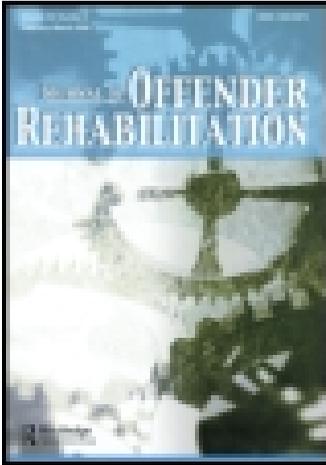


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Exploring Kinship and Social Support in Women With Criminal Justice Backgrounds

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Women’s incarceration has broad social impacts because of the unique caregiving roles that women occupy in their families and communities. In this study, we used qualitative interviews to examine kinship and social support among 30 women who had been recently released from incarceration in either a New York State prison or Rikers Island, New York City’s main jail complex. Qualitative findings suggest that women relied heavily on biological and extended family members for support. Kin relationships described were with other women (i.e., mothers, grandmothers, and female friends/peers), older female relatives were commonly described as caregivers, and caregiving was a key aspect of social support (both provided by and given to participants). Relationships with God were also important. Findings from this study contribute to our understanding of kin relationships and social support in women who have been incarcerated.

KEYWORDS female offenders, qualitative research, reentry, release planning, supportive systems

INTRODUCTION

In the United States, nearly 4.8 million people, or 1 in every 50 adults, are on parole or probation (Maruschak & Bonczar, 2013). Between 1995 and 2008, the number of women in state and federal prisons nationwide increased by 203% (Women in Prison Project, 2009). Racial, ethnic, and

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low-income female minorities suffer disproportionately from incarceration. Poor women are the fastest growing segment of the correctional population in all 50 states. For Black women ages 35 to 39, 1 in 100 is incarcerated, while for White women, the figure is only 1 in 355 (Greenfield, 1994; Frost, Green, & Pranis, 2006). Nearly 70% of women involved in the criminal justice system have children under the age of 18, and 44% report having never been married (Greenfield, 1994; The Sentencing Project, 2005; Glaze & Maruschak, 2010). Women with criminal justice backgrounds include those who were incarcerated in jail for short-term sentences, often for misdemeanor crimes or awaiting trial, and those serving prison terms for longer sentences. Most prison facilities are located long distances from communities and families.

Women with criminal justice backgrounds are mostly young, poor, and have low educational attainment. Harsh socioeconomic circumstances often fuel women's illegal activity and, in this vein, many women rely heavily on public assistance before incarceration (West & Sabol, 2009). Nationally, 30% of women involved in the criminal justice system reported receiving public assistance prior to incarceration and 37% had incomes of less than \$600 per month (Glaze & Bonczar, 2008; West & Sabol, 2009). Low levels of education and poor job skills often keep women in low-paying and low-skilled jobs (Wright, Van Voorhis, Salisbury, & Bauman, 2012). Women with criminal justice backgrounds often come from unstable housing situations prior to their incarceration. Mothers with criminal justice backgrounds report living in foster care homes, group homes, or state institutions at some time during their youth, and a significant number report homelessness in the year before arrest (Glaze & Maruschak, 2010). Approximately 58% of mothers in prison reported having a family member who had been incarcerated (Glaze & Maruschak, 2010).

In addition to these circumstances, women reentering the community after incarceration may face programmatic challenges to effective reintegration. For instance, lack of comprehensive and integrated mental health services in corrections facilities and communities, limited community resources, variability in programming, and little information on program effectiveness are well-documented problems (Salina, Lesondak, Razzano, & Parenti, 2011). Because women are an expanding proportion of the criminal justice population and bear significant caregiving responsibilities within their communities, it is important to understand how their incarceration and community reintegration may impact their kin relationships (Leverentz, 2006; Dallaire, 2007; Thomas, 2009; G. Brown, 2010; Christian, Glaze, & Maruschak, 2010; Guerino, Harrison, & Sabol, 2011; Maruna, 2011).

