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Mothers' Perceptions of Quality of Life After a Prison Nursery Program

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Walden University

College of Psychology and Community Services

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Gwendolyn Diane Parker Burke

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Walden University
2022

Abstract

Mothers' Perceptions of Quality of Life After a Prison Nursery Program

by

Gwendolyn Diane Parker Burke

MSW, University of Kansas, 1999

BS, Tennessee State University, 1984

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2022

Abstract

Roughly 1,400 babies are born annually to incarcerated women in the United States. A few mothers keep their babies with them in a prison nursery program. Most incarcerated women return to living in a community setting. The purpose of this qualitative study was to explore the experience of mothers transitioning from a prison nursery program to a community-based program with their prison-born child and their perception of their quality of life (QOL) postincarceration. Sen's capability approach of well-being, including a multidimensional measure of QOL, was the theoretical foundation for this study. In-depth semistructured interviews were used to explore the experience of three mothers regarding their QOL postincarceration. Findings from thematic and inductive coding analysis indicated that the prison nursery program helped participants be more responsible for themselves and their babies. Skills learned in the prison nursery program contributed to participants' overall QOL postincarceration. Prison staff, community agencies, and other mothers provided helpful resources for transition. Findings may support positive social change through the reopening of prison nursery programs and programs in rural communities for women returning to the community with their prison-born children. Findings may also provide an understanding of the needs for affordable housing, employment, and community support for mothers returning to the community postincarceration with their prison-born children.

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Dedication

I would like to dedicate this completed work to my family including my husband, John S. Burke, who has supported me on this journey since I began. You are so patient and supportive of me always. Thank you. My children are what gave me the courage to keep going. My daughter, JaKela Walker (Sherwood), whose constant encouragement and anticipation helped me to write the next sentence. During this journey my oldest son, Jeremy Parker, drowned. His spirit surrounded me when I was tired and overwhelmed with this process, edging me closer to the finish line. And my youngest son, Jelon Parker, who kept me motivated to keep going.

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Chapter 1: Introduction to the Study

The percentage of pregnant incarcerated women is growing and a cause for concern (Kanaboshi et al., 2017). A prison nursery program could be an option for a few pregnant women (Cardaci, 2013). Participating in prison nursery programming provides mothers with an opportunity to learn new skills and keep their babies with them (Janssen et al., 2017). When mothers who participated in prison nursery programs transition to community-based programs, they bring their babies with them. Social implications of postincarcerated mothers who participated in prison nursery programs include remaining in the community with the skills to parent their children through the duration of their children's lives (Warner, 2015). Drawing on the skills learned while in the prison nursery program, these mothers would have the knowledge needed to secure housing and employment, manage their household finances, and make choices that would benefit their lives and the lives of their children (Warner, 2015). What happens to women transitioning from prison life to community living after participating in the prison nursery programs has been largely ignored in the literature and is the focus of this research.

Chapter 1 provides a discussion of the background of the problem. the study is presented and there is a comparison of the case study and phenomenological designs. The basis for choosing a phenomenological design for this study is offered. Operational definitions of terms used throughout the study provide clarification. This chapter also includes the research questions, theoretical framework, assumptions, scope, delimitations, limitations, and significance. The chapter concludes with a summary.

Background

The landscape of American society changed with the “get tough on crime” policies. This movement caused the U.S. to have more prisoners and the highest incarceration rate of any country in the world (Kelly, 2015). The U.S. holds over 30% of the world’s incarcerated female population but has only 4% of the world’s female population (Kajstura, 2018). An estimated 6,613,500 adults were living under adult correctional systems as of December 31, 2016 (Kaeble & Cowhig, 2018). The correctional system consists of adults held in jails and prisons and placed on probation and parole (Kaeble & Cowhig, 2018). A Bureau of Justice Statistics (BJS) report estimated that 4,537,700 adults were living within the community under the supervision of probation and parole at year-end 2019 (Oudekerk & Kaeble, 2021).

Carson (2018) reported that 7% of the total U.S. prison population at year-end 2016 were females. Many female prisoners (55%) were the primary caretakers before their incarceration, and most were single mothers (Carson & Golinelli, 2013). The median age of incarcerated women is 34, and many are new mothers with small children (Halter, 2018). Most of the women have children under the age of 18 (Halter, 2018). Sufrin et al. (2019) found that 1,396 pregnant women were admitted to prison in December 2016 in a diverse sample of 22 state prison systems and the Federal Bureau of Prisons. This number included 3.8% of newly admitted women and 0.6% of all pregnant women in these prison systems (Sufrin et al., 2019). A small percentage of women become pregnant postincarceration due to rape by prison guards (Dwyer, 2014), and some conceive during conjugal visits (Arnouse, 2017). Despite the number of

incarcerated pregnant women, there is a dearth of research on their health and systematic reporting on pregnancy outcomes in the U.S. prisons (Sufrin et al., 2019). Sufrin et al. estimated that roughly 1,400 babies are born annually to incarcerated women.

Bedford Hills Correctional Facility houses the oldest prison nursery program in the country, established in 1901 (Fritz & Whiteacre, 2016). To qualify for this program, mothers have to give birth while incarcerated and have a nonviolent history with no record of child abuse (Halter, 2018). Unlike the U.S., most countries have prison nursery programs that allow children to stay with their incarcerated mothers (Warner, 2015). Mothers incarcerated in U.S., in states that do not have prison nursery programs have to give up their newborns to live with family, friends, foster care, or adopted (Warner, 2015). Some mothers have their parental rights terminated because of their incarceration and have no say in what happens to their newborns (Halter, 2018). As a result, they lose the right to talk to or visit their child upon release, and adoption can happen without the mother's permission (Halter, 2018).

Pregnant incarcerated mothers are frequently separated from their infants at birth because they have time to serve (Halter, 2018). Most mothers must give up their newborn babies a few hours after delivery, ranging from 2 to 48 hours (Halter, 2018). There are currently 10 states with prison nursery programs (Fritz & Whiteacre, 2016). Prison nursery programs are separate units in which incarcerated mothers and their newborns can live together (Kwarteng-Amaning et al., 2019). While participating in the prison nursery program, mothers can parent their children and receive parenting education, childcare, and child development education (Campbell & Carlson, 2012). Mandated

programs include parenting, substance abuse treatment, and anger management training for women who present with these issues (Halter, 2018). Luther and Gregson (2011) noted that the prison structure is a constant reminder to follow the rules that allow mothers to keep their children with them.

At year-end 2016, about 1 in 38 adults 18 years of age or older in the U.S. were under some form of correctional supervision (Kaeble & Cowhig, 2018). Eighty-two percent of incarcerated adults return to the community after release but remain under the control of the Department of Corrections through probation and parole (Kaeble et al., 2015). More than 1 million women are under correctional supervision (Kajstura, 2019). Eighty-five percent of women were released on probation or parole in the community compared to 68% of men (Williamson, 2014). Once released, these women are free to make their own choices and practice their autonomy (Luther & Gregson, 2011).

Programs offered in the community provide mothers an opportunity to transition from prison life to societal living with a supportive foundation (Jbara, 2012). McDonald and Arlinghaus (2014) found that community-based programs focus on reducing recidivism, addressing barriers to successful reintegration, and improving quality of life (QOL) outcomes. I conducted this study to fill the gap in the research regarding the process women experience when exiting prison and entering the community. I also explored the complicated relationship between prison-based and community-based programs. Additionally, I examined the QOL of women who participated in prison nursery programming postincarceration. This study was needed to investigate the process

when mothers transition from prisons to community-based programs with their prison-born children.

Problem Statement

Over the past 4 decades, the U.S. has incarcerated more people than any other country on earth (Akiyama et al., 2020). Approximately 210,595 women were in state or federal prisons at the end of 2015 in the U.S. (Bronson & Sufrin, 2019). Bronson and Sufrin (2019) noted that data from the BJS for 2004 showed 7% of women in state and federal prisons were pregnant at admission. The BJS has not updated this national data since 2004. The actual numbers of incarcerated women (including pregnant women) depend on self-reported figures from each facility to the BJS (Kaeble & Cowhig, 2018). Approximately 1,400 babies are born each year to incarcerated women (Sufrin et al., 2019). The last pregnancy in jail statistics were from 2002 (Goshin & Colbert, 2019).

A few mothers will keep their babies with them in prison nursery programs. These programs are limited, and the requirement for participation is strict. While participating in the prison nursery program, mothers have the opportunity to learn skills to improve the care and health of their child, be a better parent, and create a stable home (Campbell & Carlson, 2012). Goshin, Byrne, and Henninger (2014) found that using skills learned while participating in the prison nursery program reduced new crime and recidivism rates for these mothers. Most incarcerated women return to living in a community setting (Kaeble et al., 2015).

Transition to the community is a process that begins after being sentenced (Williamson, 2014). Collaborative partnerships with community placements are designed

to reduce recidivism (Williamson, 2014). Community-based programs provide an opportunity for mothers to return to the community with a solid foundation (Jbara, 2012). Parenting programs facilitate this foundation that aids in developing realistic expectations of mothers' ability to parent their child (Jbara, 2012). These programs alleviate barriers to successful reintegration, reduce recidivism, and increase QOL results (McDonald & Arlinghaus, 2014). QOL results are often measured by evaluating the strengths and limitations of a person's physical and mental health.

There was a dearth of research on the complex relationship between prison and community-based corrections; the current study was designed to understand the process of prison exit and community reentry for women who participated in the prison nursery program and its impact on their QOL. Mothers in prison and pregnant women have gained growing attention from researchers primarily focusing on maternal health, mothers' constitutional rights, and injustices regarding women's reproductive health (Bronson & Sufrin, 2019; Halter, 2018; Sufrin et al., 2015). However, there was a lack of research on the transition of women to the community after prison nursery and their QOL. The results of the current study were intended to fill this gap.

Purpose of the Study

The purpose of this study was to understand the transition of mothers from a prison nursery program to a community-based program and their perception of their QOL after release. Participants' voices would promote a better understanding of the process of prison exit and community entry and their QOL postincarceration. The intent of this qualitative research was to explore the perspective of the women who participated in the

prison nursery program of their transition to the community and their QOL. The phenomenon was the shared experiences of women who had participated in prison nursery programs who transitioned to the community and their perception of this experience and QOL.

Research Questions

The research questions (RQs) that guided this study were the following:

RQ1: How do mothers transitioning from a prison nursery program perceive the coordination of services specific to having a prison-born baby when exiting to the community process?

RQ2: How do mothers who participated in a prison nursery program view their QOL postincarceration?

Theoretical Framework

Sen's (1999) capability approach of well-being included a multidimensional measure of QOL and was the theoretical basis for this study. A theoretical framework is necessary to evaluate the measurement and improvement and can be a challenge for governments and researchers (Zorondo-Rodríguez et al., 2014). Bérenger and Verdier-Chouchane (2007) endorsed Sen's capability approach as a framework to evaluate social relationships, well-being, and social change. Bérenger and Verdier-Chouchane emphasized this approach toward human development, specifically the intangible components of the "functioning," "capabilities," and "commodities" or resources. The research questions in the current study focused on the mothers' perception of the transition process and their QOL.

Smith (1973) suggested well-being and QOL had separate meanings, with well-being referencing objective life conditions and QOL referring to a person's subjective assessment of their life. For the current study, these terms were used interchangeably. Alam and Amin (2018) emphasized that QOL is an established idea specific to happiness in which people consciously evaluate whether they are doing well or not. Well-being refers to an individual's perception of their situation (Alam & Amin, 2018). The multidimensional aspect of QOL and well-being can include indices measuring social and interpersonal relationships, physical and mental health, work, material well-being, civil and political freedoms, personal safety, and environment quality (Bérenger & Verdier-Chouchane, 2007). Alam and Amin added productivity and overall life experience as measurable aspects of QOL and well-being.

Functioning refers to the achievements of individuals with their available resources (Bérenger & Verdier-Chouchane, 2007). Having access to a set of functioning defines capabilities (Bérenger & Verdier-Chouchane, 2007). When an individual can convert resources (i.e., transitional housing) into valuable functioning, it becomes an asset (Bérenger & Verdier-Chouchane, 2007). An asset that a postincarcerated mother has access to is her capability set. This capability set may include access to different assets related to housing, such as returning to former neighborhoods, living with friends or family members, finding a sober living community, or choosing to remain in prison to prevent leaving on parole. I used the capability approach to evaluate the QOL and well-being of postincarcerated women choosing to live in transitional housing.

Nature of the Study

I used a qualitative approach for this study. Two research designs were considered: a case study and a phenomenological approach. A case study was a consideration because it involves the study within a real-life contemporary setting (see Creswell & Creswell, 2018). However, this design is restricted to a specific place and requires a considerable amount of time, constraining the researcher, so this design was not chosen. A phenomenological study enabled me to identify the truth through the accumulation of evidence (D. J. Perry, 2013). The phenomenological approach allowed me to describe the lived experiences of mothers who participated in the prison nursery program and transitioned to a community program.

The phenomenological design allowed me to study the lived experiences of mothers who participated in the prison nursery program. Through in-depth interviews, I captured the essence of what mothers who participated in prison nursery programs experienced and their perception of their QOL postincarceration. Through epoche, I suspended my experience as much as possible to focus on the participant's explanation of the phenomenon. Bracketing allowed me to be aware of my thoughts, feelings, and impressions that could have altered the data collection or analysis process. Epoche and bracketing enable phenomenological researchers to be detached observers (Wright, 2011). B. Johnson and Christensen (2016) recommended that researchers should focus objectively on exploring, describing, understanding, explaining, and predicting a phenomenon.

I used a semistructured interview method to collect data from mothers who had participated in the prison nursery program to understand their perception of their experience of transitioning to the community and their QOL postincarceration. I interviewed mothers via telephone due to the COVID-19 pandemic and social distancing measures. The interviews were audio-recorded with the permission of the interviewee. After the introduction, I explained the purpose of the study and the process for recording, transcribing, and storing data. Then I began the interview. I explained how participants' confidentiality would be maintained. Significant statements, quotes, sentences, and research questions were analyzed using thematic and inductive coding methods to identify recurring topics and patterns. I used Dedoose software and Word to code, analyze, and organize the data and create spreadsheets and tables. I highlighted the themes on a spreadsheet. This process continued until data saturation was reached (i.e., when no new data were collected).

Definitions

Parole: The period after a portion of the prison sentence has been served that allows an incarcerated individual to be conditionally released under supervision (Clear et al., 2009).

Prison nursery program: A separate housing wing on the state and federal prison grounds designed for nonviolent and short-term mothers who will give birth while incarcerated (Halter, 2018).

Probation: While living in the community, offenders serve sanctions imposed by the court (Clear et al., 2009).

QOL: An individual's measure of the goodness of multiple aspects of their life (Theofilou, 2013).

Reentry: Returning to the community following a period of incarceration.

Assumptions

There are many assumptions about women who go to prison. One assumption is that women who are in prison are not good mothers. Because they are not good mothers, they do not deserve to have their children with them. Another assumption is children do not belong in prison. Next, it is the mother's fault that they are in prison, not the child's fault. In addition, while in prison, the mother cannot parent their child effectively. Some women within the prison assume that women get pregnant on purpose to have the opportunity to move to the special prison nursery unit. I assumed that mothers will continue bonding and their child will continue their attachment following release. I also assumed that the overall health, welfare, and opportunities (i.e., QOL) would improve postincarceration for women who participated in prison nursery programs.

