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African American Women's Experiences of Self-Care and Recidivism

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Walden University
2023

Abstract

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MA, Clark Atlanta University, 2009

BS, Georgia State University, 2004

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Human Services

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Abstract

African American women face some of the highest incarceration and recidivism rates among their female counterparts within the United States. The purpose of this generic qualitative research was to explore African American women's experiences of self-care amid multiple recidivism incidents and related health and psychosocial environmental challenges. The theoretical frameworks of Orem's self-care and Gorski's post incarceration syndrome theories were used for this study. Data were collected using semi structured phone interviews. The study participants included 16 formerly incarcerated African American women, ages 18 years and older, recruited through social media via Facebook postings. Data analysis included interview transcriptions, sentence coding, and categorizing, resulting in emerging themes. The eight themes developed were: (a) support systems were important for self-care, (b) need to focus on and prioritize holistic health for self-care, (c) age at first incarceration influenced self-care and coping skills, (d) lack of self-care skills led to incarceration, (e) needing to change to avoid recidivism, (f) dealing with residual effects of incarceration, (g) difficulties in addressing mental and emotional health challenges, and (h) resources needed to reduce recidivism. The findings of this study align with the social determinants of health within the domain of social and community context. The study reveals the impact that the lack of positive social support can have on an individual's health and wellness throughout their processes of self-care, reentry, and episodes of recidivism. The findings of this study have potential implications for positive social change that include contributing to the knowledge and academic domain in the areas of self-care, incarceration, recidivism, and reentry.

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Dedication

This dissertation is dedicated to my Lord and Savior, Jesus the Christ. Into your hands, I commit my body, mind, and spirit in service to your people. It's been said, to whom much is given, much is required, so I do not take for granted the enormity of the task I have been given to mentor those on the road less traveled.

And, to those women who shared their life experiences with me and to those who live behind metal, concrete, and glass, I dedicate my life. I hope this work will help to improve the quality of your life and well-being.

Acknowledgments

Without the Lord by my side, I would not strive for excellence but settle for mediocracy at best. I was sent into this world to be a servant of humanity and answering his call has been my greatest pleasure. Achieving the academic status of a Ph.D. will help further my ministry and service to my Lord Jesus.

I also wish to thank my husband Roy Smith, mother Ann Amos, sister Barbara Smith, and my dearest sisters in Christ, Audrey Walker, Darlene Prince. Thank you for being so supportive, as you watched from a distance, wondering if I would ever finish this dissertation.

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Chapter 1: Introduction to the Study

Introduction

African American women have some of the highest rates of incarceration among women in the United States, according to the Bureau of Justice Statistics (BJS, 2020a). This population is also imprisoned at approximately twice the rate of Caucasian women and an estimated one-and-a-half times the rate of their Hispanic counterparts (BJS, 2015). Upon release from incarceration, these women experience emotional and environmental stressors within their communities (Reid, 2015). Dixon (2016) explained that physical, mental health, economic, and family reintegration barriers can lead to ineffective self-care and possible recidivism. However, from a theoretical and research perspective, the literature is unclear concerning African American women and self-care when there are multiple experiences of incarceration or recidivism.

In this chapter, I provided background on the research population, then described the problem statement, purpose, and research question, followed by an introduction of the theoretical framework. Next, I explained the nature of the study, assumptions, research scope and delimitations, and limitations. In this chapter, I also focused on the study's significance and the closing summary.

Background

African Americans are one of the largest populations of incarcerated women and those who recidivate following release from prison (BJS, 2016). Typically, this population is comprised of older women raised in families some consider dysfunctional, survivors of abuse, and who often have substance abuse and mental illness histories

(Herbst et al., 2016; Wright, 2015). A commonality among women with criminal histories is the type of crimes committed and the legal repercussions. The Sentencing Project (2020) reported that crimes prevalent among women range from drug to property crimes, which legally result in stiffer fines, penalties, and laws being implemented. Carr (2016) explained that for women, short-term incarceration can cause losses in employment, education, and parenting responsibilities, placing them at risk for recidivism. Stanley (2016) explained how legal systems often view the lives of men and women as the same, disregarding the gender-specific challenges of women (sexual and violent abuse, relationships, and childcare) that can lead to recidivism.

African American women with incarceration experiences are often stereotyped due to shared histories and commonalities. BJS (2015) reported that African American women involved in the criminal justice system often originate from low-income environments, resulting in limited opportunities for education and a lack of social and interpersonal skill development. However, according to Gross (2015), incarcerated African American women have also faced disparities in arrest and sentencing and are often subjected to inequities in legal representation. In addition to legal and developmental disparities, Dunmore (2019) found that formerly incarcerated African American women must often return to high-risk communities (peer pressure, abuse, drugs, gangs, no jobs) that may influence their mindset toward committing a crime. As for women with children, Myers et al. (2018) reported that 58% more African American children had incarcerated parents than European American children.

In this study's research constructs, health and the psychosocial environment, many African American women face barriers to self-care concerning medical care. According to Murrell (2018), women must often choose between Western (physician) or traditional (cultural) medical treatments when it comes to health care intervention (World Health Organization, 2017). In addition to addressing their medical needs, Isaac et al. (2016) found that many African American women often used spiritual practices during illness. Hernandez-Reif et al. (2015) revealed that African American women used family and cultural traditions to help heal their physical conditions. As for their psychological needs, those tended to be aligned with post incarceration and recidivism status. Fash (2018) reported that African American women who served time in prison tended to suffer multiple losses, both emotionally and mentally, that impact them during reentry. Loss of family contact and limited access to social networks during incarceration often puts African American women at risk for recidivism once they return to their social environments. Concerning the social environment, Cowan (2019) discovered a direct link between lack of psychosocial services (substance abuse, mental health treatment, housing programs, etc.) available during reentry and risks of recidivism.

At the onset of this research, I could not find a possible link or theoretical framework to explain the connection between self-care and recidivism, leaving a theoretical and research gap. My research can help reduce this research gap by adding to the literature for those exploring African American women, their strategies for self-care, reentry 5and the link to recidivism.

Problem Statement

African American women have one of the highest rates of incarceration and recidivism among female offenders (BJS, 2020a). In addition, the United States Sentencing Commission (2016) revealed the following statistical data concerning recidivism among women: 47.6% for those ages 30 years and under, 40.7% for those 30–39, and 29.1% for ages 40–49 (p. 24). For this population, trauma and victimization have been found to be the catalyst for crime, gender discrimination, and incarceration, whereas stigma, guilt, and discrimination can trigger recidivism (Heidemann et al., 2015).

After an extensive literature review on African American women, criminal justice, self-care, and recidivism, I could not find a theoretical framework that explained the potential connection between self-care and recidivism, leaving a theoretical and research gap. This population of African American women continues to have one of the highest incarceration and subsequent recidivism rates. Nonetheless, scholars know little about how self-care possibly fits into their reintegration process, leaving a knowledge deficit.

Purpose of the Study

The purpose of this generic qualitative research study was to explore African American women's experiences of self-care amid multiple recidivism incidents and related health and psychosocial environmental challenges. For this study, I interviewed 16 formerly incarcerated African American women with histories of recidivism residing throughout the United States. Exploring the constructs of self-care and recidivism from

the perspectives of those impacted provides firsthand knowledge of the self-care experiences of formerly incarcerated women during episodes of reentry and recidivism.

Research Question

The research question explored in this study was as follows: What are the self-care processes of African American women in their post release environment when there are multiple experiences of recidivism?

Theoretical Framework

The theoretical frameworks used for this study were Orem's (1991) theory of self-care and Gorski's (2001) post incarceration syndrome theory (PICS). Orem's (1991) theory was used to determine how individuals practice self-care concerning their health and other factors within their psychosocial environment. Gorski's (2001) theory was used to examine the reentry process of formerly incarcerated women transitioning from incarceration to non-correctional environments. Although I found studies on this female population, I had not discovered research on formerly incarcerated women using Orem's (1991) and Gorski's (2001) combined theories. Details on the selected theories were provided in Chapter 2.

Nature of the Study

In this research, I used a generic qualitative design approach. Choosing this methodology resulted from two related considerations: study demographics and prior researcher knowledge. As a researcher, I wanted to interview participants living the experience (self-care, reentry, and recidivism) with whom I had prior knowledge and experience (Percy et al., 2015). I was aware of the risks of potential bias.

From the seminal research of Caelli et al. (2003), the ability to conduct a comprehensive study of participant experiences and freedom from the confinement of one specific research approach were the other significant reasons for choosing the generic methodology. A researcher can use either combined qualitative research approaches or claim no particular research assumption (Caelli et al., 2003). This study involved extrapolating self-care processes from the interviews of African American women, which proved beneficial in uncovering the knowledge related to recidivism given the lack of literature in this domain. As indicated earlier, if such a theory existed, its application would be limited given the absence of literature.

For this study, I originally planned to recruit 20–25 participants to secure the desired research pool to reach data saturation. Final recruitment garnered 16 study participants found eligible based on the inclusion criteria of being African American women, ages 18 and above, with histories of recidivism. During this study, saturation was reached with 16 participants when similar responses started to be repeated. According to Fusch and Ness (2015), while qualitative samples are generally small, data saturation has previously been reached by interviewers as early as the first few interviews.

Definitions

Post incarceration syndrome theory (PICS): The effects of incarceration and post release trauma experienced by individuals during reentry (Gorski, 2001).

Recidivism: A person's relapse into criminal behavior after being punished or receiving intervention for previous crimes. Recidivism is typically measured from rearrest, reconviction, and reincarceration over time (USSC, 2016).

Reentry: Post released persons transitioning from incarceration to the community (Goger et al., 2021).

Self-care conditioning: The capabilities in human development achieved to address the life challenges impacted by the biological, psychological, and social environment of the individual (Orem, 1991; Wanchai, 2018).

Self-care theory: The ability of patients to participate in their treatment decisions, self-maintenance, and wellness rather than depending solely on the medical profession for care (Orem, 1991).

Traditional medicine: Refers to indigenous cultures diagnosing, treating, and preventing illness through their wisdom, talents, and expertise **(**WHO, 2017).

Western medicine: The belief that physical ailments are treated with physical solutions of vaccines, clinics, hospitals, and now, robotics (Murrell, 2018).

Assumptions

In this generic qualitative study, I explored the self-care and recidivism experiences of formerly incarcerated African American women. Several of the assumptions considered within the study included (a) participants being formerly incarcerated with histories of recidivism, (b) participants providing truthful responses to interview questions and not simply saying what the researcher wanted to hear, (c) participants understanding the interview questions being asked and asking for clarity if questions were misunderstood, (d) participants not allowing their emotions to hinder them from answering truthfully, and (e) each participant completing the interview in its entirety.

Scope and Delimitations

For this generic qualitative study, I obtained data from interviews with 16 formerly incarcerated African American women who self-identified as having histories of recidivism and who resided within the United States. According to Walden University (2022), when recruiting vulnerable groups such as formerly incarcerated persons, participants should not be tied to legal entities but capable, independent, and free to volunteer for the study. The delimited groups included men, non-African American women, and minors.

Limitations

Limitations of the study included the use of a small sample size, the potential for bias, and the lack of face-to-face interaction. While qualitative samples are generally small, the rich data gleaned from these interviews were used to overcome the limitations. As for bias, my career experiences as a social worker with formerly incarcerated individuals were considered. Researching the selected population would have to be carefully designed, implemented, and monitored for bias reduction. Techniques were developed to create semi structured open-ended questions, to notate apparent biases, and to allow participants to tell their own stories.

Finally, this study was limited by being conducted during a global pandemic. In-person interviews could have yielded more robust data. However, the literature did not reveal whether the telephone or other forms of conferencing could be as secure and revealing as the data I sought to acquire.

Significance

This research contributes to the existing literature by providing new knowledge in this study area. Additionally, this study describes the self-care nuances of African American women who experience more significant recidivism percentages than other women. The findings also provide data for creating reentry programs for social service and business collaborations (housing, jobs, career, education, and treatment). Understanding self-care from the perspective of formerly incarcerated women can provide a baseline for program development, implementation, and intervention during reentry to reduce recidivism. Finally, this data will be beneficial in creating multidisciplinary programs within behavioral health, such as gender-specific treatment, relapse prevention, trauma, and violence recovery treatment, as aligned with Cimino et al. (2015). More research on African American women is needed to understand better the barriers formerly incarcerated persons face within families and communities during reentry (Dixon, 2016). The results of this study can lead to positive social change for African American women by contributing to the knowledge domain in the areas of reentry, self-care, and recidivism.

Summary

In this study, I focused on exploring the lives of post incarcerated African American women and challenges to self-care and recidivism. Statistically, this population of women have been known to surpass its female counterparts in incarceration and recidivism rates throughout the United States (BJS, 2016). African American women were chosen for this study because of the limited research on self-care and recidivism

among this population. In addition, while comparable to that of their European American and Hispanic American counterparts (Herbst et al., 2016; Wright, 2015), the challenges faced by African American women go beyond criminality to include both gender and race barriers impacting their reentry (Gross, 2015).

The theories of Orem (1991) and Gorski (2001) were used for the foundation of this study. Orem's self-care theory was used to explore African American women's health, psychosocial and environmental needs, and the risk of recidivism. Coupled with this theory was Gorski's PICS theory used to examine the residual effect of incarceration playing out in the lives of these women during reentry. The problem statement for this population included not only their high incarceration and recidivism rates but also the lack of research on self-care, reentry, and recidivism, leaving a knowledge deficit. This generic qualitative study aimed to explore African American women's experiences of self-care amid multiple recidivism incidents and related health and psychosocial environmental challenges.

Next, the research question clarified the purpose and provided the perimeters for this study. I also included my reason for choosing generic qualitative research and provided a list of research definitions. The study assumptions, limitations, and delimitations were also included. Finally, I concluded the chapter with the significance of the research and my hope for social change.

Chapter 2 encompassed the literature review and search strategies used for the study. First presented were the theoretical frameworks used for the chapter, followed by exploring the constructs of self-care, post incarceration syndrome, and recidivism. The

general background of incarcerated women specifically focused on African American women. The chapter was then concluded with a final summary.

Chapter 2: Literature Review

Introduction

The purpose of this generic qualitative study was to explore the processes of self-care experienced by post incarcerated African American women. These women experience high incarceration and recidivism rates, a trend often more significant than their female counterparts of other races and ethnicities in the United States (BJS, 2018, 2020b, 2020a). This population of African American women continue to have some of the highest incarceration and subsequent recidivism rates. Nonetheless, scholars know little about how self-care fits into the reintegration process among this population, leaving a knowledge deficit. Women returning from incarceration often become overwhelmed by the challenges of reentry (Reid, 2015). Successful reentry is typically defined by an individual's method for addressing their physical, mental, social and environmental stressors (Wildeman & Wang, 2017). If these conditions are left unaddressed, an individual's complete well-being may be at risk (Fahmy, 2018).

In this chapter, I provided the literature review search strategy followed by a presentation of the theoretical foundation. I then provided an overview of the research population, African American women with histories of recidivism. Next, I explored this population's health, psychosocial, reentry, and recidivism challenges. Finally, I concluded the chapter with a summary of the significant areas of interest related to the concepts of this study.

Previous studies of this population have been focused on reentry, family reunification, abuse, and trauma (Barden, 2019; McKay et al., 2016; Starks, 2018).

Although I found studies on the self-care of previously incarcerated people, I had not found self-care studies on African American women using the collective frameworks of Orem's (1991) self-care and Gorski's (2001) PICS.

Literature Search Strategy

The research databases I used to search for literature for this study included EBSCO, ProQuest Central, ProQuest Criminal Justice, and Thoreau—all retrieved from the Walden University Library. In addition, I obtained data via the American Psychological Association, Bureau of Justice, Bureau of Prisons, Centers for Disease Control and Prevention (CDC), Google Scholar, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), United States Sentencing Commission (USSC), and the World Health Organization (WHO). Due to the limited studies found on formerly incarcerated African American women, the search included generic studies using the following keywords: *adult female offenders, African American female offenders, Black female offenders, Black women resiliency, Black women self-care, drug offenders and recidivism, environment and recidivism, female offenders, female recidivism, gender and recidivism, Gorski's post-incarceration syndrome, interpersonal support for offenders, mental health and recidivism, Orem's self-care theory, post-release, race and recidivism, recidivism, resiliency among women offenders, self-care, self-care of African American women,* and *self-care of homeless African American women.*

The iterative search for this literature review included placing keywords in the search engine as I sought content related to behavioral health, criminal justice,

corrections, recidivism, and self-care. The end goal was literary saturation. Literature was selected that had been published within 5 years, except for seminal research specific to theory and other works when needed. The criminal justice databases were used to obtain terms and statistical data on female offenders, incarceration, and recidivism. In addition, the term *self-care* was researched through the USSC (2016) and the work of the WHO (2022), where I acquired information on gender and self-care behavior. As for definitions and statistical data on female offenders, I researched the terms *behavioral health, recidivism,* and *substance abuse* from the BJS (2016), the CDC (2014), and the United States Department of Justice (2015). I consulted with Walden University's library personnel to ensure my search was exhaustive. Finally, given that there was limited research specific to self-care and formerly incarcerated African American women, I drew from other disciplines, such as nursing as it related to self-care, and literature specific to women and men as it related to the general topic of incarceration and recidivism.

