfare-receiving mothers from having more children than Newt Gingrich’s suggestion to “eliminate welfare payments to welfare mothers and unwed teens and divert the money to programs that would put their babies up for adoption or place them in orphanages” (p.236).

As Roberts (1997:7) argues, “Welfare reform measures that cut off assistance for children born to welfare mothers all proclaim the same message: The key to solving America’s social problems is to curtail Black women’s birth rates.” After documenting the rhetoric and policies that devalue the reproduction of black mothers, Roberts then contrasts this with America’s enthusiasm and support for reproductive technology like in vitro fertilization (IVF) - but only for married, heterosexual, and predominantly white couples, as reflected in the policies of many IVF clinics, and in the laws regulating the parental rights in children conceived using reproductive technology. She explicates the processes by which a woman is deemed a suitable or unsuitable mother, and how considerable resources are used to enable the births of children viewed as desirable (e.g., via in vitro fertilization made available to predominantly white, heterosexual couples of means), while the birth of less desirable children is discouraged (e.g., via social policies that discourage childbearing for women on welfare). In her work, Roberts reveals how the social value assigned to a woman's reproduction is determined by her position within the hierarchies of race, class, and other inequitable divisions.

Barrow and Laborde (2008) utilize stratified reproduction in their work on homeless mothers staying in shelters while their children resided elsewhere. Their analysis examines the social processes through which various institutions shape family life for homeless women marginalized by poverty and issues like mental health difficulties and substance abuse. They highlight how the women demonstrate agency through their efforts to mother their children, the aspirations of many for reunification, and the many barriers that complicate their ability to reside with their children. They found that while the women they interviewed highly valued their children and their identities as mothers, their status as mothers was often “invisible” to the social policies and programs that shaped their lives. (Barrow and Laborde 2008:167). Many women found themselves involved with a number of public agencies with different and sometimes conflicting agendas (to protect children, to treat substance abuse, etc.) For women such as those involved in Barrow and Laborde’s study, these programs made competing or contradictory demands on the women that not only prolonged their homelessness, but put them at risk for permanently losing their parental rights. The combined effect of their social status and these processes effectively “place them on the wrong side of the fault lines that divide those who are empowered to be mothers and those who are not” (p.169). As women who are similarly on “the wrong side of the fault lines that divide those who are empowered to be mothers and those who are not”, the framework of stratified reproduction is also useful when examining the mothering experiences of women involved in the criminal justice system.

Motherhood for Incarcerated Women

Although research on incarceration has traditionally focused on men, researchers have increasingly recognized the importance of studying incarcerated women, incarcerated mothers, and the impact of maternal incarceration on families (Enos 2001; Ferraro and Moe 2003; Celinska and Siegel 2010; Tuerk and Loper 2011; Granja et al 2013). The extant literature indicates that mothering is a central concern of incarcerated women. It has been documented in the literature that incarcerated women typically retain a strong connection to their maternal identity, worry about their children's well-being, and attempt to mother from prison by staying informed of their children's whereabouts and retain some sort of parental authority, despite their inability to provide their children's day to day care (Granja et al 2015; Celinska and Siegel 2010; Enos 2001). Children's care and well-being is another primary concern of many incarcerated women, and that women's anxiety over being separated from their children and concern for their children's welfare is the most salient and distressing aspect of their incarceration (see Tuerk and Loper 2011; Celinska and Siegel 2010; Enos 2001).

Mothering from prison is a challenge, as maintaining contact with children and other family is often difficult. Contact via phone, mail (and more recently, email) is more common than regular in-person visitation (Poehlmann et al 2010). The most recent survey available from the Bureau of Justice Statistics of state and federal prisoners in the United States revealed that more than three quarters of incarcerated parents had mail contact with their children (52% reported at least monthly mail contact) and more than half had phone contact (38% reported at least monthly phone

calls) (Glaze and Maruschak 2008). Although many mothers try to arrange visitation with their children, these visits tend to be few and far between, if they happen at all. While visitation is permitted in most cases, visits from children are infrequent at best (Arditti and Few 2006; Mumola 2000; Owen 1998).

A number of factors can deter caregivers from bringing children for visits, including travel distance, the cost of travel, difficulty scheduling visits, intimidating visitation policies, and other inconveniences involved with visiting incarcerated mother. Women are more likely to be incarcerated farther from home than men, as fewer prison facilities exist for women offenders than for men. Fewer facilities mean that women are more likely to be incarcerated much farther away from their families, making visitation with their children more difficult and less frequent (Poehlmann 2010; Poehlmann, Shlafer, et al 2008). Most state prisons are located more than a hundred miles from the urban communities where many of the families affected by incarceration reside, and most federal prisons are located even farther away (Poehlmann 2010). For example, the closest federal prison facility to the District of Columbia that houses women is 123 miles away in Philadelphia. According to a 2010 Urban Institute report, 1 in 5 D.C. felons is incarcerated more than 500 miles away from the District (La Vigne 2010). Additionally, research by Poehlmann, Shlafer, et al., (2008) found that incarcerated mothers who experienced more “pre-incarceration socioeconomic risks” (such as unemployment, young age, single marital status, and low educational attainment) were less likely to receive visits from children during the incarceration than other mothers.

Although the forced separation of incarceration poses tremendous challenges to the ability of incarcerated women to mother their children, many mothers are determined to mother their children from prison, and try to do so to the best of their ability, despite significant obstacles (Barnes and Stringer 2012; Enos 2001). Common problems associated with incarcerated motherhood include stress related to being apart from children and managing relationships with caregivers, as well as depression and anxiety as a result of not being able to care for children (Foster 2012; Berry and Eigenberg 2003). Research has revealed that mothers experience considerable stress and anxiety in relation to their maternal identity while incarcerated, and documented the ways in which the stress of maternal role strain, or the tension that may result from a woman's difficulty in performing her role as a mother, produces negative outcomes cognitive outcomes for incarcerated mothers. Incarcerated mothers have reported feelings of guilt, anger, shame, depression, anxiety, decreased self-esteem and a profound sense of loss from being separated from their children (Foster 2012; Poehlmann 2005; Young & Smith 2000). Berry and Eigenberg's (2003) found that women in prison experience high levels of maternal role strain, but that they exhibit significantly less maternal role strain if allowed to participate in some form of mothering activities while incarcerated. Foster's (2012) research on incarcerated parenthood, gender and health found that a lack of contact with children and the strain of "role inoccupancy", or the chronic strain of non-participation in a desired role as a result of incarceration is positively associated with psychological distress and other physical health problems among incarcerated women, but not incarcerated men.

Existing research on motherhood and the practices of mothering are explored in the next section.

The Anthropology of Mothering

While early anthropologists frequently centered their research on reproduction and kinship, mothering was not explicitly studied until more recently. Research on “women’s areas” increasingly became the focus of research in anthropology and other disciplines with the rise of feminism in the West during the 1960’s and 1970’s, producing research and the publication of articles and books focused on motherhood and mothering within anthropology (Walks 2010). In the late 1970’s, Sheila Kitzinger pointed out that “A great deal of what we take for granted as ‘natural’ in mothering is not natural at all, but a product of culture”. Since the publication of Kitzinger’s *Women as Mothers* in 1978, the study of mother, mothering, motherhood, and mother-work in Anthropology has slowly, but steadily increased (Walks 2010). A distinct body of scholarship on motherhood and mothering has emerged by feminist scholars from a number of disciplines, including the fields of law (Fineman 1995; Kline 1995), economics (Duncan and Edwards 1997; Sigle-Rushton & Waldfogel 2007; Albelda et al 2013), sociology (Collins 1987; Chodorow 1990; McMahon 1995; Hays 1996; Arendell 2000; Chase and Rodgers 2001;) and anthropology (Reiter 1975; Ginsburg & Rapp 1991; Lewin 1993; Colen 1995; Barlow & Chapin 2010; Walks 2011). Within cultural anthropology, research on mothering has included work focusing on: mothering and race in the U.S. (Mullings 1995; Gubrium 2007; Craven 2010; Bridges 2011; Villneas 2011); mothering and class (Barrow & Laborde 2008; Giles 2011; Einasdottir 2004; Bhaves 2011); immigrant and

transnational mothers (Colen 1995; Griffith 2010; Dossa 2009; Madianou & Miller 2011; Coe 2008; Gamburd 2008); lesbian mothers (Lewin 1995; Luce 2010; Walks 2009; Pelka 2010; Dunne 2000); mothering and maternal age (Ward 1995; Luker 1996; Morrison 2008; Rodriguez 2008), etc.

While motherhood can be defined as the state of being a mother, it is also a social institution that functions ideologically and politically. Considering *mother* as an individual identity and a social role, *mothering* can be understood as both a biological process and a gendered social engagement (Walks and McPherson 2010). While what constitutes mothering cannot be easily defined, and varies across cultures and over time, social aspects of mothering or mother-work include the everyday tasks of caring for children. Glenn, Brown and Forcey (1994) define mothering as a “socially constructed set of activities and relationships involving nurturing and caring for people”, and highlight the significance of mothering as “the main vehicle through which people first form their identities and learn their place in society” (p.357). Their formulation emphasizes that mothering and motherhood, rather than being “natural, universal and unchanging” (Glenn 1994: 4) and the result of biological reproduction, are instead the products of social relationships and dynamic social interactions, the meanings and practices of which are understood to be historically situated and variable (Walks 2011; Arendell 2000; Apple & Golden 1997). And as Barlow and Chapin (2010:324) write, “Anthropologists have long recognized mothering as crucial to the transmission of culture, the development of enculturated persons, the constitution of kinship, family, and household, and the reproduction of society”.

Research by anthropologists and other scholars have documented the variations of mothering ideology and practices cross-culturally and over time (Tarducci 2011; Macdonald and Boulton 2011; Anagnost 2004; Arendell 2000, Scheper-Hughes 1992; Margolis 1984; Kitzinger 1978). However, Barlow and Chapin (2010:336) assert that while there is complexity and variability in cultural constructions of mothering, idealized motherhood tends to be similar across cultures, “at least in basic outline” and that “whether recommended by psychologists or elicited from ordinary people around the world, a “good mother” promotes the well-being and development of her children and is almost always patient, protective, nurturing, and generous.”

The dominant, normative mothering ideology in United States is that of *intensive mothering* (Arendell 2000; Hays 1996). Intensive mothering means that mothering is child-centered, emotionally engaging and time consuming. The mother, according to the ideology of intensive mothering, is devoted to the care of others and is self-sacrificing (Rich 1977; Bassen et al 1994; Hay 1996; Arendell 2000; Chase and Rodgers 2001). Hays' (1996) defines intensive mothering as a “child-centered, expert guided, emotionally absorbing, labor intensive, financially expensive ideology in which mothers are primarily responsible for the nurture and development of the sacred child and in which children's needs take precedence over the individual needs of their mothers” (p. 46).

The normative ideal of intensive mothering is accompanied by a number of prescriptive discourses that denote cultural expectations of appropriate or “good”

mothering. These include that mothers must be children's primary caregivers or spend considerable time with them, should be fulfilled by their children's presence, and devote their time to nurturing and caring for them (Henderson 2009; Hays 1996; Bassin 1994). The ideology of intensive mothering presumes that all mothers have the necessary resources (e.g., time, money, knowledge) to care for their children in accordance with the tenets of intensive mothering, and neglects to acknowledge race or class differences among mothers, effectively obscuring power and inequality in the practice of mothering (Berry & Eigenberg 2003; Hays 1996).

Although the ideology of intensive mothering is unrealistic, as economic realities require that most women engage in paid work outside the home, it remains "the most powerful, visible, and self-consciously articulated" ideology of mothering in the U.S. (Hays 1996:21). Research has demonstrated the persistence of internalized beliefs of intensive mothering across race and class lines, demonstrating that although many mothers recognize that the standards of idealized motherhood are unfeasible, they are still powerfully influenced by it (Rudzik 2011; Henderson 2009; Hays 1996). The research on race, class and mothering indicate that while not all women possess the race and/or class privilege to fulfill the ideals of intensive mothering, most are aware of these ideals, hold themselves accountable to them and are held accountable to them by society (Elliott and Brenton 2015; Hays 1996; McMahon 1995). According to Hays,

Working class, poor, professional class and affluent mothers alike nearly all believe child rearing should be child-centered and emotionally involved, but

they vary in their interpretations and practices. And practically speaking, this common attitude means they understand that good childrearing requires the day-to-day labor nurturing the child...and placing the child's well-being ahead on one's own (Hays 1996:115).

Examinations of mothering by anthropologists and other scholars demonstrate the predominance of the ideology of intensive mothering in the U.S. and elsewhere (Wall 2001; Johnston and Swanson 2006; Faircloth 2009; Bhav 2011; Rudzik 2011). For example, Rudzik (2011) explores how women in low-income neighborhoods in Sao Paulo, Brazil define themselves as mothers in relation to their breastfeeding practices. She notes that infant feeding practices have long defined "good" and "bad" mothering in various cultures, and that breastfeeding is a "crucial component of the cultural standard of intensive mothering". Her analysis revealed three types/categories of mothers:

- Women who reinforced their status as "good" mothers through their breastfeeding practice
- Women who embraced breastfeeding in an attempt to rehabilitate themselves as "good" mothers
- Women who rejected breastfeeding as a key to "good" mothering.

Rudzik points out that in the 'local hierarchy' of motherhood, women who are less advantageously positioned to achieve "good" mothering (i.e., poor mothers, single mothers) must work harder than women more advantageously positioned to be seen

as “good” mothers. As a crucial component of intensive (idealized?) mothering, adherence to the practice of breastfeeding can serve as the lynchpin to positive maternal identity for women who might otherwise be questioned as “good” mothers. Mothers who were unable or unwilling to breastfeed their child, engaged in “repair work” by resisting the importance of breastfeeding, but using other obligations of intensive mothering to protect their claim to good mothering. According to Rudzik,

Good mothering discourse in Brazil and around the world largely denies that women’s varying social positions in terms of class, race, marital status, and socioeconomic condition can be relevant to their ability to reach the standards set by this discourse. In practice, however, mothering standards actually emerge from a particular social position in a particular time and place, and women’s choices cannot be understood or abstracted from the ‘social and material conditions that constrain, position, and shape them (p.169).

The social construction of motherhood “sets the standard for what is a ‘good’ mother (and therefore a good woman) and what is a ‘bad’ one” (Choi, Henshaw, Baker, & Tree, 2005:168). Mothering is constrained by a number of formal and informal institutions (Sered-Hawk and Norton 2011), and social forces and hierarchies also influence the way that a woman’s childbearing and mothering are valued or not valued by society. Women who deviate from historically and culturally specific constructions of idealized motherhood are liable to be perceived as having what Goffman (1963) calls “spoiled identities” in that they are stigmatized as “bad” mothers. Historically in the U.S., this stigmatization has been imposed upon poor

mothers and mothers of color, among others. The next section discusses the historic devaluation of black motherhood.

Controlling Images and the Devaluation of Black Motherhood

Throughout U.S. history, the reproduction and mothering of white women (particularly affluent white women) has been valued more than the reproduction and mothering of poor women and women of color. This is evident in the ideology of intensive mothering, where the standards of idealized mothering are more attainable if a woman is white, heterosexual, married, and middle class. It can also be seen in a variety of policies and practices over time. Since slavery, women of color have been the subject of reproductive mandates and their reproduction has been devalued compared to white women (Henderson 2009; Rosseau 2009; Collins 2000; Roberts 1997). Several stereotypes or cultural myths used to subordinate black women (what Hill-Collins calls “controlling images”, such as that of the Jezebel or the mammy) emerged from the slavery era to justify the exploitation of female slaves. As Hill-Collins asserts, “These controlling images are designed to make racism, sexism, poverty, and other forms of social injustice appear to be natural, normal, and inevitable parts of everyday life” (Collins 2000: 69). Collins further argues that such controlling images are powerful in their capacity to self-perpetuate, saying “Even when the initial conditions that foster controlling images disappear, such images prove remarkably tenacious because they not only subjugate U.S. black women but are key in maintaining intersecting oppressions” (Collins 2000:69, citing Mullings 1997; 109-130.)

For example, a particularly persistent stereotype of black women that continues to be reproduced is that of the “Jezebel”. One of the most prevalent stereotypes of slave women was that they were hypersexual, which was the basis of the stereotypical image of black women first as “breeders” and then as promiscuous “jezebels”, a reference to the lascivious wife of King Ahab in the Bible (White 1985). Depicted as hypersexual, hyper-fertile and seductive, this stereotype was used during plantation slavery to excuse the rape of female slaves by slave owners, and the coerced reproduction of slave women, who were encouraged or rather, forced to bear as many children as possible to replenish the labor force (Collins 2006; Davis 1991). The racist myth of the promiscuous black woman and the accompanying belief of black women as hyper-fertile reproducing with reckless abandon, continued after the abolition of slavery (Giddings 1984; Lerner 1973). The abolishment of slavery and the advent of industrialization resulted in a decrease in the need for laborers, providing the impetus for discouraging the reproduction of African American women (Henderson 2009; Collins 2006; Davis 1981). Essentially, once slavery was abolished and their childbearing was no longer economically valuable to the dominant class (whites), black women’s reproduction was systematically devalued and discouraged (Neubeck & Casenave 2001).

To that end, the myth of the black Jezebel then came to be used to justify the regulation of black women’s sexuality and reproduction, as well as to paint women of color as unfit for motherhood, as a result of their supposed promiscuity and immoral behavior (Collins 2006; Roberts 1997). After the civil war, as the United States became increasingly urban and the white birth rate decreased in the late 19th century,

eugenicists advocated for birth control campaigns, anti-miscegenation laws and restrictions on immigration in order to “control the reproduction of so-called ‘inferior groups’ in order to promote ‘racial progress’” (Newman 1999: 46).

Influenced by the eugenics movements, Indiana was the first state to pass a compulsory sterilization law in 1907, and 30 states soon followed suit (Lombardo 2011). Between 1907 and 1963, an estimated 65,000 Americans (and perhaps as many as 100,000) were forcibly sterilized under eugenic legislation in the U.S. (Lombardo 2011). Reasons for sterilization of undesirable parents ranged from physical defect and mental illness to promiscuity and poverty (Lombardo 2011; Mauer 2000). Many more women were targeted by state-sponsored sterilization than men (Kluchin 2011).

African American women were disproportionately targeted and affected by the implementation of mandatory sterilization laws and other birth control campaigns. For example, in 1939 the Birth Control Federation of America proposed a plan called the “Negro Project” that endeavored to recruit black ministers to oversee local birth control campaigns based on the belief that “the masses of Negroes, particularly in the south, still breed carelessly and disastrously, with the result that the increase among Negroes...is from that portion of the population least fit, and least able to rear children properly” (Davis 1981: 393).

Even after these laws were repealed, the involuntary and coerced sterilization of women of color continued in government-run hospitals and mental institutions (Schoen 2005). Involuntary or coerced sterilization of African American women by

the medical establishment was a common practice in the 1950's and 1960's, and was often performed when women were admitted to hospitals to give birth. Women were commonly misled by doctors regarding the necessity of the procedure, coerced into signing consent forms while in labor, or were simply sterilized without their consent (Stern 2005; Reilly 1991; Dreifus 1977). These abuses continued in to the 1970's, when several women's rights groups exposed several physicians for performing coerced sterilizations on minority women. In this case, all of the victims were poor, nonwhite, or mentally handicapped and none were white or middle class (Gordon 1973). Concerns over population control, inadequate parenting, illegitimacy and welfare dependency resulted in an increase in sterilization procedures in the 1950's and 1960's, particularly in southern states such as Virginia and North Carolina (Schoen 2005). By the late 1960's, 60% of those sterilized in North Carolina were young, black women (Wiggins 2005). Sterilization abuse was so prevalent in the southern states that they were dubbed "Mississippi appendectomies" (Roberts 1997).

Although the coerced sterilization of black women may no longer be widely practiced, politicians have suggested the sterilization of women receiving welfare benefits as recently as 2014 (John 2014). Black women's sexuality and reproduction continue to be regulated through various public policies and practices, mediated through variations of the Jezebel stereotype (i.e., the "baby mama", "welfare queen", and "crack head mother"). For example, in the 1990's, laws were passed in several counties in the U.S. that mandated that women receiving welfare benefits use birth control or offered financial incentives for women receiving welfare benefits to receive Norplant birth control implants (Roberts 1997). Anthropological studies of

reproduction and mothering have been profoundly influenced by theories of stratification which conceptualize broader and increasingly globalized inequalities bound to local reproductive politics and practices.

The Family

The cultural definition and practice of mothering occurs in a setting defined by the family. This is true in the formative years and continues through motherhood, incarceration and in re-entry following incarceration (Enos 2001; Sered and Norton-Hawk 2010; Arditti 2012). As a primary source of social capital, family life also makes significant contributions to life chances, and have been found to have a significant influence on women's pathways to prison, as women offenders are likely to come from disordered families with histories of family violence, substance abuse, and economic marginality (Bloom, Owen, and Covington 2003; Pollack 2014). The feminist pathways perspective provides a framework in which to consider family effects on mothering, incarceration and post incarceration.

Pathways to Prison

The pathways approach or pathways theory, is a perspective of feminist criminology which argues that gender matters significantly in shaping criminality, and that women's offending behavior is often based on survival of abuse, poverty, and substance abuse (Chesney-Lind and Pasko 2013 Owen 1998; Belknap 2001). Incorporating a "whole life" (Belknap 2001:402) approach to the study of women's criminality, pathways research establishes that because of gender, women are at greater risk of sexual abuse, sexual assault, domestic violence, and single parent

status (Mallicoat 2011:482). Introduced by Kathleen Daly (1992, 1994) the pathways framework emerged in response to mainstream and male-centered (sometimes humorously referred to as ‘malestream’) approaches to understanding criminal behavior that were frequently developed by male criminologists using studies with only male samples that some feminist criminologists found inadequate in explaining female offending (Belknap 2015; Wattanaporn and Holtfreter 2014; Chesney-Lind and Pasko 2013; Pollock 1999).

In addition to questioning the notion that theories of crime and deviance developed and tested on men also applied to women, feminist criminologists also questioned the methods used to test criminological theories. As Pollock (1999) notes, a common belief was that adding gender to these analytic variables "tended to complicate the theory and were better left out" (Pollock, 1999, p.123). When women were considered, the mainstream approach had been to control for sex in statistical analysis, or to “add women and stir” (Belknap et al. 1997; Wattanaporn and Holtfreter 2014). Qualitative and mixed-methods research utilizing the pathways approach have provided deeper understandings of the gendered contexts of crime, and this research has been used to inform gender-responsive policies and practices (Wattanaporn and Holtfreter 2014:192; see Bloom, Owen, and Covington 2003; Covington 2008).

The pathways perspective has been adopted by numerous scholars, and research using the pathways perspective continues to add to the portrait of female offending. Belknap (2001, p. 402) and others have found that the pathways perspective

incorporates a “whole life” perspective in the study of crime causation. Owen (1998) recognizes five important factors in women’s criminal pathways: (1) the multiplicity of abuse; (2) early family life; (3) children; (4) the street life; and (5) spiraling marginality. Ritchie’s (1996) uses the term “gender entrapment” to describe the conditions explains the link between African American women’s experiences of domestic violence and the conditions that “compel women to crime” (p.9) and an overly punitive criminal justice system that ignores the conditions in which women are often re-victimized as a result of persistent poverty and violence. The research utilizing this approach has identified several key issues that shape women’s involvement in criminal offending, including: social and economic marginality, histories of personal abuse, mental illness, substance abuse, and the importance of relationships (meaning that women’s criminal involvement often comes about through women’s relationships with family and significant others) (Bloom, Owen, and Covington 2003). This perspective has also revealed how women’s gendered life experiences contribute to their motives for offending, violent offending patterns, and the role of romantic partners in both women’s victimization and offending patterns (Schwartz et al. 2015:3).

Feminist scholars have continued to test and replicate Daly’s original pathways framework using qualitative, quantitative, and mixed method approaches. Daly’s (1992,1994) research revealed 5 pathways women typically take to engage in criminalized activity: (a) street woman, (b) battered woman, (c) harmed and harming woman, (d) drug-connected woman, and (e) other, later termed, economically motivated woman by others (Morash & Schram, 2002). While the research on

gendered pathways to crime has illuminated the complex circumstances and influences on female offending, demonstrating heterogeneity in the causes of crime (Belknap & Holsinger 2006) and increasingly acknowledged the way intersectional inequalities of race, class and gender shape women's pathways (Belknap 2015; Pollock 2014), a few typified pathways are well supported in the literature. These include: the childhood victimization pathway, the marginalization pathway (also called the social and human capital model), the relational pathway, and the victimization pathway.

The *childhood victimization* pathway links childhood victimization to a pattern of mental illness, substance abuse, and other consequences (Salisbury and Van Voorhis 2009; Covington 1998; Chesney-Lind 1997; Daly 1992). The *marginalization pathway*, or what Salisbury and Van Voorhis (2009) call the *social and human capital model*, including extreme poverty, difficulties with education and employment, and homelessness found in many incarcerated women (Holtfreter et al. 2004; Reisig et al. 2002). Some authors have emphasized the intersection of race, class, and gender with this model, and noted the relationship between marginalization and increased risk for victimization (Richie 1996, 2012; Bloom and Owen 2003). The *relational pathway* links intimate relationships, especially those that are dysfunctional and abusive, to offending through coercion, co-offending with a partner, or self-defensive violence in response to family or intimate victimization (Salisbury and Van Voorhis 2009; Chesney-Lind and Shelden 2004; Richie 1996). Dehart (2008) examined victimization as a risk factor for crime, defining victimization (alternatively referred to as trauma) as physical, sexual, or psychological abuse throughout the life

course, with an emphasis on the direct and indirect ways in which victimization's impact contributed to criminal involvement. Pathways research has also found that an important gendered factor in women's pathways to prison are women's responsibilities to children and other family members, and the difficulty they encounter trying to financially support themselves and others (Bloom, Owen, and Covington 2003). A review of the literature on the impact of incarceration on women's families is presented in the next section.

Impact of Incarceration on Families

The mass incarceration of African American men and women has had a disproportionate and devastating impact on black families. The incarceration of a parent often results in significant changes and negatively affects family functioning, as family structure, living arrangements, intimate relationships and support systems are often affected. Negative outcomes of incarceration on the family include a loss of financial support, disruptions in parent-child relationships and networks of family support, as well as negative impacts on the developmental, emotional and psychological well-being of the children left behind (Travis, McBride & Solomon 2005; Travis 2005). It is clear that parental incarceration often has larger consequences for the family affected (Western & Wildemann 2009; Patillo, Weiman & Western 2004).

Additionally, the literature suggests that maternal incarceration appears to have a different impact on the family than paternal incarceration. For example, because mothers are more likely to be their child's custodial parent prior to their

incarceration, children with an incarcerated mother are more likely to experience a disruption in living arrangements (Dallaire 2007; Johnson & Waldfogel 2002). During a father's incarceration, most children live with their mother. During a mother's incarceration, most children live with a grandmother (Glaze and Maruschak 2008). According to Hill (1997:78) "the informal absorption of families and individuals by relatives is still one of the most viable institutions for survival of Black people". However, mass incarceration strains the extended networks of kin and friends that have traditionally sustained poor African American families in difficult times (Braman 2007; Roberts 2003). While there is a tradition of what Stack (1974) calls "child-keeping" by extended kin networks and what Patricia Hill Collins (1990:119) calls "othermothers", or "women who assist bloodmothers by sharing mothering responsibilities" in Black communities, the incarceration of black mothers puts additional strain on households already operating on limited financial resources.

