Fall 12-2020

An Examination of the Relationship Among Social Services Support, Race, Ethnicity and Recidivism in Justice Involved Mothers

Ne'Shaun Janay Borden
Old Dominion University, neshaunb@gmail.com

AN EXAMINATION OF THE RELATIONSHIP AMONG SOCIAL SERVICES SUPPORT, RACE, ETHNICITY AND RECIDIVISM IN JUSTICE INVOLVED MOTHERS

by

Ne'Shaun Janay Borden
B.S. December 2010, Florida State University
M.S. July 2015, University of North Florida

A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

EDUCATION

OLD DOMINION UNIVERSITY
December 2020

Approved By:

Edward Neukrug (Chair)

Jeff Moe (Methodologist)

Emily Goodman-Scott (Member)

Natalie Arce Indelicato (Member)

ABSTRACT

AN EXAMINATION OF THE RELATIONSHIP AMONG SOCIAL SERVICES SUPPORT, RACE, ETHNICITY AND RECIDIVISM IN JUSTICE INVOLVED MOTHERS

Ne'Shaun Janay Borden
Old Dominion University, 2020
Director: Dr. Edward Neukrug

Historically, women have been ignored and minimized in criminology research and theory, leading to gaps in the literature on justice involved women. In recent years, there has been more focus on women as their rates of involvement in the justice system have increased. Previous studies have found that pathways to justice involvement are different for women and men, with women experiencing higher rates of victimization, sexual abuse and mental health concerns. Further, justice involved women are unique in that over 80% are mothers or primary caregivers for minors. General Strain Theory is used to assert that receiving support should reduce the stress experienced by women that otherwise would lead to criminal behavior; however, little is known about how the recidivism rates of justice involved females are impacted by the social services their children receive. The risk, needs, responsivity model is used to further support the need for providing assistance needed to ease the strain on women. The researcher utilized a subset of archival data to explore the needs of justice involved women. Participants included 233 justice involved women. A two by four (2x4) analysis of variance (ANOVA) was used to determine if there was a statistically significant correlation between the women's children receiving services, the women's race, the women's ethnicity, and the amount of lifetime arrests. Results indicated that there was not a statistically significant relationship between children receiving services, race, and ethnicity, or a significant interaction effect between receiving services and race or ethnicity

on the mother's number of lifetime arrests. Implications, limitations and future directions are discussed.

This dissertation is dedicated to my dad, Vernon Frank Borden.

ACKNOWLEDGEMENTS

This dissertation is by far my most difficult academic pursuit. I have learned so much and been humbled by this process. I will never forget this experience and am thankful to be on the other side. This would not have been possible without my committee. I would like to thank my chair, mentor, and friend, Dr. Edward Neukrug. My experience at ODU was made better by Dr. Neukrug's commitment and dedication to students. I am forever thankful for all of your support over the last three years and throughout the dissertation process. I would also like to thank Dr. Jeff Moe. Dr. Moe, thank you so much for sharing your knowledge and passion for statistics with me and making me laugh. I have learned so much under your tutelage and appreciated you rallying around me in this process. I also have to thank Dr. Natalie Indelicato who embodies the kind of human and professor that I want to be. You have given me manifold gifts since I met you and I am thankful for your mentorship, friendship, and relentless encouragement throughout this process. Finally, I would like to thank Dr. Emily Goodman-Scott who so graciously joined my committee and offered me invaluable feedback and support throughout this process. Thank you does not seem like enough but thank you all!

I would not have made it through the doctoral program without the students at and faculty at ODU. Drs. Narketta Sparkman-Key, Shawn Ricks, Chuntay Tarver, and Kaprea Johnson. It was so empowering to see Black women navigating the academy with such excellence and grace.

You all have encouraged me and supported me, and I am forever thankful. Thank you, Sandy, for encouraging me to apply and then providing a safe space when I arrived. Thank you, Anthony, for giving me so much free knowledge and for making me laugh. Thank you, T'Airra, for welcoming me as a friend and always being willing to laugh at my jokes. To all of the doc students before me—Stacey, Sonja, Melanie, Nicola, George, Eric and those I am forgetting- thank you for your support throughout this process. My dear cohort and friends- Rawn, Betsy, Frankie, Kyulee, Tony, Kira, Kat and Abie— my home away from home—thank you all for making this process fun. We have laughed and grown so much together over the last three years and I look forward to continuing our relationships.

Last but definitely not least, I would like to thank my friends and family. My forever friends- Dawn, LaPorscha, Jamela, Hadi, Tia, Robin, Miaka, Brittney, Artrice, Markeek, Corey, and Jermia. Thank you for praying for me and with me, for making me laugh, for visiting me, and believing in me. I love you and I am thankful for your friendship. Thank you to my brothers, Sean and Cameron, for giving me the sweet gift of being an auntie to Shaunice, Sharyah, Skyler, Carson and Camden. To my cousins—Kalei, Ande, and Dennis Jr. (Boobie) for always being there for me and being great cousins. Thank you to all of my cousins for being loving and supporting of me and my academic journey. To my mom (Rafeyette), my uncle and aunt (Dennis and Vernetta) and my grandmothers (Mary and Faye), and all of my family (too many to name here). Thank you for your unconditional love and support. I would not have made it here without each one of you loving me, praying for me, and supporting me.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE: INTRODUCTION TO THE STUDY

This study explored factors influencing recidivism rates of justice involved mothers by exploring relationships among race, ethnicity, participants' children receiving social services, and number of lifetime arrests (recidivism). In chapter one, the researcher will provide the problem statement and purpose of the study, including an overview of research questions and hypotheses, research design, theoretical framework, and definition of terms.

Problem Statement

Historically, criminal justice research has focused on men due to the fact that men comprise approximately 70% of the justice involved population in the United States (Conrad et al., 2014). However, in recent years, the focus on justice involved women and girls has continued to grow as the rate of justice involvement among these populations has increased by more than 750% between 1980 and 2017 (The Sentencing Project, 2018). Presently, there are over 1.3 million women being supervised by the United States criminal justice system through prisons, jails, probation, and parole. Previous research has identified that pathways to justice involvement differ for women and men, with women experiencing unique risk factors such as adolescent pregnancy, sexual victimization, and mental health concerns (Bright et al., 2014). Additionally, approximately 80% of the women involved in the justice system in the United States are primary caregivers for the minor children in their care and approximately 150,000 of women arrested every year are pregnant when they become involved with the justice system (Swavola et al., 2016). Motherhood, in the context of justice involvement, is especially complicated as there are implications and consequences for both the women and their children. The incarceration of mothers has implications for their children (Laux et al., 2008; Laux et al., 2011a; Laux et al., 2011b) as mothers spend a significant amount of time away from their children and miss

important developmental milestones in their children's lives. Children of incarcerated mothers usually end up in the care of grandparents, fathers, and extended family creating additional burdens on the family system (Dellaire, 2007). Justice involved women often live in poverty, experience housing instability and insecurity, struggle with career development and attainment, have high rates of mental health concerns, and high rates of substance use, which are also often pre-cursors to justice involvement (Laux et al., 2008).

The children of justice involved mothers are often called the "hidden victims" because they are usually not eligible for direct social, educational, or legal services (Martin, 2017). It is well noted in the literature that children of justice involved parents deal with increased rates of mental health concerns, display higher rates of antisocial behavior, have increased rates of suspension or expulsion from school, and are more likely to become justice involved (Martin, 2017). Further, Black and Hispanic (Latinx) women and children are disproportionately impacted by this phenomenon with approximately 28% of Black children born to incarcerated parents (Martin, 2017). In order to overcome the challenges posed by parental justice involvement and disrupt future justice involvement for women and their children, it is crucial for women and their children to receive social support services. Even though it is important to provide direct social services to mothers and their children, there is a gap in the research related to the provision of these services and whether they significantly deter or prevent women from further justice involvement.

Purpose of the Study

The purpose of this quantitative study was to examine if children, in the care of justice involved women, receiving social services impacted the number of arrests over the lifetime (recidivism) for justice involved mothers. Race and ethnicity were also examined as women and

children of color are disproportionately impacted by justice involvement in the United States. The study utilized archival data collected from semi-structured interviews that were conducted with justice involved women (Laux et al., 2008, Laux et al., 2011a, 2011b). Previous quantitative studies conducted with this data found that justice involved women are often underserved and that career development, mental health, and substance abuse treatment needs of this population often go untreated. The researcher chose to focus specifically on the role of motherhood and social service provision for women and their children to determine if the lack of social support services was related to statistically significant rates of lifetime arrests (recidivism) and if being a member of a minoritized group, specifically Hispanic (Latinx), Black or a Woman of Color (WOC), had a statistically significant impact on the mother's rate of recidivism. The women reported a wide variety of social support services were utilized by their children that included counseling, rehabilitation, children services board (CSB), welfare, food stamps, daycare vouchers, medical services/Medicaid, school counseling, bullying prevention, free driving school, and peer educators, among others. A full list of social services are available in Appendix A. Further, we wanted to examine services that were provided to fill a gap such as those for mental health, behavioral or services granted due to low socioeconomic status (SES). The mothers reported a wide variety of reasons for children's involvement in social services, which included but are not limited to the death of a parent, experiencing and/or witnessing physical and sexual abuse, low socioeconomic status (SES), academic opportunities and difficulties, hospitalization, and substance use. A full list is available in Appendix B. One research question and three hypotheses were developed based on previous literature and were explored using a two by four (2x4) analysis of variance (ANOVA).

Primary Research Question and Hypothesis

The research questions and hypotheses that guided this study are:

Research Question One

Do participants differ in their recidivism rates by race, ethnicity, and if their children received social support services?

Hypothesis 1: Justice involved females whose children have received social services will demonstrate lower recidivism rates than participants whose children have not received services at $\alpha = .05$.

Hypothesis 2: Justice involved females who identify as Black, Hispanic/Latinx, or a person of color will have higher recidivism rates than White participants at $\alpha = .05$.

Hypothesis 3: The interaction effect of having children who have received services, and identifying as Black, Hispanic/Latinx, and/or a person of color, will be significant at $\alpha = .05$.

Research Design

The study involved ex-post facto analysis of archival data (Lord, 1973). The study is cross-sectional and non-experimental as it allows for examination of relationships between variables as they occur naturally in the environment without researcher manipulation. Naturalistic, correlational research allows scholars to investigate complex phenomena that would be difficult, or impossible, to recreate in a laboratory setting (Creswell & Creswell, 2017). In this study, the participants' status as incarcerated females, as mothers, their race and ethnicity, and their rates of recidivism are all historical/naturalistic variables that could not be reproduced in an experimental study. Data are coded to facilitate analysis in the Statistical Package for the Social Sciences (SPSS) program.

Theoretical Framework

Two theories guide this research, the Risks Needs Responsivity (RNR) framework (Andrew et al., 1990) and General Strain Theory (Agnew, 1992). The RNR framework, developed by psychologists Andrews and colleagues (1990), asserts that for treatment of justice involved individuals to be effective, it must be responsive to the needs of the individuals. The risk principle is focused on matching treatment services to the offenders' level of need, with more intensive services being reserved for violent and high-risk offenders. The needs principle is focused on using criminogenic needs to determine individualized treatment approaches. Finally, the responsivity principle is focused on tailoring the intervention to the needs and learning style of the justice involved individuals (Bonta & Andrews, 2007). The services referred to by Andrews and colleagues (1990) usually are services intended directly for the individual as they are the one that is justice involved; however, we posit that because justice involved mothers also are primary caregivers that it is important to also consider the service needs of the children as assistance with their children would hopefully disrupt future justice involvement of the mothers. The second theory underpinning this study is the General Strain Theory (GST) proposed by Robert Agnew (Agnew, 1985). Agnew's GST focuses on the impact of negative relationships with others and views criminal behavior as a response to powerlessness as individuals attempt to protect themselves from negative situations. When considering the unique pathways to criminality for justice involved females, especially those who are mothers, it is important to inspect the needs of their children and how this interacts with the mothers' own needs, as the burden of children, can add to a sense of powerless for the mother. Findings and research questions for this study are guided by the belief that justice involved females experience personal

and sociopolitical factors that create unique risks and may require different prevention and intervention strategies.

Definition of Terms

There are terms used in this study are specific to justice involvement and are highlighted here:

Dynamic Risk Factors/Criminogenic Needs: Factors that influence the risk of reoffending with the capacity for change.

Ethnicity: Groups with shared cultural factors such as language, religion, traditions.

Hispanic: Individuals identifying as having lineage to a Spanish speaking country.

Race: Describes physical characteristics that are often related such as skin color.

Recidivism: Relapsing into criminal behavior after prior intervention or sanctions and being adjudicated or having adjudication withheld.

Recidivism Rate: Data that measures rearrests, reconviction, and reincarceration or time to failure.

Static Risk Factors: Risk factors that cannot be changed or intervened upon.

Services: Social, educational, medical, and other services (e.g., legal) that are provided to remediate well-being, achievement, and health outcomes; primarily applied in this study to the services received by the children of the participants.

Summary

Chapter one presented an introduction to the study examining whether recidivism in justice involved women were associated with race, ethnicity, and whether their children received social services in a sample of justice involved women who are mothers. The research questions, research design, and theoretical frameworks that guide the study were summarized. Chapter one

concluded with an overview of relevant terminology. In the next chapter, there will be a review of current literature to support the significance of the study.

CHAPTER TWO: LITERATURE REVIEW

Women in the Justice System

According to the National Resource Center on Justice Involved Women (2016), the rate of justice involved women is the fastest growing among justice involved populations. From 1980 to present day, there has been a 700% increase in the rate of women justice involvement (National Resource Center on Justice Involved Women [NRCJIW], 2016). Between 2000 and 2011, the rate of women incarcerated increased by 31% (Minton, 2012). Furthermore, in 2013, nationwide, over 1.2 million women were involved in the justice system. Much of this increase can be linked to harsher drug laws that mandated sentencing, even for low level drug offenses (NRCJIW, 2016). From 1986 to 1999, the incarceration rate for drug offenses for women increased over 800% and disproportionately impacted Women of Color (WOC). Specifically, Black and Hispanic women are incarcerated at two and 1.2 times the rate of White women, respectively. There is also a breadth of research that highlights the pathways to justice involvement and reentry needs for women versus men, with justice involved women experiencing high rates of victimization, trauma, mental health concerns while simultaneously serving as the primary caregiver in their families (Cobrinna, 2009; Lynch et al., 2012; NRCJIW, 2016; Rosseger et al., 2009; Van Voorhis et al., 2010). Due to the high and continued increase of justice involvement among women, it is timely to examine the needs of justice involved mothers to provide more meaningful support for this population and potentially reduce rates of lifetime arrests (recidivism).