The war on drugs era enforced laws that significantly affected women's incarceration rates. With the average age of women in prison being childbearing age, many had young children before incarceration. Some women were pregnant when they were arrested. Thornton (2016) called attention to a social learning theory that posits that children having contact with their incarcerated parent will adversely affect that child's life. The concern is when a child sees their parent incarcerated, the experience is traumatic; therefore, the child experiences fear and negativity (Thornton, 2016). There have been few studies specific to women who participated in a prison nursery program,

and none addressed their QOL after release. Acknowledging that assumptions existed provided an opportunity to explore the truths about these women and their children postincarceration.

Scope and Delimitations

All U.S. states have women's prisons, but only a few states have prison nursery programs, and there are more women incarcerated than ever before in the U.S. (Castle, 2019). Even though the number of incarcerated women has grown, they remain largely understudied and undertheorized within criminology (Williamson, 2014). The purpose of the current study was to improve the understanding of the transition of mothers from prison-based to community-based programs and their QOL postincarceration. I chose to address a gap in research of mothers who had children while in prison and transitioned to the community after participating in a prison nursery program.

Delimitations of this study included only women who participated in a prison nursery program. I excluded women who were in prison but did not participate in a prison nursery program and fathers. This study focused on mothers' transition from a prison nursery program to a community-based program and their perception of their QOL postincarceration. The feminist theory was not chosen because this study focused on mothers' transition, not on their sexuality. Potential transferability might include undocumented women who are detained with their newborns or young children and their transition out of these detention camps.

Limitations

Qualitative study findings have limited generalizability to other populations (Martilik, 2018). A limitation of a phenomenological approach is the patience required to conduct the interview. It is essential that personal interviews do not produce simple answers to questionnaires or predetermined sets of questions (Wilson, 2015). Another limitation is gaining the participants' trust to provide very personal information about their lived experience and trusting that the data provided are good and truthful. Face-to-face interviewing allows the researcher to use body language and perhaps facial expressions as cues as to whether to continue the interview or not. These research results may have limited transferability to men transitioning from prison and to women who are not transitioning from a confining situation or from prison nurseries.

Researcher bias may be present due to the researcher focusing on positive data rather than negative data. I was aware of this tendency in my personality. I used reflexivity to avoid inserting personal evaluations of the participants' words and verbal cues. Reflexivity refers to being able to acknowledge and reflect on previous experiences and how these experiences shaped interpretations (Creswell & Creswell, 2018). I worked to gain the trust of the participants, accurately transcribe the recorded interviews, and objectively analyze the participants' responses (see Creswell & Creswell, 2018).

Significance

This study was focused on understanding the perception of women who participated in a prison nursery program and transitioned to a community-based program and their perception of their QOL postincarceration. This study could advance the

understanding of these mothers' needs when they gain more autonomy in their lives with fewer restrictions. Being able to identify the needs of these women postincarceration could reduce recidivism and multigenerational incarceration. Further, this study's results could be useful to corrections officials to create more effective policies and streamline the transition from prison nursery programs. The potential implications for positive social change may be for women who are postincarcerated and former participants of a prison nursery program being more effective parents and raising children who are productive citizens contributing to their communities.

Summary

In this chapter, an introduction and background of the problem were presented on women who participated in a prison nursery program. The purpose of the study and theoretical framework were presented. There were two research questions identified to guide this study. The nature and significance of the study were also presented. The principal goal for this study was to understand the perception of women who participated in a prison nursery program and transitioned to a community-based program and their perception of their QOL. In Chapter 2, the strategy for the literature search is presented, and a detailed theoretical framework is provided. A literature review identifies current literature on women in prison, women who participated in a prison nursery program, transition to the community, and their QOL.

Chapter 2: Literature Review

The U.S. has more incarcerated prisoners than any other country in the world (Kelly, 2015). Over 4,700,000 lived in the community under the supervision of probation or parole officers at year-end 2019 (Oudekerk & Kaebler, 2021). More than 1 million female offenders live under the control of correction officers following release (Kajstura, 2019). Some of these women gave birth while incarcerated, and a few participated in prison nursery programs during their incarceration (Cardaci, 2013). Literature was scarce on the transition back to the community from the perspective of mothers who participated in a prison nursery program. There was no research on their QOL postincarceration. This gap in the literature was the rationale for the current study.

Female inmates are often young, poor, undereducated women with minimal job skills and an unstable employment history (Banley, 2017). Many have been the subject of sexual abuse, sexual assault, and domestic violence (Dexheimer, 2015). Allen (2017) pointed out that the effects of these abuses and the trauma of mental and physical abuse of girls during their young years have a subsequent impact on them as they mature into adult women. When women can escape abusive relationships, they may find themselves unable to find affordable housing or substantial employment (Dexheimer, 2015). The war on drugs, three-strikes laws, and mandatory minimum sentencing have meant that the incarceration of female offenders, often nonviolent, has had a faster rate of growth than male offenders (Allen, 2017). Substance abuse and mental and physical health problems are common in female inmates compared with the general population and male counterparts (Banley, 2017). About 60% are mothers, often the primary care provider,

and 6%–10% are pregnant when arrested (Goshin, Byrne, & Henninger, 2014). Prison nursery programs are helping to reduce recidivism and offer mothers an opportunity to bond with their babies (J. R. Carlson, 2018; Stringer & Barnes, 2012).

Chapter 2 provides an overview of the literature on female offenders. The theoretical framework provided the structure for this study. This review includes an examination of the historical perception of prison nursery programs and their current use. Also, there is a review of the child development, bonding, and parenting education classes provided to mothers who participate in a prison nursery program. Finally, there is an examination of the transition from prison to community.

Literature Search Strategy

The strategy for this literature review was to investigate the history of the prison nursery program and its current use with pregnant women and mothers who give birth while incarcerated. There are prison nurseries in other countries. However, most of the completed studies have been conducted in the U.S. I gathered information from the U.S. Department of Justice, BJS and used the following databases and search engines from the Walden University Library: Academic Search Complete, Complementary Index, Nursing & Allied Health Database, ProQuest Dissertations & Theses, InfoTrac LegalTrac, Lexis Nexis Academics, Criminal Justice, Education Source (ERIC), SAGE Journals, PsycINFO, Academic Search Complete, Sciences Citation Index, Social Sciences Citation Index, and Google Scholar. These databases provided peer-reviewed articles from journals such as the *American Journal of Nursing*, *International Journal of Law and Psychiatry*, *International Journal of Nursing Education*, *Journal of Criminal Law and*

Criminology, Journal of Offender Rehabilitation, Learning, Pace Law Review, Prison Journal, Public Health Nursing, and Women & Criminal Justice. I searched the databases using a list of keywords and combinations of words such as *incarcerated mothers, female prisoners, female inmates, female offenders, prison nursery programs, bonding, parenting, factors leading to prison, prison transition, female reentry, and quality of life.*

The iterative search process used in this study involved searching the phrases *incarcerated mothers, prison nursery, transition from prison nursery, and community reentry.* The terms *incarcerated mothers* and *prison nursery* were the most common search phrases found and generated the most results in all the databases. When I combined *incarcerated mothers* and *prison nursery*, the search results produced fewer relevant articles. With the combination of *incarcerated mothers, prison nursery, and transition*, no results were returned. Therefore, I used *incarcerated mothers* and *prison nursery* to find any relevant research.

The phrase *incarcerated mother* produced articles in Expanded Academic ASAP, ERIC, Nursing & Allied Health, PsycINFO, Science Citation Index, and Social Sciences Citation Index databases during the iterative search to identify germane scholarship. Some relevant articles were found when the phrase *prison nursery* was searched in Academic Search Complete, Complementary Index, Expanded Academic ASAP, InfoTrac LegalTrac, LexisNexis Academic, Science Citation Index, Social Sciences Citation Index, and Education Source databases. *Incarcerated mothers* and *prison nursery* yielded the most relevant research from Academic Search Complete, Education

Source, Expanded Academic ASAP, and LexisNexis Academic. Each of the databases had some outdated articles; therefore, I selected only current, relevant articles.

Theoretical Foundation

Sen's (1999) capability approach was the theoretical basis for this research. This theory is a multidimensional measure of QOL. QOL is similar to a freedom-centered perspective, which focuses on how human life goes instead of focusing on the resources or income that a person has (Sen, 1999). Bérenger and Verdier-Chouchane (2007) described the capability approach as a framework to evaluate individual well-being, social relationships, and social change. This approach pays particular attention to the principles of intangible components of commodities, functioning, and the capabilities of human development (Bérenger & Verdier-Chouchane, 2007). Clark (2006) illustrated the capability approach as follows: commodity → capability (to function) → function(ing) → utility (e.g., happiness).

Commodities such as income are useful or valued and are used as the basis of well-being (Sen, 1999). Well-being and freedom are the results of income and commodities. Having certain commodities makes it easier to take part in the community. Commodities (e.g., cellphone, access to the internet, or a car) are not necessary for community life in impoverished societies, but their absence makes living in a community more difficult (Sen, 1999). Clark (2005) emphasized that human development is dependent on economic growth and the expansion of goods and services. Clark highlighted a common argument that wealth is the means to an end, a vehicle that gets a person to something else.

Researchers should consider what someone can achieve when evaluating the QOL (Clark, 2005). Sen (1999) found that people and societies were different in their ability to convert commodities and income into valued achievements. For example, a recently released mother may require extra resources (e.g., suitable clothing, identification, transportation assistance) to achieve the same things (e.g., driving, applying for employment) as the mother who has not been an inmate. Likewise, Clark (2006) explained that the commodities required for being able to “appear in public without shame” or “entertaining family and friends” (p. 3) are more complex social achievements and typically depend on other factors specific to culture, social conventions, custom, status, and class. When assessing the commodities a person successfully commands, not enough information may be gathered (Sen, 1999). However, when the person can function with the goods and services at their disposal, the information provided is comparable to the well-being of other people (Clark, 2005).

Sen (1999) argued that capability is the substantive freedom to choose the life a person wants and has reason to value. A person should have access to the resources they need to have these capacities (Sen, 1999). The concept of functioning is the achievement of a person (i.e., what a person can do or be; Sen, 1999). Sen explained the valued functioning could range from basic ones such as having proper nutrition and being free from avoidable disease to more complex activities or personal states such as being a part of the community and having self-respect. Functioning refers to what a person does with the commodities available to them.

Capability refers to a person's ability to use alternative combinations of functionings that culminate in achievement (Sen, 1999). Capability is a set of vectors of functionings that reflect how someone decides to live their life (Martinetti, 2000). For example, choosing to be on a hunger strike is different than the impoverished person whose capability set does not have the means to avoid being hungry (Clark, 2005). Sen (1999) argued that capability or freedom have inherent value and should be the primary informational base. Sen further stressed that capabilities are the real opportunities or positive freedom of choice that exists between possible lifestyles.

Female Offenders

Over the last 3 decades, there has been a proliferation of men and women incarcerated in state and federal prisons (Pollock, 2013). Those minimally or indirectly involved in the drug trade could face imprisonment because of the changes in federal and state laws during the war on drugs era (Cardaci, 2013). Mandatory minimum sentences for possession of controlled substances were instituted, leaving judges little discretion in imposing the law (Vitiello, 2021). This shift resulted in a significant increase in drug offenders being arrested and imprisoned (Cardaci, 2013). These new drug laws dramatically impacted women and their incarceration rate outpaced their male counterparts (Carson, 2014). Although mothers may be the primary care provider for minor children, this is not considered a mitigating factor during sentencing (Fearn & Parker, 2004). The increased number of people incarcerated for drug-related offenses significantly impacted women and their families (Carson, 2014). Even for women who

had small children or were pregnant, the mandatory minimum sentencing was followed (Cason, 2014).

In 1980, the number of women incarcerated in state and federal prisons increased from 13,258 to 111,387 by 2011 (Carson & Sabol, 2012). Most incarcerated women are serving time for drug offenses and property crimes (Fearn & Parker, 2004). Drug sales and theft helped support their children and provided drugs for personal use (Fearn & Parker, 2004). Women tend to commit nonviolent crimes and have shorter criminal histories than their male counterparts (Bergseth et al., 2011; Kajstura, 2019). Forty-three percent of female inmates were of childbearing age (25–34 years), 67% were of a racial minority, 61% had less than a high school diploma or equivalency, and 37% reported earning less than \$600 per month (Bergseth et al., 2011; Sufrin, 2018). Some women have engaged in criminal behavior to support their drug habits, and most were not employed (Fearn & Parker, 2004). Economic and educational disadvantages, young age, impoverishment, mental illness, substance use, and domestic abuse were prevalent among incarcerated mothers (Travis et al., 2014). Poverty and extreme disadvantage are commonplace among incarcerated mothers (R. C. Johnson, 2007; Vainik, 2008).

There are 108 female-only prisons in the United States, with at least one in every state (Elmalak, 2015). These facilities are in areas inaccessible to public transportation, with visiting hours often shorter than the time that it takes to drive there (Fearn & Parker, 2004; Pollock, 2013). About 60% of incarcerated women are mothers with minor-age children (Glaze & Maruschak, 2010). As a rule, mothers are the primary caretakers of their children (Arditti, 2015). Once mothers are detained, their children are taken from

them and placed with family members, friends, or state-supported foster care (Goshin, Byrne, & Blanchard-Lewis, 2014). More than half of the children do not see their mothers while they are incarcerated (Christian, 2009).

Pregnancy tests are administered to all women upon reception into prison. Many will discover they are pregnant at that time (Abbott, 2018). About 7% of women in state and federal prisons are pregnant when they enter (Bronston & Sufrin, 2019). The increase in detained women has also led to an increase in the number of babies born to incarcerated women (Kanaboshi et al., 2017). Some women get pregnant postincarceration (Bell, 2015). Because sex in all forms is illegal and forbidden in most institutions, the exact number of pregnancies that occurred postincarceration is unknown (Bell, 2015). These numbers may be further obscured because the women are released before delivery and have minimal prenatal care (Bell, 2015). The lack of importance of pregnant women is reflected in the lack of official figures specific to pregnancy (Dolan et al., 2019).

Depending on prison size, a few to over 100 women give birth annually while incarcerated (Pollock, 2013). Most of these babies are taken immediately from their mothers and sent to live outside of prison with grandparents, fathers, family members, friends, or foster care (Goshin, Byrne, & Blanchard-Lewis, 2014). Facilities housing most incarcerated mothers are over 100 miles from home, and some federal prisons are more than 500 miles from family members, making visitation with their children difficult, if not impossible (Eitenmiller, 2014). However, a small number of babies remain in prison

with their mothers in prison nurseries that promote healthy birth outcomes and improved parenting, essential for positive reintegration of mothers back into society (Daane, 2003).

Mandatory prison sentences have reshaped the landscape of the penal system in the U.S. Over the past 4 decades, more women than ever before have been incarcerated. Although the new drug laws were intended to get rid of drugs and their effects on communities, the unintended consequence was the destruction of families following the incarceration of women, often mothers. These women typically were typically young, undereducated, substance-dependent, mentally ill, domestically abused, and of childbearing age. Many were pregnant when arrested, and as a result, most gave birth while detained. Prison nursery programs offered another option to send their newborns outside prison walls.

Globally, women make up a proportionally small number of the prison population (Nair et al., 2016). In a correctional system designed to meet the needs of men, maternal and reproductive health concerns of women are largely ignored (Cardaci, 2013; Sufrin et al., 2015). Pregnancy and postpartum-related health care needs are not being met (Nair et al., 2016). In the United States, 38 states have insufficient or no prenatal health care for female inmates (Bard et al., 2016). Incarcerated women face gender discrimination, violence, and abuse (Math et al., 2011). Psychological distress and mental problems among incarcerated women are much higher when compared to the general population (Math et al., 2011; Sufrin et al., 2015). Studies showed that incarcerated women are more likely to suffer from mental disorders, have a higher prevalence of sexually transmitted

diseases, and have a history of physical and sexual abuse (Hartwell, 2001; Kotlar et al., 2015).