In *All Our Kin: Strategies for Survival in a Black Community*, Carol Stack (1974) found that child-keeping was a symbol of mutual trust. As she investigated what constituted socially recognized parenthood in the Flats, she came to learn how the residents defined *family* and how they acquired socially recognized kin relationships with others who were no blood relatives. In the Flats, *family* consists of kin, both biological and fictive, who participate in cooperation activities and reciprocally exchange goods and labor with one another to ensure the survival of all family members (Stack 1974). *Fictive kin* is a broad term used in the social science literature to describe the creation of "family-like" relations with individuals with whom one is not related to by blood, marriage, or adoption, and has been applied to a

variety of “family-like” relations with people who are not “formally” related. The circumstances under which these relationships develop vary, but in most cases, by stating that someone is “family” suggests that the relationship is of positive importance to them, regardless of the circumstances in which they were formed. (Nelson 2013).

Heffernan (1972) and Owen (1998) both observed the creation of fictive kin relationships in the form of “play families” or “pseudo families” among incarcerated women as a way of coping from separation from family members on the outside. Owen (1998) observed that these family relationships may be large or small, or may be formed individual women who develop close ties and take on family relationships. Characteristic of fictive kinship, these relationships recreate aspects of family outside of prison, such as emotional attachment, the sharing of material resources and reciprocal obligation (Owen 1998:37). Heslin et al. (2011) found that residents of sober living homes often formed similar emotional and economic ties to one another and formed “alternative families”. Their findings from research on seven sober living facilities suggest that residents created kinship by exchanging various types of support, and later by incorporating other residents into existing family relationships, particularly in homes where there were children. Although not all fictive kinship formations function the same way and for exactly the same purposes, the term and related terms like “intentional” families has been used with respect to networks of gay and lesbian individuals (Weston 1991), senior citizens (Allen, Blieszner, and Roberto 2011), and in immigrant communities (Ebaugh and Curry 2000).

Mothering, Families and Reentry

Past research on returning mothers has focused on effect of women's status as mothers on desistance from criminal behavior (Bachman et al., 2016; Michalsen 2011), managing the stigma of incarceration and maternal identity (Robison and Miller 2016; Opsal 2011), and reentry and reintegration in to family life (Brown and Bloom 2009; Arditti and Few 2006). Existing research on formerly incarcerated women, particularly taking a qualitative approach, has illuminated some of the additional challenges that motherhood and family reunification add to the experience of reentry, and the complex role that motherhood can play in the reentry experience of women with children (Arditti and Few 2008; Brown and Bloom 2009; Michalsen 2011 Leverentz 2014). Although many incarcerated mothers maintain their maternal identities and attempt to maintain contact with their kids while incarcerated, the forced separation caused by their incarceration can result in strained relationships with their children and other family members (Arditti & Few 2008; Hairston 2003).

Research by Bachman et al (2016), reveals that even when incarcerated women and their families make considerable efforts to maintain family ties during a woman's incarceration, there is still "a great deal of restorative work to be done to familial bonds on returning home from prison" (223). In her research on returning women, O'Brien (2001) found that while participants spoke of their children as motivation to desist from criminal behavior and "make it in the free world" (p.130), relationships with children were also a source of guilt and stress. Work by Brown and Bloom (2009) and Michalsen (2011) also found that while women's roles as mothers may serve as a source of motivation and encouragement upon reentry, relationships

with children and the challenges of family reunification can also be a source of additional stress.

Damaged relationships with children and other family members can pose a series of challenges to family reunification and mothering upon reentry. Mothers must renegotiate relationships with children who may be hurt and angry over their mother's absence. They may have had to move to a new home or school, or been abused or neglected by a caregiver. They may also be distrustful and worried that their mother will leave again (Leverentz 2014; Arditti and Few 2006; Richie 2001). Brown and Bloom (2009) reviewed the case files of 203 women on parole and interviewed 25 of them; they found that women may struggle to regain their place within their families, and that "conviction, incarceration, and absence have eroded parental authority in both its moral and practical dimensions" (p.326). Michalsen's (2011) findings from interviews with 100 formerly incarcerated mothers also emphasize the difficulties women often have establishing their authority as mothers after incarceration. This loss of "parental capital" (Brown and Bloom 2009), or the ability to assert influence over and discipline their children, can pose a significant barrier to women's ability to resume their roles as mothers upon reentry.

In addition to trying to repair their relationships with their children and other family members, women return to the community after incarceration having many practical needs, including but not limited to procuring food, clothing, and personal identification, securing housing and employment, accessing transportation, and repairing relationships with family and others in their social network (Richie 2001; d

et al. 2001; Covington 2003; Brown and Bloom 2009). The context in which returning mothers must negotiate family reunification occurs in what Richie (2001) refers to as “the co-occurrence of multiple demands” (p.380). In her research on the residents of a women’s halfway house, Leverantz (2014) found that many returning women struggled to negotiate the competing demands of family reunification and the challenges to meeting their many needs upon reentry.

Research suggests that resuming their role in their family while also trying to focus on their own reentry needs can be complicated by unstable housing, poverty and limited unemployment opportunities, addiction, and lack of access to social services (Arditti and Few 2006; Brown and Bloom 2009; Travis et al 2001).

Women’s coping skills may be further strained upon reentry as a result of what Arditti and Few (2006) refer to as the “triple threat” of substance abuse, trauma, and mental health problems, which may be exacerbated by the experience of prison. Findings by Fuentes (2014), from interviews with women in a large, county jail in North Carolina, revealed the centrality of trauma in the women’s lives that put them at risk for reverting to unhealthy coping strategies (such as substance abuse) when faced with stress or additional trauma upon reentry.

Utilizing multiple case study methodology, Arditti and Few (2008) followed up with ten of their original research participants who had experienced the “triple threat” of depression, domestic violence, and substance abuse (Arditti & Few 2006). Their intention was to develop a grounded theory of reentry related to returning mothers, conceptualized as “maternal distress”. Their findings suggest that maternal

distress, broadly defined as depression, physiological malaise, and unhappiness (Arendell 2000) was characterized by both relational and situation distress, including “health challenges, dysfunctional intimate relationships, loss-related trauma, guilt and worry over children, and economic inadequacy” (p.303).

While most research on mothers and prison to community reentry focus on women recently released from correctional institutions (prison or jail), my sample includes women whose reentry trajectories range from having recently been released to the halfway house to have returned to the community 15 years prior. This diversity amongst the participants provided different experiences and perspectives of mothering after incarceration. Further, there is a lack of scholarship on the lived experiences mothering after incarceration, how women’s roles as mothers shapes the experience of reentry, and how incarceration and reentry shape the practice and experience of mothering. This study seeks to address this gap in the knowledge.

Community Factors

Neoliberalism and the DC Community

Starting in the 1970’s, the United States economy began shifting from a manufacturing to a service-based economy, a process referred to as economic restructuring (Sassen 2001; Logan and Swanstrom 1990). The economic recession of the 1970’s led corporations in the United States and Europe to utilize new technologies and shift manufacturing to less developed countries struggling with the legacies of colonialism, where labor was much cheaper. As the production of goods was moved overseas, economies in more industrialized nations like the U.S. began to

shift to service and information based economies. As manufacturing and skilled-trade jobs declined, a new, segmented labor market emerged consisting mostly of well paying, information-based jobs for highly educated workers, and low-wage, nonunionized jobs (McKee 2004; Sassen 2001).

Wilson (1996) asserts that the loss of manufacturing jobs as a result of globalization and the shift towards a service based economy exacerbated employment challenges for urban black workers. He then explains that remaining entry level jobs that were not outsourced overseas were relocated to suburban areas, and therefore became unavailable to those who resided in inner city areas and relied on public transportation. Although the District was not as much of a manufacturing city as Philadelphia or Detroit, manufacturing plants developed along the Anacostia River, expanding out from the Washington Navy Yard in Southeast during the late 19th and early 20th century as DC grew as a city (Haynes 2013). The consolidation and subsequent closure of the Washington Navy Yard shipyard and ordinance plant in the 1960's most certainly had a negative impact on the employment opportunities for DC's black residents, as many had found work there after an Executive Order signed by President Roosevelt in 1941 banned racial discrimination in the federal government and opened employment to African Americans in the country's burgeoning defense industries (Sharp 2005). During WW II, the Navy Yard was the largest naval ordinance plant in the world, consisting of 188 buildings and at its peak, employing approximately 25,000 people (Cantwell 1973). After WW II, ordinance work was slowly phased out and ceased in 1961. The former factory buildings were then converted to office space for federal agencies (Sharp 2005).

Although the overall number of the jobs actually increased due to aggressive downtown development, the number of jobs available for D.C. residents shrank, and as positions were filled by individuals living in nearby Maryland or Virginia (Gillette 1995). Those jobs that were available to D.C. locals were practically inaccessible to those living in neighborhoods that has been isolated by highway construction and where mass transit was less accessible-mostly low income, mostly black neighborhoods. For example, the D.C. Metrorail did not reach Southeast D.C. or the Shaw neighborhood in Northwest D.C. until the early nineties¹.

In D.C. and elsewhere in America, the loss of both middle class residents and entry-level jobs out of urban neighborhoods was calamitous for the families left behind (Gillette 1995). The massive cuts to social programs on which many working families relied in the 1970's and 1980's further devastated men and women in urban communities impacted by unemployment or only able to obtain low-wage jobs (Sudbury 2010). The shift toward neoliberal political-economic practices in the 1970's was accelerated in the 1980's by the Reagan Administration (Harvey 2005). Backlash from conservatives over the increase in social welfare programs introduced in the 1960's and the economic crises and subsequent economic restructuring of the 1970's led to a shift away from Keynesian economics and interventionist state policies toward neoliberalism, a philosophy that views the unfettered market as key to economic and social progress (Chomsky 1998). Arguing that "small government" was necessary for economic growth, the Reagan administration reduced regulations on corporate profit-making, cut taxes, and significantly reduced spending on social programs (Marx 2011; Sudbury 2010). The Omnibus Budget Reconciliation Acts of

1981 and 1982 reduced or eliminated many programs for which eligibility was dependent upon a certain level of income, including Aid to Families with Dependent Children (AFDC), low-income housing, Food Stamps, and unemployment insurance (Marx 2011). While in office, Reagan cut \$140 billion from social programs. Curiously, in spite of the rhetoric of “small government”, Reagan significantly increased spending on military defense and imprisonment (Bohrman and Murakawa 2014; Marx 2011).

An important aspect of the move toward “small government” and in line with neoliberal economic policies has been welfare reform. The first backlash at the national level against social welfare programs that support mostly poor, single mothers occurred in the late 1960’s, coinciding with the expansion of social programs of The Great Society and the changing racial composition of welfare recipients. Over time, as more women of color gained access to welfare and single motherhood and the number of women in the paid labor force increased, support for Aid for Families with Dependent Children (AFDC) declines. The rhetoric of welfare reform was racially coded, with references to “welfare queens” being thinly veiled references to African American women, who were portrayed as lazy, irresponsible mothers and overly-dependent on the government (Sudbury 2010; Reese 2005). While on the campaign trail in 1976 and again in 1980, Ronald Reagan repeatedly made references to “welfare queens” at campaign rallies (Gilens 2000). The backlash reached new heights in the 1980’s, and the Reagan administration enacted the “Family Support Act of 1988” that revised the existing AFDC program to encourage mothers to work and wean them off of their welfare “dependency”. The bill was a compromise, as Reagan

could not obtain Congressional support for his idea to transfer responsibility for AFDC and food stamps to state governments. To the disappointment of many conservatives, most states chose to expand education and training programs for recipients rather than institute a kind of “workfare”, or a system that requires participants to work or to participate in job training in order to receive benefits (Reese 2005; Orloff 2002).

The debate over welfare reform continued after the passage of the Family Support Act of 1988, with welfare critics reviving the “culture of poverty” argument, and continued to link welfare receipt with racist stereotypes about black (and Latina) single mothers. Proponents of welfare reform also played on social anxieties about single mothers, and blamed the welfare system for being overly permissive, promoting laziness, and encouraging out-of-wedlock births (Reese 2005). This was an effective tactic for deflecting attention away from larger structural issues, such as job shortages for inner-city residents and race and sex based employment discrimination (Hardisty and Williams 2002; Gans 1995).

In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which replaced AFDC with a program called Temporary Assistance for Needy Families (TANF). The bill established the program as a block grant, granting the states the ability to design their own systems as long as they met the bill's basic federal requirements. Among other things, the bill ended welfare as an entitlement program, required recipients to start working within two years of receiving benefits, placed a lifetime limit of five years on benefits paid

by federal funds, and was intended to encourage two-parent families and discouraging out-of-wedlock births². While welfare-to-work programs (“workfare”) like TANF are allegedly designed to help poor women cease their “dependence” on welfare and build economic independence, workfare programs and lifetime limits of the receipt of benefits have simply pushed many mothers in to minimum wage jobs. And because economic restructuring has resulted in the creation of many low-paying that do not cover the cost of childcare as well as living expenses, these neoliberal, economically driven processes and policies have further contributed to many poor women of color falling into a poverty trap from which it is difficult to escape (Sudbury 2010; Goode 2003).

The impact of four decades of neoliberal policies on low-income women, especially women of color, has been severe. In the United States (and elsewhere in the global North), the ascendance of neoliberal politics and subsequent economic restructuring and cuts to social service provision led to increased economic insecurity and vulnerability for communities of color (Sudbury 2014). As the social safety net has disappeared, criminalization has become the primary response of the state to poverty. Women’s poverty is criminalized in a number of ways. In the face of limited economic opportunities, women who turn to the street economy, petty theft, prostitution, check or credit card fraud and other economic survival strategies have been increasingly ensnared by the carceral net (Richie 2006). The criminalization of poverty also occurs when women with histories of abuse and victimization come in to contact with the criminal justice system, either through the use of illegal drugs to self-medicate or by way of violent or anti-social behavior (Bloom, Owen, and Covington

2003). The criminalization of women's poverty is evident in the types of crimes women typically commit, sometimes referred to in the literature as "survival crimes". Women are more likely than men to be incarcerated for non-violent property crimes such as larceny-theft and fraud, and are also more likely to commit drug offenses, including drug possession and trafficking (Carson 2015).

A structure of economic and political domination, the ethos of neoliberalism emphasizes choice, personal responsibility, and control over one's own fate (Rose 1999 p. 249). This ethos of personal responsibility and individual choice is pervasive in the U.S. and has become a governing principle of the both the criminal justice and social welfare systems (Young 2011), as well as in the policies and practices of prison to community reentry (Kellett and Willging 2011; Carlton and Seagrave 2015). This ideology renders individuals exclusively responsible for making "good choices" regardless of the larger context of their everyday lives (Kellett and Willging 2011), thus absolving social or institutional structures of culpability for any harms suffered (Povinelli 2011).

In the U.S., economic restructuring and other policies of neoliberal governance have also significantly altered urban landscapes. The historical context of racialized residential segregation is discussed in the following section.

Residential Segregation

Patterns of racial segregation have always existed and continue to exist in major U.S. cities, something Massey and Denton (1993) refer to as "American apartheid", and Bourgois (2003) calls "de facto inner-city apartheid". Racial

residential segregation is often correlated with greater concentrated poverty and reduced opportunities for economic mobility (Chetty et al 2014; Grabinsky & Butler 2015) and concentrated disadvantage (Krivo et al 1998; Krysan & Farley 2002; Charles 2003; DeLuca & Rosenbaum 2003). Social scientists have long studied patterns of residential racial and ethnic segregation precisely because of this strong link between spatial location and socioeconomic well-being. Resources and opportunities are unevenly distributed in space; some neighborhoods have safer streets, higher home values, better services, more effective schools, and more supportive peer environments than others (Massey 2001:391). The persistence of racial residential segregation in America, particularly in regards to African Americans, and the concentration of poverty in those communities is an expression of institutionalized racism, a legacy of slavery and subsequent legal arrangements that mandated *de jure* racial segregation in public facilities, and attributable to more covert racist government policies, as well as social and economic factors (Massey 2012; Bourgois 1995).

The increasing isolation of low-income residents of color from more affluent parts of the city and the suburbs in cities across the U.S. during the 20th century was facilitated by racist federal and local housing policies, white flight to the suburbs supported by subsidized mortgages by the Federal Housing Authority (FHA), programs of “urban renewal” that displaced black residents, and the construction of highways that physically isolated black communities from other parts of the city. The result of these processes has been the increasing consolidation of black urban

populations, a scenario that has occurred in cities across the country (Prince 2014; Squires and Kubrin 2005).

The District of Columbia, like many other U.S. cities (such as Baltimore, Chicago, and New York) is demographically diverse, but racially segregated. While ethnically and racially diverse, groups are largely isolated from each other in racially homogenous neighborhoods (Bischoff and Reardon 2014). In D.C., racial segregation and poverty have always existed (and usually coincided), but both have shifted geographically and become entrenched over time in the eastern side of the city. Since the 1970's, neighborhood segregation within wards has declined (meaning that neighborhoods within wards have become more similar to each other in terms of racial/ethnic makeup), while segregation between wards has increased, with D.C.'s African American residents increasingly living in the east side of the city, specifically east of the Anacostia River, where the poverty rate is three times higher than the rest of D.C. (Sawyer and Tatian 2003; Rivers and Zippel 2015). The policies and social processes through which African American residents and high rates of poverty have become concentrated on the eastern side of the DC mirrors processes that contributed to spatial segregation and the concentration of racialized poverty in urban areas across the U.S.

As in other cities, urban segregation in D.C. was facilitated by both federal and local housing policies. With the passage of the Home Owners' Act of 1933 and the Federal Housing Act of 1934, African American's were denied home loans in white or racially-mixed areas. *The Underwriting Manual* that established the FHA's

mortgage lending requirements implied that different racial groups should not share neighborhoods, and included neighborhood characteristics like “inharmonious racial or nationality groups” tied property value and loan eligibility to race (Lipsitz 2000; Prince 2014). The use of local racially restrictive housing covenants, contractual agreements that prohibited the occupation or purchase of a residence by a particular group of people, also restricted where African Americans could rent or purchase homes. These covenants were mutual agreed upon between property owners in a neighborhood and were also enforced by neighborhood associations and local real estate boards, effectively preventing people of color from living in certain communities. The use of housing covenants began as a response to the Great Migration of African Americans from the south to northern cities, and as a work around when municipally mandated racial zoning was found unconstitutional by the court ruling in *Buchanan vs. Warley*³ in 1917. As that ruling only concerned legal statutes, private agreements such as racially restrictive covenants were a legal way of perpetuating residential segregation (US Commission of Civil Rights 1973).

After World War II, historical processes including the landmark Supreme Court case *Shelley v. Kramer*⁴ (1948) that deemed restrictive housing covenants unconstitutional, and the desegregation of schools prompted many white residents in DC and other cities to flee to the majority-white suburbs (Price 1998; Sharkey). In D.C., schools were desegregated in 1954 after the decision made by the court in *Bolling vs. Sharpe*⁵, a case brought by residents of Anacostia that resulted in the new John Philip Souza Junior High School becoming an integrated school (Prince 2014; Balkin 2001). In the following years, as Jim Crow era restrictions relaxed and

housing and other opportunities for people of color increased, the white population of DC dwindled as white residents relocated to suburbs in nearby Montgomery County (Prince 2014). During this time, many upwardly mobile African American residents relocated to more affluent neighborhoods, mostly those east of Rock Creek Park¹ (Price 1998; Diner 1989).

While the federal government was investing in the growing white suburbs, guaranteeing over \$120 billion of home equity for white families between 1934 and 1962, it was simultaneously working to consolidate African American populations in urban areas (Sharkey 2013). Urban redevelopment or “urban renewal” programs began in most cities during the 1940’s, gaining momentum after the passing of the Housing Act of 1949, which provided federal funding to cities to acquire “slum” residential areas, which were then sold to private developers for redevelopment. These so called urban renewal projects effectively functioned to remove the mostly African American residents of urban “slums” that were encroaching on white neighborhoods, and encourage their relocation to high-density public housing complexes, usually located within existing black neighborhoods (Sharkey 2013). In a television interview with Kenneth Clark in 1963, novelist James Baldwin famously described federal urban renewal programs as “negro removal” (Baldwin 1989).

In the District, construction of these high-density public housing projects began in the 1940’s, primarily in areas east of the Anacostia River. Most of the

¹ The affluent neighborhoods with a strong African American presence to the east of Rock Creek Park in NW D.C. is known locally as the “Gold Coast”.

existing Barry Farms community in Southeast, established by former slaves and freed persons at the end of the Civil War, was seized by the National Capital Housing Authority and demolished to build the Barry Farms Public Housing Project, completed in 1943⁶. Many of the first residents of the housing project were existing community members who had been displaced by the construction of the Suitland parkway that cut through the community, and opened the following year (Kijakazi et al., 2016). Shortly thereafter, another urban renewal project in Southwest D.C. displaced thousands of African American families, most whom relocated to Northeast and Southeast DC, prompting the construction of more multifamily housing complexes on the eastern side of the city (Jaffe and Sherwood 1994; Kijakazi et al., 2016).

White flight to the suburbs was made easier by the federal highway construction that made commuting to work in the city much easier for suburban residents. In cities across the U.S., these highways were primarily constructed in African American communities, displacing low income black residents and/or leaving communities literally “walled off” or physically separated from other parts of the city, including downtown business districts (Sharkey 2013). For example, in a process that began in the 1950’s and was completed the following decade, entire communities in Southwest DC were razed and black residents were displaced for the construction of the Southwest-Southwest freeway, and to make room for new downtown development (Price 1998; Prince 2014). Prior to this, Southwest D.C. was home to a thriving African American community, where many black residents owned homes, and where many of the District’s African American owned businesses were located

(Gillette, Jaffe & Sherwood 1994). Under the auspices of “urban renewal”, the city utilized eminent domain to seize virtually all the land south of the National Mall and north of the Anacostia River to build the highway, and redevelop the surrounding area with office space and luxury condominiums, forcing the lower and middle income black residents of Southwest to relocate other parts of the city, many relocating to neighborhoods east of the Anacostia River (Sansing 1989; Price 1998). The project is documented as having leveled 99 percent of the buildings in the city’s Southwest quadrant, displacing an estimated 4,500 African American families. Of the 5,900 new buildings constructed in the redevelopment of the area, only 310 were classified as moderately priced housing units (Gillette 1995:163). In addition to providing suburban commuters with access to downtown, the housing that accompanied the highway project in the name of “urban renewal” was developed as an attractive alternative to the suburbs for federal employees who worked downtown (in an effort to recoup the loss of income taxes as a result of white flight), as the highway also provided the new residents of Southwest easy access to the rest of the city (Ammon 2009). The construction of the highway also created a physical barrier between the National Mall, federal facilities, and the city’s central business district and the Anacostia River (and the communities located east of the river).

Throughout the 1950’s, 1960’s, and 1970’s, urban renewal projects in the District and the construction of affordable housing east of the Anacostia River (including high density, public housing complexes) caused thousands of low to middle-income African American households to relocate east of the river in search of affordable housing. The displacement of African American families and the

construction of public housing projects reinforced the racial segregation that already, and concentrated the city's poorest residents in the communities where the public housing complexes were constructed (Sharkey 2013). As in many other cities, these historical processes marked a shift in the landscape of DC, and "brought about an entirely new level of concentration in urban neighborhoods by class and race" (Sharkey 2013: 62).

Between 1950 and 1970, the white population in D.C. decreased from 518,000 to 210,000, while the African American population increased 257,000 (U.S. Census Bureau 2008). After 1970, however, many middle class African American families also began to leave the district, many of them moving just over the DC line to Prince George's county, which borders the eastern side of the city (Price 1998; Prince 2014). The outmigration of many middle and upper class African Americans is often attributed to, at least in part, the riots in the city in the wake of the assassination of Dr. Martin Luther King Jr. in 1968, although public protests over the new highways and lack of public transit for local residents were also regularly occurring in D.C. in the late 1960's (Jaffe and Sherwood 1995). The riots occurred primarily in black neighborhoods, and the destruction that occurred devastated previously thriving black communities, such as the 14th street corridor in Columbia Heights, and the commercial U street corridor, home to many of the city's black-owned businesses. Many of these areas were not rebuilt for decades, and many of the former residents relocated to the east side of the city or neighboring Prince George's county (Prince 2014). According to Prince (2014) "The violence and property destruction which took place after the assassination of Dr. Martin Luther King had a huge impact on

political-economic developments moving forward. It affected subsequent demographic shifts and shaped the housing and urban development policies of the following years” (p.46).

After the riots, with barriers to mobility decreasing with the passage of Title VIII of the Civil Rights Act⁷ (also known as the Fair Housing Act) of 1968, and many middle class and affluent African American residents moving out, the District’s ghettos—like many other black urban neighborhoods in cities around America—became increasingly concentrated economically, as well as racially (Braman 2007). As William Julius Wilson (1996) notes, as middle class African Americans began moved out of urban neighborhoods in the early 1970’s, they took social and human capital with them. This exodus was accompanied by the significant shift in the American economy that resulted in the loss of jobs in urban areas (Logan and Swanstrom 1990), and also paralleled changes in the criminal justice system and the expansion of the correctional system in the U.S.

For the purpose of this study, the mass incarceration is a form of structural violence that has profoundly impacted the lives of formerly incarcerated mothers. Mass incarceration, or the expansion of the carceral state, is a violent social arrangement: the deprivation of freedom by force, imposed by the powerful on the less powerful. A racialized system of social control (Alexander 2012), there is structural violence in the disproportionate incarceration of the poor and people of color, and the significant way incarceration disrupts communities and families and reproduces inequality (Sufrin 2017; Coates 2015).

The term structural violence refers to institutionalized social structures, such as poverty, racism, and gender inequality, and other broad social arrangements that prevent people from meeting their basic needs (Rylko-Bauer and Farmer 2016; Ho 2007; Farmer 1996). Initially introduced by John Galtung (1969) to describe the constraints placed on people by social structures that prevent them from meeting their basic needs. Made popular in anthropology by medical anthropologist and physician Paul Farmer, structural violence refers to systematic ways in which social structures harm or otherwise disadvantage individuals (Farmer 2003). Unlike direct or interpersonal violence, where an individual actor commits the violent act, with structural violence “There may not be any person who directly harms another person in the structure. The violence is built into the structure and shows up as unequal power and consequently as unequal life chances” (Galtung 1969:171). Although the outcomes are individually experienced, structural violence affects groups or classes of people and subjects them to shared forms of oppression. Therefore, the experience of structural violence and the pain it produces has been referred to as ‘social suffering’ (Bourgois, Lettiere, and Quesada 1997; Singer 2009; Singer and Erickson 2011). More specifically, the concept of social suffering refers to the lived experience of injustice, pain, distress, and loss that “results from what political, economic, and institutional power does to people, and reciprocally, from how these forms of power themselves influence responses to social problems” (Kleinman, Das, and Lock 1997:ix).

Medical anthropologist and physician Paul Farmer developed his analysis of structure violence while working as a physician Haiti. Drawing on the work of

Galtung (1969), Farmer explains the concept of structural violence by showing how the emergence and persistence of the HIV/AIDS and tuberculosis epidemics in Haiti is rooted in the continuing effects of European colonialism and the slavery and racism that accompanied it (Farmer 1996, 2003). Conditions of abject poverty and a lack of institutional infrastructure in Haiti are the result of its colonial history, post-colonial exploitation of the island and the subjugation of its inhabitants by the United States and other European nations, and decades of political instability and corruption (Farmer 1996, 2003). These political and economic forces have structured risk for AIDS, tuberculosis, and other diseases- they are “historically given and economically driven” (Farmer 2004: 317). Social factors also structure risk for human suffering. AIDS, tuberculosis, and other diseases that disproportionately affect individuals living in poverty. Poverty and other social inequalities such as racism and gender inequality, are embodied as differential risk for disease, and for those that are ill, adverse outcomes including death (Farmer 2004). According to Farmer, these social inequalities are “at the heart of structural violence” (Farmer 2004:317).