Women's Justice Involvement

Historically, criminal justice research centered on men and many of the early criminology theories and studies were based on men's experiences (Adams 2020; Bloom et al., 2004; Opsal,

2009). A primary focus on males created gaps in the available information and best practices related to justice involved women. In more recent years, due to significant increase in justice involvement among women and girls, this population has garnered attention in research and policy (Adams, 2020). There are some similarities in factors that lead to justice involvement for males and females, such as being associated with criminal networks, criminal history, and limited education; however, there are critical differences as well. High rates of physical and sexual abuse, being the primary caregiver for biological children, and serving as guardians for other's children and mental health concerns disproportionally affects women and serve as factors that lead to their justice involvement (DeHart, 2018).

Prior to 1970, there was not much information available on women's involvement in the criminal justice system (Rafter, 1983). This changed after Dr. Edith Elizabeth Flynn delivered a conference speech on justice involved women in 1971 at the National Conference on Corrections. Dr. Flynn noted in her address that women offenders were not included in the 1967 President Commission on Law Enforcement and Administration of Justice. This omission was extremely important as this task force published the most detailed information available on the U.S. criminal justice system at that time. According to Rafter (1983), the most accepted thought of the time was that women's prison and criminal justice system experience was very similar to that of men and that many of the available findings related to justice involvement were generalizable across biological sex. Further, because women were such a small subset of the criminal justice population at the time, it did not seem meaningful to study women as a subgroup (Rafter, 1983). However, after Dr. Flynn's 1971 address, research on justice involved women and girls grew significantly and studies showed that pathways to justice involvement and the

treatment of women in the justice system was different from that of men (Rafter, 1983; Van Hooris, 2012).

Brief Overview of Women's Incarceration in the US

The history of women's justice involvement and imprisonment in the United States has been highly influenced by a patriarchal society and a view of women as less than men and morally corrupt if they engaged in crime (Kurshan, 1995; Van Hooris, 2012). Dating back to as early as the Middle Ages, women were punished differently and more harshly for committing crimes. Women could be burned alive for crimes such as adultery or for killing a spouse compared to men who were often not punished for similar crimes (Kurshan, 1995). Witch hunts in Europe and America also disproportionately impacted women and were believed to be a way to control women, eliminate women that were not linked to husbands and children, and to ensure that land and other property were inherited by men with the goal of preventing women from economic independence.

This treatment enacted upon women because of their biological sex and gender identity in the 1700 and 1800's set the stage for the genderist and sexist treatment of women who are justice involved, jailed, and imprisoned in the United States. The first women that were housed in small, often filthy rooms, in men's prisons often complained of the inhumane treatment in these facilities (Kurshan, 1995). It was not uncommon for women to be kept in the attic of men's prisons for years and not be allowed to venture too far out of these dorm-like spaces. Women were also frequently sexually abused in men's prison's by prison guards, which frequently led to pregnancy (Mallicot, 2011). Freedman (1981) reported that in Indiana women prisoners were forced to serve as prostitutes for male prison guards. The treatment of women in prison's garnered the attention of many social reformers including that of Elizabeth Fry. Fry, who was a

prison and social reformer, philanthropist and Quaker has had a lasting impact on the state of women's incarceration and the England penal system. Fry began her prison reform efforts in 1813 after visiting the Newgate Prison in London. At Newgate prison, Fry witnessed women and their children living in unsafe conditions and began to advocate for better treatment of this population. Fry, along with the support of twelve women formed the Association for the Improvement of Female Prisoners, which later led to new legislation being introduced into parliament in 1823 (Elizabeth Fry Charity, 2020). Fry's movement has been credited with women's prison reform in England and the United States (Elizabeth Fry Charity, 2020).

In 1825, after a female prisoner, Rachel Welch, was brutally attacked and killed by a prison guard, closer attention was given to the treatment of women prisoners in predominantly male facilities. The first separate facility for women prisoners opened in 1839 in New York (Mallicot, 2011). The Mount Pleasant Prison Annex was located within the same prison complex as Sing Sing prison which is a maximum-security prison. Completely separate, stand alone, prisons and jails for women were not created until the early 1870's. In 1873, The Indiana Women Prison was founded, and is believed to be the first "stand alone" women prison in the U.S. and is still currently in operation (Jones, 2015). Early women's prisons were either classified as reformatories or followed a traditionally male custodial model of incarceration (Mallicoat, 2011). Reformatories, as indicated by the name, were facilities that focused on providing moral reform or rehabilitation to fallen women who lead a life of crime compared to custodial environments that focused on discipline, manual labor and control.

In the late 1800's, reformatory incarceration models were new and thought to be better for women because of the focus on rehabilitation and restoring "lady-likeness" in "fallen" women (Mallicoat, 2011). The reformatory model, although less punitive than the custodial

model, has been praised and criticized by feminist and criminology scholars. Although the conditions were better and the facilities were led mostly by women, which eliminated much of the violence enacted by male prison guards, these facilities have been criticized for enforcing patriarchal views of women. Further, reformatories were usually only available to White women, with Black women and other Women of Color (WOC) being forced to carry out sentences in custodial style environments, even when committing lesser crimes (Mallicoat, 2011). Presently, there are 29 women's prisons in operation in the United States, with many of the historical issues continuing to plague justice involved women and set the foundation for the purpose of this study.

Current Status of Justice Involved Woman

The U.S. criminal justice system is the largest in the world with an average of 2.3 million people under its control at any given time (Sawyer & Wagner, 2020). According to Sawyer and Wagner (2020) there are "833 state prisons, 110 federal prisons, 1,772 juvenile correctional facilities, 3,134 local jails, 218 immigration detention facilities, and 80 Indian Country jails as well as in military prisons, civil commitment centers, state psychiatric hospitals, and prisons in the U.S. territories" (p.1). Of these, 2.3 million people, approximately 220,000 women are incarcerated and approximately 1.3 million women are justice involved, meaning the woman is in jail, prison, or being supervised by the court system through probation or parole. Mallicoat (2011) describes the profile of a justice involved woman to be one that is in many ways different than that of male offenders. Black, Hispanic, and Women of Color (WOC) are involved in the criminal justice system at disproportionate rates when compared to White women (Mallicoat, 2011; Mauer, 2013; The Sentencing Project, 2018). Bush and Baskette (1998) reported that 63% incarcerated women were Black or Hispanic although they only account for approximately 24% of the United States population. Mauer (2013) reported a similar finding based on 2009 data

from the Bureau of Justice Statistics that showed that approximately that 60% of incarcerated individuals were Black or Hispanic. In addition to identifying as a Person of Color (POC), many justice involved women also live in poverty or have low socioeconomic status (SES). NRCJIW (2016) reported that 37% of justice involved women earned less than $600 dollars in the months prior to being arrested, that many of the women worked entry level jobs earning no more than $6.50 per hour, that only 37% of the women reported earning money from working, and that 22% of the women reported that their primary source of income was public assistance.

In addition to Women of Color (WOC) and impoverished women being disproportionately involved in the justice system, other characteristics of this population, according to Mallicoat (2011) include "in their early to mid-thirties, most likely to have been convicted of a drug or drug-related offense, fragmented family histories, have other family members involved in the criminal justice system, survivors of physical and/or sexual abuse as children and adults, significant substance abuse problems, multiple physical and mental health problems, unmarried mothers of minor children, and have a high school degree/GED, limited vocational training, and sporadic work histories" (p. 464). To further paint a picture of justice involved women, the rest of this section will expand on the each of the descriptors.

According to the National Resource Center on Justice Involved Women [NRCJIW], 2012), although the rate of women's justice involvement is increasing at higher rates than men, women are more likely to become justice involved for non-violent offenses. Further, when justice involved women are involved in violent incidents they are usually related to domestic violence and are in self-defense. Justice involved women also report high rates of and long histories of substance use. The Bureau of Justice Statistics (2006) reported that 60% of justice involved women were using substances prior to justice involvement. Substance use in justice

involved women is thought to be related to high levels of trauma and mental health disorders experienced by this population. Justice involved women report high rates of trauma; usually with extensive historical and current experiences of physical, sexual and emotional abuse (NRCIJW, 2012; Mallicoat, 2011).

The NRCJIW (2014) reported that compared to the general population, justice involved women report higher rates of trauma, including childhood sexual abuse, domestic violence, and physical abuse. Wright et al. (2012) and Bloom et al. (2005) reported that as many as 90% of the participants in their study had experienced trauma. Trauma experiences are not only thought to be a pre-cursor to justice involvement but related to recidivism, since trauma is often linked to mental health concerns and substance abuse. These traumatic experiences have been linked to disorders such as post-traumatic stress disorder (PTSD), anxiety, depression, substance use disorders, eating disorders, self-harm, suicidal ideation and suicide attempts in this population. Further, when considering criminogenic needs of justice involved individual's, which are needs that can be influenced through intervention, mental health concerns have been found to be more indicative of future justice involvement for women, which is not the case for men. In addition to many of the indicators of oppression described here, over 66,000 incarcerated women are mothers and primary caregivers to minor children (NRCJIW, 2012), creating unique challenges for this population.

Incarcerated Mothers

In the United States, in addition to the issues that stem from mass incarceration, we also have a unique phenomenon related to rapid increase of justice involved women over the last 30 years. According to Katsjura (2019), over 80% of the women that are currently in local jails are

mother's and primary caregiver to minors. Additionally, the number of minor children that have an incarcerated mother is around 147,000, which has doubled in the last 20 years. Conceptualizing incarcerated mothers through the lens of General Strain Theory (GST) is important because being the primary caregiver for minor children creates strain (stress) prior to incarceration or justice involvement, as many of the women are struggling financially and with mental health concerns while acting as the primary caregiver. Upon incarceration, strain is compounded as minor children are often placed in the care of family members or in the foster care system creating worry for women while separated from their child (Loper & Turek, 2010). This also creates strain upon reentry as it is difficult for mothers to reunite or provide a financially stable household for their children (Hollin & Palmer, 2006; NRCJIW, 2012). This is critical to the overall functioning of women and children because unlike many incarcerated or justice involved men, the women are the primary caregivers.

Previous research has found that prior to justice involvement, many justice involved mothers and their children are already experiencing significant distress and have ineffective parenting styles. This is due to the fact that many of these women are dealing with untreated mental health concerns, trauma, physical health concerns, extreme poverty, and homelessness (Loper & Tuerk, 2010). Even though there is evidence of parenting struggles for this population, previous studies have also found that this does not diminish the importance of motherhood for this population and that one of the biggest sources of stress for justice involved mothers is worrying about their children (Clark, 1995; Harris, 1993; Kazura, 2001). The National Resource Center on Justice Involved Women [NRCJIW] (2012) reported that while in custody only 15% of women get to see their children. This could be related to the time and money required to visit jails or prisons as well as other barriers. Although, there are some options for incarcerated

women to be with their children through baby units or prison nurseries, there is much debate about the ethicality of "babies being behind bars" (Elmalak, 2015, p. 1080). Further, in 2009 only nine states (California, Illinois, Indiana, Ohio, Nebraska, New York, South Dakota, Washington, and West Virginia) had this as an option (Elmalak, 2015).

According to Jaffee and colleagues (1997), the separation of mothers from their children has a negative impact on the mental health of the mother and often leads to feelings of guilt, shame, despair, and frustration. Separation may also lead to mental health concerns such as depression. Further, this separation has the potential to impact attachment between mothers and children and create chaos in the family system as relatives are not often prepared to assume the role of caregiver. Additionally, mothers' ability to parent after being released are often impacted as their authority to make decisions for their children are questioned due to their absence and legal status (Loper & Tuerk, 2010). Further, previous studies have found differences in adjustment patterns when comparing incarcerated mothers to incarcerated women without children (Loper, 2006). Loper (2006) reported that when comparing these women, mothers were more likely to be justice involved due to substance abuse and to have committed a non-violent offense, often a property crime. Loper (2006) posited that mother's might be coping with substances due to the stress of single parenthood or committing property crimes due to the lack of financial resources. Further, Fogel and Martin (1992) found that when comparing mothers to non-mothers, anxiety persisted longer for justice involved mothers. In addition to the mental health toll experienced by justice involved mothers, there is also a significant negative impact on the children.

Children of Incarcerated Mothers

Martin (2017) referred to the children of justice involved mother's as the "hidden

victims." There is an abundance of evidence in the literature that having an incarcerated or justice involved parent has deleterious effects on the child. We also know from previous studies that although the incarceration of either parent can have a significant impact on the child, there is a difference when the mother is incarcerated versus the father. According to Trzcinsk et al. (2002), 72% of mother's live with their children prior to justice involvement. When fathers are incarcerated, the majority of children are living with their mothers, not their fathers. Also, when mothers are incarcerated, about half of the children will end up in the care of grandparents and approximately 10% of children will be placed in foster care.

In addition to mother's missing important milestones in the life of their children and children being displaced from their homes, children with justice involved parents often display significantly more mental health concerns than their peers whose parents are not justice involved (Population Reference Bureau, 2014; Trzcinski et al., 2002). It is not uncommon for minor children to display higher rates of emotional concerns and mental health disorders such as anxiety, depression, and feelings of guilt and shame. In addition, many have feelings of embarrassment related to their mother's justice involvement or because they are living with an adult other than their biological parent. Children of justice involved parents also are more likely to have behavioral issues and display increased rates of physical aggression, delinquent behavior, truancy, struggle academically, and become involved with antisocial associates. Further, having a parent that is justice involved is a risk factor for youth becoming involved with the justice system (Trzcinski et al., 2002).

The incarceration of a parent not only has an impact on the mental health of minors, but on their physical health as well. Although behavioral health problems related to parental justice involvement are the most studied in the literature, previous studies have found statistically

significant correlation between parental justice involvement and physical health problems (Lee et al., 2013). Lee and colleagues found that racial identity of Black and Hispanics was significantly correlated with having an incarcerated parent. Further, health conditions such as obesity, hypertension, asthma and migraines were prevalent. Additionally, having an incarcerated parent was also linked to posttraumatic stress disorder (PTSD), HIV/AIDS, depression, anxiety, and having an overall rating of fair or poor health. Since parental justice involvement, especially involvement of the mother, has a significant impact on the overall health and functioning of the child, it is important that minor children are able to receive targeted social support services; however, this is not always the case (Martin, 2017). To give an idea of what social services are and which are available, an overview of social services will be provided.

Social Services

The U.S. Department of Health and Human Services (HHS) defines social services as "programs and services that improve the health and well-being of individuals, families, and communities (Department of Health and Human Services [HHS], n.d., p.1)." HHS oversees a variety of social services programs including, but not limited to, programs for immigrant populations, self-sufficiency programs that are focused on reducing poverty and job training, welfare or Temporary Assistance for Needy Families (TANF), food benefits or Supplemental Nutrition Assistance Program (SNAP), Head Start early childhood education, child support enforcement, vouchers for childcare, foster care services, adoption services, programs focused on children's and mothers health, low income housing, programs for differently abled or disabled individuals, programs for the elderly or senior citizens, programs for homelessness, and programs that support military families. Social support programs are administered at the federal, state, and local levels; however, little is known about the impact of these services on children

since children are not usually eligible for direct social support services (Martin, 2017). Further, much of the available research is focused on children whose parents are currently incarcerated and not on children whose mothers have been released. In this study, the services received by the participants vary and include counseling, rehabilitation, community services board (CSB) involvement, welfare, food stamps, daycare vouchers, medical services/Medicaid, school counseling, bullying prevention, free driving school, peer educators and more. A full list is available in Appendix B. The importance of these services is explained through the theoretical frameworks of General Strain Theory and the Risk, Needs, Responsivity model.