Many incarcerated mothers plan to care for their children after their release from prison (Stringer & Barnes, 2012). Research on mothers who participated in a prison nursery program showed self-reported improvement in parenting knowledge and skills, self-esteem, and effective parenting (Fritz & Whiteacre, 2016). When prison nursery programs are not an option, new mothers have only a few options: (a) put their babies up for adoption, (b) place them in foster care, or (c) give them to a family member (Warner, 2015). The risk of termination of parental rights is possible with any of these choices (Warner, 2015). Prison nurseries offer mothers protection of their parental rights while incarcerated.

Prison Nursery Program

There have been prison nursery programs in the U.S. for over 100 years (Pollock, 2002). Dwyer (2014) called prison nurseries “the most extreme effort to connect incarcerated mothers with their children” (p. 470). Prison nurseries offer a unique opportunity for mothers to bond with their babies after giving birth, promoting positive parenting and healthy development while incarcerated (J. R. Carlson, 2018). Prison nursery programs are open to low-level offenders with consistent policies, excluding mothers with a history of violence and those with child-related offenses on their criminal record (Goshin, Byrne, & Henninger, 2014). In many countries, including some in Europe, Asia, and South America, children stay with their mother, as a rule, in

correctional facilities until they are 4 or 6 years of age (Quaker Council for European Affairs, 2007). This age often coincides with the start of school.

Prison nurseries in the U.S. began, in 1901, with Bedford Hills Correctional Facility in New York (Dodson et al., 2019; Pollock, 2002). Bedford Hills is a maximum-security prison for women offering mothers a place to develop a realistic view of themselves as responsible parents, provide prenatal and infant health promotion, and break the cycle of familial abuse and incarceration (J. R. Carlson, 2001). This program offers advocacy, parenting classes daily, crisis intervention, child placement assistance, daycare, and discharge assistance (Warner, 2015). A form of the original program that began in New York is in existence in most states today. Riker's Island jail in New York also has a nursery (Fritz & Whiteacre, 2016), and nine other states have prison nursery programs, including five Mother and Child Nurturing Together (MINT) program sites operated by the Federal Bureau of Prisons (Women's Prison Association [WPA], 2009).

In the U.S., there are nine states with prison nursery programs. New York, Illinois, Indiana, Nebraska, Ohio, South Dakota, Washington, and West Virginia have prison nursery programs (DeBoer, 2012). Although authorized to operate a prison nursery, Wyoming does not have enough staff to open its facility (Hancock, 2015). Prison nursery availability varies by state, with Bedford Hills having the largest program with a capacity of 29 mother/child rooms (J. R. Carlson, 2001). The Decatur Correctional Center in Illinois started its program in 2007 and had the smallest capacity with five mother-child rooms (WPA, 2009). Prison nurseries are located in different wings of the prison or a different building separate from the general prison population (Gilad & Gat, 2013).

These nurseries have been designed to offer amenities for child health and development, including brightly colored walls, toys, baby swings, and rocking chairs (Arnouse, 2017). Also, there are outdoor play areas (Arnouse, 2017). Although the size of each program varies, and buildings have been renovated to be more home-like, the goal of the program encourages attachment between mother and baby (Arnouse, 2017). Holding, kissing, singing, hugging, rocking, and laughing between mother and infant are bonding activities that produce attachment (B. Perry, 2013). Positive physical touch (e.g., holding, hugging, and rocking) create attachment (B. Perry, 2013). Neurochemical activities triggered by holding, gazing, smiling, kissing, and laughing lead to normal organization of brain systems responsible for attachment (B. Perry, 2013).

Prison nurseries also exist in other countries around the world. Programs differ according to the policies and beliefs of the country. Warner (2015) wrote about her study of prison nursery programs in Canada, the United Kingdom, Germany, and Kenya. She noted that about 5% of inmates are women in each of these countries. In Canada, incarcerated women have more health issues than the general population (Janssen et al., 2017). Incarcerated women are more likely to have a communicable disease, substance use, mental health diseases, and experience more injury and death (Janssen et al., 2017).

Warner (2015) reported that Canadian mothers undergo a psychological evaluation to be considered for participation in the prison nursery program, although no disqualifying characteristics are noted. Children can stay with their incarcerated mothers full or part-time. They can remain in prison with their mother full-time until their fourth birthday or part-time on the weekends and holidays until they turn 12 years old. They

also have the unique option of requesting to end their time living with their mother in prison. The mother-child areas are apartment-style units with kitchens, an outdoor park, and a pediatrician on-site.

In the United Kingdom, Warner (2015) found that all incarcerated mothers are allowed to bring their children with them even if they were not born in prison. There were approximately 100 babies in the prison nursery program (Warner, 2015). They range in age from 9 - 18 months old. They are allowed to travel outside the prison walls with staff while their mothers participate in education or vocational activities. While in the program, mothers have complete parental responsibility, and fathers are encouraged to be a part of the plan by participating in antenatal classes. Children must leave when they turn 18 months old unless granted an extension if their mother's release date is close.

Kauffman (2001) found the prison nursery programs in Germany to be innovating, viewing motherhood as a "bona fide job" (p. 64), allowing mothers to care for their children while on work release for both low and high-security facilities. In Germany, Warner (2015) found program differed from the ones in the U.S. by allowing mothers in low-security facilities to keep their children with them until they turn five years old; mothers in high-security facilities are allowed three years with their children. Mothers in low-security facilities are allowed to go home and provide parental care when their children are old enough to go to school (Warner, 2015). This care can be waking their children up for school, cooking meals, and helping with homework before returning to prison. For those participating in low-security, open housing units, mothers can work in the house or the city while specially trained staff provide care for the children while

mothers are away (Warner, 2015). Children go to neighborhood schools and venture out on field trips while their mothers are away.

Warner's (2015) study of the Kenya prison nursery program found the prisons often overcrowded and dark. Children can remain with their mothers until they turn four years old. The two ways children are allowed into the program are to be born while their mothers are incarcerated or brought to prison with their mothers. Unlike the prisons in the U. S., these mothers may be serving sentences for violent crimes, including homicide and kidnapping. At a new daycare opened inside the maximum-security prison in 2013, children are cared for by prison staff instead of being with (or without) their mothers in the general population. While there is a potential for harm to these children, the courts in British Columbia found no evidence of harm to children at any prison nursery worldwide (Warner, 2015).

Admission to Prison Nursery

Prison nursery participation is limited to a small percentage of pregnant women (Goshin, 2015). California, Illinois, Indiana, Ohio, Nebraska, New York, South Dakota, Washington, West Virginia, and Wyoming are the 10 states that offer or plan to offer programs to women who give birth while in custody (Dwyer, 2014). Wyoming's program was approved in 2015 but has not opened due to staffing shortages (Hancock, 2015). To be accepted into the program, mothers cannot have been convicted of a violent crime or have a history of child abuse or neglect (Goshin, Byrne, & Henninger, 2014). Other rules differ by state, such as the length of time children spend in the nursery from 30 days to 3 years, with the average time being 18 months (Kanaboshi et al., 2017). Bed availability is

limited to women who are pregnant when they enter the prison and have sentences between 12 to 18 months (Goshin, 2015).

Nursery units are monitored by staff, volunteers, a security guard, and an on-call pediatrician (Fritz & Whiteacre, 2016). Other inmates serve as nannies while mothers participate in required parenting and child growth and development classes, in addition to completing required work assignments and tasks within the prison (Fritz & Whiteacre, 2016). Courses offered to mothers vary by the facility but can include parenting, child development education, effective communication and problem-solving, and stress management and discipline (Campbell & Carlson, 2012). Participants have reduced misconduct reports because they understand that participation in the prison nursery program requires strict compliance with the rules to be allowed to remain in the program (Campbell & Carlson, 2012). Dwyer (2014) argues that prison guards have “near impunity” (p. 489) over mothers in the prison nursery program and have “great power” over them. Any infraction (e.g., arguing or fighting) can result in the mother’s immediate rejection from the program and the child’s quick removal from the facility (Dwyer, 2014).

Criminal-justice agencies use three years as a standard length of time to measure recidivism (Goshin, Byrne, & Henninger, 2014). Reduced recidivism rates are the goal of every prison nursery program (Warner, 2015). The return to prison can be for a new violation or more commonly, for a parole violation (Goshin, Byrne, & Henninger, 2014). One study reviewed recidivism rates for prison nursery programs in New York over a 6-year period and found 4.3% returned with a new offense, and 9.4% returned for a parole

violation (Goshin, Byrne, & Henninger, 2014). While at Bedford Hills, mothers participate in parenting classes, life-skills training, and mandatory substance abuse treatment or anger management classes when warranted (Warner, 2015), which can reduce the likelihood of recidivism. Some programs require GED class participation for mothers without a high school diploma. Involvement in prison nursery programs encourages mother-child attachment, and researchers found the reduction in recidivism correlates to mothers creating a safe, secure, and sober attachment with their children (Goshin, Byrne, & Blanchard-Lewis, 2014). This attachment and the resources available through the prison nursery program positively impact recidivism.

Child Development

Child development experts, policymakers, and academics continue to debate what is best for children born to mothers involved in the criminal justice system (Villanueva, 2009). Goshin, Byrne, and Blanchard-Lewis (2014) maintain empirical data suggests positive or neutral short-term outcomes on the progress of infants and toddlers who participated in prison nursery programs. Healthcare professionals have the unique opportunity to influence the long-term health of mothers and their babies while the mother is incarcerated (Bard et al., 2016). In a study of the fragility of families, Turney and Wildeman (2015) concluded that maternal incarceration was deleterious for children whose mothers were least likely to experience incarceration but mostly inconsequential for children of mothers more likely to experience incarceration. Children of incarcerated mothers are among the most vulnerable and at-risk populations (Gilad & Gat, 2013). Risk factors such as smoking, illicit drug use, mental illness, low socioeconomic status,

alcohol use, obesity, poor diet, and psychosocial stress can be targeted during the incarceration of pregnant women to improve future child health outcomes and prevent future adult disease (Bard et al., 2016).

The fact that children have not committed a crime and should not be in jail is a counter-argument to prison nurseries (Dwyer, 2014). Maslow's (1954) hierarchy of needs indicates safety as the second stage, which is actualized after biological and physiological needs have been met. The need for protection for children includes being free from dangerous environments, having security, law, order, and stability (Bassett, 2016). Mother-infant bonds are enhanced during the early months, and babies develop a sense of security and trust in their surroundings (Gilad & Gat, 2013). Providing an opportunity for children to develop secure attachments with their mothers helps them to feel safe in these relationships and improves cognitive skills, school enthusiasm, and mental health later in life (Elmalak, 2015). Many of the inmates come from dangerous and unhealthy home environments where poverty, drug abuse, and mental illness are prevalent (Sufrin et al., 2019). Prison nursery programs provide structure, health care, and an opportunity for mothers to bond with their babies (Sufrin et al., 2019).

Critics of prison nurseries believe that children should be allowed to develop in environments that provide safety and choice (Dwyer, 2014). Jails and prisons are generally seen as unpleasant environments not suited for children (Gilad & Gat, 2013). Dwyer contended that because the prison environment is drastically different, age limits for children participating in prison nurseries are administratively imposed. Dwyer believed that administrators fear children being damaged by the prison environment when

they become aware of it. Gilad and Gat acknowledged babies do not know that they are in prison; in fact, many of these children are safer in prisons than in poverty-stricken communities or foster care. Dwyer emphasized that even though nursery areas have been renovated and more pleasant, they are still in prison. Concerns center on the deprivation of the normalcy of everyday living opportunities, e.g., traffic sounds, private bathrooms, choice of clothing, and grocery shopping (Dwyer, 2014).

Programs that focus on improving relationships between mothers and their babies promote healthy child development, positive parenting, and life skills (Hamper, 2014). Hamper noted that teaching children the nuance of everyday life is a continuous process and can begin while in prison nurseries and continue after release. Prison nurseries provide an environment that promotes child health and safety and prevents separation (Gilad & Gat, 2013). Hamper emphasized that when babies are allowed to remain with their mothers, they form a secure maternal attachment, which is vital to creating the model for future relationships. Children with insecure attachments face countless problems, such as fear and mistrust, sleep disturbances, eating disorders, aggressive behavior, delinquency, poor school performance, sexual promiscuity, substance abuse issues, and other criminal behavior (Hamper, 2014). Emotionally, these children may experience feelings of guilt, abandonment, resentment, embarrassment, fear, anger, depression, sadness, and have low self-esteem or emotional withdrawal (J. M. Carlson, 2020).

Jbara (2012) found that infants who have secure bonds with their mothers are more self-reliant and have better self-esteem as toddlers. In later years, they are better

able to handle stress and develop meaningful peer relationships (Jbara, 2012). Children born in prison who participated in prison nursery programs also must leave with their mothers to avoid damaging an irreparable bond caused by separation and insecure attachment (Pojman, 2001; J. M. Carlson, 2020). While in a prison nursery programs, mothers may learn techniques to parent effectively and better understand their own mental health needs (Pojman, 2001). Being an emotionally stable mother creates an opportunity to bond and develop a secure attachment (Jbara, 2012).

Parenting Program

Prison parenting education programs are primarily designed for mothers who are not with their children (Kennon et al., 2009). Kennon et al. reported that these programs focus on training parents to parent effectively from a distance. They found that incarcerated mothers needed help with parenting because their children needed help. Before incarceration, they were often the only involved parent, and when mothers were removed, a disruptive ripple effect is sent through her entire family, including her children, parents, and siblings (Kennon et al., 2009). These children often went to live with grandmothers who were willing to take care of them but had high levels of stress and frustration when they had hard to manage behaviors (Kennon et al., 2009). Some mothers had ineffective parenting before incarceration, further complicating their children's lives with new caretakers (Kennon et al., 2009).

Incarcerated mothers had often experienced poor parenting role models and multiple challenges as a result (e.g., history of abuse, family dysfunction), making it difficult to break the intergenerational cycle of incarceration (Kjellstrand et al., 2012).

Parenting programs used the fact that many incarcerated women had experienced abuse or substance dependency or were the product of ineffective parenting as a starting point (Aiello, 2016). Being neglected and having inconsistent or abusive parenting reflects the childhood histories of many incarcerated mothers, and they may not have had positive parenting demonstrated for them (Eddy et al., 2013). Most inmates will return to the community. Learning practical parenting skills and promoting healthy child-parent relationships while incarcerated may be an essential step in reducing the number of incarcerated adults in the future (Eddy et al., 2013).

Parenting programs exist in prisons throughout the penal system (Perry, Fowler, Heggie, & Barbara, 2011). Parenting programs are in 90% of correctional facilities that incarcerate women (Hoffman et al., 2010). Forty-four percent of mothers in women-only facilities have access to parenting programs involving their children (Hoffman et al., 2010). Most facilities require group prenatal and parenting education classes (Goshin & Byrne, 2009). Incarcerated parents were often the product of inappropriate parenting and had little to no experience in effective and secure parenting styles (Perry et al., 2011).

The programs offered are often generic with names like Parenting or Parenting Classes (Hoffman et al., 2010). The focus is on building parenting skills and sustaining parent-child relationships due to the increased number of incarcerated parents (Aiello, 2016). The emphasis is on improved skills development, communication, self-esteem, relationship development, and unity, and healthy child development allows parents to manage difficult experiences after release (Perry et al., 2011). Peer facilitators, professional staff, or community-based organizations provide these groups and classes

(Goshin, Byrne, & Henninger, 2014). Other incarcerated mothers serve as daycare workers enabling mothers to attend substance abuse treatment, counseling, and educational and vocational programs (Goshin, Byrne, & Henninger, 2014).