Prior research on women with histories of incarceration has largely focused on the effects of incarceration and reentry on motherhood and parent-child bonds, as well as the impact of motherhood on women's criminal trajectories (Arditti & Few 2006; M. Brown & Bloom 2009; Kreager et al.,

2010; Michalsen, 2011). Other social science studies have explored the impact of maternal incarceration on various outcomes for children (Cho, 2010; Dallaire, 2007; Hagen & Myers, 2003; Poehlmann, 2005; Poehlmann et al., 2008) and the risk of maternal and paternal incarceration to children (Dallaire, 2007). However, research on mothering among women with histories of incarceration is fairly limited and does not illuminate how incarceration may affect kin relationships (Arditti & Few, 2006; Brown & Bloom, 2009; Christian, 2009; Cho, 2010; Martinez & Christian, 2009). Furthermore, it is particularly important to understand how formerly incarcerated women view and rely upon their kin networks, and to examine how support received from and provided to these networks affects their community reintegration experiences. The purpose of this qualitative study was to describe kin relationships and support available to formerly incarcerated women upon release from New York State correctional facilities and Rikers Island, the New York City Jail.

BACKGROUND

Social support, or the help provided by one's social network, is likely to be uniquely important for women with a history of incarceration (Thoits, 2011; Vera Institute, 2011; O'Brien & Young, 2006). It is positively associated with both mental health and physical health, and is generally examined by describing the quality and nature of social ties/relationships within a given social network (Sarason & Sarason, 2009; Thoits, 1995; Thoits, 2011; Uchino et al., 1996). Social ties refer to relationships with social contacts that vary in intensity (Thoits 2011). Thoits (2011) characterized this variation according to "primary" and "secondary" groups, where primary groups contain "significant others" (e.g., family) and social ties are informal, intimate, and enduring; secondary groups are larger and more formal, with more transitory ties. Categorizations of social support are varied, but common subdivisions and distinctions include informational, instrumental (e.g., material/financial), and emotional support as well as formal (e.g., institutional and/or governmental) versus informal support (Cullen, 1994; Cohen, 2004; Thoits, 2011).

Family support in particular is a key factor that may play a role in reducing rates of recidivism and improving prisoner reentry success for women with histories of incarceration (O'Brien & Young, 2006; Vera Institute, 2011). Supportive relationships with family members and romantic partners are important protective factors for individuals with high levels of stressful life events (Arditti & Few, 2006) and play important roles in successful reentry. However, the scarcity of women's prison facilities makes it more likely for women to be incarcerated far from home, and the distance from their families and friends increases their social isolation and further stresses these

relationships (UNAIDS, 2009). With respect to family caregiving roles, research has shown that parental incarceration complicates the parenting of children in several ways, particularly the transference of childcare responsibilities to alternate caregivers (Christian & Thomas, 2009; Wildeman & Turney, 2014).

Support networks of women with histories of incarceration may also include friends, peers (e.g., other women with histories of incarceration), professional service providers (e.g., healthcare providers), corrections officers (e.g., probation or parole officers), government-sponsored programs (e.g., welfare), and community organizations (Vera Institute, 2011). Cobbina (2010) found that incarcerated women viewed family members and supervising officers as key members of their positive support networks: family provided financial support, emotional support, and childcare, while parole officers provided encouragement and concrete assistance, such as information or help with meeting their needs. Unfortunately, incarceration strains the social bonds that women rely upon while serving time and after release. For instance, families that may have been surviving on one income during a woman's incarceration often find their resources strained further when she returns home, as many women require intensive financial support (Christian & Thomas, 2009).

Lack of knowledge of outside assistance might reflect women's isolation and alienation from social institutions and community resources (Brown & Bloom, 2009). In addition, the stigma and shame associated with their contact with the criminal justice, education, and social welfare systems may make women reluctant to seek help, and asking for help may result in increased formal surveillance (Brown & Bloom, 2009). Many women released from prison have lost touch with their families and "thus face greater problems in starting from scratch" (O'Brien & Young, 2006). Conflicts with surrogate caregivers over their children and communication failures during incarceration were major problems reported by the women in Brown and Bloom's (2009) study. Caregivers' burdens and unresolved issues with the mothers may often lead to hostility, which contributes to mothers' anxiety and stress both during and after incarceration (Brown & Bloom, 2009). Women's relationships with people in their networks are also not always positive or supportive. Women in multiple studies report having a difficult time finding family and friends in their support networks who do not drink alcohol or use drugs, which makes maintaining healthier lifestyle behaviors or reducing recidivism difficult (Salina et al. 2011).

