Published in final edited form as:

Women Crim Justice. 2016 ; 26(2): 145–164. doi:10.1080/08974454.2015.1067174.

STRUCTURAL INEQUALITY AND SOCIAL SUPPORT FOR WOMEN PRISONERS RELEASED TO RURAL COMMUNITIES

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Abstract

Incarceration and community reentry for rural women reflect gendered processes. We draw upon in-depth semi-structured interviews and focus groups to examine the return of women prisoners to underserved rural communities, while attending to the perspectives of their closest social supporters. Our findings underscore the complexity of the reentry process for rural women and its particular impact on their families. We challenge dominant discourses of personal responsibility that detract from the structural violence and injustice shaping reentry experiences for women and their social supporters. We also consider the policy implications of discharge and reentry planning for rural women and their families, as well as strategies to reduce recidivism.

Keywords

community reentry; family; incarcerated women; New Mexico; rural

Incarceration and community reentry for rural women reflect gendered processes, with gender shaping incarceration rates and the support prisoners may need upon release (Opsal & Foley, 2013; Willging, Lillioott, & Kellett, 2015). Women in the United States are largely incarcerated for non-violent crimes (Smyth, 2012). Their rates of incarceration for such

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COI STATEMENT

There are no conflicts of interest to report.

crimes exceed those of men (54.4% versus 35.9% in 2010; Guerino, Harrison, & Sabol, 2011). Women prisoners are more likely than male inmates to experience physical and sexual abuse, serious mental illness, substance use problems, and suicidality (Lynch et al., 2014), and to be the primary caregivers of children (Celinska & Siegel, 2010; Cobbina, Huebner, & Berg, 2012; Smyth, 2012).

Post-incarceration experiences are also influenced by gender, as well as by rurality. When compared to both rural men and urban residents, rural women face greater disparities associated with mental distress, substance use, and crime. They have less formal education, fewer employment options, and more poverty (Callan & Dolan, 2013; Coward et al., 2006; Hauenstein & Peddada, 2007). Treatment resources for rural women are scarce (Hauenstein & Peddada, 2007). Geographic isolation influences their ability to travel to and from needed services. Already restricted economic and housing opportunities may be further undermined by the stigma of criminality and gender discrimination in rural communities (Kellet & Willging, 2011). These health and social inequities lead rural women released from prison to rely upon informal and insecure networks of family and friends to support them during and after their release.

Recent studies of social support among women transitioning from the penitentiary rarely showcase the perspectives of the nonprofessionals who assist in this arduous process (Clone & DeHart, 2014; Leverentz, 2011; Nargiso, Kuo, Zlotnick, & Johnson, 2014). We conducted semi-structured interviews and focus groups to assess the community reentry needs of rural women affected by mental distress, substance use problems, and poverty, and the roles and experiences of the people representing their informal social support networks. Participants in this research included inmates in New Mexico's only prison for women, the family members and friends of rural incarcerated women, and persons classified as "community advocates," including clergy or employees in a human services field, who provided emotional support and guidance to incarcerated women and their families, but did not work in an explicitly professional capacity.

This research centers on inmates and informal social supporters rather than corrections officials and treatment providers (Willging et al., 2015). By highlighting the voices of both inmates and social supporters, we illuminate the social and interpersonal, rather than individual, nature of incarceration and reentry. We also clarify the larger social, emotional, and pragmatic context of reentry in rural localities, and the effects that incarceration and reentry exerts on families and communities. Understanding the larger context and ripple effects of incarceration allows us to suggest interventions targeting the social and interpersonal dimensions of reentry that are crucial to women in rural areas, and which may receive less attention than more individual contributors to recidivism, such as substance dependence and mental illness.

Our goal is to bring attention to the social, institutional, and structural factors impinging on women's post-incarceration in rural areas. Conceptually, we draw from the complementary theories of "structural violence" (Farmer, Nizeye, Stulac, & Keshavjee, 2006) and "structural injustice" (Young, 2011) to analyze the transition challenges that women returnees face and the capacity of their social supporters to optimally assist with reentry. This lens prompts us

to ask: In what ways is informal social support essential to reentry? What role does this support play in the experiences and expectations for release of women prisoners in rural and under-resourced areas? What do the perspectives of informal social supporters add to our understanding of the unequal life chances of incarcerated women and of possible strategies to promote successful reentry?

Foregrounding the often silenced voices of women and their social supporters may allow common experiences of structural violence and injustice to inform reentry programming. While greater support for family related to reentry is needed, we must pursue interventions that promote social and institutional accountability rather than simply implicate personal responsibility for the intersecting harms that rural women suffer within and outside of prison. Concerted efforts to more effectively marshal community resources independent of family are pivotal to reentry success. However, we caution against efforts that result in punitive criminal justice and social welfare policies and increased institutional control over women's lives. One promising reentry intervention—the Critical Time Intervention—may facilitate (a) more effective and efficient use of limited resources and (b) the building of local connections to enhance the transition from the penitentiary to community for rural incarcerated women and their social supporters.

Background

New Mexico is a poor and underserved state. More than half of the state's 33 counties have poverty rates exceeding 20% (Rural Policy Research Institute, 2008), and all but one are health professional shortage areas (Health Resources and Services Administration, 2015). In the past decade, the state has experienced the most unequal economic expansion in the nation (McNichol, Hall, Cooper, & Palacios, 2012). Booms in oil and mineral extraction in rural areas have driven up housing costs so that affordable housing is often unattainable to those who do not benefit from industry profits (Haggerty, Gude, Delorey, & Rasker, 2014).