Most parenting programs offered in prison were adapted from programs for parents living in the community (Hyslop, 2009). There is no consistency in terms of depth, content, or length in prison parenting programs, and little attention was given to the facilitator's qualifications (Kennon et al., 2009). Lactation support and child development experts are other resources available to incarcerated mothers (Goshin, Byrne, & Henninger, 2014). One program was developed specifically for incarcerated mothers (Hyslop, 2009). The Mothering at a Distance (MAAD) program was designed for incarcerated mothers in New South Wales but not specifically for mothers participating in prison nursery programs (Perry et al., 2011). The aim of the program guards against the intergenerational cycle of crime and aims to develop strategies to increase prosocial parenting skills by teaching maternal sensitivity and responsiveness to infant signs and cues (Perry et al., 2011).

Upon the completion of this 10-session therapeutic group, mothers reported that the program was a success, they felt more confident about looking after their children, and they could understand them and be better listeners (Perry et al., 2011). When incarcerated mothers are given the opportunity to practice positive parenting, the cycle of generational incarceration may be thwarted, having a positive effect on their children, family, and the community (Perry et al., 2011). There are no specific parenting programs identified within the literature for mothers participating in prison nursery programs, but

parenting programs were offered. These programs increase their knowledge of child development, teach effective child discipline and provide resources that enhance their relationship with their child and may provide a smoother transition upon release (Goshin, Byrne, & Henninger, 2014).

Prison-to-Community Transition

Gaps exist in scholarly journals researching the transition of mothers who participated in prison nursery programs. The literature does acknowledge the increase in female incarceration and the need for a reentry program to improve public safety. However, there is an absence of studies examining the transition of women who participated in prison nursery programs. Mancini et al. (2016) examined the transition for women from prison in four areas: family, employment, financial, and stigma concerns as it related to prison visitation and letters. Visitation, while incarcerated, is considered external social support and can be of significant influence among incarcerated people (Bales & Mears, 2008). Cochran (2014) found that women were significantly less likely to recidivate when they had visitors early in their incarceration and when visitation was consistent. Cochran (2014) concluded that regular visitation helped to maintain social networking useful following imprisonment.

Mancini et al. (2016) examined visitation and letters as external social support. They found visits were associated with fewer concerns among incarcerated women. Letters, possibly because they were less personal, were not consistently associated with reentry perceptions. Visits were likely to alleviate fears and worries about their children, and the commitment shown by the visiting family member could be interpreted as

possible support following release. Letters did not provide the same reassurance of support following discharge as visitation (Mancini et al., 2016).

Finances were a concern for those that were not in a relationship (Mancini et al., 2016). Being in a relationship usually means having someone to share expenses. The study also suggested future research on returning to relationships with partners who were involved in crime or dysfunctional intimate relationships (Mancini et al., 2016).

Restrictive hiring practices could hinder finances because of criminal history (Mancini et al., 2016). These stigma related practices, i.e., not hiring felons, could make finding a job that pays a living wage more challenging. Stigma-related concerns were further reduced for older women and those in relationships.

During a forum held in Alouette Correctional Center for Women, women identified goals that they believed would help them with a successful transition back to the community following incarceration (Janssen, 2017). These identified health and social goals were

- Improved relationships with children, family, and partners,
- Improved peer and community support,
- Safe and stable housing,
- Improved access to primary health care,
- Increased job skills and relevant employment
- More exercise and better nutrition
- Improved dental/oral health
- Improved access to health education and

- Increased ability to contribute to society.

This study found health status and being able to access health care following release was more important than family relationships and employment (Janssen, 2017). Obstacles preventing access to health care include mental-health disorders, effects of previous drug use, lack of education, and inability to access online health information (Janssen, 2017). Incarcerated women often have histories of childhood and adult sexual and physical abuse contributing to their overall mental health (Bloom & Covington, 2008). A recent study found 88% of the mothers had chemical dependency issues; 29% were dually diagnosed (also had a mental health diagnosis), and 41% had suffered severe trauma and post-traumatic stress disorder (Condon, 2016).

In an early report on mental health in prisons and jails, James and Glaze (2006) found female inmates had higher rates of mental health problems in federal and state prisons and local jails than males. In a later study, Bronson and Berzofsky (2017) found that this trend continued, with 66% of females in prison reporting a history of mental health problems compared to 35% of males. Thirty-two percent of females in jail reported serious psychological distress compared to 26% of males, with diagnoses such as schizophrenia, post-traumatic stress disorder, bipolar disorder, depression, and anxiety diagnosed by a mental health professional in the past (Bronson & Berzofsky, 2017). Females in prison (20%) and jail (32%) met the criteria for serious psychological disorders 30 days before arrest (Bronston & Berzofsky, 2017). Mothers who receive treatment for mental health issues before transitioning from prison present to the community more stable and better able to handle their new life.

Chapter 3: Research Method

The purpose of this qualitative phenomenological study was to improve the understanding of the transition of mothers from prison-based to a community-based program. Questions about QOL concepts were used in interviews to understand the participants' reentry process and the quality of their relationship postincarceration. One of the main challenges for researchers, governments, and human development agencies is the measurement and improvement of people's QOL (Zorondo-Rodríguez et al., 2014). Many methods have been used to measure QOL, but the approach based on indicators is the most effective (Zorondo-Rodríguez et al., 2014). The definition and evaluation of QOL are constructs of social, economic, and environmental attributes of the community as major theoretical concepts (Zorondo-Rodríguez et al., 2014). Indicators are the intercession between concepts and measurement and contribute to the accumulation of knowledge and policy development toward improving QOL (Zorondo-Rodríguez et al., 2014). QOL approaches started with a top-down initiative from the perspective of local leaders but changed to a bottom-up approach by including the ideas and views of local people (Zorondo-Rodríguez et al., 2014).

In Chapter 3, a methodological overview of the study is provided, along with the research design, rationale, and assumptions. My role as researcher, trustworthiness, limitations, and the treatment of data are also discussed. In addition, ethical concerns, the use of informed consent to gain access to participants, and the ethical treatment of human participants are addressed.

Research Design and Rationale

To gain an understanding of the phenomenon being studied and guide the direction of the study, two questions were used:

RQ1: How do mothers transitioning from a prison nursery program perceive the coordination of services specific to having a prison-born baby when exiting to the community process?

RQ2: How do mothers who participated in a prison nursery program view their QOL postincarceration?

The focus of this study was the perception of women who had babies while incarcerated on their reentry process and their perceived QOL as a result of participating in the prison nursery program. The impact of the prison nursery program and its role in the lives of the mothers and their babies was the central focus of this study. Using a qualitative research design allowed for in-depth discussion of the perception of the prison nursery experience. Research methods are qualitative, quantitative, and mixed. Each approach has benefits. The distinction between qualitative and quantitative research is framed in the use of words versus numbers and open-ended questions versus closed-ended questions (Creswell & Creswell, 2018). A qualitative design involves asking open-ended questions about the complexities of the human condition that require explanations other than straightforward “yes” or “no” answers (Schneider et al., 2017). A qualitative research design is a rough sketch, like an abstract, filled in by the researcher as the study progresses (Devers & Frankel, 2000). Qualitative studies help the researcher comprehend and clarify why and how events occurred in the way they did; qualitative studies are not

intentionally predictive, and researchers do not attempt to search for causal relationships (Schneider et al., 2017). A common criticism of the qualitative approach is the inability to duplicate the exact project (Schneider et al., 2017). A key strength of the approach is that its results are bound by time and place (Schneider et al., 2017). Successive studies can increase the knowledge produced by the original study (Schneider et al., 2017). Therefore, each qualitative study is unique (Schneider et al., 2017).

Quantitative inquiry methods originated in psychology over the last 2 centuries (Levitt et al., 2018). Quantitative inquiry addresses the relationship among variables by testing objective theories (Creswell & Creswell, 2018). Quantitative research designs include experimental, nonexperimental, and longitudinal (Creswell & Creswell, 2018). Quantitative strategies include using a survey or experiment to identify a sample and population with a specific type of design to collect, analyze, interpret, and report the findings of the data analysis (Creswell & Creswell, 2018). The mixed-methods approach combines the qualitative and quantitative designs so that the strength of the study is greater than either independently (Creswell & Creswell, 2018). I used a qualitative design.

The use of a qualitative design allows for the focused and deliberate answering of questions that have a narrow scope or apply to specific contexts, such as gender, socioeconomic status, or culture (Schneider et al., 2017). Creswell and Creswell (2018) discussed five qualitative approaches: narrative, grounded theory, ethnographic, phenomenological, and case study. Levitt et al. (2018) added critical, discursive, performative, consensual, psychobiography, and thematic analysis approaches. A shift in

the philosophical assumption or the evolution of procedure produced many of these approaches (Levitt et al., 2018). I considered the narrative design in which an individual shares stories of their life (see Creswell & Creswell, 2018). The narrative design has been used for quite a while and is becoming more popular in the humanities (Creswell & Creswell, 2018). The narrative design has an acknowledged role in health sciences, where knowledge and understanding of the subject's experiences are obtained (Joyce, 2015). In qualitative research, the narrative approach is used to interpret the meaning people give to the world they live in so researchers can understand it better from their perspective (Joyce, 2015). Joyce (2015) emphasized narrative as the study of told stories after careful listening. The narrative is a compilation of the subject's view of their life and the researcher's understanding of the stories (Creswell & Creswell, 2018). Joyce noted that narratives may be an approach and a process in research. I considered this approach but did not choose because it did not lend itself to a shared common experience.

Another qualitative design described by Glaser and Strauss (1967, as cited in Barnett, 2012) is the grounded theory. It is a strategy of inquiry grounded in the views of the participants in which the researcher develops a general, abstract theory of a process, action, or interaction (Creswell & Creswell, 2018). This process requires the researcher to use multiple stages of data collection and refinement with a constant comparison of data with emerging categories and theoretical sampling of different groups (Creswell & Creswell, 2018). This design allows for the study of fluid, emergent processes (Charmaz & Belgrave, 2012). Urquhart (2013) discussed the two major critical points of the grounded theory method as theories being generated are not forced into existing theories,

and data from both qualitative and quantitative approaches are needed to generate and verify theories.

Grounded theory has become a general and generalized method (Charmaz & Belgrave, 2012). Grounded theory has become part of the everyday lexicon in qualitative inquiry stretching across disciplines and professions as a general method, and as a result, qualitative researchers have generalized its strategies in various ways (Charmaz & Belgrave, 2012). Howard-Payne (2016) noted that this method is not used extensively, and when applied, researchers are left feeling confused, noting the procedural guidelines are unclear. This approach was not chosen because I wanted a method with clarity and guidelines for the process, and there was not enough time for the multiple stages of data collection and refinement.

Two other qualitative designs were considered for this research: case study and phenomenology. A case study is an exploration of a real-life, contemporary bounded system over time, which includes multiple sources of data as well as case descriptions and themes (Creswell & Creswell, 2018). The case study can include single or multiple cases (Creswell & Creswell, 2018). The case study design was inappropriate for me because it did not align with the purpose of the study. Therefore, I chose a phenomenological design.

The work of Husserl was the basis for the phenomenological approach. Husserl pursued a new science to reach the truth through the accumulation of evidence (D. J. Perry, 2013). This method focused on the things themselves and how the world comes to be experienced within the situations that make up the lifeworld (Gallagher, 2012).

Lifeworld is a collection of situations in life that is already there that becomes the backdrop for people's actions and interactions (Gallagher, 2012). Epoche and bracketing are used by the researcher to maintain focus on the present, knowing the potential for bias exists. Phenomenological research is an inquiry in which the researcher describes the lived experiences of individuals about a phenomenon they describe (Creswell & Creswell, 2018).

The purpose is to understand the lived experiences shared by several individuals (Creswell & Creswell, 2018). The researcher attempts to see the world from the participants' viewpoint in a phenomenological study (Jenkins, 2019). A phenomenological study permits the researcher to collect data of shared lived experiences of a group of people and develop a composite description of the essence of those experiences (Creswell & Creswell, 2018). Creswell and Creswell (2018) pointed to Moustakas (1994), who acknowledged this description as what and how participants experienced a phenomenon.

I chose a phenomenological design because it generated the essence of what and how a prison nursery program was experienced by mothers who participated. Mothers shared how they transitioned to the community and what their QOL was postincarceration. These in-depth perceptions and experiences of participants may provide useful information to prison personnel and community advocates to assist mothers with the successful transition to the community, further reducing the recidivism rate for prison nursery program participants.

Role of the Researcher

I was the sole interviewer and data collector. I recruited mothers who had participated in prison nursery programs and had transitioned into the community. I observed the participants' behavior during the interview process. Ravitch and Carl (2016) emphasized that using a solo interviewer eliminates differences in interview style and the collection of data systems. I did not have a personal or professional relationship with any of the participants and had no power or supervision over them. I interviewed each participant using a set of interview questions (see Appendix B). I coded the data after listening for meaning to the answers provided by the participants.

I used epoche or bracketing to suspend my experiences, as much as possible, to gain an understanding of the participants' explanation of the phenomenon while collecting data. Epoche means to stay away or abstain from ordinary ways of perceiving things (Moustakas, 1994). Epoche required me to see things that are there to distinguish and describe. Bracketing allowed me to note my thoughts, feelings, and impressions honestly during the data collection and to be aware of possible influences that may have altered the data collection or analysis (see Martilik, 2018).

As a private practitioner, I have worked with several men who had been in jail or prison and only one woman. All interactions were postincarceration. I did not know any of the participants before the study began. My previous work as a mitigation specialist working with those charged or convicted of murder provided practice with interviews and report writing, including detailed social histories used by defense attorneys in the courtroom. I used these skills in this study. Janesick (2011) contended that understanding

and interpreting meaning is a vital role of the researcher. I used adaptive listening skills to hear the intent behind participants' statements, clarifying the meaning of vocal changes in tone, inflection, and long pauses. Through a continuous process of assessing and being aware of my personal beliefs, biases, and opinions, my aim was to maintain self-reflexivity.

Preventing potential harm to participants was a major ethical consideration throughout all phases of the research process. The Walden University Institutional Review Board (IRB) permitted me to conduct the study. I informed the participants of the purpose of the study, obtained the appropriate consent, and began building rapport during the data collection process. Small toiletry items of soaps and lotions (with values of less than \$5) were provided as incentives to all prospective participants regardless of whether they completed the interview or not. There was no monetary compensation. Participants were asked to review their responses for accuracy.

Methodology

Participant Selection Logic

Study participants were women who had been pregnant while incarcerated, gave birth while incarcerated, participated in the prison nursery program, and were released to live with their prison-born child in a community-based program. Mothers who did not participate in the prison nursery program were ineligible for participation, as were mothers who transitioned to live with friends, family members, or on their own. Men were also ineligible. Participants were asked to explain their incarceration and their housing status while incarcerated to confirm eligibility. Purposive sampling in qualitative

research provides rich, robust information from a specific population (Ravitch & Carl, 2016). Qualitative studies focus on relatively small samples purposefully to allow inquiry into and understanding of a phenomenon in depth (Patton, 2015). Quantitative methods focus on larger, randomly selected samples, allowing for a statistically representative sample for generalization from a sample to a larger population (Patton, 2015). This purposive sampling focused on postincarcerated women who participated in a prison nursery program.

I recruited participants from facilities that offered housing options for postincarcerated women. Participants were from a community-based housing alternative for postincarcerated women. The target population was postincarcerated women who participated in a prison nursery program and had transitioned to the community. They had served no more than 18 months in prison and had not returned to prison or jail because of a technical violation since their release. Women who did not participate in the prison nursery were not eligible, nor were men. Eligible participants for this study were women who participated in a prison nursery program and transitioned to the community.