Spirituality can also play a key role in women's reintegration. Higher levels of active spiritual participation are associated with less illness and better health, a consistency marked across a diversity of samples, designs, methodologies, religious measures, health outcomes, and study populations (Levin, Chatters, & Taylor 2005; Taylor, Lincoln, & Chatters 2005; Chatters, Taylor, Lincoln, & Schroepfer, 2011). Research shows that religiosity and

spirituality have a modest negative association with crime and may assist in reducing recidivism and desisting from negative behaviors, though the exact mechanisms are unclear (Mears, Roman, Wolff, & Buck, 2006). Bakken, DeCamp, and Visser (2014) found that spirituality can provide reentering individuals with psychological and emotional comfort in times of stress, serve as a guide through the challenges they face upon release, and facilitate an identity shift that may act as a catalyst in desistance from drug use. In addition to being a coping mechanism, spirituality and religious practices can also help reentering individuals through various emotional and self-reflective processes such as forgiveness and reconciliation, which are important to social rehabilitation (O'Connor, Duncan, & Quillard, 2006).

Because women have higher levels of religious participation and are more interested in religion and spirituality than men (Taylor et al., 2005; O'Connor & Duncan, 2011), it is important to understand how spirituality may affect the process of reentry for women released from jail or prison.

Given the growing proportion of women involved in the criminal justice system and their unique roles in their families and communities, this study explored the informal social support available to formerly incarcerated women. The research questions were: (a) What are the kin relationship networks of formerly incarcerated women returning to poor and disadvantaged neighborhoods in New York City? and (b) How do women use their kin relationships to receive social support?

METHODS

Overview of the Parent Study

This study is part of a larger research project that described the community reintegration processes of 30 women with mental health problems who have been incarcerated in New York State correctional facilities and Rikers Island, New York City's main jail complex. To participate in this study, the women had to meet the following eligibility criteria: (a) self-identify as a female; (b) age 18 years or older; (c) release to Bronx, New York; (d) incarcerated in a New York State correctional facility or Rikers Island; (e) self-report mental health problem; (f) provide informed consent; and (g) agree to the interview being digitally recorded. All interviews were conducted in a private meeting space. All participants were compensated in cash for their participation. The present study explored their kin relationships and access to social support.

STUDY SETTING

The number of sentenced female prisoners in New York State increased 4.9% between 2012 and 2013 (Carson, 2014), and about 73% were

parents (State of New York Department of Correctional Services, 2008). Approximately 30% of the women in New York State prisons were convicted for drug offenses, and approximately 42% were diagnosed with a mental illness as of 2007 (Women in Prison, 2009). The majority of women incarcerated in New York State correctional facilities often return to poor neighborhoods, such as Bronx, New York, a community disproportionately impacted by incarceration (Shah, Edmonds-Myles, Anderson, & Shapiro 2009; U.S. Census Bureau, 2011).

The study setting was chosen because of its higher than average population of underrepresented and historically disenfranchised individuals: racial and ethnic minorities and the poor. Women's incarceration has a significant and disproportionate impact on poor communities of color; for example, most of New York's female inmates come from a handful of low-income urban neighborhoods in New York City (State of New York Department of Correctional Services, 2008), especially the Bronx.

In 2011, 43% of Bronx residents identified as Black, and 54% identified as Hispanic or Latino (U.S. Census Bureau 2011). Bronx County is the poorest of New York City's five boroughs and one of the poorest counties in the United States, with 41% of residents being impoverished, 58% receiving public assistance, and 40% of households in the Bronx are headed by women (Mellow et al., 2008; Shah et al., 2009). The current unemployment rate in the Bronx is 13.4%, which is higher than the 9.4% unemployment rate of New York State (New York State Department of Labor, 2013).

PROCEDURES

Qualitative data consists of transcripts of semistructured, in-depth interviews with 30 formerly incarcerated women released to Bronx, New York. The interview questions used for the present study were the following: (a) What support did you expect before your release?, (b) How did the support you received differ from the support you expected?, and (c) Who did you ask for help when you got out? (Did you have support from friends or family members to help you with this transition?).

