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'Helping Women Help Themselves': An Ethnography of Carceral Empowerment and the Neoliberal Rehabilitative Ideal at a Recovery Center for Criminalized Women

Colleen Marie Hackett

University of Colorado Boulder, colleen.hackett@colorado.edu

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**“HELPING WOMEN HELP THEMSELVES”:
AN ETHNOGRAPHY OF CARCERAL EMPOWERMENT AND THE NEOLIBERAL
REHABILITATIVE IDEAL AT A RECOVERY CENTER FOR CRIMINALIZED
WOMEN**

by

Colleen Marie Hackett

B.A., Clark University, 2008

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This dissertation entitled:
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written by Colleen Marie Hackett

has been approved for the Department of Sociology

Amy Wilkins, Ph.D., Chair
University of Colorado, Sociology

Leslie Irvine, Ph.D.
University of Colorado, Sociology

Christina Sue, Ph.D.
University of Colorado, Sociology

Patti Adler, Ph.D.
University of Colorado, Sociology

Allison McKim, Ph.D.
Bard College, Sociology

Date: May 5, 2015

A final copy of this dissertation has been examined by the signatories, and we find that both the content and the form meet acceptable presentation standards of scholarly work in the above mentioned discipline.

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Colleen Marie Hackett, Ph.D. Sociology

“HELPING WOMEN HELP THEMSELVES”:

CARCERAL EMPOWERMENT AND THE NEOLIBERAL REHABILITATIVE IDEAL

Thesis directed by Dr. Amy Wilkins

Although the recent criminological literature has introduced rich, critical analyses of the incarceration boom in the United States, certain issues, such as the criminalization of women, have been historically ignored. This dissertation fills that gap by blending an analysis of gendered, raced, and classed inequalities with crime control systems, shedding light on the disparate effects on marginalized women. Additionally, my work contributes to the scholarship on the net-widening effect of the carceral state. As the U.S. shifts its policies towards decriminalization and decarceration in instances of minor nonviolent drug offenses, controlling crime becomes a task that is fulfilled by community-based agencies, such as non-profit organizations. My research is concerned with *noncriminal* processing sites of carcerality, such as mandated rehabilitation programs, to analyze the raced, classed, and gendered ways in which neoliberal punitive logics discursively map on to therapy narratives and practices.

My dissertation is a critical feminist ethnography of a rehabilitation program for criminalized women. I use participant-observation, in-depth interviews, and focus group data to weave together a multi-layered Foucauldian analysis that explores how care workers and program clients use therapeutic narratives in gendered ways to construct and contest model neoliberal citizenship. I find that modern therapeutics discursively centers meritocratic notions of “choice” and “self-empowerment,” which consequently governs marginality on the basis of race, class, gender, and ability. I analyze the ways that care workers strategically use an “alternative” organizational identity to skirt the realities of the center’s low success rates. In their attempts to

deliver rehabilitative programming, care workers interpret clients' material failures as evidence of underlying emotional problems. I also analyze the voices of criminalized women to demonstrate how they replicate, accommodate, and/or refute meta-narratives from claimsmakers. I find that, although criminalized women understand their collective *disempowerment*, they feel unable to challenge structural constraints because of the web of exclusionary policies that produces social precarity. My dissertation contributes to the literature on the culture of punishment by illustrating the interdependency between rehabilitation and punishment practices in a neoliberal society. I argue that community-based rehabilitation centers risk perpetuating the exclusionary and punitive approaches espoused by the criminal processing system.

This project has been nothing less than an endeavor to center the voices and experiences of those who are so often silenced by the prison system and the carceral state. I am humbly thankful to the resilient souls who helped make this dissertation possible. Thank you.

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chapter one:
Governing Women in the Modern Penal State

My dissertation research entails an intensive ethnographic study of a women-led, women-centered rehabilitation center for criminalized and “disadvantaged” women, with the central focus being on discursive constructions of women’s criminality and the cultural fodder that fuels those narratives. This introduction is divided into several sections. First, I introduce the research topic and contextualize my research purpose. Second, I introduce literature found in the feminist criminological discipline that is popularly applied to criminalized female populations and then problematize their theoretical and empirical foundations by introducing concepts found in the body of work loosely assembled under the “punishment and culture” genre of scholarly literature. In this process of introducing overlapping and sometimes contradictory frameworks, I provide the theoretical backdrop to the dissertation that follows. Lastly, I provide an organizational overview for the presentation of my research.

Introduction

This ethnographic project provides a detailed socio-cultural account of gender, neoliberal governance, and cultural notions of therapeutics in the context of a setting that is attempting to accomplish a specific form of crime control through the rehabilitation of criminalized women. Although similar forces are at play for criminalized men, my research is only concerned with women. Drawing on in-depth interviews, participant-observation, focus groups, and the systematic collection of psycho-educational documents, I contribute theoretically and empirically to understanding how women-centered settings (1) (re)produce gendered versions of neoliberal strategies of governance; (2) situate and articulate therapeutic projects; (3) create, negotiate, and resolve conflicting discourses; and (4) construct “alternative” organizational identities.

Additionally, I contribute to the literature on the experiences of rehabilitation and punishment by analyzing the voices and views of criminalized women. I show how criminalized women (1) replicate, accommodate, and/or refute therapeutic narratives; (2) strategically use aspects of rehabilitative talk to assemble a cogent sense of self; (3) conceptualize and articulate collective *disempowerment*; and (4) assert *interpersonal* modes of developing efficacy.

The intellectual merit of this dissertation lies in its critical examination of gender-responsive programs that target criminalized and/or “disadvantaged” women. Reformist efforts that aim to change the correctional terrain for women (including post-incarceration) are increasingly popular among scholars, activists, and practitioners. After decades of failing crime control policies such as the “war on drugs” and gender-neutral practices that disadvantage women (especially low-income women and women of color), feminists have spearheaded callouts for sentencing and programmatic changes that account for women’s lives and pathways to crime. “Gender-responsiveness” is generally touted as an appropriate response to institutions and systems that have rhetorically leveled gender, race, and class disparities yet continue to perpetuate inequalities and sustain marginalities in practice.

Yet, gender-responsiveness has generally been embraced and adopted without critical reflection as an innovative and alternative ideology that will (hopefully) mitigate the damage wreaked by carceral institutions. My question is just how appropriate gender-responsive programs are, considering that they continue to operate in a cultural context of neoliberalism, mass incarceration, and social exclusionary practices. This research is relevant to understanding the gendered use of therapeutics in achieving certain forms of social control while simultaneously cooperating with state interests.

“Crime Control” and Neoliberal Governance

The incarceration boom in the United States has signified a substantial cultural shift in this country; much of it is intertwined with the “tough-on-crime” mentalities that have guided criminal justice policies since the 1970s. The post-New Deal state has witnessed a more restricted welfare system and the simultaneous increase in reliance on the criminal processing system to manage social ills, such as poverty and homelessness (Garland 2001; Mauer 2001; Wacquant 2009). As Beckett and Western note, the decline in social services does not signal the retreat of the state in the lives of marginalized peoples; rather, the state is reconstituted as the purveyor of crime control: “Reduced welfare expenditures are not indicative of a shift toward reduced government intervention in social life, but rather a shift toward a more exclusionary and punitive approach to the regulation of social marginality” (2001:46-47).

The multi-folded approach to the “regulation of social marginality” includes, but is not exclusive to, racially disparate sentencing laws (Alexander 2010), the net-widening effects of the “war on drugs” (Western 2006), and civil pathways to incarceration (Beckett and Herbert 2011). As Beckett and Murakawa note, “...Criminal law and criminal justice institutions increasingly represent only the most visible tentacles of penal power. The penal system has become not only larger, but also more legally hybrid and institutionally variegated than is sometimes recognized” (2012:222). Although total institutions such as jails or prisons represent some of the most overt mechanisms of state control through the domination of physical bodies, there is a more diverse assemblage of subtler controls that are exercised over criminalized women’s lives.

In order to achieve a more robust examination of the powers of the carceral state, we must move beyond the obvious and examine all policies and institutions that employ penal power – both central and auxiliary to the criminal processing system – as well as the variety of mechanisms through which penal power operates. The modern penal state is not characterized by

sovereign or top-down rule. Rather, in an advanced liberal society such as the U.S., strategic alliances materialize between state forces and private actors in order to accomplish certain penal interests. This “governing-at-a-distance” technique (Rose 1993) allows quasi-autonomous authorities, such as non-profit reentry centers, to mobilize their specialized knowledges and rationalizations to perform the activities once undertaken by the state. The governing technologies used by hybrid agencies that deal with “dangerous” or “unruly” populations typically seek to identify, classify, and manage risks (Dean 2010). Scholars often frame this “new penology” of risk management as fulfilling a conservative need to retributively punish offenders instead of rehabilitating them (Feeley and Simon 1992). However, as rehabilitation is becoming more rhetorically central to practitioners and key decision-makers in the field, the practice of risk assessment and management remains. Risk becomes a discursive plane upon which rehabilitation is articulated and measured to create intervention opportunities. The identification of risks “creates an opportunity to change or transform the offender into a prudent responsible subject” (Hannah-Moffat 2004:40). Successful neoliberal modes of governance enable targeted subjects, who are assumed to be capable and in control of their own lives, to change their risky behaviors and thoughts, and to take responsibility for changing their lives (Dean 2010; Foucault 1991; Rose 1999).

State-sponsored rehabilitation programs are especially ripe sites for investigation on these issues. These programs offer a range of services and resources to the needs of the targeted population. And, in the case of my research site, the targeted population is criminalized women and those “disadvantaged” women who are marked as “at risk” of criminalization. My research site offers a host of services to women with different legal statuses (“off-paper,” probation, parole, halfway-housed), who are attending this rehabilitation program as an alternative to jail or

prison. Ninety to ninety-five percent of the program's clients have coercive relationships to the rehabilitation program; clients are mandated to be at the center as a condition of parole, probation, or their halfway house and therefore clients' movements towards freedom are dependent upon their successful completion of the rehabilitation program.

Rehabilitation programs generally offer educational and therapeutic classes (e.g. anger management, relapse prevention), individualized case management, one-on-one counseling, job skills training, etc. Major legal actors (e.g. legislators, law enforcement officers, judges, probation and parole officers, and increasingly, social workers) view these community-based rehabilitation programs as vitally offering support to criminalized women and "at-risk" women by reducing re-arrest rates. With the astounding numbers of people under the watchful (and expensive) eye of the criminal justice system (7+ million in prison or on probation/parole, Bureau of Justice Statistics, 2007), coupled with the recent budget crises in most states, one of the prominent issues for many states has been to ameliorate recidivism rates. While their varied attempts to do so are beyond the scope of this study, one of the major ways in which states attack this issue is to place emphasis and importance on the role of therapeutic programs as a tool for rehabilitating and monitoring ex-offenders.

Women and the Penal State

The adoption of a "no-frills," so-called gender-neutral stance by most correctional administrations during the tough-on-crime era in the United States has resulted in a call by practitioners, scholars, and activists for women-centered institutions and programming. Gender-neutral practices function on the assumptions of the male criminal, resulting in the implementation of programming that does not address the realities of criminalized women's lives

(Chesney-Lind 2002; Owen 1998). Pathways theorists have demonstrated that most women prisoners' histories involve interrelated abuses and deprivations in the familial, relational, educational, and economic realms, which are intimately linked to their involvement in crime (Belknap 2007; Chesney-Lind and Pasko 2004; Kruttschnitt and Gartner 2003; Pollock 2002). In fact, given the high rates of past abuse among women prisoners, Bosworth has noted that women's prisons contain a "community of victims rather than a collection of victimizers" (1999:26). Moreover, some consider the notion of providing treatment in a disciplinary setting to such a population as oxymoronic, and in some cases criminogenic by generating the psychological stressors that can trigger a host of risky coping mechanisms upon release, such as substance abuse (Holtfreter and Morash 2003; Morash and Schram 2002). As such, there has been an increasing interest with women-centered programming in community-based settings.

Researchers have advocated for women tailored reentry programs to be located in the community that would provide women with intensive treatment plans, accommodating for high rates of mental health and substance use issues, past and/or ongoing abuses, as well as the dearth of adequate vocational and educational skills among criminalized women (Frost, Greene, and Pranis 2006; Hammet, Roberts, and Kennedy 2001). About two-thirds of criminalized women are mothers, and many of them are also primary caregivers, which necessitates a program that will address and assist in relational reparations to foster positive mother-child connections and to create additional motivation for crime desistance (Snyder 2009). What is also important to a woman's sense of reconnection is finding her place in a socially supportive system, a need that is often articulated by formerly incarcerated women (O'Brien 2001). As a result, women-centered programs generally try to prioritize relational needs and espouse humanistic approaches that

stress the use of therapeutic interventions rather than punitive sanctions (Girshick 2003; Morash and Schram 2002).