Farmer suggests that violence is exerted systematically, and is structural in two ways. Firstly, social inequalities such as race, class, and gender are structured to constrain individual agency and life choices. Secondly, political and economic forces structure inequality to risk of suffering and access to resources (Farmer 1997). These structures of inequality and the architects of structural violence are then often obscured by the erasure or revision of historical memory, in which hegemonic accounts of what happened emerge, thus rendering the social machinery of oppression invisible (Farmer 2004). But as Nancy Scheper-Hughes points out (1996:889),

‘invisible’ does not mean “secreted away and hidden from view, but quite the reverse.... [T]he things that are hardest to perceive are often those which are right before our eyes and therefore simply taken for granted.” In the case of Haiti, this process of historical erasure renders the legacies of slavery and the consequences of neoliberal economic policies imposed on Haiti by foreign governments to be appear as though they are a natural part of the social order and for which seemingly no one is to blame. And if anyone is to blame, it is the poor and disenfranchised that are implicated as responsible for their predicament. The problems of poverty, violence, illness, and death are viewed by outsiders as problems that are “locally derived” (Farmer 2004: 305).

As a conceptual framework that is sensitive to various social and structural influences on both mothering and reentry, the structural violence concept allows consideration of intersecting structural factors, such as race, sex/gender and poverty. It also facilitates reflection on the links between historical processes and current inequalities that are relevant to the discussion of maternal incarceration and reentry in the District. While the concept of structural violence, as applied by Farmer to health inequity, has been criticized for “[collapsing] forms of violence that need to be differentiated” (Espinoza 2009), structural violence is an important concept for understanding the life experiences of women involved in the criminal justice system, and the way that structural oppression constrains women’s choices and shapes mothering at the margins of social and economic life.

The Mass Incarceration Epidemic

Over the last forty years, there has been an unprecedented increase in the jail and prison populations in the United States, giving the U.S. the dubious distinction of having the highest incarceration rate in the world (Walmsley 2009; Sabol, Couture and Harrison 2007). According to the U.S. Department of Justice Bureau of Justice Statistics (BJS), over 2.2 million (1 in 110) adults, were incarcerated in prisons (federal and state) and jails in 2013 (Glaze & Kaeble 2014). Additionally, over 4.7 million people (1 in 51) were on probation or parole. Together, over 6.8 million people (1 in 35) were under the supervision of the criminal justice system in the United States in 2013 (Glaze & Kaeble 2014). Scholars have referred to this phenomenon as “the mass incarceration epidemic” (Western and Wildeman 2009; Western 2006; Roberts 2003). The term mass incarceration has been used to describe the magnitude of the growth in incarceration in the United States over the past four decades, signifying not only the large scale of mass incarceration, but the collective effects and social consequences of incarceration on communities and on society at large.

The rapid growth of incarceration has disproportionately impacted people of color, particularly African Americans, who are overrepresented in America’s prison and jails. African Americans constitute approximately 13% of the overall U.S. population, yet make up about 40% of the incarcerated population (West 2010). In terms of both absolute number and change over time, the incarceration of African Americans has skyrocketed. Between 1954 and 2002, the number of African Americans incarcerated in prison or jail increased by 900%, from approximately

98,000 to 884,500 (Mauer & King 2004; Bobo & Thompson 2010). There was also a dramatic increase in the incarceration of women towards the end of the 20th century: between 1977 and 2004, the number of women incarcerated in the U.S. has grown 757% (Frost, Greene & Pranis 2006). The rapid growth in the imprisonment of women has disproportionately affected women of color. In 2014, the incarceration rate for African American women was more than twice the rate of incarceration for non-Hispanic white women (Carson 2015).

Mechanisms Behind the Mass Incarceration Epidemic

While a number of factors have contributed to the dramatic increase in the incarcerated population, the consensus among scholars is that the anti-drug policies and law enforcement practices of the War on Drugs have largely driven the unprecedented escalation of incarceration. Beginning in the 1970's, the expansion of criminal sanctions for drug crimes gained momentum in the 1980's, significantly influencing public policy, sentencing laws and policing practices (Shah et al 2005; Mackenzie 2001). The expansion of criminal sanctions for drug related crimes began in the 1970's, with President Nixon naming drug abuse as "public enemy number one" in 1971, and the creation of the Office of Drug Abuse Law Enforcement (ODALE) (to establish joint federal, state, local task forces to fight the drug trade at the street level) and the creation of the Drug Enforcement Agency (DEA) in 1972. Nixon's declaration that drugs were a significant cause of criminal activity came at a time of political reaction by Conservatives against the civil rights movement and the Great Society social welfare programs of the 1960's. The conservative attack on the War on Poverty and critique of social welfare programs coincided with the changing

racial composition of welfare recipients, as prior to the 1960's, states had found ways to exclude African Americans from social welfare programs such as Aid for Families with Dependent Children (AFDC) (Reese 2005; Beckett & Sasson 2004). In contrast to the liberal explanation that social conditions such as racial inequality were the root causes of poverty and other social ills, conservatives argued that people are poor, use drugs, or participate in criminal activity not because of social conditions, but because they made irresponsible choices as individuals (Beckett & Sasson 2004).

For conservatives who opposed social welfare programs, the emphasis on street crime functioned to illustrate the pathology of the poor, and supported their claim that this, not social inequality, was the true cause of poverty (Becket & Sasson 2004). These conservative politicians then made the restoration of "law and order" the focus of their political platforms, and promoted the view that social problems such as poverty, addiction, and crime were the result of a growing dependency of social welfare programs and a lenient criminal justice system, and argued that more stringent criminal justice and social welfare policies were the solution to the problem. Essentially, the emphasis on street level crime, on restoring "law and order", and the "tough on crime" rhetoric that emerged in the 1960's was language that, while not explicitly racist, was racially coded, playing on racially charged fears and connecting welfare policy with crime, effectively painting impoverished people of color as the undeserving poor (Dumont et al 2012). The expansion of criminal sanctions for drug crimes then gained serious momentum in the 1980's, with President Reagan's declaration of a "War on Drugs" in 1982, and the subsequent passage of the Anti-Drug Abuse Acts of 1986 and 1988 (McKenzie 2001). The "War on Drugs" was

designed to reduce drug-related crime by ensuring the incarceration of street level drug dealers, and through changes in sentencing laws, incapacitate drug offenders with longer sentences and deter future drug related criminal activity.

The escalated law enforcement targeting of drug offenses and the adoption of harsher sentencing policies and prison sanctions for drug offenses of the War on Drugs has undoubtedly been the primary cause of the unprecedented growth in incarceration in the U.S. (Mauer 2009). Additionally, these drug laws were not passed in isolation. Starting in the late 1970's and continuing throughout the 1980's, changes to the nation's sentencing guidelines and the introduction of indeterminate and mandatory minimum sentencing statutes imposed stricter punishment for a wide range of offenses. These policy changes resulted in offenders who would have previously been given probation or community sanctions being sent to prison, and for longer prison terms (Raphael and Stoll 2013). According to a research report by the Urban Institute (Sabol et al. 2002) between the 1980s and the 1990s "the chances of receiving a prison sentence following arrest increased by more than 50 percent" and "the average length of sentences served increased by nearly 40 percent." Mandatory minimum sentencing laws have also placed more power in the hands of prosecutors, as judges are no longer able to determine the appropriate sentence length if the defendant is found guilty. Because prosecutors have discretion as to what charges to bring, they can coerce defendants into giving up their right to trial and accept a plea bargain with the promise of a shorter sentence. If the defendant refuses, the prosecutor can then use charging discretion and bring additional charges against the defendant to coerce them into pleading guilty (Fellner 2013).

Racial disparities in incarceration rates can be attributed to the fact that the War on Drugs has been primarily waged in low income, urban, African American communities. Throughout the War on Drugs, African American communities in urban areas have been subject to disparate levels of police surveillance, high levels of arrest, and incarceration for the possession and sale of illegal drugs (Mauer 2009; Nunn 2002). The disproportionate impact of the War on Drugs on low-income urban communities of color is connected to the structural arrangements of systemic racism, racialized residential segregation, and policies of neoliberal governance detailed in this chapter. Neoliberal economic-political policies that resulted in changes to the U.S. labor market, resulting in a loss of employment opportunities and wages, and cuts to social programs, eroding women's ability to care for their children and access to essential services (Sudbury 2010; Reese 2004). Women's survival strategies adopted under the constraints of neoliberalism, as well as racism and gender based oppression, have then been criminalized and policed with the rise of mass incarceration (Sudbury 2014). Intersectional inequalities of race, class, and gender increase women's vulnerabilities to crime, violence, and imprisonment (Belknap 2015; Crenshaw 2012; Pollock 2014). In their examination of "gender-specific explanations of prison violence," Wooldredge and Steiner (2016, 12) find:

Although incarcerated men are disproportionately drawn from more impoverished populations, incarcerated women tend to be even more disadvantaged and face multiple deficits in social capital (inadequate job training, spotty employment histories, and economic marginalization).

Incarcerated women are one of the most socially excluded and marginalized populations as intersecting oppressions along the axes of race, class, and gender, gender also intersect with their criminality status (Richie 2012; Bloom, Owen, and Covington 2003). Although both men and women may experience similar obstacles to community reintegration, the post-incarceration experience of women is qualitatively different (O'Brien, 2001) because the social and economic marginality of women makes the effects of imprisonment even more devastating (Richie 2012).

Intersectionality

The intersecting oppressions of race, class, and gender, as well as other social arrangements and historical processes, structure situate low income women of color within contexts that render them disproportionately vulnerable to structural violence, including incarceration. Richie (2012) posits that women with increased stigmatized social positioning including race, sexuality, class, age, and criminal background from marginalized communities are made increasingly vulnerable by the “prison nation.” The term intersectionality references the critical insight that that race, class, gender, ethnicity, sexual orientation, age and other social formations operate not as mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities (Collins 2015:2). Put another way, emphasizes the ways in which race, class, and gender are not additive but rather interlocking, interactive and relational categories (Mullings 2005:80).

The concept of intersectionality refers to the reality that Black women live their lives at the “intersection” of multiple forms of oppression and this point of

intersection shapes and informs all of their experiences (Crenshaw 1991; Collins 1998; West 2004). The concept originates from social movements advanced by women of color (Black feminists, Chicana and other Latinas, indigenous women, and Asian American women) in the 1970's and 1980's who called attention to interconnectedness of race, class, gender, and sexuality in their everyday lived experiences (Collins 2015; Dill and Zambrana 2009). The work of Black feminists has been particularly influential in the development of an explicit analysis of race, class, gender, and sexuality as intersecting systems of power as a framework for analyzing the social, political, and cultural realities of various groups and the incorporation of this approach into the academy (Combahee River Collective, 1977; hooks 1984; Collins 1990, 2000). Scholars from a number of disciplines have conceptualized intersectionality as a concept (Knapp 2005), a perspective (Steinbugler et al. 2006) and as an analytic framework (Choo and Ferree 2010; Dill and Zambrana 2009). Scholar-activists and others outside of the academy have also drawn on intersectionality as a form of or guide to critical praxis for addressing social inequalities (Clay 2012; Davis 1981, 2012).

At the structural level, intersectionality illuminates the ways interconnected systems of power organize and structure inequality and oppression (Weber 2001; Collins 2000). Because arrangements of power and shift and change over time and by cultural contexts, oppression and inequality are experienced differently by individuals and groups according to their cultural, social, geographic, and historical location (Dill and Zambrana 2009; Weber 2001). For example, the structural violence of poverty is primarily the outcome of the inequitable distribution of resources, and is often linked

with other structures of inequality, such as racism and gender inequality. (Farmer 2003; Rylko-Bauer and Farmer 2016). When one considers the interaction of poverty with race and gender, it is clear that when taken together, these factors have a disproportionately negative impact on women of color, and as a result, other detrimental social, economic, and political outcomes for women of color and their families (Dill and Zambrana; Higginbotham and Romero 1997).

Many incarcerated mothers are marginalized by their sex/gender, their poverty, and their race. Incarcerated mothers positions within these social hierarchies also determine their place within the reproductive hierarchy, in which their motherhood is devalued and their mothering constrained. As a system of social control, mass incarceration reproduces now only social stratification, but reproductive stratification as well.

Chapter 3: Understanding Mothering During the Incarceration Process: Research Design and Methodology

My children suffered because I wasn't there. I wasn't there. Even if you have a stepmother, grandmother, aunt who is raising you, they can never love you like your mother can. Sure, I can be there for my children now, but they are all grown up. It's not the same. Nothing will ever be the same. – Wenda, former Our Place D.C. client.

To understand the meaning of incarceration and reentry for women like Wenda, we need to understand first where women like her composed a life. This chapter (1) explores how being an African American resident in D.C., particularly the most marginalized neighborhoods in Wards 5, 7, and 8, associates with incarceration and reentry risks. The neighborhood setting informs the research design (2), and helps contextualize methods, providing a transition to the interpretation and findings presented in the next two chapters.

(1) Community Context: Separate and Unequal in DC

As mentioned earlier, mass incarceration has disproportionately impacted low income communities of color in cities across the nation. The District of Columbia is in many ways a reflection of the national context. Here, I expand on this statement. Although African Americans make up slightly less than half of all D.C. residents, 90% of people in the custody of the D.C. Department of Corrections and 96% of people convicted of a felony in the District and incarcerated at a federal BOP facility are black (DOC 2016b; CCE 2016) Like in many other cities, the impact of incarceration and reentry are experienced almost exclusively by the District's black communities.

The District of Columbia is comprised of four quadrants, denoted by ordinal coordinates, and 8 wards. The research focused on communities in the Southeast quadrant, which includes most of Ward 8, and much of Wards 6 and 7, located “east of the river”, a reference to the Anacostia River, which bisects and physically isolates most of the Southeast quadrant and part of the Northeast quadrant from the rest of the city. While the communities of Southeast D.C. boast a rich heritage of African American history and culture, census data indicate that a disproportionate number of incarcerated individuals resided in the Southeast quadrant of the city, whose residents are overwhelmingly people of color, and whose neighborhoods have the highest rates of unemployment and lowest median incomes in the city. According to the D.C. Department of Department of Corrections, 50.2% of D.C. resident inmates resided in Wards 7 and 8 (23.1% and 27.1%, respectively) (DOC 2016a). In 2015, Wards 7 and 8 had the highest rates of unemployment in the District, with unemployment rates of 13.3% in Ward 7 and 16.5% in Ward 8. In contrast, Wards 2 and 3, which are majority white, have the lowest unemployment rates in the city, 5.6% and 5.2% respectively (DOES 2015). And while in 2014 the median household income for the District was \$71,648, the median household income in Ward 7 was \$39,828, and \$31,642 in Ward 8 (DOES 2016b). Parts of Northeast D.C., particularly the predominantly African American communities east of the Anacostia and just west of the river, are also characterized by high rates of unemployment, poverty, and incarceration. The Northeast quadrant includes most of Ward 5, much of Wards and 6, and parts of Ward 4.

Over time, many of the neighborhoods located in the eastern side of District (NE and SE), particularly those located east of the river in Wards 7 and 8, as well as Ward 6 (an area referred to locally as “near Southeast”) and those located just west of the river in Ward 5 (northeast quadrant) have effectively become what Whitehead (2000) calls Racialized Urban Ghettos, or RUGs². The neighborhoods are characterized not only by physical segregation and isolation characterized by race and class, but higher poverty rates than the rest of the city, lower levels of educational attainment and higher unemployment rates, high levels of crime and violence, and ecological deterioration and social disorganization. These communities have also been most affected by the mass incarceration epidemic.

Research published recently by the Urban Institute found that many neighborhoods located east of the Anacostia River continue to face economic disadvantage not found elsewhere in the District (Urban Institute 2015). The study found that 23 percent of the District’s 170 neighborhoods are economically challenged, and that the overwhelming majority of these neighborhoods are located east of the Anacostia River. The study defined economically challenged neighborhoods as those in which “the unemployment rate, share of residents with less than a high school diploma and percentage of households headed by a single mother exceed the citywide average by at least 20 percent” (Urban Institute 2015).

According to the Urban Institute, of the 28 neighborhoods categorized as

² Whitehead (2000) defines RUGs in the US as neighborhoods characterized by residential racial segregation (90% or more Black), greater population density than nearby suburban communities, high poverty and extreme poverty rates, inadequate educational, health and social resources; low unemployment opportunities and labor force participation; deteriorating housing and high levels of crime; low levels of social organization and social and cultural marginalization.

economically challenged in 2000 and 2010, only six are located west of the Anacostia River. They note that these disparities in DC along both geographic and racial lines are not new, and that for decades, neighborhoods east of the river have fared much worse than other areas in the city. That said, the data indicated an even greater concentration of poor neighborhoods located east of the river in Wards 7 and 8 than in previous decades.

In addition to being characterized by high rates of poverty and unemployment, RUGs are also characterized by employment and educational mismatches. Citing Wilson (1996), Whitehead (2000) notes in his work on the creation of the Racialized Urban Ghetto, that “the decline of manufacturing and the rise of the high skilled service economy meant mismatches between the educational levels of the urban poor and the education and skill levels demanded by this new economy” (p.7). This employment and educational mismatch continues to be a problem for many African American D.C. residents, many of whom do not have the level of educational attainment³ required for the majority of jobs available in the city. As Carnevale and Smith (2012) note, while the city is home to dozens of the nation’s fastest growing companies, the advantages of D.C.’s strong economy are not evenly distributed amongst its residents. As they note, “the high per capita GDP covers up a social gulf between the highly educated commuter workforce and residents of *certain parts* of the city proper” (Carnevale and Smith 2012:22, emphasis mine).

³ According to a 2012 report from the Brookings Institute, roughly half of job opening in the District require a bachelor’s degree or higher (Rothwell 2012). A report published the same year by the Georgetown Public Policy Institute: Center on Education and the Workforce states that the District leads the nation in the percentage of jobs requiring postsecondary education (Carnevale and Smith 2012).

Indeed, a 2011 *Washington Post* article speculated that the recent increase in the migration of many middle and low income residents (many of whom are minorities) to nearby suburban Maryland and Northern Virginia may be related to the growing mismatch between the qualifications of many residents and available jobs, and rising housing costs (Haynes 2011). The article notes that many of the jobs being created in the District are high-paying high skills job in the federal government and in professional and business services, for which many of the city's unemployed do not qualify. At the same time, the article points out, middle and low-skilled jobs such as those in manufacturing, transportation, and construction, have continued to disappear. It is clear there is a skills/educational mismatch between D.C. residents seeking work and jobs available, as there is no shortage of available jobs in the District. In fact, there are more jobs than people in D.C. - as of December 2015, there were 774,600 jobs in D.C., a city with a population of 672,000 residents (DOES 2016a). The problem, as stated above, is that many of the city's unemployed residents (the majority of whom are African American, and many of whom reside east of the river) do not possess the skills or education required for the jobs available in the District. The result of this mismatch is that available jobs in D.C. are increasingly being filled either by commuters from Maryland and Virginia⁴ or those who relocate to D.C. for work, while unemployed D.C. residents, particularly those living east of the river, continue to experience high rates of unemployment.

⁴ In 2014, nearly 774,000 workers reported working in the District of Columbia and they collectively earned \$63.5 billion in wages and salaries. Of these workers, only 251,000 or 32 percent were District residents. The remainder were commuters from Virginia or Maryland, accounting for 68 percent of people employed in D.C. (Taylor 2015).

High rates of violence also plague communities located east of the river. Although both violent crime and property crime have decreased nationwide and in the District since the 1990's, violent crime rates east of the river (in Wards 7 and 8) and near Southeast (Ward 6) continue to be higher than elsewhere in the city. Between 2000 and August 2015, half of the homicides in the District occurred east of the Anacostia River, home to only 24% of the city's population (Hendley 2015). A survey of public perceptions of safety conducted by the Community Preservation and Development Corporation (CPDC), and the Council for Court Excellence (CCE) in 2015 found that residents of Wards 7 and 8 felt the least safe, and observed violent crime at much higher rates than other residents of the District (CPDC 2016).

I observed and personally experienced the women's perceptions of their neighborhoods being unsafe. After I interviewed one research participant in the evening at her apartment in Southeast (in Ward 7), she insisted that I not walk back to the bus stop a few blocks away, and instead call a cab to take me back to the train station. She told me that the neighborhood was dangerous at night, especially because there are not many street lights. When I got home, I put her address in the D.C. crime map search database, and found that in the previous year, 83 violent crimes (homicide, sex abuse, robbery and assault with a dangerous weapon) and 282 property crimes (burglary, theft, auto theft and arson) had occurred within 1500 feet of Cynthia's apartment, according to the Metropolitan Police Department⁵.

⁵ The reports and accompanying maps only include offenses where MPD has provided map coordinates that can be displayed. Since 1/1/2008, this limitation excludes 9424 out of 321930 total crimes (approximately 2.93% of the data).

The District is recognized as one of the major metropolitan areas most impacted by the U.S. Incarceration Epidemic and with a 48% growth in its prison population between 1982 and 2007 (Pew 2009:46). D.C. has consistently had one of the highest rates of incarceration per capita in the nation, the highest incarceration rate in the country in 2007 and the third highest rate of criminal justice control (Pew 2009). A report published by the Center for Court Excellence in 2015 estimated that 1 in 22 adults in the District was under some form of correctional control on any given day and this figure does not include adults incarcerated in the federal system or youth under the age of 21 involved in the juvenile system⁶. Although in recent years there has been a modest decline in the average daily population for DCDOC facilities (WLC 2015), the District continues to have one of the highest incarceration rates in the U.S. (Prison Policy Initiative 2016). At any given time, about one in 100 adult DC residents (roughly 5,000 out of around 547,000 adult residents) is being held in a federal prison facility, and the daily population of those housed by the DCDOC consistently hovers around 2,000 residents. According to the DC Corrections Information Council, as of August 2015, 5,092 DC residents were held in FBOP custody in 114 facilities across 35 states, and 1,635 residents were in DOC custody (DC CIC 2016). They estimate that 2,800 D.C. residents return to the community annually⁷.

⁶ U.S. Census data show that there are about 504,242 adults in the District of Columbia as of 2015. The population under correctional control in D.C. on a given day (excluding average daily arrests) was 22,999, equivalent to approximately 456 out of every 10,000 adults, or 1 in 22 adults. This figure does not account for people from D.C. who are arrested, prosecuted, incarcerated and supervised in the federal system or youth under age 21 who are involved in the juvenile system (CCE 2016).

⁷ Personal communication, DC CIC Staff.

However, as mentioned earlier, the District of Columbia is unique in that, unlike the states, it does not operate many aspects of its criminal justice system. The criminal justice system in D.C. is unlike any other jurisdiction in the nation because it is subject to the control of both federal and local agencies. Since the passing of the National Capital Revitalization and Self-Government Improvement Act of 1997, many of the criminal justice system's functions were brought under federal responsibility, and in 2001. At this time, the District's Lorton Reformatory in Laurel Hill, Virginia was closed. Since then, sentenced felons from the District of Columbia are the responsibility of the Federal Bureau of Prisons (FBOP). Meaning that felons sentenced under the District of Columbia criminal code are housed in federal facilities (and are included in federal counts). Male offenders serving sentences for misdemeanors, convicted felons awaiting transfer to FBOP facilities, and those awaiting trial (referred to as pre-trial offenders) are housed at the D.C. Jail, operated by the DC Department of Corrections (DCDOC). Only male offenders are housed at the DC jail. Women, men, and juveniles who are being adjudicated as adults are housed at the Correctional Treatment Facility (CTF). The Corrections Corporation of America (CCA), a private, for-profit company, operated CTF as an annex to the D.C. Jail under contract to the DCDOC until February 2017, when the DCDOC resumed oversight of CTF upon expiration of the current contract with Corrections Corporation of America (CCA) Women who are incarcerated at the pre-trial stage are housed at CTF, as are women have been convicted of a misdemeanor and sentenced to confinement. Women who are serving short term felony sentences (a year or less) are also sometimes designated by the FBOP to serve their sentence at CTF.

Since the closing of the Lorton Correctional Complex in nearby Virginia in 2001, individuals convicted of a felony under the DC criminal code and who receive a sentence of a year or more are incarcerated by the Federal Bureau of Prisons (BOP) in facilities across the United States⁸. As there are no BOP facilities for women in or near DC, women convicted of a felony and sentenced to a year or more of imprisonment are incarcerated hundreds of miles from home. Exactly how D.C. women are distributed across federal prison facilities is unclear, as they are included in federal data counts, and Bureau of Prisons is not willing disclose that information. However, as of February 2016, D.C. women were housed at the following BOP facilities (Washington Lawyers Committee 2016):

- Federal Correctional Institute Hazelton; Bruceton Mills, WV (185 mi. from home)
- Federal Detention Center; Philadelphia, PA (138 mi. from home)⁹
- Federal Medical Center Carswell; Fort Worth, TX (1370 mi. from home)
- Federal Prison Camp; Alderson, WV (279 mi. from home)
- Federal Correctional Institution; Waseca, MN (1107 mi. from home)
- Federal Correctional Institution; Aliceville, AL (855 mi. from home)

⁸ Women who are incarcerated at the pre-trial stage are housed primarily at the Correctional Treatment Facility (CTF) in the District. Women convicted in D.C. Superior Court of a misdemeanor and sentenced to confinement are also housed at CTF, as are women with short-term felony sentences who are designated by the Federal Bureau of Prisons (BOP) to serve their sentences at CTF.

⁹ FDC Philadelphia is a detention center, not a prison. Detention centers are designed for short-term stays and typically have less programming.

- Metropolitan Detention Center; Brooklyn, NY (224 mi. from home)
- Federal Correctional Institution; Tallahassee, FL (865 mi. from home)

The distance and isolation of the federal facilities significantly impacts D.C. women, who experience particular difficulty maintaining contact with their children. This distance isolates women from their support systems, making it difficult to maintain ties with family and friends, creating additional reentry challenges.

Because the criminal justice system in the District is subject to the control of both federal and local agencies, D.C. operates a uniquely disconnected reentry system. Firstly, there appear to be serious deficiencies in communication and coordination on reentry matters between the BOP, CSOSA, the federal parole board, and the privately run, for-profit halfway houses contracted through the BOP in the District (Colson Task Force 2016). Secondly, a number of government agencies, community based organizations, citizens groups, and private contractors are involved in reentry related services and programs comprise the District's re-entry system. This in and of itself is not so unusual, as while approaches to prison to community reentry vary nationwide, reentry assistance (when it is available) often consists of coordination between government agencies, community based organizations, and other service providers. However, complicating the provision and coordination of reentry services is the fact that the government agencies involved in reentry operate under different governing authorities, and have overlapping and inconsistently defined roles.

CSOSA, the federal agency responsible for providing pretrial services and the supervision of D.C. code offenders on probation, parole and supervised release, is also tasked with providing treatment and other assistance for those under its supervision. In addition to maintaining surveillance of offenders (and imposing sanctions if they do not comply with the terms of their supervision), CSOSA's community supervision officers (CSOs) are also tasked with assessing the needs of offenders, developing individualized reentry plans, and referring offenders to programs and services provided by either CSOSA, other government agencies, or community based service providers. An independent entity under the executive branch, CSOSA's budget requests are fulfilled by the White House's Office of Management and Budget and Congress. In FY 2016, the Agency was appropriated \$244,763,000 from Congress for both its Community Supervision Program and Pretrial Services Agency (CSOSA 2016). The agency is not accountable to any federal agency or subject to oversight by any federal agency (La Vigne 2010).

In addition to CSOSA, there is The Mayor's Office of Returning Citizen's Affairs (MORCA), established by the D.C. Council in 2007, to coordinate and monitor reentry services provided by organizations in D.C. and advise the Mayor on issues related to offender reintegration, is under the Office of the Mayor. D.C. Code § 24-1302⁸ establishes ORCA as the lead agency for coordinating and monitoring service delivery to citizens returning to the District following incarceration. Although created to coordinate the provision of services provided by a number of agencies and organizations and not to provide case management or on site services, MORCA has attempted to do all three of these things on a very limited budget with a staff of four,

full-time employees¹⁰. Limited in the on-site services they are able to provide, they, like CSOSA, provide mostly referrals to other government agencies and community based organizations.