In this formidable context, over half of New Mexico prisoners will recidivate in five years (Sallee, 2012). The corrections system does not target treatment for prisoners based on needs; evidence-based programs to reduce recidivism have been cut in recent years, have long waiting lists, or are implemented with minimal fidelity. Furthermore, rural areas typically lack resources for adequately supporting returnees. Reentry programs that may serve urban areas are generally unavailable in rural settings (Scroggins & Malley, 2010). In New Mexico, the lack of community resources results in longer prison sentences and the expansion of in-house parole.

Family Support

In rural areas, families serve as *de facto* safety-nets for former women prisoners (Kellett & Willging, 2011). Studies have shown that women are more likely than men to reconnect with family members and to seek support through family ties (as opposed to peers) both during incarceration and following their release (Cobbina et al., 2012). For women who are mothers, close connection to children may deter further involvement in criminalized activities upon release (Edin & Kefalas, 2005; Hope, Wilder, & Watt, 2003; Sharp & Marcus-Mendoza, 2001). Families may help with child care both during and after

imprisonment, although studies show that complications may arise when they abruptly shift this responsibility back to recent returnees (Cecil, McHale, Strozier, & Pietsch, 2008; Dodge & Progrebin, 2001; Opsal & Foley, 2013).

When in place, strong social ties to family function as a bridge between the prison and the community, providing women with supportive resources that help minimize the chances for recidivism during the time of transition, including pragmatic assistance with food, transportation, shelter, and money (Arditti & Few, 2008; Cobbina, 2010; Mallik-Kane & Visser, 2008; Martinez & Christian, 2009; Wolff & Draine, 2004). Families can buffer women returnees against the demoralizing effects of stigma associated with having a criminal record and protect them from social isolation (Mills & Codd, 2008). They can also facilitate participation in treatment and social programs, deter women from criminalized behaviors, such as substance use, typically associated with recidivism (Staton-Tindall et al., 2011), and aid the recovery process simply by being available to listen and voice their encouragement (cf. England Kennedy & Horton, 2011).

However, it is common for former prisoners to lack strong social support (Dodge & Progrebin, 2001; Draine & Herman, 2007; Lopez, 2013). Some may find that families intensify their vulnerabilities, such as when members are abusive, or are prone to misusing substances in their presence (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005; Strauss & Falkin, 2001). Family members may also struggle to meet their own health, mental health, and basic subsistence needs (Hawkins & Abrams, 2007; Lopez, 2013). Finally, as we describe in this study, many family members wish to help support their loved ones, but simply do not know how.

Conceptual Approach

Incarceration, as a method of social control, assumes at its core that individuals who take part in criminalized activities are personally and solely responsible for causing harm to society, and that placing them in prisons will protect the public from harm and allow society to function more freely (Wilson, 2013). This rationality underpins discourses of personal responsibility that govern contemporary systems of public assistance in the United States (Young, 2011). Personal responsibility discourses make individuals and their families exclusively responsible for their lives and wellbeing, absolving any other entities—including institutions and social structures—from blame for any harm a person may suffer (Povinelli, 2011; Young, 2011).

The rhetoric of personal responsibility is a central and popular rationality of present-day neoliberal modes of governance (Povinelli, 2011; Young, 2011), and is contrary to scholarly understandings of structural violence, the mutually-reinforcing sources of which include racism, colonialism, gender inequities, and poverty (Farmer et al., 2006). As defined by Farmer and colleagues (2006), the term “structural violence” describes:

...social arrangements that put individuals and populations in harm's way.... The arrangements are *structural* because they are embedded in the political and economic organization of our social world; they are *violent* because they cause

injury to people (typically, not those responsible for perpetuating such inequalities).
(p. 1686)

Structural violence preserves unequal distributions of power that impair the capacity of individuals to care for themselves and their families by restricting access to material resources to already privileged groups. As Young (2011) describes, marginalized individuals are further impaired by the structural injustices that result from structural violence, referring to the multitude of more diffused and ill-defined vulnerabilities that cannot be attributed directly to a specific individual, institutional, or policy wrong-doing, such as a lack of affordable housing or transportation difficulties. Such vulnerabilities may exacerbate escalating rates of crime and incarceration, most often in minoritized communities (Travis, Western, & Redburn, 2014).

Personal responsibility discourses disregard the well-documented “unintended” or “collateral consequences” of incarceration on families, neighborhoods, and stereotyped social and racial/ethnic groups (Comfort, 2008). Although the contemporary logic of incarceration and public assistance isolates the individual for blame and accountability, structural violence and injustice exert broader negative effects on both social networks and communities, in this instance the families of incarcerated women returning to rural areas. To disrupt the asymmetrical patterns of opportunity (privilege) and constraint (marginalization) engendered by the neoliberal emphasis on personal responsibility, we must closely attend to social and institutional structures and policies that shape the contexts of women’s reentry. We need to challenge dominant understandings of reentry as an individual problem rather than a systemic and societal concern, and commit ourselves to advancing reentry interventions that promote social accountability.