Certainly, alternative and community-based therapeutic interventions appear to be more palatable than gender-neutral, prison treatment programs for criminalized women, considering their rising rates of incarceration in recent decades. The unprecedented expansion of the carceral state in the United States, primarily mechanized through draconian mandatory sentencing laws and justified by the “war on drugs” has resulted in an astounding increase in women sent to jails and prisons (Bloom, Owen, and Covington 2004). Consequently the widening net of the criminal processing system, and its variegated forms, has captured more women, disproportionately poor women and Black and Latina women, than ever before. This dilemma has prompted scholars to examine the gendered modes of penal regulation and control, as gender had largely been ignored until the carceral explosion affected growing numbers of women (Belknap 2007; Comack 2006; McCorkel 2003).

The problem of increased rates of incarceration among women and failing institutional support services places gender-specific programs for reentering women in a unique position. Rehabilitation programs for criminalized women are often on the “back-end” of a failing criminal processing system, and are therefore challenged to address the source of female criminality and to also tackle the subsequent effects of material and emotional disempowerment caused by punitive penal practices if they wish to sustain an effective program (Morash 2010). Structural patterns deny equal citizenship for reentrants and refuse their full participation in society. Such trends include the denial of welfare benefits in some states to drug-offending individuals; employer policies to screen applicants’ criminal records; banning public housing options to those who have committed drug offenses; and even imposing a life-time bar on the

right to vote in certain states refuse reentrants full participation in society, thus denying equal citizenship (Rubinstein and Mukamal 2002).

Despite the burgeoning social science literature on the structural plight of criminalized women, national discourses are still centered on individual deficiencies as being the cause of our crime problem (Garland 2001; Haney 2000). Following similar logic, the solution to our “crime problem” is blanketed in the neoliberal vernacular of individual reformation and rehabilitation (Garland 1990). One way in which auxiliary agencies achieve the facilitation of individual reformation is through the use of therapeutics, especially among criminalized women.

Governing through Therapeutics

Foucault’s notion of governmentality is a particularly powerful framework for analyzing the state’s power to regulate women’s lives (1991). Using Haney’s (2010) broad definition of governance, the “patterns of power and regulation that shape, guide, and manage social conduct” (7), we can begin to analyze the multiplicity of authorities, agencies, and rationalities that control criminalized women’s bodies and subjectivities in a neoliberal state. The increasing decentralization of the penal institution into a custodial continuum of technologies includes the use of “reintegrative” surveillance techniques by probation and parole agencies as well as by auxiliary nonstate entities, such as privatized halfway houses and non-profit reentry centers (Feeley and Simon 1992; Garland 2001). In conjunction with a diversification of supervising authorities, neoliberal strategies of governance also shift responsibility for social welfare from the state and to individuals. This process of “responsibilization” ultimately abdicates state accountability for providing communities relief from the deleterious effects of social problems such as poverty (Cruikshank 1999). The discursive emphasis in the responsibilization process is predicated upon individuals to make better choices and to become self-regulating agents in order

to curb their own criminal behavior and to transcend the conditions that cause criminality. Responsibilizing forms of governance aims to shape the subjectivity of the targeted individual primarily through mobilizing the individual to shape her or himself according to the state's interests (Rose 1999).

By using a gendered lens to analyze this process, it becomes very clear that governing technologies are constituted by claims made about criminalized women's lives, needs, and desires (Haney 2010; Hannah-Moffat 2000; McCorkel 2004; McKim 2008; Pollack 2007). Discursive intersections can be found in the nexus between penal and welfare systems, as a disproportionate amount of criminalized women are also entangled with child protective services. Overlapping regulatory modalities such as drug treatment, parenting classes, and cognitive behavioral classes, operate on the assumed incompetency of criminalized mothers to self-manage their lives and the duty of the state to deliver these interventions, with the threat of terminating parental rights for noncompliance (Brown and Bloom 2009; McCorkel 2004). These "alternating forms of coercive control" are especially problematic considering the overrepresentation of families of color and indigenous families in both systems (Brown and Bloom 2009:163; Roberts 2002). The intersections between state power, gendered knowledges, and therapeutic interventions are thoroughly demonstrated in Haney's intensive ethnography of two different women-centered, community-based penal settings (2010). During the heated welfare-reform debates of the 1990s, the staff members at one of her research sites focused on establishing economic independence and a "strong" work ethic among clients, based on the assumption that criminalized women's problems were a result of being overly reliant on state support. Haney's second site placed prioritization on *psychologically* regulating women's unruly urges for indulgence in "unhealthy" relationships and substance (ab)use.

The state's increasing use of therapeutic interventions in treating criminalized women is especially fruitful for the examination of governance technologies. Many reintegrative programs for criminalized women are based on cognitive behavioral treatment models, the same approaches that are dominantly embraced by the psychiatry, psychology, and social work disciplines (Pollack 2010). In Maruna's research on desisting men and women, he notes the value of cognitive therapy in changing self-perceptions and laying the foundation for transformative "redemption scripts" (2001:113). In practice, these cognitive restructuring models also promote rational self-management, with the assumption that criminality is caused by "an offender's inability to think logically, reason appropriately, and to make rational decisions" (McCorkel 2003; Pollack 2005). For women-centered programs, this type of therapy is articulated through the language of "empowerment," based on the notion that disadvantaged women have become powerless and lack the self-esteem needed to make substantive changes in their lives (Cruikshank 1999; Hannah-Moffat 2000, 2004). This psychologized conceptualization of women's empowerment is also premised on the belief that prolonged low-self esteem leads to more risky behaviors and an inability to self-manage and make "appropriate" choices. These individualized interpretations operate alongside the neoliberal discourse of responsibility as "a way to accentuate individual choice and downplay the social structures and relationships in which female offenders are embedded" (Hannah-Moffat 2004:368). Moreover, women's problems are framed as resulting from a failure to be responsible for their "disorderly" lives, thus obscuring the realities of past and/or current victimization and gendered, raced, and classed inequalities.

Gendered Governance and Subjectivities

My interest does not solely lie with the forms and content of organizational narratives as they are communicated and justified by staff members. In the qualitative studies that are concerned with governance strategies targeted at criminalized women, the bulk of the data focuses on the claims-makers and the meta-narratives that they employ in their every day occupational lives (Brown and Bloom 2009; Hannah-Moffat 2000; McCorkel 2003; McCorkel 2004; Pollack 2010). This study is also concerned with the impact made upon those who are the targets of governance and the extent to which these narratives are replicated, accommodated, or refuted by criminalized women in their attempt to make sense of their lives. I posit that criminalized women are not simply uncontesting receptacles of therapeutic governance projects that “elicit, promote, facilitate, foster and attribute various capacities, qualities and statuses to particular agents” (Dean 2010:43-44) and imbue its targets with symbolic meanings. As Loseke demonstrates in her work on the social problem of domestic violence, the construction of categories such as battered wife syndrome necessitate “formula stories” that become a “virtual template for how lived experience may be defined” (2001:107). The recipients of these formula stories are provided with potential interpretive frames, but these narratives do not always match with actual, lived experiences. In this case, “discursive disjunctions,” or incompatible systems of meaning, may arise and can lead to an outright rejection of the formula story template (Irvine 1999; Loseke 2001; Sered and Norton-Hawk 2011).

This study will be interested in the variety of ways in which criminalized women respond to discursive disjunctions. As Michel Foucault points out, power dynamics and coercion in an institutional context prompt resistance on some level (1983). However, because therapeutic logics use a “softer” form of power that appears more appealing to its objects/subjects than the traditional criminal processing outlets, formula stories are usually adapted in innovative ways to

suit the subject's needs. Chase found in her ethnography on students' sexual identity constructions at two universities that "identities people construct are [not] *determined* by their discursive environments; rather, their narratives reveal how they come to terms with the conditions of possibility provided by those environments" (2001:143, Foucault 1977). In asking criminalized women about their identity work, I hope to discover how they are constructing and presenting their selves, how that *interacts* with and is to some extent *shaped* by institutional narratives, and how these identity adaptations are also fashioned in gendered, raced, and classed ways.

The Scope and Bounds of this Research

My research center, The Transformation Center (TTC), is a particularly rich site for understanding how state power is rearticulated in gendered therapeutics. The center directly collaborates with criminal processing agencies, but its positioning is auxiliary to the larger web of punitive regimes and systems. The "feminized arm of the penal state," as Lynn Haney calls it, is increasingly moving towards softer, rehabilitative-based methods of managing offenders in controlled and semi-controlled settings (2010:3). This arm, often collaborating with mental health specialists and social workers, is reserved for nonviolent or first time offenders who are deemed to be redeemable and has been especially appealing in its application to female populations (Covington 2002) for their presumed docility and malleability (Turnbull and Hannah-Moffat 2009). The Transformation Center therefore operates in the fuzzy borderlands of both the welfare state and the punitive state. As Loïc Wacquant observes, this double regulation of the poor (social-cum-penal) represents "two sides of the same political coin" that functions to contain and govern marginality (2010:203). Punishing institutions and social work agencies both

work together to control and manage “dangerous” groups. These groups, who are socially and economically disadvantaged, frequently find themselves ensnared in double binds, particularly as social work agencies, like TTC become legitimate options for rehabilitation outsourcing by the criminal processing system (Lynch 2000). In a similar vein, I assert that the soft, feminized arm of the penal state is an insidious facet of the disciplinary society for the ways in which control is operating in more subtle and obscured ways. The social and cultural arrangements *within* TTC, as well as its position in the punitive-welfare landscape, illuminates the discursive and material power it holds on criminalized women’s lives.

This dissertation contributes to and extends the literature on the coupling of the penal and welfare systems. My research site is unique in that it openly espouses a “feminist” vision and orientation. I employ a critical analytic gaze on how this site absorbs feminist rhetoric into its organizational goals and uses it to justify and maintain its relationship with punitive institutions of control. By examining organizational dynamics and staff ideologies, I demonstrate the ways that workers at TTC form a collective identity that centers on providing care instead of asserting control. In this study, I call staff members at TTC “care workers.” Care work is a concept frequently used in the literatures on gender, family, and/or work and refers to the paid or unpaid labor done by someone in providing care (England 2005; Hochschild 2013). This work, quite often feminized and disproportionately done by women, ranges from mothering to formalized child-care to nursing or providing therapy. The care workers at my site, as I demonstrate in the following chapters, believe that they are providing care for the clients at the center. My research problematizes this occupational culture by analyzing the discursive and practical ways that care work maintains carceral systems of social control.

Additionally, my research contributes to the research on identity and desistance among criminalized women. In the last half of this dissertation, I show how criminalized women interact with formula stories, how they borrow from institutionalized frameworks for understanding their experiences, and how they innovatively craft new roles and identities for themselves in their efforts to “recover” from their past criminalized lifestyles. In my critical analysis of rehabilitation and punishment systems, I felt it appropriate to also understand how the targets of therapeutic governance themselves fashioned cultural scripts to suit their needs. My ethnography unfolds a complex story in which criminalized women do not overtly resist institutionalized narratives about their lives, but instead appropriate the scripts that make sense and discard the scripts that don’t. In this study, I call participants at TTC “clients.” I want to make a sharp distinction between care workers and clients at the center. I wanted to avoid the word “participant” when referring to women because, since I interview two populations at TTC, either of the groups could conceivably be understood by the reader as research participants. Additionally, criminalized women at the center are the *recipients* of care and I treat them as participatory agents in the construction of their identities and their lives, thus justifying the term clients.

Overview

In the chapters that follow, I explore the therapeutic narratives that are adopted (or not adopted, as the case may be) by care workers and clients at a rehabilitation program. In chapter two, I address my epistemological framework and methodological choices that I made to better understand the socio-cultural production of gendered rehabilitative scripts and practices. I introduce my research site as well as the research participants. In addition, I reveal my own

relationship to the research and the ways in which my past and current identities intersect with the social problem of hyperincarceration.

In chapter three, I show how care workers at The Transformation Center (TTC) construct an “alternative” organizational identity and distance themselves from other, traditionally “hard-line” criminal processing outlets. In positioning themselves as a rehabilitative substitute to the punitive web of control, care workers at TTC name the structural constraints placed on criminalized women’s lives. But, I find that in the process of rehabilitating the hearts and minds of their clients, they individualize social problems and treat their alternative identity as an end in itself, *instead* of a means for addressing or challenging systemic inequalities.

In chapter four, I extend my analysis from chapter three to focus on how care workers use a dominant cultural lens to interpret clients’ material failures, such as the inability to gain employment or stable housing. Care workers view clients’ coping mechanisms as problematic in because care workers understand these “streetwise” behaviors to be sabotaging clients’ potential success. Frustrated by clients’ inability to appease institutional gatekeepers, care workers impart *emotional* skills to clients in order to help clients counteract their sustained material deprivations.

In chapter five, I use criminalized women’s stories and self-narratives to understand how they formulate their own set of cultural stories about relationship problems and construct new identities for their *relational* selves. I demonstrate how women understand their noncriminal selves in relationship frameworks and therefore work hard to construct identities for themselves that counteract stigma and provide culturally acceptable roles that might help them desist from crime.