The sample size was determined by saturation during the process of data collection. Saturation is reached when gathering additional data no longer produces new insights (Creswell & Creswell, 2018), and no new themes are detected after the completion of additional interviews or cases (Boddy, 2016). The idea of using saturation as a guide to sample size suggests the results are capable of some degree of generalization (Boddy, 2016). The central aim of science is a generalization as a starting point for further application of theory formulation (Boddy, 2016). Creswell and Creswell

(2018) recommended a sample size of three to 10 individuals in phenomenological qualitative research. Boddy (2016) pointed out that even a single case can be highly instructive.

In one of the few studies addressing theoretical saturation, data saturation started to become apparent at the sixth in-depth interview and was evident at the 12th in-depth interview of a relatively homogeneous population (Boddy, 2016). Twelve or more in-depth interviews may be more appropriate than 10 interviews in qualitative research. For this study, the target sample size was six to 12, or until saturation was reached. Saturation was reached with three participants.

Instrumentation

This study used a list of open-ended questions based on the two research questions (see Appendix A). Questions were open-ended and allowed participants to express themselves in the language they were comfortable with and congenial to their views. Using an open-ended format produced richer and more quotable data that enriched this research report. The researcher used probing questions to go deeper into their comments and responses (e.g., say more about that or please explain). All interviews were via telephone and were audiotaped with participants' permission. I noted vocal changes in volume, tone, inflection, and long pauses. The data were transcribed and coded to identify themes.

Lindholt et al. (2002) developed the QOL1 questionnaire to measure quality of life. I used the QOL1 questionnaire to measure the participants' perception of their state of their life. Although QOL measurements are primarily used in healthcare settings and

with incarcerated individuals, this instrument has different versions and required no modifications for use with the mothers in this study (Lindholt et al., 2002). The content validity analysis indicates that the instrument measures domains that diverse groups define as QOL (Ventegodt et al. 2003). The generic quality of this instrument means that it can be used with everybody despite culture, age, gender, or health status (Ventegodt et al. 2003).

Other researchers have used semi-structured interviews to research topics related to community reentry and social support (Davis, Bahr, and Ward, 2013; Emerson, 2018; Johnson, 2014). Emerson (2018) conducted interviews of post-incarcerated women to learn how they navigated health care and social service barriers. Johnson (2014) conducted face-to-face interviews with female parolees to examine economic difficulties while on parole. Davis et al. (2013) interviewed men and women to explore the reintegration process from the perspective of probationers and parolees, using semi-structured interviews. Martilik (2018) used semi-structured interviews with formerly incarcerated women to better understand their successful transition back to the community. Likewise, I used semi-structured interviews to interview post-incarcerated women. The semi-structured interview process allowed participants to share their lived experiences and led to a better understanding of their experiences.

Data Collection Process

I scheduled a series of 1-hour scheduled interviews via telephone. I emailed each participant the consent form for review and approval. The participants acknowledged their consent by replying to the email, "I do." They also received a copy of the interview

questions (see Appendix B) and were asked to review them in advance. Each participant was encouraged to find a setting that would allow for privacy during the interview to ensure confidentiality. I prepared for the interview by having the interview question available and found a quiet, confidential place. I used an audio recorder to capture the interviews. I introduced myself to the participant, explained the purpose of the study, and the process for recording, transcribing, and storing data before beginning the interview. I provided an explanation of how their confidentiality would be maintained. The consent form was reviewed, line by line, with each participant after explaining the study. According to the American Psychological Association (2016) principles, the researcher minimized potential risk to participants by gaining their informed consent, maintaining confidentiality, accurately reporting their statements, and debriefing before, during, and upon completion of data collection.

Each participant could ask questions before consenting to the study. This study included only participants who signed consent forms. All participants provided their contact information for follow-up, as needed. Other community-based programs were asked for additional potential participants after the recommended number of participants was not met. No additional participants were referred for the study from these programs.

Data Analysis Plan

I used the phenomenological design to guide my analysis of the interview data. Creswell and Creswell (2018) advise the researcher to report multiple perspectives, report the full range of findings, even those in contrast to the theme, and respect the privacy and anonymity of participants by using aliases or pseudonyms when analyzing data. I used an

audio recorder to capture interviews. I also took notes to collect the rich details of the participants that could not be captured through audio recordings.

Open-ended questions were used (see Appendix B) during the interview to maintain the focus on gathering the information that led to the textual and structural description and understanding of the experience that the participants had in common (the phenomenon). Significant statements, sentences, quotations, and the research questions were reviewed to gain an understanding of how the participants experienced the phenomenon. After the data was collected, I used a thematic and inductive coding method to summarize the primary topics. Next, I reviewed the data several times, looking for patterns in the data. I looked for the frequency of words and phrases, taken word for word from transcripts. I separated the data to determine like groups, searching for themes (see Saldaña, 2015).

A spreadsheet was used to cluster all major themes. I used the themes to write an exhaustive description of the phenomenon. Dedoose software and Word was used to code, analyze, and organize the data and to create spreadsheets and tables. The themes were highlighted on a spreadsheet. Data collection and analysis stopped when saturation was reached. Saturation is reached when no new data is produced (Saldaña, 2015).

Saldaña (2015) notes that data can be analyzed in different ways. Creswell and Creswell (2018) offer sequential steps to follow when analyzing data, moving from specific to the general, and includes multiple levels of analysis:

1. Step 1. Prepare and organize the data to be analyzed.
2. Step 2. Review all data.

3. Step 3. Start coding using bracketing and categorizing techniques (usually based on the specific language used by the participants).
4. Step 4. Generate a description and themes. The description includes detailed information about people, places, and events in a setting. Themes are the major findings of the qualitative study.
5. Step 5. Representing the description and themes and using narrative passages to convey the findings.
6. Step 6. Interpreting the meaning of themes and descriptions.

Saldaña states that no one can claim authority on the best way to analyze qualitative data or the value of coding. Each researcher determines whether to code or not based on their own belief, attitude, and value systems about qualitative inquiry (Saldaña, 2015).

Issues of Trustworthiness

The rigor of a study, or trustworthiness, is the degree of confidence in data, methods, and interpretation used to safeguard the quality of the study (Connelly, 2016). Credibility refers to the internal validity in qualitative research (Korstjens & Moser, 2018). It is the truth of the data or the view from the participants and the interpretation and representation of the data by the researcher (Cope, 2014). Thus, the main concern of credibility is truth-value (Korstjens & Moser, 2018). Identifying potential threats to the internal validity of the research can minimize or prevent the threat (Creswell & Creswell, 2018). In qualitative studies, Ravitch and Carl (2016) have linked credibility to instrumentation and data. I gave each participant my contact information for member checking and to review the final draft. Korstjens and Moser (2018) offered prolonged

engagement, persistent observation, triangulation, and member checking as strategies to ensure credibility.

Member checking provided accuracy for the data I collected. I maintained an ongoing dialogue with the participants to ensure the truth-value of the data interpretation. The researcher described experiences as a researcher and the participants provided verification of the research findings. When the participants recognize their individual shared description of their human experience, credibility is established (Cope, 2014). Member checking and saturation were used to establish credibility for this study. Saturation was reached when new data did not net new information.

Transferability is the degree to which the results of a qualitative study can be transferred to other settings, groups, or contexts with other respondents (Korstjens & Moser, 2018). Aspects of applicability signify transferability (Korstjens & Moser, 2018). In qualitative research, this criterion is met when individuals not in the study, and readers can associate the results with their own experiences (Cope, 2014). This research provides thick, rich descriptions of behavior, experiences, and contexts of the participants to allow the reader to consider the results' applicability or transferability. By providing rich accounts of the context where the research was carried out, the setting, sample size, strategy, demographics, inclusion and exclusion criteria, interview procedure, and the interview questions, the reader decides the transferability for their specific setting.

Dependability refers to the constancy or stability of findings over time (Korstjens & Moser, 2018). A study is deemed dependable when the findings can be replicated with similar participants in similar conditions (Cope, 2014). Dependability can be achieved

when another researcher concurs with the research process at each stage of the research (Cope, 2014). Korstjens and Moser found that dependability includes the participants' assessment of the findings, interpretation, and recommendations of the study to support the data received by the participants. This study presented data objectively, maintained and provided an audit trail within the framework and practice of qualitative methods, and demonstrated consistency through explanation of the procedures used in the process.

Confirmability occurs when the researcher can demonstrate that the data exemplifies the participant's response and not the researcher's viewpoints or biases (Cope, 2014). Neutrality is the concern of confirmability (Korstjens & Moser, 2018). The focus is on the interpretation process rooted in the analytical process (Korstjens & Moser, 2018). The goal of this researcher was to remain objective by using reflexivity throughout the process. Reflexivity is acknowledging the researcher's past experiences and how these experiences shape interpretations (Creswell & Creswell, 2018). I used reflexivity was maintained throughout the process to avoid researcher bias.

Ethical Procedures

Ethical guidelines for research in the field of psychology were established by the American Psychological Association (APA). The Ethical Principles of Psychologists and Code of Conduct (APA, 2016) were established to guide researchers toward the highest ideals of psychology. These guidelines are not rules but are considerations for an ethical course of action providing direction for researchers when dealing with human subjects (APA, 2016). Providing informed consent, maintaining confidentiality throughout the study, accurately reporting statements of the participants, and promptly providing an

opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research minimizes potential risk (APA, 2016). The researcher promptly corrects any misconceptions that participants may have and takes reasonable measures to reduce the risk of harm (APA, 2016).

Before beginning the research, the Walden University IRB granted permission for the study (01-20-21-0410256). After approval, I recruited participants through a solicitation letter emailed to community partners asking them to forward it to community workers for posting it at transitional housing for women in the Midwest and large Eastern cities. Invitation letters were emailed to case managers and parole officers within the Department of Corrections. All community potential participants were informed that participation in the study was completely voluntary via the recruitment letter. Further, the letter informed participants that they could withdraw from the study at any point without any adverse reaction from the referring agency or me. Participants were informed that responses would not be shared with the transitional house or probation or parole officers. Also, the researcher explained the method to protect their identity by concealing their names, location, and other identifying information protected. Each participant was asked to choose the name of a city to identify themselves and never used any form of their name. I used a secure safe to store paper documents and the flash drive and created a password-protected file on my computer. Participants received small toiletry items of soaps and lotions (with values of less than \$5) regardless of whether they completed the interview or not, as a token of appreciation. Participants on parole were prohibited from

receiving any incentive by the Department of Corrections; therefore, solicitation letters to these potential participants did not include this information.

Each participant received an informed consent form via email describing pertinent information about the study and the participant's rights. In alignment with the ethical principles and code of conduct (APA, 2016), the informed consent outlines the purpose of the research, expected duration, and procedures. The participants had the right to decline to participate at any point during the research. Also, participants were advised of prospective research benefits, limits of confidentiality, incentives for participation, and contact information for questions about the research and their rights.

Summary

The purpose of this qualitative phenomenological study was to improve the understanding of the transition of mothers from a prison nursery program to a community-based program. Throughout this chapter, I explained the study concepts and methodology in detail related to the phenomenon studied. Participant selection, instrumentation, and data analysis methods are explained. The research questions were reviewed, and the research design rationale was provided. The potential researcher biases and issues of trustworthiness are discussed. I reviewed ethical considerations, informed consent, and confidentiality. Also, I discussed the plan to reduce bias and minimize my influence on the data. Chapter 4 contains a detailed analysis of all data collected. Included in this chapter are the rationale of the sample size, setting, participant demographics, and the findings.

Chapter 4: Results

Chapter 4 presents the findings and themes that emerged from the data gathered from mothers who participated in a prison nursery program and transitioned to the community. The purpose of this study was to gain an understanding of the coordination of services during the process of transitioning from a prison nursery program to a community-based program and participants' perception of their QOL postincarceration. I collected data from interviews. The research questions used to gather this information were the following:

RQ1: How do mothers transitioning from a prison nursery program perceive the coordination of services specific to having a prison-born baby when exiting to the community process?

RQ2: How do mothers who participated in a prison nursery program view their QOL postincarceration?

This chapter includes the following subsections: rationale for sample size, settings, and demographics of participants, data collection, data analysis, findings, and summary.

Rationale for Sample Size

There is no hard and fast rule on the number of participants (Wilson, 2015). Dukes (1984) recommended a sample size of three to 10 participants in a phenomenological study. Parse (1990) recommended two to 10 participants to achieve saturation or redundancy. Finlay (2009) stated the number of participants can be as low as one to three, and a range between six and 20 is common. Making a persuasive case

with the best quality, not quantity, should be the focus to determine sufficient data (Baker & Edwards, 2012). Hefferon and Gil-Rodriguez (2011) maintained that “fewer participants examined at a greater depth is always preferable to a broader, shallow and simply descriptive analysis of many individuals” (p. 756). Malterud et al. (2016) maintained that qualitative inquiry can benefit by shifting the focus to what new information is collected instead of the number of participants in a study.

Creswell and Creswell (2018) stated that sample size depends on the design used. Creswell and Creswell’s review of many qualitative studies indicated that phenomenological studies typically include three to 10 participants. Sim et al. (2018) discussed the need to determine sample size a priori as a question. Sim et al. emphasized that “such a priori sample size decisions are incompatible with conceptual and methodological notions underpinning qualitative research” (p. 619). In addition, Sim et al. noted the frequent response of “it depends” to the question of sample size in qualitative research. Saunders et al. (2018) stated that specifying a priori how many participants are needed to understand what is unknown is illogical.

Large sample sizes do not guarantee that data saturation will be reached, nor do small sample sizes (Burmeister & Aitken, 2012). The depth of information gathered during interviews can produce data saturation without regard to the number of participants (Fusch & Ness, 2015). It is the responsibility of the researcher to understand the data, make sense of the results, and show the richness of the information collected from the data (O’Reilly & Parker, 2013). The current study was an exploration of the lived experiences of three mothers who participated in a prison nursery program and

transitioned to the community. The sample size yielded data saturation, and rich data were acquired.

Setting

Initially, the setting for this study was a private conference room in a community-based program. However, in March 2020, a global pandemic began, and many community-based programs closed, including the ones that had agreed to allow my interviews to take place. As a result, the participants were invited to be interviewed via video conference or telephone. Each of the participants chose to be interviewed by telephone. They all found a quiet, confidential place for the interview, which provided privacy and comfort when answering questions. I conducted the interviews from a closed-door room with no interruptions.

Demographics

All three participants in this study were mothers who participated in a prison nursery program. For confidentiality, each participant chose the name of a city for identification purposes; however, one participant wanted to use her name. She was referred to as Participant A for this study. The other two participants were Participant Miami and Participant Chicago. The interviews were conducted between April 2021 and July 2021. The demographic characteristics of each participant appear in Table 1.

Table 1*Demographics of Participants*

Participant	Participant A	Participant Miami	Participant Chicago
Age at time of the crime	28	27	24
Education	GED (9 th grad)	High school	GED (11 th grade)
How many children	4	1	3
Age of children in years	13, 7, 5, 2	5	14, 12, 9
How old was your child when you were released?	11 months old	13 months old	16 months old
Where were you raised	Small town in the Northeast	Small town in the Midwest	Small town in the Midwest
Marital status	Single	Single	Single
Employed	Yes	Yes	Yes

Note. GED refers to General Education Development.

Participant A grew up in a home with her mother and three sisters. She lived in a small town outside of a large, northeastern state in the U.S. She dropped out of high school in the ninth grade but passed the General Education Development (GED) test and obtained her diploma while incarcerated. Participant A had her first pregnancy when she was 16 years old. Her baby would have been born with severe malformations if she had allowed the pregnancy to go full term, and she could have died as well. She decided to be induced at 7 months to save her own life. The baby did not survive. Participant A described this as “the beginning of my life of getting into trouble.”