Additionally, MORCA is expected to collaborate with the Commission on Re-entry and Returning Citizen Affairs, comprised of representatives from various organizations and government agencies whose purpose is to advise the D.C. council, the Mayor, and MORCA on various issues pertaining to the reintegration of former offenders. MORCA is also required to collaborate with the Criminal Justice Coordinating Council (CJCC), an independent District agency created in 1998 and established as an independent agency in 2001, whose members include the Mayor and the heads of various participating government agencies (OIG 2015). The CJCC is not focused exclusively on reentry issues, and according to their mission statement, the CJCC's purpose is to "improving the administration of criminal justice in the city". The CJCC provides (yet another) forum for various stakeholders in the District to discuss criminal justice issues, conducts research, and statistical analysis of information pertaining to the District's criminal and juvenile justice systems, and manages an IT system for information sharing between federal and the D.C. law enforcement agencies. In addition to CSOSA, MORCA, Commission on Re-entry and Returning Citizen Affairs, and the CJCC, there are also dozens of other government

¹⁰OIG No. 15-I-0069, p.6- ORCA's FY 2015 budget was \$376,026; and its staff includes four, full-time employees (director, program analyst (functions as the agency Deputy Director), career development specialist, and administrative assistant); a full-time community service program specialist on detail from the Department of Corrections (DOC), and two interns.

agencies, private contractors, community-based organizations, and citizen groups with at least a nominal interest in some aspect of reentry in D.C.

(2) Research Design

Three research questions guided the dissertation research (see Chapter 1): (1) How do women experience mothering after incarceration, and how does their desire for family reunification shape their reentry experience? (2) How do incarceration and subsequent reentry impact women's roles as mothers?; and (3) What are the risk or protective factors for mothers as they navigate the reentry? To address such questions, the research combined case study and exploratory research designs. A case study design would provide the in-depth study of the research questions with a not well-studied and complex phenomenon within its context (Robson 2002). An exploratory design, based on a small number of studies, provides opportunities to develop new research problems for further study, particularly the nature of support at re-entry. The combination of designs makes contributions to the anthropological knowledge of mothering, reproduction, and kinship and suggestion for policy and interventions.

Methods of Data Collection

The methods employed in this study were designed to bring together the perspectives of formerly incarcerated mothers with the perspectives of community stakeholders such as service providers and criminal justice professionals, to deepen our understanding of the ways in which social and structural factors structure the conditions under which women mother their children, and in which they attempt to

rebuild their lives after incarceration. In this section, I describe the methods and approach I used to explore women's experiences of mothering, and the impact of motherhood and mothering on reentry.

The design also informed the selection of the sample population and ethnographic methods, primarily participant observation and interviews, and archival research. The research reported here is based on 9 life history interviews with formerly incarcerated mothers, 10 open ethnographic interviews and numerous informal interviews with community stakeholders such as community service providers and criminal justice professionals, and participant observation at relevant service organizations and community events. This methodology allowed for a holistic examination of the lived experiences of formerly incarcerated mothers, as well as the social and institutional context within which they attempt to gain access to resources to rebuild their lives after incarceration.

Participant Observation

Beginning in the spring of 2013, I was able to conduct preliminary research by volunteering at Our Place DC (OPDC), a nonprofit organization that provided services and advocacy to assist currently and formerly incarcerated women in DC in their transition out of the criminal justice system. I volunteered at OPDC for six months, three days a week until the organization's closing at the end of September 2013. Most of the time my tasks involved assisting the front desk manager, and assisting the women who came in to the Drop-in Center with things like using the computer, filling out forms for things like health coverage or other benefits, and

helping them find clothing for job interviews in the organization's "boutique". OPDC was a very "low-barrier" organization, meaning that barriers or requirements for obtaining services were minimal, and the organization's approach to working with women was "meeting them where they are at". The environment at OPDC was very welcoming, and sometimes women would come just to hang out at the Drop-in Center, even if they didn't need to obtain services or use one of the computers. I was able to engage in participant observation during many interactions with OPDC clients and staff during my time volunteering there.

From my preliminary research experience, I came to appreciate how challenging it can be to conduct research with returning citizens, as organizations working with stigmatized populations are understandably skeptical about permitting researchers to interact with their clients. While volunteer work can allow one to gain access to a hard-to-reach population, organizations serving those populations may have concerns about a researcher doing what is sometimes referred to a "data raid" or "smash and grab", where a researcher gets in, gets the data, and gets out, without taking a real interest or time to get to know the people they are studying (Wadsworth 2011; Liamputtong 2006). Organizations working with stigmatized populations may be concerned that researchers will exploit their clients or portray the organization unfavorably in their work, causing harm to the population they serve or jeopardizing the organizations reputation.

Although I identified myself as a student wishing to volunteer and conduct preliminary research that would not be published, and that I was sensitive to the

vulnerability of their clients and understood their skepticism of my intentions, OPDC's volunteer coordinator was very hesitant to allow me to volunteer. The only reason I was able to start regularly volunteering several days a week was because I showed up one day while conducting a walking tour to note the spatial layout and make descriptive observations of the neighborhood, and was invited to help out by the OPDC administrator, herself a formerly incarcerated mother, who worked at the front desk.

OPDC closed at the end of September 2013, due to insufficient funding. OPDC had just moved from its location at 15th and K Street NW to 15th Street NE when I started volunteering there. OPDC was previously forced to move out of its original location on Pennsylvania Avenue SE after the owners of the space (another non-profit organization) wanted it back to use it for their organization. I was told by the former director that the staff at OPDC had difficulty finding a new space, and that she felt that this was because when landlords found out OPDC served formerly incarcerated women, they were no longer willing to rent to them. Although the new location was the same cost per square foot as the previous location, it was much bigger. From what I understand, the staff was concerned about the financial sustainability of the organization after the first relocation, but the organization's board members were not responsive. OPDC then moved to a less expensive location in Northeast, but after the loss of an important grant, OPDC was forced to shut down.

Since OPDC closed, no organization¹¹ has taken its place as an organization dedicated to exclusively serving returning women.

Similar to my experience with OPDC, I experienced some difficulty securing a regular volunteer position at other organizations serving returning citizens. That said, I was able to carry out participant observation in D.C. in other ways, including: visiting local community organizations serving returning citizens, attending reentry events and community dialogues (hosted by organizations such as The Mayor's Office on Returning Citizens Affairs, Consultants for Change, and The Criminal Justice Coordinating Council), and other community meetings hosted by CSOSA and the Community Justice Advisory Network. I was also able to engage with returning citizens and their families at events hosted by the DC Corrections Information Council, such as Pop-Up Think Tank events (that facilitated conversations about reentry with returning citizens, their families, and other community stakeholders) and Pens to Paper to Parents in Prison, a letter writing event for children with incarcerated parents. Participant observation was also carried out by conducting walking tours, hanging out, and attending other community events not related to reentry (such as Family or Community Day gatherings), but held in the communities most affected by incarceration and reentry (Wards 7 and 8). These methods of participant observation yielded observations, informal and intercept interviews (Bernard 2002) with returning citizens, service providers and other community stakeholders, and provided additional insights and context particularly in regards to the broader social systems (family and

¹¹ Community Family Life Services, located at 305 E St NW, Washington, DC 20001, has recently begun directing more of their services towards women's reentry to address the lack of women-specific reentry resources in the District.

the community), the physical environment (neighborhood characteristics) and human needs fulfillment (in regards to access to resources for both returning citizens and others in the community).

I also spent six months volunteering at an organization that offers rehabilitative and supportive services, transitional housing and permanent housing for homeless women, including women coming out of the criminal justice system. Although the organization is located in Baltimore, Maryland, many of the women the organization serves have histories of incarceration, substance abuse, childhood trauma, and domestic violence, and some enter the program shortly after their release from a correctional facility. In addition to providing me with the opportunity to talk with residents and staff, I was permitted to review women's case files. Although I was not able to formally analyze the data and was not permitted to share specific information about residents, as this would be a violation of their privacy and my agreement with the organization, the information I gathered from conversations and resident case files provided additional insights in to the lives of mothers caught up in the criminal justice system. The women at this organization had life histories very similar to those of the women I formally interviewed in D.C., including family disruption, interpersonal violence (i.e., physical, sexual, or emotional abuse in either childhood and/or adulthood) as well as exposure to violence in the home or in the community, and substance abuse. Their experiences struggling to raise their children, and the pain they experienced being separated from their children, difficulties with children's caregivers, and their hopes for reunification after finishing the program also echoed the experience of the women I interviewed in D.C.

Interviews

Informal Conversational Interviews

The quote at the beginning of the chapter is from a conversation I had with a client of Our Place D.C. during my time volunteering there. Wenda, who had been incarcerated for most of her children's lives, was struggling to find her place in her family after serving a long prison sentence for selling narcotics. The time I spent at OPDC provided me with the opportunity to carry out participant observation, as well as informal interviews with returning women and OPDC staff regarding their efforts to provide comprehensive reentry services for returning women (Bernard 2002). I found that much of the most insightful data I collected was through informal interviews while volunteering or while outside smoking a cigarette. Although I am a little embarrassed to admit that I used to be an occasional smoker, some of the most interesting data I gathered while volunteering at OPDC was collected through informal conversational interviews while sharing a cigarette with either an Our Place DC client or staff member.

Conversational interviews often came about while attending various community events, walking tours, and volunteering, and were conducted with community stakeholders including community-based service providers, criminal justice professionals, community members, community advocates, and family members of incarcerated and formerly incarcerated individuals during participant observation opportunities. Sometimes these conversations were initiated by me, and

sometimes they were initiated by a member of the community. The latter most often occurred because said person was curious as to who I was and why I was there. For example, I became engaged in a very interesting conversation with an older woman at a Community Day event held at Covenant House (located in Ward 8) because she “wanted to know who the white girl was” (I was one of only a handful of white folks at the event, and the only white participant. The other white participants included a few community services providers and the police officers stationed as event security).

Life History Interviews

Recruitment of purposive study sample

As a high risk and stigmatized group, gaining access to and conducting research on returning citizens ¹² can (and did) prove quite challenging for a number of reasons. Given the many demands on their time (including securing and maintaining employment, dealing with substance abuse issues and meeting the conditions of their parole), many returning citizens may not be able or willing to commit their time to participate in a research project. Prospective participants may also have other concerns regarding participation. As many reentrants are likely to still be under the surveillance of parole, my interest in their lives was likely to be viewed with suspicion and distrust. As a result, they may be suspicious of my motives for wanting to speak with them, and have had reservations about participating in a project that

¹² Returning citizen is the commonly used and preferred term for a formerly incarcerated individual, as this term (rather than ex-prisoner or ex-convict) is less stigmatizing and emphasizes both the individual’s transition and integration back in to society and their membership in society. This term is problematic as noncitizens are also incarcerated and some have suggested using “returning person” instead. However, returning citizen is the preferred term used by government agencies and reentry advocates and is now common in the literature on prison to community reentry.

involves discussions about sensitive topics related to their incarceration and reentry. Retaining study participants can also be challenging because generally, reentrants are a stigmatized population that can be difficult to reach, track and maintain contact with. Attrition of study participants tends to be more acute when the research involves socially marginalized populations whose behavior is highly stigmatized, such as drug users and former offenders (Goshin & Byrne 2012). The financial and housing instability experienced by many reentrants may also pose a serious challenge to maintain contact with study participants and negatively impact participant retention. Racial/ethnic difference between myself and potential participants may have also been a factor (Gibson and Abrams 2003; Merriam et al. 2001).

I used purposive sampling to ensure that the participants were appropriate for the study. Purposive sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest, and for the most effective use of limited resources (Palinkas et al. 2005; Patton 2002). This sampling technique involves identifying and selecting individuals that are particularly experienced with or knowledgeable about the topic of interest (Creswell and Plano Clark 2011). In addition to experience or knowledge, Bernard (2002) and Spradley (1979) note the importance of the willingness of the participant, and their ability to communicate their experiences in a reflective manner.

Having recognized that recruiting participants may be difficult, I attempted to recruit participants through a number of service organizations, as well as seeking the assistance of the Court Services and Offender Supervision Agency (CSOSA), the

agency that oversees probationers and parolees in D.C. Despite extensive communication and the submission of a detailed proposal and subsequent documentation, participant recruitment through CSOSA did not come to fruition. I cannot be sure as to why, but I suspect it might have been because of my insistence that participation be voluntary and more importantly, that I would only provide them with summary findings and aggregate data, so as not to compromise the confidentiality of the study participants. They never communicated to me that they had rejected my proposal, they simply just stopped responding to my emails or returning my calls. With Our Place D.C., the only organization exclusively serving returning women in the District closed, I tried recruiting participants through contacts at the few organizations that provide services for returning women, as well as some of the organizations whose services are utilized by returning women. This also proved difficult, mostly because most of the organizations were not aware of whether their clients have a history of incarceration or not, which made it hard for them to identify potential participant, and in part because of the eligibility criteria established for potential participants. The eligibility criteria I had established were that a participant:

- 1) Had been incarcerated at least one time in prison;
- 2) Is a mother of a minor child or children (or was at the time of her incarceration);
- 3) Resided in the District of Columbia upon release.

The basic distinction between jail and prison is the length of a person's stay. Jails are designed to hold inmates awaiting trial, transfer, or those serving a short sentence,

and are run by local government. Prisons, on the other hand, are designed to hold inmates for longer sentences, and are run by either state government or the Federal Bureau of Prisons. I had decided to focus on women who had been incarcerated in prison rather than in jail because the average length of stay is longer and is more likely to have caused a major disruption in family life. Initially, I had difficulty finding DC women who had served time in prison (rather than a shorter sentence in jail), were also mothers of minor children at the time of their incarceration, and were willing to talk to me.

Given my challenges in recruiting, I also distributed recruitment flyers to organizations serving returning women or providing services utilized by returning women. This yielded some phone calls from women interested in participating, but of those women with whom I made plans to meet, none showed up. I suspect this occurred because they decided giving a life history interview to a complete stranger was not worth the \$25 gift card I was offering as an incentive. Given the subject matter, and that formerly incarcerated women are a vulnerable and stigmatized population, this is understandable.

I also contacted Carolyn Corwin, the lead investigator for a report on incarcerated D.C. women that was being prepared by Covington and Burling LLP and The Washington Lawyers' Committee for Civil Right & Urban Affairs. I was informed by a community contact that they were also recruiting D.C. women who had been incarcerated in a federal facility for their report on D.C. women in prison, and thought perhaps they could assist me with securing additional interviews. As it turned

out, they were also experiencing difficulty locating women willing to be interviewed, and had hoped that I would be able to share my contacts with them. We were both disappointed to find that the other was also having difficulty recruiting women to interview, and did not have any leads to share. I later followed up with Ms. Corwin, who shared with me that despite having more resources at her disposal, she encountered many of the same problems that I did in recruiting interview participants. She was also surprised to find that her contacts at community organizations serving homeless and low-income women were unable to identify potential participants. Her efforts to recruit women through the Public Defenders Office only yielded two interviews, despite being widely advertised and the offer of an incentive. Efforts to recruit interview participants by attending local community meetings were unsuccessful, and an interview with a woman Ms. Corwin had previously represented never materialized because of issues in the woman's personal life precluded her from meeting them for a formal interview. In total, Corwin was able to speak with six women, three of whom were incarcerated at the time of the interview and were only able to speak to her with the Warden present.

Fortunately, I was able to recruit study participants through a community contact who I met and developed a rapport with by attending various community forums and other events on incarceration and reentry. My contact was herself previously incarcerated, and after agreeing to participate, introduced me to women in her network who might also be willing to be study participants. Although not all of the women I approached were willing or able to participate, I was able to interview nine formerly incarcerated mothers who met the recruitment criteria. This snowball

sampling not only facilitated my ability to collect interview data, but I believe also provided me with some additional insights regarding women's social relationships, as some of the participants had served time together.

The life history interview

But the system really needs, they more [programs for women]. They need therapists to come in, they need to help the women with housing, they need to help them with clothing, they need to help them from being rejected from their children. They need to help them as far as having a stable income. You can't live nowhere making seven dollars an hour. Where you gonna go? -
Deborah, age 63. Served 20 years in prison.

To understand the meaning and experience of re-entry and mothering after prison, I conducted formal life history interviews with nine formerly incarcerated women living in the District of Columbia. All of the women I interviewed were African American, and grew up in D.C. At the time of the interview, participant ages ranged from 29-63 years old, and were mothers of between 1-6 children. Their reentry trajectories ranged from having been recently released and residing in the halfway house, to having reentered 15 years prior. Their experiences with the criminal justice system varied, but all served at least one sentence in a federal prison. The shortest prison sentence served was three years, and the longest sentenced served was twenty years. Some women were incarcerated multiple times in prison and/or jail.

The research design was approved by the University of Maryland Institutional Review Board (IRB). Prior to the start of the interview, I explained the project and answered any questions. Informed consent (see Appendix 2) was obtained from all participants, and participants were given the opportunity to review the informed consent form prior to signing. Prior to the start of the interview, each participant was asked to select a pseudonym for herself for the purpose of maintaining anonymity and confidentiality. The names of participants only appear on the written consent form, and I alone was the only person who has access to the list of matched participant names and pseudonyms. Only the pseudonym chosen by the participant was used in the interview transcripts, and the dissertation.

The interviews were recorded on a digital audio recorder and lasted between 60 and 90 minutes. Interviews were scheduled at a location of the participant's choosing in order to protect their privacy and confidentiality, while ensuring their comfort during the interview. Interview locations were most frequently the respondent's home or a private room within a social service agency that agreed to provide me with a space for interviews. Informed by the participant observation carried out at OPDC and attending community events, the interview guide (see Appendix I) focused on specific topics and provided a degree of standardization as to what the participants were asked, while allowing flexibility for new topics to be addressed based on the responses of the participant. The incorporation of open-ended style questions was intended to elicit "information rich" responses (Charmaz 2001; Weiss 1994). I encouraged women to share whatever they felt was important, and the flexible nature of the interview allowed for a more conversational dialogue where

women could feel comfortable bringing up or elaborating on topics they felt were important. This approach supported the goal of the research, which was to collect's women's narratives and gain insight into their experiences and perceptions of incarceration and reentry, obtaining a "thick description" of women's lives (Geertz 1973).

Life history interviews with formerly incarcerated mothers allowed me to elicit women's perspectives on significant life events, and situate women's experiences of mothering after incarceration in a larger contextual frame that addresses mothering and other life experiences before and during incarceration in order to better understand their experiences upon reentry. The life history interviews provide a holistic methodological approach for the collection of personal narratives by providing the researcher with a vantage point from which to explore how an individual experiences and understands his or her own life (Atkinson 1998). By allowing people to tell stories about their lives, life history interviews provide researchers with the opportunity to gain insights into a person's identity and sense of self, and how these develop and change over time (Sparkes 1994). Life history interviewing can assist researchers to obtain a more thorough understanding of the participant's view of the world and gain a richer understanding of human behavior (Fetterman 1989). As a methodological tool, a life history approach can be useful in obtaining knowledge about a person's life, the events, transitions and context that helped to shape the person they have become, and to gain a better perspective of how that person views his or her self.

I will also note that life histories can be a particularly useful methodological tool for exploring identity and how people see themselves (in this context, how women see themselves as mothers). For example, scholars have utilized life history interviews to understand identity formation among the elderly, to explore the historical processes that shape identity (Rosenfeld 1999) and how people experience the aging process and how they see themselves in various roles such as that of wife, mother etc. (Kaufman 1986). As Atkinson notes, life histories are particularly useful for addressing questions of identity and sense of self, because they are “not the life experience itself but only a representation of it, we might say that telling a life story is a way of organizing experience and fashioning or verifying identity” (Atkinson 1998:11-12). As a method for collecting ethnographic data, life history interviews provide a way to learn about how culture is experienced and created by individuals by uncovering the connections between the lives of individuals and the various social, economic and historical contexts in which their lives are situated (Angrosino 2006). By documenting people’s life experiences in their own words, life history interviews are another type of ethnographic interview (Spradley 1979).

The interview instrument was organized in two parts: the first part focused on collecting the women’s life histories previous to incarceration, and the second focused on their experience of prison to community reentry. The interview included questions about childhood experiences, adolescence, family of origin, educational experiences, and romantic relationships. Other topics included women’s place of residence, employment status, prior experiences with the criminal justice system, and the quality of women’s relationships with children and their children’s father prior to

their incarceration. This portion of the interview then culminated with a discussion of the circumstances surrounding their incarceration, followed by questions regarding women's experiences of motherhood and relationships with children and family during their incarceration.

The second half of the interview focused on questions regarding pre-release programming, and women's experiences with returning to their communities and attempting to resume their roles as mothers. Therefore, the second half of the interview explored the women's experiences with both the various factors that impact women's reentry experiences (the many barriers and challenges of reentry and resuming custody of children), as well as their experiences of family reunification and mothering upon reentry. As I learned while conducting the interviews, while some women see their life histories in a temporal framework of before, during, and after incarceration, others did not necessarily see their life histories in this way. For women like Deborah, Veronica, Faith, and Sheila, all of whom had relatively minimal involvement in the criminal justice prior to serving a lengthy prison sentence (ranging from 8 to 20 years), this framework seemed to fit. The women who were caught in the "revolving door" of the criminal justice system and in and out of prison or jail, did not necessarily see their lives in this temporal framework (before, during, and after incarceration). That said, it was not difficult to work around this in the interviews, and having to do so revealed that the women viewed time served in jail very differently than they did time served in prison. With the exception of two women who each served a longer jail sentence (6 months and 9 months, respectively) jail sentences were typically 30 days or less and not deemed particularly noteworthy

compared to time served in prison, for two reasons: the length of the sentence and distance from their children. While in jail, women were still local, and could receive regular visits from their children. In prison, women were sent to federal facilities hundreds, even thousands of miles away, for much longer periods of time and was consequently a much more significant disruption in their lives (and in the lives of their children and other family members), and their ability to mother their children. So while the temporal framework of before, during, and after incarceration did not necessarily align with the way some of the women saw their life histories, an unexpected benefit of organizing the interview guide this way was that it revealed the way women viewed time spent in jail versus time spent in prison, and that to them, “reentry” was associated with coming home from prison, but not with exiting jail.

Interviews with service providers and criminal justice stakeholders

The stigma [of incarceration] is harder for women. Women are not supposed to be criminals, just from a social stand point. And so women that are [criminals] are some aberration. So it's not their environment, it's not their circumstances, it's not their lack of choices, supports, abuse, you know, it's something inherently wrong with them because they're not supposed to be criminals. And therefore, the way the services and resources are allocated, are done through that prism. – Community Service provider

The above quote illustrates the value of eliciting the perspectives of community stakeholders such as service providers and criminal justice professionals, to

understand the social and structural factors that influence women's experience of reentry and family reunification after incarceration.

To learn about the views of these community stakeholders, I conducted many interviews, both formal and informal, with community stakeholders, including 10 formal interviews with community service providers and criminal justice professionals. The purpose of these interviews was to explore the perspectives of relevant stakeholders who work with returning women, to see if their perspectives of reentry priorities and challenges aligned with those of the women, and how they viewed returning women's motherhood and mothering obligations within the context of reentry. Another reason for interviewing stakeholders (specifically service providers) was to determine what services exist for returning women and what if any disconnect may exist in regards to what services are available and women's knowledge of these services. Interviewees include community-based service providers, a women's Community Supervision Officer, an administrator for the BOP, and program directors and coordinators for local criminal justice agencies. The service provider interviews consisted of questions (see Appendix I) pertaining to the stakeholder's role in the organization and the role of/services provided, as well as questions regarding the challenges of reentry (including gender specific challenges), and the role of women's children and families in their reentry experience. Providers and criminal justice professionals were interviewed at a location that was convenient for them, generally at their work site in a room or office that they selected.

Archival Research

Analysis of archival materials can be utilized to identify gaps in the literature, explore previously held research assumptions, develop research questions, select appropriate methods for data collection, and provide additional relevant data (Schensul and LeCompte 2012; Creswell 2009). In addition to peer-reviewed literature, I consulted documents from reentry and social service organizations, publically available city and federal reports and policy documents, statistical reports from the Bureau of Prisons, reports and evaluations by various government agencies and other organizations. I also able to access an unpublished survey conducted by CSOSA of D.C. women incarcerated at the Hazelton Federal Correctional Institute. Information from local organizations serving returning citizens and other underserved populations also provided information on the reentry landscape in the District. I also collected documents from the various organizations I visited, such as annual reports and flyers advertising services or programs to returning citizens or that might be interest to returning citizens.

Methods of Data Management + Analysis

With the participant's permission, interviews were digitally recorded, and I took written notes as well. Interview recordings were then transcribed in ATLAS.ti v7 to produce an interview transcript, and all interview data files were encrypted and stored in a password protected computer. The transcripts of interviews and typed field notes were printed out and first coded by hand, and then in ATLAS.ti v7. In analyzing the data, I used a modified grounded approach in which I allowed the important issues to emerge from the data. For the life history and formal stakeholder interviews,

I used semi-structured interview instrument, to make sure important topics would be covered. Probing was limited, to permit participants to talk about whatever they thought was important. Analysis was conducted using a modified grounded theory approach (Bernard 2002), focusing on patterns and themes that arose from the textual data. I used an iterative process of coding, first with codes identified from the interview guide, which was developed based on a review of the literature and preliminary field work. I then went back through the data multiple times, identifying new codes inductively to capture emergent themes. I utilized the constant comparative method (Strauss and Corbin 1990; Glaser and Strauss 1967) to make systematic comparisons across cases to refine each theme.

Reflections on Research Limitations

While informal interviews with other stakeholders, including children and family members of incarcerated individuals occurred during the course of conducting participant observation, interviews were not conducted with the children and family members of the formerly incarcerated women I interviewed. Interviews with women's children and other family members were not originally a part of the research design, as there is a considerable amount of research on children and caregivers, and this research was focused on the perspectives and lived experiences of formerly incarcerated mothers. However during the research process, I realized that the perspectives of the women's children and children's caregivers could provide insight on the impact of maternal incarceration on women's families, and the nature of their relationships with their children. Unfortunately, most of the women did not feel comfortable with me reaching out to their children, were estranged from their

children's caregivers, or their children's caregiver had passed away. Tonya encouraged me to reach out to her children, but not her children's caregiver. I tried to arrange to interview one of Tonya's daughters when she came to D.C. from North Carolina for her birthday, but she declined the interview, saying she was only in town for a few days and didn't want to talk about such a painful subject. Veronica's daughter and Angela's son both declined to be interviewed. However, I continued to develop a relationship with Veronica and recently met her daughter at a community event. Both Veronica and her daughter have added me as a friend on Facebook, as have a few of the other women I interviewed. I would like to continue this research, and am hoping to develop my relationships with the women who participated in this study. In doing so, I hope to meet more women in their network, and hopefully be able to interview women's family members as well.

Construction of Case Studies

The research was designed to center the experiences and perspectives of formerly incarcerated mothers, women whose voices often go unheard and whose needs upon reentry often go unaddressed. As the goal of the proposed research is not to carry out a statistical analysis of a large sample, the life history interviews were written up as individual narratives or participant profiles. The purpose of the individual case profiles is to offer a descriptive, readable narrative of the stories and experiences of the individuals interviewed (Patton 2002; Seidman 2013). The research produced case studies that highlight the structural, institutional, and social factors that shape the lives of incarcerated women, including their sense of motherhood and how these factors affect the practice of mothering for women who

become involved in the criminal justice system, and their experiences before, during and at community reentry. The case studies are presented in the next chapter.