In chapter six, I again analyze criminalized women's narratives to explore how they conceptualize empowerment, how they define the structural constraints that are placed on their lives, and how they innovatively find noninstitutionalized means of building efficacy. I find that criminalized women creatively and innovatively craft *interpersonal* ways of asserting efficacy because they are so frequently blocked *institutionally* from reentering society.

Finally, in the conclusion I discuss the theoretical and practical implications of this research. I summarize how this study contributes to the research on punishment, social control, identities, and desistance. I conclude the chapter with suggestions for future research on criminalized women's issues and rehabilitation systems.

chapter two:
Welcome to The Transformation Center

Empowering women is to get them to realize and then act upon the power within themselves. We help women rediscover their own abilities and their confidence to move forward and make healthy choices in their lives. And personal power comes out of that, quite a bit. So yea, just helping women realize what they're capable of and do their best to make it happen (Mariah, 28, White, case manager).

The increasing number of women formally handled through the criminal processing system has resulted in more women mandated to rehabilitation programs as a term of their diversionary or post-incarceration sentence. Practitioners and academics have historically made criminalized women's issues invisible (Belknap 2007) but there is new theoretical and applied interest in this "special population," even by way of the popular television show, *Orange is the New Black*. Advocates of rehabilitative services for incarcerated or post-incarcerated women argue that since this demographic is predominately convicted on nonviolent, minor drug-related charges, women are deserving of the "helping" arm of the carceral state. Researchers trace the causes of female criminality to abuse, trauma, and sustained marginality, prompting rehabilitation practitioners to develop gender-responsive treatment programs that purport to cater to the particular needs, issues, and realities of women's lives (Covington 2002). Yet I argue that scholars and practitioners uncritically accept rehabilitation systems as offering a distinctive and alternative infrastructure to a punitive system that has been fueled by the notoriously failed war on drugs and a culture of fear.

Treatment programs are extensions of a more complex and obscured system of social control, operating on the sociocultural axes of emotional regulation, cognitive behavioral modification, and cultural assimilation (Pollack 2009). Examining rehabilitation services for criminalized people can offer sociologists a closer look at how broader ideas and discourses about normalcy and deviance are produced and reproduced. My research uses an intersectional lens, with a particular focus on gender. Intersectionality as a theoretical and methodological approach to scholarship allows for a non-additive analysis of how race, class, and gender interact to shape social structures, processes, and identities (Collins 2004; McCall 2005). More specifically, I use intersectionality to understand how multiple interlocking inequalities reproduce, and are reproduced by cultural assumptions made by predominantly White care workers in a therapeutic setting. I also use this approach to understand how rehabilitation is constructed by and for women and in what ways inequalities are discursively produced or transformed. My research intends to problematize taken-for-granted knowledges and systems where power and privilege “cluster” (Stauneas 2003).

I initially entered The Transformation Center (TTC), a nonprofit rehabilitation program for “disadvantaged” women, with the desire to understand how clients at the center constructed their reformed selves after a period of incarceration. What soon developed, however, was an increased interest in how staff, as care workers, conceptualize rehabilitation and deliver gender-responsive treatment. Care workers didn’t use a language that resembled the demonizing, punitive rhetoric often found in post-incarceration reentry services (Carr 2010). Instead, they used a feminized, “empowerment” discourse in their service delivery. I found that these care workers were not interested in immobilizing their clientele; rather, care workers articulated desires to constructively help women become independent and to lift themselves up out of cycles

of criminality, poverty, and violence. Therefore, it became clear to me that I had to expand my conceptions of power and social control to include notions of productive governance. These observations raised a set of questions for me: How do these care workers make sense of their work in “treating” criminalized women? What do they believe they are doing for criminalized women? Is TTC really creating opportunities for women who are living on the extreme margins of society? Do criminalized women “feel” empowered and do they benefit from these types of gender-responsive treatment services? I realized that in order to understand how criminalized women assembled their recovered identities, I had to first understand the rehabilitative messaging that is manufactured by cultural understandings of female criminality and packaged and delivered by direct care workers in a treatment setting.

My desire for a more nuanced and complex understanding of gender-responsive treatment programs in a carceral state led me to this in-depth ethnographic project. The following chapter details my methods and research site, a women’s rehabilitation program I call The Transformation Center. I outline TTC’s position in the community and its relationship to the state, local affiliates, and funding sources before I describe the organization. I outline the setting and describe the services found at the center. I then describe my methodological choices before explaining my entrée into the field and my positionality. Lastly, I end this chapter with detailed descriptions of my data collection processes, my sample populations of care workers and clients, and my analytic procedures.

The Transformation Center: History, Affiliations, and Funding

The Transformation Center was established nearly 30 years ago in the mid-1980s as a voluntary resource center for female sex workers. The operation grew out of a concern for the

public health consequences of the HIV/AIDS and crack-cocaine epidemics and an interest in providing temporary reprieve for the growing number of women involved in the sex trade. A handful of social workers, all of them women, rented out a ramshackle building near a crime “hot spot” in a mid-sized city located in the western region of the United States. With the help of small grant startup funds, the social workers created a drop-in center for women to come and go throughout the day. The workers offered warm meals, donated clothes, street outreach, free condoms, clean needles for drug-using women, and trauma support. In a state that was conservative throughout the 1980s and 90s, these efforts were politically contested and faced fierce moral opposition. For example, an emotionally charged legislative session hearing a bill that would allow the center’s underground needle exchange to be legalized and then transferred a centralized needle access clinic created major rifts along party lines. TTC workers at the time found themselves in the middle of a moral panic created by conservative politicians. Despite some embattled obstacles throughout the years, TTC endured as a legitimate organization in the community, largely as a result of its funders.

In the early 1990s, TTC partnered with the Center for Disease Control to provide preventive case management services to Black, Latina, and other “high-risk” female populations (e.g. poor, those engaged in sex work) who were disproportionately exposed to HIV/AIDS infection. This collaborative endeavor resulted in a large federal subsidy that enabled the organization to expand in size and numbers, employing more care workers and serving larger numbers of clients in the greater metropolitan area. Continuing up to present day, the center has received substantial federal and local grants from public health and housing agencies to provide needed resources to women living in poverty. These grant monies were intended to meet the material needs of women at the center, in addition to creating pathways to financial and

relational independence. These latter initiatives, known as “self-sufficiency” programs, were implemented to help impoverished and disadvantaged women learn the skills to gain lawful employment and leave abusive relationships. The era of the “welfare queen” in the 1980s and 1990s presumed that women were content to leech off of benevolent governmental assistance programs, giving rise to educational programs that taught women the value of financial self-determination (Fraser 1987; Haney 2010). TTC as an organization did not espouse the conservative discourses about deviant welfare queens, but the center did appropriate self-sufficiency programs for its clients. Sympathetic care workers at TTC were eager to mobilize women to *psychologically* liberate themselves from the financial manacles of welfare and the relational shackles of abusive partners through a discourse of independence.

Throughout the 1990s and 2000s, The Transformation Center continued to secure generous governmental grants and several private donors. These monies allowed the organization to employ more people, from 4 to 5 social workers at its inception to 25 workers in 2002. In 2002, TTC moved its operation to another part of the “crime-riddled” area of downtown, seeking to establish a more pronounced, centralized, and permanent presence in the city. The organization began to collaborate more intimately with local probation and parole agencies soon after. With TTC’s organizational growth, care workers were able to provide those services that probation and parole officers valued as reformative but could not offer due to increased caseloads and decreased budgetary allowances (Lynch 2000). Women could go to the center and get GED preparation classes, job trainings or referrals to vocational training programs, referrals to housing, and/or life skills classes. This “one stop shop” model proved to be a great resource in the community and one that secured cross-agency collaboration between important judicial actors and TTC.

The majority of the program participant population attends the center because of a court mandate (approximately 90%), meaning that TTC is responsible for reporting participants' progress (or lack thereof) to probation and parole departments. TTC only conveys whether or not a participant is moving forward in her treatment plan (e.g., attending care manager sessions, going to GED class, in the process of completing a class cycle) and will not disclose details from counseling sessions or group classes. If a participant is in violation of her parole or probation, however, the court may ask for TTC's dispositional recommendation in determining whether or not the participant is in need of enhanced supervision or a revocation of her community placement. The relationship between care workers and clients then, is especially important in influencing a care worker's likelihood of recommending revocation. TTC also provides therapeutic classes to currently incarcerated women who are preparing for release. The center provides assessment, treatment, and rehabilitation resources to criminalized women, as well as to women who are economically disadvantaged and uninvolved in the criminal processing system, although the rehabilitative messaging is quite similar. The general mission at TTC is to foster the development of different choices that will prevent future criminal or harmful behavior.

Methods: Critical Feminist Ethnography

I approach this research with a critical feminist perspective and the understanding that systems of rule and domination structure people's lives and experiences. The United States has a sordid history steeped in white, Eurocentric, masculinist, heterosexist institutions, values, and ideologies. These oppressive ideas and practices affect people differently depending upon their social positioning, and tangibly result in compromised livelihoods, health, and safety. It is this perspective that informs my choice of feminist ethnographic methods. My epistemological

approach is intended to highlight power relations, especially the more hidden and subtler forms of power. My entire research process is informed by my interrogation of power and domination, including choosing a research site and population, practicing my research ethics, establishing relationships with my informants, interpreting the data, and writing my analysis.

The lives of marginalized populations are traditionally ignored in the field of positivist and quantitatively dominated criminological research. According to standpoint theory, the social situations of those at or near the “bottom” of the social stratification ladder are a scientifically sound starting point by which we can begin to make knowledge claims on the larger structural forces that affect us all (Harding 2004; McCorkel and Meyers 2003). In the tradition of sound ethnographic research, direct involvement and engagement between the researcher and the “researched” are the best possible methods in which to understand informants’ experiences and worldviews.

Gaining Entrée and Researcher Positionality

I have long been interested in the issues that affect previously incarcerated women, and even more in the ways in which women with criminal records personally navigate the various interpersonal, social, and structural barriers that present themselves on an almost daily basis. My entrée to this topic began 10 years prior to my work as a graduate student. At the age of 17 I was involved in a variety of illicit drugs and activities that quickly became intercepted by the criminal processing system. Over the span of 5 years, I lived a chaotic lifestyle on the streets without a home and addicted to heroin and shoplifting for my habit. I eventually found myself sentenced to a year in the county jail, with mandates to complete a halfway house for substance users, self-help groups, and probation. For 2 years I was living with other criminalized women,

either in a secure correctional facility or in a community-based halfway house, and I became familiar with the various troubles experienced by criminalized women. I entered graduate school after a stint of establishing myself in the legitimate working world and finishing my undergraduate degree. My academic pursuits were motivated by my experiences and observations in the criminal processing system and my post-incarceration activism working on criminal record issues in Massachusetts.

My entrée to my research site began in the summer of 2009 as a volunteer, tutor, and mentor. In my efforts to begin an ethnographic journey on the topic of gender and punishment, I researched local rehabilitation centers for offenders in Denver. Several people recommended a program located in Denver that served criminalized women and women that they labeled as “disadvantaged.” I served as a volunteer for the GED tutoring program, providing assistance to women one-on-one in their process of studying for the GED. After volunteering for two months, I asked the program for permission to conduct research over the course of a few years for my dissertation. After their consent, along with IRB approval, I began observing and taking field notes in September of 2009.

Data Collection

In the tradition of sound ethnographic research and feminist epistemology, direct engagement between the researcher and the informants is the best possible method in which to understand informants’ experiences and worldviews. My aim as a feminist ethnographer is to become closely acquainted with the lives and experiences of my informants, although I realize that my relative positioning is both an asset and obstacle to achieving this intimacy. As a woman who has been incarcerated and involved with the criminal processing system some time ago, I

am able to share my experiences with both care workers and criminalized women as someone who, on some level, understands the burdens of reentry, thereby increasing my relatability and avoiding the role of an outside researcher.

I do, however, recognize my social location and its concomitant privileges that serve to distance me from the participants at the center and that structures my research agenda and methods. As a white, parentless researcher who has ties to a legitimating institution (the academy) and substantial temporal detachment from the criminal processing system, I can not claim to know the many positionalities that arise from the intersections between race, class, gender, sexual orientation, parental status, and legal status. Throughout the research process I remain dedicated to employing reflexive practices in order to “make visible to both the research audience and possibly the participants one’s own social locations and identities” (Hesse-Biber, Nagy and Yaiser 2004:115). The similarities and differences between my informants and myself contribute to the construction of knowledge and I intend to remain conscious of this during every research phase. For example, I do not want to conduct my interviews or interpret my data with a patronizing framework, rather I intend to approach this study with the notion that all participants are competent actors and I wish to understand how they make sense of their lives in the context of their social and structural circumstances. My research examines what stories care workers and clients tell to actively create selves situated in a therapeutic context, as opposed to reaching the objective “truth” (Holstein and Gubrium 1995).