Theoretical Framework

Early criminology theories have been criticized by feminist scholars because they did not examine the role of gender in crime and delinquency theories (Gelsthorpe, 2003; Hoi Singer, 2008; Petersen et al., 2014). The lack of inclusion of girls and women in the literature has led to marginalization and being processed and treated differently by the justice system. Historically, the views of women and girls in early criminology theory fit into three broad categories, 1) that women are biologically inferior to men, 2) sexuality is the motivation for most crime committed by women and girls, 3) and the females must adapt to culturally accepted ways of being in order to be viewed as well adjusted (Hoi Singer, 2008). These beliefs influenced punishment for women and girls, with individuals often being punished for sexual behavior that would not be crimes if committed by males. Further, due to social expectations, males and females are taught to deal with conflict differently with males often using aggression to resolve situations and females using separation and problem-solving strategies to address relational aggression.

Additionally, pathways to justice involvement are often different for males and females. Feminist theorists have critiqued early theories for not acknowledging the role of victimization in

the lives of girls and women and the fact that 25 percent of justice involved women have experienced prolonged sexual abuse (Hoi Singer, 2008). Physical and sexual abuse has been directly linked to girls and women fleeing from home and eventually being arrested. Furthermore, feminist theorists assert that women and girls have different opportunities to commit crimes based on their social environments and that women will be in subservient roles to men or tasked with helping to commit a crime and more likely to be caught. The role of race and social class has also been examined in women and girl's delinquency and found that minoritized girls have different experiences in family, rearing, and educational settings when compared by race. Black females report less parental supervision and Hispanic females report lower levels of self-esteem, when compared to White females. Finally, the role of mental health has been examined in female delinquency, and it has been found that justice involved females endorse higher rates of mental health concerns than justice involved males. Further, historically, the mental health of women and girls has been used to distract from the impact of socialization and victimization on female growth and development by deeming women as emotional or hysterical (Hoi Singer, 2008). Due to unique factors that impact justice involved women, especially those who are mothers, General Strain Theory and the Risk, Needs, Responsivity framework were chosen as theoretical foundations for this study.

General Strain Theory

There are two relevant theoretical underpinnings guiding this study including Agnew's General Strain Theory (GST) and the Risk, Needs, Responsivity model (RNR). Agnew first introduced his revised GST in the 1980's. Agnew's theory deviated from the ideas of the original strain theories that asserted that individuals were motivated to commit crime when they were not able to achieve their goals through lawful avenues (Cohen, 1955; & Cloward & Ohlin, 1960;

Merton,1938). In Agnew's view, strain is "negative or adverse relationships with others" (Agnew, 1992, p. 61). GST is relevant to this study because it is one of the only theories of criminology that focuses on the impact of negative emotions and negative treatment from others on criminal behavior (Brezina, 2017). Agnew's ever evolving GST asserts that stress can lead to negative emotions such as anger, depression, frustration or despair, which can lead to criminal behavior as a way to alleviate suffering (Agnew 1985; Agnew 1992, Agnew,1995; Agnew,1999; Agnew, 2001; Agnew, 2006, Agnew, 2013; Brezina, 2017; Broidy & Agnew, 1997).

Agnew (1985) proposed that instead of focusing on strain created by the desire to achieve middle class status, it would be more advantageous to explore strain as the "blockage of pain avoidance behavior" (p.151). The blockage of pain avoidance behavior is the belief that individuals turn to criminal behavior when they are seeking to avoid negative or adverse situations or relationships. This is contrary to original strain theories (Cloward & Ohlin, 1960; Cohen, 1955; Merton,1938;) because the focus is not working toward a goal but moving away from an aversive situation (Agnew, 1985). This is relevant to impoverished mothers as they rarely have the ability or power to legally provide financially for their children. Agnew believed that this powerlessness could lead to individuals committing criminal acts as they attempt to leave a negative or aversive environment or that individuals might use violence to protect themselves from aversive experiences (Agnew, 1985).

Foster (2012) explored parental justice involvement as a type of strain, which Agnew (1992) defines as an intergenerational life event stressor such as a death of a parent or divorce of a parents. Foster (2012) asserts that parental incarceration is a "stressor in the form of a negative life event in the lives of adults and children in society" (p.221). Further, Foster (2012) explored parental incarceration as a type importation and deprivation strain. Foster (2012) asserts that for

justice involved individuals that childhood traumas could be a type of importation strain and that for incarcerated mothers' loss of contact with their children is a type of deprivation strain. Additionally, there is a large body of literature that has explored the impact of parental justice involvement on minor children. Martin (2017) detailed that parental incarceration can have an impact on the child's mental and physical health, overall academic achievement, and is a risk factor for the child to become justice involved. Wakefield & Wildman (2018) stated that although it hard to pinpoint exactly how many children have a justice involved parent, it is estimated that as many as 1.9 million children have an incarcerated parent, not including those that are justice involved are under supervision of the criminal justice system. The authors also assert that parental justice involvement impacts families that are already the most at risk among us, leading to further housing instability, economic hardship, and mental health concerns. Wakefield and Wildman (2018) also maintain that the impact of a mother's incarceration has a more dire impact on minor children as this group is already vulnerable to mental health concerns, behavior problems, academic difficulties and justice involvement. Further, although many studies have found that that having a justice involved mother has deleterious effects on minor children (Grinstead et al. 2001; Hagan, & Foster2012; Huebner & Gustafson, 2007; Wildeman et al., 2016), other studies have pointed to other indicators of oppression such as low socioeconomic status (Turney & Wildeman, 2015; Cho, 2009a: Cho, 2009b) and other historic factors.

In 1997, Broidy and Agnew, explored how gender could explain why females engaged in crime. Broidy and Agnew (1997) explored the possibility of males and females being exposed to different types of cognitive, emotional, and behavioral strain. When compared to males, females failed to achieve goals such as maintaining strong interpersonal relationships and had increased

concern with achieving their own financial security. Secondly, females are thought to be more significantly impacted by the loss of networks than males. Finally, females are more subject to negative stimuli such as emotional, physical and sexual abuse by family members and gender discrimination (Broidy & Agnew, 1997). Although the types of strain identified as having a negative impact on females is not inclusive, it does seem to begin to respond to critiques of criminology theories posed by feminists due to their lack of relevance to females. The second theory underpinning this study is the risk needs responsivity framework.

Risk, Needs, Responsivity Model

Risk, Needs, and Responsivity (RNR) was first introduced by Andrew and colleagues (1990). RNR is a framework that has been used to guide the development of risk assessments used in justice settings and to conceptualize the rehabilitative approach in justice systems. Andrews and colleagues (1990b) developed this model after conducting a meta-analysis focused on interventions in justice settings. Andrews and colleagues found that criminal sanctioning, defined as incarceration or punishment, is not as effective in reducing recidivism as programs focused on correctional treatment. The term "Risk," in the RNR model, refers to the theory that risk factors for justice involvement can be static (historic) or dynamic (can be influenced by intervention). The research team proposed that individuals that are at higher risk for reoffending should be assigned to more intensive services and that low risk cases should be assigned to less intensive or minimal services (Andrews et al., 1990a).

The term "Need," in the RNR model, refers to dynamic risk factors, often called criminogenic needs that can be changed through intervention. Researchers asserted that treatment services should be matched to the needs of the justice involved individuals as the most influential way to reduce recidivism. Andrews and colleagues built on previous theories that asserted that

improved home, school, and work environments would be key in reducing motivation for criminal activity. The research team recommended clinical interventions since they can be used to influence risk factors such as antisocial attitudes, development of positive feelings, and increased positive peer associations by helping individuals learn new self-management and prosocial skills (Andrews et al., 1990a). Another priority of treatment services would be encouraging and nurturing family relationships (Andrews et al., 1990a).

Finally, the term "Responsivity" in the RNR model refers to selecting treatment services that appropriately treat the identified area of need and match the learning style of the justice involved individual. Through analysis of the literature, Andrews and colleagues (1990b) identified that there are treatment styles that are most effective with justice populations and treatments that should be avoided. Treatment services should be guided by principles of social learning and behavioral theories and should center on interpersonal skill building, enhancement of skills, and cognitive change. The researchers cautioned against the use of group work and unstructured approaches to therapy often seen in community settings. Andrews and colleagues (1990a) believed that justice systems that were not using these principles to guide their treatment efforts would see minimal reductions in recidivism rates. We posited that with this theory can be used to explain that providing social support services for the children of incarcerated mother's is a way to target their criminogenic needs as many of the women are unable to provide these much-needed interventions. Finally, we will highlight the big eight risk factors for justice involvement and recidivism highlighted by Andrews and colleagues.

The Big Eight Risk Factors

The work of Andrews and colleagues has had a significant influence on the justice system. Andrews and his team have extensively researched the RNR model and continue to build

on its applications in justice settings. Andrews and colleagues (2006) reviewed the available literature and identified eight risk factors most salient for the risk of justice involvement and recidivism. The eight risk factors are often referred to as the big four and moderate four. The eight include "1) history of antisocial behavior 2) antisocial personality pattern 3) antisocial cognition 4) antisocial associates (e.g., big four) 5) family and or marital 6) school and or work 7) leisure and or recreation, and 8) substance abuse (e.g., moderate four)" (Andrews et al., 2006, p.11). The researchers also identified additional risk factors that should be considered, but are shown to have less impact on recidivism, which include personal distress, emotional distress, major mental disorders, physical health issues, fear of official punishment, low IQ, social class, and seriousness of offense (Andrews et al., 2006). Using the identified risk factors and the RNR model, a multitude of risk assessments were developed for use in justice settings.

The Research Problem

Justice involved women present unique challenges as they usually have a history of financial instability, mental health concerns, and complex trauma histories prior to becoming justice involved. In addition to managing their personal struggles, these women are often also primary caregivers to minor children. Due to the fact that services are usually only made available for the individual that is directly involved in the justice system, there is a paucity of research available that explores how the mother's lifetime arrests (recidivism) are impacted by services that help support their children. This has created a gap in the literature as it relates to justice involved mothers and understanding how the strain of caregiving impacts recidivism in women. We are hoping to identify if having the support of social services has a significant impact on lifetime arrests and if there is an interaction effect between race, ethnicity, and recidivism as Black, Hispanic, and Women of Color (WOC) are disproportionately justice

involved. This study uses demographic information and data collected from interviews with 286 justice involved women.

Conclusion

In this chapter, an overview of relevant literature was provided to establish the basis for the study examining whether recidivism in justice involved women is associated with race, ethnicity, and whether their children received social services. In the next chapter, the methodology for this study will be discussed.

CHAPTER THREE

METHODOLOGY

This chapter will provide an overview of the methodology for this study, which examines whether recidivism in justice involved women is associated with race, ethnicity, and whether their children received social services. The chapter will begin by identifying the purpose of the study and the guiding research questions. Then, the research design for the study will be presented with an overview of the data collection and data analysis methods. This will be followed by an outline of the instrumentation for this study including participants and inclusion and exclusion criteria. This chapter will close with an overview of potential limitations of the study and ways to ensure internal and external validity.

Purpose and Research Questions

The purpose of this study was to investigate whether recidivism in justice involved women was associated with race, ethnicity, and whether their children received social services. From the analysis, the researchers wanted to learn if these variables were significantly related to the amount of arrests over the lifetime reported by the women in this study. The research questions and hypotheses that guided this study are:

Research Question

Do participants differ in their recidivism rates by race, ethnicity, and if their children received social support services?

Hypothesis 1: Justice involved females whose children have received social services will demonstrate lower recidivism rates than participants whose children have not received services at $\alpha = .05$.

Hypothesis 2: Justice involved females who identify as Black, Hispanic/Latinx, or a person of color will have higher recidivism rates than White participants at $\alpha = .05$.

Hypothesis 3: The interaction effect of having children who have received services, and identifying as Black, Hispanic/Latinx, and/or a person of color, will be significant at $\alpha = .05$.

Research Design

This study employed an archival, ex post-facto, nonexperimental, cross-sectional analysis, utilizing archival data collected from the Incarcerated Mothers Project funded by the Bureau of Justice Assistance (Laux et al., 2008; Laux et al., 2011a; 2011b). De-identified, case specific, archival data is advantageous for this study as the researcher is seeking to understand the relationship between phenomena from an ecological perspective (Lord, 1973). Due to the fact that we would like to understand how variables impact the women and children in this study, it would be unethical and inappropriate to utilize an experimental design (Lord, 1973). An overview of the research question, hypotheses, independent and dependent variable, and analysis for this study are found in Table 1.

Table 1

Research Questions, Hypothesis, Variables, and Analysis

Research Question: Do participants differ in their recidivism rates by ethnicity and whether their children received services?

Hypotheses	**Independent Variables**	**Dependent Variables**	**Analysis**
Hypothesis 1	Binary Social services variable (yes or no)	Number of lifetime arrests	Two by four (2x4) ANOVA

Hypothesis 2	Racial or ethnic identity as Black, Hispanic or Other	Number of lifetime arrests	Two by four (2x4) ANOVA
Hypothesis 3	Interaction effect of receiving services, Binary social services variable (yes or no) * Racial or Ethnic Identity as Black, Hispanic or Other	Number of lifetime arrests	Two by four (2x4) ANOVA

Data Collection

The data collection for this large, grant funded project comprised several steps. In the initial phase, the researchers completed a thorough literature review and then conducted a gap analysis to determine the needs of justice involved women from the perspective of the women and service providers working with this population (Laux et al., 2008). In the data collection phase, the researchers consulted with over 60 treatment providers that have direct contact with justice involved mothers. This included professionals employed by the court, local jail, and local sheriff office. There was contact with several social services agencies that serve this population, including mental health and children's services board, the United way, Jobs and Family Services and substance abuse treatment providers (Laux et al., 2008). All of the data was collected in the East North Central region of the United States. From the gap analysis, the researchers determined that collecting data in two phases would glean the most information about justice involved mothers.

The researchers conducted semi-structured interviews and a needs assessment questionnaire. The researchers developed a series of 12 semi structured interviews focused on gathering information about incarcerated mothers' experiences, needs, and barriers. The goal of these interviews was to identify factors that the women believed influenced their treatment

outcomes (Laux et al., 2008). This resulted in a total of 1,161 interviews, conducted with 304 justice involved women. The second portion of the data was collected through a need's assessment questionnaire. The final needs assessment contained 142 questions that asked about the mothers' experiences with substance use, criminal activity, domestic violence, housing, sexual activity, employment, finances, medical status, needs of children and mental health status (Laux et al., 2008).