Albert Einstein College of Medicine of Yeshiva University Institutional Review Board approved the study. Using a venue-based sampling approach (Meyer & Wilson, 2009), study participants were recruited from the criminal court, parole and probation offices, addiction treatment centers, and reentry agencies. Between March and May 2011, the first author and her research team, comprised of graduate students and medical residents, conducted semistructured, face-to-face interviews with the study participants, who were within one year of their release from prison or jail. All interviews were conducted in a private meeting space at an academic institution and digitally recorded. The interviews lasted 60 to 90 minutes. To avoid potential coercion, prior to the semistructured interviews, researchers read

the informed consent aloud, encouraged potential participants to ask questions, and reminded them that their participation was indeed voluntary and that they could withdraw at any time. All participants completed and signed the informed consent and the demographic questionnaire and each participant was compensated \$40.00 in cash for completing the interview.

DATA ANALYSIS APPROACH

The interviews were transcribed verbatim by a professional transcriptionist and the coding and analysis of the interview transcripts was conducted using NVivo 10 qualitative software. The first and second author reviewed the transcripts and observed that “kin relationships” was a reoccurring theme. Rather than using traditional definitions of kinship that involved ties by blood or marriage, for the purposes of this study, all individuals with strictly personal, informal relationships with the participants were considered part of their kin networks. The first and second author developed a codebook for kin relationships and social support and coded passages where participants described their informal relationships and supports to identify the different family configurations. Open, axial, and selective coding was used to develop the kinship codes (Corbin & Strauss, 1990). During open coding, conceptual categories and subcategories (“codes”) were developed from and identified in the transcripts, and data was grouped together according to the codes assigned (Corbin & Strauss, 1990). Axial coding involved comparing the relationships between categories and subcategories and testing them against the data and selective coding entailed the selection of a “core” category around which was used in the analysis (Corbin & Strauss, 1990; Hsieh & Shannon, 2005). Ryan and Bernard’s (2003) cutting and sorting approach was used to examine and categorize the participants’ descriptions of their informal relationships; other comments were set aside for other analyses. A line-by-line examination of the raw data was conducted to characterize support as being provided to their kin, provided by their kin, or expected from their kin. After coding the relationships and support, the authors met to deliberate and resolve any coding discrepancies. Additionally, demographic statistics of the study participants, including race/ethnicity, educational attainment, incarceration history, and family characteristics (e.g., number of children and marital status), were analyzed by running descriptive statistics using SPSS Statistics 20.

FINDINGS

A grounded theory analysis of the transcripts identified the following kin relationships: (a) biological families and stepfamilies; (b) children and grandchildren; (c) romantic partners and their family members; (d) peers, friends, and acquaintances; and (e) God.

Sample Characteristics

The study sample was comprised of 30 women, ages 21 to 57 years old, with a mean age of 45 years. Most participants were women of color: 65% ($n = 19$) of the study participants identified as Black, 25% ($n = 8$) identified as Latina, and 10% ($n = 3$) identified as White. Of the participants, 37% ($n = 11$) had not completed high school or obtained a general education diploma (GED), another 37% ($n = 11$) of participants had completed high school, and the remaining women 26% ($n = 8$) had some college experience. The majority of women in the sample were mothers; 13% of women ($n = 4$) reported having no children. Participants reported a range of zero to six children, with the median number of children being two. The study sample was evenly split in terms of marital status, with 50% single women ($n = 15$) and 50% married women ($n = 15$).

Participants' incarceration histories varied. The mean age of first incarceration for study participants was 34 years, with a minimum age of 13 years and a maximum of 52 years. Of the 30 women in the sample, 11 (37%) had been in jail only, 2 (6%) had been in prison only, and 17 (57%) had experienced both jail and prison. Participants' last incarceration ranged from 4 days to 7 years, with a median length of 14 months.

Relationships with Biological Families and Stepfamilies

Biological family and stepfamily relationships represented the majority of kin relationships mentioned. Commonly cited relationships in this category included parents, siblings, and grandparents. Female family members comprised over half of the relationships mentioned, while male family members comprised 42%. Female relatives (e.g., sisters, aunts, mothers, and grandmothers) were cited as emotional support providers by most of the participants, and support was provided to them both during and after incarceration:

Well, my mom was the only person who had my back when I was locked up. And she, my father and I weren't getting along, but he was out of the country for the month when I got released. And, my mom was like; well you can stay here until your father comes home. But, you have to figure out a plan of action of what you're going to do different. And I don't want you going back to your old neighborhood. So, my mom opened the doors. (Latina respondent, age 39, has 6 children, released 6 months)

Instrumental support exchanges commonly cited by interviewees included housing upon release and/or long-term living arrangements, money, care packages, and visits from children or other family members. Five interviewees, including the following participant, mentioned that biological and stepfamily members had custody of their children:

My sister has custody of my daughter. ... My mother's sister raised me ... so I'm like real close to her. I affected my family mentally and emotionally when I was out there doing those things, but I still have a relationship with them. (Black respondent, age 43, has 3 children, released 6 months)

The frequency and continuity of social interactions and expressions of support were also important, particularly during difficult times, such as incarceration.