Chapter 4: Life History Case Profiles

Presented in this chapter are descriptive, individual case profiles of the life history interview participants. The individual cases of each woman reveal the complexity of their lives, and illustrate the various social-structural factors that shape the lives of African American women in the District during the era of mass incarceration. While a comparison of the individual cases reveals common patterns in the women's life histories, each woman's story portrays a different picture of the experience of growing up, going to prison, and returning home to Washington, D.C.

In terms of demographics, the life history interview participants were all African American women, and all grew up in low to middle income families in primarily African American neighborhoods, mostly in NE or SE DC. There was some diversity in how the participants perceived the neighborhoods where they grew up, something that may have had to do with the age of the participant. For example, Angela, who was 54 years old at the time of our interview, said:

It was like the average neighborhood. Everybody knew everybody, you could go over the neighbor's house, my babysitter lived across the street, and you know, it wasn't a violent neighborhood, at that time.

Cynthia, who was 51 years old at the time of the interview, said this about the neighborhood¹³ where she grew up:

¹³ The neighborhood Cynthia was referring to was located in the Shaw community, one of DC's first all-black neighborhoods, located in northwest DC. Once a successful community, after the assassination of Martin Luther King, Jr. in 1968 the community started to change. During the time

It was friendly. It was, it was things going on but, you know, our neighborhood was turning back then. Things have changed so much since then.

In contrast, Veronica, born almost a decade after Cynthia, had this to say about the neighborhoods in which she grew up in southeast DC:

It was dangerous. During the early time when I was growing up, the crack epidemic was basically at its height. I never lived in the projects but, I lived in a low income area, so we all went to school together, we all were socialized together, so. It was pretty bad.

These comments reflect the significant historical processes of economic restructuring, urban renewal, and the crack epidemic that have occurred during the women's lifetimes and have resulted in the social and economic marginalization and spatial concentration of African American residents in the District's black communities located on the eastern side of the city. These communities have been and continue to be disproportionately impacted by the mass incarceration epidemic. Although there was some diversity in terms of their families and communities of origin, all of the participants were embedded in environments and social networks in which economic marginalization and drug use were common.

Cynthia was growing up, the neighborhood was in the process of shifting from a thriving cultural district to a community with some of the highest crime rates in the city.

It is important to note that because of differences in regard to sentence length, number of incarcerations, and age of children upon reentry, the kinds of mothering responsibilities the women assumed, or were expected to assume varied. The women also ranged considerably in age (29-63) and in how long they had been in the community (6 weeks-15 years). The unanticipated benefit of this diversity amongst the participants was that it provided different experiences and perspectives of mothering upon reentry over time. The profiles are organized from the oldest participant (Deborah, age 63) to youngest participant (Teena, age 29).

Deborah

Born in 1953, Deborah grew up in Northeast D.C., with her parents and seven siblings. She described the neighborhood where she grew up as nice, and her childhood as pleasant, though tragedy struck her family when her twin sister was killed in a hit and run accident at the age of two. Deborah was very close with her mother, and suspected that her mother was particularly protective of Deborah because of her sister's death. Her parent's relationship was at times tumultuous, though Deborah made a point of saying that although her mother would sometimes be physically abusive towards her father, her father never struck her mother.

Reflecting on her childhood, Deborah stated that two of her older brothers were involved in the criminal justice system as young men, "but for a very short time", and she herself had a juvenile record for running away from home a few times because she "just wanted to be with friends", noting that she and her friends never ran very far. Her parents split up when Deborah was a teenager, and she dropped out of

school to work to help support her mother and younger sister. Deborah held a steady job and was self-sufficient throughout her young adult life prior to her incarceration. Shortly after the birth of her first daughter at the age of 18, Deborah began using drugs, primarily marijuana and cocaine. Deborah knew many drug dealers in her neighborhood, and her drug use [and perhaps small time selling] and association with people involved in moving large quantities of drugs is what led to the circumstances of her incarceration.

Deborah was working as a receptionist at DC General Hospital when she was arrested on charges of conspiracy to commit armed robbery and conspiracy to commit murder after her friend was shot and killed when three people (two men and a woman) looking to buy drugs came to her house. Neither she nor her friend had any drugs to sell, and a fight ensued between her friend and the other man, which ended in Deborah's friend being shot and killed. Deborah stated that the police and the prosecutor told her they had surveillance footage of her associating with known drug dealers, and if she did not work as an informant to orchestrate buy and bust operations, that that she would be charged as a co-defendant, and as Deborah put it, "that it would be my case".

She refused to comply, maintaining that she was not involved and had no prior knowledge of what happened. According to Deborah: "The young lady [the companion of the man who shot Deborah's friend] tried to clear me, and write [to the judge, saying Deborah was innocent], but they told me if I didn't cooperate, and help bring all these drug dealers down, that it would be my case. And that's exactly what it

was. The trigger man got less than maybe five or ten years. I got twenty. The other- the girl I think she got acquitted, the other guy, he really didn't get any time”.

Facing life in prison on charges of conspiracy to commit armed robbery and conspiracy to commit murder, Deborah took what is called an Alford plea¹⁴, a guilty plea in criminal court whereby the defendant pleads guilty, but maintains their innocence. Deborah said “I didn't understand 'cause I had never been before no judge, never really, really been in no serious trouble, what an alpha [Alford] plea was. Uh, they said you take an alpha plea that mean you didn't do it, but I had no knowledge of the court system. Of anything. Of how that went, no knowledge whatsoever. Didn't understand conspiracy”. Deborah was pregnant with her second child when she began serving twenty years in prison in Alderson, West Virginia.

Deborah’s incarceration was especially hard on her older daughter, who was first cared for by Deborah’s mother, and later cared for by Deborah’s older sister. Talking about the impact of her incarceration on her older daughter, Deborah said: “She lived with me up until the time I went in. It really tore them, her apart. Because my mom really didn't want her to know where I was and wanted her to think it was a school. She struggled very hard uh, with being separated from me”. Deborah gave birth to her younger daughter while incarcerated, and was thankful that because of her low custody level, she was placed in an area of the prison with other pregnant women and older women, and wasn’t shackled when taken to the doctor. Deborah became

¹⁴ An Alford plea, also known as a “best interest plea” is a plea in criminal court in which the defendant does not admit guilt, but pleads guilty because the prosecutor has evidence that will likely result in a conviction.

deeply depressed after giving birth to her daughter in prison, requiring therapy and medication. Deborah's younger daughter was raised by Deborah's sister, who later also cared for her older daughter after their mother's passing.

A year after giving birth to her second child, Deborah began to recover from her depression. After seeing how well Deborah interacted with the children while working in the visiting room at Alderson, her custody level was changed to community, and she was permitted to leave the facility¹⁵ every day to work at Spring Meadows¹⁶, a center for disabled and developmentally challenged children. She also completed Bible College while at Alderson, and was permitted to counsel other women at the prison, including those in the psych ward. While at Alderson, her work at Spring Meadows drew the attention of the community, including then Governor J.J. Gaston. During the interview, Deborah pulled out a large scrapbook filled with photos of her clients, and newspaper clippings documenting her work in the community, and a reception held in her honor at the Governor's mansion. Reading from one of the yellowed clippings, Deborah said: "I'm allowed to go anywhere I want in West Virginia, [name redacted] says, but I can't get permission to go back to DC with my daughters". With the support of the prison warden, Deborah requested an early release, but despite many people advocating for her, she was denied early release

¹⁵ Alderson is a minimum security facility, where some women are eligible for "community" level custody. According to the BOP Inmate Security Designation and Custody Classification manual, an inmate who has community custody may work on outside details with minimum supervision, and may participate in community-based program activities if other eligibility requirements are satisfied. https://www.bop.gov/policy/progstat/5100_008.pdf

¹⁶ Spring Meadows is a fictitious name for the center where Deborah worked.

because of mandatory minimum sentencing laws, “the judge said it was out of his hands, it wasn't nothing nobody could do, that's the way the laws were. It was awful”.

Deborah was incarcerated for 12 years at Alderson, before being transferred back to CTF in DC, and then sent to finish her sentence at the federal facility in Danbury, Connecticut. Prior to her passing, Deborah's mother brought her daughters to Alderson to visit her frequently, often several times a month. After serving 12 years of her sentence at Alderson, Deborah was transferred to the D.C. jail for a short time, and then transferred to the federal facility in Danbury, Connecticut. Deborah's mother passed away while she was in D.C. awaiting transfer to Danbury. She was permitted to attend the viewing prior to her mother's funeral, and was taken to the viewing in shackles, despite Deborah having had community level custody while at Alderson. When she attempted to hug her mother's body, she was reprimanded by the correctional officer that had accompanied her and forced to leave. Of this, Deborah said: “And that was the worst thing ever when they took me, they took me shackled. And when I went to give her [a hug], he [the correctional officer] said ‘No need in doin' that, we leaving right now! Get up! Get up and let's go!’ It was cruel. It was cruel, it was just awful. Very painful. I'll never forget that”. After their mother's passing, Deborah's sister continued to bring Deborah's daughters for visits, but only once or twice a year. Deborah said: “The further you go, the harder it is for people to come”. After serving twenty years in prison, Deborah was released and returned to DC in 2000.

Like most returning citizens, Deborah faced many challenges upon reentry, including the stigma of being a former offender, and difficulties with family members. While some of her family members, especially a nephew, were supportive of her, others were not. After leaving the halfway house, Deborah moved in with a sister who abused her, and demanded that Deborah give her all of her money in exchange for staying with her. She said: "And she wanted me to just keep giving her all money. I already had to pay money to stay in the halfway house. I agreed to give her such and such from my checks. And it just got worse and worse. And I begged them [the halfway house] to take me back". After her second stay at the halfway house, Deborah went to live with a cousin, not knowing that the cousin was abusing drugs. She then went to live in her mother's house, unoccupied at that time and still owned by the family (though they would later lose it in foreclosure). Her brother and niece later also moved in, Deborah said, and: "They tormented me. My niece went to my job, told them [who] I was, my whole past. She sold, she did this". Fortunately, her boss was pleased with Deborah's work, was aware of her background, and the incident did not affect her employment.

Deborah has also struggled with mending her relationships with her children. Even though she had been home for over 15 years at the time of the interview, her relationship with her daughters is still strained:

And being separated from them for so long, I'm still trying to mend, after all these years of being home, it's still like- I believe that they love me but, like once they had said, I wouldn't have never left my children no matter what and

I be like, it wasn't my choice (...) Um, it's just, it hurts a lot. Because I don't really think they have forgiven me deep down in the heart to accept me, even now.

At the time of the interview, Deborah was living in her own apartment in Southwest DC. She was not working, as she had struggled to find employment after her previous employer shut down his business, and she was recovering from recent surgery. At 63 years old, she was not sure she would seek future full time employment, as she was receiving Disability payments, and would soon be receiving Social Security as well.

Faith

Born in New York City in 1962, Faith moved to D.C. when she was very young. She grew up in the Northeast and Southeast, with her parents and younger brothers. Her parents split up when Faith was in the fourth grade, and her father moved to an apartment nearby. She described her childhood as very “family oriented”, with lots of family gatherings and holiday celebrations, and “not wanting for anything”. She then added: “But I had um, uh a story, a secret that I had within me for so long, ok? So as I got older and I carried that pain for so long, for so long. And I still carry it”. The secret, she later revealed, was that she was sexually abused by her father throughout her childhood, something she did not reveal to others in her family until she was a teenager, after her aunt suspected something had happened after Faith began acting out.

Faith began using drugs around the age of 13 or 14, first smoking marijuana and popping pills, and later using cocaine, crack, and heroin. She attributed her initial

drug use to wanting to fit in with her peers, and found it to be an effective way to numb the pain of the abuse she experienced as a child. Drug use would later also serve also as a way to cope with the domestic violence she experienced in her romantic relationships as an adult. Faith became pregnant in 11th grade and dropped out of high school after the birth of her daughter, citing problems with babysitters. She explained that although she made several attempts to go to night school and earn her diploma, childcare continued to be a problem and that: "Again, my child was my responsibility. Because I could replace a job, but you can't replace a child". Faith would later have three more children, and when asked about her children's fathers, she replied: "Yeah, they was involved it just um, I found myself getting involved with very responsible, hard working men, but drinking, kinda violent, played a role in my life, ok?" Her experiences with domestic violence in her romantic relationships with men and the trauma of her childhood abuse led to Faith abusing heroin, cocaine, and crack cocaine for much of her adult life. While in her late twenties, Faith put herself in a drug treatment program, saying that she told herself:

I put my, I put myself in one because I saw myself as someone better than that. You know, you lookin' at, and you look in yourself in the mirror when some people can't their self, look at their self in the mirror and say "You're a beautiful black woman. This is not the end of your story. You can get help, you can do better than that". And that's what I use to tell myself, and I put myself there. Where I stayed clean (...) I wanted it, I did it for myself. Ha, you given the drug man your money, and you like, and you like to eat and go out and look good and they takin' their money, your money, out of your

money, everybody else money, to shop. And I said no, I don't wanna go out like this, there's gotta be a better way, another way. To deal with life itself.

Faith was able to stay clean for a while, but another abusive relationship caused her to relapse: “Again, a relationship. You get in to something, you self-medicate your pain. A man, physical abuse. So it was like, ok, he hurt me again, I’m going through pain. So I’m going to self-medicate myself”. Faith was later diagnosed with Post Traumatic Stress Disorder, received counseling, but refused to take medication.

Faith was in her early forties when she was incarcerated for the first time. Although she was a long time drug user, prior to her incarceration Faith’s involvement with the criminal justice system was limited to being handcuffed, booked, and released on her own recognizance in relation to domestic violence. She began describing the circumstances that led to her incarcerations as: “It was a nice family day. Turned out into a tragedy. He was drinking. He had started drinking at like ten o'clock that morning. When we got back home, that’s when it all started”. After returning home from a day-long family outing to a local park, Faith got into a physical altercation with her boyfriend and the father of her two youngest children after he struck their six year old daughter.

I heard his voice say to my daughter "stop". He called her by name. She's only six (...) I look to my right, my child is standing from behind the truck in the center of the parking lot. She was bleeding from her face on her pretty white shirt and said ‘he hit me’. I don't feel the steering wheel lock in my hand, but it's still in my hand. I walk to the back of the truck. I ask him, I

asked him ‘what happened to our child?’ He said ‘She should stay in a child's place’. So with that he said ‘You can get some too’ (...) I got pushed. And that when the physical alt- I just lost it. Here I got a six year old bleeding from her face, and blood is all down here, all over her shirt. I mean, and I'm fighting. I swung this um, steering wheel lock. He was able to grab it, but it never landed nowhere on him (...) He tossed it over a fence. And that's when I still went for him. There was nothing used, it was just my fists (...) I remember him falling back on the hood of the car, and with that I took the kids in the house. I had to get my kids to safety (...) My truck was unattended, it wasn't locked secure. I had stuff on the sidewalk, but I had to get them in the house. And I said I'll be back. Hmm. That cost me some years.

Faith said that when she came back outside, “It was like something went on while I went in the house. He wasn't in the same place. And I saw this young guy over him, and he was like going through his pockets”. A neighbor helped Faith get her boyfriend inside, and said that once inside “He [Faith’s boyfriend] was conscious, he was responsive (...) He still wanted to drink his beer”.

Although he did not appear seriously injured after the altercation and declined going to the hospital, he was unresponsive the next morning. Faith called 911 and he was taken to the hospital, where he died of a brain aneurism during surgery. Faith was then charged with second degree murder, and was incarcerated for ten years after

taking a plea bargain for manslaughter and carrying a dangerous weapon (CDW¹⁷), although she insisted that her boyfriend disarmed her before she could hit him with the wheel lock and “It never hit him, wasn't no blood or nothing”. Of this, Faith said: “The system is corrupt because they was trying to throw other charges in on me, according to my attorney. When she [Faith’s attorney] didn't want to accept the first plea, so now we gonna put this and put it so, you know, negotiate and your attorney and the prosecutors and everything”.

She was held in the DC jail for two years before she took the plea bargain. During this time, the prosecutor would not allow her to see her two youngest children, because they were present at the time of the incident and were considered witnesses. Faith would not allow the police to interrogate her children as witnesses, saying “I refused to let them interrogate and tear my kids apart, just to have my freedom. I love my kids more than I love myself”. Although she very much wanted to take her case to trial and immediately requested one be scheduled, her lawyer informed her that it would be risky, and shared with her stories about other people who had gone to trial and “they end up doing thirty years or whatever”. She said that during the two years she spent in jail awaiting trial, that God showed her that the most time she would do if she took the plea was ten years, and given that she faced a much longer sentence if convicted at trial, she didn’t want to take the chance. When reflecting on her

¹⁷A person “carries a dangerous weapon” if the object used as a weapon is either in the person’s direct possession or is conveniently accessible and can be charged as either a misdemeanor or a felony in the District of Columbia.

relationship with her youngest children's father and her decision to take the plea bargain, Faith said:

She [Faith's attorney] explained to me what taking a plea could mean. It doesn't mean that you actually did something, you played a part, by knowing a person, you was there or whatever. So after she took the time out to explain to me, I said well, I was in a relationship. I'm aware of the mood swings, the actions, the attitude after drinking. Why did you stay in the relationship? Because I wanted that, I wanted that family. I wanted that mother and father and children, um relationship. So yes, I put up with some things that I mean, when you weigh it, the good outweighs the bad. I guess that's why I stayed. I knew what the problem was, so I felt like I could stick out, just to keep my kids and family together.

While Faith was incarcerated at the federal prison in Hazelton, West Virginia, her oldest daughter (who was 25 at the time) cared for her younger two children (ages 6 and 7). Her 16 year old son stayed with Faith's mother, and her 17 year old daughter got a job and stayed in the apartment Faith had been renting prior to her incarceration. During the first few years of her sentence, Faith's brother regularly brought her children to see her. But as her children got older, she saw them less frequently, and around age 13, her son said he didn't want to visit her anymore, because he didn't like seeing his mother in prison. Her relationship with her oldest daughter was also strained at times, as she had taken on the responsibility of raising Faith's two youngest children. She stayed in contact with her children via phone calls and letters,

sending cards and small gifts to them on birthdays, holidays, and other occasions. Faith said that the depression she felt as a result of being separated from her children was almost unbearable. Although she was determined to continue parenting her children from prison, she felt as though she had failed her children. Still, Faith was adamant that she was a very nurturing, hands-on mother prior to her incarceration- she spoke of how she prepared them proper meals, engaged with her children, attended all school functions and was praised as “one of the good parents” by her children’s teachers. She saw herself as a “good” mother who had made a terrible mistake.

At the time of the interview, Faith had been out of prison for about a year. For Faith, returning to the community felt uncomfortable and strange: “It’s like starting all over again. How you gonna do it?” Upon her release Faith was sent to the women’s halfway house in DC, The Fairview, to serve the remainder of her sentence in the community. Like many other women who have returned to DC from prison, Faith spoke of the lack of services and support available to her at the District’s only women’s halfway house, Fairview. Still, Faith was determined to rebuild her life. While at Fairview, she successfully completed a computer training program, and received a desktop computer, the only person in her class to do so. She went to the DC Housing Authority to check on her status for affordable housing, as she had been on the waitlist since 2001. Upon finding she was approved, Faith arranged to stay at the House of Ruth while awaiting her housing voucher and later secured an apartment. Securing employment was more challenging for Faith. She applied for several jobs and was called back for interviews, but felt she not hired because of her

criminal background. Disappointed, Faith then completed a job placement assignment with the UPO through Project Empowerment. Though she received a positive recommendation, the company declined to hire her after the period during which her salary was paid by Project Empowerment (citing lack of funds). Still, she felt it was a good experience, and at the time of the interview was working several part time jobs.

Faith was in contact with her children upon reentry, but did not see them as often as she would like. She was troubled that two younger children had been having difficulties in school, and were held back, though she was confident that they were working to finish their last year of high school. She attributed their difficulties to the trauma of having lost both of their parents at one time. Very forthcoming throughout the rest of the interview, she was more reserved when talking about her current relationship with her children. Still, Faith appeared optimistic that her relationship with her children would improve with time, saying “I’m being understanding because I wasn’t there. So I take time, and I like just pray on it and say time will heal it”.

Angela

Angela was born in 1962, and grew up in Northeast Washington, D.C. with her mother, father and two brothers. Her father became abusive to her mother towards the end of their relationship, and her parents divorced when she was eleven or twelve years old. She described her father as a “weekend alcoholic”, who was always employed throughout her childhood, but abused alcohol on the weekend. Speaking of her childhood Angela said “You know, we weren’t on welfare or nothing like that.

All our needs were met”, and described where she grew up as “like the average neighborhood”, noting that “it wasn’t a violent neighborhood, at that time”.

Angela was 13 years old when she started using marijuana and drinking alcohol, and later started also using PCP and crack cocaine. She attributes her early drug use to her parent’s divorce, and her father moving out. When talking about her drug use, Angela said that “It was in my family. My dad was an alcoholic, and my uncle was a drug addict and an alcoholic”. Angela was four months pregnant with her only child when she graduated from high school, and was her son’s primary caregiver for the first few years of his life. Her son was two years old when Angela ended her relationship with her son’s father, who was emotionally and physically abusive to her. A short time after their break up, her son’s father demanded that Angela give their son to him to raise, or as Angela described it, “he came and took him”. He cited Angela’s frequent use of marijuana as the reason the child would be better off in his care, despite his own abuse of drugs and alcohol. Angela said that she felt she had no choice but to turn her son over to his father, “Because of the fear, because he was so abusive. And I was like, if I give you what belongs to you, I don't have to worry about it [him coming back and beating her]”.

Shortly after losing her son, who was raised by his paternal grandparents and his father, Angela was arrested for armed robbery and incarcerated for eight years. She did not see her son again until he was 27 years old, for a total of 25 years. She explained that because her relationship with her son’s father was so abusive, she feared what would happen if she tried to contact her son: “The two to 27 [her son’s

ages when she was not in his life] that [fear of abuse] played a big part. Because it was an abusive relationship. I didn't feel safe until I became incarcerated. It was that abusive".

Angela was first arrested at age 19 or 20, after she and a friend's brother had smoked PCP and stolen a car to go joyriding. He told her to wait in the car while he bought cigarettes, and without telling Angela, robbed a gas station. Angela was later convicted of armed robbery, sentenced to 15 years, and served 8 years of her sentence. Angela had no contact with her son while she was incarcerated, and being cut out of her son's life was very painful for her. To cope with the loss, Angela would make up "stories" about "how she wished things were" when other women would talk about their children, and tell the other women about times she spent with her son that were not true.

Angela later served 18 months for aggravated assault, after she violated her parole by failing her drug tests, and had a warrant out for her arrest for stabbing her roommate with a kitchen knife after he attacked her in their apartment. After being released, she began smoking crack, and was later charged with solicitation. Angela recalled, "And because of that, they sentenced me six months on that. I went to see my PO, I had dirty urine [failed drug test]. And then got in this car, and uh you know, tried to proposition this guy, only to find out he was an undercover police officer. So he took me straight to jail". When Angela came home from prison, she checked herself in to a drug treatment program, and has been sober since 2004. After completing treatment, she was sent back to prison for a year to serve time for multiple

parole violations [failed drug tests] she had incurred prior to entering the drug treatment program.

While incarcerated for aggravated assault, Angela met a man who also incarcerated and they were married after she was released in 1998, although he was still incarcerated. He was supposed to be released shortly after, but was not. They lost touch, but reconnected a few years later after Angela had received treatment for addiction and returned to the community in 2005. He began calling her, and she started visiting him in prison. She soon began smuggling heroin to him during her visits over the course of two years. Angela said, “Yeah, he was selling it inside. I met this officer that worked there that was his friend, and we had this drug ring going. I was just a mule, actually”. Her husband’s business partner was a correctional officer who blew the whistle after not receiving payment one week. Angela was connected to the crime but not charged, as they did not have adequate proof of her involvement.

A few years later, her husband was released and they reconnected a second time. He began selling narcotics out of her house, and not wanting to risk her sobriety or her job, she threw him out. She later went to file for divorce, only to discover that her husband had secured a divorce a few years after their marriage while they were both incarcerated at different institutions. Angela said “I went to file for the divorce, they told me I was already divorced in 2002 (...) and he never gave me the paper, never let on, you know what I'm saying, or else if I had known that, I would never have risked my freedom, you know what I'm saying, to do the things that I was doing for him (...) I did it 'cause that's my husband”.

Upon returning to the community, Angela returned to the halfway house, and subsequently lived with a man and helped him raise his daughter, with whom she is still close. Angela had little family support upon reentry, and had to “fend for herself”, as her father had died and her mother was unwilling to help her. A year after returning home in 2005, Angela located and mended her relationship with her son after learning that he was himself incarcerated. Her son came to live with her after he was released, and they made a pact that neither would use drugs again, nor return to prison. Of this Angela said “So I did something right as far as leading by example, let's just say that”.

Although it had been 11 years since she was released from prison, Angela stated that “I take pretty much any job I can get at this point”. Angela talked at length about her difficulties finding full-time employment because of questions regarding criminal history on job applications and criminal background checks, saying: “It’s kind of like a double standard, like you making them pay for something they've already paid for”. At the time of the interview, Angela was working several part time jobs, and had recently moved in with a friend after she was unable to afford to continue renting her apartment.

Cynthia Antoinette

Cynthia Antoinette was born in 1965, and grew up mostly in Northwest D.C. with her parents and three siblings. She described her childhood as “nice” and her family as “tight knit”, although she said that her parents would get physical with each other when they fought, and that her father drank and used drugs. She described her

father as a “functional heroin addict”, meaning that he was able to maintain employment while using. She describes the neighborhood where she grew up as nice, but that there were “things going on” and that the neighborhood was “turning back then”. Cynthia Antoinette completed the 11th grade before dropping out, saying “I was experimenting with drugs, and when I look back on it now, that’s what really made me drop out of high school”. She gave birth to her first child at age 20, and began smoking crack around age 21.

Cynthia Antoinette has been arrested and jailed numerous times, the majority of which were drug related. She was 22 years old and newly pregnant when she was sentenced to 180 days in jail after being convicted of assaulting a police officer who was called to her family’s home because of a domestic dispute between her mother and sister. She gave birth to her second child shortly after coming home, and stated that “I didn’t have any of my kids in prison, praise God. Praise God, ‘cause I, you know, I just remember hearing horror stories about people, you know having kids. I seen friends of mine have their kids in jail and then they had to be separated and it was the hardest thing ever for them”. Over the next ten years, Cynthia was arrested multiple times and was in and out of jail before being convicted of felony burglary and sentenced to three years in prison. After serving her sentence, she said “I went back two or three times after that for [parole] violations. Like, eight months. I spent like eight months each time in prison for that”. Cynthia estimated that she has been incarcerated “six or seven times”, often on multiple charges, and that she has “something like thirty convictions”.

While in prison, Cynthia was diagnosed with a mental illness that she says is related to schizophrenia, but could not remember what it is called. She struggled with her addiction to crack cocaine for most of her young adult life, and participated in inpatient drug treatment three times. The first was for six months, when she was sentenced to treatment by the court. The second two times were 28 day programs, which occurred outside of prison. While incarcerated, Cynthia was able to earn her GED, and also took a number of life skills classes, college courses, and building trade classes.

The fathers of her four children were “not really” present during their childhoods, and she only received child support for a time from the father of her oldest son. When asked about her relationships with them, she stated that: “Well, my oldest son’s father is deceased, and I have no relationship with my first daughter’s father. None. And my two youngest kids, their father is deceased also”. Having their mother in and out of prison for much of their lives, her children were cared for by her mother and other family members: her oldest son and youngest daughter lived with her mother, her youngest son was cared for by his father’s family, and her older daughter lived with her godmother. Cynthia’s relationships with her children were strained during her incarcerations. It was much easier for her to maintain contact with her children when she was incarcerated locally at the Central Treatment Facility (CTF) in DC, where she was able to receive regular visits from them once a month. Although she was able to stay in contact with her children through phone calls and letters, she did not receive any visits from them while she was incarcerated in the

federal prison in Danbury, Connecticut, which is located almost 300 miles from the District.