Theoretical Framework

The theoretical framework for this study included Orem's (1991) self-care and Gorski's (2001) PICS. These seminal theories are the frameworks that supported the research questions, literature review, and data analysis. The rationale for choosing these theories included Orem having developed subcomponents of self-care, which I used to explore participants' physical, mental, and social, environmental care. The subarea entitled *self-care* was germane to better understanding the theory's application to this study. Second was my choice of PICS, which I used to explore what Gorski described as the psychological effects of incarceration on the lives of individuals once released. Both

theories allowed me to have a better understanding of the context-specific knowledge gap and demonstrated how my study would eventually be situated among the existing literature.

Orem's Self-Care

The theoretical background of self-care originated from research within the profession of nursing. Orem's (1991) seminal self-care theory created for medical knowledge and advancements is considered one of the grand theories of nursing (Shah et al., 2015). The theory is articulated using practical language for nursing while offering new concepts for clarity and purpose in areas other than nursing. In general, Orem believed that patients should participate in their medical treatment decisions and their self-maintenance and wellness rather than depending solely on the medical profession for care. The self-care theory is categorized into three distinct focus areas: self-care (ability to care for self independently or with the aid of others), self-care deficit (inability to care for self, need for health-related self-care), and the nursing system (nursing agencies, nature of patient self-care deficits).

Other scholars, such as Shelton and Goodrich (2017), have used self-care theory in research on incarcerated persons, but not in the context of theory development. Accordingly, Shelton and Goodrich explored the self-care theory to determine whether inmate mental health was determined by life experiences or levels of diagnosis and severity. On the other hand, Craigie et al. (2016) used the self-care theory outside the purview of incarceration to better understand how individuals take on a more proactive and preventive care approach in psychosocial and environmental aspects.

Meera (2016) suggested that self-care could be achieved through medical adherence, therapeutic interventions, and other professional practices. This dependency approach to self-care was further demonstrated in Riegel et al. (2019), who also suggested that self-care entailed reliance on medical adherence for help in monitoring and managing chronic health care needs. While their literature was generally focused on patient care, there were parallels in how individuals viewed managing their well-being (health, mental, and social interactions). For example, Gonzalo (2019) expounded on Orem's theory by focusing on self-care conditioning. Specifically, Gonzalo targeted the physical and psychosocial environmental challenges within the lives of individuals.

Self-Care Conditioning

Orem (1991) and Wanchai (2018) defined self-care conditioning as the human capabilities developed within an individual to address their life challenges affected by gender and their physical and psychosocial environment. Based on gender determinants, women tend to be better conditioned to care for themselves than men are. However, Adkins-Jackson et al. (2019) suggested that women's increased self-awareness, emotional conditioning, and resilience could help improve their self-care, reducing stress and health disorders. Martin-Johnson (2016) also stated that women are more apt to practice self-care than men are, except during periods of emotional stress or mental duress. While I found no literature that explicitly highlights African American women's experiences, post-incarceration can be affected by self-care conditioning. This construct may be insightful in understanding how women care for their basic needs. In addition, it may also illuminate any findings relative to self-awareness within this population.

Physical Self-Care

According to Orem (1991), physical self-care entails a person's ability to advocate for themselves and to manage their medical affairs. Riegel et al. (2017) considered physical self-care primarily influenced by an individual's ability to manage medical affairs, develop healthy lifestyles, and participate in disease management. In addition, Clarke et al. (2016) conjectured that physical self-care also calls for individuals to understand the causes, effects, and long-term repercussions of their illnesses. On the other hand, Caruso et al. (2019) felt that successful self-care should require an individual to possess confidence and education related to their illness. According to the European Patient's Forum (2015), physical self-care requires that individuals not only understand but also be willing to adhere to the treatment plan their medical providers prescribe.

Concerning physical self-care and incarceration, the construct holds whether the person has healthcare needs during or following release. For example, when studying incarcerated women, Chatterjee et al. (2019) found that physical self-care for incarcerated people could be hindered by prison policy. Schonbrun et al. (2019) also studied healthcare among incarcerated women with a focus on self-efficacy and personal agency, Research findings revealed that similar outcomes including physical self-care depended largely on institutional policies when women attempted to make independent decisions concerning their health. Finally, while the studies aligned with incarcerated women, it remained unclear if there was a spillover effect explaining how women practice self-care after being released.

Mental Health Self-Care

The mental health aspect of self-care is one of the most widely studied areas of this theory as it pertains to women with criminal histories. According to BJS (2017), nearly an average of 67% of women within American correctional systems ("66%-prison & 68%-jail") have a mental health diagnosis. While the studies that follow have not used the underpinning of the self-care theory, this focus on mental health provides important insights specific to this study.

According to the National Alliance of Mental Illness (2020), psychological duress during incarceration impacts nearly 2 million people annually, with 83% having no access to treatment following release. Also, once released from prison, some individuals with mental illness (schizophrenia, suicide ideation, and violence risks) may have to rely on themselves to secure their care, no matter how ill-prepared they may be to navigate their intervention (Bakken & Visher, 2018). Other individuals, according to Mohammadi et al. (2018), may have to rely on comprehensive medical teams (therapy, follow ups, family intervention), especially during times of mental crisis. DeHart and Iachini (2019) stated that incarcerated individuals with serious mental illnesses are a growing concern within the prison system. Barrenger et al. (2020), on the other hand, indicated that once released, those with incarceration histories are better served with peer specialists rather than being left alone to self-isolate.

Mental illness (psychosis, depression, trauma, suicide) is a characteristic of individuals who are frequently arrested, act out, are abused within correctional facilities, and habitually recidivate (Prison Health.Org, 2020). According to BJS (2017), "37% of

prisoners and 44% of jail inmates" have been diagnosed with a mental health disorder (para.1). Cruver (2017) reported that among released women with mental illness, many are often found to have histories of physical and sexual trauma with preexisting disorders. Green et al. (2016) explained that this population of women have endured violence within their interpersonal relationships and communities, resulting in mental health disorders (bipolar disorder, depression, and posttraumatic stress disorder [PTSD]) and substance abuse.

The Center for Disease Control (2022), confirmed that mental illness often results from childhood maltreatment (physical, sexual, emotional abuse) and trauma at the hands of adult caregivers, placing individuals at risk for mental illness, substance abuse, and health disorders in adulthood. Kim et al. (2016) also revealed that undiagnosed, untreated childhood abuse and trauma lay the foundation for behavioral health disorders that can manifest during adulthood. Finally, among African American women, the loss of social worth during incarceration can affect their mental health (depression and isolation) and lead to recidivism (Fash, 2018).

Social Environment and Self-Care

Studying self-care as it relates to social environments **(**family, community, and interpersonal support) can be instrumental in learning how wellness is maintained after incarceration. Varda and Talmi (2018) reported that interpersonal networks within the social environment of their study participants involved informal, intimate groups of individuals whom they trusted but who did not necessarily work together as a social unit. Chiauzzi et al. (2016) suggested that empowerment in the environment is based on an

individual's networking, wisdom, and self-discipline level. Mayberry et al. (2016) stated that a person's amount of successful self-care and independence appears to correlate with the positive support received from their families. However, Coaston (2017) explained that despite the social support received in their environment, individuals are independent and will inevitably make their own decisions to address their needs. In summary, women of post incarceration status may be exposed to live-in environments where maintaining their self-care can be challenged by their home environment, familial support, and the proper support they receive.

Gorski's Post Incarceration Syndrome

The second theory used within this study was Gorski's (2001) PICS. This theory was defined as the effects of incarceration and post-release trauma experienced by individuals after imprisonment. Gorski (2001) considered PICS to consist of four personality traits among formerly incarcerated individuals. The PICS personality traits consisted of institutionalized personality traits (learned helplessness for prison survival), PTSD (post-release trauma), antisocial personality traits (behavior for surviving prison and prisoner terror), social–sensory deprivation syndrome (prolonged prison isolation and lack of social contact), and substance abuse disorders.

Eriksson et al. (2017) discussed institutionalized personality traits demonstrated significantly by agreeableness and conscientiousness for prison survival. Those two behavioral traits are part of a five-factor model personality model (neuroticism, extraversion, openness, agreeableness, and conscientiousness) (Goldberg, 1982; McCrae & Costa, 1987; Tupes & Christal, 1961). The following personality trait, PTSD, as

defined by the American Psychiatric Association (2020), is considered an individual's response to traumatic events (physical, sexual, or witness to trauma) resulting in psychological responses (reliving, nightmares, thoughts), negative cognitions and mood (withdrawal, alienation, disaffection), and arousal (insomnia, paranoia, hostility, force) (para 1-6). The third trait, antisocial personality traits, as described by Fisher and Hany (2023), refers to ingrained thought processes of nonconforming, remorseless, and destructive criminal behavior displayed by individuals who do not obey rules, who break laws, and cannot keep jobs or maintain quality relationships. The fourth trait is defined by Substance Abuse and Mental Health Services Administration (2020a) as the chronic use of drugs and alcohol to the point that it ruins an individual's health, mental health, home, job, and family life; Substance abuse may exacerbate the conditions of PICS.

Studies have emerged regarding PICS and the post release impact of incarceration. Western et al. (2015) found causal links between PICS, incarceration, and post-release successes. Nyamathi et al. (2016) reported that trauma resulting from past hurts, alienation, or the inability to earn a living wage might cause drug relapses for some women. Smith et al. (2019) realized that the negative impact of the post incarceration syndrome could create extreme stressors in the lives of formerly incarcerated persons as they proceed through the reentry process.

In addition to personality traits, Gorski (2001) also described the psychological impact of incarceration and the barriers to self-care that can result. An individual's ability to care for self can be hindered by the behavioral traits of mistrust, diminished social skills, and social isolation exhibited during reentry. Post-release mistrust, the first impact

of reentry, as explained by Moore et al. (2016), stemmed from anticipated stigma (perceived stigma), resulting in negative feelings of fear and avoidance. According to Substance Abuse and Mental Health Services Administration (2020b), formerly incarcerated women may possess feelings of mistrust due to their life experiences of trauma, arrest, and negative social relationships. Skarupski et al. (2018) discovered that among formerly incarcerated women, feelings of mistrust might surface from anxiety and PTSD. Also, for some women who return from incarceration, challenges from their childhood and ineffective coping skills may cause them to develop mistrust and helplessness (Wu and Ming-Chi, 2019). Porter (2019) also concluded that individuals could risk serious health conditions if they have to cope with issues of mistrust, combined with stress and interpersonal challenges.

Literature Review

African American Women and Incarceration

According to Maxwell and Solomon (2018), the United States is the leading country for incarceration. African Americans have been jailed at a rate five times that of European Americans, and their family members twice the rate, creating exposure to sexual violence, family estrangement, prison, post-release distress, poverty, and health challenges. This population reportedly has the same low economic, educational, and strained interpersonal life challenges as their European American counterparts (BJS, 2015). However, what distinguishes African Americans from their European counterparts is their subjection to additional barriers, such as disproportionate levels of incarceration, as demonstrated within the U.S. criminal justice system.

According to Hinton (2018), African American women comprise 44% of the U.S. prison population. BJS (2020b) reported that African American women accounted for 83 per 100,000 female inmates, while European American women accounted for 48 per 100,000. In addition, BJS (2020b), also stated that between 2017-2019, incarcerated women ages 18-24 were comprised of 7% White, 11% Black, and Hispanic, with women ages 18-19 being represented by Black women at a rate of 4.4 times that of Whites and 1.8 times that of Hispanic women (BJS, 2020b).

> Current data from the BJS (2021) revealed that in 2020, Black (65 per 100,000), and Hispanic (48 per 100,000) females, were jailed at a higher rate than White females. (38 per 100,000). While younger white females (18-19), were incarcerated at a greater rate with respect to their female counterparts; Black female at a rate of (4.1), Hispanic females (1.8), and other females at a ratio of 0.2. (p. 23)

In addition, Gross (2015) revealed that African American women with criminal histories are affected by racial, gender-specific neglect, and legal inequalities such as arrest disparities, police brutality, sexual violence, and recidivism. According to the American Civil Liberties Union (2019), one such disparity among this population is the solitary confinement of African American women, used not only for those stereotyped as troublemakers but also for vulnerable inmates (pregnant, LGBT, trans persons).

Medical Health Alternatives

In addition to the demographic and statistical data on African American women, access to health care (one of the study constructs) for those facing reentry can be met

with significant barriers. For some formerly incarcerated women, securing medical care becomes a matter of choice between two medical options: formal (Western orientation) or informal (traditional) care. It is assumed that these choices can affect an individual's self-care methods. As described by Bennett (2017), Western orientation is based on the theory that the treatment of disease is the preferred medical model. Murrell (2018) explained that Western medicine originated in Europe, believing that physical ills were treated solely by physical solutions ranging from vaccines, clinics, hospitals, and robotics.

In contrast to Western medicine, people facing barriers to medical care during reentry may choose non-Western or traditional methods for medical care. The WHO (2017) defined conventional or informal treatment as indigenous cultures' wisdom, talents, and expertise in diagnosing, treating, and preventing illness. Oser et al. (2016) revealed that some women might also choose a more traditional medical approach through the assistance of family or spiritual advisors. For example, within African American culture, White (2016) explained how traditional religious practices (prayers, scriptures, or intercessory prayers) can play a vital role in physical recovery, no matter the prescribed Western medical treatments. Isaac et al. (2016) found that the use of spirituality by African American women during illness can be steeped in spiritual teachings and practices. In their study of Southern adults, Hernandez-Reif et al. (2015) learned that African American women use alternative medical resources because of family traditions, medical mistrust, or to avoid rigorous medical programs. Whether a post incarcerated person chooses to access Western or traditional care, reentry medical decisions can prove overwhelming. In addition to navigating their physical health

challenges, it appears that African American women are also faced with self-care responsibilities concerning reentry, economics, the interpersonal, and their psychosocial environment that will be conveyed in the following discourse.

Women With Incarceration Histories

Incarceration appears to be a unique experience for many women. Herbst et al. (2016) described the lives of the study population as older women, survivors of abuse (physically and sexually), and those who have engaged in commercial sex lifestyles (trading sex for goods and needs). In addition, Wright (2015) explained that criminal behavior and recidivism patterns could result from childhood trauma, substance abuse, dysfunctional families, domestic violence, or incarceration.

Another aspect in the lives of incarcerated women is gender-specific maltreatment (punishments, discipline, and loss) experienced while jailed. Kajstura (2019) reported that women are known to endure lengthy jail stays, excessive bails, limited outside communication, especially with their children, and inadequate mental health care. In a study by Shapiro et al. (2018), women shared their personal incarceration experiences, describing more excellent rates of punishment and discipline than male offenders, ranging from minor to severe infractions. Sawyer (2018) reported that while in state custody, women faced harsher treatments, more severe discipline, fewer diversion programs, and excessive punishment for gender-specific charges (domestic violence, self-defense, sex work, severe drug penalties). Carr (2016) further revealed that when women experienced short-term incarceration, they jeopardized their personal and parental responsibilities, jobs, and education requirements, placing them at risk for recidivism.

Diminished Social Skills

A person's social skills may affect how well they can advocate for their well-being. Massoglia and Pridemore (2015) discovered that a reduction in social skills could result from experiences of post-incarceration trauma, thus affecting an individual's interpersonal, social, and economic abilities during reentry. Edwards et al. (2018) found that when studying incarcerated people, emotional impairment can be linked to the inability to control emotions or show empathy while also affecting a person's social ability. Liem and Weggemans (2018) also explained that limited social skills could affect interpersonal relationships, as releasees endure public stigma and family shaming, resulting in reclusive, secretive, and avoidant social behavior. Finally, McKay et al. (2016) discovered that strained romantic partnerships and struggles with intimacy and trust can directly affect a person's well-being.

Social Isolation

According to the National Academies of Sciences, Engineering, and Medicine (2020), social isolation and loneliness can impact an individual's life physically and mentally. Specifically, socially isolated individuals are at risk for weight gain, loss, substance abuse, aging, and depression. For previously incarcerated persons, social isolation can result from perceived and actual stigma, causing people to feel alienated and ashamed of their social and economic inequities (Durnescu, 2019). Schnappauf and DiDonato (2017) explained that social isolation among released women generally resulted from nonacceptance and nonsupport within their communities. This lack of

support was found to cause women to feel that they were unable to overcome their criminal past.

Reentry Challenges

When a person is released from incarceration, it is widely referred to as the reentry process. The reentry challenges individuals face included legal mandates, housing acquisition, and economic stability. The first reentry challenge that individuals must address is the legal obligations required by the U.S. Department of Corrections (i.e., probation or parole). According to Substance Abuse and Mental Health Services Administration (2018), released persons still under the custody of the Department of Corrections must complete specific mandates. According to the United States Department of Justice (2015), released persons must complete mandatory community supervision, if applicable. According to Binnall (2019), parole mandates consist of non-association with other released persons or those involved in criminal activity. Givs (2017) stated that treatment programs (addiction and behavioral health) are often mandated for released persons with mental illness, substance abuse, anger, or sexual behavior issues.