Methods

As part of a broader study, we conducted semi-structured interviews and focus groups with inmates incarcerated in New Mexico’s only state prison for women between April and August 2009, and semi-structured interviews and focus groups with informal social supporters between September 2009 and April 2010. The social support sample included former women prisoners, family members, friends, and community advocates. In this analysis, we bring together the perspectives of both inmates and social supporters to deepen our understanding of how structural violence and injustice can shape provision of informal assistance to rural women undergoing reentry. Both the research design and written informed consent protocols were approved by the Institutional Review Board of the Pacific Institute for Research and Evaluation.

Recruitment proceeded as follows. Eligible for the purposive cross-sectional inmate sample were women in the general population scheduled for release within 6 months to micropolitan counties having no urbanized areas and 10,000–50,000 persons, and “non-core” counties with fewer than 10,000 persons. Both types of counties are regarded as rural (Hough, Willging, Altschul, & Adelsheim, 2011). The 99 inmates were selected consecutively from lists generated by prison officials until we achieved approximately equal numbers of Hispanic, Native American, and White women. To assess the broader social support context

of reentry, we undertook two supplemental sets of interviews with purposive samples of professionals and nonprofessionals with direct knowledge or involvement in the reentry of women prisoners. We describe the interviews with the professionals (e.g., corrections officials and treatment providers) elsewhere (Willing et al., 2015). To construct the sample of nonprofessionals, we first recruited rural women with recent (one-year) reentry pasts from four rural communities where inmates were most likely to return. The participating professionals provided recommendations for these interviewees. We then invited those women who agreed to be interviewed to nominate an individual in their social network (e.g., family member or friend) for a similar interview delving into their views of reentry. We also asked the returnees to nominate other persons in the community who provided informal support to them during the reentry process. We continued this process until we reached saturation in the qualitative data, which was achieved once responses to interview questions from multiple participants began to repeat and no new data or insights were produced (Patton, 2015), resulting in a final size of 36 for the nonprofessional sample. Finally, to gain input into the feasibility and acceptability of intervention strategies to improve the social support context and undertake an accuracy check of interview data, we held five focus groups with inmates, women returnees, and nonprofessionals using the above recruitment approaches.

For the semi-structured interviews with inmates and social supporters, open-ended questions focused on general views of and experiences with reentry. We inquired into the nuances of social support provision, expectations of post-release challenges and opportunities, mental health and substance use issues and treatment needs, availability of community-based resources, and recommendations to facilitate the transition process. The focus groups provided impetus for both inmates and social supporters to elaborate on insights derived from the semi-structured interviews and to provide feedback into specific intervention strategies to improve reentry opportunities for rural women prisoners. Each interview took approximately 1.5 hours to complete. The focus group discussions were typically 2 hours in length. All participants received \$30 as compensation for their time and participation in either the interview or focus group.

We transcribed and analyzed the digitally recorded interviews and focus group discussions via iterative coding. A systematic line-by-line categorization of data into codes using the qualitative software NVivo (QSR International, 2012) allowed us to determine prominent issues in the data. For the inmate and nonprofessional datasets, we first pursued coding using a descriptive coding scheme based on the questions and broader topic areas that made up the interviews, and utilized the sensitizing concepts of structural violence and injustice. Sensitizing concepts are categories derived from social science theory that provide “a general sense of reference” when interpreting data (Patton, 2015, p.545). Second, we engaged in “open coding” of transcripts to determine new codes not included in the initial coding scheme. Third, we used “focused coding” to determine which codes were repeated often and which represented rare or unusual concerns (Corbin & Strauss, 2008). We then compared, consolidated, and organized the codes into major themes that cut across both datasets. The four prevailing themes included: (a) community- and gender-based constraints; (b) inadequate reentry planning; (c) informal support limitations; and (d) collateral consequences. Each theme described below elucidates the structural injustices that can affect

reentry outcomes and life chances of rural incarcerated women and social supporters. We provide quotations exemplifying the views and concerns of participants to illuminate dominant themes. Some quotations were edited to enhance readability.

Results

Participant characteristics

The inmate sample (n=99) included self-identified Hispanic (n=33), Native American (n=33), White (n=32), and African American (n=1) women. Participants were 20–56 years old (median=34); 51.5% completed high school or the general educational development test; 89% were mothers; 33.3% derived their income from a job 6 months prior to incarceration; and 51.5% reported economic hardship during this period, i.e., not having sufficient income to meet basic needs. As described in a separate publication (Willging, Malcoe, St. Cyr, Zywiak, & Lapham, 2013), 85% of inmates screened positive for substance dependence, 49% positive for a serious mental illness, and 45% positive for both. All had incurred trauma, often related to childhood sexual abuse or intimate partner violence; 47% had returned to prison for new crimes or parole violations largely related to struggles with alcohol or drugs. These rates were statistically similar across race and ethnicity.

During the interviews, the inmates described the support that they received from persons outside of prison during their incarceration. They reportedly received emotional support via phone calls, mail correspondence, and visitation, respectively, most often from their children (47%, 50%, and 17%), mothers (40%, 25%, and 12%), and partners or spouses (33%, 28%, and 9%). They were most likely to confide in their mothers (23%), friends (16%), and partners and friends (16%); almost 20%, however, identified “God” as their primary confidant. In terms of tangible items of support, most inmates identified money deposited to their commissary account (94%), photographs of loved ones (91%), handmade cards or pictures from their children (53%), and care packages consisting of books, magazines, or newspapers (39%). The majority (82%) received affectional support in the form of “words of encouragement” from social supporters based outside of the prison. There were no major differences to report by race or ethnicity in reports of emotional and affectional support or tangible items received in prison.