Interactional Strategies, Participant Observation, and Interviews

My frequent presence and volunteerism at the center, staff parties, and field trips (e.g. picnics, group hikes) over the course of my 35 months in the field facilitated access to many

types of data. Involvement strategies based on mutual aid, such as volunteering, tutoring, and mentoring, were extremely useful in building rapport with both care workers and program participants (Warren and Karner 2010). Other data sources include extensive field notes from observations and informal conversations, analytic memos, and archival records that include worksheets used in the psycho-educational classes. My attendance at classes allowed for a deeper and contextual understanding of care workers' meanings generated through the rehabilitative messaging that was conveyed to participants (Lofland et al. 2006). Observational field notes of care workers and client/participants who were not interviewed are also included; primarily those notes taken during the facilitation of a class and of informal conversations.

I consider myself to occupy a peripheral member status (Adler and Adler 1987), for I am not an active member (and not even close to a complete member) of the community in question. I am not in client's lives for a substantial amount of time and my social identities are now temporally and culturally distanced from those of the client/participants at the center. I therefore use reflexive practices in order to more genuinely understand power differentials between my informants and myself. Reflexivity acknowledges the subjectivity and the power imbalances that are inherent to the research process (Naples 2003). In reflecting on and writing about my privileged positionality as a young(er), parentless, heterosexual white female academic, it is possible to at least account for these various power dynamics and attempt to improve the representation of my informants in the final research product.

Given my history of incarceration and houselessness, I have perspectives that give me greater insight to certain aspects of the social standing of the clients at TTC. It can still serve as a basis for identification. In interviews, I often used my own experiences to reference the culture of incarceration, my own negotiations of street life, and the pains of halfway house living to

allow clients to identify with me. I understand the life-altering events of being involved with the criminal processing system for several years, which has profound implications for one's identity. Furthermore, by emphasizing my past behaviors and identity, I attempted to display compassion for marginalized lifestyles as opposed to disdain.

During interviews, I attempted to allow for flexibility in my questions and repeatedly vocalized disclaimers that clients can opt out of answering any questions, especially those that may evoke vulnerable responses. This has the benefit of enhancing trust and honoring my population's vulnerable situations and social locations, because I tried to eradicate interviewer pressures as much as possible (Hesse-Biber, Nagy and Yaiser 2004; Rubin and Rubin 2005). Facilitating women's use of self-determination and agency can be empowering and when women feel more invested in the process and are not pressured to answer sensitive questions, they may open up and be willing to share more with me. Clients at TTC have very high rates of physical, sexual, and/or emotional abuse at the hands of a male family member or male intimate partner (Chesney-Lind 2003), and having also personally experienced some of these abuses, I understand how difficult it can be to share those pasts with a stranger. Every interview I have conducted is done at the TTC, in case my informants need extra support from a care manager or counseling care workers.

Focus Groups

The purpose of incorporating focus groups into my research design is to better understand the *collective* meanings of women who are criminalized or otherwise labeled disadvantaged by the rehabilitation center that is my research site. I privilege standpoint theory as my epistemological approach to this project, and seek to root my research questions and methodologies in women's

lives, acknowledging that “a hierarchical society will produce different standpoints, or vantage points, from which social life is experienced” (Hesse-Biber, Nagy and Yaiser 2004:15).

Throughout my findings, I supplement my participant observational and interview data with the focus group data to analyze the collectively generated understandings among criminalized (and disadvantaged) women. By asking questions of a group of similarly situated women, I was able to better “yield data on the meanings, uncertainties, ambiguities, and *group processes* that lead to and underlie group assessments” (Bloor et al. 2001:4). Although I observe psycho-educational classes in which anywhere between 5-15 participants are in attendance, the data collected is not reflective of how the entire group constructs and negotiates collective understandings because of the individual-level therapeutic content and the bias introduced by the facilitation of a care worker. Additionally, my focus groups allowed for more fluid conversation that I was not controlling. Certainly I was the sole engineer of the questions and vignettes that facilitated discussion, but the interactional processes that resulted from this mediated forum was a way that I diminished a certain amount of power that I hold as a researcher (Fern 2001).

I conducted two focus groups (5 participants for the first and 4 participants for the second) after I completed the interview collection phase. Like my interviews with clients at the center, I offered an incentive – 15 dollars cash – for participating. Moreover, I provided pizza and drinks for each focus group. I videotaped each group, with special consent, so that I could distinguish which client was speaking. After I transcribed the focus group video tapes, I promptly destroyed the recordings. The two primary topics that we discussed were causes of women’s criminality and relationships. The textbook advice for focus group data collection processes is driven by a managerial approach. That is, focus group research is often carefully designed to place confines on interactions and profiles problematic personality types in social

interactions. But my experience with administering these focus groups was quite different. I employed an interaction driven, conversational design. Focus group participants steered the conversation where they saw fit and I found many of their tangential discussions analytically useful and I incorporate this data in my findings chapters.

Participants

Care Workers

I conducted semi-structured interviews with 13 care workers and observed and had informal conversations with 11 more (see Table 1). I used purposive sampling techniques to more accurately represent the demographics at TTC. Sixty-six percent of the care workers were White and thirty-three percent were women of color. Sixteen of the 24 participants identified as White, four identified as Black, three identified as Latina, and one identified as Native American. The overall age of the care workers was relatively young; 62% were under the age of 39. All of the care worker participants had a college degree. Most had a bachelor’s degree and all of the care workers studied in either the psychology or social work field.

Race/Ethnicity	
White	16
Black	4
Latina	3
Native	1
Age Category	
26-29	7
30-39	8
40-49	3
50-59	3
60-69	3
Education	

B.A.	19
M.S.W.	5

Clients

I conducted semi-structured interviews and semi-structured focus groups with a total of 32 criminalized women who were clients at TTC. I used word-of-mouth recruitment techniques, in addition to posting flyers at TTC. I was fortunately able to compensate this population \$20 dollars in cash, thereby providing adequate incentive for women to participate. Although the my university’s institutional review board pressed me to use gift cards, I felt it was instead best to treat these participants like responsible adults who could spend their cash as they see fit. Additionally, criminalized women had a hard time commuting around the large city sprawl in which my research was based, making it hard for them to get to a big box store located on the outskirts of town. Similar to the care worker sample, I used purposive sampling techniques to better represent the clientele base at TTC. This was a bit difficult to do. I consulted with care workers who kept track of the demographic data of the center’s clients, but because they had a high turnover rate it was difficult to get exact information. From the information I did gather, however, I was able to conclude that my sample reflected the broader demographic trends (see Table 2).

Race/Ethnicity	
Black	11
White	10
Latina	5
Biracial	4
Native	2
Age category	
21-29	3
30-39	7

40-49	18
50-59	4
Legal status	
Probation	21
Parole	8
Voluntary	3
Source of income	
Job	5
SSI/disability	19
None	8

The clients in my sample were relatively older, especially when compared to the care worker population. Over half (56%) were between the ages of 40 and 49. Two-thirds were women of color and one-third were White; eleven of the 32 clients were Black, ten were White, 5 were Latina, 4 were biracial, and 2 were Native American. Ninety-one percent were either on parole or probation and were therefore mandated to attend the center and to successfully graduate the program, and the remaining nine percent went to TTC voluntarily, although many of them had criminal records. Additionally, most of the women were on governmental assistance of some kind, usually reporting extremely modest monthly stipends such as \$245 a month. Nearly two-thirds of my sample reported having at least one child, consistent with the broader statistical trend of criminalized women’s parental status (Snyder 2009).

Inductive Analysis

I regularly took analytic memos as I collected data, recording my initial reactions to observations, interviews, and focus groups. I transcribed my interviews as soon as possible with help from a professional transcriber. I also kept a “fact sheet” of demographic information on my

informants, as well as how participants were recruited and the date and time of their participation, in order to keep my data orderly and manageable (Lofland and Lofland 1995:83).

After my data collection was completed, I read through transcriptions and field notes and allowed my research questions and theoretical frameworks to drive the open coding process. Once I established themes, I started the second cycle of coding and thematically categorized codes into concepts while allowing for natural variations within themes. By prioritizing an analytic inductive framework into my data analysis, I continuously sought out negative cases and outliers in order to refine explanations, develop nuance in my findings, and to enhance my theoretical narrative (Saldaña 2009).

Coding

More than 3,000 pages worth of data were systematically recorded and filed according to their data type. The data were inductively analyzed throughout the data collection process; the line-by-line reading and continual interpretation of the data was useful in constituting the initial codes that organized the data (Saldaña 2009). The emergent patterns informed subsequent interviews and observations, and upon saturation in the field, the second cycle of focused coding allowed for the methodical categorization and synthesis of core concepts.

Data Management Procedures

To protect my informants' confidentiality, I took strong precautions to secure all data. For the duration of my research and dissertation writing stage, I held on to field notes, consent forms, transcriptions, and recordings, but I will be the only person with access to the data. All hard copies of data were locked in a storage box that I house in my residence, with the exception

of consent forms. The only paperwork I have with participant's full names are on the consent forms (I use pseudonyms in my memos, field notes, interviews, and in transcripts), and so consent forms will be separated from data in a locked cabinet in my residence. All data on my computer is protected by password and I am the only person with access to it. Upon the successful completion of my dissertation defense, all audio recordings will be destroyed, but I will keep interview and focus group transcriptions for future use.

Limitations

The point of identification as an “ex-con” shouldn't be overstated. The emerging fringe discipline known as convict criminology, a growing group of academics that have previously been on the “wrong” side of the law, emphasizes the unique positionality granted to researchers with lived experience of the criminal processing system (Ross and Richards 2002). This work should be applauded for contributing a more nuanced and intimate interpretation of our prison society by merging biography with current data. However, I think this unique perspective is often overemphasized and does not take into account the diversity of experiences that *different* groups of people have with incarceration based on race, class, sexual orientation, and parental status (Naples 2003). My past involvement in criminality is no longer my “master status,” and I do not identify, nor am I identified *by* others, as an offender (or an ex-offender for that matter). I teeter back and forth on the margins of the insider and outsider positions (Hesse-Biber et al. 2004). My identity is drastically different than years past, and so I no longer share the same set of subcultural beliefs or normative behavioral expectations. The primary impeding factor that separates myself from my participants is the fact that I am no longer under correctional supervision, and so it is nearly impossible to completely share the worldviews of those who are

currently experiencing the marginalizing effects of the criminal processing system. And, while having once been in a similar position affords me a sense of commonality that can be beneficial in heightening comfortability and trust, not *currently* occupying that social location can also be a hindrance to the process. I can attempt to increase my insider position as much as possible, but it is hard to wholly depict the experience if one is not in that state presently.

Moreover, as a young parentless white female, who lived a (relatively) short compromised lifestyle for 5 years, I was afforded more opportunities with fewer commitments during my years of recovery. I graduated with my bachelor's soon after leaving the halfway house, and immediately entered graduate school. My entrée and socialization into academia has afforded me both cultural capital and institutional legitimacy that I never had before. Throughout my research process, I try to reflexively understand how these identities have effected my interviews and interpretations, especially when I am interviewing an impoverished woman of color who has experienced racial or ethnic discriminations, who has decades of criminalized experiences, who has children, and/or who expresses general hopelessness for her vocational or educational prospects.

One of the most significant troubles for the client/participants I interview is the issue of child custody. The majority of women involved with the criminal processing system (just over 2/3) have at least one child under the age of 18 (Snyder 2009). In addition, there is a sizeable amount of women in this population who have lost temporary or permanent custody of their children. Child reunification is a primary concern for mothers who are reentering their communities, and is something that is often referenced in life histories and personal narratives about the reentry process. Although I may have shared in the other burdens of reentering society as a woman, I do not know what it is like to do those things while having a child. If the state

becomes involved and knows of a child's proximity to illegal behavior, the child can be taken into protective custody, then foster care (if no family or spouse is present), and even adoption (Bloom et al. 2004). While I have known women who have been faced with these predicaments, and I am well-read on these issues, I certainly don't *personally* know what this is like, and therefore I can never completely have an insider perspective.

chapter three:
Transformative Visions: Governing through Alternative Practices and Therapeutic Interventions at a Women’s Rehabilitation Center

The Transformation Center: Setting and Services

TTC aims to provide crucial resources to disadvantaged women who have been affected by incarceration, poverty, homelessness, and HIV/AIDS infection. The services offered are grouped into four categories: housing, education/employment, mental health, and substance abuse. Case managers (or “care” managers, as care workers at the TTC call themselves) are responsible for assessing participants’ needs and referring them to the appropriate supportive service(s). For example, referrals to shelters or halfway houses may be provided to houseless participants who are in immediate need of refuge. Educational services including tutoring for the General Education Development (GED) and help with college and financial aid applications. Job readiness training is offered for women who are unemployed or who want to advance their job options. Care workers also offer group classes for the center’s participants dealing with mental health and/or substance abuse issues.