Cynthia felt that she wasn't able to fulfill her role as a mother while incarcerated because "I wasn't able to talk to them like I should, and see them, and tell them that I love them and you know... a lot of bonds were broken". According to Cynthia: "It was a while before my kids even knew each other. Like, they didn't know this person was their brother or sister (...) 'cause they were split up for so long". Cynthia did not receive any pre-release services or reentry preparation while incarcerated, and cited support from her family and supportive housing as key in her success returning to the community after her last incarceration. Cynthia's greatest challenge upon reentry was not resorting back to her old habits when faced with stress and disappointment. According to Cynthia:

My greatest- my greatest challenge was always not resorting back to my old habits, under the stress, under the lash of wanting- of not wanting to fail. Like, one failure would be like damn, it's not going to work for me. Like I would be down on myself. It's not going to work for me, you doomed, things not going to work out, you're not going to find a job, somebody's not believe you, ain't nobody going to give you a chance. Like, my self-esteem was really, really low".

The last time she returned to the community, she did something "totally different", by going to Camille's Place, a supportive transitional residence for HIV positive women leaving prison or jail that has since closed. Cynthia credited Camille's Place with

saving her life, and the lives of several of her friends, saying: “They did so much for you. They would help you with transportation, they would help you with clothes, you know what I'm saying? There was just so much support there”. Cynthia also benefitted from the psychotherapist her community supervision officer put in her in touch with, noting that she thought many women would benefit from therapy upon reentry, to deal with past trauma and with “transitioning back with children”. She added: “I think that's really, really important too 'cause it's not always easy with the kids. Even though some kids are loving, some of them be really bitter and angry and mad too”.

Cynthia is still in the process of repairing her relationships with her children. When I asked about her relationships with her kids, Cynthia replied: “Sometimes it’s good, Casey. Sometimes it’s really, really bad. And they all take turns with it being bad”. Cynthia’s children are now adults, and though she has been home since 2008, she says they still tell her she “owes them a lot”, that they are “still bitter, they’re angry” and that now that they are older, it “seems like everything is coming out now”. At the time of the interview, Cynthia was living with her longtime boyfriend in Southeast, and was working two part-time jobs.

Tonya

Tonya was born in 1968, and grew up with her mother, father, brother, and seven sisters in Northeast DC. Growing up, she felt closer to her father than her mother, and described her father was a good parent who cooked and did a lot for the family, although he struggled with alcoholism. Her mother was often violent and

abusive towards her father, and used to “whoop” Tonya and her siblings often. Tonya recalled: “She didn’t even use drugs or drink. She just had a lot of devil, a lot of demon in her”. Tonya’s parents later split up, and her father was homeless for a time, living in shelters and later a mental institution. At the time of the interview, Tonya’s father had recently completed a rehabilitation program, and moved in to his own apartment.

Tonya started abusing drugs (marijuana, then PCP, and crack cocaine) and alcohol at age 16, and dropped out of school in the twelfth grade because: “I started using. I had started using, and hanging with the wrong crowd”. She gave birth to her older daughter at age 19, and has a good relationship with her older daughter’s father and, although “he has been locked up too”, he has been present in their daughter’s life. Tonya’s next boyfriend, the father of her second daughter, beat her on a regular basis, and she obtained an order of protection from him sometime after their daughter was born. Tonya was later arrested for stabbing the father of her younger daughter in self-defense after he violated the protective order. Tonya said: “It [the charge] was assault with a dangerous weapon for my youngest daughter father. He used to beat me up all the time. So, in DC there's no self-defense. You have to really prove it. And I had stay away orders um, away from him and everything...and, I just got tired of him beatin’ on me”.

A short time later, Tonya was arrested for accessory to robbery when a male friend of hers told her to wait in the car while he [unbeknownst to her] robbed a store. Describing the incident, Tonya said:

I was involved with, I knew, I knew what the person was doing, I didn't know he was going rob someone right then and there. But I knew he was in to that lifestyle but he didn't tell me what he was going there to do. He just told me to wait outside. And I waited. He got in the car. I didn't drive fast enough, and we got pulled over. If you would have told me what we were doing, back then the lifestyle I was living, I would have drove off fast enough.

At the time of the robbery, she also had a warrant out for her arrest for stabbing the father of her youngest daughter. Tonya turned 23 years old in jail, awaiting trial for both the assault and accessory to robbery charges. Her daughters were 4 years old and 14 months old at the time she began serving her ten year sentence. Prior to her incarceration, Tonya was her daughters' primary caregiver, and said: "We had a pretty good relationship before I went away. I mean, especially my youngest one, we were very, very, very close, she went everywhere I went. Everywhere. Even through my addiction, when I was on the street, she went everywhere I went". Tonya's mother cared for her daughters while she was incarcerated, first at the Central Treatment Facility (CTF) in DC and Lorton Prison in Virginia before being shipped to the Federal Correctional Institution (FCI) in Danbury, Connecticut. After the custody of DC prisoners was shifted to the federal system, she received fewer visits from her daughters, though her family or Our Place DC [a local organization that provided support to women incarcerated and formerly incarcerated women that has since closed] would bring her daughters to see her at FCI Danbury at least once a month.

Tonya said her daughters were distraught at being separated from her, and that Tonya's mother sent her younger daughter to group therapy after the child began pulling her hair out and: "Crying all the time...mommy, mommy for me, looking for me". Tonya did her best to stay in touch with her daughters through phone calls, letters, and later, through emails. Still, it was hard for Tonya, as she felt she couldn't "be there" for her daughters, saying "I kept beating myself up because I left them". Tonya participated in as much programming as possible while incarcerated, because it helped her mind and gave her something positive to do while in prison.

After serving ten years in prison, Tonya was home for less than a year when she returned to prison for violating the conditions of her parole due to failed drugs tests and a solicitation charge. She attributes her relapse to the stress of trying to repair her relationships with her daughters, who were 11 and 14 years old upon her release. They were very angry with her over her absence, and she resorted to giving them all of her money to try and make it up to them. She said: "It was a lot of stress, it was a lot of stress. So I turned to drugs". Tonya returned to prison for six and a half years, and was diagnosed with depression. She has continued to attend therapy, but no longer takes medication, saying: "'Cause I feel like all they wanna do is give you the medicine and put you to sleep". While incarcerated the second time, Tonya requested drug treatment, and completed a six month drug rehabilitation program. Incarcerated in federal facilities in Florida and California for much of her second time in prison, she did not receive any visits from her daughters. While she stayed in touch with them via phone calls and email, she lamented missing out on important moments in their lives, including their high school graduations, saying "I missed a lot".

Upon returning home the second time, her children were adults and they were still angry with her. Shortly after Tonya came home, her older daughter told her she had “twenty-some years to make up”. Although hurt by this, and angry with her own mother who she felt was trying to turn her daughters against her”, Tonya came to the conclusion that she needed to put her own needs first, and not “chase after them”. When asked about this shift in her perspective, Tonya stated that: “I had to grow to that. I had to grow to that. Because I used to cry and cry about it all the time”. At the time of the interview, Tonya felt that this approach has worked, noting: “It worked. They both wound up coming back to me”. Tonya said that she now has a good relationship with her daughters, and was enormously proud that her older daughter had graduated from college, and that her younger daughter would soon be graduating from college as well.

Tonya spoke of the “every day challenges” of reentry, including difficulties securing housing, and “getting put down, getting let downs when you go for [job] interviews”. Tonya has been stigmatized as a former offender, especially when she first came home, saying “I used to come crying every day” because of a boss that mistreated her because of her status as a returning citizen. While she received some help from her family, who helped her financially when she was looking for work, her primary support system was her partner Lola, a friend with whom she developed a romantic relationship after incarceration. Lola’s passing four years after Tonya came home was devastating for Tonya, who keeps a poster-sized photo of Lola in her living room. Her daughters were very supportive of Tonya after Lola’s passing, and bought her a little dog to keep her company. At the time of the interview, Tonya was

employed full-time as a food service manager, and living alone in an apartment in Northeast with her little dog Buddy.

Betty

Betty was born in Southeast Washington, D.C. in 1971, premature and addicted to heroin and methadone. Both of Betty's parents were heroin addicts, and she described her parents' occupations as drug dealer (father) and "professional booster [shoplifter]" (mother). Her parents were incarcerated on and off throughout her childhood, and at the age of 5 she was sent to live with her grandmother, who raised her and her three siblings. She describes her grandmother as a positive role model, who went to work every day and raised her in a middle-class neighborhood, where she would take the children to church and involve them in athletics and other activities. Despite the positive example set by her grandmother, Betty said she was rebellious and also influenced by her parents' lifestyle, and became involved with life on the streets: "It was going outside of the community is where I got in to trouble. 'Cause I wanted to know, if they keep saying don't go around the corner, what's around the corner? So that's where my hardship came in, 'cause I was raised by a conservative grandmother, but my mother and father was always in my life, and just the incarceration and their life style".

Betty began using drugs and alcohol as a teenager, and dropped out of high school in the 11th grade when she became pregnant with her first child at age 17. She said she tried to go back to school when she was 20 years old, but got pregnant again

and dropped out a second time. Betty gave birth to four more children prior to her incarceration in federal prison. She was a repeat offender in the juvenile system and then as an adult, serving multiple, short jail sentences of 30 days or less, mostly because, as Betty put it, “I like to fight. So, I had assault with a deadly weapon, I had...I had like a lot of assault charges”. A single mother, Betty began selling drugs to support her children. She explained: “I was getting public assistance, but that wasn’t enough to provide for my children. It’s six of them. We not gonna be sharing no shoes and all that. So I mean, quick, fast, I mean just trying something out for quick, fast money”.

At the age of 29, she was sent to prison for the first (and only) time, serving 36 months for drug distribution. Reflecting on her life prior to her incarceration, Betty said: “I went through a lot of trials and tribulations like raising my kids, looking for love in all the wrong places, having kids, six kids, six different baby fathers, you know...just trying to provide for my children”. While incarcerated, Betty attended drug rehabilitation and was diagnosed with manic depressive bipolar disorder, though she did not receive treatment until after she was released. Upon reentry, Betty has attended therapy for her condition, but refuses to take medication.

Her children ranged in age from one to 10 years old at the time of her incarceration, and were cared for by the grandmother who raised her while she served her prison sentence. Being separated from her children was incredibly painful for Betty and difficult for her children. She stayed in touch with her children through phone calls and letters, and told them that she was away “at school”, because she

didn't want them to know she was incarcerated until they were "old enough to understand". It was important to Betty that she be the one to tell her children about her incarceration and her life up to that point, and she wrote an autobiography while incarcerated to share with her children when she came home.

Betty's father, then sober and out of prison, and grandmother supported her upon her reentry in to the community, but both passed away shortly thereafter. Betty said: "It was like, once I got myself together, everybody just went home to see the Lord. And it made me strong. Because now I can raise kids. I'm the backbone of my family now". Still, her children were angry over her absence, and repairing her relationships with her children after prison was challenging. When she first came home, Betty felt like she was trying to make up for her absence and being "their friend" and not "their mother". Her children, some of whom were now adolescents, were disrespectful to Betty, and felt she had abandoned them. Although Betty struggled to assert her authority as a mother upon reentry, she was determined to prevent her children from making the mistakes that she made.

Despite her efforts, three of Betty's children have been incarcerated; at the time of the interview, her youngest son was incarcerated as a juvenile offender, and another son was on trial and facing up to 30 years in prison. In fact, the day of the interview, Betty brought four of her grandchildren with her because they were with other family members at the courthouse to support her son, and she felt that "they shouldn't have been down at the court building" because "I don't want them to ever think that it's right to be going to jails, going to court, and all that". Reflecting on this,

Betty said: “It’s just hard like, seeing your kids...you watch your mother and father go back and forth to jail, you go back and forth to jail, and your sons go back and forth to jail- it’s like a, I call it a generational curse. But now I know better, I lead by example, I’m a god-fearing woman. I wanna work every day, I work every day, I give back to my community. I changed, I broke the cycle a little bit whereas I instill in my grandkids education, sports, academic, get out of school, get your career”.

She spoke at length about how she works to set a good example, so that her younger children and grandchildren see her going to work, and attending various education and employment programs. She takes them to sporting events, and said that: “You don’t expose them to nothing but school, sports, and good things to do”. One of the ways she was trying to set a good example for her 17 year old son was by enrolling in some of the work training programs that will also be available to him when he is released from the juvenile detention facility, because: “if he see that I’ve been down here and I got certified in these things, when he come home from Pennsylvania, he’ll do the same thing...A job can wait. But I gotta save my son first. From the streets”. Betty has remained in the community since her release from prison in 2003, and is dedicated to being a positive influence in the lives of her thirteen grandchildren.

Veronica

Born in 1973, Veronica was raised in Southeast D.C. Growing up, she primarily lived with her mother, five sisters and three brothers, although her stepfather lived with them for a time. Two of her sisters are her father’s children, and

her mother had four children in North Carolina prior to moving to DC, where she had Veronica and her younger brothers. Her mother's older children eventually moved to DC, and Veronica described her relationship with them growing up as strained. Describing her family life growing up, Veronica said that while her father was in her life, her parents weren't together, and her mother raised her and her siblings as a single parent. With her mothering working to support the family, and her older siblings using drugs and in and out of jail, her home life was chaotic and often violent. She witnessed violence between her mother and father, and between her mother and stepfather, and said: "I got beatins [*sic*], growing up. And I had you know, sibling conflicts, that I think got pretty severe (...) and ours was severe to that extent. My older sister stabbed me". When I asked her was precipitated that incident, she replied:

Um, it was kinda like a long story. But basically I was doing things I wasn't supposed to be doing and she told me mom, and then we got in to an argument, and then we got in to a fight. And then she stabbed me with a razor blade.

In talking about her experiences growing up, Veronica spoke of not only the violence in her home, but the violence in her neighborhood as well. She described the neighborhood she grew up in as "dangerous", noting that when she was growing up, "the crack epidemic was basically at its height" and that violence was a way of life in the low-income neighborhoods of southeast DC. After being beaten up in elementary school by a boy in her neighborhood, her father told her that she should never run,

and to always fight back. Describing growing up in this environment, she said “it was like survival of the fittest”.

Veronica started using drugs at age 15, and by age 16 had given birth to her daughter. She moved out of her mother’s house at age 17, but said she was “in and out” of the house prior to officially moving out, staying with her boyfriend’s family, or where ever they could “do their own thing”. She dropped out of school in the 11th grade, after becoming pregnant with her son. She described herself as “living a criminal lifestyle” during this time, and was selling crack to support herself and her children. Veronica explained: “It was a lot of fightin', a lot of violence. Selling drugs, all type of stuff. The first time I got arrested it was probably for fighting. Then I ended up getting an assault charge and then I ended up getting a murder charge”. The incident that led to Veronica being convicted of murder and serving eighteen years in prison was a street fight. During the course of the fight, a woman raised a baseball bat. Aiming at the woman’s arm, Veronica fired two shots, hitting the woman in the chest as she swung the bat, and also hitting another woman as well. Both of the young women died from their injuries. By the time Veronica was 19 years old, she had been convicted of murder and began serving a life sentence (of which she would serve eighteen years), leaving her 3 year old daughter and 10 month old son behind.

Although she had been living a “criminal lifestyle”, Veronica was her children’s primary caregiver prior to her incarceration. Her son, born with hydrocephalus, was in and out of the hospital, and Veronica spent much of her time taking him for medical care with her young daughter in tow. Veronica’s mother

initially cared for both of her children, but soon sent Veronica's daughter to live with her father's family. She continued to raise Veronica's son until he was nine years old. After Veronica's younger brother was shot and killed, her mother sent Veronica's son to live with her cousin. After being shipped from DC to the FCI Danbury in Connecticut, Veronica received visits from her children about once a year. However she was not able to see her daughter for a period of time, beginning when her daughter was about 10 years old, after her daughter's father refused to let the child visit Veronica. They ended up in court over the dispute, and the judge denied Veronica court ordered visitation. Veronica wrote to the judge and asked him to reverse his decision, which he did. By this time, her daughter was almost 13 years old.

Veronica, who has her children's names tattooed on her arm, said that she felt like a "failure as a mother and a person", and used the time in prison to "grow and develop" and contribute to her children's lives as best she could, advising them through phone calls and letters. Still, her absence from their childhoods was difficult for Veronica and her children. When asked how her children handled the separation she said: "I think my daughter was angry. I know she got in to a lot of fights. I know she felt a lot of shame. And it wasn't really about what I had done necessarily, but just about the fact that I was not around". Veronica worked hard to improve herself in prison, participating in many programs and earning her GED, before being granted parole in 2011 after serving eighteen years. While she acknowledged that her incarceration forced her to examine her life and change herself for the better, she was quick to point out that she does not want to make it sound like going to prison is a

good thing: “I can't stand when people do that. You could have got all those, learned all those lessons and got all that self-help stuff without going to prison”.

Though she received little assistance from her family upon reentry, Veronica received help from the staff at Our Place DC, who assisted her in securing transitional housing after her release. For Veronica, community service providers have been an important support system. With assistance from community service providers, Veronica was able to secure employment, and is now employed full- time and going to college. Despite her successful reentry, Veronica doesn't think she has lived up to her family's expectations, saying

I don't think my family understands the challenges of reentry like, the mental and the social piece of it. So they couldn't care less about the fact that I have a job and a place to live, and I have a vehicle. Like, that's just what you're supposed to do. They don't see the juggling that I've had to do or the challenges that I've had to face. They don't see it. They never had to experience that. I don't think they would get it”.

Veronica was surprised to find that upon reentry, she felt closer to the women she served time with than she did with her siblings.

Veronica's greatest challenge upon reentry has been “rebuilding” her family, and repairing her relationships with her children and other family members. The most difficult part of her reentry, she said, has been: “feeling like a stranger to my family”. Securing things like housing and employment, she said: “They kinda, with hard work, they come. But when you're talking about relationships and feelings and things of that

nature, that stuff don't just happen. Like you really gotta be willing to put in some work, and deal with some, some hard stuff". Veronica described her relationship with her children, especially her daughter, as a "work in progress", as she tries to forgive herself for her absence from their lives, while seeking their forgiveness and expectations they have for her now that she is home. At the time of the interview, Veronica was employed full-time, was attending college, and had recently gotten married.

Sheila

Sheila was born 1975 and raised in Northeast D.C., moving between family members' homes throughout most of her childhood. When Sheila was five or six years old, her parents divorced and her father was no longer present in her life: "After that, I saw him maybe once a year. So it went from him doing my hair every morning, taking me to school, to me not seeing him but once a year". Shortly after, Sheila's mother was involved in a serious car accident, and "started smoking drugs to heal her pain". Her mother then became mentally and physically abusive to Sheila, who was hospitalized twice as a result of the abuse. In her life history narrative Sheila explained: "So I was back forth with the courts taking me from being with her, and then she gets help, and then they sent me back to her, and she, you know spazzes out again, and then they put me back with my grandmother or they put me with my aunt, or so yeah. It was back and forth". Sheila also revealed that throughout her childhood, she was molested by her godfather and by her mother's boyfriend while in her mother's care.

Sheila graduated from high school, and gave birth to her first child at age 20. Around the time of their son's birth, her son's father was arrested and incarcerated for the murders of three women who he thought might be informing the police about his drug dealing. Working part-time for a telecommunications company and enrolled in college courses, Sheila entered into a relationship with the father of her second daughter, who was physically abusive. Describing the circumstances that led to her incarceration, Sheila said: "And he had gotten locked up, and he was also a drug dealer too, that's all I use to mess with, sorry. But he, he got locked up, and he wanted me to go to one of the houses and get his stash and get the money, so that I could bond him out".

When Sheila arrived at the stash house with her boyfriend's sister, she discovered that some of her possessions that she had been storing there in a spare room had been stolen, presumably by the people "that was actually keeping the house you know, for him, running it basically. Drug addicts". Her boyfriend's sister, angry over the theft, got into a fight with one of the residents of the house, who pulled a knife. Sheila called the police, who "made the people, the drug addicts leave, until we could finish getting our stuff". After Sheila was finished loading up the car, she returned to the house to find that her boyfriend's sister, had set the house on fire because "They ain't gonna be doin' my brother like that, they not just gonna take his money". According to Sheila, "She ran out, like we got in the car and she was like 'Go go go!' and I was like 'what did you do?!' So we drove and then I, because I do have a conscience, and I made a phone call to 911 and was like 'There's a fire at' and I gave them their address, and we then left. But, supposedly no one was supposed to

be in the house because the police told everybody to go. But there was somebody downstairs in the basement sleeping”.

The person asleep in the basement at the time of the fire died of smoke inhalation. Her boyfriend’s sister, who was 17 at the time of the fire, was charged as a minor and served less than a year in a juvenile correctional facility. As an adult, Sheila was convicted of accessory to voluntary manslaughter arson, and sentenced to five to fifteen years in prison. Four months pregnant with her daughter at the time of her arrest, Sheila’s young son was placed with Sheila’s mother when she was incarcerated. Sheila was initially incarcerated at the Central Treatment Facility (CTF) in DC, before being shipped to the Federal Correction Institution (FCI) in Danbury, Connecticut and later the Federal Detention Center (FDC) in Philadelphia. Sheila gave birth to her daughter while at incarcerated in D.C., and her daughter was also placed in the care of Sheila’s mother.

Sheila became pregnant by another inmate while incarcerated at CTF, and described their relationship as: “kinda like, not consensual. Yeah”. She later explained that a man she had been flirting with through the chain link fence at the recreation yard between the jail and CTF had paid a guard to arrange for him to be alone with Sheila. A guard came and got Sheila from her cell, telling her she had a medical appointment. As she had recently given birth to her daughter, Sheila assumed she was being taken for a post-natal check-up. The guard escorted Sheila to an empty exam room in the medical unit, and told her to put on the paper gown. After the guard left, the man she had been conversing with entered the room and raped her. He later

threatened her with violence to frighten her into not telling anyone what had happened.

While pregnant with her third child, Sheila was transferred to the federal facility in Danbury, Connecticut. After the birth, Sheila's mother rushed to Connecticut to claim the baby, as family members are only given 48 hours to claim the child before the baby is placed in foster care. Sheila's mother cared for all three children until Sheila became concerned about her mother's drinking, and learned that her mother's husband, who had molested Sheila as a child, was spending time unsupervised with her daughter. Sheila described frantically arranging for her oldest son's paternal grandmother to care for her grandson (whose father remains on death row) as well as Sheila's daughter (whose father had been killed after Sheila was incarcerated). She was then forced to call the father of her youngest son and ask him to assume custody of his child, as he had been released from prison prior to Sheila, and she had no one else to care for him in her absence.

Being separated from her children was hard on Sheila, who said: "Because I had such a rough, rough childhood, and I didn't want my kids to grow up like I did. I wanted them to know that they were loved, and that I would always be there for them". Initially incarcerated at CTF in DC, she was able to see her children during visiting hours a few times a week. After being shipped to federal prison, she received in-person visits about every three months for a while, and then fewer visits as time went on. At the time of her release she had not seen her third child in four years.

For the first few years of her incarceration, Sheila spent a lot of time in the segregated housing unit of the prison (the SHU) because “I was angry that I was in there and I know I didn't do anything, so. I was just rebellious, like I stayed in the hole. Anytime you heard lockdown, they knew it was me”. Sheila later became very involved in the programming the prison offered, taking many classes, and later teaching fitness and computer classes to her fellow inmates: “I just kept myself busy and I had already put in my mind, I was like I'm not going to be deterred, and nothing is going to stop me. I'm just going to keep programmin' and get home to my kids so, that's what I did”. Although she stayed in touch with her children over the phone and often sent them homemade gifts, it was painful for her to hear that her daughter was acting out in school, knowing that she couldn't do much about it.

Upon her release, Sheila's children were 12, 11, and 8 years old. Sheila was able to assume caring for her third child soon after her release, and gave birth to a fourth child about a year after coming home. However, the guardian of her older children, her older son's grandmother, fought her petition for custody for over a year: “Me, just getting home, trying to get myself together, trying to get a place. Running back and forth to New York every two months to go to court, crying, disappointed, can't get my kids 'cause this lady is fighting me, and I'm like oh my god, what is the problem like, these are my kids!” Sheila was eventually able to secure housing and regain custody of her older children, but the challenges of raising four young children, including a baby born about a year after returning home, were overwhelming. With little assistance from her family and no child support from the fathers of her children, Sheila struggled to find daycare and maintain employment.

While trying to secure a voucher for subsidized daycare, there were times when she had to keep her older son home from school because she couldn't find childcare for her younger children, and couldn't risk losing her job. Sheila said: "It was hard. Just trying to work, support, buy clothes, food. Go to school, work. Then it came to where I had to drop out of school and work two jobs because it wasn't enough. And it was four kids, and I wasn't getting child support".

Although her children were excited for her to come home, Sheila's daughter was very angry with Sheila for her absence: "Now my oldest was, he loves me to death, it doesn't matter what I do, he just loves me unconditionally. Where my daughter was very rebellious, disrespectful, and felt like you [Sheila] wasn't here for me". Despite Sheila's efforts to take her to counseling and steer her away from "being out there in the streets", her daughter continued to run away from home during her teens, was placed in a juvenile program, and at the time of the interview, was incarcerated as an adult. The son she conceived while incarcerated also began acting out as a teenager, and has gone back and forth between living with Sheila and living with his father, who took Sheila to court for child support in DC, despite owing her tens of thousands of dollars in back child support in the Maryland system. At the time of the interview, Sheila was employed full time, attending college, and recently married.

Teena

Born in 1986, Teena grew up in Southeast DC, with her mother, father and older siblings. She described her childhood as characterized by "a lot of dysfunction.

It was drug use, alcohol abuse”. When asked what the neighborhood she grew up in was like she responded: “A lot of crime and drugs”. Teena was 12 years old when she first started using drugs and alcohol. Around this time is also when she first became involved in the criminal justice system. Her first arrest was for unauthorized use of a vehicle (UUV) when she was caught joyriding in a stolen car with a teenaged boy from her neighborhood. Teena dropped out of high school after the 11th grade, and then earned her GED at the Job Corps center. When asked why she dropped out of school, Teena replied that “I was um, using drugs, I was selling drugs. I just wasn’t going to school. I was getting in to a lot of fights and things weren’t going well at home, so I was in the streets a lot”. When I asked her about what was going on at home, she said: “Yeah, I just did...you know. They was losing they jobs, wasn't another income coming in the house. And it was just, I never really wanted to stay there. There was just too much tension in the house”.

Teena’s drugs of choice were marijuana, ecstasy and PCP. Teena estimates that she has been arrested about ten times, most them for simple assault. She said that throughout her addiction, she was back and forth to jail and back and forth to treatment, including a court ordered 90 day inpatient treatment at the Psychiatric Institute of Washington. At the time of the interview, she had not used drugs in six years (although she continued to drink alcohol). Teena was 22 years old when she gave birth to her son, who was 7 years old at the time of the interview. She was her son’s primary caregiver for the first few months of his life, until she was incarcerated for nine months when her son was three months old for a probation violation in Prince George’s County. Her son’s father’s mother cared for her son while she was in

jail, and her relationship with her son's father ended during her incarceration. Between that time and her incarceration four years later, she shared caregiving responsibilities with her ex's family, specifically her son's paternal grandmother. Because Teena was living with a boyfriend, her son's primary residence was with his father's family, because her son's grandmother felt that Teena's living situation was not as "stable", and she did not have as much space.