The nonprofessional social supporters who took part in interviews tended to identify their relationships with persons experiencing reentry in multiple ways: 47% classified themselves as family members (typically parents, siblings, and children); 22% identified as friends; 14% were spouses/partners; 14% were women returnees only. Nineteen percent also identified as “Other,” these were individuals who occupied roles as community advocates. Women made up 86% of the social support sample; 14% were men. Eighteen percent self-identified as Hispanic, 19% as Native American, and 50% as White. Participants were ages 20–85 (median=48); 77% had graduated high school or completed the general equivalency diploma test. Forty-seven percent of participants reported being employed either full time (33%) or part-time (14%). Thirty-nine percent of participants reported unemployment. Ninety-two percent reported incomes of \$36,000 per year or less. Notably, 42% of all social supporters had been incarcerated in the past.

We conducted five focus groups on potential interventions to enhance community-based social support to successfully facilitate reentry to rural environments. One group consisted of family/friends (n= 7), two included women returnees (n=4; n=8); and two were comprised of women pending release from prison (n=8; n=8). We did not collect demographic information from the focus group participants, although women and ethnic minorities comprised the majority.

Community- and gender-based constraints

Several contextual factors linked to gender, socioeconomic status, and rural context surfaced as barriers to successful reentry outcomes. In both interviews and focus groups, women facing or experiencing reentry typically described the need to quickly assume multiple responsibilities once they were released, including paid work, parenting, and fulfilling the obligations of their parole. The majority described challenges juggling these responsibilities simultaneously, especially when their housing situations were insecure or situated in rural areas where work was scarce. Epitomizing a common plight, one woman explained that the nearest job opportunities were 40 miles away from where she was paroled, and she did not wish to leave her children in the care of close kin who themselves struggled with drug use problems. A friend of an incarcerated woman echoed this concern about transportation: “In New Mexico you really can’t survive without a car. We’re not set up like big cities with big public transportation... [This] affects their [women returnees’] ability to get to their job, to get to their kids, [and] even to get to the grocery store.” Women lamented that available jobs usually did not entail a 40-hour work week or benefits, such as health insurance coverage or paid leave. Moreover, the requirements of having a job often clashed with the requirements of parole. One community advocate explained, “[Former prisoners] may have to make five [Alcoholics Anonymous] meetings per week for their parole.... How do you work a full-time job, make all of those meetings, get your children together, supervise them after school, and do it again the next day?”

Community advocates, in particular, emphasized that the lack of economic and housing options affected women exiting prison more than men, as the latter had fewer childcare responsibilities and more access to local rehabilitation services. These constraints on women were believed to increase their risk for re-incarceration. For example, one advocate pointed to the unequal availability of services for women: “The men here have five [halfway] houses.... There are absolutely none for women. There is no place for them where they can work and rebuild. Instead, these women get a prison.” A second advocate identified two local substance use programs for men, and noted that comparable services were not available to women.

The gendered challenges that women faced in finding work and housing often had spillover effects on those who assumed the responsibility to care for them. The responsibilities most commonly reported by social supporters included providing housing and accessing treatment resources. Jobs in retail and the service sector were said to be out of reach for ex-felons due to the combination of stigma and past histories of shoplifting and check-cashing fraud, while other employment options were in male-dominated industries. The mother-in-law and self-identified friend of a woman who would soon be released to her home critiqued the lack of

job opportunities available for formerly incarcerated women, in comparison to their male counterparts, who could at least find employment in construction or at local oil rigs. She said,

Where men, even if they've got a record, they've got the ability to go out and make enough money to get a house, a car, and feed themselves if they want to. Women don't have that ability. Very few women coming out of prison maybe can work at Walmart or Burger King or something.... We've got one Walmart. We've got just very few grocery stores.... So, then they have to rely on a loved one. It's real hard for a woman.

The mother of an incarcerated woman with mental distress and substance use problems echoed the statement that women have no one to turn to but their loved ones, "If I didn't provide a place for her, she would have no place to live [or people] to care for her.... I ask her, 'Where would you go?' and she says, 'They'd put me in another [corrections] facility.'"

Both family members and friends commented on the changing, interrelated, and sometimes unpredictable nature of the support that women returnees needed. One friend clarified, "Suddenly they don't even have a place to live because the boyfriend has locked them out, or because the boyfriend or the husband is the one that beat them up." Many participants (inmates and social supporters alike) observed that violent victimization, which affected women's housing situation, underlay their need for mental health and substance use treatment.

This need for mental health and substance use treatment was stressed by nearly half of social supporters in the semi-structured interviews. However, participants across all respondent groups pointed to structural and institutional barriers that undermined timely access to treatment and other resources. For example, a daughter described her repeated inability to help her mother access services for her substance use problem prior to incarceration:

When my mom was on drugs, I called five or six places, rehabs.... They wouldn't take her in. Honestly, she had to wait or she had to be court-ordered by the judge. I'm like, 'Well, what if someone just needs help?' There was nobody to help me [and] no resources to help her. I felt like, 'Dang, just let her do drugs until she gets in trouble and goes to jail.'

Other family members and friends described similar scenarios with women denied the types of services they believed would help prevent recidivism among persons with mental distress or substance use problems. Some also suggested that incarceration might be the only option for women to obtain specific services that they were unable to receive in rural communities. In sum, structural injustice as evidenced by the scarcity of employment, housing, and treatment resources for women in impoverished rural contexts continually frustrated the efforts of former inmates and social supporters to meet the obligations of parole and return to family and community life.