Although TTC strives to meet women’s material needs by offering job training and bus tokens, my interviews with clients reveal that they often found these resources were lacking. Care workers often wrote referrals for housing because shelter arose as the greatest need among clients. But, clients told me that upon arrival to a halfway house or a shelter, the TTC referral was but a piece of paper that secured their position in a queue of many other women who were also competing for housing. This led to a great deal of frustration for clients as well as for care workers; both populations frequently blamed dwindling state resources and the low priority given to homeless, stigmatized women. Although clients and care workers were both frustrated with the circumstances, I found that care workers at TTC were also able to use these resources as

tools for organizational legitimacy; care workers believed that they were doing the best that they could possibly do amidst scarcity and told me that they often fulfilled vital needs for their participant base. Clients thought that decision-makers and grant funders regarded them to be “scum of the earth” and women additionally expressed that they felt disposable in the social order. Therefore, clients’ and care workers’ relationships to the center’s services were starkly different. Care workers used a rationalizing logic to justify the scarcity – they promoted an ethics of care in *rhetoric* and claimed that the softness of their approach should be attractive to clients, when compared to the harshness of the criminal processing system. Clients had no such rationalizing logic to separate themselves from the material realities of resource scarcity.

In this chapter, I explore how The Transformation Center wields “soft” power. I analyze how the center is situated within the web of services that target poor, disadvantaged, and criminalized women. I ask key questions about how the logics of rehabilitation and punishment overlap in care workers’ discourses and treatment of female criminality. The Transformation Center is a social work agency that manages wards of the state and although they do so with an ethics of care and rehabilitative ideals, I argue that that they discursively uphold and maintain the carceral state by pathologizing women’s issues. That is, TTC is a key site for the individualization process that happens in a neoliberal society; structural trends and patterns get erased while individual level problems are highlighted and attributed to psychological problems or cultural deficiencies. In this chapter, specifically, I illustrate the ways that this pathologization process happens. I examine how care workers construct women’s criminality and explain treatment outcomes. At TTC, care workers acknowledge that poverty, racism, and sexism exist *and* that these structural issues cause women’s criminality. Yet, during the course of rehabilitative treatment, this recognition is paradoxically replaced by a discourse of personal

responsibility. I demonstrate how the center's use of "alternative" practices and rehabilitative logics serve to disempower women's lives. I first briefly explore how TTC employs an "ethics of care."

Organizational Ethics of Care

Important to TTC's functioning are the group therapy classes offered to women who have histories of mental health issues, trauma, and/or substance use issues. These psychoeducational classes are the focal point of the center's services, arising out of the "self-sufficiency" models of the 80s and 90s. These classes are based on cognitive behavior therapies that attempt to correct dysfunctional behavior, thoughts, and cognition. Classes are generally themed to address the specific issues that are commonly experienced by female reentrants such as drug or alcohol dependence, trauma, and co-occurring mental disorders. Some classes are designed to deal with unique populations, such as sex workers or queer participants (referred to as gay, lesbian, bisexual, or transgender at the center). What gets classified as dysfunctional and normal is especially relevant to this research and has material consequences to women's lives.

Programmatic narratives at TTC are preoccupied with cognitively restructuring the "parts" of women that are judged to be pathological. If a woman resists this attempt at mental and emotional rehabilitation, or denies what is classified as deviant, then she could risk her TTC care manager reporting a lack of therapeutic progress to her probation or parole officer. Therapeutic modalities, therefore, are directly connected to women's legal status and it is in their best interest to comply with their individual treatment plans in order to avoid a probation or parole revocation, with the worst case scenario resulting in jail or prison time.

Although care workers at TTC collaborate with judicial agencies, care workers at the center work to ideologically and even aesthetically distance themselves from traditional criminal processing systems. In orientation classes for new program participants, care workers tell women that, “This is going to be a different kind of experience.” Care workers explain that they aren’t interested in punishing women like “other” agencies and that, barring extreme circumstances, TTC would never close its doors to a participant even if a woman relapsed and was currently engaging in risky behaviors. The care workers I spoke with were transparently displeased with exclusionary policies that incapacitate and “warehouse” women for relatively minor offenses. Care workers told me that they were convinced, with good empirical reason, that punitive reactions did not help women and instead, stigmatizing laws and other mechanisms of marginalization served to push women further into poverty and addiction. The center has, in contrast, embraced a compassionate ethic of care for its participants, with a significant emphasis on harm reduction initiatives.

Harm reduction has its origins in Western Europe in the 1970s and 80s at a time when countries were witnessing sharp increases to their drug-using populations. The philosophy applies to any risky or harmful behavior, such as drug use and sex work. Instead of adopting moralistic or dramatized approaches to risk, harm reduction proponents believe that humane pragmatism, like offering clean syringes for intravenous drug users, can effectively mitigate the harmful consequences associated with “addictive” behaviors (Marlatt 1996). The harm-reduction approach to drug use also views behaviors on a continuum of harm inflicted upon the person, instead of being classified in morally distinct categories. Harm reduction has been popularized in the United States due to grass-roots advocacy efforts and has gained *some* organizational legitimacy, but this philosophy has not been accepted on a broader scale because of its cultural

incongruity with zero-tolerance drug policies. The Transformation Center's liminal use of harm reduction is related to its positioning as a feminized social service, a grant-adhering non-profit, and an auxiliary collaborator with the criminal processing system. TTC care workers are bound by its funding sources and other state regulations and therefore cannot practice the direct care that care workers idealize, such as syringe access programs or engaging in decriminalization efforts. Therefore, the agency's adoption of harm reduction is partial and is most evident by care workers' rejection of abstinence-based drug treatment approaches that do not provide services to current drug users.

The Transformation Center's semi-harm reduction model is at odds with the judicial agencies it collaborates with. Parole and probation officers mandate abstinence of all those criminalized people who are on their caseloads. These state agents monitor drug-free requirements through frequent and randomized urinalyses and/or breathalyzer tests and often outsource such efforts to community-based agencies. Care workers at TTC administer tests to about 75% of the approximately 90% of the clientele who are mandated to the program. The collected specimens are sent to a laboratory and the results are then mailed directly to probation or parole officers. In this way, care workers are direct extensions of the diffuse surveillance technologies that criminal processing agencies use to control, regulate, and manage "risky" or "dangerous" populations.

Because they are not receiving the results and because they are not making key decisions about client's freedoms, care workers believe themselves to be an autonomously functioning agency, one that is quite distinct from more traditionally "hard-line" reentry centers. Moreover, care workers ideologically assert an alternative organizational identity through TTC's harm reduction model. In reality, though, TTC is embedded in the "feminized arm of the penal state."

First, the agency fulfills the state's rhetorical commitment to rehabilitation by adhering to the gender-responsive treatment programming it is required to satisfy according to the grants it receives from the local Departments of Corrections and Public Safety (Lynch 2000). Second, the agency indirectly operates as an enforcer of probation and parole stipulations through reporting clients' therapeutic progress and collecting urinalyses samples.

TTC dissociates itself from traditional criminal-processing institutions by overtly espousing a rehabilitative philosophy that caters to female reentrants and their concomitant issues of trauma, abuse, and economic marginalization. The center's ability to disassociate is a direct function of its auxiliary relationship to the state. Because it collaborates with, but is not entirely controlled by, the criminal processing system, the center can ideologically distance itself from the "hard" corporal practices of traditional institutions such as surveillance or other coercive control techniques. The center performs a therapeutic function and is allowed freedoms by the state to carry out its own conception of gender-specific rehabilitation. TTC vehemently opposes the harsh ways in which traditional criminal processing agencies operate, arguing that females need a caring, gentle, and relational approach if they are to be receptive to treatment. Indeed, scholars and practitioners who espouse gender-responsive programming often advocate therapeutic interventions that are sensitive to women with histories of abuse and trauma (Bloom, Owen, and Covington 2004; Green et al. 2005).

TTC is a popular agency in the area that receives referrals from local probation and parole offices for outpatient therapeutic services. Criminal processing systems nationwide have generally acted in accordance with the "tough-on-crime" stance that emerged in the 1980s, and as a result have purported to treat male and female offenders equally, absent of any favoritism. Yet the well-documented behavioral and social differences between male and female offending

has challenged the effectiveness of such practices, arguing that such “gender-neutral” logics serve to deny proper treatment investments for criminalized women, their families, and their communities (Bloom, Owen, and Covington 2004). Betsy, the executive director of the center, stated in an informal conversation that TTC is informed by the latest research on women and crime and that the gender-responsive agency incorporates these findings into their dealings with clients. She avowed that pathways theory, which recognizes that women often engage in crime because of a “multiplicity of abuses” experienced in childhood and/or adult years has been very influential to the program’s evolution over the years (Owen 1998). As a result, the center uses a gender-responsive model in order to accommodate a traumatized clientele.

Some of the practices employed at TTC exemplify the repudiation of the traditional penal regime and an embracement of “softer” gender-responsive approaches to treatment. Care managers regularly hug clients in either a congratulatory or consoling manner. When a client graduates from a therapy class cycle, she often receives a gift bag assembled by the class facilitator containing lotions, trinkets, stuffed animals, and a gift card. Mary, a teacher at the center, explained why her classroom walls were lined with colorfully decorated frames containing photographs of GED graduations from the past 10 years: “I make sure to make a big event out of these accomplishments. Their families and friends are invited, and we bring a cake and balloons. We want to make them [*the graduates*] feel special. But it also helps to inspire and motivate the other students.” Mary notes the extent of the program’s reach to the children of clients as she points to the photos of graduates “And behind you I’m looking at all those pictures – I’ve become grandma to half of those kids up there! I mean it goes beyond here.” Mary’s attendance at baptisms and birthday parties outside of work, along with her openly emotive displays, allows her to relay her affection to the clients. She, as well as other care workers,

recognizes that many of the clients are self-deprecating and lack stable social networks, and these relational techniques are used to boost self-esteem and social bonding among clients. Care workers are not interested in patrolling the center's clients or establishing control through fear as is done in traditional criminal justice agencies; rather, these rituals and symbols of affection are designed to empower clients so that they may achieve inner change, and ultimately, a change in their circumstances.

Another component to the rehabilitative logic employed at TTC is the use of the harm reduction model. Harm reduction refers to efforts to minimize the consequences of risky behavior, and is often used in opposition to the abstinence model. More well-known harm reduction policies include the needle exchanges program, where intravenous drug users are provided new needles so as to prevent the spread of HIV/AIDS, Hepatitis C, or other blood-borne diseases. Care workers at TTC use harm reduction approaches to deal with behaviors that are considered to be damaging such as associating with abusive partners, using/abusing substances, and not attending therapy. Care workers ideally want their client base to entirely desist from negative and criminal behaviors, yet they realize that abstinence may not be achievable immediately. Care workers are more concerned with providing support and exposing women to therapy while they take small steps towards the desired end goal of abstinence. As Sally states:

The zero tolerance view, the idea that somebody comes in for treatment, and if they've shown that they have lapsed or relapsed then they're going to be thrown out of treatment is not how we operate... That's part of our harm-reduction philosophy, which means that people are going to make the change for abstinence or recovery at their own pace.

It ultimately becomes up to the individual client to establish her own path to a crime-free lifestyle, and TTC provides an atmosphere in which to do so by allowing for and tolerating behavioral lapses rather than punishing them.

Care workers often use and talk about their alternative definition of success to create a culture informed by harm-reduction philosophies. Care workers state that the endpoint of successful treatment is the client's ability to meet basic material needs, to form supportive social networks, and to achieve inner change in order to cease criminality. This formulation of treatment was often used as the idealized version of success once clients completed the project of rehabilitation at TTC, but care workers also spoke of practical and short-term level successes in accordance with the harm-reduction model, which prioritizes the individualized goals of each client:

Well, I, we're really client-centered, and part of being client-centered is harm reduction or meeting the client where they're at. So, any success, no matter how small, is a success. So, I think it's really unrealistic and you're going to unmotivate the participant if you set these huge goals like, 'You're going to stay clean for six months,' you know? It's never, ever that easy. (Noelle)

Most of the care workers talked about advising clients to set small goals so that they could experience success throughout the day. My informants made sure to underscore that this type of success should never be minimized or viewed as less of an achievement than the idealized version of success

Care workers also spoke of the ineffectiveness of zero-tolerance approaches to treating female criminality to justify their alternative approach, in that those harsh policies create a hostile environment, which in turn deters women from participating. Conversely, allowing for mistakes and providing support to clients helps to establish a comforting atmosphere. Mariah explains:

We've built a really good reputation of confidentiality, and that makes us a lot more trustworthy in the eyes of the clients. They feel more valued. We try to do a good job of letting people know that we only want to be here in a supportive capacity for them...But at the root of it, all clients should know and realize that it is their decision to be here, and we definitely respect their participation in their own treatment, and they are really the ones who are making their own decisions.