While kin relationships were a common source of support, they could also be challenging. For example, six participants presented substance abuse problems and intimate partner violence as a major complication in re-establishing ties with biological and stepfamily members. The same woman who relied on her mother upon release mentioned that her aunt had introduced her to cocaine:

I was 15 when I tried cocaine. I had family members with, using drugs at the time. My aunt introduced me to cocaine. I thought it was just the thing to do. Like they were doing it. I didn't really spin out a control until like in my mid 20 s when I tried crack. (Latina respondent, age 39, has 6 children, released 6 months)

One participant also described several domestic violence situations within her family, such as witnessing her father physically abusing her mother:

Interviewer: Did you ever see your father hit your mother?

Participant: Yes. I was 9 years old as a matter of fact. And, when I saw him hitting my mother, I told my mother, call the cops on him, call the cops on him. He beat the shit out of me. I had bruises in my eyes, my face, and all that. I never forget that. (Latina respondent, age 42, has 3 children, released 3 days)

Upon release to the community, this participant made a decision not to have a relationship with her father, though she maintains a relationship with her mother. Her parents have been separated for quite some time.

Relationships with Children and Grandchildren

Children and grandchildren represented another significant kin relationship amongst the women in the sample. Positive descriptions expressed by the participants about their children and grandchildren included: closeness, affection, communication, visits, and contact. Support provided by children and grandchildren was primarily emotional and companionship support. Emotional support from children and grandchildren included frequent and open communications, expressions of affection, and concern

for interviewees' emotional well-being, as described by the following participant:

I'm a mother of two children. I have one grandchild. She's 1 years old. And I have another grandchild on the way. I'm an addict in recovery. I talk to my kids mostly, if not every day, every other day. My daughter, she'll call anytime. I'll be in the shower; my daughter will call. I'll be crossing the street going someplace and my daughter will call. I love both my kids very much. (Black respondent, age 53, has 2 children, released 2 months)

Interviewees valued being able to talk to their children or grandchildren about their daily lives and were pleased at having their children or grandchildren be happy for the things they had accomplished. Several women described openness of communication as a feature of their good relationships with their children and grandchildren. One woman stated the following:

And right now that I'm home, I talk to my daughter and I explain to them where I've been and the things I've done. I'm very honest and open with my children. I let them know about my addiction to drugs. I took sex education courses. I keep condoms in my house. I explain to them about STI's, HIV, AIDS, the difference. And they're good kids. I took parenting courses as well so I tried to like take everything that I could be able to help me with my child and my situation once I go home. So I have a very good rapport with my baby. (Black respondent, age 47, has 2 children, released 5 months)

However, six of the participants also mentioned that their absence—whether it was due to drug use, incarceration, or other life circumstances—caused emotional distance in their relationships with their children and grandchildren, as with the following interviewee:

My oldest daughter have a lot of animosity toward me because I never went back together from where my father was raisin' her. And then she was brought to me when she had another baby. (Black respondent, age 47, has 2 children, released 5 months)

Similarly, another participant indicated, "My son is cordial towards me, but he doesn't really, he kind of gives me the cold shoulder a little bit. 'Cause I was supposed to be there for him, and I wasn't" (Black respondent, age 43, has 3 children, released 1 month).

Another participant said that her oldest daughter was angry and did not want to talk to her for a long time because she "felt that I contributed to my mother's passing with my drug use and distress that I caused her" (Black

respondent, age 52, has 2 children, released 18 months). Anger or resentment on the part of adult children and grandchildren affected women's ability to reintegrate into society as well as the process of family reconciliation, as it forced them to balance caregiver roles and expectations with the day-to-day challenges of reentry.