Housing After Release

Dougherty (2017) reported that the physical environment of post released persons often consists of housing options such as transition centers, low-income apartments, or shelter living. McKendy and Ricciardelli (2019) explained that the adjustment period between incarceration and home, for some, can be so stressful that it affects the individuals' ability to secure safe, affordable housing. Burden (2019) explained that even

after obtaining housing, some released persons must separate themselves from old friends within their physical environment so as to avoid recidivism.

Economic Challenges of Reentry

Looney and Turner (2018) revealed that a large percentage of today's workforce consists of either incarcerated or post incarcerated persons. One of the first reentry challenges researchers found impacting an individual's ability to secure employment was the refusal of employers to hire candidates with criminal backgrounds. Kopak and Frost (2017) reported that 60% of employers interviewed voiced their refusal to employ post-released persons, regardless of the arrest, charges, or case disposition. Hardcastle et al. (2018) discovered that additional employment barriers encountered by post-incarcerated persons included the physical (age, fitness, tattoos), mental (PTSD, anxiety, and depression), and work ethics (discipline, responsibility, attitude, behavior), impacting their ability to get, do, or keep their job.

In not hiring post incarcerated persons, researchers discovered the negative impact on the economy and the risk of recidivism that this form of employment discrimination can cause. Bucknor and Barber (2016) discovered that not hiring released workers resulted in a loss of age-qualified workers, income, and reduced productivity in the nation's economy. Secondly, Agan and Makowsky (2021) explained that recidivism in the life of post released persons was determined by their ability to secure employment and a quality wage, making the incentive for legal work more beneficial than criminal behavior. Finally, Yu (2018) discovered that low wages limit self-care and the ability for

independent living, thus making the idea of legitimate work less appealing and the risk of recidivism worth it.

Interpersonal Relationships

It is possible that interpersonal relationships, family, and romantic stressors can affect a released individual's well-being and self-care decisions. In the context of this study, interpersonal relationships consisted of their biological family, prerelease jail family, and romantic partners. Valera et al. (2015) reported that for incarcerated women, maintaining the role of mother within prison gave them a sense of purpose and created the responsibility of caring for their children's well-being. In addition, Heidemann et al. (2016) shared the importance expressed by female inmates about their interpersonal relationships and the sense of self-worth and purpose they feel when preparing for release and a return to their "caregiving roles" (p. 4) within their network of family and community.

Family and Romantic Stressors

For returning citizens, interpersonal relations may be a stabilizing or destabilizing factor depending on the stress that awaits them. Dick (2015) discovered that released persons may begin to feel burdensome to family and friends instead of self-confident once home. Stressors such as self-doubt, acquiring basic needs and resuming parental, romantic, and friendship roles are some post-release challenges impacting self-care. Concerning self-doubt, Corrigan et al. (2016) found that reentry brought on feelings of unworthiness or defeatism due to concerns over an individual's criminal background and society's perceived stigma, resulting in what is better known as the "Why Try"

phenomenon. As for financial support, acquiring a person's basic needs once released can be a stressor, with the financial burden often being shouldered by family and friends. According to Fahmy (2018), family support for post-release persons may include money, housing, and assistance with legal obligations. Mancini et al. (2016) highlighted the importance of family as not just being a social entity but as a form of structure and conformity used to help in the resocialization and reentry process of post-released persons.

Another interpersonal stressor, family reunion, can be significant stress impacting the lives of post released persons, their children, and extended family members. Dixon (2016) reported that reunification involved not only the relinquishing of child custody from extended family, but also the providing of emotional healing needed to repair the parent-child disconnect. In addition, Hill (2015) explained that family conflicts might also arise from family members keeping the mother's legal troubles a secret from the children; Mom is left to explain hidden truths.

Finally, romantic relationships and friendships may also affect the well-being of post-released women. Swadley (2017) explained that married women often return to abusive partners after incarceration because of money, health, mental health needs, vested relationships, or external support. Snell-Rood et al. (2016) discovered that the return to destructive love relationships might negatively influence the behavior of post released persons, prompting drug use, unsafe sex practices, and engagement in risky behavior. When a post-released person returns home, friendships may also impact the reentry experience with additional stressors. Initially, reunions may bring about joy, but as Dick

(2015) explained, eventually relationships may become strained as some friends foster doubt, seek to encourage, or attempt to entice a return to crime.

There are stressors encountered once post-released persons return home. Ramirez (2016) explained that the stress of acquiring health care, jobs, housing, and family reunification can be overwhelming during reentry. For Heidemann et al. (2016), however, the importance of emotional and tangible support from family and friends can aid in creating positive self-care experiences, diminishing stress, and helping to manage the residuals (mental health challenges) resulting from or that are magnified by incarceration.

Recidivism

In this final section of this chapter, the behavior of recidivism is explained. Recidivism is characterized as the behavior of criminal reoffending, or habitual rearrest (USSC, 2016). According to the BJS (2016), African Americans have some of the highest rates of recidivism and incarceration among women (p. 13). According to BJS (2018), one year after release, men recidivated 45% of the time, compared to women who recidivated by 35% (p. 5). During the 9-year follow-up period, 84% of males and 77% of females were arrested (BJS, 2018, p. 5). In addition, studies have shown that physical and mental health, criminal, and social factors played an integral part in helping researchers to understand criminal recidivism. Wallace and Wang (2020) stated that with physical health, the healthier the offender following release, the greater the recidivism rates. Healthier individuals equaled more excellent abilities to commit a crime, while quality pre-and post-release mental health care equaled a reduction in recidivism. According to Substance and Mental Health Services Administration. (2019), individuals affected by

behavioral or criminal issues and substance abuse face a higher rate of incarceration and recidivism.

Within the social environment, Heidemann et al. (2015) revealed that female participants defined recidivism as being less about criminal behavior reduction and more about success within the home, family, and legal freedom in their environment. Herbst et al. (2016) also revealed that the more difficult the personal challenges faced in one's lifetime, the greater the possibility of recidivism. Short-term, repetitive incarceration can destroy a women's reentry success by interrupting her self-care progress in her career, treatment, and parenting, thus placing her at greater risk for recidivism (Carr, 2016).

At least one study indicated that recidivism might be a benefit rather than a detriment to post-released persons. Fahmy (2018) discovered that for some vulnerable populations (victims of domestic violence and the homeless), jail is a refuge for their basic needs (food, shelter), protection from street dangers (car wrecks, violence), health care, behavior routines, and a reduction from drug and alcohol access.

Summary

This generic qualitative study aimed to explore the African American woman's experiences of self-care amidst multiple recidivism incidents and related health and psychosocial environmental challenges. For my theoretical foundations, I used Orem's (1991) self-care theory and Gorski's (2001) PICS theory to explore literature related to self-care, the effects of incarceration, and recidivism to determine the impact on self-sufficiency. Self-care created for the nursing field, was defined by Orem as the ability to care for self, independently or with the aid of others. Wanchai (2018) and Orem (1991)

explained that understanding how an individual is conditioned for self-care helps to comprehend how they handle life challenges, which are often affected by gender and their psychosocial environment. For example, Martin-Johnson (2016) stated that women were more apt to practice self-care than men, except during periods of emotional stress or mental duress. Shelton and Goodrich (2017) explored the lives of inmates impacted by mental illness and discovered that self-care for this population depended on the individual's life experiences and the levels and severity of their mental diagnosis. Finally, Varda and Talmi (2018) and Chiauzzi et al. (2016) suggested that self-care in the social environment was influenced by an individual's level of independence, personal choices, self-discovery, and self-development.

African American women reportedly have some of the highest rates of recidivism and incarceration among women (BJS, 2016). Short-term repetitive incarceration can destroy a woman's reentry success by interrupting her progress in her career, behavioral treatments, or parenting, placing her at risk for recidivism (Carr, 2016). Herbst et al. (2016) revealed that the more complex the personal challenges faced in one's lifetime, the greater the possibility of recidivism. Once individuals leave incarceration, they are left to care for their physical health, reentry obligations, interpersonal relations, and mental health amidst the risks of recidivism (Seidman & Cappella, 2017).

While the literature revealed studies on the demographics and characteristics of the lives of female offenders, the gaps in the literature lie in the absence of actual experiences of self-care practiced by releasees during reentry. This study will fill at least one of the gaps in literature by extending knowledge in the academic discipline. Data will

be presented revealing the personal testimonies and lived self-care experiences of African American women from pre-incarceration throughout recidivism. Proceeding to Chapter 3, I then presented the study's research methods, design, rationale, and ethical considerations.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to explore African American women's experiences of self-care amid multiple recidivism incidents and related health and psychosocial environmental challenges. In this chapter, I justified my use of the generic qualitative approach for this study. I also discussed my role as the researcher, the conflicts and biases, data collection and analysis, trustworthiness, and ethical considerations.

Research Design and Rationale

The research design chosen for this study was a generic qualitative methodology. The research question being asked in the study was: What are the self-care processes of African American women in their post-release environment when there are multiple experiences of recidivism? The central concepts chosen for this study were self-care and recidivism. Orem (1991) defined self-care as the ability to care for self, independently or with the aid of others. The National Institute of Justice (2021) defined recidivism as a person's repetitive criminal conduct after having gone through previous legal sanctions, penalties, or incarceration.

The primary purpose of this study was to acquire a basic understanding of post-released African American women and how their self-care strategies possibly aligned with their recidivism. For this study, I selected a generic qualitative approach to explore the research topic and answer the research question. In seminal research, Caelli et al. (2003) described generic qualitative research as not having to approach a topic by using

one of the known research methodologies, or “philosophical assumptions” (p. 2), but instead understanding an experience from a general perspective.

My decision to conduct generic qualitative research came after careful consideration and comparing various qualitative designs. Mohajan (2018) described the following qualitative methodologies, which I considered: (a) narrative studies involving storytelling of participant experiences; (b) case studies and the investigating of specific participant cases; (c) ethnographical designs or in-depth, prolonged studies and observations of participants over time; (d) phenomenological studies that involve analyzing specific phenomena; and (e) grounded theory, which involves theory creation grounded in data. These research designs appeared to involve more specialized and extensive investigations of participants and desired subject matter. In addition, the challenges of qualitative studies were also factored into my decision: (a) costly data collection, (b) participants having more control over interviews with open-ended questioning, (c) time-consuming data analysis, and (d) a thin line between participant opinion and researcher bias (pp. 20–21).

In contrast, generic qualitative research differed in the following manner of methodology. According to Merriam and Tisdell (2016), qualitative research is divided into two distinct types: provisions of general academic knowledge and applied or specialized research, extending the findings into advocacy, policy, and social change. The generic qualitative approach allowed for general knowledge, broad inquiry, and the ability to understand how individuals take care of themselves during their life experiences. Nonetheless, generic qualitative research has some of the same

characteristics as the other described qualitative methodologies: (a) the gathering of sensitive, intimate, and personal detailed information from the lives of specific populations, (b) researchers being able to access the data on critical issues, and (c) the gathering of data in "real-time" with "one on one interaction" (Merriam and Tisdell, 2016, p. 17). Generic qualitative research allows the freedom to interact with a participant without the confines of specifically applied methodologies which was appropriate for this study (Mohajan, 2018). This methodology allowed me to simply gather knowledge to help fill academic knowledge gaps on this specific topic.

Role of the Researcher

My role and responsibilities as the researcher included adhering to the university's research requirements. Before beginning my research, I gained approval from the Walden University Institutional Review Board (IRB). In my role as a research observer, I followed the strategies described by Ciesielska et al. (2018) that called for a category of direct observation. This form of observation involved interviews and recording participants' responses via field notes related to the research question.

As a research steward, I became the primary instrument for gathering and interpreting the data. I held the responsibility of being an ethically responsible researcher and truthfully transcribing participant testimonials. I ensured that confidentiality and data safeguarding became vital in my efforts to promote the study's validity. Another research role was that of handling conflicts and bias. From the development of research and interview questions through the analysis and evaluation stages of the study, safeguards against research bias were implemented.

Conflicts and Biases

Galdas (2017) described bias as a researcher distorting the study's findings from collected data. I knew that if not properly managed, my 10 years of work experience within corrections and reentry services could create research bias, impacting my study. I reviewed several studies to give insight into research bias and how to manage it to address potential conflict. Camerer et al. (1989) profiled three bias traits: the curse of knowledge, framing effects, and confirmation bias. The curse of knowledge bias involves researchers who possess so much knowledge on their topic that it becomes a barrier to gathering new and objective information. In this study, I remained open-minded and managed my biases through reflection and journaling. Li and Ling (2015) described framing as participants (also known as respondent bias) trying to gain favor by giving researchers the answers they believe researchers wants to hear. Finally, as for confirmation bias, Del Vicario et al. (2016) explained that this form of bias involves a researcher gathering and interpreting data that confirm their belief systems.

Bias Avoidance Strategies

My work within correctional settings could have caused bias barriers throughout my research if not addressed at the forefront. One form of bias I sought to avoid was what Roulston and Shelton (2015) described as confirmation bias (prejudicial data selection and interpretation). The strategies I used for bias avoidance included bracketing and member checking. Bracketing involves identifying preconceived knowledge, bias, and beliefs within the research (Weatherford and Maitra, 2019). My 7 years of employment within correctional and reentry settings could have caused research bias if not properly

addressed. Another level of bias prevention was member checking. Rolfe et al. (2018) described member checking as researchers allowing participants to review the interview write-up for testimony accuracy.

From a personal perspective, I practiced active listening to avoid making assumptions about participants' testimonies and incarceration experiences. I created a bias avoidance checklist for daily review and limited the reading of external studies before interviewing participants. In addition, I addressed research conflicts and ethical consideration within the study. As a result of the accuracy of collected data, useful empirical findings resulted from this ethical study.

Methodology

African American women were the identified participant sample for this study. BJS (2015) described this population as trending high among ethnic groups for arrest, incarceration, and recidivism. BJS (2018) revealed that women recidivate by as much as 78%–87% as men between the first and ninth year of release (p. 9). I interviewed African American women who described their self-care, reentry, and recidivism experiences. Data gathering and analysis shed light on the potential connections between self-care and recidivism in the study participants' lives.

Participant Selection

The sample size for this study was originally set for 20–25 participants to secure the desired research pool. The size was considered following the recommendations of Fusch and Ness (2015), who found that although qualitative samples are generally small, larger samples yield data saturation in the first few interviews. At the end of recruitment

and screening, the research sample comprised 16 participants. African American women included in this study were recruited via electronic flyers on social media community boards. According to Subedi (2021), qualitative research allowed for more sample selection freedom with no specific rules for adherence beyond the research question and aims of the study. In addition, Vasileiou et al. (2018) explained that if no new information emerged after 10 to 21 interviews, theoretical saturation occurred. I conducted in-depth, semi structured interviews until reaching interview data saturation.

Justification of Sampling Strategy

I used purposive and linear sampling for soliciting the participant pool of post-released African American women. Linear snowball sampling, according to Etikan et al. (2016), is a technique that involves researchers recruiting the first participants, followed by participants being recruited by word of mouth from other participants. Within my research, the selection criteria entailed the screening and approval of the following participants: (a) self-identified as 18 years and over, (b) self-identified as an African American woman, and (c) self-identified as having been incarcerated more than once. Due to the onset of the COVID-19 pandemic, justifying a non-face-to-face meeting and the non-verification requirement of proof of age, incarceration, or recidivism, selection criteria approval was based solely on the word of the study participants.

Abbott et al. (2018) suggested that participants be selected through fliers and other visual advertisements. Recruitment fliers included the study description, eligibility, contact information, and school identifier for participant scrutiny (see Appendix A). Screening included choosing participants from social media advertisements living in the

United States (see Appendix B). Before the actual interview of participants, I explained the study purpose and procedures and provided the necessary informed consent form to prove research legitimacy. The interview process was thoroughly explained to participants, including confidentiality and termination procedures.

Sample Size

Initially, I sought a research pool of 20-25 participants for this study. The sample resulted in a size of 16 eligible participants. According to Sebele-Mpofu (2020), size selection was determined to reach data and theoretical saturation. While the goal is to reach saturation, qualitative samples are generally small, being found to yield data saturation within the first three interviews (Fusch & Ness, 2015).

The type of sampling chosen for this qualitative research was that of purposive sampling, which included African American women with incarceration and recidivism histories as the common link. For this study, participants were chosen based on the number of arrests occurring in their lives. According to Benoot et al. (2016), purposive sampling referred to selecting informed participants representative of the theoretical concept for extensive interviewing. In addition to using purposive and theoretical sampling, linear snowball sampling was also used. Linear snowball sampling is done by recruiting additional participants based on referral from a previous participant in the study (Dudovskiy, 2018).

Recruitment

Due to the seriousness of the COVID-19 pandemic, participant solicitation and interviewing methods were carefully considered for public safety. Participants for this

study were recruited throughout the United States, via social media. For recruitment, participants were solicited using Facebook and Twitter. Permission was requested from independent organizations to post electronic flyers on their community boards, which provided the confidence needed for participant recruitment. Email invitations were also extended to researchers who work with vulnerable populations for flier placement on their personal Facebook pages. Gehlert and Mozersky (2018) defined vulnerable communities as those facing discrimination based on race, literacy, income, or ZIP code, revealing the need for researchers and community collaborators to gain access and reduce mistrust. Once contact was made, potential participants received follow-up phone calls to schedule screenings and interview appointments. Procedurally, participant selection, as recommended by Hardcastle et al. (2018), included the e-signing of informed consent agreements. Following the methodology process (screening, participants selected, and interviewing), participants were given a $25 electronic gift card as a thank you for their participation in the study.