Mariah speaks to the importance of women taking control of their decision-making to benefit from the program, although the courts are mandating most of the women to attend TTC. Care workers often remarked on the futility of coercive treatment and instead emphasized harm-reduction and other supportive forms of counsel that *facilitate* change instead of mandating adherence. The center's soft and compassionate approaches are intertwined with the way that care workers frame clients' criminalization as an involuntary result of marginalization.

“They had no choice but to turn to crime”

The neoliberal framework used by the criminal processing system encourages state actors to articulate criminality as being a result of poor choices, as opposed to systemic disadvantages such as concentrated poverty or gendered violence (Garland 2001; Haney 2004). Dominant discourses about the source of crime often assume a meritocratic culture in which any individual can freely choose their fate despite any named (or unnamed) “odds.” This meritocratic, rational actor model has informed the politics around a wide variety of institutions, such as the interlinked welfare and criminal processing systems (Haney 2010, McCorkel 2004). Although bootstrap narratives of agency and self-determination have permeated many venues within the criminal processing arena, care workers at TTC verbally reject these ideas as adequate explanations for female criminality. According to care workers, clients at the center face adverse situational and structural factors – which greatly limits their ability to control their lives. Care workers view these disadvantages as narrowing a woman's range of life choices, thereby contributing to participation in criminal behavior, and finally continuing to affect clients during their recovery. Mariah remarks on outside influences on women's behaviors:

We have a *ton* of women here who have experienced abuse, rape, incest, and things like that, and we did a kind of informal study and we determined that almost 100% of our women have experienced trauma on some level. Not a whole lot of trauma done to self is done without a root – trauma usually comes from outside the person, from outside the body – usually from someone with power... We help people realize that there are reasons outside of them... Helping people realize that, it sounds cliché, but it's not all your fault, in some ways. There are reasons you behave the way you do based on what has happened to you and the lifestyle that you maintained at a certain point, and what you were exposed to, and things like that.

What emerges then, is a particular conception by care workers of just how “free” clients’ choices actually are. Care workers talk about women’s criminality in terms of structural determinism, in that clients often have little choice but to turn to crime as a survival technique to manage the constraints of poverty, abuse, and racial and gender discrimination.

Female reentrants disproportionately experience grave economic marginalization, limited education, social isolation, and interpersonal victimization (primarily physical and sexual abuse), when compared to their “noncriminal” counterparts (Huebner, DeJong and Cobbina 2010). The strong link between these systematic life disadvantages and criminal offending among women is well documented, and is further compounded by the forms that criminality takes among women drug or drug-related charges and sex work crimes comprise the bulk of convictions for women (Belknap 2007; Malik-Kane and Visser 2008; Richie 2002). Sally comments on the impetus for TTC, speaking to these assumptions about female criminality:

Our services are designed to help women who have addiction issues in addition with the prostitution issue and all the things that come with that... They were extremely disadvantaged by a number of things, often including their upbringing in their family of origin that left them without skills to build any kind of life. And so they were coming out of prostitution and addiction, which is apparently a lifestyle which does not have a great life expectancy, and can be very miserable for people, very disempowering.

Care workers are aware of the prevalence of these difficulties, and recognize the impact they have upon the clients’ life choices.

Many of the clients at TTC are there as a condition of probation, parole, or to maintain their eligibility status in a halfway house. These three institutions place many demands upon their clientele, and clients are to meet these mandates in full if they wish to avoid the possible consequences of increased parole or probation time, a return to jail or prison, or the loss of shelter. The care workers at the center understand the pressing burdens these institutions place upon clients, and realize that these very concrete limitations affect clients' ability to freely act. Moreover, they see the punishment related to failing to meet the conditions set on clients as especially detrimental because the treatment and education (two cornerstones of the rehabilitative ideal) provided by the criminal processing system are inadequate in meeting women's needs. Noelle singles out the Department of Corrections (e.g. probation, parole) for what is often called a "waste-management model" (Lynch 2000):

Because they [*the Department of Corrections*] don't give them [*female reentrants*] any support or any kind of resources and they don't point them to where to go, they're just done with them. They punish them, and punish them, and then they're just like, here you go, we're not going to teach you how to get back into society. We're not going to give you those skills, and I think that that's a shame. And so many employers and things like that, it's hard for them to get a job.

Many care workers do not just view this punishment as coming only from the criminal processing system; many trace punitive ideologies to the broader cultural climate of the U.S.:

My biggest thing is how punitive our society is... We never really forgive them in this society. You're an offender, and that stays with you. There's a woman up on the wall [*points to the displayed photos of GED graduates*] – she has 6 kids, and she has a charge that is over 12 years old, and she's still being held back on jobs. And she has 6 kids that she's responsible for! She's willing to work, she has her high school diploma, but that word is behind her name, and we just – we can't move on from that. We're too punitive. They've done their time, they've paid for it, let them go. (Barbara)

In interviews, care workers readily offered these sentiments about the many barriers that women reentrants face. Care workers often discussed the ubiquity of punitive attitudes and tactics used

against women with criminal records, and generally reviled the consequential impact upon the center's clients' lives. Overall care workers view these constraints as adversarial because of clients' needs to care for their family, obtain a job, and/or to work towards sobriety. The challenge, according to care workers, then becomes how to provide help to clients to prevent a return to criminality amidst a mountain of struggles.

The Rehabilitation Project

Rehabilitation at TTC hinges on care workers' beliefs that women reentrants have been gravely affected by years of subjugation and by their own participation in criminal and other risky behaviors. As part of the rehabilitation project, care workers state that clients need to learn how to restore themselves to stability by changing unhealthy thoughts, emotions, and attitudes. This goal of the rehabilitation project at TTC is entangled with the concept of empowerment, in that clients are instructed to take charge of their lives. Henrietta explains, "They [clients] have the ability to change their lives for the better. We want to give them the tools and the right attitudes to feel better about themselves after they receive services here so that they can make some positive changes in their lives." Care workers do *not* believe that structural limitations are determinate and necessarily predictive of outcomes in treatment. Rather, the focus is on changing the center's clients' perceptions of their situations to focus on what they *are able* to do to become empowered to change their lives. Sally relays her advice on control:

In any situation, where we're trying to solve a problem, there are some things that we can control, and some things that we can't. Often what we find is that there is a large majority of things in our lives that are in somebody else's hands, and we obviously have no control over those things. We can only control what we ourselves choose to do, and so that is what I work towards in getting people to see, okay, what can *you* do in this situation?

Care workers' general advice given to clients, as exemplified by Sally's statement, is to recognize what they do and do not have control over in their lives and to focus on the elements that the women can change. Generally, care workers instruct clients that the external circumstances that give rise to women's criminality are uncontrollable and cannot be changed. Any direct resistance to institutional discrimination or court mandates, clients are told, would be an exercise in futility. Instead, care workers state that clients should focus on inwardly changing so that they can either accommodate the uncontrollable aspects of their situation more comfortably, or make use of their limited choices in healthy and positive ways.

Treatment services at TTC focus on personal control and choice, which is a predominant theme in psycho-educational classes. During one class on stress management in recovery, the facilitator Tammy addressed this issue of choice. She instructed clients that they are ultimately powerless over external stressors, stating that:

We can't change our culture, we can't change our environment, we can't change our family; these stressors are out of our control... But we *can* change our emotions about stress. They [*the stressors*] don't have to dictate our recovery. Recovery is the only thing we can control, so let's learn how to take control (field notes, 2/4/12).

The goal of recovery, then, is to engage the individual's limited capacity to act within the confines of structural and situational disadvantages and to help her to *manage* her range of choices to work towards rehabilitation. The process of treatment at TTC establishes individual choice as a primary ingredient in the empowerment process; allowing women to manage the structural factors that contributed to crime in the first place.

Care workers believe that although clients have been subject to detrimental socio-environmental conditions, the women's lives can be improved substantially with a complete change in thought patterns and behaviors. Part of the program's required regimen includes the

completion of a cycle of one or more of the many psycho-educational classes. After orientation and an assessment period, clients at the center are provided with a customized treatment plan; for example, women with co-occurring disorders (substance dependence issues coupled with mental illness) may be required to complete a cycle (16 weekly sessions) of a drug and alcohol education class and a mental wellness class. Interestingly enough, although TTC proclaims its orientation as alternative to traditional criminal processing systems, some of its psycho-educational curricula are provided by the National Institute of Corrections (NIC), which is spearheaded by the Federal Bureau of Prisons. The NIC develops programs for federal, state, and local agencies charged with managing and treating offender populations. These programs focus on cognitively restructuring offenders, as well as teaching problem solving skills.

TTC care workers typically instruct the group's clients to fill in worksheets provided by a NIC-developed curriculum during each class before they discuss their written responses. The philosophy behind these handouts is to get women at the center to focus their time and energy toward a personal transformation. According to these handouts and care workers, women at the center must experience a complete transformation in subjective orientation to achieve this internalized change. Care workers assert that traumatic childhoods and years of abuse in adulthood have emotionally and behaviorally stunted clients.

One handout used in an anger management class, for example, focuses on fostering "cognitive self change" through changing one's perspective on different troublesome situations. One Latina client relayed an incident that happened while she was on a city bus: a young man called her a racial and gendered slur and she slapped him across the face. Rhonda, the White care worker facilitating the group, challenged her to think of a new way to respond to that situation, but the client was quite adamant that her reaction was appropriate, and would not accept

Rhonda's suggestion to just ignore that kind of behavior. Rhonda then went on to talk more about cognitive distortions and interpreted the scenario as a case of the client having a "warped perception" that led to an unacceptable outcome, and continued the class by focusing on the necessity to change thoughts and attitudes. Rhonda failed to acknowledge the racist and sexist abuse that is a part of many clients' daily realities and instead emphasizes clients' distorted perceptions and inappropriate behaviors. As a result, Rhonda states the responsibility is on this client to ignore a hostile situation, and she places the blame upon the client for using what some scholars would say is a strategy of survival (Chesney-Lind 1997). In this instance, the rehabilitation project serves as a way to reinforce a particular conception of empowerment; that is, clients should become empowered to change their perceptions, but not so emboldened as to intervene in a situation that is uncontrollable.

According to care workers, clients' lives have been marked with harsh conditions, which have greatly undermined their internal capabilities, specifically in the form of having very poor attitudes or as being unable to "grow-up" emotionally. Therefore, TTC places great emphasis upon changing the center's clients' thought patterns and behaviors, as the things that women have control over, and internal growth is viewed as having positive effects on a woman's life chances. Some of the individual level issues manifest in the form of "stinkin' thinkin'" and/or "street behaviors" that need to be remedied before progress can be made, as evidenced by interviews and observations made in psycho-educational classes. Jane remarks on her view of the cognitive level of many of the center's clients:

Old behaviors are hard to stop. Their cognitive behavioral skills are just limited. So we really encourage people to come to groups because a lot of that stuff runs deep... They just have to learn other behavioral skills. They have to change a lot depending upon, [*Laughter*] depending upon what their issues are. Most of the women have many issues that run very deep from childhood abuse, and neglect, and a lot of sexual assaults and things like that. And that's very hard to change.

The set of behaviors and thought patterns that arise from victimization are seen as limiting clients' abilities to progress in their recovery, and because they are viewed as having power *only* over their actions and thoughts, this is the area to which care workers pay particular attention.

Care workers encourage women to gain control over their emotional and behavioral patterns in order to change on the "inside." To the extent that the center's clients are able to successfully conform their feelings, thoughts, and actions to what is deemed as socially acceptable, care workers believe that clients can overcome their troubles and succeed in the future. Care workers view the center's clients as having the capacity to control their feelings, thoughts, and actions, so any perceived deviation from conformity ultimately serves to pathologize the individual. The structurally pervasive and debilitating troubles that drove women to crime are thus transformed during the process of rehabilitation into personal problems that can be managed, dependent upon a woman's willingness to engage with the rehabilitation project.

Explaining failure through individualizing strategies

TTC care workers posit that clients turn to crime because of difficult and uncontrollable circumstances, such as extreme victimization. Yet my informants also noted that these unfavorable circumstances are not *predictive* of treatment outcomes. The center's process of treating female criminality is focused on harnessing clients' unruly emotional and behavioral patterns for the purposes of inward transformation. Once the rehabilitation project is complete, care workers contend that maneuvering through life's obstacles will be substantially less complicated, even for clients who do not have a solid vocational or educational skill set. Clients are *not* bounded puppets; to the contrary, care workers believe that women have every opportunity to capitalize on the generous services at TTC in order to turn their lives around.

Treatment outcomes are determined by one's absorption and internalization of rehabilitative messaging. Care workers state that the likelihood of a client "succeeding" has everything to do with an individual's determination and adoption of responsibility during the course of treatment, with little to no blame remaining for structural factors and the center itself.