Relationships With Romantic Partners and Their Family Members

Romantic partners represented another important kin relationship. Children's fathers and boyfriends were frequently cited relationships in this category, while husbands and ex-husbands were less common. Positive descriptions of relationships with significant others appeared to focus primarily on expressions of social support, both during and after incarceration, and living arrangements and financial help were common themes. A few women had partners who took over or shared caregiving responsibilities for their children. Four participants cited having significant other relationships with other women, but not all of them necessarily identified as gay, lesbian, bisexual, or homosexual. One woman noted:

I knew my preference was females. But I married XXX 'cause he was my best friend and I totally dismissed the fact that, when you have a husband, you have to perform your wifely duties, and, it's what I did. And it wasn't until he left me that I decided to be myself. But once my husband left me, I was just pretty much on this, let me just do me . . . and that's when I started, (sigh) going' out to clubs, experimenting with cocaine, and drinking and hanging' out with the wrong people. And I got with this chick and she introduced me to crack, and it was a mess. (White respondent, age 29, has no children, released 12 months)

Participants also said that their partners' family members had taken responsibility for raising their children for a period of time. Positive descriptions included expressions of affection and the ability to ask family members for help with problems, as expressed by the following participant:

My family in-law is number one in my life because they're good people. And, if I need them, they will be there for me. And I never grew up with a mother, or a father. Because when I had my daughter I was 18, just out a high school. So, my ex-husband paid for me to go to college and all that stuff. My mother-in-law is my family. My twin sister-in-law is my family. I never really had a real structured family, but my ex-husband family. I would do anything for them right now. If they'd need me, I'll be right there. (Black respondent, age 44, has 3 children, released 14 months)

Romantic partners provided mostly instrumental and emotional support, while the partners' family members provided mostly instrumental support.

These significant others and the families shared instrumental support responsibilities with interviewees' biological and stepfamily members, such as financial help, living arrangements, and caregiving responsibilities or custody of children.

Relationships With Peers, Friends, and Acquaintances

Peers, friends, and acquaintances represented another kin relationship. However, as these relationships were usually mentioned in passing, descriptions were generally less detailed than those involving biological and stepfamily members, children, and grandchildren. Peers, friends, and acquaintances provided interviewees mainly with instrumental and emotional support. Instrumental support included financial help and help with housing, though assistance provided seemed to be occasional and/or of a shorter duration than assistance from significant others or biological or step-family members. Two women indicated that their peers were a source of information about meeting their basic needs:

I found out from a female I know from around the programs about the [three quarter] house I'm currently in now. (White respondent, age 35, has 2 children, released 6 months).

Asking the girls in the shelter that have the 2010E, what are they doing, who have they seen. Visiting these people. Setting up appointments. But there's one particular building that I'm waiting. (Latina respondent, age 50, has 2 children, released 12 months)

Relationships With God

Out of the 30 interviewees, 12 cited relationships with God. Relationships with God were described as private dimensions of spirituality, and in overwhelmingly positive terms. The privacy of relationships with God offered women opportunities for deeper self-reflection, and conversations with God were important coping mechanisms for many women in times of personal crisis. Participants' relationships with God provided them with predominantly emotional support, giving them strength and hope:

I know that I have a purpose on this earth. I don't know what it is right now, but I would love to find out ... and the only way I'm going to find out is if I stay positive and stay strong, and keep believing in Him that everything is going to be alright and I'm going to be okay. (Black respondent, age 46, has 2 children, released 5 months)

Several women mentioned that finding God was an important turning point for them; they expressed the importance of spirituality in their lives,

or attributed their survival due to God. In the process of developing their individual spirituality, participants also began processes of personal change:

I was able to get out because of the higher power. My God, my Jesus. If God can forgive me, I need to forgive other people that have hurt me. It works both ways. A lot of people don't know that. (Latina respondent, age 50, has 2 children, released 12 months)

These changes also included behavioral aspects. For example, one woman who had procrastinated on choosing a physician after obtaining her Medicaid said:

I just got Medical, but I was supposed to choose a doctor a physician and a gynecologist. And I have been procrastinating to do these things for myself. So it's just like, recently I just get this push. You know when you get this push to tell you what you doing? Get up. Help yourself. God say who help themselves, He will help you. Why are you just sitting there? I'm reaching out now. I'm praying that you know. (Black respondent, age 44, has 3 children, released 12 months)

DISCUSSION

Examining kin relationships among formerly incarcerated women, a historically known disenfranchised population, is of key importance (Shah et al. 2009). Our findings are consistent with research conducted by Leverentz (2006, 2011) and suggest that identifying kin relationships for formerly incarcerated women are important ingredients to community reintegration. As Salina and colleagues (2011) stated, women with histories of incarceration are best understood within the context of their relationships with family members to meet their needs, because they are disproportionately influenced by a lack of available resources, and most have children who are impacted by their incarceration.

