

Navigating Traumatic Stress, Substance Use and Parental Incarceration:  
A Phenomenological Study

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## Dedication

For my clients—and all parents—who have endured violence, only to find themselves suffering cold and sleepless nights behind bars wondering when they can hold their child again. May this research push the dial towards justice for you all.

## Abstract

Mass incarceration in the United States has left millions of parents behind bars. These parents face barriers to wellbeing throughout their lifespan, navigating demographic and structural barriers, cumulative disadvantage characterized by stress, harsh institutional practices and sociopolitical factors impacting their access to resources pre, during, and post incarceration. Little to no research has explored the intersection of traumatic stress, substance use and parental incarceration. Guided by ecological systems, family stress, and critical social science theories this study explores the lived experiences of parents who have been incarcerated, exposed to traumatic stress, and substance use. Employing hermeneutic phenomenology, qualitative interviews were conducted focusing on the way parents see and make meaning around navigating this milieu in their lives. Seven essential themes emerged from this analysis: (a) Interconnections between traumatic stress, substance use and incarceration (b) Stress pile-up characterizes life, (c) Peer relationships are critical, (d) Many information gaps exist, (e) Incarceration is harmful, (f) Spirituality is transformative resource, and (g) Desire for a better life. Primarily current policies and services for justice-involved families are not family oriented, systemic, or preventative and lack an overall fit with the lived experiences of the parents in this study. Theories guiding intervention development for justice-involved families need to account for proximal processes that impact life trajectories. Policies need to be just and consider the impact of the family, and traditionally siloed sectors need to work together to bring about healing and well-being for justice-involved families.

## Table of Contents

<b>Abstract .....</b>	<b>v</b>
<b>List of Figures .....</b>	<b>viii</b>
<b>Chapter 1: Introduction .....</b>	<b>1</b>
<b>Incarceration in the United States .....</b>	<b>1</b>
Structural and Demographic Characteristics .....	2
Cumulative Disadvantage .....	4
Institutional Practices .....	6
Sociopolitical Factors .....	7
<b>Present Study .....</b>	<b>8</b>
<b>Chapter 2: Literature Review .....</b>	<b>11</b>
<b>Guiding Theories and Perspectives .....</b>	<b>11</b>
Ecological Systems Theory .....	13
Family Stress Theory .....	14
Critical Social Science Theories .....	17
<b>Researcher Positionality .....</b>	<b>18</b>
<b>Overview of Relevant Literature .....</b>	<b>23</b>
Parental Incarceration .....	23
Traumatic Stress .....	30
Substance Use .....	34
<b>Conclusion- The Milieu .....</b>	<b>36</b>
<b>Chapter 3: Methodology.....</b>	<b>39</b>
<b>Research Design .....</b>	<b>39</b>
Hermeneutic Phenomenology .....	39
Research Team .....	40
Procedure .....	41
<b>Conclusion .....</b>	<b>71</b>
<b>Chapter 4: Results.....</b>	<b>72</b>
<b>Collective Lifeline .....</b>	<b>72</b>
<b>Essential Themes .....</b>	<b>74</b>
Interconnection Between Trauma, Substance Use, and Incarceration .....	75
Stress Pile-Up of Stress Characterizes Life .....	85
Peer Relationships are Critical .....	98
Many Information Gaps Exist .....	102
Incarceration is Harmful .....	109
Spirituality is a Transformative Resource .....	117
Desire for a Better Life .....	124
<b>Conclusion .....</b>	<b>127</b>



<b>Chapter 5: Discussion.....</b>	<b>128</b>
Linking Lives with Context .....	131
Future Research.....	151
Policy Implications.....	158
Clinical Implications.....	163
An Honoring .....	165
<b>References.....</b>	<b>168</b>
<b>Appendix A: Interview One Protocol .....</b>	<b>185</b>
<b>Appendix B: Interview Two Protocol .....</b>	<b>187</b>
<b>Appendix C: Example Reflexive Memo .....</b>	<b>189</b>
<b>Appendix D: Essential Themes and Subthemes Outline .....</b>	<b>191</b>
<b>Figure 1 .....</b>	<b>193</b>
<b>Figure 2 .....</b>	<b>194</b>
<b>Figure 3 .....</b>	<b>195</b>
<b>Figure 4 .....</b>	<b>196</b>

## **List of Figures**

Figure 1: Total adult correctional population, 1980-2016

Figure 2: U.S. State and Federal Prison Population, 1925-2018

Figure 3: Rate of imprisonment per 100,000, by gender, race, and ethnicity, 2018

Figure 4: Total U.S. adult women correctional population, 2018

## Chapter 1: Introduction

*For someone in my shoes, I feel like the system should do everything they can to rehabilitate someone rather than just, “Oh, he messed up a couple of times, lock him up, throw away the key. Wait for his time to expire.”*

*Research Participant  
previously incarcerated parent*

The United States incarcerates more adults per capita, than any other country (The Sentencing Project, 2020). According to the Bureau of Justice Statistics (BJS), at the end of 2018, 1 in 40 adults were under some type of correctional supervision (local jail, prison, probation or parole) (Maruschak & Minton, 2020). While the number of individuals locked up has been slightly decreasing since 2008, (see Figure 1 and Figure 2), the United States saw a disturbing trend in mass incarceration for multiple decades. The increase in how many Americans eat, sleep and live behind bars can be attributed to multiple contextual factors including changes in policing and prosecution as well as shifts in state and federal criminal justice policy (Sykes & Pettit, 2014). In 2001 the term “mass incarceration” was coined by David Garland to describe the astonishingly high incarceration rates in the United States compared to our peer countries (Sykes & Pettit, 2014). Since then, a proliferating body of literature and coffee shop conversations have used this term to understand and critique the American sociology of punishment.

### **Incarceration in the United States**

A large body of literature has documented that individuals who are incarcerated in the United States are more likely to have a history of cumulative disadvantage. This disadvantage is situated across the lifespan and includes structural and environmental characteristics that constrain the opportunities for healthy development (Arditti, 2012).

Arditti (2012) describes four broad categories of contextual factors pertinent to incarceration: (1) demographic and structural characteristics; (2) cumulative disadvantage; (3) institutional practices; (4) sociopolitical factors. A brief overview of each of these contexts follows.

### **Structural and Demographic Characteristics**

Racial, ethnic, socioeconomic and educational disparities among individuals who experience incarceration have been extremely well documented. Racial disparities have been given particular attention due to the disproportionately high rates of incarceration among black men. Of late, incidences of police violence against black bodies has ignited even more attention among activists, the public, researchers and policy makers to the ways structural oppression and implicit bias contributes to racial disparities with lethal consequences.

Racial inequalities exist at every stage of involvement in the criminal justice process—people of color, particularly men of color, are more likely to be “stopped and searched, arrested, and face more severe charges than White men” (Eddy et al., 2013, p. 37). Over 60% of individuals incarcerated are people of color with black men being six times more likely to be incarcerated compared to their White peers, (The Sentencing Project, 2020). Tragically, incarceration occurs at such a rate that researchers now consider it a typical developmental stage for Black male adolescents, especially from poor urban neighborhoods (Pettit & Western, 2004). Women of color also experience a higher likelihood of being incarcerated than their White peers. In 2019, Black women were incarcerated at almost twice the rate while Latinx women were imprisoned at 1.3 times the rate of White women (The Sentencing Project, 2020).

Over the last 40 years, the number of incarcerated adult women has increased by more than 700% (The Sentencing Project, 2020). While the overall rate of incarceration has leveled out since 2008, the number of women incarcerated has risen at twice the rate of men since 1980 (The Sentencing Project, 2020). The result of this is multifaceted and warrants additional exploration, but in part can be attributed to “expansive law enforcement efforts, stiffer drug sentencing laws, and post-conviction barriers to reentry that uniquely affect women” (The Sentencing Project, 2020, p. 1). While most inmates in the United States reside in prison, local jails hold more incarcerated women than state prisons (See Figure 4) (Kajstura, 2019). Of women held in jail, over half are not yet convicted and awaiting trial. Research from the Prison Policy Initiative (Kajstura, 2019) suggests the lower average income of incarcerated women compared to incarcerated men may result in an inability to pay bail, causing more women to be detained while awaiting sentencing. Another consideration that must be considered is the way implicit gender biases may impact a judge’s perception of women as emotionally unstable, potentially increasing their perception of women as flight risks, thus confining women that are waiting for sentencing.

Beyond race/ethnicity and gender, educational and socioeconomic disparities define the landscape of the incarcerated population. Incarceration disproportionately impacts those with lower levels of education (Sykes & Pettit, 2014). Sykes & Pettit suggest that the “growth in incarceration has been fueled by nonviolent property and drug offenders who are increasingly likely to be characterized by having low levels of formal education rather than a proclivity to violence” (2014, p. 143). While educational attainment has proliferated in the United States since 1980, this has not been the case for

individuals experiencing incarceration. Despite higher than ever high-school graduation rates by 2008, 60% of prison inmates that year were deemed functionally illiterate (Tyler & Brockmann, 2017). Additionally, incarcerated individuals are more likely to be uninsured, homeless and poor compared to their non-incarcerated counterparts (Tyler & Brockmann, 2017). According to Tyler & Brockmann, “the socioeconomic profile of incarcerated populations is illustrative” (2017, p. 546). Data from the Bureau of Justice Statistics revealed that 60% of jail inmates in 2002 had incomes that were 138% below the federal poverty level (Tyler & Brockmann, 2017). Experiences of homelessness are also highly prevalent among both state and federal inmates—somewhere between four and six times the rate of their non-incarcerated peers (Tyler & Brockmann, 2017).

Clearly, the demographic characteristics of the incarcerated include multiple factors of marginalization, also called cumulative disadvantage. The intersection of race, gender and other demographic features require special attention due to the cumulative impact of oppression that individuals of multiple minority statuses experiences as they navigate the carceral system.

### **Cumulative Disadvantage**

Listed out, the strongest predictors of poor health in U.S. adults illustrate the profile of most individuals who find themselves sleeping behind bars (Tyler & Brockmann, 2017). This is true of the demographic characteristics previously outlined, in addition to factors that pile up and result in cumulative disadvantage such as lack of adequate health care resulting in many complex and untreated mental and physical health problems.

### ***Physical Health Problems***

The latest prevalence rates by the Bureau of Justice Statics indicate that 50% of both state and federal level inmates report having a chronic medical condition (i.e., high blood pressure, stroke-related problems, diabetes, heart-related problems, kidney-related problems, arthritis, asthma, and cirrhosis of the liver) (Maruschak et al., 2015). These health issues intersect with demographic status resulting in differences in health between White and non-White Americans. Research on social determinants of health demonstrate racial health disparities; for example, Black adults are 50% more likely to die prematurely of heart disease (Tyler & Brockmann, 2017, p. 547). While a full review of social determinants of health is beyond the scope of this paper, it is important to mention the immensely layered way contextual factors impact individuals experiencing incarceration.

### ***Mental Health Problems***

Further, inmates experience higher than typical rates of mental health problems—recent estimates show that 64% of jail population and 56% of state prison population struggle with at least one mental health disorder compared to 10% of the general population (James & Glaze, 2005). Of these inmates who experience mental health issues, 74% of prison inmates and 76% of jail inmates also met criteria for substance dependence or abuse (James & Glaze, 2005). These prevalence rates come from the National Inmate Survey where inmates are asked if they have recently been diagnosed by a mental health professional with a mental illness and then asked to report their diagnosis. Because these statistics rely on (a) inmates having previously had access to mental health care, and (b) inmates self-reporting their diagnosis, the actual rates of mental health and substance use disorders among inmates is likely to be higher than reported in these

statistics. Even so, almost half of psychiatric beds in the United States are now within the walls of correctional facilities, and “the largest psychiatric institutions in each state and locality are now the largest correctional institutions in the respective state or locality” (Tyler & Brockmann, 2017, p. 547).

### ***Childhood Disadvantage***

Not unrelated to physical and mental health issues, individuals who experience incarceration also have intense histories of stress events during their early life. A plethora of research has documented the high rates of adverse childhood experiences (ACEs) among adult inmates. Considering the fact that ACEs place children on a pathway of risk for the future development of social, emotional, cognitive, and physical struggles (Felitti et al., 2019), it is not surprising that many incarcerated adults had difficult childhoods.

While national-level statistics cannot fully describe the dense pain as a result of cumulative disadvantage in the lives of the individuals navigating the U.S. correctional system, they can give a glimpse into facets of their lives, and current statistics point to a few of the many stressors individuals experiencing incarceration traverse.

### **Institutional Practices**

While a range of environment and regulatory practices of correctional facilities within the US exists, all have been birthed from a sociology of punishment. As a result, the environment and practices do just that—punish. From cold jail cells, lack of clean facilities, solitary confinement, expensive phone calls and physical barriers during family visitation, the environment in U.S. jails and prisons is designed to be aversive. In particular, issues related to visitation has been documented as psychologically stressful. Arditti (2003) conducted semi-structured interviews exploring family visitation concerns



expressed by individuals visiting jail inmates. In this study, over half of the participants reported that their visit went “very badly” and only 3% reported that their visit went “very well” (Arditti, 2003). A range of problems associated with visitation was measured. Participants reported the lack of physical contact between the inmates and their children as the most serious problem (Arditti, 2003). Additionally, lack of privacy, long waits, short visits, poor conditions and disrespectful treatment by jail staff were predominant visiting concerns expressed by participants (Arditti, 2003).

### **Sociopolitical Factors**

The US has a lengthy history of widespread political disenfranchisement of individuals currently and previously incarcerated. This includes denying the right to vote to incarcerated citizens and individuals with a felony history, the ability to serve on a jury, and to hold public office. The impact of these disenfranchisement laws lasts long after the penal sanctions associated with the crime—sometimes for the remainder of the offender’s life. Fellner and Mauer note, “while both state and federal law impose civil disabilities following criminal conviction, state law governs removal of the right to vote even if the conviction is for a federal rather than state offense” (1998, p.1). These laws have a radically disproportionate racial impact at one point leaving almost a third of Black men in Florida and Alabama unable to vote (Fellner & Mauer, 1998). Political disenfranchisement has been strategically used to bolster White supremacy and cannot be justified.

In addition to disenfranchisement laws, the legacy of criminal justice involvement poses many social barriers to current and previous incarcerated individuals and their families. Barriers to jobs, housing, and social support further marginalize individuals and

exclude them from social justice. Finally, experiences of shame and stigma shroud the road incarcerated individuals walk. Tyler and Brockmann (2017) assert that “ the multiple layers of stigma associated with incarceration, including higher rates of stigmatized mental health and substance use disorders, racial discrimination and disparate treatment, and the legally sanctioned social exclusion created by the proliferation of collateral consequences, have severe consequences for individual, family, and community health” (p. 555). Beyond this, there is an entire political history related to continued enslavement and forced labor through incarceration. A full briefing of this is beyond the scope of this project, however it warrants mentioning. Some writing has highlighted the century long thread connecting slavery to imprisonment. (See for example, *From Slave Ship to Supermax: Mass Incarceration, Prisoner Abuse, and the New Neo-Slave Novel* (Alexander, 2018)).

Overall, the landscape of incarceration in the United States constitutes a complex system characterized by cumulative disadvantage, risk and stress that swells across the lifespan impacting the stability and well-being of families.

### **Present Study**

The present study seeks to center the voices of a particular subset of Americans who navigate this context of captivity: the incarcerated parent. According to the latest estimates by the Bureau of Justice, 52% of state inmates and 63% of federal inmates are parents of minor children, leaving around 1.7 million children separated from a parent due to incarceration (Glaze & Maruschak, 2010). Of these children, a fourth are four years old and under, and a third will become an adult before their parent is released

(Glaze & Maruschak, 2010). Parental incarceration has demonstrated to affect parents and children negatively by increasing family economic fragility, parenting strain, emotional stress and child trauma symptoms among other outcomes (Arditti, Lambert-Shute & Joest, 2003; Poehlmann, 2010). The phenomenon of parental incarceration alone has very real implications for the emotional, social, economic, and overall health and well-being of families in the United States, however, parents are often navigating multiple stressors beyond justice-involvement.

Certainly, time incarcerated and characteristics of that period of confinement are salient aspects of the incarcerated parent's world, however the foci of this study highlights two additional phenomena that many incarcerated parents must simultaneously navigate: substance use and traumatic stress. Each of these three phenomena contain processes and contexts that overlap and interplay with the others. It is the intersection, or milieu, of the presence of all three—parental incarceration, substance use, and traumatic stress—that is the phenomenon of inquiry in the present study. Put another way, this study focuses on the way parents see and make meaning of navigating the cumulative stress of trauma, substance use and incarceration in their lives.

Cumulative stress has been explored to some degree in parents who have experienced incarceration. The large majority of research on this topic has centered on adverse childhood experiences (ACE) in which having a parent incarcerated places a child at risk for the future development of social, emotional and physical health problems (Felitti, 1998). However, the result of child trauma as a collateral consequence of parental incarceration is more nuanced than the well-known ACE label. While a fair amount of quantitative data primarily in the field of sociology, has been collected, little is known

about the lived experiences of those humans. There is a lack of qualitative research exploring the nuance and humanness of cumulative stress and research centering the voices and perceptions of the parents navigating these cumulative stressors. This study seeks to put a face to a subset of individuals with the ACE label who have been exposed to traumatic stress, struggled with substance use and been incarcerated as a parent. The aim of this study is to center the voices of a sample of these parents and increase our knowledge of how parents see and understand their experiences navigating traumatic stress, substance use and incarceration. With increased understanding of their lived experiences, researchers and policy makers will be in a better position to develop programs and policies that bring about positive change in the lives of these families.

This chapter provided a brief introduction to incarceration in the United States in order to situate the present study. Chapter 2 provides an overview of the paradigmatic and theoretical underpinnings of this study as well as a review of extant literature on parental incarceration, traumatic stress and substance use. Chapter 3 provides an overview of hermeneutic phenomenology—the methodology guiding this study—and details the methods used to conduct this study. Chapter 4 presents the essential themes that emerged from the analysis. Finally, Chapter 5 provides a discussion of the results including key policy and clinical implications and ends with an honoring of the courageous participants in this study.

## **Chapter 2: Literature Review**

The purpose of this chapter is to provide an overview of relevant literature which situates the current study. First, an overview of guiding theories will provide a summary of the epistemological and theoretical underpinnings that guided the conceptualization, design, and enactment of this study. This will also include a researcher positionality statement, positioning myself within the research process. Second, the existing knowledge base related to parental incarceration, parenting after trauma exposure and parental substance use will be presented. The chapter will conclude by highlighting the gap in existing literature providing the impetus and rationale for this study.

### **Guiding Theories and Perspectives**

At the highest level, I hold a postmodern metascientific orientation that cautions against the Enlightenment era notion of rational universal solutions. Instead, this perspective sees what modernists call “general principles,” as grand narratives constructed through dominant discourses emerging within a context of power, rhetoric, and subjective experience (Alvesson & Skoldberg, 2018, p. 223). From this stance, epistemological questions are particularly germane to conducting research. Both postmodernism and poststructuralism, destabilize the dominant process of research by posing critical questions such as: “what is knowledge?” and “what is truth?” From this viewpoint, the research process is inherently an interpretive one. Further, no singular truth holds authority over alternative truths and “‘reality’ can be represented in different ways” (Alvesson & Skoldberg, 2018, p. 228).

Subsumed within this larger metascientific orientation, I am guided both as a clinician and a researcher by general systems theory and family systems theory more specifically. General systems theory returns to Aristotle's dictum: "the whole is greater than the sum of its parts" (Bertalanffy, 1972). It suggests that in order to understand the organism (whether biological or social), one must understand its parts and the relationship among the parts. Thus, systems thinking departs from the analytic, linear and mechanistic paradigms of classical science and instead seeks to understand "wholeness" "with an organismic outlook of the 'world as a great organization'" (Bertalanffy, 1972, p. 421). Systems epistemology sees the "camera theory" of logical positivism as obsolete (Bertalanffy, 1972, p. 423) and instead asserts that "no ultimate entities... exist independently of the observer" (Bertalanffy, 1972, p. 423). Consequently, the way in which the researcher values the hierarchy of organized wholes is married to the production of knowledge. In short, from this perspective, it becomes essential that I address the politics of evidence as I engage in the inquiry process.

Family scientists have applied the assumptions and propositions of general systems theory to the level and scope of families. Subsequently, the family must be understood as a complex system situated within relationships among other systems. The focus thus becomes what systems theory calls *holism*, in contrast to reductionistic thinking (Whitchurch & Constantine, 1993). Additionally, the members of the family system must be understood as interdependent members providing mutual influence (Whitchurch & Constantine, 1993). The notions of hierarchy, boundaries, equifinality and feedback loops are central to understanding the family as a complex system characterized by bidirectionality (Whitchurch & Constantine, 1993).

It is from this metatheoretical perspective that the present study focuses on the milieu of multiple complex phenomenon which have a cascading and circular influence on the others, as opposed to attempting to reduce these phenomena into a set a linear relationships. Within this larger theoretical umbrella, three additional theories guide this study: (a) ecological systems theory, (b) family stress theory, and (c) critical social science theory.

### **Ecological Systems Theory**

Dr. Urie Bronfenbrenner, influenced by general systems theory, developed the bioecological model of human development, also called ecological systems theory. His theory, a lower level abstraction compared to general systems theory, provides a conceptual framework for understanding nested systems (Bronfenbrenner, 1992). This theory asserts human development occurs within the context of multiple interdependent systems nested within each other. Bronfenbrenner delineated four systems: (a) microsystem; (b) mesosystem; (c) exosystem; (d) macrosystem. Together, these nested systems provide the context in which multilevel influences shape both individual and family development. The individual nested in these systems holds characteristics including age, sex, psychological functioning, and health which are influenced by and influence the interactions among the four systems across time. Given the phenomena at hand, individual characteristics include, among others, the mental health struggles of posttraumatic stress disorder (PTSD) and substance use.

The microsystem encompasses the individual's immediate interactions. In this case, the microsystem represents the individual parent incarcerated or their child and their proximal interactions (e.g., interactions with family members or interactions with the

correctional facility). The mesosystem comprises the system of microsystems, or the set interactions among facets in the microsystem. The exosystem represents the various institutions and community factors that influence development but are a level beyond the proximal factors of the micro and mesosystems. Applied, the exosystem could include the post-incarceration reentry neighborhood and its characteristics. Finally, the macrosystem denotes the overarching sociocultural milieu which affect development. The macrosystem is especially significant considering parental incarceration as social, legal, economic, and political systems and attitudes largely influence correctional processes which affect the incarcerated person. In sum, Bronfenbrenner's model provides a useful structure to hold the immense complexity of the intersecting phenomena of parental incarceration, traumatic stress and substance abuse in the context of human development.

### **Family Stress Theory**

Family stress theory provides the conceptual scaffolding for understanding the unique and diverse ways families navigate and adapt to stress across time. McCubbin and Patterson (1983) highlight the way multiple factors providing mutual influence after the presence of a stressor or crisis result in the outcome of family adaption (p.7). Boss (1992) defines stress as “pressure or tension... disturbance in the steady state of the family . . . It is normal and even desirable at times.... With change comes disturbance, pressure—what we call stress” (p.114). While Boss defines stress as neutral, she delineates that families experience various levels of stress which can increase to the point of a crisis depending on many contextual factors.

This notion as well as other assumptions and concepts of family stress theory, help situate the role of stress and traumatic stress in the current study. Three key aspects of family



stress theory that are particularly relevant to this study will be highlighted: (1) proximal processes, (2) meaning making and (3) adaptation.

*Proximal Processes.* A key aspect of family stress theory, which originated from ecological systems theory, is that interactions among demands, capacities and perceptions are central mechanisms in the way families navigates stress. In Bronfenbrenner's bioecological model of human development, proximal processes are defined through the following proposition:

Especially in its early phases, and to a great extent throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes (1995, p. 620).

Arditti (2016) presented a conceptual model drawing upon this notion of family stress theory to address key proximal processes in parental incarceration. She suggests that a "contextual model of family stress is particularly applicable to the study of parental incarceration given its basic premise that family stress processes are influenced by internal and external contexts" (p. 67). In regard to parental incarceration, substance use and parental traumatic stress, it is critical to examine the interaction between specific processes unique to each. The patterns of bidirectional interactions between the three phenomena of focus may provide a unique frame on understanding the way parents who have been incarcerated navigate trauma, substance use and parenting across time.

**Meaning Making.** Family stress theory emphasizes meaning making throughout the adjustment and adaptation process. This differs in weight and sequencing from other theorists, such as Hobfoll and conservation of resources theory which places a heavier emphasis on the lack of resources as the primary predictor of family adaptation (see Hobfoll, 2001). Family stress theory posits that the family's response to the stressor (or stressors), "depends on the family's definition of the event even more than on the depth of their resources" (Boss, 1992, p. 115). The importance and weight of perception in family stress theory is rooted in symbolic interactionism. Symbolic interactionism developed in the 1920s and focuses on the connection between shared meanings (i.e. symbols) and the verbal and nonverbal communications (i.e., interactions) (LaRossa & Reitzes, 2004). This aspect of family stress theory supports the emphasis on understanding the meaning making process of the participants. It is one thing to document the stressors families experience, but quite another to document their shared meanings and understandings of those events. The weight of perception and meaning making in family stress theory aligns with the methodology used in this study: hermeneutic phenomenology, which will be discussed in depth in Chapter 3.

**Adaptation.** Last, family stress theory outlines the way families interact and develop meaning as they attempt to negotiate their demands and capacities. The outcome is adaptation. Some writing within the turf of family stress theory suggests "bon adaptation" or "maladaptation" (McCubbin & Patterson, 1983, p.12). Other papers describe the way families adjust to crises or salient stressors result in regenerative power or vulnerability (Patterson, 2002). Regenerative power describes the "processes by which families restore balance (reducing demands, increasing capabilities, and/or changing

meanings)” and ultimately results in good outcomes (Patterson, 2002, p. 351).

Conversely, vulnerability describes times when families employ strategies that lead to poor adaptation.

Because so many families navigating parental incarceration navigate cumulative stress, a key factor in the outcome (vulnerability vs. regenerative power) is what family stress theory calls a pile-up. Pile-up is different than the ecological systems notion of bidirectionality. While bidirectionality addresses mutual influence, pile-up speaks to the cumulative and exponential effect of multiple stressors over time. Certainly, bidirectionality can occur between stressors as the unique qualities of the presence of one type of stress may impact the course of another stressor, but the term pile-up is used to refer to the presence of multiple stressors over time. This is especially germane to the case of cumulative disadvantage.

In short, family stress theory provides a useful frame to understand the interactions among demands, capacities, and perceptions in families over time, ultimately generating positive or negative outcomes.

### **Critical Social Science Theories**

“We each have a responsibility for conducting ethical research that makes a difference in the lives of those whose life opportunities, health, safety, and well-being are diminished by conditions of poverty” (Bloom, 2009, p.253). Leslie Bloom calls upon researchers to center justice and relational ethics in their work. The aims of critical pedagogy and critical inquiry seek this ethical stance and guide the proposed study. Critical paradigms, which broadly encompass the varied feminist frameworks, assume that power impacts relationships, is socially constructed, and warrants perpetual attention.

Subsequently, this lens requires that I pay attention to the politics of evidence, resist the reproduction of systemic oppression, amplify marginalized voices and engage in ethical research, especially for typically subjugated populations. Overarchingly, critical research works toward social justice for marginalized communities (Denzin, 2016). In this dissertation I conduct research with a community of people who have been stigmatized and oppressed based on multiple categories of difference. The ethics of this project are held within the values of critical research to avoid extended wounding and support implementing a program of research that works towards social justice.

### **Researcher Positionality**

“It is no longer possible for the human disciplines to research the native, the indigenous other, in a spirit of value-free inquiry” (Denzin & Lincoln, 2018, p. 17). As a postmodern researcher, I endorse a position that no method of inquiry or observation renders itself free from the “lenses of language, gender, social class, race and ethnicity” (Denzin & Lincoln, 2018, p. 17). Because I bring myself-as-researcher to the process and performance of research, it is critical that I identify aspects of my lived experiences and societal positioning that have crafted the lenses through which I see, interpret and represent this project.

I am a 31-year-old White, cisgender, heterosexual, able-bodied, educated, Christian woman. I was born and raised in Eau Claire, Wisconsin to two loving parents. My parents were never incarcerated and did not struggle with substance use issues. I myself have not experienced substance use issues and have never been incarcerated. While I have not been addicted to drugs and have not personally been locked up, I have many relationships—personal, paraprofessional, and professional—with people who

firsthand navigate these spheres. These experiences have inevitably shaped my understanding of family, traumatic stress, substance use and criminal justice involvement.

### **Family Background**

I am one of 6 children in my family. Two of my siblings are biological, two are adopted and one is a long-term, non-adoptive, legal guardianship arrangement. Two of my siblings are Chinese and were born in China. The rest of us are of European descent and were born in the United States. We are in many ways, a non-traditional family. We are not a White family and not a family of color, but instead a transracial family. We are not a family defined by our biological relationship to each other, and we are not even a family purely defined in legal terms— instead, we are a family defined by our love and loyalty to one another. My mom always told me growing up that there are two ways to have babies: through your belly and through your heart. The boundaries around who is in our family and who is not has been negotiated across the course of my life and remains so to this day.