Teena was working in construction at the time of her most recent arrest, for assault with a dangerous weapon. The incarceration was her first time in prison, and her longest incarceration to date (initially sentenced to 64 months, her sentence was reduced to 34 months). While attending a Labor Day party near her parent's house in Southeast, Teena got in to an argument with another woman, and then with the woman's boyfriend. Teena left the party to retrieve her son, who was asleep on her parent's couch. After she returned to put her son in her car to leave, there was another confrontation. Teena said that the man punched her, and that she struck him with a meat cleaver she kept under the seat of her car for protection. As Teena attempted to leave, the man chased her car and tried to pull Teena out of the vehicle. He was unsuccessful, and according to court records, was treated for a broken ankle after his foot was run over as he attempted to pull Teena from the car, and received four stitches for an inch long laceration to his forehead. Teena called a family member to come get her son, saying: "My main concern was getting my son to safety". She then called the police, and was arrested and charged with assault with a deadly weapon (AWD).

Teena's son was five years old when she began serving her 34 month sentence, and was cared for by his paternal grandmother while Teena was incarcerated. Teena became deeply depressed while incarcerated, saying: "Any time I would look at my son's picture I would cry". Teena's contact with her son was limited as a result of conflict with her son's father's family, who cared for him while she was away. Her ex's family never sent her any letters or photos of her son, never set up the email system, so that she could keep in touch via email, and rarely accepted her phone calls. Teena said: "Whatever I got from my son, it went through my, my family". Teena only received one visit from her son while she was incarcerated, and said she had to "sneak him to get the visit". Meaning that she arranged for her parents to spend time with her son, and for her boyfriend to bring them to where she was incarcerated in West Virginia without her ex's family knowing about it. Sometime after this visit, she was transferred to a facility in Minnesota, and visits were no longer possible. While incarcerated in Minnesota, Teena worked for Unicorp Prison Industries, earning \$200 a month working up to fourteen hours a day sewing uniform for the U.S. military.

Teena felt overwhelmed upon reentry, saying that while she dreamed about the day she would be released, that: "Then once you hit the door, it's like you're a nervous wreck. You feel very weird and out of place. You feel like everybody knows that you're a failure. That you're getting out of prison". At the time of our interview, Teena had been a resident at the Fairview halfway house for six weeks, where she was to serve the remainder of her sentence as she transitioned back to the community. She felt discouraged that the staff at Fairview wasn't more supportive or helpful.

Teena was also frustrated that the Housing Authority could not tell her when she might expect to receive assistance with housing, despite having put her name on the waitlist nine years prior.

The issue of housing was very concerning for Teena, as she would have to prove her stability as a parent before trying to secure at least partial physical custody of her son. She was reluctant to move back in with her boyfriend and wanted to find a transitional housing program, saying that she was no longer comfortable with some of his life choices, and that: “the only reason I would have to really go backwards and to stay with him is because of housing. We have to have a stable address once we leave the halfway house. So I'm working on that right now, and my main goal is, is getting back acquainted with my child, so I definitely can't go backwards”. Although Teena anticipated difficulties in resuming her relationship with her son because of her strained relationship with her son’s father and paternal grandmother, who Teena felt wanted to write her off as a “bad” mother, she was determined to “get through” to her son. She was adamant about the importance of her role as his mother, and said that “He's gonna know who I am, regardless of what happened, and things are going to get better. 'Cause I'm gonna work on it”. At the time of the interview, Teena was two months away from release from the halfway house, and working to secure transitional housing, and a spot in a job placement program through Project Empowerment.

Conclusion

The descriptive, individualized human narratives presented in this chapter put a “face” on mothers impacted by incarceration, and illustrate the way social

arrangements and intersecting systems of oppression shape women's life experiences. Their narratives are shaped by their race, class, sex/gender, age, and their status as mothers, and are historically contingent. In addition to individual characteristics and experiences, their lives have been shaped by the policies of the War on Drugs and other criminal justice policies in the era of Mass Incarceration, various policies related to the rise of neoliberal governance and the dismantling of the social safety net, and other historical process that have shaped community and family life in the District. These historically given social structures have also shaped how the hierarchical arrangements surrounding reproduction structure the lives of women attempting to mother their children along a range of "fault lines" (Ragone and Twine 2000:7) in the era of Mass incarceration.

In the next chapter, I present an analysis of findings from this research that demonstrate how stratified reproduction is revealed through the experiences of formerly incarcerated mothers, and the impact of social and structural factors on motherhood, mothering, and kinship. The concept of stratified reproduction provides a lens with which to capture how broad social arrangements and structural inequalities are evident in "intimate, daily events and in which stratification itself is reproduced" (Colen 1995:78) as mothers are separated from their children, attempt to mother from behind bars, across telephone lines and kin lines, and resume their place in their family upon reentry.

Chapter 5: Findings from Ethnographic Analysis

This chapter presents key findings from the research that demonstrate how mothering and family are mediated by structural violence realized in society as policies and social arrangements. The two main findings presented here are illustrative of the conceptual model (See Chapter 2) which demonstrates how for women involved in the criminal justice system, motherhood is embedded in social contexts and broader social arrangements that structure the conditions under which women mother their children. The three key findings presented here are: “I love her like I birthed her: establishing a fictive family”; “Making up for lost time” and “You can’t make it up”.

Finding One: “I love her like I birthed her”: Establishing a Fictive Family

All of the women I interviewed were arrested in DC, and most were incarcerated together at one point or another. The first woman I interviewed introduced me to some of the other participants, referring to them using kinship terms like sister, daughter, mother or godmother, and the other women did the same upon learning that I had interviewed someone with whom they had been incarcerated. A significant and unexpected finding of the study is that most of the women had formed fictive kin relationships with other women while incarcerated, and not only were these relationships a significant source of emotional and tangible support during incarceration, but these relationship continued to be significant after release as well.

Speaking of the relationships she formed with other women during her time in prison, Faith said:

It was like your extended family. At times when you might want to call [home], you have to wait. It's not like you were at your own home, that you could go pick up the phone at any given time. There were times that it would be a line, that you would have to wait in order to use the phone. When you did get in contact with whoever you wanted to talk to, either they was home or they wasn't home. You could have been going through a situation with somebody in the facility that got you pissed off or something, but you wanted to go connect with someone on the outside to, to give you that sense of hope, and they might not be there to pick up. So you got close to people. In fact, you had to have someone to keep you sane, you know, as far as encouraging word, a shoulder to lean on. Maybe even wipe your tear away. Somebody to keep you strong. There are some good people you meet, who just made the wrong decisions and choices in our life.

Structural factors and institutional policies and practices impact women's ability to maintain ties with their children and their support systems while incarcerated.

Confinement far from family, costly phone calls, and lengthy sentences all discourage a woman's contact with her family (Arditti 2012; Poehlmann et al. 2008). Although the existing research is limited, developing "prison families" may be an important coping strategy for women in prison to deal with being separated from their families and the stress of imprisonment. That women sometimes organize their relationships

with other women in prison as “prison families” strongly suggests the importance of familial relationships in women’s lives. Owen (1998) found that the loss of personal connections to family, particularly children, created a gendered environment for women in prison, resulting in the creation of pseudo-families to compensate for such losses. Giallombardo (1966), Fox (1982), Owen (1998), and Shaffer (2004), all suggest that these fictive kin networks are similar to traditional family units, in that they offer comfort, and provide resource sharing, and assistance in times of crises.

When Sheila went in to labor with her third child at FCI Danbury in Connecticut, Veronica took a “shot” (prison jargon for a documented behavior infraction) for Sheila when she placed a phone call (without permission to do so) to Sheila’s mother to alert her that Sheila was in labor. In federal and most state prisons, a baby born to an incarcerated mother will be placed in foster care within 48 hours of birth, unless a family member is able to travel immediately to claim the child (Chambers 2009). However, families are often not notified until after the baby is born. Veronica made the phone call, knowing that she would get in trouble, to give Sheila’s mother more time to secure childcare for Sheila’s older two children, and make the 300 mile trip to Danbury to claim the baby. That Veronica did this for Sheila indicates the closeness of their relationship. If a prisoner receives too many “shots”, they may be brought before the disciplinary board and possible sent to the SHU, or “Specialized Housing Unit”, more widely known as solitary confinement. Additionally, when the prisoner comes up for parole, the number of shots on her record will be considered.

Even when women's relationships with children and caregivers are good, a lengthy sentence can strain relationships and weaken family ties (Travis, Western, and Redburn 2014; Berry and Eigenberg 2003), and the support a woman receives from her family can dwindle and communication become less frequent. The support Veronica received from her family dwindled over the 18 years she was incarcerated, and it was women with whom Veronica served time and developed fictive kin ties that later facilitated Veronica's children coming to visit her:

Some of my friends that I did time with were the reason why I was able to receive visits toward the end of my incarceration, because my family had kind [of] a tapered off eventually. So it would be my friends who I did time with that would make sure my kids were able to visit me. They would help out, whether it be bringing them themselves, or paying for them to get there, or whatever the case may be. So it was a struggle at times at like, just trying to pull the resources together and coordinate things and make it happen, but I had a lot of support [from women she served time with].

Significantly, these relationships continue after incarceration, and serve as an important source of support after release from prison. Upon reentry, the women stayed in touch with each other, providing resources and information regarding reentry services, and providing vital social support. Some of the women I spoke to continue to socialize with each other regularly, and have even organized family reunion trips.

Returning women are embedded in difficult structural circumstances (Leverantz 2014; Freudenberg et al., 2005), and while the existing literature emphasizes the importance of family support upon reentry (Visser and Courtney 2007; Naser and La Vigne 2006; Petersillia 2003), incarceration can strain relationships with family and other support networks (Celisnka and Seigel 2010; Arditti and Few 2008). Faith was able to access resources upon reentry by contacting members of her fictive family, including Veronica, and other formerly incarcerated women:

I networked and found organizations and I shared some things with some of the other females (...) I went to these places, networking from another sister to another sister, we share. Yeah, you ain't gotta worry 'bout that, don't stress yourself, here ya go take this information, go here, you see what they did for me.

While the tangible support provided by these social networks was important, the emotional support provided by these relationships appears to be even more significant, in part because of the experiences shared between the women that they feel other people, including their families, do not understand. Veronica said that she was surprised to feel like “a stranger to her family”, saying:

I really feel most close to the women who I served time with. Like if I had a choice between spending time versus being with my siblings, I'd probably prefer to be with them. Um, I just feel like they get me and I don't have to you

know, explain the way I feel or be uncomfortable because, they had that same, shared experience.

Veronica also said that while she is not biologically related to the women she considers her prison family, that they are “bound together because of what they endured together [while incarcerated]” and that they were “they’re for her at her lowest point”.

Though Deborah has a number of fictive “daughters” and “grandbabies” after serving 20 years in prison, she and Veronica seem to have a particularly close relationship. In the months leading up to the interview, Deborah has been hospitalized for back surgery, and was also admitted to a half in-patient, half out-patient psychiatric program after she had a “breakdown” and when in to a “down spiral” of depression. She spoke of how painful it is that many of her family members died while she was serving 20 years in prison, and said that she feels rejected by the sister she has left, who abused Deborah when Deborah lived with her after returning home from prison. While Deborah was in the hospital, one of her daughters came twice to visit her. Her other daughter didn’t visit at all. Later she said:

Deborah: I had more love on the inside.

Casey: More love on inside than on the outside?

Deborah: They call me mom. Everybody calls me mom.

Casey: Do you think that was important, those relationships you made inside?

Deborah: Very important. We all, that's all we had. We bond together, we'd call someone ma, grandma, my grandbabies (...) I'd lay in that bed- the warden gave them [Deborah's fictive family members] permission to check on me. [The warden would say] 'The unit is open, I want them to go in every day and get her and make sure she eats'. Of course it was more support and love on the inside, yes. Thank God for Veronica (...) I love her like she's, like I birthed her. She come to the hospital to see me, bring me flowers. You ok, you need-huh, stuff even your own children won't do. Lord have mercy".

In addition to the case study findings regarding the importance of fictive kin relationships with fellow inmates, the data from participant observation also suggests that social support from other women with shared experiences of incarceration and/or trauma and addiction may also be an important source of social support for women upon reentry. The "drop in center" at Our Place DC (prior to its closing) was little more than a table, chairs, coffee and a few computers, but it was an important service that the organization provided because women knew they could come by any time. Women would stop by to hang out even when they didn't need a referral or even to use the computers because it was a safe place to be, where they could be in the company of other women with whom they felt comfortable, whether it be other returning women or the staff.

Healthy, supportive relationships help to buffer the many challenges women face rebuilding their lives after incarceration (Mapson 2013). The data suggests that social support provided by women with shared experiences may act as a protective

factor upon reentry, as these relationships provide women with encouragement and support that encourage perseverance in the face of the formidable challenges of reentry. Although encouragement and believing in one's ability to succeed upon reentry is not enough to make it so, social support appears to be a critical element to successfully desisting from crime and reintegrating in to the community, despite the structural barriers that make doing so seemingly impossible. This is illustrated in the following comment from Cynthia Antoinette:

I really appreciated and respected the camaraderie and the relationships I built with my fellow DC inmates. I mean you know, we, we all stay in touch. We all still take trips together, we still all look out for each other, and we try to help each other along the way. And I think those are some of the things that really made me stop going to prison. When I seen everybody, with the unity. With the unity. Trying to help each other and sayin' look, we can do this. We don't have to keep going to prison. So, that's what helped me.

There does not appear to be much information in the literature on the continuation of these fictive kin relationships after release, although Few-Demo and Arditti (2014), in their discussion of the importance of life course theory (Elder 1998) and relational theory (Kaplan 1984) in fostering resilience upon reentry, note that although these relationships are often ignored by practitioners, the relationships reentry women make while in prison" deserve mentioning, as these relationship patterns are often extended and reconstructed outside of prison" (p. 20). These relationships and how they may

function as a protective factor for women upon reentry should be the subject of future research.

Finding Two: Trying to “Make up for lost time”

This study produced two related findings/themes that illustrate the process of negotiating motherhood and mothering after incarceration. Upon first coming home, women were eager to repair and rebuild their relationships with their children. For some women, the desire to alleviate their guilt over and “make up” for their absence in their children lives shaped their mothering practices and their experience of reentry. However, repairing relationships with children proved more difficult than women had anticipated, and women came to realize they needed to renegotiate their mothering and roles as mothers in order to cope with the damaged done to their relationships with their children.

Upon reentry, formerly incarcerated mothers must deal with their guilt and their own pain over their absence, and their children’s feelings of anger as well. A major challenge to women’s ability to repair their relationships with their children was their children’s anger over their mother’s absence, their feelings of abandonment, and the impact of her incarceration on their lives (such as being separated from siblings, being forced to change schools when moved to a new caregiver, being mistreated by others in her absence, etc.). While other research has highlighted how returning mothers often experience guilt over their absence and that this contributes to maternal distress (Few-Demo and Arditti 2014; Arditti and Few 2008), an important

theme in the research is that for many women mothering upon reentry was shaped by women's desire to "make up for lost time".

In an effort to alleviate their guilt and earn their children's forgiveness, women reported making sacrifices for their children that they couldn't really afford to make. For example, Deborah took care of her grandson for a year because he was having behavioral problems and her daughter "couldn't handle him". She said it was a strain on her, but that she was willing to do "anything to please" her children:

I mean when I came home, my daughter had a little boy with the ADHD hyperactive attention deficit (...) She couldn't handle him. So that burden was put on me. She didn't want him. I had to take him (...) I had to fight to get his rights, to get him in a special school (...) He lived with me for a year. I had to get up go to work, had to prepare for him (...) And I did that for a year. Anything to please my children. And it was a strain on me. And then as soon as I started to get benefits for him, and he got a little bit older, he was in therapeutic setting schools and everything, then she was able to get him back. It's just like, everything now is I should jump, I should jump [in response to her daughter's needs].

A few women reported feeling like they couldn't say no to their children's requests, and found themselves doing things they would not normally do, like giving their children money they couldn't afford to give. Veronica said:

I just feel really guilty about the pain they endured during our separation.

There have been time where I've given my daughter money that I don't have. I have had a hard time saying no to her.

This was present in the life history narratives and I also observed this during my time volunteering a supportive transitional housing program as well- that women would sometimes commit rule infractions and risk their termination from the program in order to provide for their children, and demonstrate their commitment to them and future reunification.

The most common infraction I observed was women violating the financial agreement by giving their children money that they were supposed to turn in to the organization to be put in a savings account for when they leave the program. For example, one woman was issued a warning of termination for not turning in all the required funds and when asked said she used the money to buy diapers for her grandchildren and to buy her son a bus pass for his new job. Another woman was also issued a warning of termination for not turning in required funds because she used the money to help pay for her daughter's birthday party- to her, contributing to her daughter's birthday party was a symbol to her family of her commitment to her children and to her sobriety. Yet another woman was also issued a warning for violating the financial agreement. She said she spent the money on her son's 6th birthday party. She said she wanted to be able to provide for her son in a "real" (concrete) way, and show him that she loves him.

The desire to make up for their absence and repair their relationships with their children can conflict with other aspects of maternal practice. Trying to adjust to their new relationships with their children after incarceration, the women struggled to navigate their desire to mother their children, including setting rules and enforcing discipline, while dealing with their feelings of guilt and their desire to “make up” for their absence.

Several women returned home to pre-adolescent, teenage, or young adult children, and said dealing with rebellious and impertinent behavior from children upon coming home was stressful. Women spoke of being disrespected by their children, and struggling to establish their authority as a mother, a role that includes often includes parental monitoring and discipline as well as nurturing and support (Brown and Bloom 2009; Ruddick 1994). While rebellious behavior is not unexpected from teenagers, as former offenders, the women’s moral authority as mothers, what Brown and Bloom (2009) refer to as “parental capital” or “parental authority”, had been eroded because of their absence and their past.

Although there is no universal model of maternal practice (Collins 1994; Scheper-Hughes 1992), protecting children from harm is a common maternal practice (Ruddick 1994), and ensuring the survival of their children in a society fraught with racial inequality is a central aspect of maternal practice for mothers of color (Collins 1994). Enforcing limits and disciplining children serves to protect children from the dangers in their community and subsequent involvement in the criminal justice system (Brown and Bloom 2009). For the women in this study, protecting their

children and trying to prevent them from following in their mother's (and in many cases, father's) footsteps and protect their children from the dangers in their community was an important aspect of their mothering upon reentry. Some of their children were engaging in some of the same behaviors that contributed to their mother's pathways to prison, including fighting, acting out in or skipping school, and early pregnancy. Aware that their children were subject to many of the same risks that had shaped the women's own pathways to prison, they were determined to prevent their children from making mistakes like dropping out of school, and getting in with the "wrong crowd". When Tonya returned home from prison after her second incarceration, her youngest daughter was in high school. Of their relationship, Tonya said:

It [their relationship] wasn't good. My youngest daughter, she was being disrespectful, wanted to fight me, didn't want to go to school. But she graduated, that's all I was worried about. She was hanging with the wrong crowd. I didn't want her to be like me. And she said this is not the way you come home, and try to be no mother telling me what to do. You don't be no friend first, I'm your mother, I'm not your friend. I'm your friend but, I'm your mother. Yeah.

However, asserting their authority as mothers was further complicated by the women's efforts to gain their children's affections. As Betty said:

When I came home and got my kids back from my grandmother, they was teenagers. You know, and *it was like me trying to make up for the time that I*

spent away from them. I was being their friend and not still being their mother. Does that make sense to you? And like, the level of disrespect came in, like 'where you was at when', you know what I'm saying. 'You left us out here when we was kids for your grandmother to raise us'. But that still did not stop me from being a parent.

The desire to make up for their absence and repair their relationships with their children can also conflict with the many other demands of reentry that require that they focus on themselves and their own needs, like maintaining sobriety, employment, meeting the conditions of parole, etc. (Leverantz 2014; Covington 2001). And if women didn't prioritize themselves and their own needs, they risked violating the terms of their parole or reoffending. But whether they were incarcerated for a few years or for their children's entire childhoods, the guilt the women felt over having been absent from their children's lives was palpable in their narratives. They wanted so badly to make up for their absence and to "be there" for their children, but felt unable to meet their children's demands. All of this weighed heavily on them, and further complicated their experience of reentry.

Finding Three: "You can't make it up"

Some women had over time come to the realization that despite their best efforts to repair the damage done to their relationships with their children, that ultimately, "you can't make it up". Deborah illustrated this in the following exchange:

Deborah: Most children (...) they think they can get those years back. To everything, you give, you give, you give.

Casey: You feel like you kids demand a lot from you because-

Deborah: A lot. A lot.

Casey: They expect you to make up for your absence?

Deborah: And you can't do it. There's no way.

Some of the women I spoke to described becoming aware of the way the stress of trying to meet their children's demands and their feelings of guilt influenced their emotional state, as well as their ability to reintegrate in to or remain in the community. For these women (those who had returned from prison and remained in the community for several years) there seemed to be a shift that occurred. Over time, they came to realize that that they must not only seek their children's forgiveness (or stop actively seeking it), but also try to forgive themselves. Veronica spoke to this when she said that her "failure as a mother" [because of her 18 year incarceration] and her difficult relationship with her daughter upon reentry has impacted her self-esteem, and that in order to "find a balance between reintegration and family reunification", she realized that she must try to forgive herself while also seeking forgiveness from her children. I suspect that trying to achieve this balance between reintegration (prioritizing self) and family reunification is a daunting task for returning women for whom motherhood is so important and whose claim to motherhood is vulnerable. Normative mothering ideology requires that "good" mothers put their children's needs above their own (Hays 1996) But to continue to do so, emotionally and/or financially, presented a serious risk to formerly incarcerated

women, to both their mental/emotional health and their ability to stay out of prison or jail.

Tonya attributed her relapse into drug use to the stress of trying to repair her relationships with her daughters after she came home from prison the first time having served ten years. Her daughters were 11 and 14 years old at the time, and were angry with their mother who they felt had abandoned them. Tonya was home for just shy of a year before she was incarcerated a second time. After her relapse, Tonya was sent back to prison for six and a half years for violating the terms of her parole and for failing the drug tests (“dirty urine”) and being charged with solicitation¹⁸.

They [her daughters] was a part of my relapse, I believe. I used to give them all my money, to try to make up for times that I wasn't there. You can't make that up. *You can't make it up* (...) It was a lot of stress, it was a lot of stress. So I turned to drugs (...) Listening to, listening to them say I been away. So why you talking about it? I didn't want to hear about it. I knew I did wrong.

Tonya spoke of taking a different approach to her relationship with her children when she came home after her second incarceration. Her daughters, then 17 and 21 years old, were still angry with her, and her oldest daughter told Tonya that she had “twenty-some years to make up”. In response, Tonya told her daughters that she

¹⁸ During Tonya’s second time in prison, she was incarcerated in Connecticut, California, and Tennessee. She saw her daughters only one time during the six and a half years of her second incarceration.

didn't owe them anything, and that "I did what I did, and God forgave me". This was much different than her approach to family reunification after the first time she came home. When I asked Tonya what had changed and if her expectations of reunification were in some way different the second time she came home, she responded "I didn't care". She then elaborated, saying:

I didn't care. Because I know the first time it was, it was a problem. I tried to be there for them, I was there for them. But I didn't chase behind them. I let them go. And it worked. They wind up coming back to me. Even [Tonya's daughter] was a little sassy at first, and would prefer to go with her dad when she got home from college, [and] he was always there for her but- he'd been locked up before too. So, I didn't care. I really didn't care. Just like I don't care today. If they call me, they call me. If they don't, they don't. I have to worry about me, let me come first, second, and third, because I come too far, Casey. I come too far to let anything bother me. I just shut my eyes. I just come in here and just shut myself right out from everybody. Like when you leave, I'm going to shut myself out from it, 'cause my head is- I need to take my medicine and just relax. Even with my dad¹⁹. I keep telling him, I don't feel good, I'm laying down. He keep calling me. I just told him, do not call me, I don't want to be bothered, let me rest. That was earlier. So, I can't worry about that. That's just- that would stress me out.

¹⁹ Tonya's father is an alcoholic who was homeless for a time and had recently completed treatment for alcoholism. She said she helps him and helped him find a place and move in but that she could not let him live with her because "because he drinks, and I don't want none of that around me".

When I commented that her perspective on how to approach her relationship with her daughters seemed to have changed significantly, she said:

I had to grow to that. I had to grow to that. Because I used to cry and cry about it all the time. I lived up the street [from Tonya's mother's house] the second time, when me and Lola²⁰ was living [together]. I lived on 19th street, and when they [Tonya's daughters] would come home from college, they would stay down there. And they would come to my house, and that bothered me for a while (...) So I let them come around when they want to come around.

The language that Tonya and other women used to describe prioritizing their own needs was likely learned in therapy, self-help programs and addiction treatment and recovery groups. Self-help group classes and 12 Step Recovery programs are the most common treatment programs in U.S. prisons (Petersilia 2003). The first principle of addiction recovery is that if you don't put yourself (and your recovery) first, you won't be able to "be there" for anyone else. Another foundational idea of 12 Step programs (and other self-help programs) is that one does not have control over one's addiction or the actions of others, and that empowerment is gained by "letting go" and placing faith in a high power, exemplified by the A.A. expression "letting go and letting God" (Swora 2004; 194). Tonya incorporated 12 Step language such as "I have to worry about me, let me come first, second, and third", and "I let them go" (in reference to her attempts to earn her daughters' forgiveness) several times in the

²⁰ "Lola" is the pseudonym I gave Tonya's wife, who she developed a romantic relationship after coming home, and who passed away a few years ago.

interview when discussing her most recent attempt at desistance²¹ and family reunification.

Although emphatic about the importance of prioritizing self-care and “not caring” about whether or not her daughters forgave her for her absence from their childhoods, Tonya also made a point of presenting herself as a “good” mother by emphasizing that she “was there” for her daughters. She also made a point of mentioning various ways she had fulfilled her role as a mother since coming home. One example of this was when she spoke of taking it upon herself to speak to her daughter’s coworker a few years ago, after her daughter told her the coworker was giving her a hard time at work:

They [Tonya’s daughters] know they mom is crazy. This lady was messing with my daughter on her job. She was messing with my daughter on her, on her job- and she [Tonya’s daughter], she's not going to do anything or say anything. So I went up there. So I went up there and spoke with the manager. And I had to tell them [the manager], if you don't want her to handle the situation, I will handle the situation. 'Cause I can just easily get me a lawyer, but it was just the tone of voice that I used, so. They know that I don't like anybody messing with my kids. But right now today, I'm not going to do nothing to go to jail. At one point in time, I would say if somebody mess with my mother or my kids... No, they old enough to know right from wrong, and they can go on they own, I'm not doing it, no.

²¹ Desistance is generally defined as the cessation of offending or other antisocial behavior

The distance between “I don’t care” and “Nobody messes with my kids” reflects an ambivalence that she and some of the other women have struggled with as they have tried to repair their relationships with their children. Throughout the interview, Tonya repeated how much she loves her daughters, and showed me many photographs of “her girls”. But she also stressed that she needs to “come 1st, 2nd, and 3rd” today in order to maintain her sobriety and well-being. While experiences of maternal ambivalences typically accompany all expressions of mothering, even in the most advantageous of circumstances (Connolly 2000), Tonya’s self-presentation illustrates the tension between the normative standards of “good” mothering and the actual circumstances of her mothering.

The separation imposed by maternal incarceration calls in to question women’s motherhood, strains their relationships with their children and isolates them from family and community supports. Their efforts to sustain their mother-role to their children and repair their relationships is a dedicated exercise of agency, but also highlights the way that structural factors and a lack of supports constrains women’s ability to mother their children.

Summary of Findings

The findings illustrate the impact of maternal incarceration to mother-child relationships and family functioning, and illuminate the ways in which women come to grips with the structural violence in which their motherhood, their incarceration and their re-entry are embedded.