An important finding is how children and grandchildren represented a key relationship for the study participants. Women primarily relied on their children and grandchildren for emotional and companionship support and were generally aware of the family impacts of their absence during incarceration. Some women mentioned trying to make amends for not being there as their children were growing up. Participants' concerns with their children's education, behavior, and custody were congruent with previous studies on maternal incarceration and child relationship outcomes, as well as their feelings that their past behavior and incarceration had damaged their maternal roles (Brown & Bloom, 2009; Leverentz, 2011; Michalsen, 2011). These concerns seemed to be reflected in supportive exchanges with children and grandchildren; visits, frequent communication, and time spent together were commonly cited instances of emotional support provided by and to the participants.

As research has consistently shown, parenting presented another set of responsibilities that complicated community reintegration such as securing housing, finding employment, and parole compliance (Jiang & Winfree, 2006; Brown & Bloom, 2009; Cobbina, 2010; Javdani, Sadeh, & Verona, 2011; Bergseth, Jens, Bergeron-Vigessaa, & McDonald, 2011; Salina et al., 2011). Caregiving was a common supportive exchange in relationships with their children and grandchildren, where women were predominantly support providers. In keeping with the participants' child rearing and caregiving responsibilities, the support they provided to their children and grandchildren included living arrangements, childcare, and educational support. However, companionship support was received from and provided to children and grandchildren in ratios that suggested relative reciprocity.

Finally, an important contribution to this growing literature is the importance of God in the women's lives. While relationships with God are not traditionally considered in kinship networks, the participants' descriptions of these relationships seemed to reflect their changing relationships with themselves. Processes of personal change inspired by God included both emotional and behavioral aspects, both of which appeared to influence their reintegration experiences. Given the stigma associated with having a criminal justice history and the burden imposed by incarceration on family relationships, it is perhaps unsurprising that more women appeared to gravitate toward introspective spiritual relationships than communal ones (Brown & Bloom, 2009; Christian & Thomas, 2009; Salina et al., 2011). However, prior studies on the role of religious practices in health behaviors and social support (Taylor et al., 2000; Chatters et al., 2002; van Olphen et al., 2003; Levin, Chatters, & Taylor, 2005; Taylor, Lincoln, & Chatters, 2005) certainly suggest that church-based support networks available to women who have been incarcerated deserve further study.

This study contributes to the literature by providing a deeper examination of the kin relationships available to formerly incarcerated women that place their maternal roles, caregiving responsibilities, and relationships with their children in the wider context of their informal social networks (Heidemann, Cederbaum, & Martinez, 2014). By including current romantic partners, ex-partners and their families, and informal relationships such as peers, friends, and acquaintances, and God, this study offers an expansive consideration of the kin networks and responsibilities that formerly incarcerated women are likely to be engaged in during community reintegration. To our knowledge, this is the first qualitative study to provide a thick description of the kin relationships available to women who have been incarcerated.

Study Limitations

One key limitation of this study is its small sample size, which precludes generalizations of the findings on relationships and support to formerly

incarcerated women as a population. Because we included different perspectives of women who were incarcerated in prison and/or jail, those correctional experiences might impact reentry and kin relationships. Finally, this study only provided a cross-sectional perspective of the participants' kin relationships, and does not fully capture the dynamic and changing nature of relationships over time (Leverentz, 2006).

Implications

While previous research has identified women's needs for successful community reintegration, this study illuminates their reliance on diverse forms of kin relationships and provides preliminary information on the family members they rely on to meet those basic needs (Arditti & Few, 2006; Moe & Ferraro, 2006; Salina et al., 2011). Family support plays an important role in successful reentry for individuals with histories of incarceration (Vera Institute, 2011). By expanding the definition of family to include a more inclusive portrayal of family members and kin, providers and researchers in the field of criminal justice and reentry services such as social workers, policy makers, criminologists, sociologists, and public health workers can better understand the diversity of the network of relationships and the communities of formerly incarcerated women.

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