My parents have almost always had non-relatives living with them. This has been the case since I was 5 years old and before my three youngest siblings joined our family. There were times when it was only “our family,” but like waves, a new set always sat on the horizon. This was the rhythm of my homelife- the coming and going of beautiful humans. My mom called it radical hospitality—not hosting people—but welcoming people with love and grace and making a space for them. For my parents, it was the enactment of their Christian faith and spirituality that drove their desire to do life this way. Sometimes it was a depressed teenager who dyed their hair bright blue and listened to Elvis. Other times it was young toddler siblings whose single mother was hospitalized.

It was a poor college graduate, idealistically trying to make it as an artist, and then over the years a half a dozen or more young adult stayed for a time while working for non-profits, privileging their social cause over having an apartment of their own. It has been an angry teenage dad who previously relied on selling drugs to take care of his 2-year-old daughter. It has been children who have endured sexual abuse and babies who experienced neglect. It has been teenagers whose parents are addicted to drugs and their home no longer feels safe. It has been an employee of my dad who numbs the pain of his trauma with alcohol seeking a place of connection and accountability. It has been many.

With each new person who has entered our home, the walls of our house seemed to flex, making room for the depth of their stories and experiences. Sometimes I had to give up my room or share a bathroom with yet another kid. So much of the time, however, I simply bore witness in whatever way my age and development allowed. These experiences shaped me, and the older I get, the more I realize how the unusual culture of my family required me to pay attention to things I did not yet have language for. I knew I was privileged and had things that so many people who entered my home didn't. I saw that so often pain and suffering was the composition of the waves which swelled into our house. And like waves cresting and crawling their way on to shore only to retreat again, they left the sand of our house damp. I was never untouched by their pain, but never carried into the sea by it either. I was—and am—in fact, an extremely privileged person. Juxtaposed with my social and economic privilege was the proximity to the pain of those whose life experiences were different than mine and whose social location offered them less opportunity than mine did. This heightened my awareness at a young age of my position in the world. It was these experiences over the course of my development that

instilled in me a deep sense of compassion for humans as well as an awareness of my own privilege and the desire to seek a better understanding of my positioning in the world and how I could use this position to help others.

Additionally, my family background also required that I navigate ambiguity and complexity in relation to the very notion of family. Because we were a transracial family that expanded and contracted, depending on who lived in our house, I had to learn how to surf the waves which entered my home. This always confused people. My answers to how many siblings I had sometimes changed without any physical birth or death. Introducing my sister who is a different race than me often raised eyebrows at the grocery store. Making sense of my identity and the identity of my family was no easy task. I am, however, immensely grateful for the way this trained my mind to think about many of the major concepts I now research. While my parents certainly never used this language, they imparted to me in a very applied way the way that even the very basic “blocks” of our world—like family—are socially constructed and navigating issues of family boundaries and values is deeply complicated. They also taught me to lean into complexity rather than seek to reduce it. I now carry the training of my family-of-origin into my current life as I navigate the complexity within my own family, having two biological children and one foster child.

### **Professional Background**

Professionally, my work has largely centered on working with underserved communities. As a family therapist, the majority of my work has been with individuals court-ordered to treatment. Many of my clients have been involved in the child welfare system and the criminal justice system. Most of my clients in my clinical tenure have

been exposed to traumatic stress and struggle with substance use. I have practiced therapy for seven years and sat with clients who could have been eligible for this study for thousands of hours. Almost all of my clinical work has been in-home or in a residential substance abuse treatment center. These settings have allowed me to observe and participate in the lives of my clients (and theirs in mine) in ways traditional therapy settings obstruct. I have eaten with and driven with my clients. I have gone on walks and sat at parks with them. I have jumped on trampolines, thrown frisbees, footballs, basketballs, and played kickball. I have beat them—but mostly lost to them—in many games of ping-pong. I have made homemade pizza, grilled hotdogs and washed dishes with them. I have sung and danced with them and listened to all kinds of music with them. We have watched TedTalks and documentaries, listened to podcasts and comedy together. I have listened to them rap, play the guitar, the hand drum, sing and share their poetry. I have been to court with them, and I have been to funerals with them. I have talked to their mothers, fathers, siblings, children, cousins, roommates, and partners. I have been in proximity to them.

The architecture of my work is sincerely an amazing thing to participate in. In many ways, the common connotations and associations with the word “therapist,” fail to capture my experience of engaging in this work. While I have myself, have never been to “treatment” or “the joint,” I have born witness to my clients’ lives and allowed the waves of their lives to impact me and change me. Simultaneously, as I engage in my professional endeavors, I find myself acutely aware of the unearned advantage afforded to me simply because I am White, educated, economically stable, and so many other



things. In this way, the dialectic between emic and etic in my clinical and also now research work, seem to be the ever-shifting soil in which the seeds of my work are sown.

To conclude, my social location, family background and professional experiences continue to shape the lenses through which I gaze. Thus, I must be diligent about interrogating my understanding and interpretations of data throughout this inquiry process in order to privilege the voices of my participants and not my own.

### **Overview of Relevant Literature**

#### **Parental Incarceration**

Because a good deal of chapter one introduced the context of incarceration in the United States, I will focus on applicable studies related specifically to parental incarceration here. The previously outlined context covered in chapter one provides the backdrop for this section.

Parental incarceration is common in the United States. The latest estimates from the BJS demonstrate 52% of state inmates and 63% of federal inmates are parents to minor children (Glaze & Maruschak, 2010). This leaves over 1.7 million children in the United States (2.3% of the U. S. minor population) with a parent behind bars (Glaze & Maruschak, 2010). This number has increased by 79% since 1991 when less than one million children had an incarcerated parent (Glaze & Maruschak, 2010). More shockingly, the number of parents with a mother in prison has increased by 131% in that same time period (Glaze & Maruschak, 2010). While parental incarceration affects a large number of parents and children in the United States, it does not affect individuals equally. In 2007, Black children were 7.5 times more likely to have a parent in prison

than White children while Hispanic children were 2.5 times more likely (Glaze & Maruschak, 2010).

Overall, a growing body of evidence has documented that parental incarceration creates risk for many deleterious effects for both families and their children. Multiple books have provided a comprehensive and thoughtful documentation of theory and research on this phenomenon (e.g., Arditti 2012, Wildeman, Haskins & Poehlmann-Tynan, 2018 and Eddy & Poehlmann-Tynan, 2019). While the majority of studies have focused on the impact of parental incarceration on child outcomes, fewer studies investigate the effect of incarceration on the well-being of the incarcerated parent or the non-incarcerated caregiver. Further, the mechanisms of intergenerational transmission of traumatic stress in justice-involved families has been under researched. For the purposes of this study, I have highlighted a subset of relevant literature organized into three categories: (a) Trauma histories of incarcerated parents, (b) Impact of incarceration on children, and (c) Current interventions for incarcerated parents and their families.

### ***Trauma Histories of Incarcerated Parents***

Like their non-parental peers, incarcerated parents hold extreme histories of childhood disadvantage and their trauma histories are daunting. While limited research explores the role of traumatic stress among parents who are incarcerated, what is available suggest that abuse and trauma are common occurrences in their lives. One study of 2,279 incarcerated fathers and mothers investigated trauma histories across the lifespan (Carlson & Shafer, 2010). Results indicated that 45% were physically abused and 34.5% were sexually abused as children by a family member (Carlson & Shafer, 2010). An added 14.8% reported sexual abuse by a stranger during childhood. Adult abuse was also

common (37%), especially domestic violence towards incarcerated mothers from their intimate partners (Carlson & Shafer, 2010). The study investigated the presence of 15 types of traumatic events. On average, participants reported experiencing between 6-7 of the 15 types of events (Carlson & Shafer, 2010).

Other studies also demonstrate high rates of exposure to traumatic stress among parents who are incarcerated. For example, one study of incarcerated mothers revealed 86% of the mothers suffered sexual abuse, physical abuse or witnessed violence in the home during childhood (Greene et al., 2000). This same study documented similar rates of traumatic events and risk factors in the children's lives, revealing cycles of pain passed from one generation to the next.

### ***The Impact of Parental Incarceration on Children***

The impact incarceration has on child well-being has been gaining increasing attention in literatures across child development, family studies, and sociology. This impact can be categorized into three perspectives: trauma, stigma, and/or strain (Haskins & Turney, 2018). Parental incarceration has been identified as “an adverse childhood experience that has been characterized as an enduring trauma that involves ongoing and repeated stressors” (Arditti & Savla, 2015, p. 551). Adverse childhood experiences (ACEs) put children at risk for a pathway to the future development of social, emotional, cognitive, and physical struggles. In fact, a strong relationship exists between ACEs and multiple risk factors for the leading causes of early adult death in the United States (Felitti et al., 1998). However, the result of child trauma as a collateral consequence is more nuanced than the well-known ACE label. It often also encompasses the role of intergenerational transmission of traumatic stress, trauma associated with witnessing the

arrest and removal of a parent from the home, and hardships endured by involvement in child welfare systems (which is often the case when mothers are incarcerated). Children of the incarcerated experience a higher number of potentially traumatic life events that pile-up to be especially devastating (Murphey, & Cooper, 2015). One example of hardship may include social stigma assigned to those connected to a person with a criminal record. While few studies explore outcomes related to how the stigma of having a parent incarcerated affects child development, initial research suggests it may be associated with impaired learning and social interactions in children (McKknown & Weinstein, 2003).

Strain endured by children of incarcerated parents has been examined across developmental stages, and no age range is immune to the devastating effects of this phenomenon. After a child is separated from their parent who is incarcerated, a number of circumstances provide context for both direct and indirect effects on children of incarcerated parents (Arditti, 2012). The impact of separation itself has many consequences. Most mothers who become incarcerated were the sole or primary caregiver of their children, and so the children are displaced from their home upon the arrest of their mother. Findings demonstrate that 73% of children who have a mother incarcerated are displaced from their homes as a result (Dallaire, 2007). Of those children, 55% move to the care of their grandparents, 20% to their fathers, 15% to another relative or family friend, and 10% transition into the child welfare system (Dallaire, 2007). Displacement is simply one form of strain children of incarcerated parents sustain.

Harmful effects are seen across the lifespan. At the most severe, parental incarceration has been associated with twice the risk of infant mortality (Wildeman,

2012). Further, studies with toddlers show increased aggressive behaviors, disrupted attachment, and restricted opportunities for optimal emotional connections which are critical to child development (Haskins & Turney, 2018; Poehlmann, 2010). Documented outcomes in school age children include increased behavioral and internalizing problems, emotional and attention difficulties, and poor school readiness and engagement (Haskins & Turney, 2018; Murphey, & Cooper, 2015). Research has also linked childhood health problems to parental incarceration, suggesting the strain of having a parent removed can affect physical health (e.g., asthma) and mental health (e.g., depression) (Lee, Fang & Luo, 2013; Murray, Farrington & Sekol, 2012). Further, there is strong evidence of the intergenerational pattern of criminal justice involvement in adolescent and early adulthood (e.g., Murray, Loeber & Pardini, 2012). For example, one study found a relationship between paternal incarceration and expressive forms of delinquency (e.g., violent and destructive crimes) but not instrumental crimes (e.g., theft) (Porter & King, 2015). While this legacy of involvement has been documented across generations, mechanisms of transmission have been less studied. Likely, traumatic stress is a critical mechanism bolstering these patterns. Overall, evidence largely suggests that children who experience parental incarceration are at risk for trauma, stigma, and strain across their lifespan.

### ***Current Interventions for Incarcerated Parents and their Families***

Despite the severe documentation of needs of incarcerated parents and their families, evidence of effective interventions that address those needs are less salient. The majority of researched interventions for incarcerated parents target parenting behaviors. While approximately half of correctional facilities report offering some type of parenting

intervention, Glaze and Maruschak (2010) found that only 22-30% of mothers and 9-12% of fathers reported having participated in a parenting program during their tenure behind bars. Research on parenting interventions for incarcerated parents shows a wide range of both content of interventions as well as quality (Eddy et al., 2008). Further, Arditti (2012) suggests that many interventions lack the requisite principles of social justice and harm reduction in order to foster human development, thus lack a goodness of fit. Many interventions paradoxically attempt to promote human development without addressing the processes and contexts of justice-involved families. For example, some interventions promote psychoeducation about parenting aimed for the general public. This type of information fails to address the unique circumstances that justice-involved families face and also does not allow for the immediate application of the knowledge as parents are separated from their children while incarcerated. Ultimately, the wide range of interventions, weak implementation, lack of fit and overall dearth of rigorous research on interventions for incarcerated parents, has resulted in a lack of “best practices” for parenting interventions for these families.

Despite the overall lack of access and coherence in parenting interventions in jails and prisons, a few evidence-based interventions have been implemented. One is an adaptation of Parent Management Training (PMT), an evidence based parenting intervention (Forgatch & Kjøbli, 2016), called Parenting Inside Out (PIO). This intervention is based on cognitive-behavioral therapies and social learning theory. It includes core components addressing self-control, self-motivation, use of role play, modeling and rehearsal of skills. It has been rigorously tested in randomized controlled trials and longitudinal studies. Further, multiple forms of this intervention exist, and it

can be used for parents while they are incarcerated, during the reentry process, as well as for parents on probation or parole. While results are promising, this intervention is far from widely disseminated, and few incarcerated parents benefit from its potential. Further, it does not address the role of traumatic stress in parents, thus may be less effective for justice-involved parents with PTSD.

Another intervention designed for incarcerated parents is the 4-H Living Interactive Family Education (LIFE) Program. 4-H LIFE was established in 1999 at the Potosi Correctional Center. This program targets life skills through informal experiential learning using three key components: (a) parent engagement, (b) parent education, and (c) 4-H activities for children led by the incarcerated parent (Lawson et al., 2007). This program utilizes enhanced visitation infused with therapeutic components to mitigate the harmful effects of parental incarceration. This program shows promising results and promotes both physical and emotional interaction between incarcerated parents and their children.

A number of other interventions have been developed for incarcerated parents including Strengthening Families Program (SFP; Miller et al., 2014) and Parenting from the Inside (PFI; Loper & Tuerk, 2011). Overall, researchers in this area highlight the challenges associated with conducting intervention research in carceral settings (see Dallaire and Shlafer, 2017), and also the need for robust, efficacious and ecologically fit interventions to strengthen and heal justice-involved families. A major gap in the current interventions is the role of parental trauma. Of the studies reviewed, no intervention tested with incarcerated parents addressed the trauma of the parent themselves. This is

both striking and alarming, considering the prevalence of traumatic stress in justice-involved parents as well as the impact of parental trauma on parenting behaviors.

### **Traumatic Stress**

Research on traumatic stress has greatly proliferated over the past three decades. While the phenomenon of traumatic stress is not new, the current language and narrative for understanding traumatic stress is relatively modern. Prior to the 1980 induction of posttraumatic stress disorder (PTSD) into the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), a variety of terms were used to describe the lasting impact of being exposed to life-threatening situations in certain populations. Discussions were elevated by a few key social groups including Veterans, feminists, and Holocaust survivor advocacy groups (Friedman, 2019). Despite a wide range of groups exposed to violence, the formal efforts to understand traumatic stress emerged largely from U.S. military efforts to support veterans. In 1761, physician Josef Leopold used the term “nostalgia” to describe PTSD-like symptoms including anxiety and sleep problems experienced by soldiers (Friedman, 2019). Later, terms like “shell shock” and “soldier’s heart” were used to describe the aftermath of soldiers exposed to war trauma. These conditions were characterized by panic and sleep issues (Friedman, 2019).

Research in the 1960 and 1970s with soldiers returning home from the Vietnam War as well as with Holocaust survivors and victims of sexual violence resulted in growing evidence that exposure to traumatic events was associated with psychological problems (Friedman, 2019). This eventually led to the development of the diagnosis of post-traumatic stress disorder. The induction of



PTSD into the DSM-III was monumental in several ways. Perhaps most saliently, is the emphasis on the relationship between context and the individual that is foundational to the diagnosis. Where other psychiatric diagnoses are characterized by intrapsychic process, the cause of the PTSD diagnosis was defined as “the result of an event the individual suffered, rather than a personal weakness.” (Friedman, 2019, p.1).

Due to the close relationship between the development of PTSD and veterans, a large portion of existing research on PTSD examines traumatic stress in military and post-military contexts. Considering the prevalence rates of trauma-exposure in individuals who experience incarceration, relatively little research explores the role of traumatic stress in the lives of justice-involved families and even less research on the role of traumatic stress in incarcerated parents.

### *Parenting after Trauma Exposure*

The legacy of traumatic stress extends beyond the affected individual into the family system. Parents who have endured and survived exposure to childhood abuse, violence across the lifespan, or other forms of trauma, often have a difficult time meeting the emotional needs of their children. Studies suggest that parents exposed to traumatic stress are more likely to be withdrawn, verbally aggressive and to use harsh discipline methods (Catani, Schauer, Kohila & Neuner, 2008; Kelley et al., 2010; Van Ee, Kleber, & Mooren, 2012).

Research exploring the role of parents who not only have been exposed to traumatic stress, but also meet criteria for PTSD demonstrates the strain trauma exposure

places on parenting. For example, parents with PTSD are more likely to report lower marital satisfaction (Samper, Taft, King, & King, 2004), decreased effective parenting behaviors (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010), and have children with lower socioemotional adjustment than parents without PTSD (Lester et al., 2010).

Further, evidence exists that PTSD reduces functioning of day-to-day tasks (Banneyer, Koenig, Wang, & Stark, 2017) and increases risk of self-harming behavior and suicide (Kronish, Edmondson, Li, & Cohen, 2012). This is understandable considered the symptoms of PTSD include exposure to a traumatic event, reliving the event through intrusive thoughts, nightmares, and/or flashbacks, avoiding situations and reminders of the event, and experiencing thought, arousal and mood disturbances. This creates a challenging context for well-being, especially when parenting is considered.

Subsequently, untreated PTSD has been linked to harsh parenting practices and increase risk of abuse potential (Cohen, Hien & Batchelder, 2008). A recent systematic review of parental PTSD concludes that parental PTSD is associated with “impaired functioning across a number of parenting domains, including increased levels of parenting stress, lower parenting satisfaction, less optimal parent–child relationships, and more frequent use of negative parenting practices, such as overt hostility and controlling behaviors” (Christie, 2019, p.1).

The impaired transactional dynamics between parents and children in the aftermath of traumatic stress impacts kin networks through these recursive patterns of deleterious interactions within and across the family system. Children’s misbehavior “may prompt some parents to react with greater intensity, evoking fear, alienation, and resentment in children and fueling parental fears of harming one’s child, illustrating a

reciprocal relationship between parent and child intrapersonal symptoms of trauma-related psychological distress” (Nelson Goff et al., 2020, p.275). Parental trauma, then, is seen not only as a threat to the parent, but the whole family system (Nelson Goff et al., 2020). Nelson Goff et al. describe how the social ecology of traumatic stress and “systemic traumatology focuses on understanding how traumatic experiences affect not only the primary survivor but also others who may be indirectly impacted by the trauma” (2020, p. 269). Their conceptualization is rooted in Bronfenbrenner’s ecological systems theory and provides a lens for understanding the way traumatization impacts parenting behavior and subsequently the development of the child through recursive proximal processes. Primary mechanisms of intergenerational transmission of traumatic stress cut across ecological levels. They include epigenetics and neurobiological consequences of childhood trauma (e.g., changes in right brain functioning and the HPA axis resulting in reduced capacity for emotional regulation (Cicchetti & Toth, 1995)), direct traumatization, social learning through witnessing of violence, and impaired interpersonal processes compromising key components of family functioning (e.g., communication, attachment and family roles) (Nelson Goff et al., 2020).

Despite the acknowledgments that parental trauma impacts parenting capacity and family functioning, systemic research and clinical approaches rooted in the social ecology of traumatic stress are limited (Nelson Goff et al., 2020). In sum, parenting after trauma exposure is extremely difficult. Additionally, it often co-occurs with substance use, complicating the landscape of parenting even more.

## **Substance Use**

Substance use and addiction more generally has been a topic of wide discussion in the United States in part due to the massive rise in opioid dependence and overdose generally termed the opioid epidemic. Prevalence rates indicate that in 2018, 164.8 million people aged 12 or older used a substance in the past month (Substance Abuse and Mental Health Services Administration (SAMHSA), 2019). While many people engage in the use of substances (tobacco, alcohol, or illicit drugs), problematic substance use is often described by substance use disorders within the conceptualization of the Diagnostic and Statistical Manual of Mental Health Disorder (DSM). The DSM-5 characterizes substance use disorders by “impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home” (SAMHSA, 2019, p.32).

In 2018, 14.8 million U.S. individuals aged 12 and older had an alcohol use disorder (5.4% of the general population), or 1 in 19 people (SAMHSA, 2019). The same year, 8.1 million people aged 12 or older had at minimum one illicit drug use disorder (3% of the general population) (SAMHSA, 2019). Results from National Epidemiologic Survey on Alcohol and Related Conditions–III suggest a 9.9% lifetime prevalence rate of drug use disorders (Grant et al., 2016). Results from this study also revealed significant associations between drug use disorders and major depressive disorder, dysthymia, bipolar I, posttraumatic stress disorder, antisocial, borderline and schizotypal personality disorders, generalized anxiety disorder, panic disorder, and social phobia (Grant et al., 2016). The high rate of co-occurring disorders with substance use disorders has been extremely well documented (see SAMSHA, 2019). Despite the common occurrence of

substance use disorders among the general population, less than a quarter of respondents of the National Epidemiologic Survey on Alcohol and Related Conditions–III with lifetime drug use disorders received treatment (Grant et al., 2016).

### ***Substance Use among Incarcerated Individuals***

Prevalence rates for substance use disorders (SUD) among inmates is significantly higher than the general U.S. population (Bronson, Stroop, Zimmer, & Berzofsky, 2017; Goff, Rose, Rose & Purves, 2007). According to the BJS, 81% of state prisoners and 84% of sentenced jail inmates reported using drugs in their lifetime while 72% of prisoner and 75% of jail inmates reported regular drug use directly prior to incarceration (Bronson et al., 2017). Rates of SUD are also significantly higher than the general population at 58% for state prisoners and 63% of jail inmates (Bronson et al., 2017). Of inmates who met criteria for drug dependence, only 6% received counseling by a professional for their drug use disorder (Bronson et al., 2017).

These numbers paint a striking picture or at least one domain of struggle for incarcerated individuals. The disparity between the number of inmates with SUD and the scarce treatment available suggests that most individuals traversing the complicating terrain of co-occurring SUD and mental health issues will reenter the community with additional vulnerabilities. The cumulative stress of incarceration, substance use and traumatic stress becomes especially difficult for incarcerated parents who often return home to their minor children where full parental duties ensue.

### ***Parenting with Substance Use Problems***

Current evidence clearly suggests that substance use disorders have a negative impact on parenting. Parental substance abuse and chemical addiction alone have been

linked to a number of detrimental effects for children. Evidence of reduced parenting capacities, decreased child monitoring, reduced emotional engagement, and increased exposure to violence are among the many consequences of parental substance abuse (Chassin & Blez, 2000; Straussner & Fewell, 2006). A recent systematic review found that mothers with opioid use disorder were more likely to be irritable, ambivalent, and disinterested and have an increased difficulty in interpreting children's emotional cues compared to mothers who are not using opioids (Romanowicz et al., 2019). This systematic review also found that "children of parents with opioid use disorders showed greater disorganized attachment...were less likely to seek contact and more avoidant...had increased risk of emotional and behavioral issues, poor academic performance, and poor social skills" (Romanowicz et al., 2019, p.1). Further, substance use disorder symptoms have been shown to severely moderate the relationship between criminal thinking and recidivism (Caudy et al., 2015) increasing the chance that parents with SUDs will return to prison, creating a repeated adversity for their children.

### **Conclusion- The Milieu**

In the past few decades, the phenomena of parental incarceration, substance use and traumatic stress have separately gained increased attention among both public and research spheres. Terms like "opioid epidemic," "mass incarceration" and "trauma-informed" can be found dotted across various platforms from academic journals and policy briefs to Twitter posts and coffee-shop conversations. A burgeoning body of research from multiple disciplines is seeking to understand each of these phenomena as well as their antecedents and solutions. While great gains have been made in gathering data to provide a scientific base for policy change and effective interventions that support

people experiencing these phenomena, all too often discourse around these topics centers voices and methodology of the dominant culture. Further, despite the proliferation of research on these topics independently, little research simultaneously explores the experience of parental incarceration, substance use and traumatic stress. Instead, previous research has examined these factors separately often from monodisciplinary frames leading to a fragmented knowledge base and social services which mirror this fragmentation.

The implications of this gap are vast. With average costs of incarceration being around \$31,000 per inmate per year, taxpayers contribute money to cover the \$39 billion that incarceration costs annually (Henrichson & Delaney, 2012). Costs related to the equally pricey addiction treatment, and collateral expenses from intersecting systems (e.g., child welfare costs) combine to create a massive economic burden for the U.S. to carry each year. It is a critical public health issue to address ways to interrupt the cycle of risk for these phenomena. Until mechanisms are developed to interrupt the intergenerational transmission of criminal justice involvement, traumatic stress, and substance use disorders, our society will continue to pay socially and financially for the damages associated with parental incarceration—and the consequences are steep.

This study seeks to advance the understanding of how incarceration, substance use, and traumatic stress interplay and impact families navigating all three of these domains by conducting qualitative interviews with parents within this milieu. Of these domains, traumatic stress has received the least attention in the literature for justice-involved parents and subsequently this study places particular emphasis on the role of traumatic stress in the inquiry process.





## Chapter 3: Methodology

### Research Design

#### Hermeneutic Phenomenology

This study was guided by hermeneutic phenomenology which has its roots in the German philosophical movement of phenomenology. Phenomenology was originally critical of modern natural science for distancing itself from the everyday life and ordinary human experiences (Alvesson & Sköldbberg, 2009). In contrast, phenomenology is centered on the “sensuous everyday lifeworld,” also called “lived experiences” (Alvesson & Sköldbberg, 2009, p.76). This methodology is appropriate for this study as it asks, “What is this or that kind of experience like?” (van Manen, 1990, p.9). This approach is rooted in a postmodern paradigm and seeks to suspend assumptions in the inquiry process and conceptualize phenomena through the lived experiences instead of intellectualizing it (van Manen, 1990). Data analysis rests on the reflection of essential themes and the iterative process of “considering parts and whole” (van Manen, 1990, p. 31). Moreover, it is a commitment to the practice of thoughtfulness and proceeds with the awareness that research is always “a project of someone: a real person, who, in the context of particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human existence” (van Manen, 1990, p. 31). This methodology renders a pluralistic approach to research which attentively considers the *someone* involved as fully human- never an object for reduction or fragmentation. This is especially important considering the frequent reductive rhetoric of the population included in this study as “addicts,” “criminals,” “offenders,” or “victims.” This methodology provided the base for

a thoughtful approach to research that staunchly seeks to avoid the reproduction of further oppression in the lives of the participants.

## **Research Team**

### ***Molly Bailey***

I am the primary researcher on this study. In consultation with Dr. Elizabeth Wieling, I conducted each portion of this study. My overarching research agenda focuses on improving mental health among justice-involved families. As part of the larger qualitative study under which the current study is situated, I conducted focus group interviews with professionals working with parents who have been incarcerated, struggle with substance use, and have been exposed to traumatic stress. I also conducted interviews with non-incarcerated caregivers who took care of children with an incarcerated parent.

### ***Dr. Elizabeth Wieling***

Dr. Elizabeth Wieling served as the primary advisor for myself throughout my doctoral program and this study. Dr. Wieling's work focuses on global mental health and cross-cultural dynamics in psychotherapy, specifically in the contexts of exposure to traumatic stress. Her work has been both in the context of the United States—primarily with immigrants and refugees—as well as internationally in post-conflict settings. As an intervention scientist, a focus of Dr. Wieling's work has been in the development, adaptation, dissemination and implementation of clinical interventions with parents and families who have been exposed to traumatic stress.

Dr. Wieling's expertise also extends into qualitative methodology. As a family scientist and family therapist with extensive expertise in populations affected by

traumatic stress, Dr. Wieling provided the oversight and advising on this study. Dr.

Wieling participated in audits of my coding and analysis as well as the reviewing of this document.

### **Procedure**

Qualitative interviews were used to gather data from parents who had been incarcerated, exposed to traumatic events, and struggle (or previously struggled) with substance use issues. Two, two-hour interviews were conducted with each participant with the exception of two participants, who only participated in one interview; however, in those two incidences, the entire interview protocol was completed. Guided by the tradition of phenomenology, interviews were conducted until thematic data saturation was achieved (van Manen, 1990). Throughout the research process, I used bracketing to support participant centered inquiry as well as reflexive memos to employ a systematic way to examine my own influence on the research process. Audio recorders were used to record interviews and interview data was transcribed by a transcription service in Minneapolis. This study was approved by the University of Minnesota's Institutional Review Board (IRB).