Instrumentation

Trigueros et al. (2017) defined instrumentation as the research tools used for data gathering (observation, surveys, and interviews). For this study on African American women, I planned to conduct 20-25 semi-structured interviews with post incarcerated individuals, however only 16 participants were approved for the study. An interview guide (see Appendix C) was created for the study to keep myself focused during interviewing. Shingler et al. (2017) described the guide as being domain driven with topics being categorized allowing for more comprehension and exploration. Also, the

guide was used for participants to reveal new and unexpected disclosures not categorized. Roller (2015) described the need for interview guides to be designed with a funnel approach. The objective is to move through the guide from brief introductions to topic generalities until the participant attitudes and beliefs are reached. In this study, the original demographic categories consisted of the following questions: (a) Do you self-identify as 18? (b) Do you self-identify as being African American? (c) Do you self-identify as formerly incarcerated, and (d) Are you willing to voluntarily participate in a 60–90-minute interview? The interviews were eventually reduced to 30-45 minutes, based on the actual time lengths utilized by each participant. Also, there were questions on self-care practices (pre- and post-incarceration), self-care practices about health and the psychosocial environment, and self-care processes amid multiple recidivism experiences.

Once the interview questions were approved (see Appendix C), the questions were categorized in preparation for interviewing. Data collection entailed using a voice recorder for interviewing after acquiring written permission from participants. Canals (2017) described the interview process as using structured and semi-structured questions to provide consistency and ensure participant interaction. Larsen (2017) explained the semi structured interview as providing the conversation space to allow participants to speak their truth with less interjection from the researcher and to discover the sequence of life events revealed by the participant. Besides interviewing, instrumentation also consists of the researcher, interview guide, interview questions, and recording equipment.

As a researcher, I used the study of Roller (2017), who described the researchers' role as that of the primary data gatherer concerning context. In addition, I adhered to the suggestions of Fusch and Ness (2015), who cautioned against creating the *Shalam Effect*, which referred to the tainting of data by the researchers' prior experience with the subject matter. My ten years of reentry experience could have caused me to create research bias as I interviewed the participants. To address this behavior, bracketing (identifying one's preconceived knowledge and bias), as explained by Weatherford and Maitra (2019), member checking (participant data review), as described by Rolfe et al. (2018), and peer reviews (the legitimacy of academic works), as explained by Tennant and Ross-Hellauer (2020), were utilized as I developed my findings. I needed to hear clearly and respond objectively as I recorded the life experiences being shared by the interview participants. Gesch-Karamanlidis (2015) instructed researchers to try and avoid unnecessary rambling, non-focused questioning, biased interviewing, and manipulative interview conversations.

In addition, for this study, the research questions were administered in two parts, the screening, and semi-structured open-ended questions. Interview questions explored historical self-care patterns in physical health, the psychosocial environment, and recidivism among African American women. For participants who may have experienced mental or emotional stress during the interview, emergency 911 telehealth service referrals were to be made available. For final preparation, as Majid et al. (2017) suggested, the research questions were rehearsed to evaluate the flow and clarity of each question.

Data Collection

Semi structured questioning was the method of interviewing used in this research study. De La Croix et al. (2018) reported that interviewing (data collection) serves several purposes, including answering research questions, organizing tools for participant disclosures, and administering follow-up questions. The original data collection for this study was designed for 30 days of interviewing, with 30 additional days allotted for unforeseen interview delays. These interviews were completed successfully within the 30-day timeframe.

Whitehead and Whitehead (2016) disclosed that in data collection, modern interview techniques could now be accomplished through phone and social media. As previously stated, face-to-face interviewing was replaced with phone and Zoom calls due to the COVID-19 variants and the need to ensure public safety. The actual procedures for the study's data collection were carried out in the following manner:

- The screening forms were completed for participant eligibility, followed by receiving the email consent agreements.
- The interview session included reviewing the research purpose, confirming comprehension of the confidentiality agreement, explaining the research publication and termination procedure, and administering the semi structured questions.
- Interview sheets were utilized for documentation in addition to audio recordings.
- 30–45-minute interviews were conducted by audio and cassette recordings.

- Interview completion consisted of a formal thank you, a debriefing with time for final questions and answers, the member checking process, and the upcoming publication of the study explained, followed by the distribution of the $25 Visa E-Gift.

Finally, I adhered to the Walden University (2022) research protocol, requiring all interview recordings and transcripts to be secured and, if needed, to be submitted to the dissertation committee chair and members upon request.

Data Analysis

Following participant interviews, I began the process of data analysis. Male (2015) explained that analysis dealt with transcription clarity, categorizing, organizing, analyzing, and evaluating data. For my generic qualitative study, an inductive approach was used to ensure that themes were derived from actual participant statements, to ensure accuracy of data. Following each interview, transcription and coding were performed to ensure the accuracy of data from memory prior to analysis. Several coding approaches were examined to determine which method was best suited for the study. The coding strategies, as explained in the research of Belotto (2018, as cited in Graneheim & Lundman, 2004), involved organizing and tagging similar words and sentences, and analyzing transcripts in search of emerging themes of commonality (p. 2624). Sim et al. (2018) stated that code and meaning both determine category and perspective saturation. Linneberg and Korsgaard (2019) explained that coding could be done from both an inductive (code words from data given) or deductive (code words derived from literature) approach. Saldana (2013), whose method was eventually selected for this

generic study, developed a two-step coding process that included: In Vivo coding (exact word analysis), first and second round coding, followed by organizing, categorizing, and analysis resulting in emerging themes.

Issues of Trustworthiness

Trustworthiness within qualitative research according to Frey (2018), involved examining data for "credibility, quality, rigor, and data transparency" (para 1). The original theory of trustworthiness found in the seminal work of Lincoln and Guba (1985), dealt with ensuring that methodologies and findings were legitimate through practices of credibility, dependability, transferability, and auditing. In the research of Nowell et al. (2017), trustworthiness was accomplished by thematic analysis, with researchers seeking common themes for verification and analysis. In addition, my chairperson reviewed the research drafts to offer feedback and supervision, enhancing the process of trustworthiness.

Credibility

In conjunction with trustworthiness was the assurance of credibility, explained by Hammarberg et al. (2016) as a way of measuring internal validity in which data results are tested to ensure synchronicity with participant testimonies. Korstjens and Moser (2018) provided a list of guidelines for use in testing credibility (e.g., "prolonged engagement, persistent observation, triangulation, and member checking," p. 2). Constant data review, analysis, and revision were the methodologies I used to ensure credibility.

Before data collection and review, internal validity was addressed by selecting post-released participants. In addition, I conducted extensive audio interviews, followed by post-review coding and transcription to ensure interview accuracy.

Transferability

Transferability or external validity is described by Stenfors et al. (2020) as the ability of researchers to duplicate the methodology for their independent study. As reported by Leviton (2017), external validity depends on inductive logic and probability, with no absolutes and research outcomes varying from study to study.

To address transferability (external validity), I utilized the recommendations of seminal researchers Lincoln and Guba (1985) by collecting extensive descriptive, "rich data" to ensure that the research collection was understandable, and researchers could duplicate the data collection process for their study. According to Barnes et al. (2022), concerning transferability, researchers should be as descriptive as possible when collecting data so that the original study can be accurately replicated. This research also included family interaction, behavioral health, self-care behavior, and recidivism questions to cover the full spectrum of reentry challenges for post released women.

Dependability

Dependability in qualitative research can be described as the clarity of the research and its verifiability. Moon et al. (2016) explained that dependability has to do with methodology accuracy and the ability for the study to be replicated. To accomplish this task, I kept the audio recordings and written instructions for conducting this

methodology. I also conducted field tests, documentation, transcription, and coding trials to establish the rhythm of the research process.

Confirmability

Confirmability is defined by Forero et al. (2018) as the ability for the results to be confirmed and the same conclusion reached by other researchers. According to Moon et al. (2016), to achieve this form of research audit, the results must be proven to be connected to the findings with the ability for "replication" (p. 2). To ensure confirmability, data collection notes, journals, direct quotes, coding, categorizing of data, and thematic analysis would be made available to audit the research findings.

Ethical Procedures

Before interaction with study participants, permission was acquired from the Walden University IRB, with approval number 10-01-21-0180232, to ensure that legal and university research requirements were met. In addition, I completed the Human Services Training in preparation for working with research participants and received certification on 19-Sep-2020 with Record ID 32842296. I also worked consistently with my chairperson for regular check-ins, data sharing, and draft critiques to ensure I followed university standards.

Ethical procedures for the study began during recruitment, as participants were solicited through social media fliers. According to Kalabuanga et al. (2016), ethical considerations involve honesty, ensured by the research participants through voluntary, transparent, and respectful solicitation. Before selection approval, a prescreening tool and confidentiality agreement were completed. The preselection process included a

recruitment flier, screening tool, and informed consent with required e-signatures or email response agreements. All research tools, documentation, audio recordings, and transcripts have been secured and will remain in my home office for no less than 5 years, as required by the university.

Further, I utilized the ethical principles "procedural, situational, relational, and ethical termination" of Reid et al. (2018, p. 70) to ensure that participants were treated with respect, compassion, and clarity throughout the research process. Procedurally, study transparency was made available to ensure that participants fully understood the research purpose and procedures. Relationally, participants were carefully selected to avoid conflicts of interest. The study was conducted in a professional and safe public health manner. Finally, concerning ethical termination, participants were informed verbally and in writing the procedures for interview termination, if desired. Interviews could be terminated for professional or personal conflicts between the researcher and the participant. Examples of such conflicts could involve researchers having to conduct mandated reporting (i.e., testimonies of criminal or self-harm behavior), participant withdrawals, behavioral or communication conflicts, or participant emotional distress.

Informed Consent

Shah et al. (2020) defined informed consent as a research study pros, cons, and risks explained to volunteers before agreeing to participate. As Harvard Catalyst (2020) described, informed consent has evolved from face-to-face signed agreements to electronic e-signed consents. Informed consent should be acquired for researchers who work with vulnerable populations. Gehlert and Mozersky (2018) defined vulnerable

communities as those persons facing discrimination based on race, literacy, gender, income, or zip code. Researchers and community collaborators should ensure that informed consent is administered prior to accessing the populations to reduce mistrust.

Once the research screening began, the research procedure was explained, and participants were allowed to ask questions before submitting consent by email. Following completion of the consent process, the document security procedures were addressed. The research notes and email agreements are stored in a fireproof safe and locked cabinet in my home office.

Data Protection

The participant's personal information (name, phone number, and email) was held in the strictest confidence to ensure confidentiality. A sequence of alphabetic and numeric codes was used on each research document, interview note, and audio tape to clarify and protect participant identity. Each interview form was labeled with the participant's initials and a numeric code (0001) as an identifier. As previously stated, all written documents and interview audio tapes are now stored in a locked safety box until the study is approved by Walden University, followed by the legally required 5-year security period. At the end of the retention period, all research information, excluding research design, will be destroyed with a destruction verification letter sent to each participant for their personal files.

Summary

Within Chapter 3, I presented the introduction, and research design, created as the roadmap to accomplish the study objective. In addition, I discussed the rationale for the

methodology conflicts and bias, my role as a researcher, and the procedures for data collection, data management, and analysis. This study was used to explore African American women with multiple incarcerations, the self-care methods used in their health and psychosocial environments, and the triggers for recidivism. The method of data collection for this study included semi structured phone interviews exploring the lives of each approved participant. Technology utilized for data collection ranges from email consent, audio recordings, and phone interviews. Data analysis was conducted utilizing qualitative coding, category grouping, and the analysis of emerging themes. In addition to analysis, I reviewed the data for credibility, transferability, dependability, and ethics, concluding with a disclosure of the methods used for data protection.

Finally, in Chapter 4, I discussed the process of analysis, and the emerging themes as I continued exploring the possible link between self-care and recidivism. The data presented in this study can be used for both knowledge and the creation of gender-specific programming to address the needs of both African American women and their female counterparts for successful reentry and recidivism reduction.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to explore African American women's experiences of self-care amid multiple recidivism incidents and related health and psychosocial environmental challenges. The research question used for the study was: What are the self-care processes of African American women in their post release environment when there are multiple experiences of recidivism? In this chapter, I present results obtained from data collection and analysis, including corresponding excerpts from participant interviews, coding and theme development using a generic qualitative design. This chapter also includes information on the research setting, demographics, recruitment, interviewing, evidence of trustworthiness, credibility, dependability, results, and summary.

Setting

Participants were recruited through social media advertisement using recruitment flyers. I used email and phone contact to communicate with individuals who wanted to participate in the study. I conducted participant interviews throughout the United States from October 2021 through November 2021. Due to public health restrictions involving COVID-19 and interview privacy, I used my home office for phone interviews, and participants reported being in secluded areas that would provide privacy. The interviews were conducted through audio, voice recordings, and written note taking, with interviews lasting 30–45 minutes.

The sample for this study included 16 women who self-identified as 18 years and older, African American, with greater than one episode of recidivism. Participants also revealed experiences of domestic violence, mental health, parental status, and substance abuse. The study demographics resulted in the following categories of participants: (a) 16 study participants interviewed, (b) 11 of 16 reported experiencing two to three episodes of recidivism, (c) five of 16 reported experiencing four to six episodes of recidivism, (d) 13 of 16 identified as a parent and the parental status of three remained unknown, (e) five of 16 reported episodes of domestic violence, (f) 14 of 16 reported lived experiences with substance abuse, and (g) 13 of 16 reported living with mental illness.

Demographics

The following demographic narratives provide a minimal background of the 16 women interviewed. To ensure confidentiality of participant identity, I used alphanumeric codes from P1–P16:

- P1, a mother of three, revealed having experienced four episodes of incarceration. She described having a criminal history consisting of confinements between ages 17 and 24 for charges of assault, shoplifting, and bank robbery, with sentences ranging from 30 days to 3 years. She revealed experiences of domestic violence, mental illness, and substance abuse (crack cocaine). She reported that her self-care methods for managing her life stressors included short-term drug treatment, anger management, and reliance on and faith in God.
- P2**,** a mother of three, revealed having experienced five-plus episodes of incarceration. She described having a criminal history consisting of incarcerations

from ages 11 to her early 20s for charges of probation violation, with sentencing ranging from 6 months to 6 years. She revealed no experiences of domestic violence or substance abuse but reported a mental health diagnosis of schizophrenia. She said that her self-care methods for managing her disorder initially involved taking medication while in prison. However, she stated she stopped taking the drug because of the lethargic reaction she experienced. Instead, she reported relying on faith in God to stabilize her life.

- P3, a mother of two, revealed having experienced two episodes of incarceration. She described having a criminal history of incarcerations for charges of domestic violence and substance abuse, namely alcohol. She did not disclose her age during incarceration or sentencing terms. JOA/3 did reveal experiences of mental illness that included anxiety disorders, depression, and feelings of suicide. Her reported self-care methods for managing these disorders included taking prescribed mental health medications.
- P4, a mother of two, revealed two episodes of incarceration. The circumstances of her criminal history involved incarcerations between ages 20 and 25 for charges of DUI and probation violations. Sentences included 15 days of incarceration and 30 days of probation. She revealed no experiences of domestic violence but reported suffering a mental breakdown in her 40s and dealing with substance abuse. Her reported self-care methods for managing these disorders included a hospital detox program and admittance to a crisis center. She also reported receiving social security benefits due to mental health disorders.

- P5, a mother of two, revealed two episodes of incarceration. The circumstances of her criminal history involved incarceration and sentences ranging from 1 to 4 weeks. She did not disclose her ages during incarceration or criminal charges. However, she insinuated that her charges centered on “guilt by association” (guilt due to persons she was associated with). She revealed no experiences of domestic violence or mental illness but did report substance abuse. Her reported self-care methods for managing her addiction included drug treatment and self-isolation.
- P6, a mother of one, revealed two-plus episodes of incarceration. The circumstances of her criminal history involved incarceration for domestic violence, with sentencing ranging from 3 to 4 weeks, no disclosure of ages of incarceration. In addition, she revealed experiences of mental illness (bipolar disorder) and substance abuse. Her reported self-care methods for managing those stressors included mental health counseling while in jail, 7 years post-release mental health and substance abuse counseling and living drug free.
- P7, a mother of one, revealed episodes of incarceration but not the specific quantity or ages. The circumstances of her criminal history involved incarcerations for drug use, drug sales, and prostitution. Sentences ranged from 3 days to 1 month and being sentenced to a drug treatment program. In addition, she revealed experiences of domestic violence, mental illness, substance abuse, and receiving mental health counseling during early adolescence. As for her basic self-care needs, she shared experiences of homelessness and the challenges she experienced in addressing her hygiene (bathing and female cleanliness) needs.

She reported that her self-care methods for managing stress were solved through the kindness of her friends.