She started doing drugs and needing money. “I was arrested multiple times for multiple different crimes. I wasn’t one to stick to the same thing. If I got caught stealing,

I went to something else. I wasn't a very good citizen." Participant A recognized that she wanted to be home with her children and did not want to work.

She went to prison after getting caught selling narcotics. She was 28 years old at the time. She served almost 2 years in prison. She has three other children besides her prison-born son. She and her son were released when her son was 11 months old. She is a single mother. She was working two jobs at the time of the interview.

Participant Miami was 27 years old when she was arrested. She grew up in the Midwest in a small town. She and her two brothers, one older and one younger, were raised by their mother. Her parents were not married, and they had different fathers. Her father was not involved in her life. Her mother was gone often, and "we had to fend for ourselves." Her brother tried to look out for her, but she did not want his help. He was gone often "hanging out with his friends." Her younger brother ended up in "juvy" for a period of time.

She graduated from high school and was home alone often. Her brothers were "hanging out" with their friends using drugs or drinking, and her mother "wasn't there very much, and when she was, she was with her boyfriend." Miami got involved with a man who "started drinking and getting high" and later sold drugs. "I guess I was looking for love in all the wrong places." They got an apartment together, but it was in her name. "It was raided" while she was home, and the drugs were found in the apartment. She was arrested. She served 2 years in prison. Her son was 13 months old when they were released. She was able to find a job that she liked after release.

Participant Chicago dropped out of high school in the 11th grade after running away from home. Her parents were married but divorced when she was a baby. She was raised in a small town outside of Chicago by her mother but occasionally spent time with her father. She has a younger brother “on my momma’s side and two sisters on my daddy’s side.”

She and her brother were separated after Family Services got involved when she was about 12 years old. She would eventually go to live with her grandmother, and her brother went with his father. Her mother could get them back, and she finished “raising” them. Being separated from her mother and brother, she recalled, “was the worst time of my whole life . . . it was sudden and unexpected.”

She ran away and at first lived with friends. Then she and a friend went to Chicago, and when they ran out of money, they started “stealing.” They became “personal shoppers,” “stealing clothes, jewelry, and accessories” for people. When they were caught, her friend’s mother came for her, but “there was nobody to come get me,” and Participant Chicago did not want to go back home. She went to prison. She was 24 years old. While in prison, she obtained her GED. Her baby was 16 months old when they were released. She was working at the time of the interview.

Data Collection

The three participants were interviewed using a semistructured format. The interviews took place between April 2021 and July 2021. All three women participated in a prison nursery program and were released to the community. The open-ended interview questions were provided to the participants prior to the interview. The interview

questions asked participants to reflect on their lives, their babies' lives, the perception of the transition from prison to the community, and their QOL postincarceration. The impact of the prison nursery program, including its role in the lives of these mothers and their QOL, was the central focus of this research.

The interviews were conducted by telephone. With the participants' permission, I used an audio recorder to capture the interviews. Participants were asked to find a location that would be comfortable and private. The interviews took less than 1 hour. I recorded the interviews, took notes, and coded the interviewees' responses to the interview questions (see Appendix B) and a one-question questionnaire (see Appendix C). I also gave participants an opportunity to provide any final comments not covered in the interview questions and to ask me questions.

The COVID-19 pandemic presented an unprecedented challenge for researchers collecting data through in-person interviews (Santana et al., 2021). The World Health Organization (2020) declared COVID-19 a pandemic in March 2020. A shutdown and social distancing measures soon followed in an attempt to control the spread of the virus. In March 2020, the last baby was sent out of the prison nursery unit from the Keeping Infants Development Successful program due to the pandemic, effectively shutting down the nursery program (Case Manager, personal communication, August 10, 2021). The ripple effect during the shutdown included closing community-based programs for women and children. All movement between prisons and community-based programs stopped due to COVID-19 (Case Manager, personal communication, August 10, 2021).

In a study of how the pandemic has affected formally incarcerated women, Blomberg et al. (2021) noted that this group of women was already at a disadvantage in terms of digital access and skills prior to the pandemic. The lack of familiarity with digital technology further underscored the social and financial challenges formerly incarcerated women face when navigating a system denied to them while incarcerated (Blomberg et al., 2021). Upon release, many of these women returned to their communities, where they were technologically excluded because of having little to no access to technology such as computers, laptops, smartphones, or the internet (Blomberg et al., 2021). This marginalized group of women became an even harder-to-reach population in the wake of the COVID-19 pandemic.

The COVID-19 pandemic proved a challenge to me in locating these hard-to-reach mothers who transitioned to the community. Western (2018) posited that formerly incarcerated people are hard to reach due to transient lifestyles, frequent criminal justice officials' contact, and limited postrelease support systems. This was especially true with my population. Before the shutdown, a sample size of six to 12 mothers may have been relatively easy to attain; however, after COVID-19 began and programs in prisons and in the community closed, finding participants was nearly impossible. COVID-19 forced many mothers back into private settings (i.e., with spouses, in parents' homes, or with friends) where the display of a flyer would be unseen and casual conversation between mothers would not happen. Three mothers were located and interviewed after many months of communicating with prison social workers, prison administrators, and community agency workers.

Because of the social distancing measures, face-to-face interviews changed to interviews conducted via telephone. The COVID-19 shutdown restricted community agencies from having in-person contact with potential participants, making posted invitation flyers ineffective. Prison nursery programs and community partners in states bordering my home state were contacted via email and asked to forward the invitation flyer to staff and other agencies in the community. This participant recruitment process netted no responses from approved partners. To increase the participant pool, I sent a request to the IRB to include additional community partners. IRB approved this request. After approval from the IRB, the search for more participants began with contacting other agencies by phone and leaving voice messages. I sent follow-up letters via email or through the postal service to these agencies with the invitation letter. This was at the height of the shutdown when most agencies workers were working from home. Phone numbers for these at-home workers were not available. No responses occurred as a result of this effort. I conducted a search of the internet for community programs near prison nurseries that provide transitional housing. These programs reported that they provided housing but had not provided housing for women meeting the study criteria.

One program director provided the name and phone number of a social worker whom I contacted. This social worker shared that their program did not have any prison nursery program participants, but they provided the name and contact information for another community-based program in the area. A voicemail was left for the agency requesting their assistance with locating mothers who participated in the prison nursery program. I sent a follow-up email with the same request. An email response advised that

a man was interested in the study. Because men did not satisfy the selection criteria, the agency was not contacted. A second request was sent to IRB to include the snowball method to add more participants. Again, IRB approved the request. None of the community partners had any potential participants, and no other new partners contacted agreed to help in this research. I began coding the data gathered from the three participants interviewed.

Data Analysis

Considerable information is generated when using the qualitative method, making coding essential to understand the data collected (Meyer & Avery, 2009). Creswell and Creswell (2018) reported that analyzing qualitative data involves categorizing people, events, and things and the properties that characterize them. The data analysis steps I followed were (a) organize and prepare the data for analysis, (b) read or look at all of the data, (c) start coding all of the data, (d) generate a description and themes, and (e) represent the description and themes (see Creswell & Creswell, 2018). Merriam (2009) pointed out that emerging themes are identified after all data have been collected and analyzed. I collected data through semistructured interviews, which provided the means to answer the research questions. Time constraints and participant availability limited the number of interviews.

After completing the three participant tape-recorded interviews, I transcribed them verbatim. A preliminary list of codes, categories, and themes were developed after reading the data several times. The data was analyzed by placing the two research questions and the responses to the interview questions into a Word document with tables.

Dedoose was used to organize the data. Dedoose proved to be a helpful tool but also difficult to use. I used a Word document to organize codes to identify themes and categories.

I started by examining the responses to my interview questions, coding all relevant lines from each interview response. I combined the codes from all three interviews. I selected anchor codes based on the two research questions. Transition Perception and Life Changed were the anchor codes selected. A color code was assigned to each anchor code. Themes emerged from the codes. The themes were combined, color-coded then separated by the anchor color code. Subthemes and categories were identified. Subcategories pros and cons were used, as needed.

I gave my email address to all of the participants to contact me if they wanted to add or change anything in their interview. This allowed the participants to check over their answers for accuracy. There were no contradictions in the data, thus no discrepancies.

Evidence of Trustworthiness

Lincoln and Guba (1985) posited that trustworthiness is important when evaluating the worth of a research study. They offered that trustworthiness is denoted when assessing a completed study and finding that the intent of the study are true to what the participant provided. The four criteria that develop trustworthiness are credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985).

Credibility

Credibility was established by using a micro recorder to tape each interview. I took a few written notes during each interview to write down any noteworthy information not captured by the recorder. The interviews were transcribed into a Word document. Each interview transcription was reviewed against the audio recording and edited as needed. Participants were given the opportunity to review their transcribed data. Member checking helped establish credibility by providing my contact information to the participants. No participant contacted me after their interviews were complete. Due to COVID-19 and social distancing, in-person interviews did not take place.

Transferability

In-depth interviews were conducted, asking the same sequence of questions to each participant. The interviews were transcribed, edited, and coded. Participants were given the opportunity to review and make any changes as needed for accuracy. Transferability is analogous to generalizability and can have applicability to other settings or groups with enough descriptive data to allow the readers to determine applicability to data in other contexts (Lincoln & Guba, 1985). The small sample size limits the transferability of the study. However, the conclusions drawn in this study are useful to further research on this topic.

Dependability

Dependability refers to the stability of data over time and conditions (Lincoln & Guba, 1985). I gave each participant the opportunity to review the findings, interpretations, and recommendations of this study to support the data they provided.

There is a transparent description of the research steps from the start of this study, which provides an audit trail within the tradition and context of qualitative methods. Walden University IRB approved the interview questions I used to gather data from participants. Feedback was gathered from my academic committee and applied throughout my research process. I kept a journal of the participant comments not captured on the audio recorder, committee feedback, and comments throughout the entire process of this study.

Confirmability

Confirmability refers to the objectivity and congruency of the data's accuracy, relevance, or meaning (Lincoln & Guba, 1985). It is the process of ensuring the authenticity of the participants' perspectives rather than the researcher's perspectives (Lincoln & Guba, 1985). The strategy used to create confirmability and dependability was an audit trail. Keeping a reflective journal of the research process and nuances of participants not captured by the audio recorder eliminated personal bias.

Results

This section includes findings of the study and eight themes, which emerged from the two anchor codes. The anchor code Transition Perception refers to the mothers' perception of their transition to the community. The anchor code Life Changed refers to the mothers' perception of their life postincarceration. The themes represent the mother's lived experiences of exiting a prison nursery program with their prison-born baby to live in the community and their perception of their QOL postincarceration.

The categories for anchor code Transition Perception were Community Support – Pros and Cons; and Prison Staff Support/Services/ Programs – Pros and Cons. The most

common themes for Transition Perception (see Table 2) were became more responsible, community support services, positive relationships with other women, and staff prepared us to be released.

Table 2

Themes for Transition Perception

Primary theme	Secondary theme
Became more responsible	Parenting skills
Community support services	Job readiness
Positive relationships with other women	
Staff prepared for release	

Theme 1: Became More Responsible

All participants commented on being responsible. Each described how they learned to be responsible.

Participant A says, “We learned about structure because we had to get up at a certain time. For counts. No excuses. That’s how we show that we were responsible.”

Participant Chicago recalled

They teach you how to be responsible and really how to stop, you know, blaming everybody else. I was really good at blaming everybody else for the things that I did, and they told us how not to do that . . . because it really taught me how to do stuff like set boundaries and be responsible and make good choices.

Participant Miami recalled, “they prepared me to be responsible, more responsible than I’ve ever been, you know how to talk to people,” and “I’m responsible. You know, I got a job.”

Theme 2: Community Support Services

All three participants reported their experience with community support services.

Participant A reported, “I got hired . . . a week after I came home, it was the first application I put in.”

“I mean, I applied for everything that I could like food stamps, welfare, daycare, it was, I mean I applied for everything,” reported Participant Miami.

In addition, Participant Chicago said, “I applied for everything that I could for me and my baby, everything, everything I could find. I found food pantries. And there were also clothing places.”

Theme 3: Positive Relationships With Other Women

Participants found support with the other mothers in the shelter.

Participant Chicago stated, “You know it was a good shelter like we all helped each other.”

Participant Miami recalled, “the women in the shelter were nice, and they would tell you where to go and what services you could get. So, that was really helpful.”

Participant A did not go to a shelter. She went to live with a woman she met in the community.

The biggest support that I had was a lady who didn’t even have to help me at all.

She moved me and my children, my three children, into her home. She let me live

there for six months until I saved that money, rent-free, watched my kids, let me use her van. So I could save that money and move into my own apartment when she let me use her vehicle until I could save money to get my own. My biggest resource wasn't a resource at all; it was just [a] very kindhearted human.

Theme 4: Staff Prepared for Release

Participants described the help they received from staff before being released.

They started working to help me find somewhere to go before I was released.

They helped me to find the things that I needed when I was looking at going to the shelter. They helped me find shelters that would accept me and my baby.

[The] classes show me what to say when it comes to the shelter people. ...

Knowing where I was going before I got out, that made it easier . . . They helped me to find a program that would help me stay clean when I got out, and I knew that was really important. That was the main thing I was worried about because I didn't want to have to go back because I didn't want to have to leave my baby, so I had to stay clean. (Participant Miami)

Participant Chicago described preparing for release this way:

They will start helping me think about, you know, where do you want to go when you get out of prison. And I knew like I couldn't go back home because I didn't think that wasn't gonna be a good place for me, for real, and for my baby . . . I went to a shelter . . . I had some of the stuff that I needed and some of the stuff my baby needed. You know this shelter was for women and their kids.

Participant A shared her experience with prison staff:

The nursery manager made sure that my child was very well set up. You know, I wasn't allowed to leave unless I had a place to parole to as opposed to if I didn't have a child, they would have just put me in a homeless shelter. In the area that I live in, there's not very many homeless shelters for women and children.

[However,] they tried to find the resources, but there weren't any for my area. So I kind of just got thrown out all willy-nilly. [But] they did make sure that I had a crib and clothes, and stuff.

The categories for anchor code Life Changed were Quality of Life – Pros and Cons; Parenting, Relationships, Personal/Self-Change; and Recidivism. The most common themes that emerged for Life Changed (see Table 3) were improved QOL, goal setting for the future, baby adjusting outside, and being responsible for my baby.

Table 3

Themes for Life Changed

Primary theme	Secondary theme
Improved quality of life	Better parenting practices
Goal setting for the future	Employment
Baby had difficulty adjusting	
Responsible for baby	

Theme 5: Improved QOL

The three participants shared their thoughts on their QOL after the prison nursery program as follows:

Participant Miami shared, “I think my quality of life is very high because I have a job, I have a place to live, I’m raising my own son, and I have goals for the future.”

Participant A shared, “my quality of life is 1000 times better.”

Participant Chicago rated her quality of life “1-very high.”

Participants described the quality of their child’s life. Participant A said

I feel that his life is better because he did not lose any of that precious time in the beginning, you know, the nurturing from your mom. In the beginning, I really feel like that’s the biggest benefit that he had . . . the benefits of being in prison . . . with your baby is that you get to spend more time. . . . I really feel like it benefits the child more than it benefits the adult.

Participant Chicago shared

I think his life is better [because] I got a chance to raise him from day one. I used to drop my kids off with whoever will watch them and not think about it . . . In prison, I couldn’t do that with my son, and I’m glad [because] I mean I really got to know him, and he got to know me.

Participant Miami said

I think my son was better because I raised him. I mean, you know, we were together, and have been since the first day of his life. He knows me, and I know him. I made sure he was healthy. When he was sick, I made an appointment to get into the doctor.

Theme 6: Goal Setting for the Future

All three participants mentioned the staff directing them to set goals for the future.