### ***Recruitment***

Participants were recruited via flyers distributed by community-based organizations as well as online via public social media platforms. The sample recruited was parents in the Twin Cities area who have been incarcerated in the past five years, struggle with substance use issues and have been exposed to traumatic stress. Inclusion criteria follows: (a) person is a parent who has been incarcerated for at least 30 days in the past 5 years; (b) person has experienced at least one item in Section A of PTSD

diagnostic criteria as outlined in DSM-5 (American Psychiatric Association (APA), 2013); (c) person has experienced drug or alcohol addiction, (d) person has not had plans to commit suicide in the past 30 days. Exclusion criteria are: (a) person is a parent who has been incarcerated for less than 30 days in the past 5 years; (b) person has no exposure to traumatic stress; (c) person has not struggled with drug or alcohol addiction; (d) person has had plans to commit suicide in the past 30 days. During the recruitment process, screens were conducted for incarceration by asking what the longest time a person has been incarcerated. Exposure to traumatic stress was screened by asking if participant had experienced any of the criteria A under the DSM-5 diagnostic criteria for PTSD (APA, 2013). Substance use issues were screened by using the CAGE Substance Abuse Screening Tool (Williams, 2014). The Columbia-Suicide Severity Rating Scale (C-SSRS) was used to screen for suicide plans/attempts during screening process (Na et al., 2018).

Eleven parents were interviewed; however, data was used from 10 participants (after the first interview, information rendering one participant ineligible was disclosed and subsequently this person's data was not included in the present study).

### ***Interview Design***

The interview has long been a method for understanding peoples lived experiences in social science research. Kvale (2007) suggests that in an interview, “the researcher asks about, and listens to, what people themselves tell about their lived world, about their dreams, fears and hopes, hears their views and opinions in their own words, and learns about their school and work situations, their family and social life” (p.1). Through conversation, the research interview becomes a space where the researcher and the interviewee interact to co-construct knowledge. However, in contrast to everyday

conversation, the interview has a “structure and purpose” designed by the interviewer (Kvale, 2007, p.7). Thus, issues of ethics and methodology are important considerations in the design and application of the research interview.

The use of the interview is an excellent fit with hermeneutic phenomenology as it provides a structure and space to explore the ways the individuals involved in the interview experience and understand their world. Thus, the topic of the interviews in this study focus on the life world and meaning making of the participants’ experiences with the milieu of parental incarceration, substance use and traumatic stress. The interview is a robust enough method to flex into particular topics participants themselves choose to focus on, as well as sufficiently structured in order to provide focus and achieve an understanding of the research topic. This study design included two interviews per participant in order to support enough time for depth to be achieved.

**Interview One Protocol.** For the first interview, I used an adapted tool from an evidence-based treatment for PTSD, Narrative Exposure Therapy (NET) (Schauer, Neuner & Elbert, 2005). This approach utilizes a chronological mapping technique, called the lifeline, in which symbols are used to mark major life events, both positive and negative, across the life course of the interviewee or client in the case of psychotherapy. The approach is flexible and can be adapted to fit symbolism in various families or culture. Typically, rocks are used to symbolize traumatic events while flowers are used to symbolize positive memories. These objects are laid out across an unraveling rope which represents the interviewee’s life. The events are not processed, only named and symbolized through the objects. The purpose of conducting this activity as part of the interview protocol was to help participants ground events in the temporal context of their

life, facilitate participants' ability to make systemic links across the focal phenomena and provide an interactive interview to bolster participant's ability to stay emotionally regulated while discussing sensitive topics.

In NET, the lifeline serves as an assessment and is used to provide a map for the core therapeutic portion of the intervention. An adaptation of the lifeline was used for this study and instead of a psychotherapeutic assessment, it served as a semi-structured guided autobiographical interview tool in which the participant told their narrative in an open and supportive space. This approach was chosen to support the stability of the participant due to the and sensitivity of focal interview topics while still allowing the interview to cover the full span of the participants life. I am trained in NET and my clinical experience supported the pacing and emotional safety of this interview process.

Interview one included an orientation to the study and an introduction to the lifeline as a tool to guide the interview process. For the purposes of this study, the participants were asked to focus specifically on events related to substance use, incarceration, and traumatic stress—this could include their own parents being incarcerated or using drugs when they were a child, their own incarceration prior to parenthood or while they were a parent. While all participants were given a similar “grand tour” question and similar prompts, the interview was conducted in a flexible way to allow the interviewee autonomy on which aspects of their lived experience to focus on. See Appendix A for interview one protocol.

**Interview Two Protocol.** The second interview was conducted within one month of the completion of the first interview, but most often approximately one week after the first interview. The second interview expanded off of the lifeline constructed in the first

interview to guide a semi-structured interview focused on the way the participant perceives and makes meaning of the milieu of traumatic stress, substance use, and incarceration. Due to the dearth of research on traumatic stress in justice-involved parents, a particular focus was paid to the role of trauma within the larger milieu. A grand tour question launched the interview and follow up prompts were used to explore the participants lived experiences of traumatic stress and the role of trauma in their experiences of addiction, justice-involvement, and parenting. The grand tour question launching interview two was, “How do you make meaning of incarceration, addiction, and traumatic stress intersecting in your life?” Interview two focused on the interdependence between the three focus areas with particular attention on mechanisms of interaction between and among them. See Appendix B for interview two protocol.

### *Participant Vignettes*

The following vignettes provide an introduction to the individuals who participated in this study. Slight changes in details have been made to protect the identity of the participant including names, ages, and location, however, the stories are their own.

**Olivia Jones.** Olivia is a bright-eyed young woman who has not only endured an incredible amount of trauma in her life, but she has overcome and become a strong and influential woman. She told me confidently, “I’d like to represent the start of my life with this beautiful flower. Though I was born in chaos and trauma started pretty quickly, I would definitely still consider it a gift.” Olivia navigated life as a young child amid the chaos of her parent’s drug and alcohol use being exposed to violence from the time she was in the womb. During our interview, she recalled her first memory: “My oldest

memories are of my dad slamming—I was sitting in a car seat and my dad slamming my mom’s head in a car door as she was trying to get out.”

Olivia’s mom eventually fled the abusive relationship and relied on selling drugs to take care of her daughters. Olivia recalls living in a remodeled garage: “My bedroom was the entry way of this drug house, and my mom sold meth. So—by the time I was four or five years old... I was using dirty needles to shoot my teddy bears—you know, inject my teddy bears with them.” Despite living with so much trauma, Olivia was able to succeed in school and it became her sanctuary. However, Olivia was ripped from her mother and relocated to live with her father where she endured extreme physical abuse. Parental substance use continued and eventually, Olivia’s trauma caught up to her and she also turned to drug use to numb her own pain. She began a cycle of drug use, selling, and juvenile justice-involvement. By 18, she found herself facing serious prison time. After a string of incarcerations, street violence, having a baby and losing custody of her child, Olivia went to treatment and had “a total spiritual experience.” Like many people, Olivia turned back to her old community and lifestyle and her life spun out of control again. Finally, she entered drug court: “Drug court totally changed my life. Totally changed my life. Gave me the accountability I need. Broke down the barrier between me and our public service. People really broke down the barrier—got into treatment, got into therapy...and really changed my life.” Today, Olivia is a leader in the recovery community and advocates for mental health services for people struggling with addiction. Olivia shares her story as inspiration to those still in the midst of the struggle.

**Rosa Pérez.** Rosa recalls being born into a trailer park where she was exposed to toxic chemicals. Rosa’s first memory is of going into a coma at age 3 which the doctors



could not explain. She reports no good memories in her life, yet she described feeling close to her grandparents whom she relied on heavily for emotional security until her parents moved her away from them. Rosa was sexually abused by her father for years. Rosa tried to get help from her mother and the police, but no one protected her. She reports her dad “would get rides from the police officer because he’d be too drunk so, they would drive him home because it was like a small country.” Her mother used the sexual abuse to extort her father out of money.

Desperate, Rosa turned to alcohol to escape from the pain that the sexual abuse brought her. Her sister also turned to substances and introduced Rosa to cigarettes and methamphetamine. Despite her pain, Rosa worked hard and graduated high school and began saving money for college. She continued using substances and eventually got involved in a psychologically abusive relationship. She got out and found another boyfriend. This time, the abuse was physical. “I ended up in the hospital. I had a broken cheekbone, broken ribs, broken toe, stitches in my ass.” After the incident, Rosa was pregnant and later gave birth to her daughter. She left the relationships, and secured an apartment and worked for 9 years, leading a stable life. Then Rosa found herself in another abusive relationship and her life spun out of control. She drank too much, was sexually assaulted, crashed her car, lost custody of her son, lost her best friend to an overdose, and ended up in jail. After going through a number of addiction treatment centers, Rosa’s life began to get back on track. She got the help she needed, stayed sober and regained custody of her son. Rosa continued to endure trauma in her life, but she learned how to cope without using.

**Nicole Emerson.** Nicole is a resilient woman who reports growing up with a lot of instability in her life. She said her mother drank while she was pregnant, and her dad drank a lot when she was young. She recalls: “My dad was not faithful though, so it was a lot of in and out, in and out, in and out. He would drink a lot and be at the bar and say he was coming home, not coming home, things like that.” Nicole describes her environment as loud, chaotic full of yelling and the cops coming around a lot. She said the biggest theme in her life is being unwanted. She felt unwanted and unlovable for decades which she attributes in part to the psychological and emotional abuse she endured from her parents. She never felt good enough.

Nicole’s dad moved out and she started getting in trouble at school and with the police starting pretty young. “I started skipping school. I was about 10 or 11, started skipping school, smoking cigarettes, smoking weed.” Her involvement with the police started with fighting, vandalism and other petty crimes. Slowly, her criminal activity and substance use grew as she approached adulthood. By 19 she was drinking regularly and became pregnant only to lose her baby and have to endure giving birth to her stillborn child. After that, she began drinking heavily and using cocaine. Soon, Nicole found herself in an abusive relationship and birthed a new baby. She remembers: “I was so afraid that something was going to happen that I just held her on my chest 24/7.” Nicole tried to parent as best she could, but she endured multiple abusive relationships and relied on selling drugs to get by. Nicole’s life turned into a spiral of drug use, incarceration, and unhealthy relationships and addiction treatment. She had another child and ended up losing custody because she got locked up again. Nicole’s life spiraled even deeper as she witnessed violence, lost loved ones, and was involved in drug use and dealing. After each

trauma, her use became her escape. Over the next 10 years, Nicole continued to struggle, especially with relationships. She did not feel wanted and had a difficult time engaging in healthy relationships. She said, “I would blow everything off for my son’s dad. He was my new addiction.” Finally, Nicole had enough of the chaos, and she went to treatment again and made a change: “I just cut him out of my life, and we’ve been doing pretty good ever since.” She has been sober for years now and has custody of one of her children.

**Luna Walsh.** Luna has very little memory of her childhood. All she remembers is some sexual abuse, struggling in school, and using weed and alcohol in her early teen years. She eventually ended up in juvie and then jail when she turned 18. Unlike many people who find themselves in jail, Luna was offered treatment for her substance use problems. However, they told her treatment would be 6 months and she only had 4 months left on her sentence, so she opted out of treatment. After Luna got out of jail, she began a life characterized by instability. She moved around the country picking up jobs here and there and then she had a baby. After that, the father of her baby went to prison, so Luna began selling drugs to get by. Nonchalantly, Luna recalls her time selling drugs: “Probably like three or four times a year there would be some traumatic thing with someone getting tied up or someone robbing somebody at gunpoint and hoping they don’t have to shoot them.”

After a few years, Luna got caught and went to prison herself. After prison, she described her life as being addicted to drugs and stealing. She eventually had another child and did multiple more prison stints. In between her time incarcerated, Luna experienced domestic violence, street violence, and eventually almost died in a house

fire. After hitting rock bottom, Luna agreed to go to treatment where she is currently committing her life to sobriety. In the future she hopes to donate her time volunteering at an animal shelter.

**John Anderson.** John Anderson was the oldest of four children. He described his dad as aggressive, remembering fights between his mom and dad feeling scared at times: “I remember my sisters and I getting together and be like, okay, it will be done soon. Let’s just sit in here and hang out and stuff.” John was like many kids his age—he loved to ride his bike and be with his friends. His friends started stealing cigarettes and alcohol, and John joined in.

As time went on, John continued drinking and smoking cigarettes and eventually tried weed. Once John started smoking weed, he preferred it to alcohol and began smoking daily. At school, he was bullied by rich kids because his family struggled financially, and this lasted through high school. The bullying impacted John’s self-esteem and selling drugs provided him a solution. “During high school, when I had the full-blown drive down to Minneapolis every day and buying a half pound or a pound of weed and selling it to all the kids in school. All of a sudden, I went from being bullied to being the best contact and everybody liked me.”

After high school, John became a hippie and traveled around the country. He followed his favorite bands around the country as he attended shows, using drugs and selling ecstasy to pay his way. This went on for a while until his girlfriend got pregnant and they settled back home and got jobs. They moved home, had the baby and John began working long hours and partying in his off time. Eventually, John got charged with possession and found himself on probation with drug testing for marijuana and cocaine.

To avoid getting caught, he began using methamphetamine and so did his girlfriend. John stopped meth, but his girlfriend didn't, so they split up and she was out of their son's life for 8 years while John took care of him. John continued using weed and started growing marijuana while he went to college. His use escalated, as did his relationship problems, and John racked up six DUIs, landing him in jail. He got out on ITR, which he continues to this day. John has been sober for a while, owns his own company, and has reconnected with some of his family: "I spend nine hours a week volunteering with my grandma at a food shelf and thrift store. I continued to go to that because they allowed me to, so it is time out of the house and time with my grandma. I made some friends there. I had two AA groups. They are both really good for me. I have lots of friends and support there."

**Levi Martinez.** Levi describes his first memory of his life as feeling rejected. This theme strings through his whole life, pulling drug and alcohol use into the mix as an attempt to find acceptance and belonging. As the oldest of five boys, Levi said his childhood had a lot of rivalry. He never felt like there was enough love or affection to go around and so he had to fight for it: "It was just always competition between who could get mom's love the most, who could impress mom and dad with what they were doing all the time, and whatever that may be—a real competition for receiving love from them." Levi grew up with loving parents and excelled in school and was well liked. When he was 14, his friends starting smoking weed. At first, Levi refused, following the advice of his parents. But then, he felt that stinging feeling of rejection again as his friends distanced themselves from him. So, he decided to try weed. Soon, Levi got caught smoking pot at school and was sent to outpatient treatment where he experienced intense

shame and humiliation from the treatment staff. He went to a second treatment, and then finished high school. One week after his girlfriend turned 18, they got married.

Levi and his wife drank and smoked weed and experimented with various drugs for about 5 years and then they had their first child. For a while, life was good: “It was awesome. I mean, having our daughter and both working and the family life, we loved having our daughter, so it was good.” Then, they started having financial difficulties and Levi lost his job. He began selling weed while he looked for a new job, thinking it would be temporary. Through dealing, he met some people and tried cocaine and pretty quickly was using cocaine daily. Soon after that, a few guys broke into his house and held him and his wife at gunpoint looking for drugs. A year later, another man threatened to kill Levi’s wife. Eventually, Levi’s wife asked for a divorce and took their daughter and left. Levi recalled: “the worst thing in my life I ever went through was probably that divorce.” He was heartbroken.

After the divorce, Levi tried to keep up his partying lifestyle and starting using meth. Then he made a commitment: “This is going to be my life. I'm going to be a drug dealer.” After some time, his dealing fell apart, so he decided to start cooking meth. Eventually, Levi was caught and in and out of jail for possession and petty crimes. He went to a few treatment centers for substance use but did not take them seriously. Then, he was caught for manufacturing and asked to go a treatment instead. They allowed him and he entered a rigorous faith-based program where he finally took his treatment seriously. He really wanted to be clean. He described what happened at his graduation from treatment: “There was this whole thing with my daughter coming and writing this poem and we read it at my graduation. And in my graduation day when we read that

poem, it was like probably the most emotional moment in my whole life. It was everybody standing up and cheering and my family on the stage, her on the stage. And at the end of poem was a promise to never do drugs again. And so I made that promise. And four days later, I started using again.” Levi then writhed back and forth between active use, prison, and seasons of treatment and sobriety. Eventually, he returned to the faith-based treatment, stayed clean, and eventually started working there.

**Dylan Roberts.** Dylan was raised to be a “man’s man.” His dad drank a lot and slept around, often bringing Dylan along with him. Dylan describes his dad as “a fighter.” He taught Dylan to fight too. Dylan remembers his dad telling him: “So that’s how you deal with stuff. You fight. Somebody does you wrong, you beat them up. That’s just what you do. And that’s part of being a man. You don’t take shit from nobody.” As a child, Dylan witnessed his parents fight. He felt so confused because he saw his dad’s violence and emotional abuse of his mother, but his dad was always nice to him: “Even at three, four years old, my dad would bring me to the bar with him. I’d sit on his lap. He’d order a 7 up and a beer. And I would sit and sip his beers.”

Dylan started getting drunk at age six. He associated drinking with bonding with his father and fun. He felt like a “big boy” and all his dad’s friends thought it was funny. He paid attention to them and was exposed to grown up stuff. He reflected on being six years old and “telling dirty jokes, and swearing, and—my dad—like yeah, that’s my boy. And all that stuff.” By eight, Dylan was using marijuana, by 11 using substances daily. Dylan continued being socialized by his father, a sort of hyper-masculine archetype. When Dylan was 13, his parents split up. He went back and forth from his parents, and

his mom got into a terribly abusive relationship. Dylan witnessed such horrible violence at times he would throw up from fear.

Around the same time, Dylan was sent away to live with his friend on a farm out of state. Dylan was forced into independence at age 15: “I’m at the house there, and my dad’s still driving truck. And I’ve got control of the checkbook. I pay the bills. I sign his paychecks when they come in. I take him to the bank. I deposit them. I buy the groceries.” By 16, he had a child. At 17, he was incarcerated for the first time for assaulting an officer. Because of his dad’s influence, Dylan saw this as a badge of honor. At 18, Dylan was married. Dylan began partying hard, getting deeper into meth and also crack cocaine. Eventually, Dylan’s wife kicked him out.

Not long after, Dylan found a family member who completed suicide. He turned hard to meth saying, “the image is just so burnt into there. And—so I started doing some meth, and I realized right away that—I thought methamphetamine was a gift from god at that point because I’d stay up for days, and when I finally slept, I didn’t dream. I didn’t have nightmares about him hanging there.” From there, Dylan’s life spirals into using, selling meth, and quite a few stints locked up. By age 25, Dylan’s charges caught up to him, and he was put in prison, missing the birth of two of his children. Dylan’s life continued to be chaotic—in and out of prison, county jail, work release, selling drugs, missing life with his kids. Finally, Dylan experienced a spiritual change through a faith-based substance use program. He had quite a few setbacks, but eventually the change stayed. Today, he has been sober for 6 years and finds peace in his life.

**Will Coleman.** Will comes from a family where many people struggled with addiction across generations. Will’s dad left shortly after he was born, and his mom sold



drugs to try and take care Will and his siblings. When he was 11, a car crash changed his life: “Me and my best friend got thrown out of the back of his uncle’s truck. He landed on his head and died, and I landed on my chest and I’ve been wondering why I’ve been alive since.” After the accident, Will’s life quickly spiraled into using and selling drugs and committing crimes. By 12, he was using and selling drugs. By 13, Will learned how to cook meth.

Will’s life became characterized by the hustle: “I learned how to hustle and hustle.” He sold drugs, manufactured drugs, used drugs, forged checks, robbed places, and stole cars. He was in and out of juvenile detention around 30-40 times before he was 18. By 22, he was sentenced to 46 months in prison. Will was devastated when his first child was born while he was locked up. When he got out, he spent a few years with his daughter, but he continued to use substances. Eventually, he was ordered to not be around his kids, and he felt hopeless: “I get it. I fucked my life up, so that means I don’t get to see my kids. I don’t get any rights. I can’t live anywhere. I can’t get a job anywhere. I’m fucked. What do you change for? That’s why people are blowing up schools and shit, because there’s no help.”

Will continued hustling like he always had. He continued cooking meth and would make sure he always had money in his car to pay off the cops if they pulled him over. The next time Will was locked up, he decided to join a faith-based volunteer program inside. He said this changed his life, but he returned again to the lifestyle he knew. Once again, he found himself hopeless and was considering ending his life: “I wanted to die when I was out there. We were lying in the hammock and I had a gun and we were out. I wanted to die. I didn’t have the balls to shoot myself.” Soon after that, he

was incarcerated, and he did the volunteer program again in prison. This time, something clicked; he found some hope. “I’ve been trying to do it right since and I’m not perfect but I’m not going back to prison.” Will continues to struggle today but is sober. “I’m in a different place because I’m not going to hurt myself or anybody else. I know God. If I hurt myself, I can’t go to heaven, so I’m just trusting God to help me through everything I’m going through and to find out why I’m alive. It has to be important because I should be dead 10 million thousand times over.” These days Will spends his time going to church and fishing.

**Adrian Richardson.** Adrian describes having a wonderful childhood: “Childhood was great—mom and dad were always there. I mean dad worked and stuff, but mom was a stay at home mom. Childhood was great, we had the Easter Bunny and Santa Claus and all that kind of things.” When Adrian was 8, some new neighbors moved in and exposed Adrian to things he had yet to be exposed to. At 9, he started smoking weed with them and getting into trouble. In middle school, Adrian and some neighbor kids started getting bullied: “All my friends turned on me and were making fun of me and making fun of the neighbors.” Adrian started playing sports and selling weed to be cool, hoping the bullying would stop, and it did: “As soon as all the other kids found out like, ‘Oh, he’s always got weed.’ And like, ‘Oh, we like weed’... having weed made me a little bit cooler... so it kind of died off then.”

Adrian dropped out of school when he was 15 and got a job. Soon, he started trying meth and other drugs that his co-workers were doing. By 18, Adrian started doing woodwork with an older carpenter who also cooked meth. He learned lots of skills and worked with him for 5 years, but also heavily used meth during this time. Around 25,

Adrian was caught with his first possession charge and he went on the run, living out of the state with his girlfriend for a few years. Eventually, he got caught and had to sit in jail for 8 months. After getting out, Adrian floated from job to job, selling weed, but not using drugs regularly. A few years later, he and a girlfriend had a baby. Things didn't work out and they split up.

For a while, Adrian's life consisted of drinking and work: "I would drink until I was blackout drunk and then wake up at 9:00 in the morning, go to work. Get off work, drink till I was blackout drunk, wake up 9:00 in the morning. That was my routine..." One night, he was drunk and arguing with his child's mom. She called the cops and he was charged with domestic violence, even though the fight was not physical. From this, he did not get to see his child, so he felt depressed and started using meth regularly. He went into isolation for two years, shooting up meth and only leaving to sell meth in order to feed his habit: "It was just a whole shit show worth of being high every day, trying to hustle a little bit of dope to keep a little bit of dope to stay high. That was pretty much every day for like two years." After that, Adrian had a string of treatments, using, and jail time. Today, he is still getting support, trying to beat the beast of addiction.

**Roman Hughes.** Roman's early childhood was fun, and he was close with his family. He spent the summers with his grandparents, usually on a cabin on a lake in northern Minnesota. Until the age of ten, Roman didn't even know a single swear word. At 10, his family moved to a rougher part of town. It was a neighborhood with a pretty big biker gang presence. Roman's peers had a significant influence on him, and he quickly was mentored into their lifestyle. He would get caught with weed and stealing, and soon was being shuffled through all the alternative schools in town until he dropped

out around 6<sup>th</sup> grade. When Roman was 12, he was sexually abused by some older men at a church: “I think that probably affected me on a lot of thinking. You know, what to do with girls. Things were weird for the rest of my little childhood.”

By 17 he was using meth and his hustle lifestyle intensified. When Roman was 18, someone robbed his family. Roman’s retaliation landed him in prison for 30 months: “I was 18 years old, scared to death, 100-pound kid.” Roman tried to adapt to prison culture and prove he couldn’t be messed with, so he attacked someone who was threatening him. He spent 8 months in solitary confinement at 19 years old: “I was scared to death too because I was thinking the dudes are going to kill me— and he was in the hole for just a minute, but the whole time he saying he’s going to kill me and this and that when I get out.” When he got out of the hole, he learned how to survive.

When he was released, Roman soon returned to using drugs and selling—in and out of jail and prison in between—for the next decade. He had two kids and missed many years of their lives while he was in prison—three years here, five years there. Roman spent a lot of time behind bars. At one point, he got out on work release to build houses. He learned a lot of skills and had multiple above the table jobs after that. Roman then stayed sober for 10 years. Roman met a girl, they had a baby, and the mom started using drugs and robbing places. This sent Roman back into a spiral of drug abuse and crime: “So things went bad, and eventually I got high too. And so now, our daughter is going back and forth from us and to her auntie. A lot of crazy stuff happened. Bad stuff.” Roman went back in prison. Eventually, Roman ended up going to a faith-based treatment that changed his life. He now works for the program and has been sober for a

year. “I’m just blessed man. I think that God has a plan, and the rest of my life in prison is not part of it, you know?”

These participant narratives provide a glimpse into the wholes of participants’ lived experiences. While the literature review provides the larger backdrop of the sociocultural and scientific milieu, their vignettes offer a more proximal backdrop. Consistent with hermeneutic phenomenology, the whole and parts of lived experiences are to be held close and juxtaposed throughout the research process. The wholes of the participant narratives provide content for a dialectic between the vignettes and the essential themes represented in the next chapter. Further, the participant vignettes offer a chance for readers to stay connected to the humanity of those participating in this research.

### ***Data Analysis***

A thematic analysis was conducted to analyze interview data in accordance with hermeneutic phenomenological methods. The goal of a thematic analysis is to “recover the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work” (van Manen, 1997, p. 78). In phenomenology, themes can be understood as structures of experience (van Manen, 1997, p. 79). Themes are not reductions of experience into a categorical framework. Instead, they say something significant about the lifeworld of the participant. van Manen describes the pedagogy of theme in hermeneutic phenomenology as the following:

- (a) Theme is the experience of focus, of meaning, of point
- (b) Theme formulation is at best a simplification
- (c) Themes are not objects one encounters at certain point or moments in a text

- (d) Theme is the form of capturing the phenomenon
- (e) Theme is the means to get at the notion
- (f) Theme gives shape to the shapeless
- (g) Theme describes the content of the notion
- (h) Theme is always a reduction of a notion (p. 87-88).

The notion of theme, while essential in the analytic process, becomes simply a means to find meaning and make sense of the phenomena at hand. van Manen also suggest that “theme is the process of insightful invention, discovery, disclosure” (p. 88). Thus, the process of isolating themes is in fact, hermeneutic. The invention is the interpretive product of the researcher, the discovery is the interplay between the text/data and the interpretations of the researcher, and the disclosure of meaning is “the interpretive product ‘given’ to me by the text of life itself” (p.88). van Manen poetically describes the notion of a phenomenological theme:

“... phenomenological themes are not objects or generalizations; metaphorically speaking they are more like knots in the web of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes. Themes are the stars that make up the universes of meaning we live through. By the light of these themes we can navigate and explore such universes. Themes have phenomenological power when they allow us to proceed with phenomenological descriptions” (1997, p. 90).

In understanding themes from this perspective, themes themselves are useful only as far as they can serve as fasteners or foci around which the phenomenological description is tethered. In order to isolate themes, van Manen suggests three primary

ways: (a) the wholistic or sententious approach, (b) the selective or highlighting approach, and (c) the detailed or line-by-line approach. In the wholistic approach, the text is attended to as a whole and represented in a short summary or phrase (van Manen, 1997). A guiding question for this approach is, “*What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?*” (van Manen, 1997, p.93). The selective approach is guided by the question, “*What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?*” (p.93). With this question as the backdrop, the researcher demarcates (e.g., highlights or circles) particular statements in the text. Finally, the detailed approach attends to every single sentence and asks, “*What does this sentence or sentence cluster reveal about the phenomenon or experience being described?*” (p.93). The goal becomes capturing phrases, sentences, and text sections that capture the essence of the phenomenon being studied. Because interpretation is required to make the interpretative jump from raw data to thematic descriptions and phrases, it is important to note that a number of sources serve the researcher in the interpretive process.

van Manen suggests artistic sources, conversation and collaborative analysis are three primary ways to make this interpretative jump from raw data to thematic descriptions. In this way, the phenomenologist can draw upon the processes of artists in order to “transcend the experiential world in an act of reflective existence” (p. 97). In other words, artists do not seek to reproduce their experience, but to represent their experience in a way that surpasses a simple life event. A second source of interpretation is conversation. van Manen suggests that conversation “has a hermeneutic thrust: it is oriented sense-making and interpreting of the notion that drives or stimulates the

conversation” (p. 98). Conversation both during the hermeneutic interview, but also outside the interview room, serves as an opportunity to deepen reflection and produce themes in which the research text “are able to minister” (p. 100). Finally, collaborative discussions with other researchers provides the opportunity for generating insight and perspective on the phenomenon at hand. This can happen in formal and informal ways including having researchers review a draft of the thematic description, allowing the reader to provide feedback on the degree to which the text resonated with their own experiences. This provides the opportunity for testing, refining, and reinterpreting the essences and themes and their respective descriptions.