Inadequate reentry planning

While still in prison, some women in this study had participated in a reentry planning meeting in which, theoretically, they were to have been given the opportunity to voice

questions and concerns about their pending release with caseworkers, mental health and substance use counselors, medical representatives, and in-house parole officers who were to guide them on their post-incarceration paths. In reality, these meetings were often advanced or delayed by months, and when they took place, the interaction lasted minutes, forestalling any possibilities of designing a comprehensive plan for reentry. As reported by women who had experienced this process, prison personnel quickly reviewed the contents of their official files, declared where they would be discharged, and then concluded the meetings by signing documents. Referrals to local services and resources were not typically provided. Prisoner feedback was rarely elicited and the questions and concerns of prisoners' social supporters were excluded completely.

Many women in our study did not take part in reentry planning meetings because their release dates changed frequently or were unknown to them. They described instances when their release dates were altered at a moment's notice, leaving them very little time to notify or prepare their family for their departure. They also discussed incidents in which women were led out the front door and then later escorted back into the facility because prison officials had miscalculated their release dates. Such incidents created anxiety for both incarcerated women and their family members, who were reportedly left waiting in the parking lot, bewildered and frustrated.

In both interviews and focus groups, we solicited recommendations for improving support for reentry. Inmates most commonly suggested that prison-based reentry classes and transitional planning, as well as basic assistance in connecting to community resources, would be particularly helpful to them. There was general consensus among inmates, family members, and community advocates that the reentry support services offered in the prison were insufficient. One woman commented, "Once you're done, they just throw you out to the wolves, and they don't care.... What do you do when you get out?" In a similar critical vein, a mother described how her daughter was released without any prior notice to prepare or assistance getting home:

When she got released, she had to fight for a box to put her belongings in. And they wouldn't even tape it up for her.... [Suddenly,] she's been released [and they said], 'Here, get your stuff and leave.' They didn't even explain to her what she had to do.... So, she got [stuck] 18 hours on the bus.... She didn't know what to do.

Another former inmate and friend of an incarcerated woman underscored the inadequacies of pre-release preparation: "Even when you parole out, there is not really any preparations.... If you don't plug into some people out here with some resources, your chances are slim.... A lot of times we don't know where to look. We don't know where to begin." Overall, participants across all respondent groups were overwhelmingly critical of the insufficient nature of reentry planning services provided in the prison. This lack of support resulted in both confusion and frustration for women and their families as they attempted to prepare for an imminent release.

Informal support limitations

While women leaving prison relied on their family members to ease their transition, these informal providers of emotional, affectional, and tangible support contended with their own

struggles. Family members took on the responsibility to support their loved ones but were often unprepared to render needed support, did not fully comprehend or appreciate both the psychological and practical demands of the reentry experience, and were frequently unaware of resources within the community or how to access them. In some cases, family members directly jeopardized women's reentry process through their own continued drug and alcohol use.

With the exception of family members who themselves had been incarcerated or had supported other imprisoned kin in the past, social supporters were typically naïve about what to expect during reentry. They expressed their anxiety and suggested that their ability to help was inadequate at best. One mother explained, "When she was ready to come out, that was the time I kind of got worried. How do I handle this? How do I treat her? What do I say?" Another mother also expressed apprehension regarding her daughter's release: "[She] was anxious to come back to the community and to home. We [my husband and I] wanted to help, but we didn't know all that was involved. We knew she needed help, but we didn't know how to apply that help."

Although family and friends might be aware that their loved ones needed specific types of support, they often did not know where or how to access it. When asked about community resources for returnees, social supporters commonly asserted that they were limited or non-existent. For example, a woman described not having knowledge of local resources for her niece upon her release: "What's available? 'Cause we'd be in the dark of what's available to her.... If we knew, well, we could tell her, 'This program you can get into and there's this other thing you can get into.'" Family members wanted more information on how to help, and were exasperated that the state corrections system did little to fill this void. Indeed, no one from this system reportedly met with family members to answer basic questions prior to the release of loved ones.

Women prisoners recognized the limited ability of their families to support reentry. Many were hesitant to return to homes where family members presumably did not understand what they had been through while incarcerated. Some family members, they asserted, could not relate to their experiences, and might unknowingly "trigger" substance use or intensify the symptoms of mental distress for the former prisoner. As one woman explained, "Sometimes there are things that my mom does and she triggers me [to use drugs].... I'm not blaming it on her, but she just needs to understand." Women claimed to be triggered by the high expectations that family placed upon them, i.e., immediate resumption of previous responsibilities (e.g., earning money, maintaining a household, caring for children). A second woman explained how her family did not understand how jarring the transition could be for former prisoners: "My family expected me to just jump right up into everything.... It's a shock when we first get out and we start getting overwhelmed." Both women leaving prison and their relatives were discouraged that family members had not been offered any form of education or counseling that might help them to build empathy for, and to better understand and address, their loved ones' particular reentry needs.