Participant A detailed her goal setting this way:

When I was there . . . they make you do this five-year plan. Oh, five years of goals, and I'm thinking yea, okay, let me [give them something]. I want to lose 100 pounds. I'm never going to lose 100 pounds so let me just tell these people this. I'm going to quit smoking cigarettes yea right . . . I'm gonna get a job. Yep. Maybe. You know I have done everything. I lost 100 pounds. I weighed 276 pounds two years ago, and now I weigh 196. I got 25 [pounds] back because I quit smoking cigarettes. The only thing that I have not done is that five-year [plan] is buy a house. But I still have until October.

Participant Miami described goal setting:

We had to make some goals before we left, like have a plan to live right. I thought it was dumb at first, but I decided to put down some stuff that I really wanted to do, that I had not done before . . . I had no idea where to start.

Participant Chicago said:

What they made us do was come up with a plan of what we were going to do in the future. And so, you know, at the time, I just wrote some stuff down. But now, for real, though, I'm trying to work out my plan.

Theme 7: Be Responsible for Your Baby

All three participants commented on what they learned from the parenting class.

Participant Miami stated, "I didn't know what I was doing at first, but they helped me;

they helped me to learn about my baby and how to be ready for him after he was born.”

Participant A shared, “The children in the prison [get] nothing but time . . . from their mothers.” Participant Chicago said:

And we had to be up at a certain time . . . we had to be ready for count like in the middle of the day, I had to go to programs, or we all had a job or details, you know, that we had to do, so I had to get him up and get him ready, so we could be on time to my detail.

Theme 8: Baby Had Difficulty Adjusting Outside

Each of the participants commented on adjusting outside of prison. Participant Miami recalled:

It’s was hard to leave him because he would cry. Really, he was really upset when I had to go look for a job, but we did it, but I was scared. But I knew I didn’t want to go back because I wouldn’t get to take him with me.

Participant Chicago remembered:

And my baby . . . he wasn’t used to being around people. And I guess I never really thought about it, but he had not heard like a lot of that stuff that it’s just regular noises like cars and motorcycles, clock’s ticking and microwaves the buzz, you know everyday sounds. He wasn’t used to saying a bunch of people walking around, especially men, because the man with [their] voices cause they so deep I mean he was scared.

Participant A said, “he was petrified of traffic . . . he didn’t know the noises and the sounds that are normal like, of life. It’s just watching him learn things that he should have known about.”

Summary

The purpose of this study was to examine the lived experiences of mothers exiting a prison nursery program with their prison-born baby to live in the community and their perception of their QOL postincarceration. The significance of this study is that it contributes to the body of knowledge needed to address the needs of women who give birth while incarcerated and their ability to have a comfortable, enjoyable life postincarceration. The primary purpose of this study was to answer the question of how do mothers who release from prison nursery programs perceive the coordination of services they receive and how do they view their QOL after release.

Three mothers who participated in a prison nursery program and were released to live in the community were the participants in this study. A prison nursery is a separate unit within the women’s prison for mothers who are pregnant and give birth prior to being released. The three mothers in this study were of childbearing age, ranging from middle to late twenties when arrested. The interviews took place during the heightened concerns about the spread of COVID-19.

During COVID-19, precautions were implemented to help reduce the spread of the virus. These precautions included a mandatory shutdown and social distancing measures. These measures were responsible for creating barriers to in-person interviews. In some cases, prison nurseries closed, sending babies out of prisons while their mothers

completed the sentence. Some community programs utilized by these mothers and babies also closed or restricted movement within their facilities.

The social distancing measures and restricted movement proved to be a significant challenge to locating participants now living in the community. Revised recruitment measures were created and approved in an effort to locate additional potential participants. These recruitment measures were to no avail, and the study proceeded with three participants. Since in-person interviews were no longer an option, participants had the option of interviews via telephone or a teleconference platform. I interviewed the three participants via telephone at their request.

Prior to the interview, the participant received an emailed copy of the interview questions and questionnaire. They found private, quiet spaces free of interruptions for the interviews. I audiotaped the interview, transcribed them verbatim, and organized the data into codes, categories, and themes. Using two anchor codes, eight themes emerged. The themes are: became more responsible, improved QOL, goal setting for the future, positive relationships with other women, acquired community support services, staff prepared us to leave, baby's adjustment, and responsible for baby.

During the interview, I learned that the participants felt that they could see themselves being more responsible than before they were arrested. Participants recognized their growth in responsibility evident by accepting the blame and not making excuses. One participant evaluated herself as being more responsible than ever before. Their responsibility was evident in the care of their baby.

While on the prison nursery unit, they had to be with their babies when not on a job detail. They were responsible for getting them up each day and being on time for their detail. The time spent with their baby was continuous from the first day of the child's life. This time with their baby afforded them the opportunity to learn their baby and for the baby to get to know them. One participant expressed that being in prison benefited her baby as well as it benefited her.

All of the participants declared their QOL postincarceration was improved. One participant described her QOL as "1,000 times better" and wondered aloud where she would be if not for prison. Very high QOL was the rank for the other two participants also. Each pointed out changes they have in their lives now compared to before they were incarcerated, including learning how to apply for a job, working, being responsible for their kids, and setting goals.

Goal-setting was a practice that they did not do prior to incarceration and did not take seriously when instructed to set goals. However, each of the participants found that they were able to achieve some of the goals they wrote down since their release. One participant shared tackling and achieving all of her goals except what she called her "stretch goal" but expressed hope that she would complete it in a few months. Each participant expressed a desire to take care of themselves and of never return to prison.

While on the prison nursery unit and in the community, they developed relationships with other mothers. They relied on each other for support and helped each other. One participant found support from a woman in the community who helped while she was looking for a job or working. All three participants found resources in the

community to help them with needed supplies following release. They found that it was easier to find housing, employment, food, and clothing with the help of the other mothers and prison staff.

Prior to release, prison staff helped the participants to think about leaving the unit. One participant geographically lived in an area with few resources and felt unsupported by prison staff when they were not able to find resources in her community. With the help of prison staff, one participant found a substance abuse treatment center. She recognized the need to remain drug-free in order to stay out of prison and continue to raise her baby.

All of the participants found that the children were not used to life outside of prison that is considered normal, i.e., riding in a car, everyday sounds, and people. The prison unit provided a small group of familiar people for their babies that were left behind upon release. Their babies became scared, and one participant described him as “petrified” of people and “normal sounds of life.” They used the tools learned on the prison nursery unit to help calm their babies and themselves.

In Chapter 5, I provide an interpretation of my findings, including how my research extends the knowledge in the discipline. Using the theoretical framework, I analyze and interpret my findings. I provide a clear explanation of the limitation of the study; provide recommendations for further research and potential impact for positive social change. Finally, in conclusion, I offer lessons that can be learned from the key essence of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative phenomenological study was to understand the transition of mothers from a prison nursery program to a community-based program and their perception of their QOL after release. My experience working with veterans transitioning to the community after long-term hospitalization was the catalyst for this study. The coordination of services required to meet the needs of these individuals piqued my interest in mothers being released from prison with their prison-born children. Coordination of services can influence the lives of those returning to the community and affect their QOL. The process of mothers transitioning to the community with their prison-born children and their perception of their QOL was the focus of this study.

Seven percent of the total national prison population at year-end 2016 were women (Carson, 2018). About 4% of these women were pregnant (Sufrin et al., 2019). There was a dearth of research on incarcerated women's health and no systematic reporting of pregnancy outcomes in U.S. prisons (see Sufrin et al., 2019). There was a dearth of gender-specific health research of incarcerated women (see Sufrin et al., 2019). Furthermore, there was no research about the process of mothers and their prison-born babies transitioning to the community and their QOL postincarceration. The current study addressed this gap in the literature by exploring the experiences of three mothers who participated in a prison nursery program and were released to the community. Participants were able to evaluate their QOL postincarceration.

I used a semistructured interview method that allowed mothers to share their lived experiences about the transition process and their QOL. Using epoche and bracketing, I

focused on the participants' description of their experiences while suspending, as much as possible, my thoughts, feelings, and impressions during the data collection and analysis process. Initially, the interviews were to be completed in a community-based setting; however, the COVID-19 pandemic shutdown and social distancing measures created unprecedented challenges to conducting in-person interviews. In-person interviews changed to telephone interviews. Visual indicators were replaced by paying attention to verbal cues (i.e., tone, volume, inflection, and long pauses). Each participant was given time to answer all of the questions and an opportunity to add more information if they wanted. They could also ask questions.

The key findings of this study were based on two research questions. All three mothers transitioning to the community expressed a belief that they became more responsible while incarcerated. They all emphasized the support they received from staff to prepare them to be released and found support in the community. All three mothers commented on the positive relationships they developed with other mothers in prison and women in the community. Each of the mothers reported their QOL as very high after participating in the prison nursery program.

Interpretation of the Findings

My findings from this study provide a clear perception of mothers who participated in a prison nursery program and were released to the community with their prison-born children. Previous research had not focused on the transition of mothers from prison with their prison-born babies from the mothers' perception, which created a gap in the literature. As discussed in Chapter 2, peer-reviewed literature focused on the

significant increase in female incarceration, increasing the number of pregnant women behind bars. According to Banley (2017), it is common for female inmates to present with substance abuse and mental and physical health problems. Being addicted to substances or having untreated mental illness can disrupt a person's ability to care for themselves and their child. Participant A and Participant Miami reported having substance abuse problems prior to incarceration. Participant A shared I started doing drugs when I was 16 years old after my baby passed away. I quit when I found out I was pregnant with my 13-year-old. Participant A also noted my crime went from doing drugs to now I need money. I got in trouble for selling narcotics. Participant Miami reported living with a man she knew was selling drugs out of their apartment. At first, I wasn't using drugs or selling drugs, but I knew he did. She described herself as young and dumb, looking for love in all the wrong places. Neither of these mothers received treatment for their substance abuse until they were in prison. Both reported being more responsible for themselves and their baby after release, and credited being in the substance abuse program and getting clean as part of this process.

My findings confirm Banley's (2017) description of female inmates as often young, poor with minimal job skills, and undereducated with unstable employment history. All of the current participants were under 30 years old when arrested. They had unstable family lives and employment histories. Participants A and Chicago were high dropouts. Being undereducated made finding a job harder. Participant A stated she dropped out of school in the ninth grade. That was around the time that she got pregnant. She recalled, "that is the beginning of my life of getting into trouble." Participant A

acquired her GED while in prison. Participant Chicago dropped out of high school in the 11th grade. She started running away from home around that time. She earned money stealing with friends and eventually became a “personal shopper stealing clothes and accessories” for others. Participant Chicago did not work prior to incarceration.

Participant Miami graduated from high school but recalled learning “how to fill out an application” while incarcerated. She had a minimum wage job.

Vitiello (2021) discussed the effect of the mandatory minimum sentences that left judges with little discretion in imposing the law. These laws increased the number of women incarcerated (Carson, 2014). These laws took aim at the drug trade (Cardaci, 2013). Participant A stated, “I was selling pills, so I didn’t have to go to work.”

Participant A was 16 years old when she got pregnant with her first child. That baby did not survive. She was unemployed before incarceration. Participant Miami was “young and looking for love” when she found a man who sold drugs from their apartment. “I knew he sold drugs.” She was home when the police raided their apartment. There were drugs found in the apartment. She was arrested. Participant Miami stated she was careless and was not being responsible when she was involved with this man. She now prides herself on being responsible, having a job, and feeling respected by others.

The support received from prison staff helped all of the participants once released to the community. Warner (2015) described prison nursery programs as a place where mothers can get parenting classes, advocacy, child placement assistance, day care, and discharge assistance. Interview Questions 4 and 5 (see Appendix B) elicited responses about what participants did and did not know about parenting and finding a job. Each

participant expressed getting “whoopings” (corporal punishment) as a form of discipline. Participant Chicago reflected, “we not allowed to spank our baby. When I was growing up, that’s what my mom, everybody did, my Granny, neighbors, everybody did when you did something wrong, you got a whooping.” Participant Miami recalled learning to “parent different than how I was raised; we couldn’t spank our baby. We learned to love them and understand what they wanted. We got whoopings.” This form of discipline was strictly forbidden and would result in the child being sent away and the mother being sent back to the general population of the prison. Participant Miami said, “we learned to talk to our baby or use distraction techniques instead of hitting them.”

Positive physical touch (e.g., holding, hugging, and rocking) creates attachment (B. Perry, 2013). The current participants used these newly learned techniques when they had to leave their babies while looking for work after being released. Participants Miami and Chicago described using these methods to soothe their babies while in the shelter. Participant Miami described her baby as “being scared of everyone except me” but used the techniques she learned “to soothe him so I could look for a job.” Participant Chicago remembered her son “wasn’t used to being around people, he was real clingy. I didn’t want him to be scared. I used all the stuff they taught us to comfort him.” These mothers were not used to the form of parenting they learned in prison but employed it while in the shelter. They found it beneficial for their baby and could proceed with finding a job.

Research Question 1

How do mothers transitioning from a prison nursery program perceive the coordination of services specific to having a prison-born baby when exiting to the

community process? Based on the data gathered, the mothers answered this question regarding having resources to return to the community and service acquisition postincarceration. Themes emerged regarding being more responsible for release by being held accountable for themselves and their babies while in the prison nursery program. Once released, mothers used community support services for food, shelter, and financial assistance. Building relationships with other women in prison and in the community proved helpful. While incarcerated, these mothers were prepared for release by prison and community staff.

Interview Questions 6, 7, and 8 (see Appendix B) elicited responses about what the participants thought of the reentry process and the support that they did or did not receive from prison staff and community services. All three participants discussed how the prison staff started talking about having a plan for release at the beginning of their incarceration. Participant A recalled one of the steps to having a release plan was “having somewhere to parole to.” Participant A was released to a small community where resources were minimal. She recalled, “they tried to find resources, but there weren’t any for my area.” This lack of housing options made the transition from prison problematic. There was no shelter to release to, but she lived with a family member for a short time. Then a friend let her live with her “rent-free for six months.” The friend also supported her by letting her use her car to find work and watched her children. Participant A had all three of her children with her at the time.

Participant A’s story confirms Sen’s (1999) capability approach. This theoretical framework emphasizes converting intangible components into resources. Functionings

refer to the achievements of individuals with their available resources (Bérenger & Verdier-Chouchane, 2007). When resources are converted into valuable functionings, they become assets. Having access to a set of functioning defines capabilities (Bérenger & Verdier-Chouchane, 2007). The capability that Participant Chicago had access to was the shelter. The shelter provided her somewhere to live, but the women in the shelter were helpful with sharing resources they knew about in the community. These relationships were positive and supportive, similar to ones built with other mothers in prison. Participant Chicago also used the day care there to watch her child while she looked for work. These capabilities improved the QOL for Participants Miami and Chicago and their children.

Having family and a friend in the community allowed Participant A to return to the community successfully. She had the support she needed to find a job while having her child cared for by someone she knew. The friend became an asset. Participant A compared this relationship to ones she developed while incarcerated with other mothers who were also supportive. These relationships were examples of having a commodity or resource available that proved invaluable to her QOL and well-being postincarceration. The support she received from prison staff was minimal, but they ensured she had some of the things that her baby needed.

Likewise, Participants Miami and Chicago realized their capability by finding somewhere to live. The requirement that they have somewhere to parole to as part of the release plan forced them to consider their options. They both chose to go to a shelter designed to help mothers with children as their best option. Participant Miami lived with

a man she knew who sold drugs prior to her incarceration. Going to the shelter became a resource for her and her baby. The shelter was the tangible component of the intangible because of the safety and stability that it provided.