The semi-structured interviews were conducted by seven female graduate assistants across several disciplines, including social work, counselor education and criminal justice (Laux et al., 2008). Due to the fact that being justice involved is often highly stigmatized, the graduate assistants that were on the front lines collecting this information received training on bracketing. The goal of bracketing is to help individuals manage their biases, prejudices, and assumptions about others. The research team intentionally avoided conducting interviews in the women's homes with the hope that the women would feel more confident to share their lived experiences. The interviews were conducted over 12 months and often lasted between 1 to 2 hours. To collect the data for the needs assessments, needs assessments were given to all women that qualified for participation in this study (female offender, mother) through agencies such as the county jail, county municipal court, country probation department, county family drug court, county job and family services organization, municipal probation department, residential treatment center, community based agency, a state's women prison and the prison's pre-release center. All of the women, except those actively in state custody, received five dollars for completing the questionnaire. The data being analyzed in this study is based on the questionnaire conducted with the justice involved mothers. A description of participants and demographics will be provided.

Participants

Inclusion criteria for this study were that participants must be female and be a mother or primary caregiver to a child or adolescent and must be previously or currently involved in the justice system. In this study, there are 233 participants. Demographic factors related to sex, race, and ethnicity are found in Table 2. Consistent with many of the available studies available on justice involved individuals, almost half of the women, 46.4%, identified as Black. Further, 78% of the women in this study, reported having previous contact with the justice system. The age at first arrest varied widely, with women reporting being arrested as young as age 10 up to age 54; however, 35 of the women reported not knowing how old they were when they were first arrested and 30 of the women reported being 18 at their first arrest. When asked about the number of arrests, the women reported a wide range of times arrested ranging from 0 to over 300 times, with some women reporting that they stopped tracking after being arrested over 10 times. Further, 44% (*n* = 127) reported drug related arrest, 31.1% (n = 89) reported their arrest being related to loitering, solicitation, or prostitution, 23.1% reported that their arrest was related to domestic violence.

Table 2

Participant Demographics

Variables	*n*	%
Sex		
Female	233	100
Race		
Black	108	46.35
Hispanic/Latinx	18	7.73
Other	8	3.86
White	99	42.49

Sampling and Power Analysis

In order to determine how many participants were needed to indicate significant results in this study, a G*Power 3.1 analysis was performed. Cohen (1992) suggest that researchers aim for a minimum power level of .80 and a medium effect size (f 2) = .15. In order to conduct a 2x4 analysis of variance (ANOVA), 179 participants are needed to achieve statistical power. The number of participants in this study exceeded the required amount.

Instrumentation

The instruments used to gather data in this study were developed by a team of researchers after conducting a gap analysis of justice involved women's needs by interviewing direct service providers that work with this population and by interviewing justice involved women to discuss their lived experiences. Using information gleaned from these interviews, the research team created a questionnaire with 142 questions (Appendix C). The questions focused on employment, education, housing, substance use, illegal behaviors, medical concerns and the needs of the children in their care (Laux et al., 2011). The research team also developed questions for two semi-structured interviews. The first semi-structured interview protocol (Appendix C) gathered information on the number of arrests, age at first arrest, and charge type (domestic violence, drug offense, solicitation, etc.). The participants were also asked to identify their partner status, income at the time of arrest, employment status and work history, education level, overall health, and special talents. The semi-structured interview protocol also asked participants to disclose, from their perception and lived experiences, what they would need to be successful upon release from jail or prison. There were also questions in the semi structured interview that focused specifically on the types of services received by the participant's children.

The protocol included yes or no questions that asked the participants (justice involved mothers) to disclose if their children lived with them, their children's educational statuses, children's physical disabilities, children's health status, if their child was justice involved as a youth or an adult, and if they have grandchildren. In an open-ended question format, the women were asked to describe in their own words social services their children received from their schools or community. They were also described when, where, and why services were received and if they believed that the services were helpful and if not, why the services failed to meet the needs of the child. The mothers were also asked from their perspectives how the services could be more impactful. Although, there was a significant amount of data gathered for this study, the data being analyzed in this study focuses specifically on one question that was asked of the women in interview one which states: "Describe three school/community/social services that **your children** have received. Such services might include school programs; health services; substance abuse services; counseling; basic needs services (food, clothing, housing); services provided by police or the court, Children's Services Board, Welfare, Job and Family Services; or any other community/social services." For this study, any services described by the mother that the children received were coded as yes, mothers who did not disclose any services received were coded as no.

Data Analysis

Quantitative analyses were used to examine the archival data. In order to conduct a factorial two by four (2x4) analysis of variance (ANOVA) to answer the research questions, the researcher created a subset of data containing the relevant independent and dependent variables. Data were screened, cleaned and prepared for analysis by checking for missing data and outliers. In order to familiarize the researcher and readers with the populations represented in the data,

descriptive statistics will be provided (Field, 2013). The linear correlation coefficient I is used to measure the strength and relationship of two variables. The coefficient of determination, also known as (r2) is used to determine how well the regression line fits the data by explaining the amount of variance of one variable that is predictable from another variable (Field, 2013). In addition to using descriptive statistics, the researcher also proposes using inferential statistics. Factorial ANOVA methods are used to assess whether participants differ by groups in their scores or measures of the dependent variable, and also whether participation in more than one group has an additional (i.e., interaction) effect on values of the dependent variable (Field, 2013). For this study, the researcher is using whether participants' children received social services as one grouping variable with 2 levels (yes or no). The second grouping variable is participant race or ethnicity, coded as White, Black, Hispanic/Latinx, or Other (4 levels). The dependent variable is the number of lifetime arrests (recidivism). (Field, 2013; Wampold & Freund, 1987). There are two theories that guide the use of the selected variables for this study: Risk Needs Responsivity and General Strain Theory. To the best of our knowledge, the question of how children's involvement in services influences the mothers' lifetime arrests (recidivism) has not been explored in the literature.

Although analysis of variance (ANOVA) is a widely used analysis method across disciplines, there are theoretical and practical limitations that apply (Tabachnick & Fidell, 2013). It is important to note that ANOVA is not an appropriate fit for all cases, especially when there are violations of assumptions. Additionally, ANOVA analysis can help compare groups in the level of the dependent variable, but it is important to understand that correlation does not imply causality and that identified relationships can be related to confounding variables not being measured. Furthermore, determining which independent variables should be included and

excluded are at the discretion of the researcher. It is best practice that these variables are selected based on previous theories or research. This creates margins for error if the researcher selects inappropriate variables and if there is a presence of too many independent variables, both can skew the analysis, even though measurement error is reduced by adding more participants. Also, there is an assumption in ANOVA that there are no errors present in the measurement of the independent variable which is highly unlikely due to human involvement. Further, relationships between variables can be non-linear creating a false negative. There are also practical limitations to consider when using ANOVA. It is possible to have too few cases or too many cases when conducting an analysis as each can result in insignificant findings. In order to combat these issues, researchers examined residuals, normality and homogeneity of error variances (Tabachnick & Fidell, 2013).

Threats to Internal and External Validity and Limitations

Although this study will provide contributions to the available literature on justice involved females who are also mothers, the researcher has identified possible limitations. Internal validity refers to the ability of the researcher to correctly draw conclusions from the data about the participants of the study, while external validity refers to the degree to which the results can be generalized to different populations or situations (Creswell & Cresswell, 2017). Threats to internal validity for this study include the utilization of an ex-post facto design which limits the researcher's ability to control the context in which the data was collected. Further, as a cross-sectional design, data being analyzed in this study were collected at one point in time. Additionally, although correlation can be inferred from the analysis, correlation is not causation. Another identified limitation of the interview protocol is a self-report instrument, which could impact the data obtained from the participants due to factors like social desirability.

Summary

This chapter provided an overview of the purpose of this study, the research design and the data collection methods. There was also a detailed overview of the instrumentation utilized in this study and data analysis procedures. This chapter concluded with threats to internal and external validity of the study as well as limitations of the study design.

CHAPTER FOUR: RESULTS

This chapter will provide an overview of the results for this study, which focuses on the whether recidivism in justice involved women was associated with race, ethnicity, and their children's utilization of social services. In this chapter, the researcher will offer details regarding data cleaning and preliminary assumption checking and review the results of the statistical analyses.

Data Screening and Preparation

The data for this study was collected in partnership with a federal grant that explored the needs of justice involved mothers in the East North Central Region of the United States, and because the data requested was specific to the study, all participants in the sample met the preset inclusion criteria. In preparation for the analysis, the data was screened and cleaned by the researcher. The researcher ensured there were no missing data points by generating frequency tables with SPSSS 26. The data was collected through interviews, or as quantitative data. In order to be appropriate for this study, whether or not participants received services was recoded into a binary yes or no recidivism variable. That is, any services received were coded as yes and if the mother did not disclose that services were received, that was coded as no. Race and ethnicity variables were also recoded as Black (1), Hispanic/Latinx (2), Other (3), and White (4). After the data was recoded for analysis, assumptions were checked to ensure proper data analysis.

Assumption Testing

To analyze data using a two by four (2x4) ANOVA, there are several assumptions that must be satisfied, however in social sciences research it is likely that not all assumptions will be met (Pallant, 2013). The first three assumptions are related to study design. The first assumption

is that you have a continuous dependent variable. A continuous variable is one that can range from one to an infinite number (Laerd Statistics, 2017). In this study the continuous dependent variable is the number of lifetime arrests. The second assumption is that you have at least two independent variables that are categorical. These independent categorical variables must also have two or more groups. In this study, an independent measure being accessed is the role of race and ethnicity, with four groups being examined: White, Black, Hispanic/Latinx, and Other which is a person of color variable for women who identified themselves as mixed race. The second categorical independent variable being accessed is whether or not the women and children received social services, with one group receiving social services and one group not receiving any services. The third assumption is that there must be independence of observations. Independence of observations is achieved by ensuring that each participant only represents one data point in the study.

The remaining assumptions can be checked using SPSS and there should be no significant outliers, the residuals of the dependent variable should be normally distributed for each cell and variance of the dependent variable should be equal in each cell (Laerd Statistics, 2017). Details of the assumption checking follows.

Outliers. Boxplots were generated to determine if there were outliers present in the data. An analysis of the boxplots determined that there were univariate outliers present as assessed by inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box (Pallant, 2013). A review of these cases determined that these were generally unusual but valid scores and were retained for the analysis because there should not have a material effect on the results (Pallant, 2013).

Residuals of the Dependent Variable. Social sciences research, data is not often normally distributed especially when using a scale or measure that measures a construct such as self-esteem, anxiety or depression (Pallant, 2013). This was also true for this study. As such, Shapiro-Wilk's was abandoned and Normal Q-Q plots were generated due to the sufficient sample size (Pallant, 2013). Residuals were normally distributed as determined by a visual inspection the normality and probability plot.

Variance of Dependent Variable. To determine if there was homogeneity of variances, a Levene's Test of Equality of Error Variances was conducted. There was homogeneity of variances, as assessed by Levene's test for equality of variances, $p = .720$.

Results

There was one overarching research question guiding this study and three hypotheses developed to explore this phenomenon. The guiding research question was: Do participants differ in their recidivism rates by ethnicity and whether their children received services? Detailed results for each hypothesis will follow.

Hypothesis One

The first hypothesis developed by the research team based on previous literature was that Justice involved females whose children have received services will demonstrate lower recidivism rates than participants whose children have not received services at $\alpha = .05$. Of the 233 women in this study, $n = 137$ women reported that their children did not receive any support services compared to $n = 96$ who reported that they did. This hypothesis was based on the theory that women with greater support from social services would be less likely to turn to unlawful means to support themselves and their children which would lead to a reduction in the overall number of lifetime arrests. Our goal was to examine if receiving services was significantly

related to the number of lifetime arrests reported by the women. The results of the analysis revealed that receiving social services was not significantly associated with a reduction in the number of lifetime arrests F (1, 233) = .011, p = .917, partial n^2 = .000. Detailed information related to the analysis can be found in Table 3.

Hypothesis Two

The second hypothesis was that justice involved females who identify as Black, Hispanic/Latinx, or as a person of color will have higher recidivism rates than White participants at α = .05. This theory was based on the fact that minoritized individuals come into contact with the justice system at disproportionate rates when compared to White individuals due to factors like systemic racism and oppression. The results revealed that there was not a statistically significant relationship between racial and ethnic identity and number of lifetime arrests, F (3, 233) = 1.081, p = .358, partial n^2= .014. Detailed information related to the analysis can be found in Table 3.

Hypothesis Three

The final hypothesis was that the interaction effect of having children who have received services, and identifying as White, Black, Hispanic/Latinx, and/or a person of color, will be significant at α = .05. The results revealed that there was not a statistically significant relationship between identifying as a person of color and receiving services on the number of lifetime arrests, F (3, 233) = .104, p =.958, partial $n^{2=}$.001. Detailed information related to the analysis can be found in Table 3.

Table 3

Test of Between Subject Factors

Source	Type 111 Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3092.762	7	441.823	.504	.831	.015
Intercept	8345.822	1	8345.822	9.529	.002	.041
Race/ Ethnicity	2839.741	3	946.580	1.081	.358	.014
Child Services (Yes or No)	9.578	1	9.578	.011	.917	.000
Race/ Ethnicity* Child Services	272.993	3	90.998	.104	.958	.001

Summary

The data analyses provide varying levels of support for the research question and hypotheses. The first hypotheses explored the impact of the participants children receiving support services to determine if there was a statistically significant impact on the amount of lifetime arrests (recidivism) for the participants. The analysis revealed that the participant's receiving services did not have statistically significant impact on the amount of lifetime arrests for the justice involved mothers. The second hypothesis explored the impact of race and ethnicity on the number of lifetime arrests of the participants. Based on the dipropionate involvement of Black, Hispanic and Women of Color (WOC) in the justice, we hypothesized that there would be statistical significance when comparing racial and ethnic minority women to White women. The analysis revealed that there was not a statistically significant relationship between race and ethnicity on lifetime arrests. Finally, the third hypothesis examined if there was an interaction

effect between race and ethnicity, participant's children receiving services and the number of lifetime arrests (recidivism). In chapter five, these results are discussed in regard to implications for policy, clinical practice, counselor education, and future research.

CHAPTER FIVE: DISCUSSION

Chapter one provided an overview of the dissertation study including the problem statement, the purpose of the study, and terms. Chapter two provided a review of the literature related to mental health, juvenile justice involvement, and specific risk factors for justice involvement for females. Chapter three outlined the methodology utilized in the study and included the research design, data screening, and data analysis procedures. Chapter four presented the results of the analyses for each research question. Chapter five will provide a summary of the study, implications of the findings, limitations of the study, and relevance of the findings with regard to existing literature.