Finally, many of the incarcerated women were reluctant to return to their home communities and families because of the preponderance of drugs and ease of access—a temptation they

might not be able to resist. They also attributed recidivism to influences exerted by family. As one inmate said, “Almost every female I know [here] that has gotten out of prison has gone back [to prison] due to them having to go back to the family members that are still using [drugs].” Another woman scheduled for release stated, “There’s part of my family that I can’t have anything to do with unless I want to come back [to prison].” Community advocates likewise suggested that the influence of family members who drank or used drugs posed major challenges to women wanting to stay sober. Women in these circumstances commonly asserted that their family members would refuse professional intervention due to mistrust and fear of arrest even if assistance was available. These household settings fostered an unpredictable and insecure living situation for women that reportedly increased their chances for recidivism, but was glossed over during the reentry planning process, often due to a lack of suitable alternatives in rural environments. In these ways, the isolation of inmates’ families from outside assistance, along with their own struggles with drugs and alcohol, were commonly interpreted as threats to assistance for women endeavoring to resume their lives and responsibilities.

Collateral consequences

As these results have already indicated, poor coordination of a prisoner’s discharge and subsequent return to rural communities negatively impacted the wellbeing of women and their family members. Community advocates indicated that family members felt the direct consequences of a loved one’s incarceration and reentry needs in emotional ways. Inmates also recognized this fact, with one woman observing, “It’s emotional for your whole family.... They’re doing the time too. She [mother] was wondering what she did wrong all my life.”

Per Comfort (2008), family members also experienced secondary prisonization through the parole requirements of their loved one. For instance, one daughter described how she was subjected to surveillance measures applied under her mother’s parole: “She had to parole out to my house, so I had to make sure it was in good condition for her to be here. They [parole officers] come and check on her, like just whenever they want, randomly.” In other words, by extension of her mother’s parole, the daughter was subject to the same legal requirements imposed on persons convicted of criminal behavior. Other family members characterized these requirements as infringing on their rights and expressed outright resentment for this situation.

When released from prison, both the women and their family members faced collateral damage in the form of restricted resources. One mother described how she spent all of her savings to buy a small run-down house next door to her own so her two daughters could live in it, one of whom was recently released from prison. Another mother mentioned that financial stress had begun to weigh heavily on her, as she was paying not just her own bills but her daughter’s bills as well, and was unsure how much longer she could continue to do so.

Stigma also affected family members. The husband of a woman who had been repeatedly incarcerated explained how he had been first marginalized and then rejected by his siblings: “My family just broke all ties because of my relationship with my wife.” This rejection

undermined his ability to support his wife and adversely affected his own mental health by exacerbating experiences of depression. Without family support, this man was left to cope alone with the stressors of resuming a relationship with his wife, who he believed was likely to return to prison in the first few months following her upcoming release due to expectations of alcohol relapse.

The collateral consequences of incarceration were, in some cases, severe enough to leave women believing they had “burned all of their bridges.” Although most women prisoners reported support from kin (see *Participant characteristics*), however tenuous, there were several who felt rejected. One inmate emphasized this predicament: “What if our families want nothing to do with us? My family won’t let me come home because of my past.” A woman returnee mentioned, “[My family] always assumes the worst of me.... Now when I’m back, they don’t even talk to me.... They don’t even want to help me get back out because I’m just going to fail again.” Finally, some family members expressed their exhaustion from previous reentries, which made them wary of providing future support. Whether or not they had purposefully taken on the responsibility of supporting reentry, families were intimately involved in and affected by the material struggles of their loved ones and the stigma that had fallen upon them as ex-felons.

Discussion

Our research problematizes informal social support in rural women’s reentry, and the effects of prison and the post-prison transition on their closest supporters. By focusing on the family of rural women prisoners, we illuminate the impact of incarceration on these important sources of psychological and pragmatic support while also elucidating how reliance on informal social support reinscribes structural inequalities and constrains chances at successful reentry.

In this study, rural women being released from prison and their closest social supporters, particularly family, appeared to internalize expectations that they take singular responsibility for their own wellbeing. During and after incarceration, women relied emotionally and materially on their relatives and friends, and sometimes only on “God.” For their part, despite the problematic reentry planning services and receiving little to no information or assistance independently, family often affirmed the desire to provide support. However, family members typically described themselves as being subject to financial hardship, stigma, personal surveillance, and emotional stress. As they assumed responsibility for the wellbeing of returnees, they were also critical of erratic release dates, the lack of information and support, and the dearth of opportunities for women to pursue economic independence in rural areas, or to benefit from treatment. These circumstances undermined the ability of families to prepare for the return and overloaded them with financial and emotional pressures. Although desirous of success, they repeatedly emphasized how they felt that they and their loved ones were “set up for failure” by the state corrections system. Ultimately, the “reach of the penitentiary” was felt beyond the prison walls, extending to women’s informal social support networks (Comfort, 2008).

At the same time as families became emotionally exhausted and grappled with fears about reincarceration, women leaving prison worried that their families, in turn, might unknowingly trigger relapse or overwhelm them due to their inability to fully appreciate the reentry experience. Given the preponderance of substance dependence among women inmates in this study (85%), continued drug and alcohol use within families could greatly amplify their potential for substance use relapse and put them at greater risk for parole violation and reincarceration. In this way, women's primary reliance on unprepared informal social support networks after release might negatively impact their chances at successful reentry.