Women can utilize fictive kin relationships developed during incarceration to supplement support upon reentry if relationships with family members have been damaged by the strain imposed by maternal incarceration or if women's needs upon reentry exceed what their families are able or willing to provide. These relationships can replace or augment the family support that women must have if they are to reestablish themselves as mothers and avoid re-offending and being incarcerated again.

Family reunification is an ongoing process, as women negotiate reentry and renegotiate motherhood. Some women first try to alleviate their guilt and earn their children's forgiveness by befriending their children and doing anything to please them, while also trying to parent them with discipline and boundaries to protect them. Neither works well as children either overtly or covertly reject both parental friendship and attempts at discipline. Eventually, mothers arrive at an understanding that there is no way to correct the past or compensate their children for their absence, and they must renegotiate how they mother their children and view their role as mothers. This is partly a result of efforts on the part of mothers to "stay straight" to avoid re-incarceration. Their ability to do this depends on staying clean and sober, obtaining and working a job and creating a stable environment for themselves and possibly their children. In order to do so, they must renegotiate their responsibilities to their children and their responsibilities to themselves.

At the level of infrastructure and community, wrap around services that recognize and provide support for returning women who are mothers is needed. We

have seen in Chapter 4 how structural violence powerfully impacts the supports and services provided to women on re-entry following incarceration. Management of re-entry in the District of Columbia is fragmented over many public and private organizations, difficult to access and unable to mediate the numerous demands on re-entering women to re-establish maternal roles, find housing and employment and maintain therapy and recovery programs.

The findings of this study demonstrate how re-entering women use fictive kin networks to buttress the social support available from families embedded in difficult structural circumstances that have been further strained by maternal incarceration. Incarceration constrains women's ability to mother their children, and upon reentry women may not be able to repair the damage done to their relationships with their children. Family reunification is ongoing, as mother navigate reentry and renegotiate motherhood, gleaning support from their fictive kin network.

Based on the shared women's experiences, these three ethnographic findings reveal significant strategies to cope with the risk of mothering at re-entry. The findings (1) enrich the conceptual framework presented in Chapter 2; (2) lead the way to further research on the women's experiences using research designs that would include eliciting the voices of all members of their social networks (particularly family members and caretakers); and (3) help note gaps in the relevant literature. More specifically, they add the perspective of the women's agency in confronting structural conditions in three distinct ways: (a) creating and sustaining fictive

connections; (b) extending the individual role of mothering to a collective support system; and (c) overcoming intergenerational trauma through trial and error.

Chapter 6: Discussion and Conclusion

This dissertation has focused on mothering during the prison-to-community reentry, an issue that has been overlooked by analysts, program planners and policy-makers alike for this population. (See Chapter 2 for a literature review) This is a critical oversight, for several reasons:

(1) The rapid growth of incarceration in the criminal justice system has disproportionately affected people of color, particularly African Americans and especially women in economically challenged African American communities. This dissertation has focused on the experiences of incarceration of African American women in East D.C.

(1) As the rate of incarceration of women has grown, so has the number of children affected by maternal incarceration at the state and federal level. The dissertation has followed the experiences of mothering children from prison and reunification with children as a primary concern upon reentry.

(3) Approximately two-thirds of incarcerated women are mothers, the majority of whom also face the financial challenge of single motherhood before and after prison. The dissertation has noted the intersecting nature of race, class, and gendered structural disadvantage on criminalized behavior among a sample of mothers who were removed from and returned to neighborhoods where violence, drug use, and crime are widespread.

To address the oversights, the dissertation used a case study research design to explore and document women's experiences of mothering after incarceration and particularly to inquire what shapes the process of prison-to-community reentry. Based on a conceptual framework to reveal structural constraints on women's life and reproductive choices, the dissertation inquired into what shapes mothering at the margins of social and economic life, and the extent to which maternal incarceration poses a significant disruption of familial relationships.

In Chapter 1, I posed the following research questions:

- How do women experience mothering after incarceration, and how does their desire for family reunification shape their reentry experience?
- How do incarceration and subsequent reentry impact women's roles as mothers?
- What are the risk or protective factors for mothers as they navigate the reentry?

Chapters 4 and 5 answer these research questions, examining lived experiences of formerly incarcerated mothers within the social and institutional context of life in East D.C., revealing surprising ethnographic findings that could contribute to the relevant literature, program planning and policy making, as follows:

- 1. Establishing a fictive family provides needed social support** ("I love her like I birthed her: establishing a fictive family"). While there is existing research on the formation of fictive families and supportive social networks within women's prisons as a means of coping with the loss of personal connections to family and social networks while incarcerated (Giallombardo

1966; Heffernan 1973; Owen 1998; Shaffer 2004) there does not appear to be much if any research exploring the continuation of the relationships post-incarceration. My research suggests that these supportive relationships can continue after incarceration, and function as an important source of support after release from prison. While fictive kin ties formed while incarcerated could be categorized as *situational kin* (kin ties that occur when blood or legal family is spatially absent) (Nelson 2013), when they continue after women have been released from prison, they appear to function similarly to the fictive kinship and acquaintance networks found in immigrant communities (Ebaugh and Curry 2000; Fonner 1999; Wilson 1998). They do so in the sense that upon release, the women in the study had both strong ties (fictive family) and weak ties (social networks of other formerly incarcerated women) based on shared experience and reciprocity (Liebow 1967; Stack 1974; Chatters 1994; Freidenberg 2000).

- 2. Attempting Mothering at Re-Entry** (“Making up for lost time”). While the existing research has demonstrated how the challenging circumstances of women’s lives and strained family relationships may complicate their navigation of motherhood post-incarceration (Michalsen 2011; Hayes 2009; Brown and Bloom 2009), there does not appear to be much research that examines the lives of formerly incarcerated mothers, their practice of mothering and understanding of their maternal behaviors after incarceration and how this impacts their reentry experiences (see Robison and Miller 2016). This finding reveals how women’s desire to make up for their absence and

repair their relationships with their children can conflict with other aspects of maternal practice, and that by making personal sacrifices in hopes of repairing damaged relationships with children, women risk jeopardizing their ability to remain in the community and avoid returning to prison.

- 3. Renegotiating Mothering** (“You can’t make it up”). Having a sample of women of different ages and at various stage of the reentry process provided a more nuanced understanding of how mothers attempt to negotiate and renegotiate mothering after reentry. The experiences of formerly incarcerated mothers have implications for broader understandings of mothering and motherhood as dynamic, contextualized, and negotiated processes and how mothers understand the shifting nature of mothering (Bhave 2010; Sered and Norton-Hawk 2010). The women’s experiences also have implications for understanding the lived experiences of separated mothers and children, and experiences of family reunification (Horton 2009; Barrow and Laborde 2008).

Concluding Statements

The factors that put marginalized women at risk of becoming incarcerated such as poverty, violence (interpersonal and in the community) and substance abuse stem from the multiple axes of structural oppression, namely race, sex/gender, and class. The marginalization, violence, and trauma that the majority of incarcerated women experience must be situated within a larger context, as it is an extension of the broader structural violence that shapes everyday life. The fundamental themes and issues affecting many justice-involved women, such as sexism, racism, poverty,

intimate-partner violence, sexual abuse and substance abuse are structural violence. Belknap (2001) has referred to female offenders as “the invisible woman.” They are also invisible mothers.

The structural oppressions that impact marginalized women constrain their ability to mother their children, and also shape their pathways to prison, which in turn further constrains their motherhood. Stratified reproduction is revealed through maternal incarceration, as the incarceration of women significantly disrupts family life, reproducing social stratification by intensify and reinforcing inequality.

While all mothers are held to the unmanageable expectation that they can protect their children from the outside world, formerly incarcerated mothers attempt to mother under very challenging circumstances before, during, and after incarceration. While many mothers the world over are expected to mother their children “without the resources and authority to carry out those responsibilities in a satisfying way” (Sered and Norton-Hawk 2014:133) most criminalized mothers are faced with trying to protect children growing up in an environment where their children are at risk and despite their best efforts, there is little they can do to protect them.

The experiences of formerly incarcerated mothers has implications for broader understandings of the institution of mothering and the practice of mothering as dynamic and contextual processes, and the ways in which political, economic, and social circumstances structure the conditions in which women engage in the practice

of mothering. The findings also illuminate the way families are fractured and reconstituted, and how kinship networks are reconfigured by maternal incarceration.

Recommendations for Future Research

Since there is a considerable amount of research on the impact of parental incarceration on children, it may also be interesting to compare children's interpretations of their mothers' behaviors to the mothers' narratives of their maternal desires and actions. Additionally, several of the women had adult children who had essentially grown up with their mothers in and out of the criminal justice system. Though research has targeted young children and their experiences of parental incarceration (see Bernstein 2007; Hissel, Bijleveld, and Kruttschnitt 2011), there has not been much research on the adult children of formerly incarcerated women and the nature of family reunification with grown children, and this should be further explored.

Contributions to the literature

The existing research has documented the effects of maternal incarceration on women and their families (Poelhmann 2015; Arditti 2012; Berry and Eigenberg 2003) and how the challenging circumstances of women's lives complicate their navigation of motherhood post-incarceration (Michalsen 2011; Hayes 2009; Brown and Bloom 2009), this dissertation makes a significant contribution to the scant literature on the lives of formerly incarcerated mothers, their practice of mothering and understanding of their maternal behaviors after incarceration, and how this impacts their reentry experiences (see Robison and Miller 2016). The research also contributes to the

anthropology of fictive kinship and of mothering, particularly work on mothering that engages with the concept of stratified reproduction (Lee 2016; Knight2015; Hough 2010; Connolly 2000; Mullings 1995).

Policy implications

The results of this study suggest some policy directions for program planning around the reentry of mothers from incarceration that could be considered by those responsible for such programs. The first suggestion is to plan and implement programs to that recognize women's desire for family reunification and provide support to facilitate reunification and help women meet the demands of reentry to family life after prison. There are few programs serving women and no comprehensive programs available to reentering women in D.C. and only one, recently introduced program that provides women with assistance with family reunification. Women now re-enter the community with very few resources to help them meet the demands of reestablishing life after incarceration, only one part of which is motherhood. For this group of women, these challenges were almost insurmountable.

The inner parts of the conceptual model – family relationships and the mother-child dyad - are the place at which supports for women are the most effective. Replication of opportunities for women to create and nourish existing fictive kin relationships helps women to cope with the multiple simultaneous challenges of re-entry. Support of organizations like the since-closed Our Place in DC that offer drop-in spaces and opportunities for peer exchanges would increase the probability that

women exposed to them are less likely to re-offend or be re-incarcerated by replacing or reinforcing family supports and the sharing of experience on mothering after reentry.

Mobilize resources to offer counseling to imprisoned mothers to the challenges of re-establishing maternal relations. Women often leave prison with underestimating the challenges they might face as mothers reentering families after incarceration. Family counseling or life coaching that includes children and other family members after women have returned to the community was also suggested by several women. Because all members of the family experience a loved one's reentry and the experience of family reunification, women felt counseling or coaching that engaged the whole family would be beneficial.

The outer parts of the model – community and structural violence itself – are more complex and difficult to address with policy initiatives. They are subject to political conditions that go far beyond the problem studied here. However, two needs are so urgent as to demand attention. These are support in finding employment and housing. Without these basic needs met, the chances of successful re-entry are low.

Appendix I: Interview Guides

Formerly Incarcerated Mother Interview Guide

Each interview started with a brief introduction of the project and request for consent, for tape recording the session. The participant was also asked to select a pseudonym at the beginning of the interview. All of these are covered in the consent form.

Demographic, Socio-economic, and Health Characteristics

- 1.) What year were you born?
- 2.) What is your race/ethnicity?

Marriage and Family or Household.

- 3.) Have you ever been married?

- If YES, are you currently married?

- If currently married, how long have you been married?

- If not currently married, what happened?

_____ Widowed

How long ago did your husband pass?

_____ Separated

How long have you been separated?

_____ Divorced

How long have you been divorced?

_____ Other

- IF NEVER MARRIED: Were you in a relationship prior to your incarceration?

- If yes, can you tell me about that relationship?

- How long had you been together?

-Were you living together?

- If yes, how long had you been living together?

- 4.) Are you currently in a romantic relationship?
- If yes, for how long?
 - If yes, do you live together?
- 5.) How many children do you have? Boys/girls?
- 6.) How old was your child/where your children when you were incarcerated?
- 7.) How old are they now?
- 8.) What is your relationship like with the child(rens) father(s)?

Health and Drug Use

I also have a few health related questions.

- 9.) Have you ever been diagnosed with a physical or mental illness?
- If YES, what was the illness?
 - Have you ever received treatment for you illness? – Where/when?
- 10.) Have you ever used drugs or abused alcohol?
- If YES, how old were you when you first used drugs/abused alcohol?
 - What kinds of drugs have you used?
- 11.) Have you ever received treatment for drug use?
- If YES, what sort of treatment, and when did you receive it?

Educational Attainment

- 12.) How far did you go in your schooling? _____
- 13.) (If dropped out of school)- What was going on in your life at that time?

- 14.) Are you currently taking any classes or participating in other types of training programs?

Employment

15.) Are you currently employed?

- If YES, what type of work do you do, and how many hours do you work per week?

16.) Are there others employed in your household?

- If YES, who are they, what type of work do they do, and how many hours do they work per week?

17.) Do you, or anyone in your household receive state assistance?

18.) Were you employed at the time of your arrest?

- If YES, what type of work did you do and how many hours did you work per week?

19.) Did you receive state assistance prior to your incarceration?

- If YES, how long had you been receiving state assistance?

Family and Household of Origin

Let's back track for a moment. Before we discuss your experiences with incarceration and reentry, let's first talk a little about your life growing up.

1.) Where did you grow up?

2.) How would you describe the neighborhood where you grew up?

3.) When you were growing up, who did you live with?

4.) How did the people in your family get along?

5.) Can you tell me about your childhood? What was growing up in your house like?

6.) Did anyone in your household/family drink— socially or at home — or use drugs (who, what, how much, how often)? When they drank/used, what happened?

7.) Did anyone in your household/family ever hit or punch or push someone else or anything like that? — like between siblings, a parent to a child or teenager, your parents with each other? Can you tell me a little about that (who, what, when)?

8.) How about verbal or emotional stuff? Any yelling or name-calling between members of your household/family?

Arrest + Incarceration History

I would like to know about your arrest and incarceration history.

1.) Have you been arrested more than once? If so, how many times?

- What were the charges?

2.) Have you been incarcerated (in either jail or prison) more than once? If so, how many times?

- What were the charges?

3.) Can you tell me about the first crime you ever committed? Or got in trouble for?

Prompts:

- What were the circumstances/what was going on? Who else was there?

- How old were you?

- Why did you commit the crime?

4.) Can you tell me about your (most recent) arrest and incarceration?

Prompts:

- What crime were you arrested for?

- Where did the crime happen?

- Why were you engaging in that activity?

- Where were you incarcerated?

- For how long?

- When were you released?

Incarceration Experience

Now, I'm going to ask you about your experiences in prison.

1.) What was a typical day in prison like?

Prompts

- Are there any things about being in prison that you liked? If so, what?
- Are there any things that you disliked? If so, what?

2.) Did you participate in any programs while incarcerated?

Prompts

- If yes, which programs? Did you find these programs to be helpful? Why or why not?
- If no, why not?

3.) How would you describe your relationship with your children prior to your incarceration? What was it like to be a mother before incarceration?

Prompts

- Were you the child's primary caregiver?
- Did you reside with your child prior to your incarceration? If not, with whom did your child reside?)

4.) Who cared for your children while you were away? Did you retain custody?

5.) Can you tell me about your relationship like with your child(rens) caregiver?

6.) Did you ever receive visits from your children, other family and friends while you were incarcerated?

Prompts

- If yes, who visited you?
- How often did they visit?

7.) Did you have any other contact with your children while you were away? (Type of contact- phone calls, letters, and frequency).

8.) How did you feel about being separated from your child(ren)?

9.) How did your children handle the separation?

10.) What was your relationship like with your children during your incarceration?

11.) What does it mean to mother/parent in prison (ways/how?)

12.) Did you feel like you were able to fulfill your role as a mother/parent while you were incarcerated?

- 13.) Did you still feel like a mother while you were incarcerated?
- 14.) Do you feel like your role as a mother changed while you were away?
- 15.) What does it mean to be a mother? Has your view/perspective on being a mother changed as a result of your incarceration?

Reentry Experience

1.) Did you participate in any pre-release programs/ receive any preparation for reentry while you were still incarcerated?

If yes, what kind? Was it helpful to you? What do you think can be done to make pre-release programming more helpful?

- 2.) What was the first thing you did when you got out?
- 3.) Where (and with whom) did you live immediately after your release?
- 4.) What is your current housing situation (where and with whom do you live)?
- 5.) Are you currently working (How many hours, pay, and transportation)?
- 6.) What are some of the challenges women face upon reentry?
- 7.) What was the greatest challenge you faced upon reentry?
- 8.) What support systems, if any, have you had to help with the transition back to the community? Are there any family members, friends or others in the community who have provided you with assistance (such as financial and/or emotional support, housing, transportation, childcare etc.)
- 9.) What is/was your relationship like with your CSO?
- 10.) Are you aware of any programs or agencies in the DC area that provide assistance to returning citizens?

If Yes, have you received services from these programs or providers? What was your experience like?

11.) What type of services/support do you think women need to successfully return to their communities and stay out of prison? What do you think their most important needs are? What services need to be available?

Now I would like to ask you about your reentry experience in regards to your being a mother and your relationship with your child(ren).

12.) Have you been able to see your children since you release?

Prompts

- If YES, How soon after your release were you able to see your children?

- If No, why not?

13.) Do you currently have custody of your children?

Prompts

- If no, why not? Who does have custody? Do you have visitation?

- If yes, did you encounter any difficulties reuniting/regaining custody of your children? How long after you were released were you able to regain custody? Do you receive any child support?

14.) Can you describe what kind of relationship you currently have with your children?

15.) Can you tell me about your experience of family reunification/getting your family back together after incarceration?

Prompts

- Expectations while incarcerated vs. realities of reunification upon reentry

- Experience with child welfare services and/or temporary caregivers

- Challenges + supports related to reunification

16.) To your knowledge, are there existing resources in the community to help returning mothers and their children during the reentry process?

17.) What kinds of programs or resources do you think are needed/would be helpful to returning mothers and their children?

18. Are there any questions that you would like to ask of me?

That's it. Thank you for your participation in this study.

Community Stakeholder-Service Provider Interview Guide

This is a sample interview guide for community stakeholders/service providers. Questions were modified to suit the particular stakeholder being interviewed.

- 1.) What kinds of services does your program/organization/agency provide?
- 2.) What is your role within the organization?
- 3.) How long have you been in this role/with the program/organization?
- 4.) Who are the intended recipients of the program/services provided? Are there programs/services directed specifically at returning citizens?
- 5.) Is the program located within the home community of the participating individuals?

Ok, now I'd like to ask you some questions about prison to community reentry.

- 6.) What are the most common reentry challenges?
- 7.) Do you think women experience these challenges differently than men?
- 8.) Do you think women experience additional challenges to prison to community reentry?
- 9.) What personal or individual barriers do returning women face that may impede the reentry process?

Prompts

- Such as: unrealistic expectations of what life would be like once released; feeling unprepared for the challenges of reentry; personal barriers such as a lack of pro-social networks; an unstable or unsupportive family environment; financial insecurity or a lack of financial management skills?

- 10.) In your experience working with returning citizens, what kinds of prelease services or preparation do most folks receive prior to reentry?
- 11.) Upon release, what types of services are currently available to assist returning women?
- 11.) What types of barriers do returning women face is gaining access to services?

Ok, so let's talk now about returning women and family reunification.

- 12.) What role do you think women's relationships with children plays in women's successful reentry?
- 13.) What role do you think women's relationships with other family members' plays in women's successful reentry?
- 14.) What are some of the challenges women experience in relation to family reunification?
- 15.) What role do you think women's relationships with their children can have on women's experience of reentry?
- 16.) What types of family reunification services/assistance are currently available for returning women in DC?
- 17.) Does your organization provide any type of assistance with family reconciliation/reunification?

Prompts

- If yes, what sort of assistance?
 - If no, are you aware of any other organizations/programs that do provide assistance with family reunification?
- 18.) What types of services/assistance do you think would be helpful to women and families and facilitate family reunification?
- 19.) What suggestions would you make to improve policies and practices that affect returning women and their families?
- 20.) Are there any questions that you would like to ask of me?

That's it. And thank you for your participation in this study.

Appendix II: Consent Forms

Formerly Incarcerated Mother Consent Form

Project Title: Navigating Reentry and Renegotiating Motherhood: Maternal Identity and Prison to Community Reentry

Purpose of the study: This research is being conducted by Casey Hall at the University of Maryland, College Park, under the tutelage of Dr. Tony Whitehead. You have been invited to participate in this research project because you are an adult women who has had at least one prior incarceration in state or federal prison, are a mother of a minor child or children (or were at the time of your incarceration).

The purpose of this research project is gain knowledge of the impact of incarceration and reentry on families, and how women's identities as mothers and relationships with their children may shape the reentry experience for returning women. The reason for doing this research is that although many incarcerated women are mothers of minor children, women's roles as mothers and relationships with their children are often not considered in prison and prison to community reentry programming. It is my hope that what I learn from my conversations with you and other returning citizens will then be used to inform and improve policies and programs for incarcerated and returning women.

Procedures: If you volunteer to participate in this study, you will be asked to participate in a audio-recorded interview anticipated to last about one hour, but no longer than an hour and a half (ninety minutes). During the interview you will be first be asked some questions about your personal history, such as (1) your age and ethnicity, (2) marriage and family, (3) health and past drug use, (4) family and household of origin, (5) educational attainment, and (6) employment history and income. You will then be asked some questions regarding your (1) arrest and incarceration history, (2) incarceration experience, (3) reentry experience, and (4) your reentry experience in regards to your being a mother and your relationship with your child(ren).

The interview can be held in a private place determined by you, such as your home or work place or other agreed upon location, or it can be held in a private office at Community Family Life Services, located at 305 E Street NW, Washington, DC 20001.

Potential Risks and Discomforts: There is no risk to you in responding to taking part in this interview. You may find some of the interview questions to be sensitive, and may possibly experience emotional discomfort. But please know that this interview is voluntary, and if you do find any question uncomfortable, you have the right to not answer; and if you would like to withdraw at any time, you can do so without penalty.

Potential Benefits: This research is not designed to benefit you personally. However, you may find it satisfying to talk about these issues, and the knowledge of your contribution to potential benefits of this research to returning women and their children in general. That is the potential benefits gained from your participation in this study include a better understanding of the experience of formerly incarcerated women, which may then be used to inform and improve policies and programs for incarcerated and returning women and their children.

Confidentiality: All the information you share with me will be confidential. Your name will only appear on the consent form you will be asked to sign documenting that you have given me your permission to talk with me. Your name will not be included in the data collected here today; instead, a three-digit code will be assigned to the interview data. Through the use of an identification key, Dr. Whitehead and I will be able to link your interview to your identity, and only Dr. Whitehead and I will have access to the identification key.

A careful confidentiality audit will be conducted on the data to ensure that nothing in the interview notes could be linked to you personally. To further ensure confidentiality, I will also ask you to choose a pseudonym or fake name. This is so that if any individual quotes from today's interview are included in any subsequent written material produced from this research, they will be attributed to the pseudonym you select, not your real name.

Compensation: You will receive a \$25 gift card as compensation for participating in today's interview.

Right to withdraw questions: Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

If you decide to stop taking part in the study, or if you have questions, concerns, or complaints, please contact the investigator. Casey Hall, clh@umd.edu

Participant Rights: If you have questions about your rights as a research participant or wish to report a research-related injury, please contact: University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678

This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.

Statement of Consent: Your signature indicates 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 to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.

If you agree to participate, please sign your name below.

Signature and Date:

Name of participant (please print) _____

Signature of Participant _____

Date:

Community Stakeholder Consent Form

Project Title: Navigating Reentry and Renegotiating Motherhood: Maternal Identity and Prison to Community Reentry

Purpose of the Study: This research is being conducted by Casey Hall at the University of Maryland, College Park, under the tutelage of Dr. Tony Whitehead. You have been invited to participate in this research project because you are a community stakeholder involved in reentry efforts in the DC/Baltimore area.

The purpose of this research project is gain knowledge of the impact of incarceration and reentry on families, and how women's identities as mothers and relationships with their children may shape the reentry experience for returning women. The reason for doing this research is that although many incarcerated women are mothers of minor children, women's roles as mothers and relationships with their children are often not considered in prison and prison to community reentry programming. It is my hope that what I learn from my conversations with you and other community stakeholders will then be used to inform and improve policies and programs for incarcerated and returning women.

Procedures: If you volunteer to participate in this study, you will be asked to participate in a tape-recorded interview anticipated to last about one hour. During the interview, you will be invited to talk about your experiences working with returning citizens. More specifically, you will be asked about the needs of returning women, and the services currently available to them, particularly in regards to women's roles as mothers, their relationships with their children, and family reunification.

The interview will take place at a location of your choosing, such as your office. Interviews can also be arranged to take place at Community Family Life Services, located at 305 E Street NW, Washington, DC 20001, or Marion House, located at 949 Gorsuch Ave, Baltimore Maryland 21218.

Potential Risks and Discomforts: There is no risk to you in responding to taking part in this interview. Please know that this interview is voluntary, you have the right to not answer a question if you so choose, and if you would like to withdraw at any time, you can do so without penalty.

Potential Benefits: This research is not designed to benefit you personally. However, you may find it satisfying to talk about these issues, and the knowledge of your contribution to potential benefits of this research to returning women and their children in general. That is the potential benefits gained from your participation in this study include a better understanding of the experience of formerly incarcerated women, which may then be used to inform and improve policies and programs for incarcerated and returning women and their children.

Confidentiality: All the information you share with me will be confidential. Your name will only appear on the consent form you will be asked to sign documenting

that you have given me your permission to talk with me. Your name will not be included in the data collected here today: instead, a three-digit code will be assigned to the interview data. Through the use of an identification key, Dr. Whitehead and I will be able to link your interview to your identity, and only Dr. Whitehead and I will have access to the identification key.

The consent form, identification key, and the digital recording of the interview will be stored in a locked file cabinet at the University of Maryland. The transcript of our conversation produced from the digital recording, and any notes taken during the interview will be stored in a secure database management system to which only Dr. Whitehead and I will have access.

A careful confidentiality audit will be conducted on the data to ensure that nothing in the interview notes could be linked to you personally. To further ensure your confidentiality, no identifiers will be used in any written material resulting from the research.

Right to Withdraw and Questions: Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

If you decide to stop taking part in the study, or if you have questions, concerns, or complaints, please contact the investigator: Casey L. Hall, clh@umd.edu

Right to withdraw questions: Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

If you decide to stop taking part in the study, or if you have questions, concerns, or complaints, please contact the investigator. Casey Hall, clh@umd.edu

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Statement of Consent: Your signature indicates 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 to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.

If you agree to participate, please sign your name below.

Signature and Date:

Name of participant (please print) _____

Signature of Participant _____

Date:

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¹ WASHINGTON AREA METRO AUTHORITY, CASPSULE OF WMATA 5-6 (2002).

² Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Public Law 104–193 104th Congress.

³ *Buchanan v. Warley*, 245 U.S. 60 (1917)

⁴ *Shelley v. Kraemer*, 334U.S. 1(1948)

⁵ *Bolling v. Sharpe*, 347 U.S. 497 (1954)

⁶ The Barry Administration Reports to the People on Public Housing". GWU Special Collections, John A. Wilson Papers, MS2190, Box 8, File 2, "Housing legislation - ideas". June 1986

⁷ § 1901.203 Title VIII of the Civil Rights Act of 1968. This act did not eliminate race-based housing discrimination, but did make it illegal, vastly increasing minority access to areas from which they had been previously excluded.

⁸ DC Code: § 24-1302 Establishment of the Office on Ex-Offender Affairs.