Review of the Study

The purpose of this quantitative study was to explore if justice involved mothers whose children received support services would have a statistically significant difference in the amount of arrests over the lifetime (recidivism) compared to justice involved mothers whose children did not receive support services. In order to examine this phenomena, qualitative data provided by 286 justice involved mothers was analyzed. Participants that indicated their children received support was recoded as a binary yes or no variable. Our first hypothesis was that there would be a statistically significant difference in lifetime arrests when comparing justice involved women whose children received services to those that did not. The analysis did not support this hypothesis and showed that there was not a statistically significant difference in the number of lifetime arrests. The second hypothesis developed for this study was that Women of Color (WOC), including Hispanic (Latinx), and Black women, would have statistically significant difference in the number of lifetime arrests as compared to White women. The analysis did not support this hypothesis with no statistically significant difference in lifetime arrests when

comparing these groups. Finally, our third analysis proposed that there would be a statistically significant interaction effect between race and ethnicity (WOC, Black, Hispanic (Latinx) and participant's children receiving support services. The analysis also disproved this hypothesis, revealing that there was not a statistically significant difference. Although, the analysis did not support the hypothesis, we still believe that this study is a significant contribution to the available literature as it is well documented that justice involved mother's present unique challenges and innovative strategies are needed to support them and their children.

Justice Involved Mother's and Support for their Minor Children

Although it was expected that participants who indicated their children received support services would be associated with fewer lifetime arrests, this study found did not find this to be the case. There are several things to consider that might explain the findings. Utilizing the lens of General Strain Theory (GST; Agnew, 1992), it could be that there was not a statistically significant impact on the amount of lifetime arrests of the participants because the amount of overall strain on the family unit was simply too great to be impacted by social service interventions with children. That is, although the social service interventions for the children are certainly needed, the overall strain on the family, and particularly on the mother, impacts the mother in ways that lead to recidivism in the justice system.

Many of the interventions that the mothers stated were received by the children were services such as "counseling, rehab, community services board (CSB), Medicaid, food stamps, tutoring, Catholic Charities, etc." Further, the reasons that the mothers named for these services being received included death of a parent, molestation, parental employment, released from prison, attention deficit hyperactivity disorder (ADHD), reports of abuse, etc. (see full list in Appendix B and C). In addition, it appears that in many cases, services for the participants'

children were reactive instead of proactive and related to trauma. Reactive services mean that strain on the system has already occurred and is likely to impact recidivism less than proactive services that will reduce strain overall in the family.

Following this logic, it is not surprising that the mother's lifetime justice involvement was not significantly impacted by their minor children receiving reactive instead of proactive services or interventions. Due to high level of strain on the family unit related to historical factors such as economic instability, mother's long history of justice involvement, trauma experienced by the participants and their minor children, and the overall mental health status of the participants. Additionally, based on the services that were made available to the minors it seems that the youth were also struggling emotionally, mentally, academically and behaviorally. A systematic review conducted by Nielsen and colleagues (2015) found that after reviewing 21 studies focused on interventions for incarcerated parents and children that only four of the studies specifically targeted children. Their findings indicate a need for more targeted interventions with this population and more research on the efficacy of these interventions. Although we still believe that it is important to the overall well-being of justice involved mothers and their minor children to have social support services, we estimate that the services provided were not enough to counteract the multiple forms of strain present in the family unit and that more preventative services such as parental education are needed.

Race, Ethnicity, and Children Support

In this study, race and ethnicity were not found to be significantly related to the number of lifetime arrests for Black, Hispanic, and Women of Color (WOC). This study also found that there was not a significant interaction effect between race, ethnicity, and participants children receiving services. Although, race and ethnicity were not significant in this study, people

identifying as Black/African American and Hispanic individuals and their children are disproportionately impacted by justice involvement when compared to White individuals. Thus, it was not surprising to find that descriptive statistics revealed that non-Hispanic Black females were the most represented in this sample, accounting for 42.6%, Hispanic females accounting for 7.3% and Women of Color (WOC) accounting for 3.8% of the participants. This is consistent with the available literature that maintains that Black and Hispanic children are disproportionately impacted by parental incarceration and parental justice involvement (Martin, 2017). According to Hinton and colleagues (2018), one in 18 Black women born in 2001 will be incarcerated in their lifetime. When comparing White and Black children, one in 25 White children will have an incarcerated parent compared to one in four Black children. Hispanic individuals are also disproportionally impacted by the U.S. criminal justice system. According to Nellis (2016), only 17% of the general population identifies as Hispanic; however, in seven states, one in five inmates in state jails us Hispanic, in Arizona and California, 42% of inmates are Hispanic, and in New Mexico, 61% of inmates are Hispanic. Further, we know that justice involved mothers often suffer financial hardships and have low socioeconomic status, this may be related to the fact that 5% of White children compared to 12% of Black children and 40% of Hispanic children grow up with parents that have not completed a high school education (Hinton et al., 2018).

In addition to Black, Hispanic, and children of color being disproportionately impacted by parental justice involvement, this population is disproportionally poorer and in poverty. For instance, Schmit and Walker (2016) reported that 43% of Black children were lived in poverty, the largest of all ethnic and racial groups. For Hispanic children, approximately 34% live in poverty. The participants in this study reported that their children were receiving services such as

"Medicaid, food stamps, counseling through Children Services Board (CSB), welfare, court ordered rehab, social security insurance, speech therapy, scholarships for private school, head start, free GED training, etc." For example, Medicaid, which is defined as a service that provides "health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities" (Medicaid.gov, n.d., p.1) with about 68 million Americans receiving Medicaid services. Although African Americans or Black individuals are only about 13.7% of the U.S. population, they account for 34% of Medicaid recipients in 2018 (National Committee to Preserve Social Security and Medicare [NCCPSSM], 2020). Approximately, 17.3 million Hispanic (Latinx) individuals received Medicaid in 2018 and half of all Hispanic children in the U.S. were Medicaid recipients (NCCPSSM, 2018).

Participants in this study also reported that their children were able to utilize Head Start, which is comprised of "programs (that) promote the school readiness of infants, toddlers, and preschool-aged children from low-income families (Office of Head Start, p.1)." Head Start also disproportionately serves children of color from low income families. During the 2016-2017 year, of all the Black children living in poverty, 7% were enrolled in Early Head Start and 42% were enrolled in Head Start while Hispanic children accounted for 35% in Early Head Start and 38% of Head Start students (Child Trends, 2015). Although the participants had access to such services due to their financial status, it is still important to consider that living close to or below the federal poverty limit is what made the participants' children eligible for these services, indicating that financial strain was present. Finally, many of the participants reported that their children only were eligible for the services they received as the parent, indicating that although the services might have been needed, they might not have been tailored the needs of the minor children.

Although this study did not find that receiving services was significantly related to the number of lifetime arrest, it is important to consider that the justice involved mothers reported social services that are usually available to anyone that is experiencing poverty and that are not unique or specialized to the needs of justice involved women and their children. With the high number of lifetime arrest of the participants in this study, one would posit that the interventions available to these women and their families, would target their specific criminogenic needs. With that being the case, it seems that there must be a focus on enacting policies for justice involved women that focus not only their personal well-being but the well-being of their minor children.

Implications and Recommendations

Implications for Policy

According to Ramirez (2016), in order for women to have successful reentry back into the community, the role of gender must be examined and incorporated into policies since many of the policies that govern the justice system have been designed with men in mind. Ramirez (2016), asserts that women entering into the justice system often have similarity in their experiences and history. Justice involved women often have experienced physical and sexual abuse, have high rates of mental health concerns, have high rates of substance use concerns, have a history of negative relationships and often continue to be in negative relationships, are more likely to be the custodial or primary caretake for minor children, have low socioeconomic status, and are less likely to have committed a violent crime. In knowing this about justice involved women, it is important that policies and practice are designed around the specific needs of this population. Ramirez (2016) emphasized the importance of incorporating peers, family, and children into programs for justice involved women as a means of support for this population. Also, justice involved mothers also need education and training opportunities that can help them

to obtain legal avenues to provide financial support for them and their children. This may be especially important as many women might not qualify for public assistance if they have received felony charges.

Further, because many justice involved women are also mothers, there should be programming specific to parental stress (Ramirez, 2016). As reiterated throughout this study, up to 72% of justice involved women are mothers to minors (Glaze & Maruschack, 2008). Many of these justice involved women are not incarcerated but being supervised by the criminal justice system while in the community (Kaeble & Bonczar, 2017) and experiencing high rates of stress as they attempt to navigate their roles as mothers, with little to no income or little support while simultaneously meeting the requirements of their community supervision. Further, the children of justice involved are usually suffering and displaying increased rates of behavior concerns, mental health concerns, and academic difficulties (Hagan & Foster, 2012). Due to this fact, programming and interventions for justice involved mothers should focus on increasing support, positive coping skills and navigating parental stress. Despite the fact that this study did not find a relationship between recidivism and support services for the children of justice involved women, it is still critical that these women are provided support to help them with their children. We posit that our findings show that justice involved mothers and their children are not getting sufficient support to overcome the many barriers they face, and more tailored interventions focused on the presenting problems are needed.

Implications for Counselor Practice and Education

Clinicians working with justice involved mothers should understand the unique factors specific to justice involved mothers such as high rates of traumatic experiences, low socioeconomic status, and increased anxiety as justice involved mother's feel the strain of being

separated from their children (Bloom et al., 2005; Wright et al., 2012). Although, this study did not find that there was a statistically significant difference in the recidivism rates of justice involved mothers whose children received services compared to those that did not, it did highlight how many of the children were struggling and in need of wide variety of interventions. These interventions, even if they did not have a direct impact on recidivism, are still meaningful and useful to the overall well-being of the mother and their minor children. We caution readers to consider the clinical utility of social support services for justice involved mothers and their children and that it may not be that services for children is not worthwhile, but that it is not enough services or other stresses in the women's lives outweigh the benefit of services. Clinicians working with justice involved women should be aware of free or low-cost community-based resources that are available that can support this population. This includes services for the mother's such as career interventions, substance abuse treatment, trauma informed mental healthcare, and public assistance (Laux et al., 2008; Laux et al., 2011a; Laux et al., 2011b). Clinicians should also be aware of low cost or free services available for minor children in their community.

Clinicians working with justice involved women should understand unique considerations due to sex and gender. When comparing justice involved women to justice involved men, Andrews (2007) reported that the top criminogenic needs that should be focused on are antisocial behavior, antisocial personality, antisocial attitudes, antisocial peers. For women, Van Vooris (2013) reported that the focus should be on employment/financial, substance abuse, parenting, and anger. Substance use concerns are often a serious issue with justice involved mothers and is usually a precursor to justice involvement for this population (Laux, 2008). Clinicians working with justice involved mothers should continue to increase their

knowledge of substance use disorders and substance use counseling beyond what is required in academic training programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) outlines specific requirements for professional counselors, which assert that counselor preparation programs must include substance use in the curriculum "neurobiological and medical foundation and etiology of addiction and co-occurring disorders" (CACREP Standards, 2016, p. 24) and "potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders" (CACREP Standards, 2016, p. 24). Although these foundational skills are important, it is important to continue to increase knowledge of addictions counseling and the cooccurrence with trauma. One such outlet for counseling professionals is The International Association of Addiction and Offender Counseling, a division of the American Counseling Association (ACA), which is dedicated to providing guidance on best practices with this population through training and the dissemination of scholarship related to addiction and offender counseling.

Clinicians working with justice involved mothers should also be well versed in trauma and how this might impact or present in this population. Levenson (2019) asserts that there are two goals of providing trauma informed care, which are to view problematic behavior and negative coping skills through the lens of trauma and to avoid retraumatizing clients by empowering the client in the helping relationship. Mental health providers should also understand the role of trauma in the development of criminogenic needs (Skinner-Osei et al., 2019). Finally, clinicians should be aware of the expanded list of adverse childhood experiences as many justice involved women have experienced childhood abuse, and clinicians must know how to screen for, interpret, and incorporate evidenced based trauma treatment into work with clients.

Finally, this study reinforced some tangible goals that clinicians can incorporate into their

work with justice involved mothers and their children. Some of the goals of our work with clients can be to reduce substance abuse, assist in connecting clients with social services and enrichment services for their children, provide career counseling services and help clients to learn about educational and job opportunities. The issues with justice involved mothers are often many and complex; therefore, it is important for counselors working with this population to understand the criminogenic needs of justice involved mothers in order to provide comprehensive services.

Recommendations for Future Research

The U.S. has the highest rate of incarcerated and justice involved women in the world, making justice involvement a significant issue (Sawyer & Wagner, 2020). This study examined variables that impact justice involved mother's amount of arrests over the lifetime (recidivism) to explore what additional supports might be helpful for justice involved mothers. The National Resource Center on Justice Involved Women (NRCJIW, 2016) reported that after six months about 25% of women will be rearrested, at the one-year mark about 33% of women will recidivate, and after five years about 68.1% will recidivate. With such high rates of recidivism among this population, it is reasonable to assume that the separation process between mothers and their minor children is happening multiple times throughout the formative child and adolescent years and causes significant anxiety and strain on the mother's and minor's mental health. Longitudinal studies are needed to explore this phenomenon as much of the available literature focuses on currently incarcerated women and not their experiences as they transition back into the community.

Due to the fact that many justice involved mothers have extensive trauma histories and high rates of mental health concerns prior to becoming involved with the justice system and previous studies have found that mental health concerns increase with more justice involvement, it is important that interventions for justice involved women, especially mothers, are focused on

the indicators of oppression that are experienced by this population. Future studies should evaluate interventions for justice involved mothers that are focused on stabilizing women's mental health, treating their substance abuse concerns, teaching parenting skills, and providing women with skills to seek meaningful employment to determine what is best practice in these areas. By providing meaningful interventions that are targeted at the women's criminogenic needs, it is plausible that justice involvement could be reduced in the women and possibly reduce the risk of justice involvement for their minor children.

Future research should continue to focus on the needs of justice involved mothers as most studies to date have focused on males or on comparing females to males, which can have a number of inherent statistical biases. Additionally, longitudinal qualitative and quantitative studies are needed on justice involved female mothers to examine the long-term impacts of victimization, mental health concerns, and justice involvement on motherhood. Further, future studies should focus on the impact of evidenced based practices with justice involved mothers, and more specifically, with mothers who have children that are in need of intervention through social support services.