Regarding the present study, all three sources were used in the interpretative process. This process was documented in reflexive journals and in the coding software utilized throughout the analysis. Throughout all iterations of coding, ongoing reflexive memos were written to reflect emerging ideas about potential themes, possible alternative meanings, and to note personal biases that could influence the interpretive process. After the preliminary themes were developed, the raw transcripts and preliminary codes were reviewed by Dr. Wieling. While the first wave of coding was within-participant coding, the next wave of coding included interpretation across participants. This included a second interpretive jump from initial codes into essential themes. This process draws upon the sources of interpretation previously mentioned and is an iterative process that includes interpretation, consolidating codes into a transcendent theme and returning to the original text to determine the fit of the theme with raw data and trustworthiness of the analysis. This process also includes evaluating and determining which themes are incidental themes and which themes are essential. van Manen suggests this process is the



most challenging and controversial part of phenomenological research. He suggests the following: “In determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (2015, p. 107). In similar approach, I repeatedly asked myself regarding potential themes: *Is the milieu of parental incarceration, substance use and traumatic stress characterized by this? Can this milieu be what it is without this theme?* While there is no absolute answer to these questions and the boundaries certainly are the product of interpretive construction, I found these types of questions a calibration of sorts to ground the interpretive process.

Collaborative analysis meetings (sometimes also called reconciliation meetings) between Dr. Wieling and me occurred on a regular basis to discuss emerging themes, improve the coding protocol and deepen understanding of the relationship among codes and essential themes. At the end of the coding process, the list of essential themes and subthemes was revised, reorganized and discussed in additional meetings. The final set of themes was reviewed through collaborative analysis with a researcher outside the research team to ensure that themes were representative of data and maintained a high level of trustworthiness.

### ***Data Trustworthiness***

In their 1985 book, *Naturalistic Inquiry*, Lincoln and Guba outlined four criteria for determining data trustworthiness that departed from conventional paradigms preoccupied with establishing objectivity through internal and external validity and measures of reliability. While the latter criteria align with a positivist frame of conducting research, they are not appropriate to apply to the present study. However, the matter of establishing

trustworthiness is nonetheless important. Lincoln and Guba suggest four main considerations: credibility, transferability, dependability and confirmability. (Lincoln & Guba, 1985).

**Credibility.** Credibility focuses on whether or not the findings of the study are sound (Lincoln & Guba, 1985). Because postmodern research approaches the concept of “truth value” differently than a positivist researcher, credibility is less about establishing the research has arrived at truth, and more about representing the “multiple constructions adequately” (1985, p. 296). They propose five main techniques to establish credibility: (a) prolonged engagement, persistent observation and triangulation, (b) peer debriefing, (c) negative case analysis, (d) referential adequacy, and (e) member checking. Of these, I employed prolonged engagement, persistent observation, triangulation, peer debriefing and member checking to ensure credibility.

Prolonged engagement includes, “spending sufficient time in the field to learn or understand the culture, social setting, or phenomenon of interest” (Cohen & Crabtree, 2006). During the research process, I continued my involvement both personally and professionally with this community of which, my participants identify. As previously outlined in my researcher positionality statement, I have the lived experience of being in close relationships with individuals who have been incarcerated and struggle with substance use and PTSD. Professionally, I have practiced—and continue to—for years with justice-involved families who have struggled with substance use and been exposed to traumatic stress. From these experiences, I have had the opportunity to linger a while. This provides me more opportunity to notice and test “misinformation introduced by distortions either of the self or of the respondents” (Lincoln & Guba, 1985, p. 300).

Another goal of prolonged engagement is to develop trust between the researcher and the participants. Because of my role working within the world of substance use treatment and being familiar with local processes related to incarceration and the court system, I believe I was able to establish trust with my interviewees quicker than if I had no prior involvement in that sector. Often participants would hear me use familiar colloquialisms and appear to settle into the interview process with relative ease. It is only through the process of prolonged engagement that I was able to bolster the use of context-specific language to support the development of trust between myself as an “outsider” and professional and the participants.

In addition to prolonged engagement, persistent observation and triangulation are techniques to support credibility. Lincoln and Guba posit that persistent observation provides “a salience to what might otherwise appear to be little more than mindless immersion” (1985, p. 304). While prolonged engagements supports researchers developing trust and recognizing biases that could impede the researcher from seeing multiple influences that impact the phenomenon being studied, persistent observations allows researchers to “identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail” (1985, p. 304). This technique allows for the testing of salience that relevant themes may be observed in sufficient detail. Another way to put it: prolonged engagement promotes scope while persistent observation cultivates depth, ultimately bolstering credibility.

Triangulation seeks to establish credibility by using multiple sources, methods, and investigators to understand the same phenomenon. Triangulation was used in this study by comparing findings from my focus group study (exploring the same phenomenon from

another angle), interviews with non-incarcerated caregivers (again, same phenomenon from another perspective) and through collaborative work between myself and Dr. Wieling in multiple reconciliation meetings.

Peer debriefing is yet another technique used to establish credibility. This process involves debriefing sessions in which the researcher exposes themselves to an “uninterested peer” in order to test emergent hypotheses, interpretations and also to experience a cathartic “clearing of the mind” which calibrates and allows the researcher to remain open to alternative explanations (Lincoln & Guba, 1985, p. 308). I participated in peer debriefing with Dr. Kadie Ausherbauer multiple times throughout this study. These meetings included Kadie asking me questions based on her familiarity with the subject matter—she is also a family therapist working with this population—as well as questions on research methodology as she is also a family research scientist. These conversations and debriefing sessions allowed me to hone certain hypotheses, test my own interpretive process and ultimately bolster the credibility of this study.

The last technique I used to establish credibility is member checking. According to Lincoln & Guba, member checking is both formal and informal and occurs consistently across the course of the inquiry process (1985). There are multiple ways to member check, but all seek to test conclusions, analytic categories (essential themes in the case of this study), and interpretations with “members of those stakeholding groups from whom the data were originally collected” (p. 314). I participated in informal member checking throughout the research process. One example of this includes reporting emerging themes and hypotheses from my analyses when applicable to the content of the curriculum for the group therapy I conduct. In these informal interactions, I listened carefully to the

response of my clients to the emerging themes. I listened for clarifications, alternative explanations, as well as confirmations based on their lived experiences. While I did not participate in a more formal member checking process, these informal member checks, especially combined with field notes/reflexive memos, allowed me to establish credibility by testing my conclusions directly with members of the community.

**Transferability.** The issue of transferability in naturalistic qualitative inquiry is not analogous to external validity. Lincoln and Guba suggest that “the naturalist can only set out working hypotheses together with a description of the time and context in which they were found to hold” (1985, p. 316). One technique to establish this is thick description. While definitions around what constitutes thick description are still emerging, it is the responsibility of researchers to demonstrate they have reconciled what are irrelevant versus relevant descriptors. In order to do this, enough information and detail must be available for relevant descriptors or analytic units. While findings must remain married to the particular ecological context of the interviewees, if the analysis is sound, readers will be in a position to make transferability judgements. Thus, the issue of transferability is more one of providing the possibility of transfer, but certainly not guaranteeing it.

**Dependability.** In order to establish dependability, I used auditing. In this procedure, Lincoln and Guba suggest that the auditor “examine the process of the inquiry” to attest to the overall dependability as well as examines “the product—the data, findings, interpretations, and recommendations—and attests that it is supported by data and is internally coherent” (p.318). In this study, Dr. Wieling performed routine audits to ensure the adequacy of the inquiry process as well as an audit of the results to examine

the accuracy of the findings. Ultimately, Lincoln and Guba posit that through this process, the auditor attests to the dependability of the inquiry (1985).

**Confirmability.** A key method proposed by Lincoln and Guba to establish confirmability is also auditing (1985). More specifically, the portion of auditing which includes a thorough examination of the product is called the confirmability audit. In addition to the audit, the keeping of a reflexive journal supports confirmability. It is suggested that “a single audit, properly managed, can be used to determine dependability and confirmability simultaneously” (Lincoln & Guba, 1985, p.318). The contents of an audit trail include raw data, data reduction and analysis products, data reconstruction and synthesis products, process notes, materials relating to the intentions, and instrument development information (Lincoln & Guba). To provide this content, Dr. Wieling had access to all materials related to the study for the duration of the research process. Most materials were kept on a HIPPA compliant platform (Box) available to both me and Dr. Wieling. Materials that were not kept on Box were also made available for the purposes of auditing (e.g., wave one data coding was stored on the software Dedoose).

**Reflexivity.** Finally, I kept a reflexive journal throughout the research process. Considering reflexivity central to the methodology guiding this study, I made a commitment to systematically attend to the context of knowledge construction, especially in regard to the role I played throughout the research process. The process of reflexivity applies to all four areas of trustworthiness and is essential in determining the ways the inquirer’s biases influenced the process and outcomes of the study (Lincoln & Guba, 1985). While different researchers propose a range of structures to the reflexive journal, the key parts often include documentation of methodological and interpretive decisions,

germane logistical details, as well as a sort of personal diary—a place of intimate reflection on the process and the ways in which the researcher’s biases and values are impacting the analysis as well as a place for speculation of budding insights.

The act of reflection is difficult but essential to reflexive methodology and certainly pertinent to the propositions of hermeneutic phenomenology guiding this study. Alvesson and Sköldbberg (2018) provide a thorough perspective on the role of reflexivity in qualitative social science research. They define reflection as “thinking about the conditions for what one is doing, investigating the way in which the theoretical, cultural and political context of individual and intellectual involvement affects interaction with whatever is being researched, often in ways that are difficult to become conscious of” (Alvesson & Sköldbberg, 2018, p. 326). Thus, reflection becomes a sort of metathinking characterized by a dialectic between genuine interest in the way the researcher constructs themselves and also the way the research objects (or findings) are being constructed. Ideally, this process prevents extremes of modern empiricism, researcher narcissism or social reductionism (Alvesson & Sköldbberg, 2018). To bring a relatively abstract and philosophical understanding of the reflexive process to a more concrete level, Alvesson and Sköldbberg propose four aspects or levels of interpretations: (a) interaction with empirical material, (b) interpretation, (c) critical interpretation and (d) reflection on text production and language use. These levels are neither isolated nor hierarchical in their value. Instead they interact and influence each other in the reflective process. However, each places emphasis on a slightly different focus than the others and “reflexivity arises when the different elements or levels are played off against each other” (Alvesson & Sköldbberg, 2018, p. 330).

***Interaction with empirical material.*** Reflexivity of the interaction with empirical material refers to the level of interpretation of observations happening on the data-constructing level (Alvesson & Sköldberg, 2018). This includes low-level interpretations during interviews as well as higher-level interpretations during the hermeneutics of qualitative data analysis. Primarily, this level pays attention to empirical materials and perceptions and meaning making around data.

***Interpretation.*** The level of interpretation is primarily concerned with hermeneutics and underlying meanings. In contrast to critical interpretation, general hermeneutic interpretation does not focus on any particular construct. However, it does reflect on the basic interface between philosophical and theoretical perspectives held by the researcher and the interactions these stances have on making sense of data. At this level of interpretation, Alvesson and Sköldberg suggest that “the idea of reflexive interpretation is to allow room for elements other than the problematization of text-authority relations, and to avoid the latter dominating. A totalization or privileging of the rhetorical—textual dimension is rejected, not least because the empirical material does not get an adequate chance” (p. 330). In short, this level, suspends a critical lens momentarily to make room for a full breadth of hermeneutics. However, the full and advanced reflexive process returns to the level of critical interpretation and allows for the interaction across these two levels.

***Critical Interpretation.*** This level of interpretation rests on critical theory and addresses ideology, power and social reproduction (Alvesson & Sköldberg, 2018). For instance, this level could include reflecting on the gendered nature of social phenomena, or the way class and education contribute to the construction of privileged and oppressed



realities. An interaction between this level and the former would include reflecting on the way power and ideology influenced privileged interpretations of data in the coding process, or even in the follow-up prompts presented during the interview process.

*Reflection on Text Production and Language Use.* The final level of interpretation centers on the linguistic and matters of representation. In this level, the researcher is primarily interested in reflecting upon the use of language and authority when constructing the written representation of the study. Questions of this level pertain to the researcher's claims to authority in addition to engaging in a self-critical process of asking which voices and for what matters are represented in the text (Alvesson & Sköldberg, 2018). At this level, interactions among all four levels are common.

I have provided a brief example of my own reflexive process in Appendix C which encompasses an interaction between all four levels of interpretation, thus demonstrating my reflexive process for this study in action.

### **Conclusion**

This chapter outlined the underlying methodology and method used to design the study, recruit participants, conduct interviews, and analyze data. All processes were rooted in a reflexive naturalistic inquiry guided by hermeneutic phenomenological methods and procedures to ensure study rigor and trustworthiness.

## **Chapter 4: Results**

This chapter presents the results of the inquiry process in two forms. First, a collective lifeline is presented. This communal lifeline represents the different types of events related to traumatic stress, substance use, and incarceration that the participants experienced as a whole. This approach provides a collective view of participants' lives while also protecting individual confidentiality. Next, the representation of essential themes and subthemes of the analysis are presented.

### **Collective Lifeline**

The first interview for each participant centered on the lifeline. While the main foci of the inquiry rests on the lived experience of the participants navigating the intersection of traumatic stress, substance use, and incarceration, the temporal representation of the discrete events offers an important view into their world. The following image is the collective lifeline. On the lifeline, the approximate age of the participant is displayed within parentheses, next to the respective traumatic event. Asterisks preceding a traumatic event represents how many individuals experienced a similar event at the same age (i.e., \*\*\*\* represents four participants). If no asterisk is present, only one participant reported that type of event at that age. The events represented on the collective timeline are the main traumatic events reported by the participants; however, it is important to note that all participants reported having other traumatic events but stating there are so many they blur together, or that there simply was not enough time to list them all. The ones listed are quite simply, the ones participant chose to share. The flowers and plants represent joyful events and goodness dotted

throughout the participants life. The specific positive events are not listed, as this timeline is a representation of traumatic events only, however, the flowers were included to symbolize that not everything in the participants' lives was traumatic. Finally, the lifeline begins at birth, however multiple participants experienced trauma prior to birth including, in utero substance exposure and mothers enduring violence while pregnant. While these are significant traumatic events, they are not included in the visual image.

## Collective Lifeline



## Essential Themes

Seven essential themes emerged through the inquiry and analytic process: (a) Interconnection between trauma, substance use and incarceration (b) Stress pile-up characterizes life, (c) Peer relationships are critical, (d) Many information gaps exist, (e) Incarceration is harmful, (f) Spirituality is a transformative resource, (g) Desire for a better life exists. The themes represent various “essences” of the lived experience of being a parent who has endured traumatic stress, struggled with substance use and navigated the carceral system. Subsumed within each essential theme are subthemes used to represent differentiated aspects of the parent theme. See Appendix D for an outline of essential themes and subthemes.

Themes in this study represent essential experiences, narratives and meaningful attributions shared by at least half of the participants, though most were experiences shared by all of the participants. They are the experiences that emerged via thematic analysis as characteristic of the lives of parents navigating traumatic stress, substance use and incarceration. While rigorous reflexive processes were used to support the centering of the participants perception, inevitably, the themes shared in this study are also informed by my subjective experience. Each theme is represented by my own narrative description of the theme and its respective subthemes. Additionally, I incorporate supporting quotes of participants for each theme and subtheme. The quotes are connected to fictional names.

### **Interconnection Between Trauma, Substance Use, and Incarceration**

Participants repeatedly emphasized the deep connection that they see between traumatic stress, substance use and incarceration. There was no variation at the highest

level of this theme; everyone saw them as inextricably linked. The way participants described the interconnection between these phenomena was often laced with a connotation of stating the obvious, however many described this notion as an epiphany that they discovered somewhere along the way. They were not always aware of the connection, yet now they could see it. Thus, with a strong conviction of the connection, participants described their personal experiences regarding the nuanced timing in which they gained an awareness of the relationship between these themes of their life. They also described their experience with the temporal aspect of the relationship, discussing the sequential and directional influences of traumatic stress, substance use, and incarceration on each other. Within this larger essential theme, three subthemes emerged: (a) retrospective insight, (b) trauma occurs first, and (c) bidirectionality.

### ***Retrospective Insight***

The sense of having hindsight was one of the most mentioned topics in the entire analysis. Participants repeatedly expressed that they see *now* the interconnection between traumatic stress, substance use and justice-involvement, but had failed to see this connection early on in their life or when they were making choices to use substances and commit crimes. Levi Martinez describes this retrospective insight:

*Well... looking back, you can see a lot, and I can see how I was covering up a lot of stuff with my use. I know that now. And I kind of knew it even back then but still even did it after that. I can see how I didn't probably experience a lot of trauma when these events happened because I was high and then, of course, covering it up, covering those feelings up because I know—I was always high, Molly, so I never really felt the trauma when it happened. There's a couple of those events*

*that were traumatic. I did feel something. I went away feeling maybe some shame, some guilt. But then, again, just to forget it right away, I just kept going on and getting high and getting high and getting high.*

Dylan Roberts also recollected:

*But looking back on it, clearly, that's' what I was doing. But I didn't specifically know the language or even the issue at that time. I just knew something wasn't right, and when I added chemicals to it, it felt better.*

Luna Walsh now realizes her trauma, but didn't when she was young:

*I was traumatized when I was little, but I didn't really see it that way, you know? I would just ignore it and stuff.*

In addition to commenting on the lack of insight about the interconnection between traumatic stress, substance use and incarceration, participants expressed the desire that they wished someone would have helped them develop the insight earlier, so they could better understand what was going on with them, rather than be blindly swept in the rip tide of their chaotic lives. In fact, for many parents in this study, when they gained insight into the way traumatic stress was all tied up with their substance use, things began to shift in their life. Luna Walsh discussed how substance use treatment was where she gained insight on this connection:

*I didn't really used to see that, until I went to treatment, and then I could kind of look back at it. Because I could never really look back at it, 'till, like—I just never really thought of making a connection to anything.*

John Anderson also described becoming consciously aware of the connection during his time in substance use treatment:

*So, I would say that I didn't recognize how the trauma had contributed to substance abuse until I went into treatment for it, and not even the first treatment or the second treatment, but the third treatment.*

For many people, it took a professional helping them see the connection between their unhealed trauma and their substance use, both of which combined to make them more likely to engage in unlawful behavior that led to incarceration. Some individuals discussed how some treatment centers focused on trauma or perhaps they were one of the lucky ones to get access to therapy (most did not) and had a therapist who helped them identify the ways these phenomena were intertwined in their lives. Regardless of the pathway to insight, all participants in this study clearly articulated the interconnection between these things and reported having a strong sense of retrospective insight.

### ***Trauma Occurs First***

Participants expressed their experience of a sequential relationship where exposure to traumatic stress leads to substance use and addiction; then active use led them to abandoning their morals and values and committing crimes that they would not have committed if they were not using. Many participants described the primacy of trauma as a sort of obvious notion. The certainty in their experience of trauma occurring first in their life was palpable and striking. For almost all individuals interviewed, trauma occurred so early in their life, substance use and incarceration were not yet a possibility. While the direct experience of traumatic stress occurred first for all individuals, substance use, and incarceration were present in the lives of those around them, most often in the lives of their caregivers. Thus, the temporal aspect of these phenomenon overlaps when considering the family system. The degree to which each separate phenomenon enters



their life is a question of proximity. However, in terms of direct experience, participants emphasized that of trauma occurring first. Roman Hughes sums it up:

*Well, pretty much the trauma was not dealt with in a very healthy way which led to addiction, which led to very poor life choices which led to incarceration. Pretty much in a nutshell that's—that's pretty much what it all boils down to. Just trying to get rid of the feelings whether they were emotional or physical and to be numb and feel good, that really led to the addiction. And then in order to keep high and stay high and get my drug of choice, I had to do some—I guess I didn't have to do some questionable things, but it led me to do some questionable things here and there. And it finally caught up with me and landed me in jail a few times.*

John Anderson also discussed the relationship between traumatic stress, substance use and incarceration beginning with trauma:

*I would say trauma was the first thing to show up. I didn't recognize it as such or attribute it to the later substance abuse or use. So, trauma came first, then substance use, then trauma, then substance abuse, and then finally incarceration.*

This theme is also represented in the collective timeline which displays the many traumatic events this group of individuals incurred very early in life—some as premature as in utero. As Olivia Jones said:

*I was born in chaos and trauma started pretty quickly.*

### ***Substance Use Medicates Trauma Symptoms***

Participants not only described trauma occurring first, but a strong subtheme was the quality of the relationships between substance use and traumatic stress. In other words, the reason traumatic stress occurred before trauma. The way participants

understood it was rooted in an intentional or unintentional use of substances to medicate the distress associated with the legacy of trauma in their lives. As one of the most salient and mentioned themes in this study, the use of substances to escape pain and discomfort is essential to the phenomenon of living in the intersection of traumatic stress, substance use and parental incarceration. Participants described two primary ways this theme presented in their life: (a) close relationship between experiencing a traumatic event and subsequent heavy drug use to manage the immediate aftermath of trauma exposure, and (b) ongoing drug use to escape the pain of being present for their own life. Participants provided nuanced descriptions of using substances reflecting these two presentations.

**Heavy Substance Use After Traumatic Event.** Participants described a pattern of increasing their substance use directly after experiencing a traumatic event. This subtheme was characterized by a sense of relief from the acute symptoms that accompany trauma exposure and the reliance of their drug of choice to provide liberation. Reflecting on the aftermath of finding a family member who completed suicide, Dylan Roberts said:

*And that—just like—that image is just so burnt into there. And—so I started doing some meth, and I realized right away that—I thought methamphetamine was a gift from god at that point because I'd stay up for days, and when I finally slept, I didn't dream. I didn't have nightmares about him hanging there and stuff.*

Nicole Emerson describes a string of traumatic events, each of which she began relying on heavy substance use in order to cope:

*And then my dad died. And I started doing coke daily.... [Then] my family fell apart. I started really heavily using.*

Luna Walsh reflects on being trapped in a house fire and returning to heavy drug use after:

*I passed out and then—they didn't even know I was in there., Someone saw smoke and they came in and put the fire out. Yeah, they tripped over me. They didn't even know; nobody knew I was there. And then I was in the hospital, I was in a coma for like three days. I couldn't breathe on my own or eat, and then I got out of the hospital and started using again.*

Nicole Emerson said:

*I started using to mask the trauma. And then the coming down and all of that stuff created more trauma and fear and that whole fight-flight freeze stuff. And then I feel like, for me, I just didn't have any energy to use anymore. The trauma had sucked the life out of me literally.*

Other participants described losing their children to child protection and beginning to use heavily in order to cope with feelings of shame and loss. The types of traumatic experiences varied, but the process highlighted in this theme centers on the immediate use of substances to escape the acute pain in the immediate aftermath of personal tragedy.

**Substances Provide Escape from Present.** Closely related to the previous subtheme, participants described their substance use most often as a route to escape their present situations. Whether they described their present moment as painful, ridden with anxiety or PTSD symptoms, participants routinely relied on alcohol and drugs to numb and drown out their pain. Life simply was hard and painful most of the time for most participants. They relied on substance use to cope with this reality. Further, participants

provided tragically rich descriptions of the impact of living a numb life and the consequences associated with relying on substance use as their main coping skill. Dylan Roberts describes this in his own life:

*Life is just getting more and more miserable. I start thinking—I was happier when I was high. Because I didn't feel stuff. And I've realized that that's probably the main reason I've used all along, is just to be numb. It isn't really to be high. It's to be numb. What I've learned since then, though, is I also give up joy. I also give up peace and happiness. To just be numb. And so—just to not feel. Not feel bad. Not feel good either.*

Will Coleman, irritated even as he reflected back on his life, describes his use as an escape:

*I had to deal with everything because everything is fucked. Everyone is a fucker. I kept using because I didn't want to deal with all my shit.*

Levi Martinez describes his previous thoughts about using to escape his pain:

*I wouldn't even call it addiction, I called it like, I'm just making myself feel better, what's wrong with that? I feel good when I do this, why wouldn't I want to do it? That was my mindset.*

Nicole Emerson also explored the tangible relief substance brought her:

*I guess I would say I didn't even realize I had anxiety. I mean I was never allowed to think or like things like that. I would say I like this, and my dad would be, no you don't; you like this. I think that just created all of this anxiety in it so at age 12, when I had my first drink, it was like I could literally feel my body relaxing. It*

*was just that peace and comfort, that calmness, that path of freeness that the alcohol had started.*

Rosa Perez puts it simply:

*The whole reason is to not think or to feel, or to escape my own head. There was so much going on that I drank just to get rid of those.*

Again, a key quality that emerged of the relationship between substance use, traumatic stress and incarceration was centered on the use of substances to alleviate pain in the lives of the participants.

### ***Bidirectionality***

Despite the fact that participants clearly emphasized trauma launching an initial sequential relationship among traumatic stress, substance use, and incarceration, participants then described a circular and bidirectional influence among these phenomena. Throughout the interviews, the complicated nature of living in the intersection of these phenomena was expressed and participants communicated that a simple linear relationship would insufficiently capture their experience. They reported the mutual influence among traumatic stress, substance use, and incarceration being so complicated that it was often hard to tease out what influenced what. Further, the language participants used to discuss the bidirectionality of these things was characterized by a sense of momentum and mutual dependence. Rosa Perez discusses this:

*That's the only way I can really define it: they spiral. Because it's like a DNA thing, going back and forth....All of them go together. It's like one big bunch of*

*crud. One leads to another, to another, to another. And it's like this downward spiral. 'Boom.'*

Dylan Roberts sought to give voice to the bidirectional relationship quality:

*So, it goes down the line, but I do see the reciprocal part of it too of—so there's the trauma. There's this connection to me at a very young age associating happiness and good times with chemical use, and then the chemical use. And then also experiencing some negative—from the first time when I got really drunk, and throwing up, and all that stuff, and like, "Oh, maybe this isn't all fun." And seeing my dad be in some fights and stuff while he was drinking. Yeah. I guess it kind of all evolved in together, but still going in the same direction the whole time.*

Roman Hughes captures the sense of buildup and momentum created through the bidirectional influence among trauma, incarceration, and substance use:

*It just kept getting worse and worse. It was more stuff piling up. I was doing more criminal stuff. In my mind, I knew I was going to end up in prison. It's like the people I'm supplying with drugs, even my girlfriend and stuff, everybody wants and wants and wants, but I know I'm the only one going to prison when it ends. I don't know. It's a cycle of madness.*

Nicole Emerson also discusses the buildup:

*The more I used, the more trauma. Physiologically, my body couldn't—you know, the paranoia and all of that, my body was like stop. Stop, stop, stop, but I would still try to beat it. That's the addiction wanting to win.*

Similarly, Dylan Roberts provides the following imagery:

*It's more like a rolling tire down the timeline, or whatever, you know.... Yeah.*

*Yeah. Picking up more stuff along the way.*

The essential theme of trauma, substance use, and incarceration occur together is characterized by the presence of retrospective insight, traumatic stress occurring prior to substance use or incarceration, substances being used to medicate trauma symptoms, and bidirectionality. This theme is laden with proximal processes which influence the presentation and experience of the phenomenon at hand for participant lives.

### **Stress Pile-Up of Stress Characterizes Life**

An essential part of the lived experience of the individuals in this study is the presence of massive amounts of stress. Participants described lives filled with various types of stress, much of which was distinct from the stress associated with trauma exposure. Participants described their traumatic stress being situated within the larger context of a very stressful life. Participants did in fact experience traumatic stress from multiple types and incidences of trauma. The traumatic stress they endured was severe and sustained across the lifespan. Additionally, participants also described everyday stress as a kind of blanket woven from the threads of chaos that characterized their lives. Finally, participants frequently emphasized relational stress in their lives. They described their experiences with relational stress depicted through intimate partner violence, the impact of substance use on relationships and stress associated with family complexity.

### ***Traumatic Stress***

Since an inclusion criterion included exposure to traumatic stress, it is perhaps no surprise that an emphasis on traumatic stress emerged. However, the representation of this subtheme is not simply the presence of traumatic stress but the meaning making

participants held around the presence of traumatic stress in their lives. The emphasis participants placed was on the degree to which they had experienced many types of traumatic events as well as many incidences of traumatic stress. While I explained the lifeline procedure during interview one, quite a few participants joked with me saying, “I’m not sure you have enough rocks.” Or “I’m going to need all those rocks... there’s a lot of trauma here.” They were right; they are living with intense trauma histories.