Although TTC creates alternative mechanisms through which clients can succeed by establishing daily, more achievable goals, most care workers evaluate the success of their program by the larger goal of clients completing the program and reaching a state of self-sufficiency. Clients are taught to foster positive relationships and to fulfill their relational needs *without* becoming dependent, a sort of "dirty word" at TTC. As Jane remarks, "a lot of our women are always used to having a man take care of them, so they always go back to their old behaviors because they don't know how to support themselves. And so that's what we really focus on here, is that you can really take care of yourself, you can be self-sufficient." Jane asserts that independence from intimate partners can halt the process of growth and personal empowerment among clients. Mariah also speaks to the issue of self-sufficiency, and relates it to the need for clients to transition out of TTC once they have finished treatment:

We want people to spend a majority of their time outside of the agency and not to become institutionalized here, as if they were in prison or in jail. Self-sufficiency is being the conductors of their own lives. Not feeling like she needs to rely on the program for emotional, financial, mental support. Feeling confident to live independently, maybe keeping in touch with their case-manager on a maintenance basis only, and maintaining some sort of connection to Transformation, but not actively attending classes for 3 days a week, or something like that.

Women who are considered to be overly reliant upon others or on social services, have been vilified in recent decades by programmatic narratives in both the welfare and criminal processing systems (Haney 2010; McCorkel 2004; Pollack 2010). State actors view women's dependency as one of the causes of their problems and it is clear that TTC's institutional logic has been infused,

to some extent, by this idea. Care workers at the agency do not reduce the causes of female criminality to dependency, but to them, self-sufficiency is a key component of success. Care workers expect women to move forward in the face of any structural constraints by becoming autonomous and establishing emotional and financial independence.

With so much emphasis placed on women successfully completing the rehabilitation project, many care workers remarked on the fact that success stories are rare. Jane remarks:

You don't really get to see too many successes, even when people have been clean for a while, you may eventually lose them, and find out that they've been in prison. And so because you don't see too many successes, that really burns you out.

Care workers expressed disheartenment at the high failure rate, but they were certain to point out that TTC and its staff took great measures to help clients at every juncture and that failures were not a reflection upon the center. The center is a unique agency in the region because of its "one-stop-shop" model, where virtually all clients' needs can be met within the center. The center offers housing referrals, education (GED) classes, employment services, and treatment for mental health and substance abuse, thereby decreasing the amount of transfers made to other agencies for supportive services. Sharon remarks on the abundance of opportunities available at the center:

I think that we do all that we can possibly do. I mean we help them with transportation when they come to groups, we help them with resources that we have. We help sometimes with their [utility] bills, they get help with their rent, it just depends on the situation – if there's money to help them. I feel that they get a lot. They get counseling, they get therapists, all the groups and classes, I mean [*the services*] are free. It's a safe place for them to come. I don't think there's anything that we need to improve.

Not all care workers were satisfied with the *amount* of services, and many in fact voiced their opinion that the center needed additional finances in order to provide more resources. But, all of

the care workers exalted the range and amount of services offered by TTC and were especially proud of their personal commitment and the center's ability to offer these services for no cost.

With so few success stories among the center's clients, care workers were quick to hypothesize about *why* many clients "fail," especially in light of the abundance of opportunities and multiple chances that were doled out at the center. Care workers cited clients' unwillingness to change, resistance to mandated treatment, and/or lack of determination as reasons why failure occurs so often:

Several of the women are court-ordered to come to GED and some of them only do it out of the fact that they *have* to rather than they really want it. And I think that's a big distinguishing piece here. If they really truly want to change their lifestyle, it's not their background, whether they're African American, Asian, Hispanic, Anglo – it's that determination to want to make a change. And I have seen it all across those cultures. (Mary)

Mary points out that the court mandates for clients *can* be a hurdle, in that many social workers and other practitioners question the effectiveness of involuntary treatment (Ridgely, Borum, and Petrilá 2001). To care workers, clients can make the necessary changes to their lives if they truly want it. Noelle remarks on the those clients who would rather keep engaging in a criminal lifestyle and who are not prepared to desist:

Some people aren't ready for it... And some people just aren't feeling it. They don't want to be told what to do. They just want to keep doing whatever they're doing, and most of the times that's criminal activities, and they just don't want to pull out, they're just not ready.

When I asked care workers about why they think women fail, they often told stories about model clients who served as the template for success. Henrietta provides an example:

Look at Tara [*speaking about a successful participant featured in the center's seasonal newsletter*]. She rode her bike to the training program, and she was living in a halfway house. On Wednesdays she rode her bike to the training program, and when she got an internship, she rode her bike there everyday from Monday through Saturday. And when you're in your 50s that takes a lot of

stamina. [*Laughter*]. And she had the right attitude, and the willingness to work hard and to persist.

Such exemplars of achievement often serve as the standard against which all other clients were measured, despite the strong emphasis on individualized goal-setting. Care workers view those clients at the center who do not succeed as not having cultivated the proper characteristics, like having the right attitude, willingness, or personal resolve.

Adopting the appropriate internal characteristics was just one facet of achieving success, according to care workers. Care workers at TTC often remarked on the distorted thinking that can lead to harmful behaviors and that have the strong potential to lead to clients' failure. The psy-complex that has come to dominate contemporary modes of governing criminalized women through therapeutics has led to a preoccupation with cognitive restructuring (Pollack 2005). In one psycho-educational class targeted to those clients with the dual diagnosis of substance abuse and one or more mental illnesses, Pam, the facilitator, instructed the students on the importance of accepting full responsibility for one's path to recovery:

Individuals are 100% responsible for their own recovery. They cannot blame others, cannot blame the past, need to take control of their lives and have the willingness to recover... When we're blaming the courts, our exes, social services, we are not being adults with whom we're in dialogue with. When we're blaming 'all the bad men in our lives,' we are not being adults (field notes 12/2/11).

Pam attributes client failure to the misappropriation of blame and a "victim mindset."

The paradox thus lies in the fact that, while the center readily acknowledges the adverse circumstances that affect clients, care workers believe that all clients have an equal chance at achieving their goals upon the successful completion of treatment. Care workers recognize the set of disadvantages commonly faced by clients and see the center as "alternative" because of this recognition. Yet care workers also state that structural disadvantages do not impede clients'

abilities to engage with treatment and to become successful. I argue that this is because the transformation of space and the rehabilitation project allow TTC to position itself as a reprieve from structural forces. Care workers' focus on inwardly directed change suggests that clients should be able to successfully conform their feelings, thoughts, and actions to societal standards, and as a consequence will have fewer complications in their lives. For care workers, attempts made by the center's clients to establish internalized controls are not necessarily an *easy* task, but something that is well within clients' abilities and especially accomplishable given the soft approaches at the center and the multiple chances and resources provided to clients.

TTC rejects the harsh punishments and rigid mandates that accompany more traditional criminal processing agencies. Care workers emphasize the effectiveness of adopting softer practices, providing plentiful opportunities, and establishing standards for short-term, daily successes. This alternative orientation adopted by the center, one that focuses on a surplus of holistic services and a harm-reduction model, ultimately gives care workers the explanatory latitude to assert that their client base has been given every opportunity to manage their predicament(s) and succeed. Care workers view failure, therefore, as a reflection of personal irresponsibility; neither the center nor the constellation of structural disadvantages bears any responsibility for individual outcomes. When failure occurs, the blame is placed solely on the clients for not doing something that should be fairly straightforward. In the end, the center itself is absolved of responsibility for poor treatment outcomes.

Conclusion

TTC provides much-needed resources for the community it serves. Yet, while the center avows a set of alternative practices in its mission of treating female criminality, there are aspects

of care worker's talk that replicate and reinforce the discourse used in more traditional agencies within criminal processing systems. Care workers employ a structurally deterministic argument with regards to how women have become involved in the criminal processing system, but their discursive formations change when explaining treatment outcomes at the center, where they emphasize personal responsibility. I argue that both the process of treating female criminality and the alternative values within the organization make this sudden change in discourse possible.

First, the rehabilitation project is targeted towards reentrants' thoughts, feelings, and behaviors; to care workers, change is only possible in regards to women's subjective orientations. Care workers argue that criminalized women maintain control over their minds and bodies, although they also recognize the debilitating constraints that arise from clients' multiple marginalities within structural hierarchies and from abusive social networks. Care workers believe that women are provided with every opportunity at TTC to become empowered and to change on the emotional, mental, and spiritual levels. To care workers, clients who do *not* change after receiving treatment at the center must not have taken advice from care workers seriously, or else they would have experienced a profound internal transformation. Care workers believe that there are a plethora of services for women to utilize at will (and at no cost), and therefore a client's failure must reflect her lack of willingness and determination.

Second, the alternative values and approaches espoused by the center, specifically the use of the harm-reduction model in which small, daily successes are embraced, give care workers opportunities to utilize responsibility discourse. If a client at the center can't meet minor goals in her daily life, then it is a reflection upon her character. The accomplishment for the center is the use of the "soft" approach, as opposed to the "hard" techniques of so-called gender-neutral institutions. Care workers view this approach as sufficient enough to inspire clients at the center

to change without necessarily tackling the complex issues that cause criminality. The alternative organizational identity proves to be an end in itself, *instead of* a means for challenging and addressing inequities. By acknowledging the inequalities and power imbalances in society, care workers at TTC believe they are free of reproducing inequalities, while it is clear that this is not happening in practice. The clients' problems are decontextualized and seen as the result of faulty self-determination in the process of treatment. I argue that the simultaneous deployment of responsibility discourse, coupled with the "soft" approaches used by the center, serves to maintain and perpetuate the disparities that the center purports to be free from. It does so by pathologizing female clients and remaining "power-blind" (Kleinman 1996). The ultimate message that is being communicated to clients at the center, then, is that their failure in treatment is not due to ongoing marginalization arising from raced, classed and gendered inequities, but rather from their lack of willpower to change their minds and hearts. Moreover, if TTC attributed client failures to anything other than a lack of individual responsibility, it would reflect poorly upon the center's ability to be a vehicle for change and would challenge conclusions that the center is successful.

This study examines the role that community-based, outpatient reentry agencies have in perpetuating the narrative that works to diminish the context of women's offending. Although TTC proclaims itself to be alternative, on some level it still maintains the rhetorical erasure of structural factors. Maruna's work on the reconstruction of life narratives among ex-offenders illustrates that "redemption scripts" do not necessarily hinge on personal responsibility. In fact, he states that the use of neutralizations and excuses in recounting one's life "helps to protect self-esteem, increase one's sense of personal worth, and reduce anxiety. Such self-protection may be necessary for offenders to desist" (2001:144). In Sered and Norton-Hawk's research on

criminalized women's experiences in a self-help program, the authors state that they "... are not at all convinced that focusing one's self-narratives on personal failings (i.e., things that one can control) rather than institutional conditions constitutes a compelling life script" (2008:326). The women in their study were keenly aware of the disjuncture between the self-regulation discourse and their own lived realities. Indeed, facilitating the social contextualization of criminalized women's troubled lives while *also* encouraging the adoption of prosocial self-stories may be more useful to rehabilitative projects in channeling emancipatory life narratives (Maruna 2001).

chapter four:
Lifting up the ‘Down and Out’: Building Emotional Capital among Criminalized Women

It is early on a Friday morning and I’m in the group therapy room at TTC, along with 9 other sleepy and silent women, waiting for Bobbi, the facilitator for the “anger management” class, to arrive. We sit around a rectangular arrangement of tables in a room filled with motivational posters and an assortment of drawings hung on the walls. There are two colored pencil illustrations of angels, one drawing with a large daisy and a bee resting on one of its petals, and a stick-figured drawing of a mother with her child. Presumably, these illustrations are the relics of past clients. The room’s current inhabitants seem distracted, either by their text messages or the official court paperwork they are shuffling through. Some have their heads cradled on their folded arms atop the table, either sleeping or staring at the ground. Bobbi, a 61-year-old care worker, finally enters five minutes after the start of class, loudly announcing, “Ok ladies, let’s get started. Wake on up and get ready to learn,” as she flips the light switch, brightly illuminating the room.

Bobbi hands out a worksheet entitled “Social Skill: Knowing Your Feelings,” the tenth lesson in a series meant to facilitate cognitive change and emotional repair. According to the instructor’s manual, the goal of the lesson is to provide self-observation skills to “offenders who need extra practice focusing on and identifying their feelings” in order to set a foundation for later “empathy training” and “anger avoidance.” After Bobbi asks each participant to state her name and to identify a group rule (turn off cell phones, no cross talking, etc.), she calls attention to the worksheet. She asks the group, “What does knowing your feelings mean to you? And why is it important to know your feelings?” Shar, a 32-year-old Black client, responds: “Well, it means that the more you know yourself, uh, like the more you can control your anger. We’re all trying to work on our anger issues and stay clean and stuff, I mean, I know I ain’t tryin to get myself in trouble anymore.”