Limitations

There are several limitations of this study. The first limitation that should be emphasized when exploring variables is that they can be correlated but not causal (Pallant, 2013). Further, the participants in this study were all justice involved female mothers who were screened in one region of the United States. Due to the fact that availability of local social services and eligibility requirements vary widely by geographic area, it is important to consider what might have been available to the minor children at their time of need. The mother's and children's accessibility to access even free services should also be considered as it is often difficult for impoverished individuals that are experiencing significant disruption in their lives to be present in

interventions, especially for an extended amount of time. Further, although all of the participants in this study identify as justice involved mothers but only half of the participants disclosed that their children received social services. This could be for many reasons including social desirability, lack of trust with the screener, distress due to recent arrests or other extraneous variables not explained by these results. As such, underreporting often results in accepting null hypotheses (Brown et al., 1999; Whitfield et al., 2001). Finally, one of the major limitations of this study is the way the recidivism variable is measured. The variable takes into account arrest over the lifetime and does not start after the women became mothers which could impact the results. Although the results of this study were not statistically significant, we believe that they offer practical significance to professionals servicing this population.

Conclusion

The findings from this study offer varying levels of support for available data related to unique factors related to reducing recidivism and increasing support for justice involved mothers. This study found that there was not a statistically significant relationship between justice involved mother's children receiving social services and the number of arrests over the lifetime. Further, this study found that there was not a statistically significant difference in receiving social support services and lifetime arrests for Black, Hispanic, and other Women of Color (WOC). Lastly, the analysis of variance (ANOVA) revealed that there was not a significant interaction between race, ethnicity, receiving social support services and participants number of lifetime arrests (recidivism). Although the relationship between the variables explored in this study were not significant, previous studies have consistently shown that justice involved mothers and their minor children suffer when the mother becomes justice involved. Justice involved mothers often live in poverty, have high rates of mental health concerns, have long

histories of substance use and are often the sole caregiver and financial support for their minor children although many earn less than a living wage. Further, having a justice involved parent, especially a mother, impacts child and parental attachment and is a risk factor for the youth to become justice involved in the future. Although it is important to focus on mental health concerns and needs of the justice involved mother, it would also be beneficial to access and provide a wide range of support services for the minor children in their care as a way to possibly reduce recidivism in this population and decrease strain on the family unit.

While we have a better understanding of the impact of mother's justice involvement on their minor children there continues to be disparities and room for improvement within the system. This study adds to the literature on justice involved mothers by focusing specifically on exploring if meeting the needs of the child through intervention in the form of social support services reduces the amount of lifetime arrests for the mother. Counselors working with justice involved mothers should be prepared to consult with multiple stakeholders, develop comprehensive treatment plans, and provide evidenced based trauma informed care. Finally, counselors should also be prepared to advocate for clients as there continues to be a need for more resources and funding to support and provide services for this population.

References

Aalsma, M.C., White, L.M., Lau, K.S., Perkins, A., Monahan, P. & Grisso, T. (2015). Behavioral health care needs, detention-based care, and criminal recidivism at community reentry from juvenile detention: A multisite survival curve analysis. *American Journal of Public Health, 105*(7), 1372-1378. https://doi.org/10.2105/AJPH.2014.302529

Adams, E.A. (2020). Intensive parenting ideologies and risks for recidivism among justice-involved mothers. *Women & Criminal Justice, 30*(5), 316-335. https://doi.org/10.1080/08974454.2020.1741487

Agnew, R. (1985). A revised strain theory of delinquency. *Social Forces*, 64, 151–167. https://doi.org/10.1093/sf/64.1.151

Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology, 30*, 47–87. https://doi.org/10.1111/j.1745-9125.1992.tb01093.x

Agnew, R. (1995). Testing the leading crime theories: An alternative strategy focusing on motivational processes. *Journal of Research in Crime and Delinquency, 32,* 363–398. https://doi.org/10.1177/0022427895032004001

Agnew, R. (1999). A general strain theory of community differences in crime rates. *Journal of Research in Crime and Delinquenc*y, *36,* 123–155. https://doi.org/10.1177/0022427899036002001

\Agnew, R. (2001). Building on the foundation of general strain theory: Specifying the types of strain most likely to lead to crime and delinquency. *Journal of Research in Crime and Delinquency*, *38,* 319–361. https://doi.org/10.1177/0022427801038004001

Agnew, R. (2006). *Pressured into crime: An overview of general strain theory*. Oxford University Press, USA.

Agnew, R. (2013). When criminal coping is likely: An extension of general strain theory. *Deviant Behavior, 34,* 653–670. https://doi.org/10.1080/01639625.2013.766529

Andrews, D.A. (2007). Principles of effective correctional programs. In L.L. Motiuk & R.C. Serin (Eds.), *Compendium 2000 on effective correctional programming.* https://www.researchgate.net/profile/Laurence_Motiuk/publication/270451562_Compendium_2000_on_Effective_Correctional_Programming_Introduction/links/54aacb660cf2bce6aa1d686d/Compendium-2000-on-Effective-Correctional-Programming-Introduction.pdf

Andrews, D.A., Bonta, J., & Hoge, R.D. (1990a). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17(1), 19-52.* https://doi.org/10.1177/0093854890017001004

Andrews, D.A., Zinger, I., & Hoge, R.D., Bonta, J., Gendreau, P. & Cullen, F.T. (1990b). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology, 28(*3*),* 369-403. https://doi.org/10.1111/j.1745-9125.1990.tb01330.x

Andrews, D.A., Bonta, J. & Wormith, S.J. (2006). The recent past and near future of risk and or need assessment. *Crime & Delinquency, 52*(1), 7-27. https://doi.org/10.1177/0011128705281756

Bloom, B., Owen, B., & Covington, S. S. (2004). Women offenders and gendered effects of public policy. *Review of Policy Research, 21*(1), 31–48. https://doi.org/10.1111/j.1541-1338.2004.00056.x

Bonta, J. & Andrews, D.A. (2007). *Risks-needs-responsivity model for offender rehabilitation.* Public Safety Canada. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf

Brezina, T. (2017). *General strain theory*. Oxford Encyclopedia of Criminology and Criminal Justice. https://doi.org/10.1093/acrefore/9780190264079.013.249

Bright, C.L, Kohl, P.L., & Johnson-Reid, M. (2014). Females in the juvenile justice system: Who are they and how do they fare? *Crime & Delinquency, 60*(1), 106-125. https://doi.org/10.1177/0011128711421652

Broidy, L. M., & Agnew, R. (1997). Gender and crime: A general strain theory perspective. *Journal of Research in Crime and Delinquency, 34,* 275–306. https://doi.org/10.1177/0022427897034003001

Chesney-Lind, M. (1989). Girls' crime and women's place: Towards a feminist model of female delinquency. *Crime & Delinquency*, *35*(1), 5-29. https://doi.org/10.1177/0011128789035001002

Centers for Medicaid & Medicare. (n.d.). *Medicaid.* https://www.medicaid.gov/medicaid/index.html

Child Trends Databank. (2015). *Head Start: Key facts about head start enrollment.* https://www.childtrends.org/indicators/head-start#:~:text=For%20example%2C%2079%20percent%20of,25%20percent%20of%20white%20children

Cho, R. M. (2009a). The impact of maternal incarceration on children's educational achievement: Results from Chicago public schools. *Journal of Human Resources*, 44, 772–797. doi:10.3368/jhr.44.3.772

Cho, R. M. (2009b). The impact of maternal imprisonment on children's probability of grade retention: Results from Chicago public schools. *Journal of Urban Economics*, 65, 11–23. https://doi.org/10.1016/j.jue.2008.09.004

Cloward, R. A., & Ohlin, L. E. (1960). *Delinquency and opportunity: A theory of delinquent gangs*. Free Press.

Cobinna, J.E. (2009). *From prison to home: Women's pathways in and out of crime*. [Doctoral dissertation, University of Missouri- St. Louis]. ProQuest Dissertations & Theses Global.

Cohen, A. (1955). *Delinquent boys: The culture of the gang*. The Free Press.

Cohen, J. (1992). Statistical power analysis. *Current Directions in Psychological Science, 1*(3), 98-101. https://doi.org/10.1111/1467-8721.ep10768783

Conrad, S. M., Tolou-Shams, M., Rizzo, C. J., Placella, N., & Brown, L. K. (2014). Gender differences in recidivism rates for juvenile justice youth: The impact of sexual abuse. *Law and Human Behavior, 38*(4), 305–314. https://doi.org/10.1037/lhb0000062

Creswell, J. W., & Creswell, J. D. (2017). *Research design: qualitative, quantitative, and mixed methods approaches.* Fifth edition. SAGE.

Dehart, D. (2018). Women's pathways to crime: A heuristic typology of offenders. *Criminal Justice and Behavior, 45*(10), 1461-1482. https://doi.org/10.1177/0093854818782568

Dellaire, D.H. (2007). Incarcerated mothers and fathers: A comparison of risk for children and families. *Family Relations: Interdisciplinary Journal of Family Applied Science, 56*(5), 440-453. https://doi.org/10.1111/j.1741-3729.2007.00472.x

Elmalak, S. (2015). Babies behind bars: An evaluation of prison nurseries in American female prisons and their potential constitutional challenges. *Pace Law Review, 35(3), 1080-1106.* https://digitalcommons.pace.edu/plr/vol35/iss3/8

Elizabeth Fry Charity. (n.d.) *The history of Elizabeth Fry charity*. https://www.elizabethfry.co.uk/History

Gelsthorpe, L. (2003). Feminist perspectives on gender and crime: Making women count. *Criminal Justice Matters, 53*(1), 8-9, https://doi.org/10.1080/09627250308553561

Grinstead, O., Faigeles, B., Bancroft, C., & Zack, B. (2001). The financial costs of maintaining

relationships with incarcerated African American men: A survey of women prison visitors. *Journal of African American Men*, *6*(1), 59–69. https://doi.org/10.1007/s12111-001-1014-2

Field, A. (2013). *Discovering statistics using IBM SPSS statistics and sex and drugs and rock 'n'roll* (4th ed.). SAGE Publications.

Foster, H. (2012). The strains of maternal imprisonment: Importation and deprivation stressors for women and children. *Journal of Criminal Justice*, *40*(3), 221-229. https://doi.org/10.1016/j.jcrimjus.2012.01.005

Freedman, E.B. (1981). Their sisters' keepers: Women's prison reform in America, 1830-1930. University of Michigan Press. https://doi.org/10.3998/mpub.12633

Hagan, J., & Foster, H. (2012). Intergenerational educational effects of mass imprisonment. *Sociology of Education*, 83(3), 259–286. https://doi.org/10.1177/0038040711431587

Hinton, E., Hendersen, L., & Reed, C. (2018). *An unjust burden: The disparate treatment of Black Americans in the criminal justice system*. Vera Institute. https://www.vera.org/downloads/publications/for-the-record-unjust-burden-racial-disparities.pdf

Hoi Singer, K. (2008). Feminist perspectives on female offending, *Women & Criminal Justice*, *12*(1), 23-51. https://doi.org/10.1300/J012v12n01_03

Hollin, C.R. & Palmer, E.J. (2010). Criminogenic need and women offenders: A critique of the literature. *Legal and criminological psychology, 11*(2), 179-195. https://doi.org/10.1348/135532505X57991

Huebner, B. M., & Gustafson, R. (2007). The effect of maternal incarceration on offspring involvement in the criminal justice system. *Journal of Criminal Justice*, 35, 283–296.

https://doi.org/10.1016/j.jcrimjus.2007.03.005

Jones, M. (2015). *Women's prison history: The undiscovered country*. American Historical Association. https://www.historians.org/publications-and-directories/perspectives-on-history/february-2015/womens-prison-history

Kurshan, N. (1995). *Women and imprisonment in the US: History and current reality*. Prison Activist Resource Center. https://www.freedomarchives.org/Documents/Finder/DOC3_scans/3.kurshan.women.imprisonment.pdf

Laux, J. M., Dupuy, P. J., Moe, J. L., Cox, J. A., Lambert, E., Ventura, L. A., Williamson, C., & Benjamin, B.J. (2008). The substance abuse counseling needs of women in the justice system: A needs assessment approach. *Journal of Addiction & Offender Counseling, 29,* 36-48. https://doi.org/10.1177/1066480711405823

Laux, J. M., Calmes, S., Moe, J. L., Dupuy, P. J., Cox, J. A., Ventura, L. A., Williamson, C., Benjamin, B. J. and Lambert, E. (2011a). The career counseling needs of mothers in the criminal justice system. *Journal of Offender Rehabilitation, 50*(3), 159-173. http://dx.doi.org/10.1080/10509674.2011.560551

Laux, J. M., Calmes, S., Moe, J. L., Dupuy, P. J., Cox, J. A., Ventura, L. A., Williamson, C., Benjamin, B. J. and Lambert, E. (2011b). The clinical mental health counseling needs of mothers in the juvenile justice system. *The Family Journal: Counseling and Therapy for Couples and families, 19*(3), 291-298. https://doi.org/10.1177/1066480711405823

Lee, R. D., Fang, X., & Luo, F. (2013). The impact of parental incarceration on the physical and mental health of young adults. *Pediatrics*, *131*(4), e1188–e1195. https://doi.org/10.1542/peds.2012-0627

Levenson, J. S. (2019). Trauma-informed practices with youth in criminal justice settings. In P. Ugwudike, H. Graham, F. McNeill, P. Raynor, F.S., Taxman, & C. Trotter (Eds.), *The*

Routledge Companion to Rehabilitative Work in Criminal Justice. Routledge

Loper, A. B. (2006). How do mothers in prison differ from non-mothers? *Journal of Family and Child Studies, 15*(1), 83-95. doi:10.1007/s10826-005-9005-x

Loper, A. B. & Tuerk, E. H. (2011). Improving the emotional adjustment and communication patterns of incarcerated mothers: Effectiveness of a prison parenting program. *Journal of Child and Family Studies*, *20*(1), 89-101. https://doi.org/10.1007/s10826-010-9381-8

Lord, H. G. (1973). *Ex-post facto studies as a research method* (Special Report No.7320). Washington, DC: Bureau of Education for the Handicapped (DHEW/OE).

Lynch, S. M., DeHart, D. D., Belknap, J. & Green, B. L. (2012). *Women's pathways to jail: The roles & intersections of serious mental illness and trauma.* U.S. Department of Justice. https://www.bja.gov/Publications/Women_ Pathways_to_Jail.pdf

Mallicoat, S.L. (2011). The incarceration of women in *Women and crime: A text reader.* SAGE https://www.sagepub.com/sites/default/files/upm-binaries/44337_10_(final).pdf

Martin, E. (2017). Hidden consequences: The impact of incarceration on dependent children. *National Institute of Justice Journal, 278,* 10-16. https://www.ncjrs.gov/pdffiles1/nij/250349.pdf

Merton, R. K. (1938). Social structure and anomie. *American Sociological Review, 3*(5), 672–682. https://doi.org/10.2307/2084686

Minton, T. D. (2012). *Jail inmates at midyear 2011—Statistical tables*. Washington, DC: United States Department of Justice. https://www.bjs.gov/content/pub/pdf/jim11st.pdf

National Committee to Preserve Social Security & Medicare. (2020). Medicare and Medicaid are important to African Americans. https://www.ncpssm.org/documents/medicare-policy-

papers/medicare-medicaid-important-african-americans/

National Committee to Preserve Social Security & Medicare. (2020). *Medicare and Medicaid are important to Hispanic Americans.* https://www.ncpssm.org/documents/medicare-policy-papers/medicare-and-medicaid-are-important-to-hispanic-americans/#:~:text=Medicaid%20is%20an%20especially%20important,one%2Dthird%20of%20Medicaid%20enrollees.