- P8, a mother of an undisclosed number of children, revealed more than six episodes of incarceration. The circumstances of her criminal history involved incarcerations for assault resulting from her anger and inability to control her emotions; the ages of incarceration were not disclosed. She reported no experiences of domestic violence, mental illness, or substance abuse. Her reported self-care methods for managing her recidivism involved her ability to become self-disciplined, practice self-control, and through respecting others.
- P9, a mother of one, revealed four episodes of incarceration. The circumstances of her criminal history involved incarcerations for drug sales, bad checks, and stolen credit cards; her ages of incarceration were not disclosed. She reported no experiences with domestic violence, mental illness, or substance abuse. Her reported method of self-care for handling recidivism was academics, and she reported receiving both her bachelor's and master's degrees.
- P10 did not mention having children; however, she revealed three episodes of incarceration. The circumstances of her criminal history involved arrests for domestic violence, aggravated assault, and murder, with sentencing ranging from 9 months to 4 years. She revealed a life of mental illness but no reports of substance abuse. Her reported self-care methods for managing her mental health included 3 years of hospitalization, psychiatric counseling, and medication.

- P11, a mother of one, revealed three episodes of incarceration. The circumstances of her criminal history involved incarceration in a foreign prison, but no mention of the criminal charges. The only sentencing mentioned was her being incarcerated domestically for a few days. She revealed experiencing mental health episodes of depression but no experiences of domestic violence or substance abuse. Her reported self-care methods for managing depression and recidivism involved her resorting to self-isolation and spirituality for survival.
- P12 did not mention having children; however, she revealed having two episodes of incarceration. The circumstances of her criminal history involved incarceration for 2 months following her first incarceration, but she did not identify her age during incarceration. She reported suffering from depression but did not mention domestic violence or substance abuse. Her reported self-care methods for managing depression included therapy and counseling during incarceration and reentry.
- P13 did not mention having children; however, she revealed having two episodes of incarceration. The circumstances of her criminal history involved incarceration between ages 18 and 25, with drug charges and sentences ranging from 22 days to 6 months. She revealed no experiences of domestic violence but revealed experiences of sexual trauma and substance abuse. Her reported self-care methods for managing these stressors included homelessness, living on the streets, using jail for education and dental care, and turning to God for survival.

- P14, a mother of three, revealed two episodes of incarceration. The circumstances of her criminal history involved incarceration for probation violation due to a missed court date. She did not disclose her age during incarceration or the lengths of sentences. She did not mention experiences with domestic violence, mental illness, or substance abuse. Her reported self-care methods for managing her stressors included experiencing homelessness at times and allowing her family to assist.
- P15, a mother of one, revealed three to four episodes of incarceration. The circumstances of her criminal history involved incarceration for drug and shoplifting charges; no ages of incarceration nor sentencing were disclosed. She also revealed experiences of domestic violence and mental illness. Her reported self-care methods for managing these stressors included faith in God, art therapy, music, and poetry.
- P16, a mother of one, reported two episodes of incarceration. The circumstances of her criminal history included sentences of 7 months or less. The participant did not disclose her age during the incarceration or type of criminal charges. In addition, she revealed no domestic violence experiences but the stressors of mental health (depression, panic attacks, suicide) and substance abuse. Her reported self-care methods for managing these stressors included belief in God, exercise, psychotherapy, women's support groups, and yoga.

Data Collection

Data collection for this study was an inductive qualitative process which can involve using methods of participant observations, interviews, or focus groups (see Moser and Korstjens**,** 2018); I chose interviewing for data collection of this study. Upon receiving IRB approval (10-01-21-0180232), 44 persons were recruited using purposive and linear snowball sampling. Of the 44 persons recruited, 34 were acquired from Facebook recruitment, 10 from snowball sampling (see Naderifar et al., 2017), and no participants were obtained from Twitter. Although 44 potential participants contacted me for research, 28 did not qualify. The potential participants were disqualified for the following reasons: identifying as male, nonresponse to email replies, false phone numbers given, and unreturned phone calls. The individuals who did not meet the criteria were thanked for their interest in the study. Data were collected through semi structured phone interviews as planned.

The 16 participants' interviews were transcribed using the professional data services of Transcription Puppy and manual transcription. The four audio interviews were sent to the staff of Transcription Puppy by email, where they used computerized transcription technology to transform audio data into written data. However, I decided to transcribe the remaining 12 audio files manually due to the mounting costs incurred with the professional service. Manual transcription involved repeatedly listening to hours of audiotapes and then typing participant data verbatim.

There were no unusual data collection circumstances in this study. Data collection consisted of interviewing 16 participants by phone using a cassette tape recorder and a

back-up handheld voice recorder. The sessions were scheduled for 60 minutes, however most of the interviews lasted between 30 and 45 minutes. I conducted the interviews over a 30-day period from October 2021 through November 2021. Saturation was reached by the 16th interview, based on the definition of Sim et al. (2018), where thematic saturation refers to “no new codes being identified” or “information being presented” (p. 1,896). By the 16th interview, the codes were similar based on participant responses associated with holistic health, self-care support, mental health, and spirituality.

After completing transcription, I conducted member checking. Member checking, as described by Candela (2019), is used to ensure participant statement accuracy, a means of “maintaining validity” and to “ensure trustworthiness” (p. 619). This check and balance process involved phone calls and emailing transcript excerpts from the completed interviews to the participants for clarity and statement accuracy. There was no need for data corrections as stated by the participants who responded. Following the completion of data collection, I moved to the next steps of data analysis, specifically coding, organizing, categorizing, and theme emergence.

Data Analysis

Thematic analysis, according to Saldana (2013), involved creating a phrase that explained or showed reasons for behavior or the moral value of the culture. In this study, the goal was to explore the self-care experiences of African American women in their post release environment when they have had multiple experiences of recidivism. For this study, I used the inductive, In vivo, line-by-line approach described by Saldana (2013) to begin the two-round process of data coding.

The first round of coding involved reviewing transcribed interviews, revisiting journal notes taken during each interview and creating code words or phrases from the verbatim responses of the participants. Interviews were color coded using an inductive approach, where large quantities of transcripts were coded line by line. Some sample quotes acquired from the participants included the following: P2 said, "God put someone in path to fulfil my needs." P3 said, "I have 11 sisters and brothers, so if I called, any of them would be there." P8 stated, "I have friends, supportive friends, supported my trial." Some sample categories created included: P2's statement was categorized as *spirituality*, P3's statement was categorized as *family*, and P8's statement was categorized as *friend support*.

Using Saldana (2013) in vivo process, significant phrases were extracted verbatim from participant statements and coded. During the second round of coding, the codes from the first were placed in Microsoft Excel, and organized. I then categorized the data for further review, grouping the codes according to the similarity of concepts. Sample categories were created including the terms *family support*, *needs met by others*, *supported by significant others*, *using prison support to cope*, *used spirituality to cope*, *supported by friends*, and *supported by church*. The final step of the thematic analysis was to seek themes and patterns from the transcribed data. After organizing all the created categories, the following eight themes emerged: (a) support systems were important for self-care, (b) need to focus on and prioritize holistic health for self-care, (c) age at first incarceration influenced self-care and coping skills, (d) lack of self-care skills led to incarceration, (e) needing to change to avoid recidivism, (f) dealing with

residual effects of incarceration, (g) difficulties in addressing mental and emotional health challenges, and (h) resources needed to reduce recidivism.

Evidence of Trustworthiness

Trustworthiness and credibility were achieved by adhering to the plan devised in Chapter 3. Nowell et al. (2017) defined trustworthiness as the ability of researchers to take accumulated data and seek common themes that can be analyzed. The interview transcripts were acquired from actual screened and selected interview participants, who shared their life experiences through the semi structured interview question created for the study. I conducted 16 audio interviews, composed journal and session notes, performed member checking, and coded data directly from interview statements, leading to emerging themes; there were no discrepancies found within the study. Upon completing the interviews, I secured all 16 audiotapes and written documents within a secured fireproof lockbox that can be made available for review upon request by Walden University as further evidence of trustworthiness.

Credibility

Credibility was demonstrated by performing checks and balances within the research. As defined by Roller (2017), credibility deals with truthfulness and accuracy in data collection. The following steps in methodology were followed to create a document comprised of legitimate participant statements: audio evidence secured from recorded phone interviews; the assurance of interview accuracy and error reduction using digital, cassette recorders, and handwritten notes; and the allowance for member checking. In addition, post interview transcriptions were performed for data review and coding,

leading to theme emergence. These steps for credibility also included the storage of the audio tapes and interview notes that are secured within a protective lockbox. Were there a need for a study audit by the Walden University IRB, the interview audio cassette tapes would be made available for review.

Transferability

Transferability is also known as external validity. Transferability is the ability to duplicate the research methodology (Williams et al., 2020). Interview questions were designed in clear, simple language, which allowed for duplication and respect for participant literacy capabilities. Throughout the interview sessions, each of the 16 participants gave descriptive statements involving their physical, psychological, social, and environmental experiences. The research methodology was written in descriptive step-by-step instructions ranging from recruitment through analysis. Acknowledging the potential for research bias and keeping a study log to identify all moments of recognized bias assisted me in remaining neutral and objective. As for this study, there appeared to be no known threats to validity from data collection to analysis found.

Dependability

Dependability, according to Forero et al. (2018), is the ability to consistently replicate and verify the research. According to Korstjens and Moser (2018), dependability also involved ensuring that the research data came directly from the study participants. Examples of dependability strategies included, “prolonged engagement, observation, triangulation, and member checking” (p.121). Member checking was chosen to ensure dependability for this study.

Confirmability

Confirmability is described as confirming legitimate research findings obtained from participant interviews (Stenfors et al., 2020). To ensure the legitimacy of the research, I kept a detailed journal, and relied on member checking to confirm the research findings. Included in the journal were the step-by-step procedure, and all pertinent documents and resources used for data collection. Within a locked fireproof box can be found, the initial study design, interview guide, interview notes, confidentiality forms, and interview tapes. As for member checking, transcript excerpts were reviewed with participants to confirm accuracy.

Results

From interviews, transcripts, coding and categorizing, the following eight themes emerged: (a) support systems were important for self-care, (b) need to focus on and prioritize holistic health for self-care, (c) age at first incarceration influenced self-care and coping skills, (d) lack of self-care skills led to incarceration, (e) needing to change to avoid recidivism, (f) dealing with residual effects of incarceration, (g) difficulties in addressing mental and emotional health challenges, and (h) resources needed to reduce recidivism. Of the emerged themes, seven were relevant to the self-care experiences of the participants, and the eighth theme revealed the resources that the participants felt were needed to reduce female recidivism.

Self-care, as defined by the 16 participants, covered a wide variety of constructs including basic needs (n = 4), family (n = 2), finance (n = 5), holistic health (n = 9), mental health (n = 6), physical health (n = 6), psychological health (n = 2), spiritual

health (n = 2), and support of others (n = 2). Holistic health, mental health, and physical health were the top three areas of focus when participants defined self-care. The term holistic health referred to the participants caring for themselves in more than one area of focus. P3 stated, “When I was out there caring for myself, I’ll say, I was better, you know, better off of it.” For P11, she stated the term meant “Being able to take care of myself on my own. Independence really.” Regarding the term mental health, P2 defined it as “Self-esteem, confidence, uh, time, when I say time, reflection, meditation, that’s about how I feel.” As for physical health, P7 defined it as:

> My body, like my daily wash up or shower just like we gotta do when we’re not in jail. Sometimes you may not be able to take a shower, something you take it at night before you go to bed, you know. They supply the Kotex, and we used to take them and turn them into tampons.

Finally, self-care according to P14, meant; “I have had health challenges, kids, working and taking care of my kids on my hands.” The participant point is that self-care is conducted as a life of resilience. This is relevant to the concept of self-care because, despite her being ill, she was still responsible for working and caring for her children. At times, self-care is not just a singular endeavor, but often can entail caring for limitless responsibilities within a persons’ life.

Theme 1: Support Systems Were Important for Self-Care

This first theme was named for the many methods of support and self-care that participants deemed significant in their lives. The methods of support described by participants included church, family, friends, jails, prison systems, and needs met by

associates, significant others, and spirituality. From this list of support, the top methods found were that of family, friends, and spirituality. Throughout their lives, most participants between P3-P6, spoke of family support as always being there for them. P3 stated, “I have 11 sisters and brothers, so if I called any of them, they would be there.” P4 shared, “My mom helped me greatly with my kids, you know. A lot of shame around incarceration. People asking where you been, family support enabled me to enter smoother.” Finally, for P6, her sole support was her momma; “Had nobody but momma for support. Always, had my momma to depend on each time of release.” The main examples of support throughout this exploration of self-care were found in the support received from family. More specifically, self-care support centered around the relationships of mothers in the participants’ lives. The parent-child dynamic is a constant example of support and care often demonstrated within the love and lives between mothers and their children.

Besides family support, participants P4-P12 also described the support they received from friends and associates. With regards to friend support, P4 shared, “I got one friend, who’s sticking with me through thick and thin.” P8 stated, “I have friends, supportive friends, that’s supported my trial.” Finally, for P12, her level of support was received from friends and business associates; “Friends and workers supported me. Yeah, I had people who worked under me, so they took care of the business in my absence.” Self-care for the participants in this study was multilayered with respect to the care of their households, children, and businesses. For incarcerated persons, the presence of a strong personal support network upon whom they can depend on can mean the

maintenance of everything of value in their lives and them not having to start over again once released.

Another aspect of self-care support deemed significant by participants was their use of spirituality to take care of themselves. Some of the personal expressions of spirituality described by Participants P1-P2 included faith, prayer, tears, and acceptance of their life experiences. For P1, she stated, “I handled it differently than most. I am introverted, but outwardly I showed a more positive light. I prayed a lot and had a lot of faith. Prayed over negative thoughts.” P2 stated,

> Kept praying to go home, and praying to go home, but God wouldn’t allow me to be released until acknowledging how I got there. To transition center. Had to deal with God sent me in to a situation and I had to learn to handle before release.

The participants in this study were expressive when sharing the importance of their social support networks throughout their lives. Family, friends, associates, and their reliance on spirituality were the methods utilized for support. Whether in their youth, or throughout their adult years, social support for incarcerated or formerly incarcerated women meant the difference between self-care and recidivism failure or success.

This theme aligned with the research question by revealing the composition of the participants’ self-care support and networks. Participants described the types of support received through their network from their pre-incarceration days and extending throughout episodes of reentry and recidivism. Participants also described the loyalty, consistency, and acceptance extended to them each time they return home from incarceration. As for those participants who listed spirituality as a means of support, they

described receiving the support they needed from God, through acts of faith, forgiveness, lessons learned, and prayer.

Theme 2: Need to Focus On and Prioritize Holistic Health for Self-Care

The second theme to emerge, holistic health, according to Rajan (2018), involved the entire person and all aspects of the persons' life such as basic needs (food, clothing, shelter), economics, emotional, mental, and physical. Of this listing of support, the top priorities described by participants were their basic needs, financial, mental health, and physical health. Beginning with the exploration of basic needs for participants, P15 stated that her focus was, "Well, taking care of my health, maintaining priorities, bills, a huh… and a roof over my head." P16 stated that her focus was, "Well, taking care of self, finding food, clothes and shelter." Finally, for P11 she stated that her focus on holistic health was on the idea of housing and financial independence: "Independence, um, financial stability, uh, I would say, those are the two that come to mind. Housing, being able to take care of myself on my own. Independence really."

The participants in this study described securing their basic needs and holistic health success through hard work, focus, and determination. The common denominator described within their statements was the desire to accomplish their goals through independence and self-sufficiency. The participants seemed to know that society's definition of success is often measured by the ability of individuals to care for themselves. Making it on one's own is a goal that many in today's society strive for.

Next on the agenda of holistic health was the Participants P8-P14, who focused on financial success in self-care. As for P8, she stated that

> I just started at age 58 years old. I always had a boyfriend and one husband, two jobs, my own place, paid my own bills by myself. The main job paid the bills, and the second job is my savings account job. Two jobs, my own place, paid my own bills by myself. The main job paid the bills, and the second job is my savings account job.

P12 stated, "At age 25, I was self-employed and owner of a salon. Just me and my family, and I made my own ends. Always been self-employed." Finally for P14, holistic health was spoken of as independence achieved through herself and others: "I worked as nighttime receptionist. My mother had section 8 and passed it to me. August 2021 and able to take care of self." The participants in this study described their financial strategies for holistic health in terms of employment, entrepreneurship, male support, and nepotism. These participants spoke of their financial earnings in terms of them "utilizing creative ideas" for make a living. Finance, as described by these participants, was the earning of a living by various legal means available. The participants spoke of the hard work, ingenuity, and the network of support that it took to financially support themselves.

Another aspect of self-care prioritized in holistic health among the participants was that of mental health. For P4, her mental health issues were intertwined with the issue of alcohol addiction:

> Yeah. Early 40s. I went through Grady's and, um, and they put me on a drug and alcohol program. Alcohol detoxing. I guess you know when I was out there like that, you know. I would get so worried. I would stay drunk, you know. Cause I lost my job, my home, my kids so, you know? So yeah. So, I went through

> Grady's mental health, and they sent me to the Camp Crisis, and I did like 6 days there. And that's when I first got on mental health.