This research underscores the challenges inherent in a state corrections system that places the weight of reentry on individuals and their informal social supporters while silencing their voices in the design and provision of contextually-relevant forms of assistance. Our findings resonate with Young's (2011) critique of personal responsibility discourses embedded in the logic of contemporary U.S. systems of governance and which underpin the dearth of broad-based assistance for rural women leaving prison. As observed earlier, Young (2011) recognizes that discourses of personal responsibility perpetuate asymmetrical patterns of opportunity (privilege) and constraint (marginalization) for disadvantaged populations. Similarly, we find that rural women leaving prison and their family members are expected to rise to a high degree of personal responsibility in supporting reentry, yet oppressive institutional and policy processes that can derail reentry, such as excessive parole obligations and restrictive eligibility requirements, are left intact. Other research clarifies the nuanced ways in which parole both structures and disrupts women's reintegration efforts post-incarceration by imposing conflicting demands and regulating their relationships with others (Opsal, 2015). Intersecting structural injustices, i.e., insufficient childcare, housing, jobs, human services, and transportation, and injurious social dynamics between former prisoners and their families, i.e., continued drug and alcohol use, misunderstanding, resentment, distrust, and limited communication, are also minimized or neglected. Emphasis on the individual attributes of criminalized persons, combined with disregard for the structural injustices that disadvantage and disempower returning citizens *and* their social supporters, together constitute a multi-tiered form of structural violence. In this context, women in fact have no choice but to rely largely on themselves and their families.

A great deal of literature on the implications of social support for reentry focuses on urban rather than rural populations (Christian & Kennedy, 2011; Collica, 2010; Comfort, 2008), and does not delve explicitly into the viewpoints of family members and other informal social supporters (Clone & DeHart, 2014; Leverentz, 2011; Nargiso et al., 2014). This research combines the perspectives of incarcerated women and social supporters to illuminate how gender and geography combined with inadequate access intensifies the range of oppressions already affecting incarcerated people, rendering the subjects of this study as potentially less visible and employable and more underserved than their male and urban counterparts.

The challenges of reentry described here are similar to those documented in studies of ethnic minorities impacted by incarceration (van Olphen, Eliason, Freudenberg, & Barnes, 2009; Wildeman & Western, 2010; Young & Reviere, 2006) and of women prisoners (Opsal &

Foley, 2013), especially those with mental illness (Visser & Bakken, 2014). These populations consistently report community stigma and structural injustice, including difficulties accessing housing, employment, and treatment for mental health and substance use after incarceration. The importance of family and friends as informal sources of emotional and material support also resonates with other populations of incarcerated women (Cobbina et al., 2012; Opsal & Foley, 2013), although the social supporters in our study appeared to be less able to provide informational support about reentry than those described elsewhere (Clone & DeHart, 2014).

Our findings also underscore a striking uniformity in the perspectives of Hispanic, Native American, and White inmates and social supporters that points to the salience of geographic, gender, and socioeconomic positionalities in shaping reentry processes. Ubiquitous markers of rurality in New Mexico are uneven economic growth and the imbalanced distribution of key resources, such as education, jobs, housing, community resources, and the kinds of transitional programming that have proved useful to women returnees suffering from substance use problems in urban areas (van Olphen et al., 2009). These inequities, we argue, are products of structural violence that conspire to produce and reproduce the structural injustices that undermine reentry.

To disrupt the relationship of structural violence to (re)incarceration, researchers have a responsibility to promote data-informed interventions and policies based on ideals of institutional and social accountability rather than on beliefs about personal culpability. Such accountability entails: (a) assessing and expanding social services in communities where prisoners return; (b) examining the connections between crime, incarceration, and poverty; and (c) focusing on the burden of incarceration beyond prisoners (Travis et al., 2014). Accordingly, we suggest fostering institutional support for women and their social supporters during reentry as well as bottom-up efforts to form positive prosocial linkages among women, families, peers, and communities.

One key area for institutional accountability to be augmented is in the provision of more ample and suitable reentry planning services beginning when women enter the corrections system and linking them to various forms of support that will aid in a successful transition. Recognizing both the importance of informal social support for released women and the disproportionate burden placed on these supporters, reentry planning must nurture positive social ties and focus on outreach and education for families (Cecil et al., 2008), such as specialized post-release case management to help women and families meet basic needs (Draine & Herman, 2007; van Olphen et al., 2009), coordination of referral services to reduce recidivism and minimize stress on families (Haimowitz, 2004), and interventions to cultivate relationships with peers and informal social supporters (Jiang & Winfree, 2006; Staton-Tindall et al., 2011) to enable women to better manage relationships with others (Salisbury & Van Voorhis, 2009).

However, to avoid reproducing the hegemonic values that engender conditions of structural violence in rural areas, interventions must not reinforce strategies of institutional control. We must encourage bottom-up efforts that incorporate the perspectives of former women prisoners and their social supporters regarding their particular reentry needs, wishes, and

desires. Within our study context, top-down efforts to improve reentry and post-release services elide the systemic social and institutional processes that shape the actual experiences of former prisoners in under-resourced rural areas. It is instead imperative to draw on the perspectives of former women prisoners and their close social supporters in the planning and evaluation of reentry services, and in forging links between all affected parties and community resources.

By illuminating how the downstream effects of structural violence undermine reentry, we can then conceptualize and enact appropriate interventions. One promising program targeting these effects is the Critical Time Intervention (CTI) which engages inmates, families, and community support systems in efforts to enhance reentry processes and outcomes by pursuing the strategies described above (Draine & Herman, 2007; Herman & Mandiberg, 2010). Although only recently adapted for criminalized populations, the CTI offers an evidence-based model for reentry services for inmates with serious mental health concerns, and borrows from other time-tested models, including assertive community treatment and intensive case management (Mueser, Bond, Drake, & Resnick, 1998; Penn & Mueser, 1996). To implement the CTI, specially-trained case managers draw from foundational tools, including illness management and recovery, supported housing, psychosocial skill building, and motivational enhancement (Culhane, Metraux, & Hadley, 2002; Mares, Kaspro, & Rosenheck, 2004; Tsemberis & Eisenberg, 2000).