Each of the mothers expressed being appreciative of being in the prison nursery program but found transitioning to the community difficult for their prison-born child. Their children were not used to being around others or hearing normal sounds like traffic noise, machinery, or the sound of men's voices. These things caused the children to be scared and the mothers to be scared. Participant Miami feared being put out of the shelter if her son could not adjust. She used the parenting tips she learned while in the prison nursery to soothe him. Participant A recalled her son had not been in a vehicle except to "come home from the hospital at three days old." She described him as petrified of "outside life." Participant Chicago also reported being scared that they would be kicked out because of her baby's fears of everyday sounds.

These were unanticipated problems for the babies that significantly affected their mothers. However, being in the prison nursery program prepared them to attend to the needs of their children. They were able to use parenting techniques they learned to calm their children and remained in control of their behavior. As a result of being able to calm their baby, they were able to complete tasks like looking for a job or working to improve their QOL. These unanticipated problems tested the mothers' ability to realize their assets. These assets included the intangible skills they learned while incarcerated, specifically to be responsible for the care of their child.

One intangible that each of the mothers mentioned was goal setting. While in the prison nursery, they were required to make plans for after they were released. None of them had any idea what they wanted to do after release and had never set goals for themselves. Because it was required for release, they “just wrote down some stuff” (Participant Miami). All of the mothers reported accomplishing most of the things on their list. They all had a goal of finding and keeping a job, having stable housing, and starting to save money for the future. Setting goals is intangible but accomplishing the goals creates tangible results such as having a job to make money to buy the things that they want and need. These are assets.

Research Question 2

How do mothers who participated in a prison nursery program view their QOL postincarceration? QOL refers to a person’s subjective assessment of their life (Smith, 1973). Alam and Amin (2018) included productivity and overall life experience as measurable aspects of QOL. In the current study, mothers were asked to evaluate their overall happiness about their productivity and life experiences. The answer to this question was the mothers’ judgment of themselves on a continuum. The continuum was used to compare their lives before being on the prison nursery, while in the prison nursery, and postincarceration. Responses to Interview Questions 9 and 10 revealed how the participants evaluated their QOL and the lives of their prison-born children. Question 9 asked mothers how they thought their QOL improved because of their participation in the prison nursery program. Question 10 asked mothers to describe the ways their child’s life was better because of the prison nursery.

Prison nursery programs offered these mothers a chance to protect their right to mother their children. Participant A and Participant Chicago had children besides their prison-born children. Participant Miami only had her prison-born son. Each of these mothers learned what they called a different type of parenting than what they experienced from their parents. Each of the participants was raised in single-parent homes. Although Participant A and Participant Chicago had children prior to incarceration, they recognized that they wanted to be better mothers after being in the prison nursery. They compared how they raised their other children to what they learned in the prison nursery and set out to change the trajectory of their children's lives by implementing the skills they learned. Participant A said she is teaching her "own children to be responsible by being responsible." She is aware of her personal growth compared to how she raised her older children. Prior to incarceration, she did not want to work but learned to get up and prepare herself and her child for the day. This routine continued postincarceration for her and all of her children. She added, "my quality of life is 1,000 times better."

Participant Chicago also had children prior to incarceration. She admits to dropping her children off to whoever would watch them. She prides herself on being with her son since the day he was born and being entirely responsible for him. She acknowledges having a doctor in the prison nursery and taking her son for regular checkups was one of the benefits of being in the prison nursery. She did not seek healthcare for her other children regularly prior to incarceration. Participant Chicago learned to be responsible for her prison-born son and the benefits extended to her other

children. She sought to change their future by speaking positive stuff to them because “I never heard anybody tell me positive things” or “that I could do it,”

Participant Miami summarizes her QOL as better because she is away from the drug scene. She expressed that others respect her for “doing the right thing.” Prior to incarceration, she did not have a direction in her life, but she learned to set goals for herself and her son while in the prison nursery. Post incarceration, she continues to be responsible for her son to make sure “he is healthy, and when he is not, I make an appointment to get him to a doctor.” Maintaining healthcare is an example of responsibility learned while in the prison nursery. She is proud to have a job and to have saved some money. Participant Miami set these goals while in the prison nursery. Her parents were not married, but she is working on her stretch goal of being married in 10 years.

The QOL1 Questionnaire was used to measure each participants’ QOL postincarceration. The questionnaire assessed their QOL based on a scale of 1 (very high) – 5 (very low). The lower the number, the higher the QOL. Each participant rated their QOL as “1 – very high”. While in the prison nursery, they could see their prior lives and behavior from a different vantage point. Once released, they could also see their lives and the behavior changes they made while in the prison nursery program. The changes in their thinking changed their choices and helped them and their children. It seems that being responsible made it possible to change their lives and behavior. These changes they attributed to being in the prison nursery.

Each participant had been out of prison longer than the 3-year timeframe used to measure recidivism. McDonald and Arlinghaus (2014) found community-based programs focus on reducing recidivism, addressing barriers to successful reintegration, and improving QOL. Each of the mothers paroled to situations that helped them overcome barriers specific to having prison-born children. Having day care available for them while they looked for work was helpful. The unintended consequence of their babies' lack of exposure to a different environment (i.e., unknown sounds, loud noises, and unfamiliar people) created stress for the mothers. However, they used the skills learned in the prison nursery to help their children adjust to their new surroundings. All of the participants confirms Sen's (1999) capability theory, which is the theoretical framework for this study. Sen's (1999) argument is that one should have access to the resources they need, want, and have reason to value. These three participants were able to function with the goods and services (resources) at their disposal that they needed. Having a place to live, a job, and feeling respected were resources that provided them comparable lifestyles of others, therefore reaching their capability.

Limitations of the Study

The nature of qualitative study findings has limited generalizability to other populations (Martilik, 2018). The limitation of this phenomenological study is its generalizability to other populations, specifically due to the small number of participants. The small number of participants does not take away their shared experiences and willingness to share these experiences with me. Trustworthiness was established by

allowing the mothers to review the transcript. Each participant was asked if anything needed to be changed (deleted or added).

Because of COVID-19, face-to-face interviewing was not allowed, which created a barrier to evaluating body language and facial expressions. Instead, I noted changes in volume, pitch, tone, or pace in responses, and I asked clarifying questions to understand better. These results may not be transferable to men transitioning from prison or women not transitioning from other confined situations without their children. If COVID-19, time, and resources were not hindrances, having a larger population of participants from across the country may have been recruited.

Another limitation was not working within the corrections field. This created significant barriers for me to conduct the research by not having an “inroad” to potential participants or corrections personnel. In addition, because I was unfamiliar with corrections officers and agencies who worked with this population, establishing relationships of trust took time to build. Moreover, none of the prison nurseries are located in my home state. This limited the possibility of mothers paroling in my state. While COVID-19 was a challenge, it eliminated the need to explain why face-to-face interviews could not take place. However, this marginalized group had limited access to technology or lacked confidence in using it and chose to be interviewed via telephone.

Recommendations

There is no follow-up system for mothers and babies that leave the prison nursery unless they recidivate. Understanding the supports and services within the community that prevents recidivism from the mothers’ perspective could direct the programming

offered within the prison and community. Further, finding ways to fund smaller communities to provide programs that help this marginalized group of mothers to create programs that prevent recidivism. The mothers in this study describe the support services in the community that helped them postincarceration. Learning how to interview for a job, have somewhere to live, have daycare for their child, and have a job was critical to the participants' success. Improving the coordination of services, especially in small or rural communities, that supports these mothers help to create stronger communities.

The COVID-19 pandemic closed prison nurseries and community programs used by pregnant women and mothers, reducing available resources (Case Manager, personal communication, August 10, 2021). Future research is needed to understand the impact these eliminated programs present for incarcerated pregnant women, postincarcerated mothers, and the community. If prison nursery programs do not exist in a community, the number of babies removed from their mothers at birth will increase. These babies' placement options will be with family, foster care, or adoption, further burdening these systems. All of the mothers in this study found their experience in the prison nursery program beneficial to themselves, their babies, and their QOL. Presenting this information to correctional institutions that house women or policymakers could encourage drafting policies that reopen and increase the number of prison nursery programs.

Future research should focus on accurately counting the current number of pregnant incarcerated women at any given time. The only known and reported number of pregnant incarcerated women was completed in 2004 (Bronson & Sufrin, 2019). Future

research could focus on developing a systematic way to keep current the number of pregnant incarcerated women within a reasonable amount of time. In addition, a count of the current number of prison nurseries open and operating in the U.S. In 2014, a mother-child facility was renovated but did not have adequate staffing to open. It remains closed to date. An investigation into how to adequately staff this facility for mothers and their babies could positively impact these mothers and the communities they enter postincarceration. Another area for future research is the changes to address incarcerated women's healthcare needs, especially pregnant women, to protect them during other infectious outbreaks.

Implications

The findings of this study present implications for positive social change at the organizational, research, policy level. On an organizational level, correctional workers can understand what services should be in place before mothers and their babies transition to the community. A commitment to continue or develop a collaboration between correctional workers and community stakeholders to coordinate services for mothers and babies postincarceration. Having affordable housing arranged before discharge could provide stability and reduce recidivism. For small or rural communities, create partnerships with agencies or private property owners to receive these mothers and babies could eliminate this gap in services. Correctional workers can empower mothers to become familiar with community service agencies before release.

This study has limitations because of the small participant size; however, future research could replicate this study to women detained at the borders with their children

and released to the community. Learning from them about their experiences and QOL will fill a gap in the literature. Additionally, the research could include the perspective of border police and correctional workers.

Each participant found that participating in the prison nursery program improved their QOL significantly on the policy level, Having somewhere for mothers and babies to release to helped to reduce recidivism. Closed prison nurseries present significant stress for incarcerated mothers and babies. Policies should be in place that provides funding for these nurseries and for community programs to reopen. Community programs for postincarcerated mothers help to strengthen the community, provide a place to live and work. There is a need to consider funding to create prison nurseries to keep mothers and their babies together while incarcerated. Further, substantial financial resources is needed for research into the long-term outcome of mothers and babies who transition to the community is needed.

Conclusion

In this qualitative phenomenological study, I examined the transition of mothers from a prison nursery program to a community-based program and their perception of their QOL postincarceration. The finding suggests that mothers and their prison-born children benefitted from having somewhere to parole to after completing their sentence. They did not recidivate when they received support and help from prison staff and community agencies. The relationships they established in the community with other mothers proved to be helpful in navigating their lives postincarceration. These relationships became surrogate families providing support and information to available

resources in the community. The participants and their babies were familiar with these types of relationships as they were similar to those they made in the prison nursery with other mothers.

Additionally, the mothers in this study expressed having an improved QOL, rating this improvement as very high. They also believed that being in the prison nursery would improve their children's lives. The time spent together was a benefit to both of them. Being accountable while in the prison nursery required them to take care of themselves and their babies as well as comply with the demands of the prison. Once released, they used the skills they learned in the prison nursery to be responsible for themselves and their babies. Their new skills allowed them to seek and find work, successfully manage their babies, and successfully live in the community.

The participants in this study perceived the coordination of services from the prison nursery to the community as being helped by the prison staff and community agencies. Two of the participants transitioned to a shelter for women and their babies. They found the staff and other mothers living in the shelter helpful. One participant was from a small town with minimal resources. There were no shelters in the area; however, she was able to live in the community with a friend. This friend assisted her with shelter for her and her children and transportation. All of the participants have remained successful in the community avoiding recidivating.

The participants in this study viewed their QOL postincarceration as "very high." They were able to reflect on their lives prior to going to prison, their time in the prison nursery, and their lives in the community. Each participant pointed to specific changes

that they made that proved their lives had improved. The improvements included being a better parent, being responsible, having a job, and being respected in the community. All of the participants said they would never go back to prison. They have all been out of prison longer than the three-year timeframe used to measure recidivism. Having support prior to releasing to the community, having support in the community in housing and daycare helped these mothers start with their prison-born children like any other mother who had resources available to her. When given the opportunity, resources, and support, the mothers in this study became productive members of the community.

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Appendix A: Consent Agreement to Participate in Research Study

Date _____

Time _____

Location _____

Interviewer _____

Hello, my name is Gwendolyn Burke. Thank you for agreeing to participate in this research study. The information that you provide will be used to fulfill the requirements toward the completion of my dissertation study titled: *Perceptions of Quality of life after Prison Nursery Program*. Quality of life as it is used here refers to an all-inclusive concept incorporating all factors that impact upon your life. It includes your health status, functional ability, and economic circumstance, and material possessions, physical, social, and emotional well-being. I am interested in learning about your experiences in the prison nursery program and believe that it will be useful information for my research and effectiveness of similar programs around the world.

This interview will take about 45 - 60 minutes. I will be using an audio recorder and will also take a few notes, with your permission. The data collected will then be transcribed, coded and summarized in a narrative form. All collected information is kept confidential. You will have the opportunity to review the transcribed data for corrections and clarification. The master recorded information will be destroyed after the completion of my dissertation. Do you have any concerns about your privacy? Do you have any

questions about the informed consent? Do I have your permission to audio record this interview?

Today is DATE and I am interviewing **NAME OF INTERVIEWEE** via telephone.

Thank you for agreeing to participate in this research study. I will be using an audio recorder to record our conversation today. I will ask you a few questions. If I ask you a question that you do not understand, please say, "I don't understand." If I don't understand what you say I will ask you to repeat your response. If I want more information based on your answer, I will ask you, "say more about that" or "can you explain, please" If I ask you a question and you don't know the answer, say, "I don't know." If what I say is wrong, please tell me.

Demographic Questionnaire

Interviewee (First name, Last Initial) _____

Marital Status: Married___ Divorced___ Single___ Widowed___

Children: Children: Y___ N___ How many? ___ Ages: _____

Highest Level of Education Completed _____

Currently Employed: Y___ N___ Full-time___ Part-time___

If unemployed, how long? Less than 1-year___ 1 – 3 years___

Did you participate in the Prison Nursery Program? Y___ N___

Appendix B: Interview Questions

Follow-up questions will be asked to respond to the subject's answers to these questions

1. Can you tell me about yourself (where were you raised, who raised you, do you have siblings, how many children do you have, did you raise your children, did you graduate high school, any certifications or college hours/degrees)?
2. Reflecting on your life experiences, what led to your arrest and involvement in the crime?
3. What charges were brought against you? How long were you in prison?
4. What groups or classes (including programs you may not have completed) did you attend while in the prison nursery program? How did they prepare you for returning to the community?
5. What new skills (parenting, job readiness, etc.) did you learn while in the prison nursery program? In what way did participating in this program prepare you to be a parent?
6. Thinking about being released from prison, can you describe the process of release and the steps to begin living in the community?
7. What made your transition from prison problematic? What made your transition from prison a smooth process?
8. What support did you have from prison staff? What support did you have in the community? Can you describe the help you received from each?

9. How do you think that your quality of life improved because of your participation in the prison nursery program (i.e., your ability to take care of yourself and your children, feeling better physically and mentally, etc.)?
10. In what ways is your child's life better because of the prison nursery program?
11. Do you have any thoughts or comments that you would like to share?
12. Do you have any questions for me?

Appendix C: QOL1 Questionnaire

Please consider the questions carefully before answering. Then draw a circle around the most suitable answer.

Q1. How would you assess your quality of life now?

- 1 Very high
- 2 High
- 3 Neither high or low
- 4 Low
- 5 Very low

From “Development and Validation of QoL5 for Clinical Databases. A Short, Global and Generic Questionnaire Based on an Integrated Theory of the Quality of Life,” by J.S. Lindholt, S. Ventegodt and E. W. Henneberg, 2002. *European Journal of Surgery*, 168(2), p. 107 (<https://doi.org/10.1080/11024150252884331>). Copyright 2002 by Taylor and Francis Ltd. Reprinted with permission.