**Many Types of Traumatic Events.** No participant discussed experiencing only one type of trauma. A clear theme was the variation in types of traumatic stress that they have endured. All types of trauma were discussed—shock trauma (single incidence) and developmental trauma (chronic and enduring lack of childhood need) as well as ongoing sexual trauma, physical trauma and emotional trauma. This subtheme can also be seen represented in the collective lifeline which highlights a sort of 30,000-foot view of various different types of traumatic events. Here, this subtheme will be represented in a more down to earth and nuanced way highlighting the participants voices as they reflected on the many types of traumatic events. Olivia Jones describes one of many types of trauma she has endured—childhood physical abuse:

*And for the next eight years, I don’t remember very much. I remember getting beat. Like my first really bad beating when I was there, I remember, and I’ll never forget. And it happened, and—we got to visit my mom at this point—the custody battle happened and she lost and—we got to visit my mom over summer and Christmas and, like—when I—I got such a bad beating that months later, when I went to go see my mom at Christmas, I still had bruises that were really prominent. All down from my knees, all the way to my back... my first beating,*



*where I—you know, I literally—when they say you can't sit—I literally couldn't sit. Like I will never forget the order of which—the items they used to beat me with. It started with the wooden spoons, and the wooden spoons snapped and then it was the belt. And then it was lights out from severe pain.*

Will Coleman discussed the way childhood physical abuse was shrouded through hyper masculine interactions which left him having to fight for his life:

*My uncles—all the guys were dicks. My aunties' boyfriends were shitheads and I had to fight with a lot of them. I got punched up a couple of times. I think about my aunties' boyfriends and my ma's boyfriends. I got thrown across the room once by Tim Johnson and I hit him with a bat. I think was ten or nine.*

Roman Hughes shared of his childhood sexual abuse:

*I'm going to tell—yeah. When I was little, I don't know how—I think it's coming up actually, I was 12 or 13. We went to church, these dudes would drive around in this bus, and give away these little kazoo's and stuff. And they'd get you to go to this church downtown, and then these dudes took us up to this cabin and were molesting us and some pretty bad—so that's something I hardly never talk about.*

Nicole Emerson discussed the emotional abuse of her childhood and like so many people in the study, the use of power and control in relationships was so prevalent, it was difficult for her to decipher what was abuse:

*My dad was very shaming. Because it wasn't loud or demeaning or I didn't—it took me a long time to realize, fuck, that's abuse.*

Adrian Richardson discussed the major role of bullying in his life and how traumatic it was for him as it lasted for years:

*That's when the rumors got out and so I'm kind of hypersensitive to bullying and people getting bullied. That was the first really big trauma, because all my friends turned on me and were making fun of me and making fun of the neighbors.*

Many participants also experienced childhood neglect. This type of traumatic experience was most salient with participants whose partner struggled with addiction, but also for some who had single parents that were not around because they had to work, but they lacked an adequate system of support. Nicole Emerson reflects on one of many situations where her parents were not around, and she felt terrified:

*And mom worked nights, so sometimes, I would go play at somebody else's house when I got home from school. And I remember it was time to go home and I couldn't cross the street by myself. So, I was sitting across to my house screaming. I mean, it was hours.*

Like many of the participants, Luna Walsh experienced childhood sexual abuse and kept silent from fear:

*Because, like, I really didn't want my mom—I didn't want no one to know. And my mom. My mom's crazy. My mom would have been in prison forever. You know, so I just didn't tell her.*

Rosa Perez, like all the women in this study, endured intimate partner violence in their adult life:

*I met my son's dad when I was 20-year-old and you know how like you don't really get to know the person until their mask's all gone? Well, I ended up in the hospital. I had a broken cheekbone, broken ribs, broken toe, stitches in my ass because he tried to screw me in the ass.*

Many participants also experienced one-time traumatic events like a car crash.

Adrian Richardson described a terrible car crash:

*I was like 18 and—I don't know, things are kind of foggy, but I got in a really bad car accident when I was 18. Then go ahead and put some trauma on there. That was bad trauma.*

Will Coleman, among others, described enduring trauma while incarcerated:

*One guy hung himself. The guards came running through like, 'We got one.' I heard him choking to death. They wouldn't pull his tongue out. They wouldn't help. By the time they got there, he was dead.*

An extremely wide range of traumatic events have been experienced by the ten individuals in this study. Each one of the events holds with it a nuanced lived experience. Due to the amount of trauma in the lives of the individuals involved in this study, many of the traumatic events were simply headlines on the lifeline, and the purpose of this study was not to go into great detail of those traumatic events. However, it is important to note that it is easy to overlook the intensity of each and every event when there are so many. This is especially true of the repeated and persistent traumatic experiences of the same type that so many of these parents survived.

**Many Incidences of Trauma Exposure.** Beyond variation in the types of trauma participants described experiences, they described having experienced many incidences of trauma exposure. In fact, participants described their experiences of becoming used to trauma exposure; they described losing a sense of what was safe as the normalcy of traumatic stress characterized their experience. In the quotes below, participants use the word “rock” to represent a traumatic event as this was the symbol used in the lifeline

portion of their interview. Will Coleman reflects on the multiple incidences of trauma in his life:

*A year later he got in a motorcycle accident and has been in a wheelchair with brain damage ever since. A week later I got in a car accident. Me and my best friend got thrown out of the back of his uncle's truck. He landed on his head and died, and I landed on my chest and I've been wondering why I've been alive since.*

Rosa Perez portrays this subtheme:

*That's how it keeps going. You might as well just add rocks to the rest.*

Roman Hughes said:

*I seen some bad stuff. I put this [rock] just for everything I seen. I seen... what else? I seen people get beat up pretty bad in prison, of course.*

Nicole Emerson:

*All throughout my life... so I will just drop [rocks] all over.*

During interviews, there was a palpable weight to the number of incidences participants experienced. This did not always translate to many words—rather a sort of weighty silence as participants sorted through and placed copious rocks onto their lifeline. Participants collapsed multiple incidences of the same trauma into one larger stone. The reality is that participants often could not even remember how many times they had been hit, raped, stabbed, or robbed. These events blurred together. Regardless, they made it clear that it was not only that they experienced different types of traumatic stress, but also that they endured ongoing multiple incidences of various types.

### *Everyday Stress*

In addition to traumatic stress, participants consistently discussed their lives being filled with everyday stress. They described sequences of events characterized by being out of control both in their childhood and their adult life. While the quality of the stress was not necessarily a threat to their social or physical integrity like traumatic stress, there was a massive amounts of ongoing pressure and tension. They described stress associated with the transient and unstable nature of their lives, and consistently discussed the quality of their lives being best described as chaotic. Olivia Jones remarks on the chaos of her early life:

*Though I was born in chaos and trauma started pretty quickly, I would definitely still consider life a gift.*

Dylan Roberts describes the chaos of a full house at one point in his life:

*...then she was born and I came out and I was with her for a few years and everything was crazy because I was using, her mom was an alcoholic, and I was living with her mom—her grandma and her, her sister, my daughter's auntie and Susan's sister. It was crazy.*

For almost all participants, everyday stress was the sea in which they swam. Some described losing awareness that life could be another way. Some reported not knowing that life could be another way until recently. Still others discussed a sort of internalization of the stress that they began to rely on; they didn't know how to thrive in a low-stress environment, so they would sometimes seek it out. Nicole Emerson discussed the normalcy of the everyday stress in her life:

*I needed the trauma to survive because that's all I knew. I needed the chaos. The drama. That for me was life.*

Dylan Roberts reflects on constantly moving around in his life:

*The younger year stuff, yeah, that was all traumatic. I didn't understand that at the time. That was just my normal life. I didn't know it was trauma, but looking back at it now, yeah, I can see where moving around a lot and all that, and not having a settled-in area to really call home.*

John Anderson outlines his life which was characterized by moving around and lots of change:

*I had to get back to work because I always had another job. I could only leave for two to three weeks at a time or something like that. I didn't always but that time I did. I had something I had to be back for. I rode back across the border with this different girl. I stayed with her at her house for a couple of nights. I got brought back to the cities. Then I hear from my girlfriend that she crashed the car in Canada and she's riding back with somebody else. It's ridiculousness. She comes back. She's pregnant. We get a house.*

Participants also discussed constantly having problems to manage which left life feeling stressful. They were navigating trying to find housing and employment often at the same time as managing stressors associated with either active substance use or early days of sobriety. They managed stressors related to their children which often included behavioral problems and problems at school. Participants managed problems with law enforcement, the child welfare system—including substantial amounts of stress trying to regain custody of their children—and the list goes on. The participants navigated a pile-

up of stressors in their life, often reporting few resources to draw upon in order to reduce the pressure.

### ***Relationship Stress***

The last subtheme under the theme “Pile-Up of Stress Characterizes Life” is relationship stress. The phenomenon of traumatic stress, substance use and incarceration leaves no one unaffected. Participants described how all relationship constellations absorb the stress of this phenomenon—romantic relationships, parent-child relationships, and friendships. At some points, participants placed even more emphasis on the ache associated with relationship stress compared to acute traumatic events in their life. Participants made it clear that their relationships mattered, yet they often experienced the most pain associated with those same relationships. Participants described ancillary factors that contributed to relationship stress including lack of conflict resolution skills, the impact of substance use on relationships, and the impact of multiple partner fertility/family complexity on the stress level in their relationships.

**Lack of Skills to Solve Conflict Leads to Relationship Stress.** A key aspect of relationship stress centered around the lack of relationship skills participants felt they had. They simply did not have the proficiency they needed in order to navigate conflict in a healthy way, so stress built up in their relationships. This would then create additional conflict in relationships and the cycle continued. Participants provided examples from situations in their lives where they didn't know how to navigate conflict in their relationships and subsequently experienced additional stress in their lives. John Anderson described this in his romantic relationship:

*Then the feelings start to come out, and we don't have the coping mechanisms to deal with that between the two of us. So, that's around the time where—so, now when she is trying to hurt me with something, she'll bring up, "Oh, remember the time when—" Well, it's because we were both clearheaded, and then stuff was coming out and we weren't dealing with it properly.*

***Violence Used to Solve Conflict.*** Many participants expressed lacking skills to successfully navigate relational conflict. Not all, but a salient amount discussed the use of violence to solve conflict. This included participants describing ways in which they used violence to solve conflict in addition to being subject to harm from intimate partner violence. Adrian Richardson reflected on the use of violence to solve conflict in relationships:

*Pain is one of the best ways to motivate anyone to do anything. Pain in any way, shape, or form. Whether it's physical pain, emotional pain, mental pain, if someone hurts, they don't want to hurt. And that's the easiest way to get someone to do what you want them to do, it's with pain.*

Luna Walsh sadly reflected on one of her experiences with intimate partner violence:

*His dad was telling me things like, 'You think you're going to leave or go anywhere?' He would be like, 'The only way you're leaving this house is in an ambulance.' He would say, 'And I would be out of jail before you got out of the hospital.' That's what made me not leave sometimes.*

Nicole Emerson discussed how one of her partners used verbal and physical violence to solve conflict in their relationship:



*Very, very verbally, mostly verbally. And he would just slam the doors and throwing shit and punching the walls and breaking phones.*

This subtheme of relationship stress was extremely important to participants. They discussed the nuances associated with the relationships in their lives and talked extensively about the events associated with relationship stress being both traumatic and nontraumatic. They also discussed the role of substance use and its impact on relationships.

**Substance Use Negatively Affects Relationships.** Participants described the ways their relationships were impacted by their own substance use and the substance use of others. While occasionally, participants described positive feeling associated with substance use, they affirmed the negative impact of their use (even when it felt good to them) on a wide constellation of people in their lives. Levi Martinez reflects on the impact of his drug use on his parents and family:

*I don't know if you'd call it trauma, but the shame of, look at what I've done this time. And my whole family's so mad at me because my parents can't even live there for six months. And they thought they were going to lose the house because of how much it was going to cost to clean the chemicals and stuff up, right?*

Another example of the impact of substance use on relationships was the decline in parenting quality during active use described by many participants. Many participants expressed feeling that they had failed as a parent, or at least had shame around the way their substance use impacted their parenting and subsequently impacted their child. Also, collateral consequences of their substance use often included justice system and child

welfare system involvement. Participants expressed the negative impact of these things and their relation to substance use. Roman Hughes reflected:

*And then from there just life was bad, man. I had a new girlfriend, and all we did was get high. I had my daughter and stuff, but how much of a parent could I be? It's completely effected my daughter for sure and my son. I kind of avoided him because I didn't want him to see what I was doing.*

Levi Martinez reflects on his own experience as a father:

*And I'm not being the best father from what I'm doing drugs all the time, dealing all the time, people around all the time. But I'm getting her to school, I'm always driving her every day because I'm always showing up late, so that's affecting her probably. That went on for about three years.*

Dylan Roberts discussed some of the tangible impacts on his son and daughter's mental health:

*Yeah...she struggled with cutting, self-harm, or whatever. She still smokes weed... She's dealt with alcohol, and she did some other drugs along the way... my son was diagnosed with bipolar at five years old.*

Nicole Emerson discusses the impact of her use on her son:

*He's got reactive attachment disorder because of my use. He's a good kid and so he's no trouble. He's a little rebellious against his dad as far as sneaking on the phone later and playing video games.*

**Stress Associated with Family Complexity.** The last subtheme under this essential theme of “a pile-up of stress characterizes life” is centered on family complexity. Participants described stress associating with navigating the unique

circumstances of their family constellations. Stress associated with family complexity centered around navigating multiple partner fertility, blended families, co-parenting struggles and children being triangulated into parent issues. Olivia Jones saliently speaks to this in her life:

*I have one son. I actually have two sons. Because my son—my boyfriend and I together. He brought a little boy from his previous relationship. I brought my little boy. I have a little girl who's two. And my foster daughter is actually my biological sister. So, the father that we share had his rights terminated. Her mom was severely mentally ill and threatened to kill her in front of a group of people with a handgun. She had been—she's been through years of abuse.*

Will Coleman described stress associated with family complexity in his life:

*He's detached as hell. His mom won't let me talk to him much. She'd let him come over for a couple days and she's a monster. 'If you pay for gas and pay for me to stay in a hotel room, I'll let you have him for a couple hours.' I'm like, "'kay. Done."*

John Anderson describes the stress associated with trying to see his son:

*My son—when his mom all of a sudden wanted to be a parent again after she had another miscarriage—she had a miscarriage when she was young. When she wasn't with me, she gave up two more babies for adoption. Then she got married and had another miscarriage and then decided she wanted to be a mom finally. Because we didn't have a custody agreement, she took him out of my care and custody and put him into a different school unilaterally. I had to spend \$10,000 to*

*fight her in court just to get a worthless piece of paper that says I get him half time, and she still runs over.*

The theme representing a pile-up of stress being characteristic of the lives of the participants in this study is complex. It is clear that participants endure lots stress in their lives ranging from traumatic stress to everyday stress to relationship stress.

### **Peer Relationships are Critical**

Consistently, participants expressed the critical role of peers and their neighborhood in their lives. They discussed their early exposure to drugs and organized crime often originating from peers or neighbors. Subsumed within this larger theme are two subthemes: (a) using substances to gain a sense of belonging, and (b) peers influenced criminal behavior. Participants discussed their own drug experimentation being greatly influenced by their peers and the need for acceptance. They connected dots between feeling unsafe or welcome at home and going out of the house, into the neighborhood, to find people with whom they could find approval. Finally, they described the way early exposure to “adult things” influenced their life trajectory including using drugs and beginning to participate in criminal activity.

### ***Used Substances to Gain Sense of Belonging***

Participants attributed their beginning use of substances most often to gain a sense of belonging. They described their lack of identity and lack of close relationships with their parents as factors impacting their desire to be accepted with a group of peers. Since most people in the study experienced abuse from their caregivers, they expressed a desire to be out of the house and in the world—often looking for acceptance and fitting in. For Dylan Roberts this was an especially salient theme:

*But to find acceptance, well, chemical use, that was the ticket. It was also the ticket to my own insecurities to change that and my own—yeah, I'm trying to think of it—low self-esteem and stuff that I dealt with as a kid from being a pimply-faced kid and all that. Yeah. Alcohol took all that away, and the courage and all that stuff, the fake, all fake, that comes with it seems real at the time.*

Levi Martinez reflects on his decision to start using marijuana in order to maintain a sense of belonging with his friends:

*I can tell you the story about 14th birthday party. And all my really good friends come over for a sleepover, okay? And they pull out some marijuana, okay? And it's my birthday party. And then my mom told me, don't ever do drugs, Levi, don't ever do none of that stuff, and I was listening. But all my friends went outside in the camper or around the back of the camper while I sat there inside on my birthday party and they smoked weed and I heard coughing. And I'm thinking, "Why would they even want to do this?"*

*And then they came back in and they had—they were laughing and having the greatest time, and I felt so left out because I didn't do it, right? And for the next couple of months, I don't know if I'd call it trauma, but boy, did I feel left out. My friends weren't hanging around me anymore. They all started—smoked some marijuana, and it just got to me. So I thought I'm just going to do this. A couple months went by and I said, I'm just going to try this. What the heck? And to tell you the truth, I don't even know if I really got high the first time I tried it, but when I did, all my friends were back. It was like the greatest thing. I'm thinking, why mom, would you ever not tell me to do this because this is awesome. We're*

*having fun, my friends are back. Wow.... It was feeling accepted, yeah. And I like the way I feel. I mean, I'm laughing, having a great time and then my friends are—it's the whole connection thing, okay... Looking back at it, I can see how affected I was with wanting to be accepted. And then the marijuana was the acceptance right there, but the connection really. So, okay. So now, I'm smoking pot every day.*

Later, Levi continues to discuss the role of being likable and seeking acceptance: *I think everybody experiences rejection in their life, but it's just kind of how you perceive it and how you deal with it. And that's the way I dealt with it was I don't like it, so I'm going to just try to cover it up. And the way I'm going to cover it up is by hoping everybody likes me. And, boy, the drugs really—everybody likes me when we're doing the drugs. You see where I'm going with that?*

For Olivia Jones, she talked about starting to drink and use marijuana even though she didn't want to:

*No. Yeah, I didn't like it... [but] everyone else is doing it.*

Regardless of the context of use, participants emphasized that peer acceptance, belonging and being liked was central to their early substance using days.

### ***Peers Influenced Criminal Behaviors***

In addition to influencing substance use, participants described the impact their peers had on their choices to engage in criminal conduct. They discussed the impact of having neighbors involved in organized crime and the ways people in their social circles mentored them on how to engage in criminal activities. This was primarily a matter of proximity. No participants in this study sought out gang affiliation or organizations. They all knew someone or multiple people who were participating in crime. Some simply went

along with it. Others were actively mentored by people whose work centered on criminal activity. Still others used peers to access opportunities to make money from criminal conduct in order to survive; these situations usually involved theft and drug sales. The influence of peers on criminal activity started quite young for some of the participants. Roman Hughes reflects on his early experience of moving to a new neighborhood:

*But it was still a whole—there was like these bikers were there, where I met my friends. A new group of friends. And it changed—probably moving from one street to the next probably changed my whole—direction in life because of just the different people. Up on my old street it was these people who went to private school, and now I was going to a new school and these other little, like, hoodlums, corrupt. Like, literally, we were stealing cars when we were 11 and stuff... And then my best little friend, his dad was the president of the gang. So, now I'm around all this stuff. I'm learning about how to sell pot.*

Will Coleman reflects on a time in his childhood which reaches across the last subtheme of seeking belonging and the current subtheme of peers influencing criminal behavior:

*All the kids in my neighborhood—the older kids I hung out with—Mike told me, “Your mom smokes pot. Go find out what she’s got.” I went in. My mom had ten pounds of pot. I didn’t know, so I grabbed a handful out of each one and I shoved it into a baggie and put a twist tie on it and shoved it in my pocket. I went to my friends. We were at a hotel with all the older friends and I pulled the bag out. James was like, “Holy shit.” Tommy goes, “Shut up. Gene, holy shit.” He pulls a bud out of the bag and goes, “Put that in your pocket and don’t say*

*anything. We're going to smoke this." We smoked that and I swear to God I didn't feel anything until I tried walking across the street. Then we were laughing our asses off.*

For most participants in the study, criminal activity centered on petty theft and drug sales. Participants discussed stories and events like the one above related to nuanced way peer influenced both substance use and criminal conduct. Participants emphasized the deep desire they had to be part of a group, have a sense of belonging and the desire to keep friends.

### **Many Information Gaps Exist**

Participants expressed the extreme stress they experienced from the lack of information available in their lives. This ranged from a lack of information about how they were born, who their parents were, what happened during various years of their lives, to what actually happened during a traumatic event. Further, participants expressed a strong presence of stress related to a lack of information from professionals who held power in the systems they were involved in. They discussed lack of information from lawyers, judges, child protection, and counselors in the substance use treatment centers they attended. Participants highlighted the impact on their lives of not knowing when sentencing will happen, not knowing how long their child will be in protective custody, not knowing how long they will be incarcerated and so on. Further, perhaps most saliently, consistently participants expressed not knowing if they were safe. This theme around not knowing was experienced as one of the top stressors in peoples' lives and greatly impacted their mental well-being and decision-making process. Within this parent



theme, three subthemes emerged: (a) lack of memories, (b) lack of information about family, (c) lack of information from professionals.

### ***Fragmented Memories***

The lack of memory and fragmentation of memory emerged as a subtheme within the larger essential theme of lack of information. As participants described their lived experiences, they routinely reported not remembering. For some, this came as a surprise, as if they thought the information was there, but could not retrieve it. Others were prepared, already having awareness of these gaps in their story. The lack of memories was often associated with not remembering specifics about a particular traumatic event or even entire traumatic events. Other times, participants reported having a lack of memory for entire seasons of their life that were characterized by repeated traumatic stress. For most participants, a strong sense of loss and grief undergirded the lack of memory as if there was a shadow of their life and identity that they could not see or get in touch with. While some participants expressed more visible distress over not being able to recall memories of important events in their life while others portrayed a sort of grim acceptance, describing the memory gaps as a coping strategy they employed to survive. A number of participants linked the lack of memories to their substance use, which they believe explained a portion of their fragmented memory. However, the essence of this subtheme was characterized by fragmented memory not directly associated with substance use. Olivia Jones describes this in her life:

*I don't remember so much from my life. And at first it was circumstantial; it was because of the circumstances that I was in and then it began to be because I*

*started inflicting those words back on myself. I started choosing to not remember stuff. By alcohol and drugs and then that—has its own effect.*

Later in her interview, Olivia tries to recall a traumatic event:

*I just remember a glimpse of it. I don't remember a long experience. I just remember flashes of this stuff. Do you know what I mean? Almost like a—do you have an iPhone—where you can take live pictures? So, you can just push it, and it has just a couple seconds. That's how it feels like.*

Over and over in her interview, Olivia Jones expressed the lack of memory commenting:

*I just don't remember very much.*

Luna Walsh had a similar pattern of not remembering. When asked if she had experienced any emotional abuse—name calling or shaming by her parents—she reported:

*I don't really remember.*

She couldn't remember the age she started using substances and did not remember what substance she used first, suggested in what felt like an educated guess that it was probably alcohol and weed. She also reported not remembering why she was incarcerated:

*I really don't remember, probably for drugs. You would think I would remember why I went to prison, but I don't.*

Later Luna discussed getting out of prison and having a lack of memory of her life upon reentry, despite being sober:

*Then I got out—I can't remember when I got out what happened... Then I stayed sober for a while. For a very long time, I believe for a year or something. And I can't remember if I was staying with my son's dad. I can't remember who I was staying with when I was on parole.*

For many participants, they used traumatic events to orient themselves to their life. They would have large gaps in remembering what happened in their life—many time years—then tragically the stones of their life provided touchpoints for their timeline.

Adrian Richardson expresses this:

*Then I don't know, I was like 18 and—I don't know, things are kind of foggy, but I got in a really bad car accident when I was 18.*

Other participants expressed that their memory was hazy and unclear around important events due to using substances. John Anderson expressed this notion:

*I don't remember... what year or whether she was pregnant in Canada. I believe she was pregnant on the trip like early on pregnancy on the trip. I'm not 100 percent sure... I was on something. I don't remember. It all blends together.*

Fragmented memories emerged as characteristic of the life of parents who experienced traumatic stress, substance use and incarceration. All participants presented this subtheme of lack of memories whether attributed to substance use or traumatic stress, information and memory gaps were present.

### ***Lack of Information About Family***

Beyond lack of memories, participants described a lack of information surrounding both their family histories as well as their current family situations. For some participants, they lost connections to their family history due to the death of parents. For

others, their parents remained alive, but they lacked contact primarily due to their parent's substance use and criminal justice involvement. Other times, family conflict led to participants being cut-off from people in their family and subsequently not having information about people's present situations. This subtheme threads through generations. Participants lacked information on generations before them, and they also discussed lacking information on their own children. Roman Hughes discussed not knowing much about his family history:

*I never knew my dad's side. I don't even know my dad's story... Yeah. I don't know it all. I know his brother and my aunts and stuff like that, but there's something about—some family raised him. I don't know if his parents died. I don't even know.*

When asked about his birth, Roman did not have much information:

*Both my parents are passed away. That part—that'll come out here somewhere, I imagine. So, I don't know much about my—I know I was born in Saint Paul, on the west side of Saint Paul.*

Similarly, Luna Walsh reflects on not knowing her dad:

*We know each other exist because I got to talk to his mom. I was little and stuff, but I think he moved to Mexico state or something.*

For many participants, the lack of information was most stressful when it pertained to their children. Will Coleman discussed the conflict with his child's parent leading to him not knowing critical information about her:

*She was with her until she was 16, and then she lived with her grandma. Now she's an adult. I heard she hasn't talked to her mom still. I don't know the truth. I only know what I hear, and I believe nothing I hear and half of what I see.*

Adrian Richardson reflects about not having enough information about his children to really know what services they could benefit from or what needs they have:

*I guess a better understanding of why their parents are gone and what's going on might help them to realize, okay, I want to be like dad, but I don't want to do this like dad did. And specifically, I don't really know because I haven't really been around, so I don't really know what they struggle with right now. So, it's a hard question to answer because I haven't had them around me all the time. It's been a long time.*

### ***Lack of Information from Professionals***

One of the thickest subthemes in this study is the way participants described and found meaning around the lack of information provided by professionals in their lives. Participants expressed experiencing significant stress associated with not knowing what will happen as they were involved with various systems. This theme included situational differences depending on the particular system they were involved in (e.g., correctional system, child welfare system, recovery services, etc.), however, the essence of stress associated with not-knowing stretched across situations and was described by most of the participants. One key aspect of not knowing was in reference to correctional facilities; participants discussed fears around not knowing the culture of incarceration when they first entered a facility, not knowing how long they would be locked up or held in solitary confinement. They also shared stories of living in fear which rested on not knowing if

they were physically safe or how their family was doing on the “outs”. Independent of the situation, participants emphasized the significant stress they experienced due to lack of information provided to them by the various systems they were involved in. Nicole Emerson describes a sense of not having the information she desired when she was involved in a substance use treatment and the child welfare system as a mother:

*I needed to know what—it’s like all these—especially this treatment place with women and kids. When am I getting my child—like I don’t know, I don’t know, I don’t know. Not even if you do this, this and this, you’ll have your child in 90 days. If you follow this. I don’t know. The unknown and an addict do not go together... Yeah, because I’m pretty black and white—concrete. Even some gray would have been okay with me. Well here, this is—and then in treatment they kept saying, keep focusing on the outcome. I don’t know what the outcome is going to be, so how can I do that?*

John Anderson describes the stress he felt associated with a lack of information being provided to him as an inmate:

*Because even though it’s adult daycare, it’s really stressful being in prison because you don’t know if—you’re in jail. You don’t have any idea of what to expect. Nobody tells you what’s going to happen except for an inmate that’s been through it before. Every correctional officer has their own whims and bad days and want to take it out on all of the prisoners, and just every day you wake up in there, you have a schedule, an assigned task, things that have to happen. But it’s still—anything could happen any day... The fights—even if there is a fight—I mean, if there’s a fight, it’s just a fight. It’s not really—the trauma is from the way*

*the guards treat you—that you are left in a cold room for an undetermined amount of time. You don't know where you are going next, why you're there, or anything about the situation. One day in jail, I was in the same room for over 24 hours. Almost 28 hours in the same single room, cold concrete room, no bed and no nothing with no explanation. There is no communication between you and the COs. They move you from one place to another and that's where they leave you. You don't know why you are doing anything you're doing.*

This subtheme centers on the results of managing the realm of not knowing in midst of an already stressful life. Participants emphasizes how stressful and frustrating and even dehumanizing it was to try to get a sense of what was going on in their world from the professionals who held power over them in various systems.

### **Incarceration is Harmful**

Consistently participants discussed the ways incarceration did not help them. It did not help them rehabilitate, stay sober, heal from trauma, improve their mental health, strengthen their families, or change their patterns. On the contrary, participants discussed the reification of their patterns that often occurred through a sort of outlaw training camp during their time incarcerated. Further, participants discussed grossly poor treatment by correctional staff centered on sense of feeling humiliated and dehumanized. Participants also discussed the stress associated with being locked up and exposed to violence. The stress was especially salient during their first time incarcerated and when their previous exposure to trauma was triggered. Participants also explained experiencing a lack of resources while they were incarcerated and again upon reentry into the community. Finally, participants reported that they continued to use substances while incarcerated;

this subtheme emerged as participants discussed how they gained access to substances and how incarceration did not deter their use during or after incarceration. The three subthemes within this parent theme are: (a) Inhuman treatment, (b) Setting not conducive to rehabilitation, and (c) Continued use of substances while incarcerated.