Ney, B., Ramirez, R., & Van Dieten, M. (2012). *Ten truths that matter when working with justice involved women.* National Resource Center on Justice Involved Women [NRCJIW]. http://www.ncdsv.org/images/NRCJIW_TenTruthsThatMatterWHenWorkingWithJusticeInvolvedWomen_4-2012.pdf

Ney, B., & Ramirez, R. (2014). *Using trauma informed practices to enhance safety and security in women's correctional facilities*. National Resource Center on Justice Involved Women [NRCJIW]. http://cjinvolvedwomen.org/wp-content/uploads/2017/03/Using-Trauma-Informed-Practices-Apr-14.pdf

Ney, B., Ramirez, R., Van Dieten, M. (2016). *Fact sheet on justice involved women.* National Resource Center on Justice Involved Women [NRCJIW], https://cjinvolvedwomen.org/wp-content/uploads/2016/06/Fact-Sheet.pdf

Nielsen, W., Johansen, S., Blaasvær, N., Hammerstrøm, K. T., & Berg, R. C. (2015). *Effects of targeting incarcerated parents and their children*. Norwegian Knowledge Center for Health Sciences.

https://www.ncbi.nlm.nih.gov/books/NBK390563/pdf/Bookshelf_NBK390563.pdf

Nellis, A. (2016). *The color of justice: Racial and ethnic disparity in state prisons*. The Sentencing Project. https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/

Opsal, T. D. (2009). Women on parole: Understanding the impact of surveillance. *Women & Criminal Justice, 19*(4), 306–328. https://doi.org/10.1080/08974450903224345

Pallant, J. (2013). SPSS survival guide (5th ed.) McGraw Hill.

Petersen, A. M., Salisbury, Emily J., & Sundt, J. L. (2014). Does feminist theory matter? In F. T. Cullen, P. Wilcox, J. Lux, & C. Lero (Eds.), *Sisters in Crime Revisited: Bringing Gender into Criminology—In Honor of Freda Adler.* Oxford University Press.

Rafter, N.H. (1983). Prisons for women, 1790-1980. *Crime and Justice, 5,* 129-181. https://www.jstor.org/stable/1147471

Ramirez, R. (2016*). Reentry considerations for justice involved women.* National Resource Center on Justice Involved Women [NRCJIW]. http://www.ncdsv.org/images/NRCJIW_TenTruthsThatMatterWHenWorkingWithJusticeInvolvedWomen_4-2012.pdf

Rieder, J. K., Goshin, L. S., Sissoko, D., Kleshchova, O., & Weierich, M. R. (2019). Salivary biomarkers of parenting stress in mothers under community criminal justice supervision. *Nursing research, 68*(1), 48–56. https://doi.org/10.1097/NNR.0000000000000323

Rosseger, A., Weli, N., Urbaniok, F., Elbert, T., Cortini, F., & Endrass, J. (2009). Women

convicted for violent offenses: Adverse Childhood Experiences, low level of education and poor mental health. *BMC Psychiatry*, *9*(81), 1-7. http://www.doi: 10.1186/1471-244X-9-81

Sawyer, W. & Wagner, P. (2020). *Mass incarceration: The whole pie 2020*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/pie2020.html

Schmit, S. & Walker, C. (2016). *Disparate Access: Head start and CCDBG data by race and ethnicity.* The Center for Law and Social Policy. https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/Disparate-Access.pdf

Scomenga, P. (2014). *Parent's imprisonment linked to children's health, behavioral problems*. Population Reference Bureau. https://www.prb.org/incarcerated-parents-and-childrens-health/#:~:text=In%20particular%2C%20children%20with%20an,ADD%2FADHD%2C%20and%20anxiety.

Swavola, E., Riley, K., & Subramanian, R. (2016*). Overlooked: Women and jails in an era of reform*. Vera Institute of Justice. https://www.vera.org/downloads/publications/overlooked-women-and-jails-report-updated.pdf

Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics.* (3rd ed.). Harper Collins.

The Sentencing Project. (2019). *Annual Report*. https://www.sentencingproject.org/wp-content/uploads/2015/10/Annual-Report-2018.pdf

The Sentencing Project. (2018). *Fact sheet: Incarcerated women and girls.* https://www.sentencingproject.org/publications/incarcerated-women-and-girls/

Turney, K., & Wildeman, C. (2015). Detrimental for some? Heterogenous effects of maternal

incarceration on child wellbeing. *Criminology and Public Policy*, *14*(1), 125–156. https://doi.org/10.1111/1745-9133.12109

U.S. Department of Health & Human Services. (2018). *Social services*. https://www.hhs.gov/programs/social-services/index.html

Wakefield, S. & Wildeman, C. (2018). *How parental incarceration harms children and what to do about it.* National Council on Family Relations. https://www.ncfr.org/sites/default/files/2018-01/How%20Parental%20Incarceration%20Harms%20Children%20NCFR%20Policy_Full%20Brief_Jan.%202018_0.pdf

Wampold, B. E., & Freund, R. D. (1987). Use of multiple regression in counseling psychology research: A flexible data-analytic strategy. *Journal of Counseling Psychology, 34*(4), 372–382. https://doi.org/10.1037/0022-0167.34.4.372

Wildeman, C., Turney, K., & Yi, Y. (2016). Paternal incarceration and family functioning: Variation across federal, state, and local facilities. The *ANNALS of the American Academy of Political and Social Science, 665*(1), 80–97. https://doi.org/10.1177%2F0002716215625042

Van Voorhis, P., Wright, E., Salisbury, E., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement. *Criminal Justice and Behavior, 37*(3), 261-288. https://doi.org/10.1177/0093854809357442

Van Voorhis, P. (2012). On behalf of women offenders: Women's place in science and evidenced based practice. *Criminology & Public Policy, 11*(2), 111-145. https://doi.org/10.1111/j.1745-9133.2012.00793.x

Van Voorhis, P. (2013). *Women's risk factors and new treatments/interventions for*

addressing them: Evidence-based interventions in the United States and Canada. United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders. 153rd International Senior Seminar Participants' Papers. https://www.unafei.or.jp/publications/pdf/RS_No90/No90_00All.pdf

Appendix A: Services Received by Children

- same as mother
- counseling; rehab
- same as mother
- CSB; YMCA childcare
- CSB; Help Me Grow; Welfare
- welfare; food stamps
- food stamps; FIA daycare (Christian Daycare)
- ADC; food stamps; medical
- Rehab (court ordered); Family counseling; ADC,
- ADC; food stamps; rehab
- Medicaid; same as mother
- same as mom with Medicaid and food stamps
- girl scouts, school counseling, ADC food stamps, student driving in front of them, program for children & mothers learning how to respect other, bullies
- chance for change; Brancrof; peer educator (handing out condoms, pamphlets on safety) food stamps; medical
- ADC, YMCA
- welfare; free camp
- CSB is working with both children through JFS to get them medical help & counseling if needed (mostly oldest daughter) (both children are in different homes)
- welfare, SSI, speech therapist
- Unison; St. Vincent's
- scholarships for private school (catholic); public school dentist; social services (school counselor)
- catholic charities for counseling; connecting point for counseling and meds
  tutoring at school through spring elementary
- welfare; clothing voucher (PIC summer job), connecting point
- head start
- Adult education for GED; Social Security for; welfare/food stamps
  CSB; welfare
- CSB
- Children's services; social security, adoption- her mother adopted 2 youngest daughters
- counseling at school; tutoring through school
- counseling now for sex abuse by unkown perp.
- head start
- diagnosed with dyslexia in grade school, sex abuse counseling through CSB, all kids she not old enough yet connecting point- boys, meal program at school, Behavioral Healthcare
- Never received anything except through mom
- counseling--A; counseling--B
- ADC through father-don't know of any others
- None, just the same ADC as mother, Medicaid

- only what the mother
- same as mother's sheet
- currently in (but through adopted mother) different types of counseling programs (but not sure what kinds)
- never received anything but the brief ADC, with mom
- Section 8, foods, Medicare
- nothing/same & only what mom receives
- only want the mother recieved (welfare, stamps).
- School diagnosed with ADD--no meds
- Counseling at school; Connecting Point, CSB
- Diagnosed at St. Vs for ADHD and tutoring
- Tutoring; Government assistance for breakfast and lunches
- did get social security; welfare (sister has for children)
- welfare
- Drug rehab
- Food stamps
- thinks he gets welfare/ food stamps; doesn't think he gets services but not sure because he lives with his grandma
- same as mothers
- Parenting class; Adoption
- They have some but she doesn't know what they are
- SSI
- CSB; SSI; Probation/ house arrest
- Daughter who is grown receives welfare
- ADC (medical services) Doesn't know if they are good or not because children do not live with her
- Children's Services Board; Job & Family Services
- Children's Services Board
- JFS
- counseling --now counselor comes to home to see anger
- Welfare
- Early Intervention; Children Services Board; Bureau of Children with Medical Handicaps
- Welfare and food stamps
- Children's Services Board; Department of Human Services; Behavioral
- Medicaid; counseling through CSB; Welfare
- Children's Service Board
- Headstart, Welfare
- JFS
- CSB
- welfare
- Medicaid
- CSB
- Welfare, Child Support-- care worker
- Welfare--son for him and his daughter

- Unison
- Medicaid, probation
- SSI--depression-- counseling after school--"nervous problems" after school, it over in the evening--I can't remember what it was called
- Food stamps, counseling--, Pt--counseling
- WIC when born
- CSB--last year--
- WIC/welfare (CSB prob involved here)
- Welfare
- Welfare-medical coverage. receives service at school- IEP
- Vouchers for clothes-- --Mom told me; food--through school--hooked with churches; agency
- special ed due to learning disability; counseling----medication and counseling for depression
- welfare—food stamps and monetary assistance $115 cash per month
- Counselor, saw another therapist first; L.D classes at school-TPS-
- Counseling, group with other kids, mom by self dv; welfare same as previous; CSB same as previous
- Immunizations through school--county; CSB
- CSB, ADC/welfare
- Welfare
- CSB
- Welfare
- counseling at school
- they get SSI from father passing away, he was employed
- free lunch
- CSB, as an adult with her children
- head start
- Free lunch program, school counseling
- Just what mother received
- same, doctor, behavioral
- none, same as mom
- SSI
- only received the welfare mom received, same as mom
- tutoring, through our local apartment complex
- none- even though youngest son was diagnosed bipolar, he hasn't had any counseling therapy, yet his doctor diagnosed he's going to start treatment
- welfare same as mom
- same as mother
- Children Services
- Welfare
- School counseling (B), behavioral
- CSB
- CSB (B) counseling-, behavioral

- CSB; JFS
- CSB
- School counseling and intervention services (son has IEP) (daughter on 604)
- Welfare-same as before
- Friendly Center (after call program)
- Counseling through school
- Welfare; School Interventions IEP
- WIC, welfare, SS from dad $24 p/m
- were on SSDI till they were 18
- Medicaid
- counseling; Eagle Eyes program (10 weeks)
- never received any assistance; helping with pre-school and Head Start (counselor, past 2 years)
- Rescue Center
- none, may need special classes but don't get them
- Counseling. Now counselor comes to home to see anger
- same as mom
- Football, T-Ball also through school, Daycare for both kids
- After school programs
- WIC, ADC, food stamps
- foster care, have same foster mom
- Welfare, WIC, Food Stamps
- YMCA-after school program
- welfare ADC, food stamps
- welfare through dad
- food stamps
- section 8 housing; welfare; food stamps assistance
- Medicaid; food stamps; WIC
- Children's Services
- Received no service
- food stamps/ medical
- Welfare
- doesn't exist anymore, after school, kids all did, boxing, volleyball, art classes
- has medical
- Volleyball through the school, 14-year-old in Performance, kids who are really good in school.
- Medicaid, JFS
- Welfare, I think counseling, Dentist
- Daycare paid for out of pocket, good daycare
- probation
- CSB
- Boys go to counseling for Hyperactivity

Appendix B: Reasons for Services Received

- same as mother
- court ordered
- father died
- daughter molested by stepbrother
- someone called & was worried about the baby; mom & dad had a fight
- mom wasn't able to work
- serves purpose
- Family Counseling
- released from prison
- school, YMCA
- teens tour colleges in US
- entire life on welfare, 6th grade considered low income
- hospitalized upon release under heavy meds, oldest and her got into altercation, daughter ended up in hospital, and CSB became involved
- Mother in another state gets food stamps, 6-year-old began one year ago, slow learner, 2004-05 school
- ADHD, counseling, began at age 4; respiratory therapy began at 6 months old, service teaches how to use equipment
- won scholarship lottery for tuition at the Catholic School. No longer in catholic school (3 youngest); at school needed work done, fluoride treatments; put in touch for counseling services
- CSB never involved; mother gave custody voluntarily to brother
- 2004 molested by father; 2002-counseling and medications ADHD
- when they have difficulties with specific subject
- ADC MGM arranged for service because she had custody of oldest 3 children; both mother and MGM arranged for services yearly going into winter months; when mother was prison to build relationship and assist MH issues
- 2004-05 Head start.
- received because their father died, she didn't have a job and wanted to provide for her children
- someone called and said the grandma was abusing her child (child lives with grandma)
- because she came in and out of CJ system has been involved for about a year; because daughter is slow at school; adopted by the grandma because she wasn't do what a parent is supposed to do
- ongoing, start high school, his grades were falling;
- 1998- suspected abuse went to have child checked, it was confirmed and CSB came and took both children, figured abuse occurred in infancy or age 1, by age of 2 she was healing
- Nov. 2004 head start.
- teacher and mother noticed problem
- early 90's- sexually abused by unknown perp.
- 1998 going through CSB, they were distraught
- 2004-05- school year, recently divorced

- 7 years ago-- voluntary; started about 7 years ago but ended about 3 years ago any school/community services
- just what mom received
- Roughly 1996-- School noted he had a hard time keeping up
- 2004-2005-- "To deal with affair mom had"; services received at school
- 2003, St V's--he was slower than other kids
- Beginning of this school year--, having trouble reading
- because she was premature (2 lbs.) --she's off SS now
- they were younger and she didn't have the funds to provide for them
- put on probation or being unruly and found out they were smoking marijuana
- part of welfare
- income was not high enough to feed him and needed help
- they were always screaming and yelling, and she didn't know how to handle
- neighbors called and then they closed the case
- when she started out on her own
- emergency removal; father called CSB and reported
- because she didn't have a job but she is working for the last 5 months and working
- voluntarily engaged 4 months ago to current for anger issues and hitting other kids at school
- all of them, they have received these services since birth, because I wasn't working at the time
- For boy, for speech therapy, since July 2003, also for behavioral issues, all of them since birth
- 2004--received awareness classes for domestic violence because of previous living situation, father's abuse toward their mother.
- b/c wards of court, all of them (lived w/aunts and uncles during this time), not sure if still on
- open case right now, because of condition that my husband kept the house in
- So daughter could go to pre-school, started in 04 this coming school year will be the last one because on welfare don't pay for it
- because they were minors and my job didn't make enough $ 1997-2001
- in the 90s because of my marijuana problem
- Food stamps, and medical, started about a year ago, didn't make enough money at job
- about 3 years ago, because didn't have health insurance
- don't remember, someone lied on me
- 2003-now because I didn't have a job
- he just lost his job again, currently
- co years ago--family counseling
- same as previous
- depression
- off and on while growing up
- from birth to when went to live with "."