P12 stated, "No emotional health issues at that time. It was mentally hard, depressed, mentally stressed, emotionally. Therapy session within the jail at that time. Still go to my therapist for more advise and to avoid trouble." For P15, the issues of mental health were shrouded in her inability to handle her emotions"

> Anxiety attacks went to mental health. Had me on med, and couldn't take with anxiety, bad asthma attacks. Had to learn to control my emotions. Used to be extremely emotional because of my health. What calms me down is art, writing, music, poems. First book, they won't let write the book I want.

The participants in this study were candid when sharing their holistic mental health experiences. For some, mental health care began during incarceration, and for others, they were able to secure mental health care once released into their civilian lives. For others, it took incarceration and the loss of all their personal belongings, including their children, to force them into care to address their behavioral health needs. Most of all, the participants realized the importance of addressing their mental health, and they realized the impact that unresolved mental health issues could have on them achieving overall self-care success.

As for the final focus of physical care in holistic health, the participants spoke of dealing with their physical health through methods such as government insurance, private insurance, and public health. P8 stated, "I was always taught to go to the doctor for check-up and had my kids on Medicaid and I had medical and took advantage." P10

stated, “I didn’t have it. I wasn’t getting checked for medical issues. Emergencies were handled at “G” Hospital at the time.” Finally, P14 gave a description of the methods used to address her medical self-care: “I had Medicaid, and gastrointestinal issues; gastroparesis in 2004. 80 pounds – 2004 to 2021 Feb. “NS” Hospital – resection surgery, and now 160 pounds. In between had three kids. March resection surgery. Could never work, finally fixed me.” For these participants addressing their physical health, they admitted seeking care primarily during cases of emergency. Whether through private insurances or public health resources, the addressing of physical health seemed to represent the most stable of all self-care methods implemented. Health care appeared to be the least of participant worries, and the one need they found easiest to resolve.

This theme aligned with the research question by revealing the holistic health responsibilities and methods used by participants to achieve success in self-care. Participants realized the need to focus upon, organize, and priorities their life needs, enabling them to access the resources needed and to develop strategies for accomplishing their life goals in an expedited manner geared toward success.

Theme 3: Age at First Incarceration Influenced Self-Care and Coping Skills

The third theme that emerged revealed how the age of participants at first incarceration influenced their own self-care coping skills. For those individuals under 18, participants such as P2 stated that,

> Baby Daddy would give you dope to make money, to take care of self. 16 or 17 when I had the baby. My baby daddy was older than me, and so rather than give

> me money, so I can give you this though, you can sell this and make more, and this and that.

P10 stated, “Before age 15, life was good. I met a guy at a labor pool and moved in with him. The guy would hit, and the next time, I stabbed him.” P1 stated,

> Arrested at 17 with assault changes and pregnant. At job, I caught assault charges. I was still angry though; this made my life worse. I had to start all over again. I was 17, with two babies, and I had to focus on getting housing, a place to stay and getting another job. When I got out, I moved from my cousin, and lived with my family, and moved from New York to North Carolina with family. I lived in a house that had no running water.

For adult participants, the focus of self-care was described differently than their juvenile cohorts. P4 stated

> I had a daughter in ‘79, so I didn’t, I didn’t go to college after it. I couldn’t go to college really because I had a kid. But, uh, I ended up getting a job. I got an apartment, you know, to take care of me and my daughter.

P12 stated, “I had a hard time. Missed lots and had to give myself sometime to get back to physical activities. I had thoughts of never-going back again and staying out of trouble.” P14 described the family support she received in securing housing upon release from incarceration by stating that “Shelter in Gainesville, GA, closed down and I lived with aunt. Mom helped to get back on Section 8.” The age that participants began self-care and their experiences of incarceration often determined the methods of self-care they utilized to survive in life. Some participants at young ages had to develop self-care

methods that would provide protection for themselves and their children. Often, participants had to learn to survive through the assistance of private and government social service programs made available for themselves and their children. Other youthful participants had to rely on assistance from the men in their lives, but who then also ran the risk of being preyed upon and victimized by those same individuals. Finally, others although young, relied on the maturity of their physical appearances to maneuver throughout the world to ensure successful self-care.

This theme aligned with the research question by revealing the methods of self-care that participants utilized throughout their youth. Participant self-care often began during the youth of the study participants. Trying to care for themselves independently often put them at risk for incarceration, as they revealed being preyed upon by adult predators. For others, their ability to be street savvy enabled them to negotiate and maneuver the resources they needed for self-care. Finally, for others, because of their age, they had to receive illegal assistance from their family to secure their basic self-care needs.

Theme 4: Lack of Self-Care Skills Led to Incarceration

This theme revealed how the lack of self-care skills led participants to resort to various self-care methods (legal and illegal) that became their introduction into criminal activity. Participants also revealed that their introduction into criminal behavior occurred through their interactions with others. P9 stated,

> In my neighborhood, they sold heroin, and there were pimps. My curiosity got the best of us hanging out with the pimps. Moved out of my mom's house with

> Diamond Don. We picked up tricks of the trade and writing bad checks. Self-care wasn't a thought, I was on automatic pilot, glamorous, dangerous. I was pleasing the individuals I was with. The men in my life, multiple men, all loved little B.T. At the time I didn't have a child, cause I was so deep in life. I was a user, and men were my vehicle.

P11 stated,

> Different men beating and stabbed me under my eye. Bought a 32-snub nose, next time, and charged with 12 counts of aggravated assault and murder. I shot him twice; he died. I was sent to Washington State Prison (13 years to the door).

As for P15, hers was a life of risky behavior and first time tries:

> First time in car for shoplifting, wasn't on drugs. I think it was shoplifting. Guy I dated; I didn't know was on drugs. Sold drugs for my cousin husband. Selling me dream about making money. Sampled and got addicted, enjoyed making money. First addicted when first tried crack rock. Guy was on drugs and had sampled drugs. First time trying and got addicted. Tried a few things but got addicted on crack 13-16 straight years.

The participants in this study shared the alternative self-care methods they chose, both illegal and legal. One participant described utilizing criminal behavior for self-care due to the love of the lifestyles witnessed in the community. Others engaged in criminal conduct out of pure survival, trying to protect themselves within violent relationships. Finally, another engaged in criminal behavior (theft, and drug sales) as a way of financially caring for themselves. Whether resorting to criminal behavior out of curiosity, survival, or

necessity, resorting to criminal behavior for self-care often has negative outcomes, placing them at risk for incarceration.

This theme addressed the research question by revealing how the participants' choice of self-care methods resulted in their first arrest, leading down a path of recidivism. For some participants, they became a product of their environment and became involved in the criminal activity that surrounded them to survive. For others, becoming involved with the wrong people opened the door to incarceration. Finally, the introduction to criminal activity and drugs was found among some participants to become the gateway into the world of crime and incarceration.

Theme 5: Needing to Change to Avoid Recidivism

This fifth theme revealed the moment they realized the need to change themselves to avoid recidivism. The dominant reasons given by participants for changing their behavior included the need for self-awareness, questioning oneself, and starting over. Participants reported changing their behavior due to self-awareness and the following realizations as stated by P8,

> I acted on emotions. All of them were dumb, poor decisions, poor judgement, when I knew better a lot of the times. African American women don't have father figures to teach us how to become a lady. We learn on our own and act out with stupid stuff.

For P9, self-assessment of her life of recidivism brought new revelations, and prompted change:

> I accessed my life about the fourth time, accessed my life. My daughter was raised by family members, and I felt guilt, and my daughter was very resentful. I dove headfirst into academics. I got back home to Detroit and enrolled into Community College. I delved into academics, that was my self-care.

These participants engaged in self-evaluation realizing the time and the need for change. Their evaluations were a positive step in self-care, extending beyond reflection, to include real behavior change. For change cannot just be performed by word along but must also be a conscious decision to bring about physical change.

After conducting self-evaluations, the participants began questioning their findings in preparation for breaking old habits. For change to be successful, the participants realized that change would involve avoiding old cohorts and courage. P5 began questioning, examining, and evaluating her behavior, causing recidivism:

> For number one, hanging around the wrong people, people who smoked, who sold drugs. Uh, it's like uh, you want to fit in. Know what I'm saying, similar like that. The second time I went, I was stand offish because I didn't know when I was getting out or when they were gonna let me use the phone. Huh, just trying not to be bothered with none of the peoples in there. I tried to stay to myself, standoffish. I was like really dazed in a way; Why I keep getting in trouble.

P6 described her ability to self-evaluate, question, and examine her patterns of recidivism:

> It's like being a drop out. You know, you want to finish and improve from it, not going back. That's why you keep going back cause you didn't finish. Uh, I

> handled it, ah, I was really lost in it, because at that point I was, I had gotten back with my child's father. And, uh, we both were arrested so, I just, I don't know, I couldn't quite find myself outside of needing him there at that point. I found myself keep going back to him and keep going to jail"

Finally, for those participants having to start over because of recidivism, P1 stated:

> Every time lost something. Loss of food, clothing, cars, transportation. Starting over again. Still got my job. Approached life more honestly, transparency looked at life differently. Took things into perspective". P2 stated, "It kept me mindful of what were my rules for myself. Walk short line and pay attention to what I was doing. No, I didn't have problems with that part, I just know I had to be careful of who I let in my circle. I had to sit down, had to get to myself, and write uh, some things about myself the reason things were going the wrong way. And I had to go to different places to get help like, uh, NA, drug rehab, and I had to go there for a little while to get out from around them so that they can see I am trying to make myself better.

The participants in this study shared the experiences of awareness of their triggers, struggles, and feelings that caused them to land in jail. Some spoke of questioning themselves and their behavior to try to understand what caused them to repeat criminal mistakes. Other participants in the study questioned their lives of domestic violence and the criminal charges that resulted from their interpersonal conflicts. Self-care within interpersonal relationships can be difficult to manage if the relationships are volatile and built upon patterns of control, with propensities for

violence. While others realized that, to end their recidivism, they would have to start over in their lives, even if it meant separating from their old life and beginning a new.

This theme addressed the research question by revealing how the participants began questioning their self-care methods to realize the lack of success emerging in their lives and the constant results of recidivism. They realized that their current methods of self-care resulted in risky behavior and incarceration, and for most, this was the turning point in their quest for effective self-care, and to question the patterns of recidivism.

Theme 6: Dealing With Residual Effects of Incarceration

This sixth theme revealed the participants' experiences and residual effects of incarceration. As stated in Gorski's (2001) PICS theory, there are residual effects from incarceration that participants are left to address once home. The residual effects of recidivism, as explained by the participants, impacted their mental health and family support as well. For P6, the residuals of incarceration, worked against her ability for self-care by triggering issues of mental health not yet addressed. The residuals amplified her fear of apparent loneliness, and the fear of not being in a love relationship:

> Okay, yes, I have. The experience with nightmares. Just trying to focus on being around more positive people. Rather than getting myself in situations being around the guys that, try not to get in a relationship again, but I would always find myself wanting or needing somebody, you know to help me, and it would always be an abusive relationship—uh-huh.

For P16, the residuals of incarceration directly impacted her mental health:

> Okay, out of jail, multiple panic attacks, can't breathe. When I got anxious or stressed. They come rarely, once in 2 months. Pray to God. Don't want to go back to where I was before. Panic attack. Exercise, yoga in my community women's group.

For P13, the residuals of incarceration proved to be a positive aspect in this participants life, bringing to the forefront her mental health disorder,

> No, jail probably was my friend since I could have lost my life. No problem with girls, just with authority. Finally went and got help, learned I had PTSD, all that got brought up. First time didn't like it, Second, didn't regret it.

Participants revealed the self-care methods used to address the residual effects of incarceration, their mental health, and the stress that ensued once home. For some participants, the residual effects of anxiety, panic, and nightmares caused them to seek mental health care and medication. Self-care for these participants was evident in their decision to address their mental health challenges, rather than succumb to the residuals of incarceration.

As for the residual effect of incarceration on family support, participants were candid in explaining the risk to support brought on by their recidivism. Through it all, family was the main supporting factor for many people experiencing incarceration. P12 stated, "I lived my life with the help of my family. No health issues. Family supported me with legal issues (2 mos.). Family primarily and friends and workers supported me. Mom not too excited about the situation a stigma." P15 stressed the importance of family: "My family loves me to death. Believes once an addict always addict. Family waiting for

relapse, always waiting on me to fail. Told mom while smoking crack on her bed. I thought I was gonna die with crack pipe." For participants, the residuals of incarceration affected their lives both with respect to mental health and on the family support. Some participants were evaluated and received their diagnosis and treatment prerelease, minimizing their post release residuals. For others, the post release residuals were the catalyst that caused them to learn of their mental health issues, leading to professional treatment. As for the impact on family support, the residuals often created challenges to the support given to participants. For some families, maintaining support was hindered by the stigma of incarceration faced by the participants. While for others, although families remained close and supportive, they did not have faith that the participants could change their behavior.

This theme addressed the research question by revealing the self-care methods used to address their post incarceration residuals. Following release, some participants began experiencing disorders such as anxiety, nightmares, panic attacks, PTSD, and family strain. The self-care processes they used to manage the residuals included professional counseling, medication, treatment, art, and spirituality. As for maintaining family support, participants reported accepting their family's criticisms, love, and nonvote of confidence, just to maintain a sense of belonging.

Theme 7: Difficulties in Addressing Mental and Emotional Health Challenges

Mental and emotional difficulties experienced by participants occurred for some throughout the recidivism experiences in their lives. Participants often experienced fear, shame, and crying bouts resulting from incarceration. P8 stated, "I was thinking, fussing,

and fighting. I was gonna solve something. When I was inside, I was claustrophobic, the chapel people decided to help. I experienced no PTSD at home." P10 stated, "Scared to trust a man, only trusted myself. When I did get checked, I started seeing a psychiatrist, I started becoming at ease with myself. Tried to do the right thing. I have been through a lot since age 12." P11 stated:

> So mentally, I was like messed up. I mean cause look where I am, I'm in a cell, like a holding cell, cause that's where I was, put into with probably like 20 other women, and we all range in age, color, you know, and just like, oh, So, mentally, I was going through it. Like what is happening to me? How did I allow this to happen to me; this is crazy, you know. But then once I was out of there and back to my life, you know back to my lifestyle, and you know, that I don't feel like I do know about it, but then, I felt a short emotional and situation. Really about probably being away from my home, and my son's father with all of these, what I call these strange.

Finally, P14 stated that her reaction to recidivism was both emotional and physical, combined with paranoia: "Couldn't sleep for a while. A little afraid, scared if I made any moves, I would get incarcerated. Scared, afraid. How do I stay out of jail? Not sleeping well. Body was sore from sleeping on the floor." Feelings of fear among these participants ranged from moments of incarceration through post release reactions in reentry. For some, they could not believe they were in jail, afraid of the unknown. For others, incarceration gave them the time to face their life fears and acquire the

professional care needed. Still others found themselves fearing life beyond incarceration and trying to adjust to their lives post incarceration.

The next mental and emotional health challenge affecting the participants resulting from incarceration was that of shame. Shame has been stated by some participants as one of the fallouts of them having been incarcerated. P6 stated, “It was shameful, but I broke down and I had to go to my pastor, and my church helped me through it.” P11 stated, “Family support was seamless, community was different; Community is difficult. If I stand in my truth, I will have no problem. A lot of shame around incarceration. People asking where you been, family support enabled me to enter smoother. The shame(self) is a deterrent for getting back into the community.” As for P12, having to face her support system, especially her mom, was a trying experience once released from incarceration: “Well, it took some time. It took some time I remember for my community, for my family to understand me? My mother was not too excited about the situation, a stigma. So, we were able to like, get along.” Shame, described by the participants, was an emotion that guided their decisions of self-care. The weight of the shame caused them to seek assistance from their clergy and church community. For others, a reliance on family helped them to survive the stigma created by community. Finally, shame as experienced within their own family was overcome with the love family had for the participant. For female offenders, the return home to face friends and loved ones can be one of the most difficult aspects of reentry, but one that aids in the self-care process of healing and the reunification of broken relationships that came as a result of incarceration.

Finally, there were the participants whose emotional responses to incarceration were that of tears. P13 stated that for her response to incarceration,

> Oh man, I was crying. First time, angry, tore the place up, slamming into stuff, running into officers; No Hope. Second time accepted penalty I had. Worked on work release, started cooperating. Started praying and ready for the word. Finding the Lord helped. He was always there; he saved my life.

In addition, P14 stated that handling the aftermath of incarceration was filled with self-blame, and emotion, "I was just upset with myself. Lot of crying. I couldn't blame nobody but myself. My kids went to the shelter too." Participants revealed the mental and emotional difficulties experienced throughout episodes of recidivism and the self-care methods used to address their issues. Participants reported often experiencing fears, shame, and crying bouts as a result of their stints of incarceration. The participants shared the strain of their internal feelings resulting from their first incarceration to their last. For these participants, they were faced with guilt and blame for self-sabotaging their lives and abandoning her children. Accepting responsibility for their actions was the first step of healing in self-care. Some of the methods of self-care participants reported using to address their mental health included psychiatrist, the clergy, their supportive family, faith, and prayer.