### ***Inhumane Treatment***

Participants consistently described situations where they were treated with a lack of respect and dignity during their time incarcerated. They attributed this often to the correctional officers' lack of character, compassion or training. They described feeling humiliated often and described situations of injustice as par for the course of being locked up. Nicole Emerson sums her experience of being treated poorly:

*Just rude—just treated like you were nothing and scum... There's no compassion behind those cement walls—none.*

Rosa Perez reflects on her time incarcerated:

*They would pick on you. Like, you have so many minutes to eat food and then you have so many minutes to take a shower. And you have to give back the razor. And I have piercings. So, I take the comb and put it through my eyebrow, because I didn't have that then. And he's like, "Get it out of your eyebrow." And I'm like, "I don't want it to close. I don't want to be here long. And then, I didn't want to take my meds once. So, they put me on [solitude]—like if I ever go back to jail, I have to be in solitude four more days. Because I didn't want to take my meds.*

John Anderson described multiple incidents of dehumanizing treatment both to him and his fellow inmates. The bottom line for him centers on correctional officers



using power and position, with their job description as a façade and shield, to harm inmates:

*It's literally an adult daycare, but the COs can do whatever they want anytime.*

*They make the rules. They set the rules. There's probably no training involved to get that job. There's definitely no psychiatric evaluation involved for them to have that job, and there's no compassion for about 75 percent of them. They're there for punishment.*

One key aspect of dehumanizing treatment was the manner in which correctional staff communicated with the participants. They emphasized the quality of communication being characterized by lack of compassion, “rudeness,” and being treated as “less than.” Levi Martinez describes his lived experience with dehumanizing communication:

*The staff acts—they act like you're lower than them and just that way. I don't know if they're taught to do that, but they sure do treat you like that, like—you know? Just the way they talked to people. Not all of them, but the majority of them just—the way they talked to you, the way they just expect you to do something. And I'm sure they get sick of it because I'm sure the inmates aren't the nicest too, but they just don't treat you like you're equal. And I witnessed that a lot, I would say... Tone, just the way they acted. Always ignoring you. That was a big one—ignoring you, just sitting there and not even acknowledging that you're talking to them. You're trying to get something done, and when they finally do answer you, they're saying—they're acting like you're bugging them, that type of thing.*

Participants also described situations where they did not receive medical treatment or services for their mental health that put them in dangerous situations. Some

participants described experiencing dangerous withdrawal symptoms that they had to suffer through in a cold cell. Rosa Perez describes her experience withdrawing from alcohol in jail:

*I had the DTs for quite a long time. I kept on having seizures every time I got up and walked, and I had to do that in jail, and they gave me these electrolytes or Gatorade. I had that for two weeks... Like, if you're in jail, you're in jail. It's not mentioned because A, you drank, or you drank too much. Or they'll help you because they're scared that you're going to die if you're having DTs or getting off drugs. But they don't really know—the only thing they know is that you're in jail... Yeah. Or they don't tell you, "Hey, if you're here for drug or alcohol related, this is what's here for you." No. They say, "Here's a pillow. Here's your bucket. Bring it to yourself."*

A salient subtheme, inhuman treatment, centers on the dehumanization of the participants during their time as inmates in both jail and prison.

### ***Correctional Setting Does Not Promote Rehabilitation***

In addition to inhumane treatment, participants described the negative impact incarceration had on their rehabilitation process. Participants experienced carceral settings as not only not neutral, but an actual barrier to their healing process. They emphasized the harmful impact of incarceration on them. This primarily was described by a lack of emotional safety. This left participants living in a state of hypervigilance and shame which either reified existing challenges or provided further hurdles to their rehabilitation journey. They also described the way incarceration bolstered their

connection to criminal activity via meeting new people who often served as novel criminal contacts upon release. Roman Hughes describes his experience of this:

*I think most people are just angry there. There's a lot of people there that—you know, possession of meth—a hundred months, a hundred and twenty months, ninety months. Cocaine—a lot of young black dudes doing big, big time, and they're still in their gang, and they're still in their gang there, and they're—every day, you see it. That's what they do. They got their little gang meetings and their little cliques and they ain't talking about how to be better parents and get out and be a better person. That's not what they're doing. Including me, that's not what we're doing.*

Levi Martinez discusses his experience of shame:

*It's very shaming. You have to wear this uniform and you got to follow all the rules, and then you're in a little cell, it's like you're an animal. And I just don't believe that that's supposed to rehabilitate most people.*

Levi also discussed his experience with how incarceration impacted his previous struggles related to exposure to traumatic stress and the internalization of shame:

*I know the first—when you first experience any type of jail or—I didn't experience the prison till later on but jail. It's hard. It's like, "What's going on?" And being through the trauma beforehand—I don't know. I'm thinking that it probably made me feel more guilty once I got into jail because now, I'm like—like they're saying, "You're bad. You're a bad person." And it's just reassuring some of the trauma you went through, depending on what it is. But most traumatic experiences seemed to be something that shamed you or made you feel guilty already. So, all*

*of a sudden, you're put in jail. Now you're feeling that even more. It's like they're—you're internalizing like, "Now I really am a bad person."*

Nicole Emerson discussed the correctional setting as inconducive to healing. She described both the expectations of who you are in jail being in contradiction to the need for vulnerability in the healing process and well as the collective energy of negativity getting in the way of potential healing while incarcerated:

*Not in that dark hole. Gross. Just the energy in there—you can be all happy and you walk through that door and it's heavy. You can feel all the sadness and the anger... It's like you can't be all soft and then go right back into your dorm or whatever and be soft. You have to have a certain persona while you are in there.*

Many participants discussed experiencing and witnessing traumatic events while incarcerated. Dylan Roberts, among others, discussed the exposure to more trauma while incarcerated creating stress, not rehabilitation:

*I've walked past a cell in St. Cloud, and somehow the guy that was in the suicide watch cell got ahold of a razor, and there's blood all over the wall. And I think he lived. And then they were trying to rope it off and stuff, and the—especially in St. Cloud, you hear the people that just can't—they break down, and they're just bawling, and crying, and stuff, and they don't know—they're not equipped to handle something like that. Yeah. All that stuff is taxing, and then part of that plays into—depending on how you handle that, either you go to the hardened heart of it, and say "What a pussy," that "man up and do your time" kind of mentality, or do you say "Oh, my God. This is a human being that's suffering this*

*right now, and it's sad, and it's horrible, and it's so destructive to them, and whoever else, that something about it's not right."*

Beyond the setting being inconducive to healing, participants also emphasized the way correctional settings helped them bolster their survival skills and criminal network. They discussed learning new methods and being mentored by other inmates who engaged in criminal activity during their time incarcerated. Still for others, they had been incarcerated enough times, that they knew how to navigate the system. So, instead of a place fostering rehabilitation—or at the very least interrupting criminal activity to open up the opportunity for rehabilitation – jail and prison was simply a different setting for participants to continue their patterns. Will Coleman describes this from his experience:

*I was not institutionalized because I didn't want to stay. I was comfortable in jail. I knew how to roll. I knew how to make money. I knew how to do everything. I did the same thing in jail that I did out of jail: hustle.*

Roman Hughes describes this as well:

*You know, prison—you don't learn great things. You're making friends with people that are going to probably be on the streets and not doing good things, so I probably built my criminal empire up more.*

In short, participants provided an emphasis on the lack of carceral settings being able to provide a healing trajectory. They reported correctional settings as unsafe and unsettling. They discussed more exposure to traumatic stress, dehumanization, and increased access to socially deviant skills, which further bolstered their criminal activity upon reentering. Participants also emphasized their own survival skills and body response being activated and strengthened while incarcerated which impaired their own

rehabilitation process. From his own lived experience, Adrian Richardson suggested the following:

*It affects you in a very negative way. I think incarceration should be the very, very last resort after everything else is—after every other option has gone over and has failed, then incarceration.*

### ***Used Substances While Incarcerated***

The last subtheme within “incarceration does not rehabilitate” is characterized around substance use during incarceration. Consistently participants described continuing their substance use while they were incarcerated. Some described a change in the type of substance; for example, many switched from methamphetamine to heroine or pills in order to sleep more while they were locked up. One participant who switched to “downers” said he didn’t want to use meth because it would be equivalent to “doing twice the time.” For some people, they changed the quantity of their use—typically decreasing the amount of use, but not eradicating it. While the quantity and type of use may have shifted due to incarceration, participants described the continuation of their substance use throughout incarceration, even in solitary confinement. Roman Hughes explains his own experience:

*I used in prison. I smoked pot anyway. It didn’t help me like that. I don’t know. I don’t think any of the prison stuff was really—I don’t see it helping too many people. I’m sure it does. Some people find God when they’re in there and probably figure it out, but I don’t know... I’d smoke some weed and eat and go to bed. I spent a lot of money on wham whams and bam bams.*

Will Coleman described the various ways he gained access to substance while incarcerated. It ranged from outside the fence, from guards, to making substances himself:

*At first, we were shooting it over the fence and then caught got. Then this lady brought it in for us, and then a guard brought it in for us... and my mom's sister's husband is a green shirt—works there—brought me a pack of cigarettes and a joint every week my entire bit after I got out of the hole....In the hole we made hooch and we had weed. Nobody got orange juice because we stole all the orange juice to make hooch and we did it right on top of the dumbwaiter. The guards had no idea.*

Levi Martinez also reflects on his time in a county jail:

*And when I was in the workhouse for the four months, I was getting high during, in the workhouse... Time in the workhouse was—I didn't like being there, I hated it, but I was able to get high while I was in there.*

In conclusion, an essence of participants lived experience included incarceration as a space preventing rehabilitation. Participants experienced dehumanizing treatment from correctional staff, were exposed to additional traumatic events, lacked the proper setting for either healing while incarcerated or preparation for rehabilitation upon reentry, and they continued to use, sell and make drugs, while they were locked up. This theme captures their experiences of the harmful problem of incarceration.

### **Spirituality is a Transformative Resource**

Spirituality was a prominent theme that emerged in this inquiry process. Participants reviewed the complex role of spirituality, religion and faith communities in

their recovery, rehabilitation and identity development processes. Many shared special spiritual moments they experienced throughout their lives, and others discussed the role of faith in maintaining hope and helping to create meaning and understanding around their experiences of traumatic stress. Participants also discussed being able to create a positive support system by finding peers with similar beliefs. Further, certain experiences were interpreted through the lens of spirituality and faith which fostered meaning and hope in their lives; for example, a generous sentence by a judge or not dying during a traumatic event was experienced as God or a higher power having a plan for their life. This in turn, seemed to impact their identity and subsequently their motivation for change, providing a fortitude to sustain healthy decision making.

### ***Spiritual Experience Fostered Healing***

A subtheme within the larger theme of spirituality included individuals reporting specific spiritual experiences which fostered change and healing in their lives. Many participants shared about special transcendent moments they experienced that led to substantial change in their lives. These moments were characteristically different than simple insight and were understood as deeply spiritual moments. Others described gaining spiritual or religious knowledge which helped them foster change in their lives. Olivia Jones describes her first spiritual experience:

*So, then I go to treatment. And I have this total spiritual experience there. Not individual experience, but just awakening to myself and to that there's other people out there like me. Because part of what was driving my addiction was feeling like nobody would ever understand. And when I found out that people had*



*been through stuff like me and they could—they did have hope, and there is a different way to live. Then I really—that really changed my life.*

Towards the end of her interview, she again reflected on the way she experiences the role of spirituality in her life providing meaning to both her pain and her joy:

*And [my life] might have rocks and might have flowers, but it's—I think it's so valuable to know if—when I got my certified peer specialist certification, and I started working and using—I got a position, a job, that is solely based on my experiences. And then I knew that it wasn't in vain. And then I realized the purpose of my life. And why—I believe in God—and then I realized why God put me through all those things—I was like a knight being trained to be able to do the fight—in my—in—yeah. I don't have to fight anymore.*

Roman Hughes describes two moments when he saw God intervening in his life. He described a time where he swallowed a significant amount of meth and intended to throw it back up. The bag tore as he swallowed it and he overdosed and was taken to the hospital. He lived, but had serious physical complications including stuttering, and loss of body movement. He describes a spiritual moment over half a year later:

*So, I end up in the workhouse, for theft of this motorcycle. But that's when I'm walking around in a circle, how you walk in a fight with my friend's son. And he's like just wow, he's never seen me like this before, but I went into my cell that night. I remember going in there and I was like, "Man," and I was like this all the time and drooling. I always had a big thing of drool right here. And then all of a sudden, I was sitting, and I was looking out the window. And all of a sudden, it got really super bright, and I was watching this turkey and this deer, and I was*

*like, “Man it is so beautiful.” And then, I was like, “Wow. Man, wow, you quit stuttering.” I was talking to myself in this cell, and it completely went away. I quit rocking. I quit drooling. And I quit stuttering just like that. And this was 6, maybe 8 months later. Yeah. And just recently—that was 2016 or whatever. Just recently, this girl was showing me, on her phone, a video. I was at her house and I was trying to smoke meth. And that’s when I was so—I’d be like this, and I was trying to spin the bubble, and it was spilling out and burnt all over my hand. She has a video. She goes, “Man. I was crying.” Because she knew my normal me. And then, she was like, “I couldn’t believe it.” So, it was pretty traumatic crap and stuff. But I think that’s all part of God’s mercy for me, and a lot of stuff.*

He described a more recent experience which attributes to spirituality in his life:

*I just got arrested a year ago, July 9th. I fell asleep with an ounce of dope. Cops woke me up with guns in my head. I went to jail, I was in there, and this is the first time I was like, it wasn’t just going to be an easy thing. I was thinking, “Wow. I’m going to prison to die.” I woke up. Dude, you got charged with second degree possession. It’s 130 months. Thinking about, my little girl. I thought it was—I had a hold. I was already out on probation. I don’t know what happened. People prayed and got me here, and I took treatment pretty seriously.*

Later in his interview, Roman teared up as he described the spiritual transformation in his life:

*Yeah. It’s pretty cool, man. A year ago, God stuff, I’d be like, “Save all that crap. That’s for weirdos in prison or whatever.” But I kind of believe some things happen. All the other times I went to prison or whatever, it’s all just—look at that,*

*I'm just tearing up your flower. It's all God's mercy saving me from me or saving other people from me.*

Will Coleman shares a powerful moment spiritual moment in prison, which changed his life:

*When I finally went in prison the third time when I was trying to find the way, I met this guy who was a theology major at Northwestern. He came home from school and he saw his girlfriend in bed with his best friend and he shot one time and killed both of them. He handed me a bible.*

*When I came walking into prison with this guy, the cop goes, "Coleman, what are you doing back?" I go, "I'm looking for that manual on how to pull my head out of my ass." Just making a joke. We started laughing. We went on a flag. He grabs a bible from St. Johns where my kid was. He hands me the bible and goes, "This is the answer you're looking for." He explained it a little bit to me and he told me his story. I thought, "Okay. I believe in God." I knew God was there. I knew something was there. When I started looking for it, everything... The more you search for it the more you see it. You have to want to be—because you're only going to get what you want. We serve what we love. That's where it is. We really serve what we love. That's why I want to serve God. My job is to—I've taken my whole life and now it's time for me to get back. The bible says our job is to serve others as Jesus served you and to be gentle, because I'm not gentle. I'm so bold and as I see things I say things and I learn to be gentle about it instead of being blunt.*

***Spirituality as an Ongoing Resource for Change***

Beyond mystical moments, other participants described finding structure and hope through their newfound spirituality. Participants expressed using traditions, members of their faith community and guidance of their endorsed religion as ongoing support for recovery and their new way of life. Participants provided examples of how this not only helping them in their initial change process, but also provides an ongoing resource to sustain a healthy life. Will Coleman described the role of Christianity and IFI (a voluntary faith program in jail) in his own life:

*I started reading the bible every day. I kept trying to do things my way and it bit me in the ass because I got slammed on my head so fast and slammed back in jail and I moved right back into IFI. I went through the program and I did it right. I've been trying to do it right since and I'm not perfect but I'm not going back to prison.*

Dylan Roberts provides his own lived experience of the role of spirituality and his identity. He discussed the lifestyle of using and selling drugs and part of his identity and struggled with letting go of that. For him, this is where spirituality and religion provided a new way for life:

*I'm sure that it—there's always been a level of confusion of experiencing good things but seeing bad things, and the mix of it all, and what really is right and wrong for me. And then going to treatment my first couple of times, like, "Who the hell am I going to be when this is gone from me. What then? And, for me, that's where Christianity really came into play because here's this book. Here's this person they split time for that tells me who I am, that tells me who, from creation, I was meant to be, and it takes away the identity question of "Who am I going to*

*be without this life? Who I was meant to be in the first place?" And so, learning that, for me, was such a relief in a sense.*

Levi Martinez explores the change in quality in his life since becoming a Christian. He explains that instead of chaos of his previous life, he has peace:

*I made up my mind that I know I have to do this forever. It's been long enough now where I know I'm not going to do it, and I can see the benefit of it. Now I'm actually experiencing the abundant life, I would call it. That's what the Bible calls it. It isn't chaotic and exciting that way, but it is in a different way. It's—Content—that's a great word. Yes, I'm content, and I'm at peace and—but I still have joy and so all these things. And there's still hard days. Right now, with this new job, there's a little fear of it because it's so new, and I'm used to what I'm doing right now. So, I'm experiencing that a little bit, but I know it's a good fear.*

Nicole Emerson discusses the role of spirituality being a major resource for her and her recovery process:

*And I got really, really spiritual... I've always felt like I should do things. So, I joined a certain—with a bunch of hippies and healers and people who meditated. I feel like it was just—something's always been there, but yeah, definitely spiritual.... It really has [helped me]. I feel like my belief in God... believes there's also many gods, many angels. So just finding, being able to sit alone with that.*

Overall, spirituality was connected to people's ability to change and maintain the transformation over time. For some, their positive peer group is associated with their faith community. For others, it provides a healthy identity and guidance on their behaviors and

relationships. Still others, profound spiritual experiences were a catalyst for change and the infusion of hope.

### **Desire for a Better Life**

The final essential theme centers on the heartfelt desire to have a better life. Participants consistently talked about wanting to change and wanting a better life for themselves and their children and even the world. They described situations where they desperately wanted a different life but continued to make choices that moved them away from healing. They discussed having the desire to reconnect and repair relationships with their loved ones, especially their children. They described their desire to create a better life not only for themselves, but for others in their community. Participants discussed the impact on them when others had hope for their healing and desired a better life for them. This theme carries with it a strong sense of optimism and resilience. Participants described times where they held their chin up, despite standing in a pool of suffering. All participants emphasized their desire for a better life. No one wanted to suffer.

Luna Walsh discusses her desire for a better life helping motivate her:

*So, looking back at it at all. It's just something I just tell myself. "I'm going to do this program." I never graduated, really, from school. I mean, I got my GED, but I didn't graduate. So it's just, like—I just would rather try and better my life than go back to prison. So that's just, kind of, the bottom line.*

Roman Hughes has already made a lot of changes and desires to continue on this new path:

*I know I don't want to go back to jail. I don't want to do any more criminal stuff. I don't want to hurt people. I want to be a decent dad and all that stuff.*

Will Coleman bluntly describes his desire for a better life:

*I'm done—so done. I need to keep my head out of my ass and keep doing the next right thing... When I got out, I was scared because I thought, "God. You're going to fuck up and go back to using." When I came out still figuring it out, God changed my heart. I'm not perfect but I'm not the person I was, and I don't ever want to go back.*

For Adrian Richardson, his children are the reason he desires change:

*I'm not as close with my kids as I want to be. I don't get to see them as often as I want. I would spend every day with them if I could. They're the biggest external driving factor that's causing me to want to do better in my life.*

Dylan Roberts discusses the role of desiring a better life for others and taking steps to help other out. Other participants also described similar desires to “give back” to the community or help bring about change for other people who struggled like they did.

Dylan Roberts explores this in his own lived experience:

*Yeah, so, for me, when I got sober last time, and I was helping people—and I'm doing it again now too. I like to be in that role of being somebody that people come to for help, and it's plays—when I'm selling drugs too, people are coming to me because they're sick or because they're whatever. But it's not fake anymore what I'm doing today. You know what I mean? It's real. I'm actually helping people step into a better life, or whatever, and to some sort of recovery. So that need that was in me that I thought was being filled with selling drugs, I think, was probably a legitimate desire of my heart to help people, but the shortcut that I took to fulfill that need was so harmful and so destructive to my own life and*

*everybody's lives around me that—but I do think that it's probably a God-given desire that I have within me that I just chose to try to fill it in the wrong way. And I don't know at what point I discovered that though. You know what I mean?*

Finally, Olivia Jones beautifully describes the impact on her life, when she encountered the hope of the collective community through drug court.

*Drug court totally changed my life. Totally changed my life. Gave me the accountability I need. Broke down the barrier between me and our public service. People really broke down the barrier—got into treatment, got into therapy, I mean, outpatient treatment and therapy, and really changed my life. And I think what's most changed my life about that was not just the accountability and stuff, but the idea that they showed me that everybody in our—everybody, whether you're a judge or a lawyer or a police officer, they're just people. They've got struggles, too. They're here for us. They want our community to be better—why would anybody want—I mean, there's sick people out there, but as a collective, we want to live in a better world, and the only way that's going to happen is if we all work together. With no walls. So, that taught me—drug court taught me that. For sure. And it got me connected to my community. Plugged in to connection and that has been just the most—I thrive when I'm talking about things that I'm passionate about. I thrive when I'm connecting with other individuals because that connection piece is what saved my life. Undoubtedly. Through all of this, I felt like I was just doing it on my own, trying to survive. Like no real emotional attachments or connections. Just living like that.*



This final theme, “desire for a better life” was much like a silver lining throughout the intense narratives that participants provided detailing their lived experience. This thread of hope was deeply impactful, and participants emphasized the role their motivation for change and desire for better and more played in their lives. Despite fading at time, or being sidelined for a while, this desire for a better life remained a key aspect of participants lived experience.

### **Conclusion**

This chapter provided the representation of the collective timeline and seven essential themes of the inquiry and analytic process. In short, the lived experiences of the parents in this study who have been exposed to traumatic stress, struggled with substance use, and navigated incarceration contain: a nuanced experience of trauma, substance use and incarceration in relationships with each other; a pile-up of traumatic, everyday, and relational stress; critical peer relationships; information gaps; harmful experiences of incarceration; the resource of spirituality; and the intense desire for a better life.

### Chapter 5: Discussion

*How many roads must a man walk down  
 Before you call him a man?  
 How many seas must a white dove sail  
 Before she sleeps in the sand?  
 Yes, and how many times must the cannonballs fly  
 Before they're forever banned?  
 The answer, my friend, is blowin' in the wind  
 The answer is blowin' in the wind  
 Yes, and how many years must a mountain exist  
 Before it is washed to the sea?  
 And how many years can some people exist  
 Before they're allowed to be free?  
 Yes, and how many times can a man turn his head  
 And pretend that he just doesn't see?  
 The answer, my friend, is blowin' in the wind  
 The answer is blowin' in the wind  
 Yes, and how many times must a man look up  
 Before he can see the sky?  
 And how many ears must one man have  
 Before he can hear people cry?  
 Yes, and how many deaths will it take 'til he knows  
 That too many people have died?  
 The answer, my friend, is blowin' in the wind  
 The answer is blowin' in the wind*

- *Blowin' in the Wind* by Bob Dylan, 1962

In 1962, Robert Zimmerman—more commonly known as Bob Dylan—sat down at a café in Greenwich Village in New York City and wrote a civil rights era melody, “Blowin’ in the Wind.” Apparently, it took him only ten minutes to write the song. The song was earnest, asking with authenticity the hard questions about the world around him that was characterized by war and racism. Quickly, the song became an anthem of the 1960s civil rights movement where it was sung at voters’ registration rallies in Mississippi, through collective voice at peaceful protests, during the famous walk from Selma to Montgomery, Alabama, and just prior to Dr. Martin Luther King taking the

stage to deliver his celebrated, “I have a dream” speech (Naylor, 2000). The song questions the lack of justice in the world, and it remains relevant to this day.

At times, this research project was quite difficult to engage in. Perhaps there is such scant qualitative research on this topic for this very reason: it is challenging to bear witness to people’s realities when their lives are so heavy and so tragic. It is hard to do what reflexive qualitative researchers must do—practically bathe themselves in the data—when the data itself is violent. This particular method of investigation brings the researcher into connection and proximity to the research subject, whom of course is an embodied human being, not a distant object reduced to a participant identification number or a set of scaled responses. This is not said to diminish the value of other research methods as quantitative methods provide immense strengths that qualitative interviews cannot achieve. It is simply to highlight the type of intimacy requisite for reflexive qualitative research. It is no doubt that the stories of these dear humans who volunteered so courageously to share their stories—their truth—reverberate in my own mind and body. It is a true testament to the interconnection we humans have and the power of proximity. In this inquiry process, I found myself returning often to the words and melody of “Blowin’ in the Wind.” I learned to play the song on the piano—playing it often when bleakness set in. The song is not a cheerful one, but it also is not cynical. Rather, a sort of neutral performance and commitment to keep on asking the hard questions. I suppose my fingers pressing down the black and white keys strumming the civil rights anthem served as a tiny form of resistance against cynicism which I refuse to endorse. Regardless, this song, in a way, became part of the research process for me.

As this project centers the voices of parents who have survived horrific violence, crawled their way out of the darkest corners of drug addiction, and desperately clung to hope while living in a cage, I found myself asking the hard questions Bob Dylan once asked. Of the human beings our society calls criminal, caged like an animal, I found myself asking: “How many times must a man look up, before he can see the sky?” and “How many years can some people exist. Before they're allowed to be free?” Of the women and men who have endured family violence, sexual violence, intimate partner violence, and police violence yet *still* remain alive and continue to smile: “How many years must a mountain exist, before it is washed to the sea?” Of the people in positions of power, authority, and changemaking, I found myself asking: “How many times can a man turn his head, and pretend that he just doesn't see?” and “how many ears must one man have before he can hear people cry?” and “how many deaths will it take 'til he knows, that too many people have died?” Bob Dylan might suggest to us, that the answers to these questions are blowin’ in the wind. In this manner, this chapter serves as a discussion of the wind, and the answers it carries.

The wind can only be understood in context. You cannot see the wind, but you can feel it. You can see what it carries, and by paying attention to the impact of the wind, you can begin to understand its elements of space, strength, and direction. Similarly, this chapter explores contextually the findings of this study. The purpose of this chapter is elaborate on the findings of this study in juxtaposition with other forms of lived experiences from this community, current policies and practices impacting this community, and to make recommendations for future research, policy and clinical work. In this chapter, I draw upon ecological systems theory propositions to elaborate on the

findings. I provide concrete recommendations for future research, policy and highlight key implications for clinical practice with families navigating the milieu of traumatic stress, substance use and parental incarceration. Finally, I conclude with an honoring of the community of parents centered in this research.

### **Linking Lives with Context**

Anyone within the slightest proximity to humans navigating the milieu phenomenon of this study may not be surprised by the findings presented in Chapter 4. However, the aim of this study was certainly not to wow; rather to understand from the perspective of previously incarcerated parents themselves, *their* nuanced understanding of the given phenomenon in their lives so that further inquiry that ultimately travels throughout the various research stages and circles back to these very parents in the form of community interventions, has its origin in their voice. It is critical that the programs and interventions align with the lived experiences of those they serve. If we are to really change the circumstances of families involved in the criminal justice system, researchers must maintain a commitment to linking lives with context and staying proximate to the lived experiences of families whom they study and serve through interventions.

From an ecological systems perspective the enactment of the phenomenon of traumatic stress, substance use and parental incarceration in the lives of the participants is primarily understood through *proximal processes*— the interactions between the person and their environment over time. One lens to examine the themes represented in the previous chapter is through proximal processes where each theme can be understood as

either a proximal process or the outcomes produced by them. Later in his career, Urie Bronfenbrenner proposed the process-person-context-time model (PPCT). The purpose of this model is to provide a taxonomy appropriate to describing phenomena within a context of space and time (Bronfenbrenner, 1995). The PPCT model rests on two general propositions from ecological systems:

*Proposition 1*

Especially in its early phases, and to a great extent throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes. Examples of enduring patterns of proximal process are found in parent-child and child-child activities, group or solitary play, reading, learning new skills, studying, athletic activities, and performing complex tasks.

*Proposition 2*

The form, power, content, and direction of the proximal processes effecting development vary systematically as a joint function of the biopsychological characteristics of the developing person; of the environment, both immediate and more remote, in which the processes are taking place; and the nature of the developmental outcomes under consideration (Bronfenbrenner, 1995, pp. 620-621).

In this model, Bronfenbrenner places the heaviest emphasis on proximal processes where “person and context are discussed as elements exerting their influence on the most important factor—proximal processes” (Merçon-Vargas, Lima, Rosa & Tudge, 2020, p.). In order to be a proximal process, the activities need to be engaged in “on a fairly regular basis, over an extended period of time... and these activities must take place long enough to become ‘increasingly more complex’” (Merçon-Vargas, Lima, Rosa & Tudge, 2020, p.322). The nature of proximal processes is bidirectional, and the reciprocity fortifies the impact on development.

With no reference to ecological systems, the parents in this study highlighted these very propositions Bronfenbrenner asserted. Repeatedly, participants highlighted the complex and reciprocal nature of various aspects in their lives. Participants described the ways repeated interactions in their childhood shaped their development. They portrayed the way person to person interactions in their adolescence created power, influence and bonds coalescing into trajectories persistent over time. Finally, they explained the various processes, encounters and activities in their adulthood that not only reified their existing developmental trajectories but also crossed the generational line and provided the context for proximal processes in their children’s lives. While certainly more distal environmental factors situated in the macrosystem and exosystem influenced the individuals in this study, the central focus of participants involved the microsystem and mesosystem. More simply, the ways that participants understood and articulated their lives heavily focused on immediacy and proximal interactions over time.

For example, one proximal process mentioned in this study was the interactions over time between correctional officers and participants during their tenure behind bars.