Conceptually, the CTI does not focus exclusively on the individual; the intervention is premised on the idea of cultivating and sustaining prosocial connections in communities. Priority areas that target the downstream effects of structural violence are defined by women in partnership with their CTI specialists. Based on this study, relevant priority areas include making strides in getting basic needs met, obtaining employment and education, procuring safe and stable housing, securing mental health and substance use treatment, addressing trauma and victimization, enhancing parenting skills, and deepening prosocial support. To enhance social connections, families are asked for their input, prepared in advance, and offered support during reentry. The CTI also promotes collaboration with professional social supporters, such as corrections personnel, treatment providers, and other health and social service workers, to maximize efficient and effective utilization of available, but limited, resources.

The CTI may be valuable in drawing together the fragmented systems of care found in rural areas. This may involve creatively marshalling resources from the *de facto* mental health safety net that predominates in rural areas nationwide (Fox, Merwin, & Blank, 1995; Regier, Goldberg, & Taube, 1978). This safety net comprises general health providers, counselors, clergy, and other paraprofessionals who offer mental health support in the absence of specialized services in rural areas. The community advocates in our sample represent the kinds of informal assistance that women, family, and CTI specialists can tap in under-resourced environs. When specialized clinical services are unavailable, for example, the CTI specialist can serve as a liaison between these disparate resources and returning prisoners and their families by helping other *de facto* providers understand how to support women returnees. This specialist can educate returnees in advocating for support, help forge local connections to optimize use of scarce resources, and alleviate the isolation that inmates and

families describe. Through promotion of education within informal and formal systems of support, the CTI can also reduce community stigma that impinges on access to needed services. Although the CTI does not dismantle the structural contributors to poverty, marginalization, and scarcity of resources, it provides a key first step in assisting transitioning individuals and their families in gaining the knowledge, skills, and support systems to tackle various structural injustices that stymie life chances.

Despite the potential of programs such as the CTI, which require political will to properly fund and implement within state corrections systems, we cannot escape the broader context in which implementation occurs. Travis, Western, and Redburn (2014) call for reexamining long sentences and mandatory sentencing policies that exert tolls on both prisoners and society at large, yet do little to reduce crime. Similarly, we must reexamine the benefits of punitive federal and state policies that limit education, housing, employment, and peer support for returnees, become more aggressive with investing in and evaluating interventions, such as supported housing and employment programs, and provide health insurance to enhance access to services. Finally, we must continue to critique the gender, socioeconomic, and geographic disparities that pave rural women's paths to prison, the collateral consequences of incarceration on families and communities, and the logics of incarceration and individual isolation underpin them.

Limitations

This research examines reentry from the perspectives of inmates, family members, friends, and advocates invested in the wellbeing of persons with incarceration and/or reentry experiences. We did not track specific dyads of inmates/social supporters over time, and describe the views of professional social supporters, i.e., corrections officials and treatment providers, in a separate publication (Willging et al., 2015). The samples for interviews and focus groups consisted of adults and were skewed towards women participants. We discuss elsewhere the relationship between racism—a quintessential source of structural violence—and reentry issues among rural women prisoners (St. Cyr, Willging, Malcoe, Trott, & Garrison, n.d.). Although our datasets were richly descriptive with regard to the relationship between poverty, gender, and limited opportunity in rural communities, we lack detailed information on how racism and ethnic difference impacted the reentry process from the perspective of social supporters. However, there was much commonality in how participants of diverse ethnicities discussed reentry challenges and support issues. Finally, this research draws from relatively small purposive samples recruited from a single state. Thus, the findings may not fully generalize to other rural localities or states.

Conclusion

This research highlights the myriad ways women prisoners and social supporters are impacted by ideologies of personal responsibility. The structural violence affecting women may extend to kin, who bear the financial and emotional responsibility of supporting the release. Yet, reliance on precarious social support can compromise reentry. Structural violence begets structural injustice for women and their families. The resulting social costs include frayed family ties, increased risks of abuse, neglect, and delinquency among children

of prisoners, and the weakening of local economies due to lost productivity (Cecil et al., 2008; Comfort, 2008; Dodge & Progrebin, 2001; Travis et al., 2014). Addressing the dearth of resources that set women and families up for failure is not an individual problem, but a systemic issue of inequality. Rather than draw principally from dominant notions of individual blame and responsibility, solutions must emphasize social and institutional accountability for the harms faced by former women prisoners in rural areas and the burden incarceration places on families and communities. The CTI may offer a viable model for preparing women returnees and social supporters to avoid future harms as they pave paths for successful reentry despite the obstacles set before them.

ACKNOWLEDGEMENTS

The authors wish to thank Betty A. Bennalley, MA; Pamela Brown, RN, MPH; Laura Garrison, MA; Jeffery Draine, PhD, MSW; Daniel Herman, PhD, MSW; Lorraine Halinka Malcoe, PhD, MPH; and Patricia Hokanson, MPH.

FUNDING

This research was funded by grant R34 MH082186 from the National Institute of Mental Health.

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