- past 12 years

- for last 10 yrs
- past winter because single mom
- 3 years ago
- behavior and medication- saw psychiatrist-therapist and psychiatrist both left; sept 03, same as previous, mom was already getting it in place and CSB then made do 8 weeks
- couldn't afford it because of low income--from starting school
- Welfare
- 19 years ago- mom called on me
- Welfare
- a long time ago when she was freshman in high school for fighting
- 04-05, because I get welfare
- 04, because of drug problem
- 03 to current, time for them to go to school
- 2004-2005 school year- because I couldn't afford program
- daughter has severe behavioral problems, evaluated cause she's violent, currently
- when he was 8-11 years old, because he has serious behavior problems
- grade school, by …port
- Currently, I was in severe relationship involving domestic violence
- Both children, now, more help for grandparents to take care of them
- All of them, over the years in school since they were little, because I was going through mental health issues and leaving their dad,
- 2 years ago, someone called me in but closed case a couple weeks later
- 3 or 4 years ago, because of false accusations against his father so the whole family investigated
- a month ago, daughter sexually molested by uncle
- CSB
- IEP started last year, Bipolar, open sat since kindergarten-eyesight
- When the 2 oldest were younger, downtown I was working at the time currently, learning disability, ADD
- same as before
- only when under 5
- mother on SSDI, so it covered sons till they were 18
- Birth to present, through MI
- still go through counseling (March)
- free car seats=friend referred; parenting meeting, helpful tips
- 2002 and 2003- Anger issue he needed help with
- Voluntarily engaged 4 month ago to current for anger issues and hitting kids at school
- T-ball since kindergarten, football since 2nd grade to have fun and keep them busy
- She likes to stay busy-has been doing it since she started school
- 2001 last time received
- they have been in foster care since birth because cocaine in system
- 5 or 6 years ago, when younger, good program
- when children were younger

- 6yrs ago, assisted with rent
- on it when they lose a job
- behavior problems 1 year ago

Mothers in the Criminal Justice System
INTERVIEW ONE

RID # _____

Woman's Name: _____
Last First

GA's First Name: _____

Date of Interview: _____

Location of Interview: Jail _____ Other (specify) _____

Where do you expect to be in 30 days? _____

Your contact information in 30 days? _____

1. Is this your first arrest ____ Yes (1) _____No (0)

IF NO (then ask a-i):
a. How old were you when you were first arrested? _____

b. Approximately how many times have you been arrested? _____

c. Have you ever been arrested for a drug offense? __ yes (1) ___no (0)

d. Have you ever been arrested for
loitering, soliciting, or prostitution? __ yes (1) ___no (0)

e. Have you ever been arrested for a violent charge? ___ yes (1) ____no (0)

f. Have you ever been arrested for domestic violence? ___ yes (1) ____no (0)

g. What was the most serious charge on which you have been arrested?

_____

h. What is the longest period of time you have ever spent in jail or prison?

_____ Years _____Months _____Days

i. When you consider the times you have been in jail or prison approximately how much <u>total</u> time do you think you have spent locked up?

_____ Years _____Months _____Days

RID # _____

2. Age _____

3. Race: ____White (0) ____Black (1) ____Hispanic (2)
____Other (3) Specify _____

4. Partner Status:
____never married (0) ____presently married (1) ____separated (2)
____divorced (3) ____widowed (4) ____ significant other (5)
____Other (6): Specify_____

5a. Approximately how much was your income in the month before your arrest?

$_____ Monthly income

5b. Were you employed full or part-time in the month before your arrest?
_____ Not employed (0) ____Employed Part-time (1) _____Employed Full-time (2)

5c. Did you receive any of the following in the month before your arrest?

___SSI(2) _____SSDI (1) _____Other forms of government assistance (0)

5d. Did you have other sources of income in the month before your arrest? _____yes (1)
_____no (0)
If yes specify:
_____

_____

_____

6. What is the highest educational level you have completed? _____
Comments:
_____

_____

7a. What are your special talents or abilities?

_____

_____

_____

RID # _____

7b. What would help you develop your special talents or abilities?

_____

_____

_____

8a. What types of work have you had in the past five years?

_____

_____

_____

8b. What would be your ideal job or jobs?

_____

8c. What would you need to get the type of job you desire?

_____

_____

_____

9a. Overall, which of the following best describes your general health?

___Very Good (5) ____Good (4) __ Fair (3) ___Poor (2) ___Very Poor (1)

9b. Do you currently have any health problems __yes (1) _____no (0)

If yes: Describe what they are. _____

_____

_____

_____

10. When you are released from jail what type of help would you want to improve your future?

_____

_____

_____

RID # _____

11a. Describe three community/social services that you have received. Such services might include health services; substance abuse services; counseling; basic needs services (food, clothing, housing); services provided by police or the court, Children's Services Board, Welfare, Job and Family Services; or any other community/social services.

A._____

B._____

C. _____

11b. When, where and why did you receive these services?

A._____

B.

_____

C._____

11c. What was helpful and not helpful about these services? How did they meet your needs or fail to meet your needs?

A._____

B._____

C._____

11d. How could these services change in order to better meet your needs and the needs of others?

A._____

B._____

C._____

RID # _____

Children:

12. How many children do you have? _____

13. Do you hope to have (more) children? ____yes (1) ____no(0)

14. What would you like your children's future to be like?

_____

15. What would you like to be able to offer or do for your children?

_____

16. When you are released from jail what type of help would you want to improve the futures of your children?

_____

RID # _____

Children (Continued)

I would like to get a little more information about your children. I am going to ask you for the first names of each of your children and then I am going to ask the sex and age of each of you children? I am also going to ask you the highest educational grade level each child completed. (If a child has graduated from high school list 12 as the grade level)

First Name	Age	Sex	Grade	L	HR	LP	PD	HP	AJ	AA	P	Level -

Coding **Sex: male=1 female=0 / X indicates yes (for data coding Yes =1 No=0)**

17. Do any of your children have any special talent or ability? ____ yes (1) ____no (0)
    If yes: Describe:

18. Which of your children live at home with you? (L) _____

19. Have any of your children been on the honor roll at school (HR)? ____ yes (1) ____no (0)
    If yes: Which of your children?

20. Do any of your children have learning problems (LP)? ____ yes (1) ____no (0)
    If yes: Which of your children?

21. Do any of your children have physical disabilities (PD)? ____ yes (1) ____no (0)
    If yes: Which of your children?

22. Do any of your children have health problems (HP)? ____ yes (1) ____no (0)
    If yes: Which of your children?

23. Have any of your children been arrested as juveniles (AJ)? ____ yes (1) ____no (0)
    If yes: Which children?

24. Have any of your children been arrested as adults (AA)? ____ yes (1) ____no (0)
    If yes: Which children?

25. Are you a grandparent? ____yes (1) ____no (0)

26. If yes: How many grandchildren do you have? _____
    Which of your children are parents (P)?

RID # _____

27a. Describe three school/community/social services that **your children** have received. Such services might include school programs; health services; substance abuse services; counseling; basic needs services (food, clothing, housing); services provided by police or the court, Children's Services Board, Welfare, Job and Family Services; or any other community/social services.

A._____
_____
_____

B._____
_____
_____

C._____
_____
_____

27b. When, where and why did your children receive these services?

A._____
_____
_____

B._____
_____
_____

C._____
_____
_____

27c. What was helpful and not helpful about these services? How did they meet your children's needs or fail to meet your children's needs?

A._____
_____
_____

B.
_____
_____
_____

C.
_____
_____
_____

27d. How could these services change in order to better meet your children's needs and the needs of other children?

A._____
_____
_____

B._____
_____
_____

C._____
_____
_____

Charges

RID #_____

NAME _____

Date of booking_____ (see 109)

Current Charges (109)	Coding F/M	Coding V/NV
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ne'Shaun Borden, MS, LMHC

EDUCATION

Old Dominion University, Norfolk, VA
Darden College of Education and Professional Studies
Doctor of Philosophy in Education: Concentration in Counselor Education
CACREP Accredited
Fall 2020

University of North Florida, Jacksonville, FL
Brooks College of Health
Master of Science in Clinical Mental Health Counseling
CACREP Accredited
August 2015

Florida State University, Tallahassee, FL
College of Human Sciences
Bachelor of Science in Family and Child Sciences with a Minor in Social Welfare
December 2010

LICENSES/CERTIFICATIONS

Licensed Mental Health Counselor (LMHC)
National Certified Counselor (NCC)

AWARDS

Outstanding Doctoral Student in Counseling Award, Spring 2020
Old Dominion University, Darden College of Education and Professional Studies

NBCC Minority Doctoral Fellowship
2019-2020 Cohort
Awarded financial support for commitment to work with underserved populations.

Darden College of Education and Professional Studies Dissertation Fellow
2020 Fellow
Awarded tuition waiver for up to 18 credit hours and stipend based on superior academic performance compared to peers during doctoral studies, promise for success as a doctoral-level professional and the potential to make a significant contribution to the field.

Chi Sigma Iota Outstanding Doctoral Mentor
Spring 2019

TEACHING EXPERIENCE

Old Dominion University

Co-Instructor
Master's Level Courses in the CACREP Accredited CMHC Program
COUN 669: Counseling Practicum/Fall 2019
COUN 685: Testing and Assessment/Fall 2019
COUN 669: Counseling Practicum/Summer 2019
COUN 685: Diagnosis and Treatment Planning/Summer 2019/Online
COUN 691: Family Systems and Family Development/Summer 2019/Online

Old Dominion University
Instructor of Record
HMSV 346: Diversity in Human Services/Spring 2018
HMSV 343: Human Service Methods/Fall 2019
HMSV 339: Interpersonal Relationships/Spring 2019

Old Dominion University
Co-Instructor
HMSV 440W Online: Program Evaluation in Human Services/Fall 2017
HMSV 440W Online: Program Evaluation in Human Services/ Summer 2017
HMSV 440W Online: Program Evaluation in Human Services/ Summer 2019
HMSV 343W/495: Human Services in Jamaica

CLINICAL SUPERVISION

Provided clinical supervision to seven master's level practicum students using principles of Bernard's Discrimination Model and Cognitive Behavioral supervision over the course of Spring 2018 and Summer and Fall semester of 2019.

PUBLICATIONS

Peer Reviewed Journal

Sparkman-Key, Meade, N., **Borden, N.** (2019). Advancing the field of human services: Development of LGBT competencies. *Journal of Human Services, 39,* 73-84.

Park, K., Rivas, F., **Borden, N**., Carlisle, K. (2019). Preparing practice ready collaborative human services students: Considerations on developing interprofessional human services competencies. *Journal of Human Services, 39,* 85-96.

Sparkman-Key, N, Vajda A.J., **Borden, N.** (2018). Human services professional identity development: An exploration of student perceptions. *Journal of Human Services, 38,* 21-33.

Borden, N., Belcher, T., Rivas, F., Ricks, S. (2018). Bringing social justice movements into the human services classroom. *Journal of Human Services*, 38, 85-97.

PROFESSIONAL PRESENTATIONS

National

Borden, N., Belcher, T., Rivas, F. (2019, March 31). Courageous Conversations: Brining social justice movements into the counseling classroom. Presentation at the American Counseling Association conference. New Orleans, LA

Regional

Park, K. & **Borden, N**. (2018, November 8). Working with first-generation international college students. Presentation at the Virginia Counseling Association Conference. Norfolk, VA.

Borden, N. & Indelicato, N.A. (2018, October 13). Lived experiences of first-generation college students across the higher education continuum. Presentation at the Southern Association for Counselor Education and Supervision Conference. Myrtle Beach, SC.

Borden, N., Belcher, T., Vajda, A. (2018, March 29). *"It's just like getting a lot of information second-hand":* The lived experiences of first-generation doctoral students of color. Poster presentation at Old Dominion University Grad Day. Norfolk, VA.

Rivas, F., **Borden, N**. (2018, March 28). Women in Higher Education. Invited lecture at the National Aeronautics and Space Administration (NASA). Hampton, VA.

Belcher, T., **Borden, N**., (2018, February 17). Where do we go from here? How to create inclusive spaces for African American women in Counselor Education and Supervision Programs. Presentation at the Virginia Association of Counselor Education and Supervision (VACES). Lynchburg, VA.

Borden, N., Belcher, T., Vajda, A. (2018, February 17). *"It's just like getting a lot of information second-hand":* The lived experiences of first-generation doctoral students of color. Poster presentation at the Virginia Association of Counselor Education and Supervision (VACES). Lynchburg, VA.

Borden, N., Dice, T. (2018, February 7). Social Equity and Privilege. Invited classroom lecture at Old Dominion University. Norfolk, VA.

Borden, N., Williamson, B., & Pudlinski, E. (2014, April 17). Effective Coping Strategies for Children of Military Personnel: A Retrospective Study. Poster presentation at Brooks College of Health Symposium in Jacksonville, Florida.

CLINICAL EXPERIENCE

Right Path Treatment Centers
Office Based Opioid Treatment Program (OBOT)
Counseling Intern
January 2019- May 2019
Virginia Beach, Virginia

BAYS Florida
Juvenile Diversion Alternative Program (JDAP)
Contract Therapist
January 2016- Feb 2017
Jacksonville, Florida

Children's Home Society
Full-Service Schools Plus
School Based Mental Health Counselor
August 2015- July 2017
Jacksonville, Florida

University of North Florida
Graduate Counseling Intern
August 2014-July 2015
Jacksonville, Florida

SERVICE

College/Department

Darden College of Education and Professional Studies Diversity Committee, Ad Hoc Member, Fall 2018- Present
Human Services Faculty Search Committee: Fall 2018

Offices Held in Professional Organizations

Professional Development Chair (2018-2019). Chi Sigma Iota, Omega Delta Chapter
Elections Chair (2017). Northeast Florida Mental Health Counseling Association (NEFMHCA)
Editorial Assistant. (May 2018-August 2019). *Journal of Human Services* (JOHS).