The quality of this interaction was characterized by the participants being treated with a lack of regard or blatant disrespect by correctional officers. However, the “form, power, content, and direction” of the way this proximal process affected the participant’s developmental trajectory is fused to the environment—the correctional setting more closely and the larger sociocultural milieu more distally. The dominant narrative around incarcerated individuals within both the proximal and distal environment is one situated within a sociology of punishment (briefly discussed in Chapter 1). Thus, the proximal process of participant-correction officer interactions is more likely to negatively impact the developmental trajectory when situated within this type of environment. Accordingly, if instead, the same interaction occurred in an environment where mercy and justice existed in abundance, the “form, power, content, and direction” of that same proximal process would likely have a different impact on the development of that person. Consequently, the impact of proximal processes and the environment warrant attention.

The question then becomes: are our theories, research and practices linking lives to context and are they aligned with the lived experiences of whom they focus? Dr. Arditti offers a pyramid of principles in the conclusion of her book on parental incarceration. She suggests that practices aimed toward helping justice involved families need to (a) advance social justice, (b) do no harm, and (c) promote human development (2012). Linking lives to context is a requisite for all three of these principles. Arditti highlights this very need by proposing a family perspective guided by developmental contextualism and ecological systems on addressing the disparities and oppression present in the lives of families who experience parental incarceration. The results of the



present study bolster this notion by stressing the need to understand people in their context.

With a solid undertone of highlighting fused contexts, five discussion points follow exploring the essential themes that emerged during the inquiry process: (a) it's simple and it's complicated, (b) substance use as a cry for help, (c) relationships matter, (d) see me as human, and (e) strength and resilience in the recovery community.

### **It's Simple and It's Complicated**

The lived experiences that culminated into essential themes in this study thread around the dialectic of simplicity and immense complexity. At times, participants seemed to be stupefied at the questions I asked; this was true especially for whether or not they saw a connection between their traumatic stress and their substance use, and if they experienced incarceration as traumatic. Their affect seemed to say, “duh.” The certainty of the way they spoke of the connection offered a connotation of simplicity and clarity. Many of them even said it explicitly—of course they are connected; it is obvious. At other points in the interview, the colossal tangled mess of complex phenomena in relationship to each other provided a much more complicated interpretation of their lives. Participants shifted their language into using metaphors, like a ball rolling down a hill, picking up objects along the way. The tension articulated by participants demonstrates Bronfenbrenner's notion of proximal processes. The relationship between the individual and the traumatic stress in their lives at first is relatively clear, but over time evolves into increasingly complex interactions. As the individual shifts from interacting with a traumatic event to their very development being altered by that traumatic event, things change. As time goes on, the next pertinent proximal process can be seen when the

traumatized person interacts with substances, again increasing in complexity over time.

These intimate interactions gain even more complexity when their immediate and distant environments are brought into view. It seemed to me that the participants in my study were saying, it's simple, and it's complicated. I agree.

If we are to be responsive to these lived experiences, we must examine the theories, research methods, and practices currently used to engage with parents like those in this study. Can the propositions and assumptions of the theories we use to understand justice-involved families hold the dialectic of simplicity and complication? Over the past decade, a relatively small group of researchers across various disciplines are moving forward a research agenda rooted in justice and contextualism (see Arditti, 2012; Poehlmann-Tynan & Eddy, 2019; Wildeman, Haskins & Poehlmann-Tynan, 2018). The work of these researchers is brave, promising, and long overdue. However, many more studies have been conducted by researchers whose theories fail to account for the lived experiences highlighted in this study. For example, psychological research held together by behavioral theories examining linear sequences of antecedent—behavior—outcome fail to account for the bidirectionality of proximal processes, the layered impact of individual's environment and the pile-up effect of stressors across time.

In extant literature exploring the relationship between co-occurring traumatic stress disorders and substance use disorders, researchers still suggest a lack of understanding. In a special issue exploring co-occurring PTSD and substance use, Vujanovic, Bon-Miller, and Petry (2016) suggest, “despite the well-established prevalence of this diagnostic comorbidity, much less is known about underlying etiological and maintenance processes or most effective treatment avenues. The

comorbidity is complex, difficult to treat, and marked by a more costly and chronic clinical course, when compared with either disorder alone” (p. 713). Perhaps researchers fail to understand etiology because they are examining phenomena disconnected from context and time. The leading theories and frameworks used to research co-occurring PTSD and SUD are self-medication theory (Khantzian, 1985), the high-risk hypothesis (Chilcoat & Breslau, 1998), and the susceptibility hypothesis (Jacobsen, Southwick, & Kosten, 2001). All fail to address developmental trajectories, bidirectionality and cannot envelop the lived experiences of the participants in the present study. Self-medication theory does address the notion of using substances to medicate trauma symptomology which is congruent with the lived experiences of those in the present study, but it fails to account for the ways in which this sequence is linked to the individual’s context over time as well as reciprocity.

It is critical for research to employ theories and methods that adequately reflect the phenomenon under study. One of the unique contributions this study provides is the attention to phenomenon across time. Instead of situating the phenomenon of focus within a discrete period of time (i.e., exploring the meaning making of traumatic stress while a parent is incarcerated), the inquiry spanned across participants entire lives. Thus, the themes that emerged in this study are tethered to their lifeline—their story. This is important because it requires us to understand the ways in which the participants make meaning of processes that have been occurring throughout their whole lives and provides insight into trajectories leading to the very problems we are seeking to change. This notion in and of itself, stands in stark contrast to the primary ways current theory and research has engaged with families involved in the criminal justice system.

## **Substance Use as a Cry for Help**

The use of substances—both the initial and especially the ongoing and increasing— can be understood as a cry for help. Participants in this study made it clear that their primary use of substances was to manage the pain and suffering overwhelming them. This presented predominantly in two ways: (a) the presence of acute pain through trauma symptomology, and (b) a more subtle and existential pain characterized by the lack of a sense of identity in relationship to others—a lack of belonging. In Gabor Mate’s work, he highlights the way our society has largely missed the mark with substance use and addiction. He suggests that all substances serve as chemical pain killers and that all people abusing substances are gaining relief from pain; he suggests, “the real question in addiction is not why the addiction, but why the pain?” (Mate, 2012). Bryan Stevenson in his work at the Equal Justice Initiative has proposed the notion that when mass incarceration took a steep uptick, it was primarily in respect to our society taking a harsh criminal legal response to substance use (Stevenson, 2021). Stevenson poses that our society could have viewed people suffering from addiction and seen them as humans with a health condition—humans with a mental health condition—and responded with a massive health care response. However, we either did not see their cry for help, or we chose to look past it and responded with a “tough on crime” systemic overhaul resulting in the caging of millions of people with disabilities and mental health conditions.

In the present study, participants highlighted the way substances were a balm for their wounds. One participant thanked God for methamphetamine as it helped him stay awake, avoiding his tormented sleep. The reality is that people have been drinking and smoking away their sorrows for a long time. So long that the nomenclature has evolved in

multiple iterations—chemical dependence, addiction, substance abuse, misuse, use—I wonder what would happen if we simply saw it as a behavior to reduce pain and a cry for help? The themes of this study centered around substance use outlined the function of substance use as a pain reliver and as a method of gaining acceptance, identify and belonging. The former was seen in the subtheme *substance use medicates trauma symptoms*. The voices of participants merged in a choir returning again and again to their chorus: drugs and alcohol provide relief from suffering. Of course, we know it is not so simple—and participants said so themselves. However, for the tenure of each high, it is that simple. There is relief. It is fast, predicable, and it works. If we are to listen to their voices and ground all problem solving from that stance, we have to reckon with the intense pain so very present in the lives of these justice-involved families.

Theories must accommodate the presence of pain, suffering, and stress and its relationship to substance use as well as the collective impact this has on the family system. Research examining the pathways from traumatic stress to substance use in families involved in the criminal justice system is necessary in order to situate prevention efforts and the advancement of interventions that interrupt those pathways in an ecology of time and development. While qualitative research provides multiple strengths, one of its greatest is the calibration it provides for researchers investigating humans. When we listen to people's narratives and seek to understand their perceptions and meaning making processes, we are provided an opportunity for centering or recentering future inquiry within the reality of those whom we study. Of course, other methods are needed to provide alternative viewpoints (e.g., observational methods provide useful information for parent-child interventions where observed parent behavior differs greatly from

parent's perspectives and reports of their own behavior). However, regarding the relationship between traumatic stress and substance use, I believe it is critical that we start listening to voices of the people navigating this tumultuous terrain as the landscape of their lives.

While the results of this study are not intended to be generalizable to the public at large—or even the entire community of parents whom have been incarcerated, struggle with substance use and experienced traumatic stress—they can give us a pulse on the lived experiences that *these* parents have and provide an opportunity to question the degree to which other parents in this milieu have similar experiences. This is where quantitative methods can join forces with qualitative research in picking up the questions left unanswered and explore the phenomenon through other methods that can provide broader brush strokes of generalizability. For the purposes of this study, one can juxtapose the findings with other forms of data to ascertain the potential for these findings to apply outside the scope of the study participants. Within the aim of this study centered on understanding lived experiences, various data in the form of art provides a window into how others outside this research study understand similar intersections of life.

Art of all forms has long been the sacred space that transforms pain into tragic beauty. Within the community of people with lived experiences also characterized by traumatic stress, substance use and incarceration, art is prolific. People's voices are manifested in beats, brush strokes, body movements, stanzas, and rhymes. People's voices can be seen on canvases, book pages, tattooed bodies, and on the brick walls of



that he's riven. & I drink.

Mornings I turn sunrise into  
another empty glass & a  
dozen angels diving  
behind the mire I swallow to  
save my body from itself.  
All scream

me & even, the cherubim, lost  
in that smoky, dense  
comfort, lost in the darkness & sometimes,  
I swear,  
Even G-d has no alibi.

Betts walks his readers right to the kitchen table, ushering a proximity to his pain and the warm embrace of whisky. This parallels the experiences of those in this study who articulated the function of substance use as pain relief and emphasized the intensity of this pattern in the immediate aftermath of novel trauma and loss. Just this week, a client in my clinical work interrupted me as I questioned the amount of substance use he engaged in over the past week; he said, "Molly, I don't want to call it drugs anymore. I don't want to call it anything except medicine. It's my medicine." Many other artists find solace in the rhythm, prose and melody of music. JellyRoll, a prominent rapper in the unique southern hip-hop/country rap genre, speaks to these same sentiments in much of



his music. Pointedly, one of his albums is titled, *Self Medicated*. I was exposed to this artist at the same time I was coding the interviews from this study. A client of mine who also has navigated the milieu of trauma, substance use and parental incarceration provided the introduction. I was guiding a group of men in a ritual to honor the life of another client who had shot and killed himself as police chased him through his hometown a few days prior to our meeting. Each client had the opportunity to place an object of their choosing in a pile in the center of the circle in which we sat in heavy silence. Once the object was placed, that person had the opportunity to share a sentiment or song to honor the life of their brother, as they called him. This client requested JellyRoll as the sage for our ritual. With the pile of rocks, leaves, menthols, and dollar bills holding our gaze, we listened to the song, "Save Me." The lyrics follow:

Somebody save me, me from myself

I've spent so long living in Hell

They say my lifestyle is bad for my health

It's the only thing that seems to help

All of this drinkin' and smokin' is hopeless

But feel like it's all that I need

Somethin' inside of me's broken

I hold on to anything that sets me free

I'm a lost cause

Baby, don't waste your time on me

I'm so damaged beyond repair

Life has shattered my hopes and my dreams

I'm a lost cause

Baby, don't waste your time on me

I'm so damaged beyond repair

Life has shattered my hopes and my dreams

What if the night sky was missin' the moon?

There were no shootin' stars to use wishin' on you

And all of my sorrows, I'd just wash them down

It's the only peace, I've ever found

All of this drinkin' and smokin' is hopeless

But feel like it's all that I need

Somethin' inside of me's broken

I hang on to anything that sets me free

I'm a lost cause

Baby, don't waste your time on me

I'm so damaged beyond repair

Life has shattered my hopes and my dreams (JellyRoll, 2020).

This song registered to me as a cry for help so familiar to the participants in this study. It seemed to me a song eligible to be the anthem of the dark moments in my participants lives; times when their pain and a cloud of hazy highs traded shifts enveloping their days.

The themes represented in this study align with other forms of expression within the same community of families. More research is needed to document pathways from traumatic stress to substance use particularly in justice-involved individuals. My hope, is that our society opens its ears to hear the cry for help whispered through the lives of those seeking solace from their suffering through substance use so that one day, people find support for healing from their fellow humans and no longer need their “medication.”

### **Relationships Matter**

A number of themes that emerged in this study center around the importance of relationships. Participants explored the notion of relationship stress, family complexity, and the role of peer and romantic relationships in the course of their lives. They also discussed the lack of attention relationships held in their involvement in various systems. For example, parents found their pleas ignored when they asked the court to consider the impact that yet another incarceration would have on their family. Participants discussed the frustrations when drug and alcohol counselors insisted they break up with their “toxic” or “codependent” partner with little to no consideration of the importance of that relationships to their client. They discussed the stress associated with not being able to connect and contact their loved ones for extended periods of time while incarcerated, and when they finally were able to, they noted the inadequate physical and psychological conditions of visitation. They felt marginalized as they tried to find sober housing but found a lack of options for parents living with their children. Ultimately, they described

being confused and angry by the overall lack of consideration for their relational sphere.

To them, relationships matter.

The centrality of relationships in the lives of the parents in this study cannot be ignored. People experienced trauma in the context of relationships; they inhaled their first substance in the context of relationships; they got sober in the context of relationships and many times relapsed in the context of those same relationships. People experienced their worst pain and greatest joys in connection with other human beings. However, the services provided to these same parents, are almost exclusively cut-off from those very relationships they hold most dear. People described the stress associated with being disconnected from this major resource in their lives as well as a lack of regard they experienced from professionals in respect to the collateral damage in the lives of their children, partners, and family members brought about by enforced policies and procedures.

Largely, when an individual enters the world of system involvement, whether that be the criminal justice system, correctional facilities, substance use treatment, or mental health therapy, they are treated separately from their relational ties. Our highly individualistic culture produces a lens in which we see and understand people's behavior outside of their relational context. Family scientists and family therapists stand in contrast to this dominant view. While we are especially well positioned to hold the centrality of relationships and the tension between "I" and "We" as we work towards change, we have not been at the center of services or policy reform related to substance use and criminal justice involvement. The politics of discipline turf play a role as well as the history of family science. Regardless, if we are to center the voices of the individuals in this study

and learn from them, we must attend to the importance and role of relationships. The opportunities to increase a relational focus are endless. Addiction treatment centers could offer relationship therapy and groups to a greater degree than what currently exists. The criminal legal system could push forward reforms that account for and mitigate the collateral consequences experienced by families of the incarcerated. Federal dollars could be reallocated to fund family-level prevention interventions aim at interrupting intergenerational patterns of traumatic stress, substance use and criminal justice involvement. In sum, participants clearly voiced the importance of relationships in their lives and a wide expanse of opportunities exists to support this value in the efforts to heal trauma and reduce crime and substance use in families.

Beyond the centrality of relationships, the role of gender and gender differences in relationships is a key aspect of parental incarceration outlined by previous research (e.g., Bloom, Owen, & Covington, 2004; Dallaire, 2007). While the participants in this study did not emphasize the role of gender in their perceptions of navigating traumatic stress, substance use and incarceration, it is likely that there are distinct differences between the way mothers navigate this milieu compared to fathers. Since gender was not a key component of the interview prompts this may account for the lack of focus on the role of gender respective of the focal phenomenon. However, the mothers in this study reported experiencing more sexual violence and intimate partner violence compared to the men which is congruent with quantitative research on this topic (Komarovskaya, Loper, Warren & Jackson, 2011). Future research using qualitative methods to capture the gender differences in lived experiences for mothers and fathers navigating traumatic stress, substance use and incarceration could add meaningful information for practitioners

working with incarcerated mothers and fathers as well as support the development of gender-responsive care.

### **See Me as Human**

A dehumanization of peoples' inherent dignity and worth has become prolific in the interactions between parents involved in this study and their non-incarcerated, non-traumatized, non-addicted peers. This inhumane treatment is woven through the interfaces between professionals and system staff who are designated to provide services to these individuals. This was articulated through the *inhumane treatment* subtheme of the essential theme, *incarceration is harmful*. This was also voiced to a degree in the subtheme *lack of information from professionals* within the larger theme, *many information gaps exist*. The punitive system creating fertile ground for the inhumane treatment of incarcerated individuals has a long history beyond the scope of this chapter; however, it is important to note that classism, racism and intense moral judgment around substance use and mental illness have coalesced to contribute to deep seeded prejudices chiefly unchallenged by the public at large. Subsequently, these toxic narratives have perpetuated within formal private and government sanctioned entities. Combined with an unequal distribution of power, the participants in this study felt disrespected, disempowered, and quickly became disillusioned and mistrustful of the very systems intended to help them. I am confident in saying the parents of this study, would like to be seen as human. In order to see the individuals of this study and their peers as humans, the institutions that perpetuate the marginalization and disenfranchisement of these people need to be reformed.

As aforementioned, Dr. Arditti (2012) presented the principle of “do no harm” as part of her pyramid of principles for moving forward positive change in the lives of families impacted by parental incarceration. This notion rests on the foundation of advancing social justice characterized by fairness and enfranchisement of marginalized individuals interfacing with the criminal justice system. The principle of “do no harm” is guided by a framework of harm reduction (Arditti, 2012). Harm reduction seeks to “reduce risk for offender parents and their families” (Arditti, 2012, p. 152). While a complete overhaul of our current criminal legal system is warranted based on the immediate harm to the incarcerated and the collateral damages that extend widely into the family system, it is unlikely to happen in the immediate future. This is largely tied to the dominant paradigm in our society that endorses a “tough on crime” approach tethered to deeply held moral values. This paradigm endorses the prohibition of illicit substances and subsequent penal solutions to the use and sales of illegal drugs, a major contributor to the current climate of mass incarceration. Harm reduction proposes intermediate solutions to align with the voices of people, like those in this study, who request to be seen and treated as human. Until mercy and justice deconstruct our current penal system, harm reduction efforts must be bolstered.

### **Strength and Resilience in Recovery Community**

On a fairly regular basis, I stand in teary awe of the resilience and strength that I witness in the individuals and collective whole of the recovery community. It is amazing to me, the strength that so many of these people have to continue pushing forward towards well-being despite the barriers in their way. It seems to me that they are gladiators who find themselves face down in the arena, only to push themselves up again

and stand strong, despite the jeering crowd clapping forth their death. Many of the participants in this study had a steadfast ability to see the silver lining of their lives.

Olivia Jones said,

*I'd like to represent the start of my life with this beautiful flower. Even though I was born in chaos. I think that— even though I was born in chaos and trauma started pretty quickly, I would definitely still consider it a gift.*

Olivia was able to hold the complexity of coexisting pain and joy as she made meaning in her life. Other too, would offer caveats when describing the darkest parts of their lives, reminding me that they would not be who they are without the overcoming. The ability for people to endure is astonishing. This is not to paint a rosy picture that in turn releases the pressure for our society to radically reform our penal landscape, because while many people overcame incredible barriers and created a safe and healthy life for themselves, many more die of drug overdoses, street violence, suicide, or simply do not have the strength to push themselves up from being knocked down in that arena—so they stay face down, neither really living nor dying. This section is, however, intended to highlight the strength and backbone that this community of people collectively hold in the face of immense pain. Dylan Roberts described the transformation of his trauma into a mechanism for healing:

*So, in the future, a lot of these rocks turn to flowers. Because of the impact that they can have on other people—the impact that they already have on other people. The way that I've been able to connect with people to help them see that there is a lot of value in all of them rocks, even though they're rocks. There's huge value in what comes out of them, if you use them and embrace them, and*



*don't be defeated by them. And so being able to have a voice to change how some of this system plays out. And all of that is huge for me.*

The strength in the community is really incredible. Just the other day, I received a text from a client who I had just ended a crisis phone call with, trying my best to convince this person that hope exists and that he should stay alive. He was hard to convince as he cited his thirteen year stint of treatment—jail ping-pong, his numerous felonies preventing him from finding a job offering even a slice of the salary of his black market drug dealing, and reminding me of his six previous overdoses, all desperate attempts to shoot heroin until his breath ran out. I reminded him of his humanity and his inherent worth despite some of the choices he has made in his life, and he reluctantly agreed to keep himself safe. Later he sent a text: “Thank you for your kind words. I just want you to know it means a lot to me and I’m gonna keep trying.”

The strength in this community to keep trying is noble.

### **Future Research**

*It is far easier to build strong children than to repair broken men.*

Frederick Douglass, American social reformer and abolitionist

The findings of this study highlight a number of important aspects of the lives of the parents represented who have experienced incarceration, substance use, and traumatic stress. First, they are navigating multiple interrelated stressors across time. While certainly other research has captured this notion, the saliency of this reality seemed to be at the center of how participants described their lives. They are born into a context of stress and continue to acquire stress as they navigate their world. Often, research flattens this complex reality into labels like “at-risk,” or “high-risk,” or “adverse childhood

experiences.” While collapsing the complexity of phenomena can be useful in gathering information from more individuals, it also comes with a cost. Too often, these labels foster distance between the phenomena and the humans tethered to them and glaze over the complex proximal processes at play in the microlevel of human interactions. My hope is that by centering the voices of the parents involved in this study, researchers engaged in work around communities impacted by multiple stressors, can lean into the humanity of those they are researching and the complexity of their lives. In order to do this, I believe future research seeking to address substance use and traumatic stress in justice-involved families would benefit from two main efforts: (a) increased focus on family level prevention and intervention, and (b) employing as much as possible, participatory research methods.

### **Increased Focus on Family Level Prevention**

As detailed in previous chapters, the consequences of parents living with traumatic stress, substance use, and behind bars extend well beyond the individual into interlocking relational systems between children, caregivers, extended family and society at large. While the parents in this study did not emphasize the impact of this respective cumulative stress specifically on their parenting, research demonstrates parenting stress to contribute to negative developmental outcomes and intergenerational transmission processes (Weingarten, 2004). Likely, the lack of emphasis on parenting stress reported in this study is a result of what was emphasized in the interview protocol as well as the timing of the study. Interview prompts for the first interview asked participants to reflect on events related to traumatic stress, substance use and incarceration across generations. For example, they were asked about parenting experiences directly, but also indirectly

during their childhood while their parents navigated this same milieu. Finally, they were asked about the impact of navigating the milieu *as parents* on their children.

While participants did discuss the impact of stress in general as negatively impacting their relationships—including parenting—they did not focus more on parenting compared to other types of relationships. This may be a result of the focus of the interview prompts on the relationship between and among traumatic stress, substance use and incarceration with a lesser weight on parenting. It also is conceivable that the timing of the interviews and the role of meaning making in relationships to that temporal context played a role in the lack of emphasis on parenting specifically. Because the inclusion criteria for this study required parents to have been incarcerated in the past five years, all participants were recently incarcerated. The large majority of parents had been incarcerated within the past year, meaning their temporal context was largely characterized by a period of reentry. Many of the parents had yet to be able to reintegrate into their children's lives in a meaningful way. They discussed the strong desire to do so, but simply had not had the opportunity or stability they needed in order to be involved on a day to day basis. It is possible that if this same study was conducted with parents who had been incarcerated, but had been living back in the community for a number of years, that parents would place greater emphasis or simply have more to say about parenting because they would be engaging in more direct and hands on parenting. The participants in this study held their role as a parent as an important part of their identity, but most were not living with their children or providing daily care. Because there is a lack of research on parenting during reentry, future research could explore the role of parenting

during early reentry to understand mechanisms needed to help parents reintegrate back into their children's lives.

While the parents in this study did not emphasize parenting stress, there is ample evidence from other research demonstrating the role of parenting stress in intergenerational transmission patterns. Research has demonstrated that traumatic stress impacts developmental trajectories that replicate themselves through proximal processes in future generations (Weingarten, 2004). This is seen primarily through the process of PTSD being "passed" from parents to children. Weingarten (2004) has proposed "four categories of mechanisms of transmission of trauma: biological, psychological, familial, and societal" (p.49). While separating these categories to provide some clarity, these processes overlap and are connected to each other. A family level perspective guided by ecological systems provides a lens positioned to hold the complexity of this transmission process. For example, a significant amount of research has documented the mechanisms of trauma transmission in parents to their children, connecting the levels of parental cortisol (biological) to parenting behaviors (psychological), to parent-child interactions (familial) and developmental outcomes (societal). This research originated with the documentation of trauma in parents who survived the holocaust and mirrored symptoms in their children (Yehuda, Halligan, & Grossman, 2001). This same process is likely at play within the community of families interfacing with the criminal justice system. Prevalence rates have been documented to some degree (though even prevalence rates of traumatic stress are lacking), however the actual mechanisms of intergenerational transmission remain under researched in this community. In order to effectively interrupt

these intergenerational transmissions of traumatic stress, more research is needed to document these processes in justice-involved families.

Knowing that traumatic stress is transmitted across generations through the family, research on family-level prevention efforts should be prioritized. Particularly the treatment of parental PTSD as a mechanism for prevention efforts on the child level. Theoretically, this intervention as prevention strategy interrupts the proximal processes between parent-child interactions that transmit traumatic stress from the parent to the child. Similar efforts have been tested in a variety of parenting interventions examining the direct impact of parental intervention on child outcomes (e.g., Forgatch & DeGarmo, 1999). More research is needed to develop multi-modal family interventions for families involved in the criminal justice system who have experienced traumatic stress that target both intervention and prevention efforts within the family system (Wieling et al., 2020). These types of interventions align with the lived experiences of the participants in this study as they describe intergenerational patterns in their own families of traumatic stress, substance use, and incarceration. It also aligns with the centrality of relationships. Rather than interventions that treat individual symptomology as separate from the family, development through research of multi-modal family prevention interventions are needed. Particularly, interventions that are guided by family systems theory and are responsive to the ecology of human development over time.

One potential research agenda that would contribute to developing appropriate multi-modal interventions for justice-involved families, would be to explore the efficacy of Narrative Exposure Therapy (NET) in treating parental PTSD with families impacted by the criminal justice system. NET is an evidence-based intervention for the treatment of

complex traumatic stress disorder (Schauer, Neuner & Elbert, 2005). NET has primarily been used with immigrant and refugee communities; however, it is likely that the same neurobiological mechanisms are at play in justice-involved parents that impacts parental behavior and ultimately contributes to intergenerational transmission of traumatic stress. As pathways between traumatic stress and substance use disorders are researched, one hypothesis is that NET treatment could interrupt the pathway between parental trauma and substance use as well as the pathway between parental PTSD to child trauma symptomology. Ideally, NET would be part of a larger multi-level intervention providing simultaneous support to the children of justice-involved parents. NET is already being used in multi-modal interventions in other contexts (communities impacted by war and organized violence) (Cooper, Wieling & Pfeiffer, 2019).

### **Participatory Research Methods**

Due to the wide disenfranchisement of parents who have traumatic stress, substance use, and have been incarcerated, it is critical to engage in ethical research that resists the reproduction of systemic oppression, amplifies marginalized voices and engages in ethical research. Participatory research methods are particularly well suited to advance research aimed at the promotion of social justice. Hairston (2019) cites the utility of participatory research approaches as “promising avenues for generating useful data” (p.376). However, participatory approaches are “rarely visible in the literature on families and incarceration” (Hairston, 2019, p.376). The lack of participatory research may contribute to the lack of fit between many of the existing interventions and the justice-involved families they serve. While little participatory research has been conducted with families experiencing parental incarceration, one promising example of the potential of

participatory research is the Minnesota Prison Doula Project. In this project, a community-university-corrections partnership guided the development of a 12-week program for pregnant incarcerated women that included weekly support groups, individual sessions for the women with a certified doula who also provided prenatal, labor and delivery and postpartum support (Shlafer, Gerrity & Duwe, 2014). This project included the voices of incarcerated mothers throughout the research process in order to ensure the needs of the community were heard and considered in the development of the intervention (Shlafer, Gerrity & Duwe, 2014). Through participatory research, “community members are engaged as equal partners in the research process, which helps to ensure that resulting products incorporate and build on the strengths, knowledge and expertise of the community” (Townsend, Kramer & Hendy, 2019, p.253).

A quote from Dylan Roberts highlights one potential result when interventions are developed and disseminated to incarcerated parents without participatory methods. Dylan describes the lack of fit of services he received while incarcerated and the gap between his relational needs during reentry and the lack of services meeting those needs:

*That’s kind of a big trap. It really is. When you get home and you feel your kids—when they crawl on you, you want to set them aside because you’re not used to having anything longer than a three-second embrace at a visit. And then you feel detached anyway when they don’t come to visit. Every six months, or whatever, there’s this awkward period of time of who am I, do I even belong here? And all of that. And they don’t tell you about this stuff in pre-release classes too much. And—they tell you how to build a resume and how to answer the interview questions, and all that practical stuff, which is great. But there’s an organization*

*on every corner out in Minneapolis that can teach you that stuff. What they don't teach you is how to build your character to keep the job after you get it. Or how to deal with the emotional stuff that goes on when you're trying to re-establish connections with the people that you know that you love and care about, but you don't really feel like you're connected to them anymore... Yeah. And I—going back to prison, am having to experience all that and dealing with it—and then, finally, “Hey, let's talk about this for a little bit.” Everybody's like, “Oh, yeah. Yeah. I thought it was only me. I thought—” Like this secret of—because it's not talked about. It's unspoken. And so everybody thinks that they're the only one dealing with it. And it's just not the case.*

Participatory research is particularly well suited to address the issues raised by Dylan Roberts. These methods, like qualitative interviews, require proximity and listening to the voices of the incarcerated. I believe relationships between academic institutions, community partners, and community members provide exciting opportunities to develop interventions with the needs and voices of focal families at the center.