This theme addressed the research question by revealing the self-care methods used by participants to move beyond their emotional barriers of recidivism. The most important takeaways for this theme was the participants' acceptance of personal

responsibility, and them also moving beyond the barriers of pride to seek out and acquire the assistance needed for self-care.

Theme 8: Resources Needed to Reduce Recidivism

At the conclusion of interviewing, the questioning transitioned from self-care to my asking participants for their suggestions to reduce recidivism. The participants suggested resources such as counseling, job training, job readiness and placement, reentry programs, and related services. P3 stated, "Counseling needed for anxiety for abuse. Make women aware. Good to have people who have been through it. People educated, but you need someone who been there, done that. Meet at your place of hurt." P4 stated that she felt that prisons were the proper places for individuals to receive counseling services:

> They work here but they'll still be under, before they'd be released and work. You know what I'm saying? And save money so when they do get out, they'll have somewhere to stay. You know, or some money on them. So, I think they need counseling and stuff. That would help a lot in these prisons. That's why you're incarcerated. Get some counseling while you're in there. Right exactly that's like what I was just saying. Yeah, so I'm kinda like, a halfway house, exactly. Call it they have to have somewhere to stay while you know, under supervision, you know. Yeah, so they can just work and build their lives back up.

P5 stated, "Had to sit down to myself and write things about myself the way things going, the wrong way. NA, to get out from around support system. Got help to show them you were changing. Still attend AA meetings." With regards to the resources of job training,

P1, P6, and P15 were specific of the need to provide job readiness training programs for pre-release female offenders. P1 stated that job readiness programs were needed to assist women to succeed during reentry:

> Some job training, and job placement training is needed. Job readiness and housing is needed. There also needs to offer free housing for specific periods of time. Also, they need to offer women driver license, and transportation. Lot of women depend on public transportation or alternative for their families.

P6 also suggested the implementation of job readiness programs to enhance the reentry success of women once released.

> Well, I know the need for job rehabilitation is needed. What else. Ah, classes, classes for GED school, and huh; The things that were needed was that. Let me see, cause I tried to take every class they had, and that was just to get me out of that atmosphere. And try to normalize that situation. But it was mostly the jobs, and the uh, counseling, and the jobs. Job readiness counseling, and education.

Reentry services were also suggested by P2, P7, P15, and P16, as part of the reclamation process for formerly incarcerated women. For P2, she spoke of resources to assist those in reentry with housing and personal assistance:

> Housing, mentors, accountability partners, and someone to acclimate them back step by step. House them and have them become responsible for self. Where they come out to a home where they share and acclimate them to a place of hope.

P7 suggested the need for women specific resources within correctional facilities. “We need more resources just for women. They have plenty of um out here for men, but they

don't have many out here for women. They will house a man quicker than they will house women; I just take my chances." P15 was one of the few women in the study that spoke of the need for more entrepreneurial reentry resources in corrections.

> Project Restart some type of direction before getting out of prison. Jobs, start a business needs to be in all the prisons and jails. Work in the Russell Building on Fair St. Help people get loans to start a business. Paid over 2 years ago, paid over $1000 to publish my books, but procrastination.

For P16, she spoke of the reentry services she witnessed while being incarcerated. The reentry services were reportedly limited to mental health and vocational services. "Program of mental health, psychotherapy groups. Talk to us, really helped. How to manage stress, Vocational Training. You get out with small skills to use." The study participants shared their suggestions of the most important resources they felt needed for reducing recidivism. These suggestions included career (job readiness), counseling, and vocational options to be offered beginning within correctional reentry programs. They shared their knowledge of the few resources and skill training they saw being made available in correctional facilities. These women realized the need for gender-specific resources and the disparity in services offered within correctional institutions. Participants expressed empathy for those facing release and the challenges of reentry. Their first-hand knowledge proved that self-care during reentry should go beyond the provisions of basic needs to include the resources needed for success during reentry.

This theme addressed the research question by revealing the methods of self-care participants felt were needed to reduce recidivism. The self-care curriculum they felt was

needed included, career readiness for securing employment, and counseling for women with the challenges of mental health, histories of trauma and substance abuse. The securing of employment for formerly incarcerated persons can be challenging during reentry. Researchers have reported on participants dealing with behavioral health issues, who are often single parents and the matriarchs of their families (National Institute of Justice, 2021). In addition, formerly incarcerated women face the combined disadvantages of discrimination, finance, incarceration, race and stigma, creating populations of individuals facing insurmountable reentry challenges and being at risk for recidivism.

Summary

In Chapter 4, I presented the data collection, data analysis, evidence of trustworthiness, and research results on the self-care processes of formerly incarcerated African American women. From this study emerged eight themes which included, support systems were important for self-care important, need to focus on and prioritize holistic health for self-care, age at first incarceration influenced self-care and coping skills, lack of self-care skills led to incarceration, needing to change to avoid recidivism, dealing with residual effects of incarceration, difficulties in addressing mental and emotional health challenges, and resources needed to reduce recidivism.

Chapter 5 includes interpretation of the data and comparing the results from the literature review to see if the data aligns with the current research findings or prior research studies. Chapter 5 also includes limitations and recommendations for future research, as well as implications for social change and the study's conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative research study was to explore the self-care methods of African American women with histories of recidivism to learn how these women care for their physical, psychological, and social needs when they have been incarcerated more than once. The goal of this research was to help address the research gap by adding to the literature for those exploring formerly incarcerated African American women, their methods for self-care, and the link to recidivism. The findings of this study may be used within correctional, parole, and probational services to assist incarcerated and formerly incarcerated women with prerelease and reentry acclimation. This research may also be instrumental in creating gender-specific services and resources within correctional facilities and the post incarceration reentry environment. Eight themes emerged from the data analysis: (a) support systems were important for self-care, (b) focus and prioritizing holistic health for self-care, (c) age at first incarceration influenced self-care and coping skills, (d) lack of self-care skills led to incarceration, (e) needing to change to avoid recidivism, dealing with residual effects of incarceration, (f) difficulties in addressing mental and emotional health challenges, and (g) resources needed to reduce recidivism. Chapter 5 consists of the interpretation of the findings, study limitations, recommendations, implications, and conclusion.

Interpretation of the Findings

Theme 1: Support Systems Were Important for Self-Care

Having an effective support system when involved in the criminal justice system can help to create positive self-care throughout incarceration and reentry. During incarceration, participants described having strong family support to help diminish feelings of anxiety, fear, and worry. In addition, although tangible support (financial, housing, and childcare) proved necessary in the lives of the participants, findings showed it was the nontangible support (dependability, love, care, reliability) that had the greatest impact on participant support.

This theme aligns with Fahmy's (2018) research revealing the importance of family support for post release, which included providing money, housing, and assistance with legal obligations. Participants also revealed a deeper level of family support, recognizing family as the consistent, dependable, loyal, safe, and supportive network they could rely on. The theme also aligns with Mayberry et al. (2016) who revealed the importance of support systems, indicating the link between self-care and independence as it correlates with the support received from families. Similarly, Mancini et al. (2016) highlighted the importance of family as not just being a social entity but as a form of structure and conformity used to help in the resocialization and reentry process of post released persons. This theme also complements the research of Heidemann et al. (2016), who revealed how tangible support can aid in creating positive self-care experiences, diminishing stress, and helping to manage the residuals (mental health challenges) resulting from incarceration.

The findings of this theme revealed the continuity and levels of (tangible and nontangible) participant support rendered by families. Family support was seen as a staple of assistance provided throughout the lives of participants, from pre-incarceration throughout episodes of recidivism. In other words, participants were able to depend on family support, particularly in times of emergency or need. The uniqueness of family support, however, is found in their continuous practices of rendering aid to formerly incarcerated family members. Regardless of the number of incarcerations, or family feelings of disappointment, anger, or views on offender stigma and recidivism, family support was continuously provided for the study participants and their children.

This theme aligns with Orem's (1991) self-care theory and Gorski's (2001) PICS. Orem's (1991) theory is defined as the ability to care for self independently or with the aid of others. The participants' self-care statements described them being responsible primarily for their own physical, financial, psychological, and social well-being pre-incarceration. Once incarcerated, and throughout episodes of reentry and recidivism, participants' self-care included reliance on the assistance of others (family, friends, and business associates). With respect to Gorski (2001), this theme aligns with PICS as participants described the techniques used to address their mental health issues. Participants came to realize that the incarceration residual they faced could not be solved alone, and they would need professional support (counseling, and medications) to ensure successful self-care.

Theme 2: Need to Focus On and Prioritize Holistic Health for Self-Care

Holistic health as defined by the American Psychological Association (2023) involves every aspect of a person's well-being, including the body, mind, spirit, and social environment. This theme complements the research of Riegel et al. (2017) who considered physical self-care to involve a person's ability to develop, manage, and participate in healthy lifestyles and disease management. The theme was similar to the research of Clarke et al. (2016) who stated that physical self-care also calls for individuals to become educated on all aspects of the health challenges impacting their lives. Some study participants also spoke of being impacted by health disorders over extended periods of time, so they learned the origin, symptoms, and treatment regimen for managing their health care. This theme also aligns to the research of Caruso et al. (2019) who felt that successful self-care should require an individual to possess the confidence and education related to their illness.

Findings from this theme reveal the physical health needs that participants deemed important in their lives. These participants, although formerly incarcerated, were found to desire the same physical quality of life that non-offenders desire. First and foremost in the lives of these participants was their focus on sustaining effective self-care through health and wellness for themselves and their families. During incarceration, participants were able to address their health needs through correctional services. However, once released, participants had to educate themselves and seek out and navigate health care systems independently. These self-care experiences revealed another

aspect with respect to recidivism. In some instances, recidivism occurred as a means to address participants' health care needs.

As for the holistic issues of mental health, this theme aligns with the research of DeHart and lachini (2019) who stated that incarcerated individuals with serious mental illnesses are a growing concern within the prison system. This theme also aligns with the research of Bakken and Visher (2018), who stated that during reentry some people battling mental illness are left to figure out and secure their own mental health resources and treatment. Findings from this theme revealed that for some participants their mental health status occurred during pre-incarceration days, while others learned of their diagnosis in jail. As with physical health care, participants acquired mental health aid while incarcerated, during reentry, or by recidivating. Recidivism, as previously discovered, can be used as self-care to access mental and physical health care needs.

This theme aligns with Orem's (1991) self-care theory (ability to care for self independently or with the aid of others). The participants' ability to care for their physical and mental health self-care needs are examples of what Orem (1991) and Wanchai (2018) described as self-care conditioning. Self-care conditioning is the developing of human capabilities to address life challenges affected by gender and the physical and psychosocial (Orem, 1991; Wanchai, 2018). This theme also was coordinates with Gorski's (2001) PICS findings. The residuals of incarceration are often the catalyst causing participants to take responsibility for their mental health disorders, whether during incarceration or reentry. Self-care practices to address post incarceration residuals

showed participants accepting responsibility and taking the initiative to secure the treatment needed to maintain mental wellness.

Theme 3: Age at First Incarceration Influenced Self-Care and Coping Skills

Relative to self-care, the ages of participants at first incarceration can be the determining factors for the self-care methods used during reentry. For underage (<18yrs old) study participants, the challenges of their youth, combined with incarceration, resulted in less than successful or legally productive self-care. In contrast, for participants experiencing first incarceration as adults, their experiences resulted in self-reflection, regret (loss of material goods, relationships, and starting life over), and self-care strategies leading eventually to an end to incarceration and recidivism. Regardless of age at first incarceration, self-care choices during reentry involved resorting to low wages (employment), hustling (criminal behavior), or participants having to live with abusive romantic partners to survive.

The theme findings were in sync with the research of the Bureau of Justice Statistics (BJS, 2020b) who reported that Black incarcerated women ages 18-24, comprised 11% of the female population, with women ages 18-19 incarcerated at a rate of 4.4 times that of their female counterparts. The theme also aligns with the research of the BJS (2015), which reported the economic, education, and interpersonal challenges faced by these participants. This theme also aligned with the research of Swadley (2017) who reported on the self-care choices of married women during reentry, who are faced with returning to abusive partners to fulfill their physical, mental and social needs. Finally, this theme is in sync with the research of Hardcastle et al. (2018) who reported

on the physical (age, fitness, tattoos), mental (PTSD, anxiety, and depression), and work ethic (discipline, attitudes, behavior) employment barriers faced by persons during reentry impacting self-care.

The findings of this theme revealed one common denominator relevant to all the participants first incarceration regardless of age: Survival of the fittest. For many participants, self-care following incarceration becomes not about making legal choices, but often making choices out of perceived necessity. However, age at first incarceration can be a determinant for the types of self-care choices people are willing to make, regardless of the long-term repercussions those choice may bring.

This theme was aligned with both Orem's (1991) self-care and Gorski (2001) post incarceration syndrome theories. With Orem (1991), the participants revealed their ingenuity and survival skills in their ability to care for themselves during both pre and post release, regardless of age. Age and experience proved the driving force in determining the methods of illegal or legal self-care choices that the participants made.

This theme was also in sync with Gorski (2001), PICS theory, with participants recognizing, taking responsibility, and seeking care to address the residuals of incarceration. Participant self-care involved taking the necessary steps to ensure successful self-care during reentry, and to reduce recidivism. For younger persons, linking incarceration to mental stressors may not become a priority in their lives until later adulthood. However, for older women, mental stressors, regardless of origin, are often recognized and dealt with in a timelier, and constructive manner.

Theme 4: Lack of Self-Care Skills Led to Incarceration

The lack of legally effective self-care skills can be detrimental, placing individuals at risk for incarceration. For some study participants, they lacked legally successful mentors for guidance, others could not resist the temptations of criminal behavior in their neighborhoods and finally others found themselves in co-dependent cycles of domestic violence. Illegal self-care decisions resulted in cycles of incarceration and recidivism.

This theme was in sync with the research of Varda and Talmi (2018) who reported that the self-care activities within the social environment consisted of small groups of individuals whose common denominator consisted of non-legal activities, placing them at risk for incarceration. This theme aligned with the research of Mayberry et al. (2016) who stated that a person's amount of successful self-care and independence correlated with the positive support received from their families. Finally, this theme related to the research of Coaston (2017) who explained that despite the social support received in their environment, individuals were independent and would inevitably make their own decisions to address their needs.

The primary findings from this theme revealed the non-conventional self-care decision making utilized by participants leading to incarceration. When individuals are in a mode of pure survival, whether they utilize legal or illegal self-care methods is of little consideration at the moment. Being incarcerated does not necessarily mean an individual lacks the self-care skills needed to survive. Incarceration means that the skill set utilized is considered illegal, resulting in arrest. Choosing illegal decision making can result from

family tradition, curiosity, a desire to earn “fast” money, or the thrill of street life and the engaging of illegal activities. Participants have to grow weary of using illegal self-care means before they can stop the cycle of recidivism.

This theme was aligned with Orem’s (1991) and Gorski (2001) self-care and post incarceration syndrome theories. With regards to Orem (1991), self-care theory, the participants functioned in survival mode and sought to succeed in self-care by any means necessary. This theme was in sync with Gorski (2001), PICS theory, with participants often making poor decisions due to their failure in dealing professionally with incarceration residuals. Not until participants sought treatment for their mental health and substance abuse issues were they able to make clear and legally productive self-care decisions.

Theme 5: Needing to Change to Avoid Recidivism

Exhaustion over constant episodes of recidivism can be the catalyst for behavioral change. Recidivism, for these study participants, became a frustrating state of existence, with the results being too high a price to pay. Recidivism often resulted in participants having to start their lives over again (material goods, family loss, untreated trauma, and addiction), For others, they acknowledged recidivism as being the cause for the failures in their lives. So, the participants started to self-reflect, take responsibility for their criminal behavior, and choose to change their behavior of recidivism in their quest for self-care success.

This theme was in sync with the research of Herbst et al. (2016) who revealed that the greater the personal hardships in a persons’ life, the greater the risk for recidivism.

Study participants admitted to changing their behavior when they examined their lives, admitted their mistakes, took responsibility, and decided to rectify their actions. This theme aligned with the research of Heidemann et al. (2015) who discovered that for women, recidivism was less about criminality and more about recognizing the need for change to achieve success within their personal, home, family. and legal lives. This theme also aligned with the research of Chiauzzi et al. (2016), who suggested that self-care in the environment was based upon an individual's level of independence, knowledge, choices, self-awareness, and self-development.

The findings from this theme revealed the impact of recidivism on the lives of participants, and their families. Recidivism was found to be the catalyst for self-evaluation as participants grew weary of repeating the same mistakes and losing everything (home, job, family) of value because of their actions. Curiously enough however, were the years of recidivism endured by participants before they were willing to seriously consider putting an end to recidivism. Self-care and recidivism were found to be matters of choice. For not until participants made conscious decisions to change behavior was recidivism ended or positive self-care achieved.

This theme aligned with Orem's (1991) self-care theory with respect to participants utilizing self-care to end their recidivism. From participant statements, self-care involved taking an honest look at their lives, whether during incarceration or reentry and realizing the need for behavioral change. Participants realized that self-care meant more than just money, getting by, or simply surviving in life. Self-care they began to

understand involved a complete turnaround in attitude, and behavior on the road to successful self-care.