Overall, future research efforts centered on family level prevention and participatory methods are urgently needed in order to advance efforts to interrupt intergenerational patterns of traumatic stress, substance use, and incarceration and promote well-being among families involved in the criminal justice system.

### **Policy Implications**

*Like all other diseases, the disease of crime is one which is more rationally treated by prevention than by curative methods. Will not the law-maker join*



*hands with the medical practitioner and endeavor, even at the sacrifice of his own interests, to prevent the diseases he treats?*

George Frank Lydston, physician, 1858-1923

Policy implications of this study cut across various sectors and systems that impact directly and indirectly the well-being of families impacted by traumatic stress, substance use and parental incarceration. While a complete overhaul of the criminal justice system may be warranted, it is a difficult sell for policy makers. Nonetheless, relatively large-scale policy changes are necessary to mitigate the current damages inflicted on the community of families reflected in this study. Policy reform has been discussed at great length across disciplines and criminal justice reform circles focusing on a wide spread of problems. Issues discussed include problems associated with pretrial detention, cash bails, visitation policies at correction and community correction facilities, diversion programs and alternatives to incarceration, treatment courts, policing procedures and bias, mandatory minimum sentencing, legalization of marijuana and other illicit drugs, social exclusions for felons, funding of primary prevention, mitigating factors in criminal law, funding of co-occurring substance use treatment, insurance coverage of mental health services—and the list goes on. The reality is that the findings of this study have implications for all of these things. Participants touched on each and every one of these issues. A full brief on each of these policy issues is beyond the scope of this paper. Perhaps the most salient policy issues regarding this study are the following: (a) mitigating factors in criminal law, (b) funding of co-occurring substance use treatment, and (c) development of family-level interventions to address parental trauma in justice involved families.

Mitigating factors are “any fact or circumstance that lessens the severity or culpability of a criminal act. Mitigating factors include an ability for the criminal to reform, mental retardation, an addiction to illegal substances or alcohol that contributed to the criminal behavior, and past good deeds, among many others” (Legal Information Institute, 2021). While there is a list of mitigating factors commonly acknowledged, the recognition of particular mitigating factors varies by jurisdiction (Legal Information Institute, 2021). A central underpinning of criminal law and sentencing is culpability (Bagaric et al., 2018). This is the notion that “in order for individuals to be culpable for their behavior, they need to be responsible for it, which assumes a capacity to make decisions that do not violate the criminal law” (Bagaric et al., 2018, p.3). Adverse childhood experiences, trauma exposure and PTSD have all been posited by expert testimonies to impact culpability; however it has not always influenced sentencing outcomes (Bagaric et al., 2018; Berger et al., 2012). If policies were changed to allow for PTSD to be an official mitigating factor, many individuals with untreated mental illness could receive community penalties, or reduced sentences. Extant research, especially recent findings in neuroscience, provides evidence of the impact on the brain and subsequently behaviors as a result of PTSD. Efforts to highlight PTSD as a mitigating factor could reduce barriers to appropriate treatment and mitigate collateral damages associated with incarceration, particularly lengthy sentences.

This raises another question—do we have adequate treatment? When I was in the early stages of this study, I was invited to provide a lunch-and-learn presentation to local judges and court referees. In this training I provided information about the impact of traumatic stress in justice-involved families and advocated for increased diversion,

particularly for parents with PTSD and substance use disorders. One judge raised his hand and asked if there were places for these people to go—essentially, are resources available if people are diverted that can help them heal from trauma and substance use. The reality is no. Adequate services for justice-involved parents with co-occurring PTSD and SUD are not accessible. Current options for substance use treatment are limited. Historically, the addiction field/substance use field has existed and developed separate from the field of mental health. These fields have their own paradigms about etiology of substance use and theories about how to help people change. To this day, the American Psychiatric Association still posits a disease-oriented theory of addiction that rests on a narrative base of phrases like: “brain disease,” and “distorted thinking” (American Psychiatric Association., 2020). It has only been in the past few decades that researchers and practitioners have begun to highlight the link between mental health and substance use. This has led to many programs that were traditionally substance use only, to seek co-occurring licensure and integrate mental health into their services. However, a lack of research exists on the effectiveness of integrated co-occurring treatment of SUD and mental health disorders. Further, it remains in question the degree to which these programs lead with a traditional “addictions” frame, or lead with a mental health lens, or provided a truly integrated approach. This varies greatly and research is lacking to test these models.

From a licensure standpoint, licensed drug and alcohol counselors (LADCs) are typically governed by separate boards from marriage family therapy boards, and the requirements for respective licensure are directly tied to discipline-specific training. The broader turf of LADCs is typically in behavioral science, and cognitive and behavioral

theories provide the landscape for understanding the etiology, course, and change process for substance use disorders. In contrast, marriage and family therapists (MFTs) are often governed by a separate board, and curriculum requirements are rooted in systemic theories that provide a different lens on substance use, highlighting many of the themes represented in this study—the relational, contextual, and bidirectional nature of substance use and mental health in the family. Historically, family scientists and MFT practitioners have not been at the center of substance use treatment. Marriage and family therapists are trained to provide systemic services and to view people in their context. They are trained to work with complex relational constellations navigating a full range of mental health diagnoses. Given the results of this study and the research demonstrating the impact of substance use and mental health (particularly traumatic stress)—let alone the consequences of justice involvement—MFTs are particularly well positioned to help families navigate these issues. However, limited research has been conducted on the effectiveness of family therapy in the treatment of SUD (Kaufman & Yoshioka, 2004). Research that has been conducted suggests that treatments that include the family produced better outcomes than those that do not include the family; the addition of family therapy “increases engagement and retention in treatment, reduces the IP’s drug and alcohol use, improves both family and social functioning, and discourages relapse” (Kaufman & Yoshioka, 2004, p.12). These trends suggest that family therapy approaches should be integrated to a greater degree into substance use treatment. However, current research examines the addition of family therapy to traditional substance use treatment—family therapy as an ad-hoc service. More research is needed to examine the effectiveness of substance use treatment rooted in systems thinking and a relational

orientation to change. Based on the promising findings of positive outcomes of including families into substance use treatment, federal funding should be made available for an increased focus on family-level substance use treatment options.

This would require family scientists to prioritize the development of multi-modal family-level interventions. The challenges described through the rich narratives in this study underline the complexity of the inroad and also the path out of suffering for families navigating traumatic stress, substance use, and parental incarceration. This problem is multi-level in nature and one-dimensional models and interventions do not adequately reflect the complexity of factors involved. However, multi-modal and multi-level interventions show promise for providing prevention and intervention to increase well-being among families (Walter et al., 2012). Despite the promising nature of these types of interventions, their conception and subsequent evaluation and implementation takes enormous resources including federal funding and time as well as collaboration with community settings where interventions will be implemented. Family scientists must be both invested and resourced in order to carry out this work. I argue, though, that this work is of incredible importance and should be a priority for funding agents and researchers alike.

### **Clinical Implications**

The current practices for families involved in the criminal justice system are in large part fragmented. Mental health services are often partitioned from substance use services which occur separate from child welfare efforts. Furthermore, the offending parent is often dissected from the family, caged and punished with little access to restorative opportunities. The practice then, is to reduce the complicated milieu to a

simple problem – whether that be a mental health issue, an addiction or a criminal act— and engage based on this reduction. This disjointed method of providing services is not only inadequate but has the potential to exasperate problems through simultaneous interventions seeking change through contradictory methods. There is great need for coordinated care across sectors to mitigate these contraindications and promote a unified system of care. A family perspective offers a theoretical house for this type of work to flourish. Arditti (2012) posits that “a family perspective implies interlocking systems between offender parents, children, and caregivers. A family perspective also implies that family is center stage with regard to policy reform and intervention. A focus on family highlights the importance of child development, offender adjustment, and offender and caregiver parenting competencies.” (Arditti, 2012, p. 143).

Key clinical implications rest on seeing the whole picture for families involved in the criminal justice system. For family therapists, more attention on substance use and the impact of justice-involvement is needed. For substance use providers, more attention on traumatic stress and the role of PTSD on substance use is long overdue. For probation officers, attorneys, and judges, increased attention to mental health could change the trajectory of families’ lives. Additional training and education around the intersection of mental health and justice involvement would also support clinicians working with these families. These families would also profit from clinicians stretching outside their traditional role into advocacy by writing letters to judges, probation officers, and other community corrections and law professions highlighting the connection between untreated mental health issues and criminal behavior. This is one practical way to raise the awareness of the complex interplay between mental health and justice involvement.

In sum, clinical implications of this study are vast. Our society has a long way to go to provide high-quality services to the many justice-involved families facing barriers at every corner. I am grateful for the individuals, research teams, and community organizations already engaged in this effort—tirelessly working to dismantle oppressive systems and build compassionate and effective clinical interventions to support healing.

### **An Honoring**

We had barely begun the interview, when I noticed tears brimming at the edges of Will Coleman's eyes. I apologized, offering to slow down to a pace that felt more comfortable. "I'm good. I'm ready to get all this out. I know it helps me, because I've never talked to anyone about it. I just keep thinking about it." Others thanked me for listening to their stories, thanked me for trying to bring about a better life for them. They are tired and long for their voice to be heard

I would like to conclude this chapter with a dedicated space to honor the parents who courageously shared their stories as part of this study. Many of these parents have lived too long in silence and isolation, burdened by their suffering with no place to be seen, heard and accepted. Recently, I was introduced to a story about the matrimonial Bembe tribe native to southern Africa. I share it in honor of the participants in this study, and in hope that this indigenous wisdom can provide a guide for healing in our society:

When a woman in the Bembe tribe of Africa knows she is pregnant, she goes out into the wilderness with a few friends and together they pray and meditate until they hear the song of the child. They recognize that every soul has its own vibration that expresses its unique flavor and purpose. When the women attune to the song, they sing it out loud. Then they return to the tribe and teach it to

everyone else. This song is sung at every important event of the child. When the baby is born, the community gathers and sings the child's song to them. Later, when the child enters education, the village gathers and chants the child's song. When the child passes through the initiation to adulthood, the people again come together and sing. At the time of marriage, the person hears their song.

Finally, when the soul is about to pass from this world, the family and friends gather at the person's bed, just as they did at their birth, and they sing the person to the next life.

In the Bembe tribe, there is one other occasion upon which the villagers sing to the child. When a person acts irresponsibly or unjustly, they are placed in the center of the village, alone and unfettered. All work ceases, and every man, woman and child in the village gathers in a large circle around the accused individual. Then each person in the tribe speaks to the accused, one at a time, about all the good things the person in the center of the circle has done in his lifetime. Every incident, every experience that can be recalled with any detail and accuracy is recounted. All their positive attributes, good deeds, strengths and kindnesses are recited carefully and at length. The tribal ceremony often lasts several days.



At the end, the song is sung again, the tribal circle is broken, a joyous celebration takes place, and the person is symbolically and literally welcomed back into the tribe (Nonviolent Communication Academy, 2020).

This indigenous wisdom recognizes that punishment is not the method for correcting antisocial behavior. Instead, love, mercy, and holding in sight people's identity, dignity and inherent worth as a member of the community—this is what brings forth a collective well-being. May we learn from this. May our society learn to sing someone's song when they have forgotten it, no matter their socioeconomic status, race, or ability to return the favor. May we honor the lives of families navigating intense trauma histories, substance use and incarceration by boldly working towards change to interrupt those intergenerational patterns and bolster trajectories of positive human development, health and well-being.

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## Appendix A: Interview One Protocol

### Pre-Interview Procedures

- Thank participant for attending and brief introductions of the interviewers
- Review what is being asked of participant and obtain informed consent
  - o Discuss confidentiality and its limits for research
  - o Address any questions or concerns
- Complete Brief Demographic Questions

### Interview

**Introduction:** We are hoping to understand your experience as a parent who has been incarcerated and also experienced addiction and exposure to traumatic experiences. Gaining a better understanding of your experience- as well as others with similar experiences- may help us in developing policies and therapies that support the mental well-being of families.

This will be the first of two interviews, and today will focus on getting a chronological sense of events you have experienced related to incarceration, addiction, and traumatic stress. We will be using a rope and some objects to provide a visual of your life and to help guide this process. The rope will represent your life, and the objects will represent hard times as well as good times related to these three categories. (Give an example of a rock and a flower).

You do not have to share anything you don't feel comfortable with, and you can pause or stop all together at any time. Do you have any questions before we begin?

### Lifeline

**Start:** Please take the rope and lay it out to represent your lifeline. Using one of the objects can you please tell me the first event related to incarceration, addiction or traumatic stress that you remember from your life?

*Help participant identify and name events, but remind participant that second interview will be focused on the meaning of these events and their intersections in their lives*

**Follow Up:** What was the next event related to these categories?

*Guide participant through all events they choose to share related to incarceration, addiction, and traumatic stress in chronological order from birth to present. If participant struggles, gently probe with any of the following questions or other related questions:*

- Were your caregivers ever incarcerated?
- Did you experience shaming or emotional abuse as a child?

- Did you witness any violence during that time?
- When did you first witness drugs/alcohol?
- When did you know you were addicted?

**Closure:** Thank you so much for allowing me to witness part of your story. Is there anything else you wish to add to your timeline before we close? I appreciate your participant and I look forward to our next interview and hearing more about your experience and the meaning you make of these events in your life.

*Ask participant if they would like to schedule second interview and then schedule it. Pay close attention to participant's affect during this time and offer them therapy resources sheet in case they experience any emotional discomfort and need extra support.*

## **Appendix B: Interview Two Protocol**

### **Pre-Interview Procedures**

- Thank participant for attending
- Review what is being asked of participant and reminder of informed consent, confidentiality and limits to confidentiality
- Address any questions or concerns

**Introduction:** Just as a reminder, by conducting this research, we are hoping to understand your experience as a parent who has been incarcerated and also experienced addiction and exposure to traumatic experiences. Gaining a better understanding of your experience- as well as others with similar experiences- may help us in developing policies and therapies that support the mental well-being of families.

Our first interview focused on getting a chronological sense of events you have experienced related to incarceration, addiction, and traumatic stress. Today we will focus on how you make meaning of these events and how you see them playing out in your life.

You do not have to share anything you don't feel comfortable with, and you can pause or stop all together at any time. Do you have any questions before we begin?

### **Interview Questions**

1. **Grand Tour:** How do you making meaning of incarceration, addiction, and traumatic stress intersecting in your life?

**Follow Up Categories:** traumatic stress as/during incarceration; incarceration's impact on PTSD; addiction and PTSD relationship; impact of trifold on children.

2. How do you see your exposure to traumatic stress impacting your life?
3. How do you see traumatic stress and addiction affecting each other in your life?
4. How do you see your exposure to traumatic stress impacting your experience of being incarceration?
  - a. Do you think it helped prepare you for incarceration? If so, how?
  - b. Do you think it made incarceration worse? If so, how?
5. Did you experience incarceration as traumatic?
  - a. Every time?
6. How do you think incarceration affected your substance abuse?
7. What role do you think incarceration, addiction, and trauma intersecting in your life has on your rehabilitation/recovery process?
8. How do you making meaning of incarceration, addiction, and trauma intersecting in the lives of your children?
  - a. Do you think it has affected them? Is so, how?
9. **What do you think you needed in your life to break this pattern of substance abuse and traumatic stress?**

10. Is there anything else you would like to tell me?

### Appendix C: Example Reflexive Memo

Below is an excerpt from a reflexive memo written during the second wave of coding. It is rather stream-of-consciousness. While I did not explicitly follow Alevesson & Sköldberg's four levels of interpretation in this memo, you can see how the four aspects— (a) interaction with empirical material, (b) interpretation, (c) critical interpretation and (d) reflection on text production and language use—are touched on. The result is an iterative reflexivity as the various aspects of interpretation are juxtaposed and bounced off of the others:

*I'm trying to tease out the difference between simply the interrelation among traumatic stress, substance use and incarceration, the sequential nature of them and then the bidirectional influence which seems to come after the sequential beginning... I am working hard to make sure I am centering my participant voices in this. I know I have my own ideas about how these three phenomena are related based on my clinical experience working with clients who have similar experiences. I think trauma occurs first and then substance use comes later. I am using what I have learned about bracketing in order to keep my own understand of these relationships to the side, so that it doesn't cloud the way I read these transcripts. Each time, I make a conceptual jump, I feel acutely aware of my own power in reducing the complexity of this milieu into a simple phrase. I find myself almost compulsively returning to the transcripts—and sometimes to the raw audio so I can hear the intonations—to make sure the reduction and collapsing of level 1 codes is reflective of the original sentence or sentence fragment. All this to say, I actually think the participants are saying that trauma occurs first. I'm not sure that captures it all*

*though. There seems to be a primacy to trauma, not just temporally, but also in weight and focus. Though, of course, this mirrors my own intent. I suppose I don't know fully if my follow up prompts and my own focus on trauma is presenting in the participants focus. I did try to pay special attention during the interview to make space for alternate weighting—say for example if someone thought incarceration was more problematic than their exposure to traumatic stress... which I do think maybe one person presented that way, though I'd have to go back to say for sure. I also am curious about if there are differences in the way the men versus the women in the process see this relationship. I don't think I can make any generalization about this because they did not ascribe their gender as context for how these phenomena played out in their life. I can see, though, just through the women's timeline, the intensity of their interpersonal violence that was less prevalent for the men. I don't want to imply something that the participants did not say, but I do wonder how the being a woman impacted this whole milieu. Perhaps a follow up study..., Anyways, I think I am leaning into the tension of my own role in the interpretative process.*



## **Appendix D: Essential Themes and Subthemes Outline**

### **1. Interconnection between trauma, substance use and incarceration**

- 1.1. Retrospective insight
- 1.2. Trauma occurs first
- 1.3. Substance use medicates trauma symptoms
  - 1.3.1. Heavy use after traumatic event
  - 1.3.2. Substances provide escape from present
- 1.4. Bidirectionality

### **2. Stress pile-up characterizes life**

- 2.1. Traumatic stress
  - 2.1.1. Many types of traumatic events
  - 2.1.2. Many incidences of trauma exposure
- 2.2. Everyday stress
- 2.3. Relationship stress
  - 2.3.1. Lack of skills to solve conflicts leads to relationship stress
    - 2.3.1.1. Violence used to solve conflict
  - 2.3.2. Substance use negatively affects relationships
  - 2.3.3. Stress associated with family complexity

### **3. Peer relationships are critical**

- 3.1. Use substances to gain sense of belonging
- 3.2. Peers influenced criminal behaviors

### **4. Many information gaps exist**

- 4.1. Fragmented memories
  - 4.2. Lack of information about family
  - 4.3. Lack of information from professionals
- 5. Incarceration is harmful**
- 5.1. Inhumane treatment
  - 5.2. Correctional setting does not promote rehabilitation
  - 5.3. Used substances while incarcerated
- 6. Spirituality is a transformative resource**
- 6.1. Spiritual experience fostered healing
  - 6.2. Spirituality as an ongoing resource for change
- 7. Desire for a better life**

Figure 1

## Total adult correctional population, 1980–2016

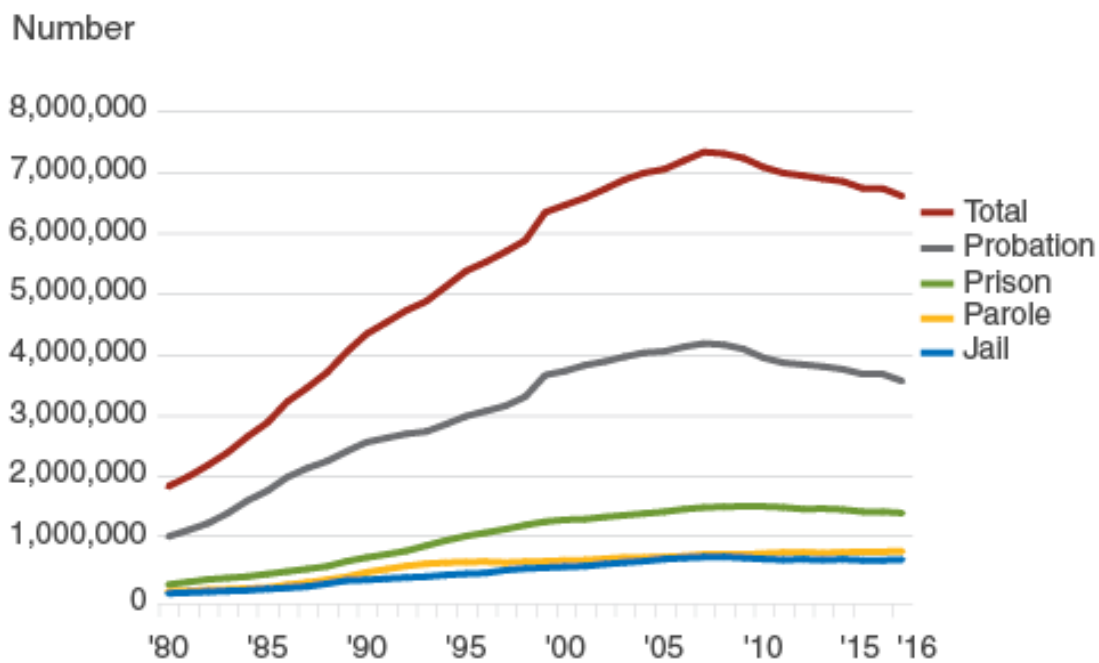


Figure 1: Total adult correctional population, 1980-2016. Source: Bureau of Justice Statistics, Annual Survey of Jails, Annual Survey of Parole, Annual Survey of Probation, Census of Jail Inmates and National Prisoner Statistics, 1980-2016.

Figure 2

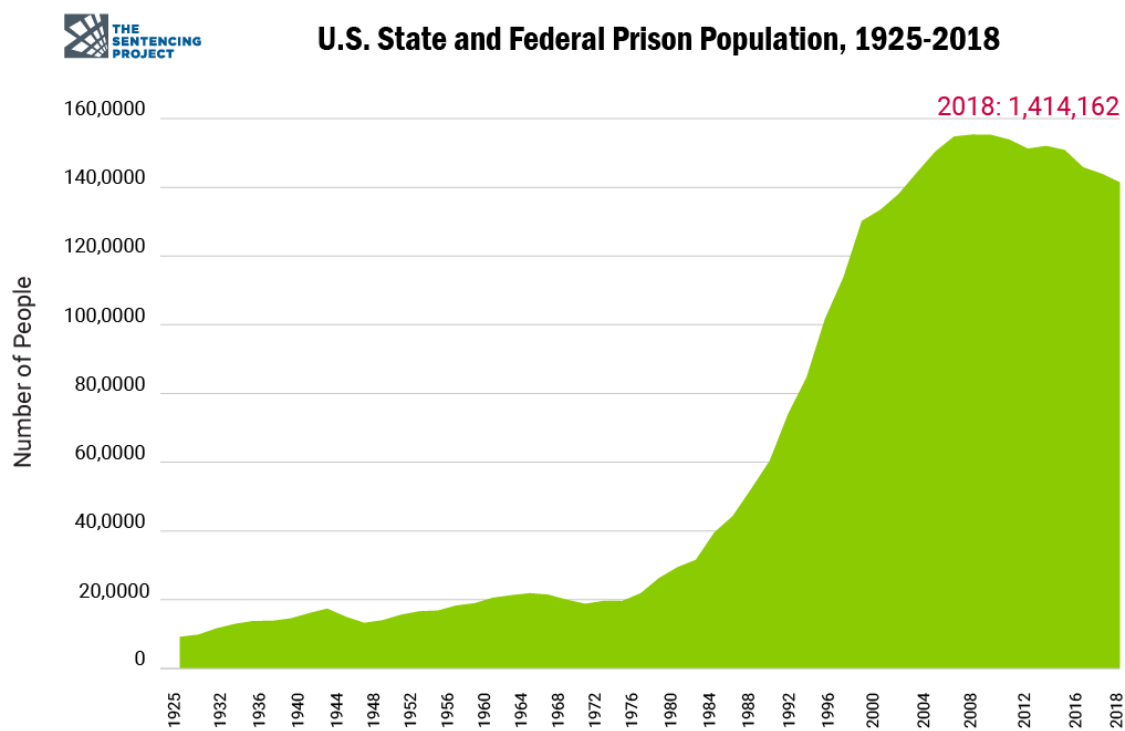


Figure 2: U.S. State and Federal Prison Population, 1925-2018. Source: The Sentencing Project, 2020.

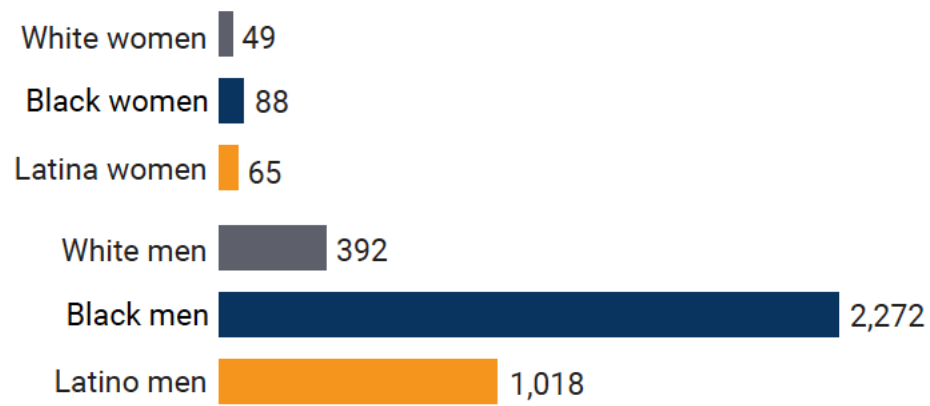
**Figure 3****Rate of Imprisonment per 100,000, by Gender, Race, and Ethnicity, 2018**

Figure 3: Rate of imprisonment per 100,000, by gender, race, and ethnicity, 2018;  
Source: The Sentencing Project, 2020.

Figure 4

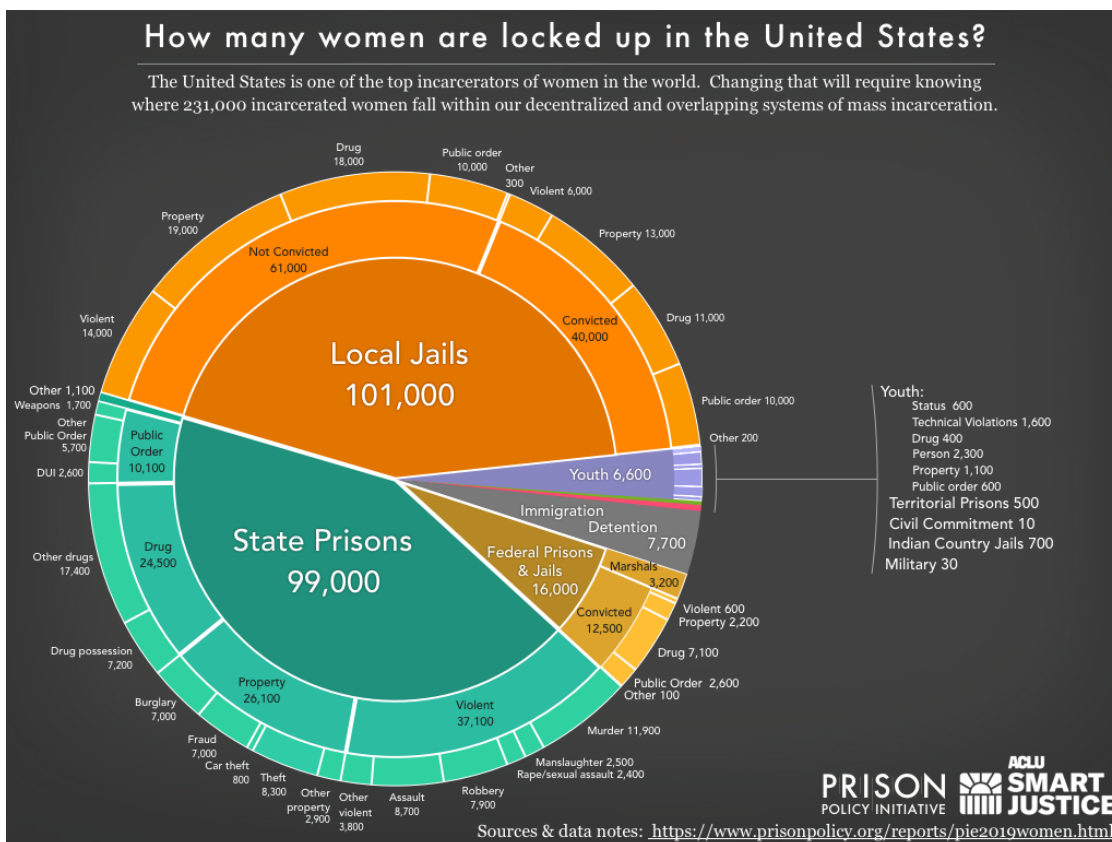


Figure 4: Total U.S. adult women correctional population, 2018. Source: Prison Policy Initiative, 2020.