With respect to Gorski's (2001) PICS theory, this theme aligned with the theory in the participants recognition, self-awareness, and proactive behavior in managing their post incarceration residuals. Participant self-care involved them acquiring the professional treatment and support needed to address their incarceration residuals and begin a life towards successful self-care.

Theme 6: Dealing with Residual Effects of Incarceration

Recognizing, and resolving the residuals of incarceration prove necessary if participants are to succeed in managing their physical, mental and social self-care needs during reentry. The residual effects of incarceration can stifle a participant's self-care as they attempt to endure such stressors as anxiety, panic attacks, and nightmares occurring post release.

This theme aligned with the research of Massoglia and Pridemore (2015) who discovered that a reduction in social skills could result from experiences of post-incarceration trauma, thus affecting an individual's interpersonal, social, and economic abilities during reentry. In addition, this theme corresponded with the research of Carr (2016) who revealed how short-term repetitive incarceration can destroy a woman's reentry success by interrupting her progress in her career, behavioral treatments, or parenting, placing her at risk for recidivism. This theme was also in sync with the research of Wildeman and Wang (2017), who defined successful reentry as an

individual's method for addressing their physical, mental, social, and environmental stressors.

The findings from this theme revealed the residual effects (anxiety, panic attacks, and nightmares) of incarceration. Initially, the participants were not aware of the impact that incarceration would have on their lives once home. Participants throughout this study were unaware that incarceration residuals were legitimate. The cycle of incarceration and recidivism was such a habit in their lives that they never considered that such a mental disorder actually existed. Participants in their quest to get back to normal attempted to ignore the physical and emotional stressors resulting from incarceration as though they could simply forget the experience and get over it. Once participants recognized the effects of incarceration, they were very ingenious in resolving the residuals. For some, residuals were handled with the aid of behavioral health treatments. For others, they used the practice of recidivism to complete their probation and parole requirements from behind bars, to reduce the stress of supervision mandates.

This theme aligned with both Orem's (1991) and Gorski's (2001) self-care and post incarceration syndrome theories. As it related to Orem's theory, participants were able to seek out reentry assistance utilizing their own wisdom and experiences, and with the aid of others to solidify their own self-care.

This theme aligned with Gorski's (2001) PICS theory in identifying and describing the psychological impact of incarceration and the barriers to self-care. This theory revealed how an individual's ability for self-care could be hindered by the residuals of mistrust, diminished social skills, and social isolation during reentry. In this

study, the residuals of mental illness and substance abuse were dominant resulting barriers.

Theme 7: Difficulties in Addressing Mental and Emotional Health Challenges

Mental and emotional health challenges are major barriers to successful self-care experienced by formerly incarcerated persons. For some of the study participants, mental health care began in their youth, prior to incarceration. For others, they discovered their mental health diagnosis during incarceration and subsequently received treatment. When incarcerated, participant care becomes the responsibility of the department of corrections. Once released however, it is the responsibility of the participants to seek treatment either through private or public health resources.

This theme aligned with the research of the Bureau of Justice Statistics (BJS, 2017) research which revealed that nearly 40% of incarcerated women have mental and emotional health diagnoses, and difficulties. This theme also aligned with the research of Prison Health.Org (2020), and Mignon (2016) who described mental illness (psychosis, depression, trauma, suicide) as a characteristic of individuals who are abused within correctional facilities, and who habitually recidivate. Finally, this theme aligned with the research of Fash (2018) who stated that among African American women, the loss of their social worth during incarceration affected their mental health, leading to recidivism.

The findings from this theme revealed the participants transition from mental illness to mental wellness. Some participants spoke of their first incarceration as being their worst, with them experiencing feelings of shame and anxiety. For others, the origin of their recidivating behavior was traced to untreated trauma and mental illness. Still

other participants self-reflected, questioned their behavior and realized that the reasons for their continuous incarceration stemmed from mental stressors. Fortunately, once the participants choose to address their mental health issues, they were able to access treatment (therapy and medication), before, during, and after incarceration.

This theme aligned with both Orem's (1991) and Gorski's (2001) self-care and post incarceration syndrome theories. As related to Orem's theory, participants were able to assess their mental health status, and then seek aid through professional and peer counseling to maintain successful self-care. This theme also aligned with Gorski's (2001) PICS theory as participants learned to recognize post release residuals affecting their mental health self-care, such as PTSD, nightmares, and substance abuse disorders, and securing the mental health care needed.

Theme 8: Resources Needed to Reduce Recidivism

Participant suggestions taken from this study described the need for gender specific pre and post release services. Participants voiced a desire for collaboration with the department of corrections, justice officials, fellow inmates, and reentry services to develop effective programming. The participants suggested that the following pre-release services be provided within correctional institutions: behavioral health counseling (mental, and substance abuse), career and vocational training, and reentry services. For inmates with mental health challenges, extensive in-jail counseling was also suggested with linkage to post release care.

This theme is in sync with the research of Carr (2016) who stated that a woman's short-term incarceration can jeopardize their personal, parenting, job, and educational

skills and opportunities, placing them at risk for recidivism. This theme was aligned with the research of Agan and Makowsky (2021) who explained that recidivism is determined by a person's ability to secure employment with quality wages, so that the incentive for legal work becomes greater than the enticement of criminal behavior.

This theme is aligned with Orem's (1991) self-care and Gorski's (2001) PICS theories. In reference to Orem (1991), individuals utilizing correctional, and reentry services, would be better prepared to address their economic, and social needs, once released. As for Gorski (2001), pre-release counseling would be instrumental in helping individuals recognize the residuals of incarceration, and to seek out mental health services for self-care, during reentry.

Limitations of the Study

This research was a generic qualitative study, which is an approach that claims no specific methodology perspective (Caelli et al., 2003). The study explored the self-care methods of 16 formerly incarcerated women with histories of recidivism. The limitations of the study included sample size, restricted participant contact, and technology utilized.

The original sample size was slated for 20-25 participants, however only 16 participants qualified for the study. The limited number of qualifying respondents was due to the nonresponsive, false contacts, and ineligible respondents. The viewpoint of this study was limited to the perspectives of the African American women screened, approved, and interviewed. This study was limited to this specific group of women as a result of the research of Heimer et al., (2023) who revealed the limited research done on incarcerated women specifically by race, ethnicity, recidivism and reentry. This

population was also limited to women who were age of 18, who had been incarcerated more than once. Excluded were women who had received long-criminal sentences with only one experience of incarceration.

In designing the study, I was limited to non-face to face contact (advertisement, recruitment, screening, and interviewing) due to the noncontact health restrictions of the 2020 Covid 19 Pandemic. With non-face-to-face communication, the inability to view body language and facial expressions limited the ability to read nonverbal responses. However, there were moments in the interviews when audible sounds, long pauses, and faint cries were heard, and recorded providing evidence of participant reflections and responses.

Finally, the limitation also involved the technology chosen for interviewing, phone vs. zoom video calls; Participants chose to be interviewed by phone. For some participants they desired anonymity, while for others their limited computer knowledge reduced their desire to use computer technology.

Recommendations

African American women continue to lead female offenders in rates of incarceration and recidivism. Future research is recommended to explore the lives of habitual female offenders to provide comprehensive behavioral health services in correctional facilities focused on recidivism reduction. Future research is also recommended to explore the residual effects of incarceration for the possible creation of post release support counseling. Support counseling is being recommended for inmates being released following one month or more of incarceration. Data results would be

instrumental for creating mental health programs designed to offer counseling services ranging from first arrest anxiety to inmates with diagnosed disorders. Finally, future research is recommended to gather resource suggestions from inmates, corrections, and probation and parole staffers for the creation of inmate prerelease and reentry services to aid in recidivism reduction.

Implications

Results from this study may provide an understanding of the self-care processes of African American women with histories of recidivism. Revealed in this study was the importance of interpersonal relationships that aid in the self-care processes of formerly and incarcerated women and the levels of support, both tangible and nontangible, that families provide. This study can be instrumental in bringing about social change by creating family unity programs within correctional facilities. Maintaining family cohesiveness, through family networking and decision making, can close the gap of family disconnect with incarcerated members.

This study can also be instrumental in bringing about social change by implementing collaborative practices between judicial, correction, behavioral health, and female offender populations to design effective gender specific treatment program to address pre and post release needs. The results from this study may be beneficial in contributing to the treatment of female offenders impacted by untreated trauma, mental health, and substance abuse (assessments, diagnosis causation, treatment plans, and after care). Finally, as a result of this study, data may be utilized to assist the academic community by contributing to the current research trends, assessing therapeutic

processes, and the advocacy aspects within the social sciences, and human behavior curriculums.

Conclusion

These study results align with existing research that has been conducted on the self-care and recidivism experiences of African American women. Research findings revealed the interpersonal, psychological, and social stressors that caused interruptions to self-care, setting these study participants on trajectories of incarceration and cycles of recidivism. The cycle of self-care is the goal of these participants in spite of their journey through episodes of recidivism. This research aligns with existing researchers, yet future research is still needed to contribute to the academic knowledge of incarcerated and formerly incarcerated African American women.

The first takeaway from this study revealed the life of the female offender as more of a journey of survival, and as an escape from abuse and the mundane. Also, the self-care practices of female offenders vary between practices of self-sufficiency (jobs, basic needs, housing, parenting) or seen as practices spiraling into lifestyles of crime, drugs, mental health, and incarceration. The second takeaway from this study involved learning the impact of social support (family/friends) on participant self-care. The social support of participants, specifically from family, has been demonstrated throughout episodes of incarceration, reentry, and recidivism. Beyond the tangible is the provision of participant support in the form of nonmaterial acts of loyalty and consistency. The third take away from this study was the impact that childhood trauma and mental illness had on participant self-care. The study revealed how the lack of treatment in the participants'

youth could eventually emerge as a barrier to self-care, leading to incarceration. Behavioral health issues left unaddressed can reappear later in life impacting self-care and contributing to the risks for recidivism.

Finally, this research revealed the link between self-care and recidivism. The underlying meaning of self-care (for adults) revealed in the data is about choice, whether committed out of necessity or from engaging in risky behavior. Self-care choices can lead to incarceration and cycles of recidivism. Similarly, the decision to end recidivism is a self-care decision of choice, resulting from a participant's self-awareness, their willingness to assume responsibility, and the decision to change their behavior.

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Appendix A: Recruitment Flier

Are you an African American Woman, who has Experienced Incarceration More Than Once?

Due to COVID-19, Interviews will be conducted Virtually (Zoom) or by Phone

This study is part of the doctoral study of Sandra L. Smith, a Ph.D. candidate.

The purpose of the study is to: Explore how African American women take care of themselves when they have experienced incarceration more than once.

To qualify for the study, you must:

- Self-Identify as 18 years and over.
- Self-Identify as an African American Woman
- Self-Identify as having been incarcerated more than once.

*Gift cards will be provided at the conclusion. *

If Interested Please Contact:
Sandra Smith., PhD Candidate

Appendix B: Screening Form

(All provided information will be held in the strictest confidence)
Code: 000 __ () Initials Date: _____
Name: _____
Phone: () ___ _____ Cell: ( ) ___, _____
Email: _____

Do you self-identify as being 18 years of age or older? Yes ____, No ____

Do you self-identify as African American? Yes ____, No ____

Do you self-identify as having been incarcerated more than once? Yes ___,
No ___

All information has been provided voluntarily and is accurate to the best of your knowledge.

Researcher (Print) _____ Date _____

Researcher Signature _____ Date _____

Appendix C: Interview Guide

"Exploring African American Women's Experiences of Self-Care and Recidivism"

Introduction

Let me first thank you for agreeing to voluntarily participate in this research study. The title of the research is, "Exploring African American Women's Experiences of Self-Care and Recidivism". In other words, "How do African American Women take care of themselves who have experienced incarceration more than once? The purpose of this interview is to learn how you have managed to take care of your physical, medical, mental, and social needs as a result of incarceration.

Before we begin, can I ask if you are located in a private, and quiet space for the interview. I will be audio recording for the next 60-90 minutes (10-15 minutes of Q&A included), and it will need to be quiet so I can hear you clearly and record your words accurately. After you have completed the interview, you will receive an E-Gift Card that will be sent directly to your email within 24-48 hours.

Due to the sensitive nature of this interview, I would like to assure you that all safety methods are being implemented to protect your privacy. For example, code numbers are being used instead of actual names on documents. In addition, all completed interviews will be locked and stored in a safe environment. The personal information needed from you will include your name, email address and phone number for the purpose of emailing your e-card, and for sending you results for review.

As we begin, I would like to explain the interview procedure being used today. The interview has been designed to flow in the following manner: I will be providing

explanations, instructions and questions on the following categories: The Interview Procedure, The Ice Breaker, Before First Incarceration, First Time Incarceration and Release, Life After Release, Repeat Incarceration, and finally, the Interview Completion.

The first set of interview questions are designed to explore how you have taken care of yourself, prior to your very first incarceration. The second and third set of questions are designed to explore how you took care of yourself when first incarcerated, and then released. The fourth set involves learning how you care for yourself during multiple times of incarceration. Finally, the interview will conclude with a 20–30-minute question and answer session, and the distributing of the e-gift card.

In addition, I would like to assure you that the interview has been designed to be mindful of any discomfort that the questioning may cause. If the interview begins to cause extreme stress, we can stop, take a break, and then continue. Remember, this is a voluntary project, and your welfare is of most importance; So, if you're ready, let us begin.

Ice Breaker

Let's start with as an ice breaker, as a way to help us both relax and just open up this conversation:

Question 1- What words come to mind when you hear the word self-care; Just call them out!

"Now", keeping those words in mind, I want you to think about how "you've" defined self-care, as you answer throughout the interview. Now, if you're ready, let us

begin this journey! Remember, I'll be asking about self-care in your life throughout the entire interview.

I. Before First Incarceration

In this first set of questions, I will be asking you to describe how you've managed your day-to-day life before your first incarceration, beginning with this two-part question.

A. Initial Question:

1. At what age did you begin living on your own, and in what ways did you care for yourself during those times (ex: finance, medical, mental health (stress), food, housing, employment, bills, etc…).

B. Possible Follow-Up Questions:

2. I noticed that you didn't really mention how you made your money during those times; How did you earn a living when first starting out?

Even though you didn't go into your medical or mental health care, I would still like to explore both those topics. **Disclaimer:** "Let me just state that, you are not being asked to disclose any private medical or mental health information (No diagnosis, treatments, nor medications). I am only asking you to describe how you took care of yourself when you needed medical or mental health assistance". So, if you feel comfortable enough to delve into health and mental health care, I want to begin by asking you the following questions:

3. During times when you did have health care needs, describe how you dealt with them and why? For example, did you access professional help, such as: doctors, hospitals, and free clinics, or did you rely on other methods

such as, over the counter meds, did you self-medicate, or rely on family remedies; If so, why?

4. [**If applicable]**: I noticed that you spoke negatively when discussing the medical and/or mental health professionals you've encountered. Would you explain any challenges with those health professionals that you may have experienced in the past?

C. * [For LGBT Participants]: Questions 1-4- All interview questions will be asked exactly the same. The possible differences with asking the follow-up questions will be in exploring the specific life experiences shared by either African American Non-CIS Gender Women or Trans Women, should participants self-disclose their sexual orientation.

*Researcher: I just want to check in with you for a moment. How are you doing right now, do we need to take a break?

II. First Time Incarceration and Release

Now, for these next set of questions, I want to fast forward and explore how you were able to take care of yourself during the first time. you were ever incarcerated.

A: First Time Incarceration

1. Would you please describe how you were able to take care of your outside responsibilities while being incarcerated for the first time? (Ex: Housing, Jobs, Children, etc…)

2. How were you able to handle your personal needs, legal issues, and get the resources you needed while being incarcerated (phone money, commissary, bail, lawyer fees, etc)

3. Who were you able to reach out to for support when you were initially incarcerated?

4. Describe the emotional or mental stress you may have experienced from being incarcerated, and how did you deal with it?

B: First Release

1. When getting released the first time, describe the steps you had to take to get back on track. (housing, clothing, food, children, bills, transportation, etc).

2. After being released, describe what if any plans you had to avoid getting incarcerated again.

C. Repeated Incarceration

1. Please describe the difference in how you handled the first incarceration, as compared to any other times you may have been incarcerated.

2. Describe how you have emotionally handled each re-incarceration experience.

3. Would you describe a time in your life, if any, when you came close to getting incarcerated just to get your physical health, mental health, or personal needs met?

4. Would you describe the types of resources you feel are needed for women who become incarcerated to assist them, so they could avoid re-arrest and/or incarceration?

D. Life After Previous Releases

1. Would you describe how you deal with the times, if ever, when you may have experienced emotional stress, or had negative thoughts, or fears, resulting from being incarcerated?

2. Please describe how you get reacquainted within your community, and among family and friends after each release?

3. How are you able to maintain your support system, if any, following each release from incarceration?

4. In what ways if any, have you experienced discrimination or stigma as a result of you being previously incarcerated? If you have had these experiences, what methods did you use to cope with that sort of treatment?