A brief conversation ensues about the role that anger has in drug relapse, criminality, and overall rash decision-making. Bobbi then reads aloud a hypothetical scenario from her instructor’s handbook to the group: “Okay, let’s talk about how our feelings can affect certain situations. Here is the situation. Let’s say that my case manager at the shelter I’m staying at has just accused me of stealing some supplies from the office, which I didn’t do. My first instinct is to scream and maybe even slap her. I have a vague, intense emotion, which I need to identify. My face is flushed and fists clenched, my stomach is all jittery. Tell me what I should do.” Layla, a young biracial Latina and White client tells Bobbi, “That’s clearly you being angry about getting accused of something you didn’t do. They just assuming it was you.” Bobbi responds, “Okay, but what should I do?” Layla: “I don’t know, dang, maybe tell your case manager what’s up. That she don’t need to be just assuming it was you without any evidence. Like, I’m not saying you should hit her or anything, but you gotta assert your innocence. Tell her that if she’s just looking for someone to blame, then you’re not the one and she gotta go somewhere else with that kind of shit.” Bobbi: “Uh, okay, no. That’s going to get you a ticket right to the streets.” Bobbi, directing her response to the entire class, “This is what I’m talking about. This is an anger management class. This is about how to NOT get angry in these kinds of situations and get yourself kicked out of places, or rearrested, or back in the crack den. That hypothetical situation is a clear case of needing to identify where all your anger is coming from and to react to the situation once you’ve calmed down. There’s more to the story than just one case manager who’s being rude to you.”

This excerpt from my observations in the field illuminates one instance of a patterned interactional order at The Transformation Center in which care workers express disapproval for clients' institutional negotiations. Here, Bobbi spoke hypothetically about dealing with an unjust situation and was clearly frustrated when Layla suggested that the imaginary actor stand up for herself when being falsely accused by someone who holds power and institutional authority. Care workers regularly lamented the ways in which clients' cultural displays of opposition, outspokenness, and resistance "sabotaged" clients' negotiations with service and treatment providers. Care workers interpret clients' emotional displays through a dominant cultural lens and make conclusive judgments about clients' inner states. For example, care workers evaluate clients' cultural capital and failed institutional negotiations as evidence of poor emotional health. By saying, "There's more to the story," Bobbi insinuates that this woman has deeper psychological issues that have fueled the client's "anger problem."

This example illustrates the ways in which therapeutic logics at this center guides care workers' assessments of client's social and institutional interactions. To care workers, clients' failures to gain employment or deal with their welfare case manager, secure housing or a shelter bed, or otherwise successfully maneuver through the "institutional circuit" designed to serve indigent clients (Sered and Norton-Hawk 2014), is evidence of clients' emotional problems and their lack of conventional socialization.

In this chapter, I show how care workers attempt to correct clients' material problems by teaching them dominant emotion management techniques in an attempt to build "emotional capital." In theorizing emotional capital, I borrow from Diane Reay's work on mothers' emotional involvement in their children's schooling. Reay extends Bourdieu's notion of capital to the "private" realm; the maternal transmission of emotional resources and skills from mother

to child, Reay argues, is a form of capital that can be used for social advantages (2000). Similarly, Cahill demonstrates in his study on mortuary science students that displaying the “right” kind of emotions can function as an occupational imperative and can translate to social capital by signaling to others that one has prestige and status (1999). But, it is not enough to “have” certain emotions that are considered socially desirable, such as happiness (Wilkins 2008). The ways that differently situated people *manage* and *display* those emotions is important in interaction and social processes, and is mediated through raced, classed, and gendered structures (Froyum 2010; Wilkins and Pace 2014). In Froyum’s research on an after-school program for “disadvantaged” Black girls, Black care workers transmit emotional capital to low-income Black girls in an effort to help girls navigate a racially discriminatory world. Black workers teach girls that restraining and managing emotions according to dominant expectations can help Black girls persevere through adversity *and* earn favor from gatekeepers. In the context of TTC, I define emotional capital as a reserve of emotional displays and interactional resources that clients can use to negotiate encounters with institutional gatekeepers and to secure needed resources like employment and housing. Importantly, care workers at The Transformation Center consider strategic emotional displays to be instrumental and directly redeemable towards *other* types of economic, cultural, and social capital.

First, I will demonstrate that care workers pathologize clients by interpreting cultural cues, such as “evading responsibility” and “disrespecting one’s self,” as deviant and as being caused by emotional problems. I argue that the “trauma-informed” therapeutic modality contributes to this construction. Second, I will describe the two emotion management techniques that care workers use to build emotional capital in clients at the center: *remorse talk* and *emotional refinement*. I demonstrate that care workers use a discourse of “currency” when

discussing emotional capital, by which they believe that “sensible” emotional displays have concrete exchange value for securing other types of capital. Finally, by interweaving interview and observation data of clients’ accounts, I contend that clients do not believe that these psychosocial strategies “work” in terms of securing institutional resources, even if these frameworks make clients “feel” better about themselves. I conclude with an analysis of how this emotional capital project offers a largely symbolic middle-class narrative of deservedness but it does not offer a guarantee of material success or cultural assimilation.

TRAUMA, SELF-ESTEEM, AND CHOICES

Care workers at TTC frequently talk about and focus their group therapy sessions on the topic of trauma and emotional health. Care workers, guided by their social work experiences and the “pathways” literature on female-specific treatment modalities, believe that the cycle of female criminality is connected to traumatic and abusive circumstances that lead clients to commit “crimes of survival” (Gaarder and Belknap 2004; Covington 2002). Much like the literature on the relationship between trauma and “negative” emotions, care workers say that traumatic circumstances such as interpersonal violence, social disorganization, and sexual assault can negatively affect marginalized women’s emotional health. According to care workers at TTC, an accumulation of trauma results in clients feeling shameful and having low self-esteem.

In accordance with the agency’s “people-changing” mission, care workers hope to empower criminalized women psychologically and to produce self-regulating clients who can contribute to society and to their personal well being (Hasenfeld 1972). Care workers, in their attempts to treat women’s negative feelings, told me that it is important to situate women’s feelings in their past and present circumstances. TTC is a “trauma-informed center,” which

means that care workers link their therapeutic praxis to addressing the causes and consequences of trauma (Elliot et al. 2005). As Julie, a 32-year-old White care worker puts it, “Being trauma-informed is what makes us a feminist agency. We approach every participant with care and respect and we assume that every woman here has experienced some type of abusive situation.” Julie later told me that she “wouldn’t be surprised if 100% of our participants had experienced abuse.” Indeed, much like the pathways literature indicates, I found that most of the clients (91%) at the center in my sample did in fact report some type of abuse. Just three out of 32 women I interviewed told me that they had not experienced abuse of any kind. This might reflect the interviewees’ hesitation to disclose to me, or definitional differences in what abuse actually is. Regardless, care workers are correct in assuming that abuse rates are high. Anna, a 35-year-old care worker further elaborated on the agency’s trauma-informed therapeutic model:

We know that people are coming through the door and they have all kinds of traumas. So, they might come in for case management, trying to find housing, but I know that that person is really coming in for other kinds of things. They might not know how to ask for what they need. [*Care workers*] have to unravel and go through a participant’s whole entire lifetime of mess to figure out where can we go from here and what kind of plan we can come up with to give them what they need.

Anna explains that histories of abuse and trauma can be blinding; clients can be so “shell-shocked” that they are ignorant of what they actually need. Care workers believe that they have to do the work of “unraveling” a client’s traumatic past, even if all a client is asking for is housing. At TTC, the trauma-informed model presupposes traumatic pasts upon those who are seeking assistance, even if clients express that they simply need finite services such as job training, GED tutoring, or housing referrals.

To answer the problem of trauma, care workers devote many group therapy sessions to enhancing clients’ self-esteem and they believe that clients’ low self-esteem is connected to

shame. For care workers, shame and its cognates (such as disgrace, remorse, or humiliation) are the emotional culprits of low self-esteem among criminally involved women. If a client *feels* bad, then care workers say that the client considers herself to *be* bad. Sally, a 54-year-old White mental health counselor, illustrates this point by explaining the difference between shame and guilt: “Shame is about *I’m a bad person* because I’ve made bad choices, whereas guilt is about *knowing that I’ve done something bad*, which doesn’t necessarily mean I will think I’m a bad person” (emphasis added). In many of my conversations with care workers, shame was discussed as an *ontological* affliction that affects women at the core of their identity. Care workers’ understanding of shame mirrors the psychological literature, highlighting that chronic shame results in a degraded status and a degraded status can produce more shame (Tangney et al. 2007). Therefore, care workers regard the project of dismantling shame as especially vital to not only breaking the cycle of criminality, but also in enhancing a woman’s sense of self and integrity.

Care workers believe that, because criminalized women experience complex and overlapping systems of oppression, then they *must* feel “bad.” Because they believe that experiences of trauma and violence as a child and in adulthood result in shame and low self-esteem, care workers understand clients to have poor self-images. Randa, a 27-year-old case manager of Mexican descent, explains that many of her clients have had “really messed up things happen to them that have shaped their self-perspectives.” She continues to say that clients often “need a new approach to life” and that they “have to deal with their past trauma so they can move forward and become better – *feel* better, like women who have pride in themselves should feel.” Care workers thus concern themselves with providing therapeutic solutions to clients’ problematic feelings and self-deprecation and in displaying culturally accepted forms of pride and confidence.

Care workers at TTC say they are motivated to help clients resolve their pasts and to gain ontological distance from feeling inferior. Care workers regard these negative feelings as being both antecedents and outcomes of women's criminality, often centering "poor" or "bad" decision-making in their discussions of self-esteem. Although care workers recognize the significance that past and ongoing trauma have on shaping women's self-perceptions, they also assert that women should recognize their own agency in situations that have led to sustained negative feelings. Mariah, a 28-year-old White case manager and volunteer coordinator, speaks to the ways in which clients can locate feelings of shame that arise from instances of trauma and abuse while also centering individual responsibility:

It [*therapy*] is about helping women realize that there are reasons outside of them and what they had control over, and that's why they have these feelings of shame... There are reasons you behave the way you do based on what has happened to you and the lifestyle that you maintained at a certain point, and what you were exposed to, and things like that. So, hopefully, kind of redirecting those sorts of feelings, but not completely absolving the woman either, you know. Helping the woman realize the choices that she made... that really affected the direction of her life, but also helping her classify, not the fault, but maybe the source or the reason of those feelings.

Care workers generally say that it is important for women to deal with their trauma, but in terms of contextualizing painful experiences, care workers advise participants to also understand the part they played in making decisions that led to negative outcomes.

Sally, like many of other care workers, concerns herself with the role that shame, specifically, has in locking participants in a cycle of criminality and self-harming behaviors through continued irresponsibility. She notes:

Once we get to be teenagers or beyond, or basically when we become aware of the choices we're making, it becomes our own responsibility to make sure that we're making choices that we respect, or that we are mastering tasks that make us confident in the world. Much of shame and remorse has to do with making poor choices and feeling badly about them. When we dwell on shame and remorse, then often, we're still not making good choices...

Care workers recognize that trauma and social stigma induce feelings of low self-esteem among some clients, but care workers recalibrate conversations to focus on the actions that women can take to gain agency and to become active participants in their lives. The rhetoric that care workers use about empowering clients and improving self-esteem often focuses on decision-making and enabling clients to “take charge” of their lives. In this way, self-esteem becomes a technology of self-governance, or a discursive tool to mobilize women’s inner capacities to align with dominant expectations (Cruikshank 1999). In the process of unraveling clients’ “lifetimes of mess,” care workers interpret cultural cues as evidence of low self-esteem, making this therapeutic goal one that is not informed purely by psychological “inner” states of being, but rather one that is rooted in social stereotypes and cultural biases. Based on these cultural assessments, care workers urge clients to dissect and analyze their life choices in order to discover how poor decision-making might have contributed to their sustained victimization so that clients can prevent it from happening again. As Bobbi, a 61-year-old White care worker, puts it, “These women are down and out. It’s our job to make sure they lift themselves up and out of the victim mindset so they can live better lives.” Care workers believe that by enhancing their self-esteem, criminalized women can “lift themselves up,” an endeavor that first necessitates that clients gain awareness of their problems.

ADDRESSING INSTITUTIONAL/INTERPERSONAL FAILURES

In order to rehabilitate criminalized women, care workers seek to “get rid of” clients’ “victim” mindsets so that women may navigate their social worlds and succeed in their lives. To do this, care workers spend a great deal of labor and time deconstructing clients’ negative emotions in individual counseling and group classes. TTC care workers are interested in helping

clients reach their potential, and as a result, care workers try to provide therapeutic alternatives to criminalized women that, according to Sharon, a 39-year-old Black care worker, “don’t really have a chance in the real world” unless they transform their emotions.

The perceived consequences of “negative” attitudes and mindsets were that clients couldn’t secure resources from institutions that expect middle-class interactional styles and institutionalized forms of communication (Lacy 2004). As Randa puts it, care workers believe that clients’ manifestations of low self-esteem can compromise their ability to maneuver through bureaucratic agencies and various social situations:

The participants start to respond to every treatment provider with hostility, like they project what they are feeling inside. So they think that they’re constantly being judged. And that is not going to help them succeed. Which is cognitive distortion... I think the women are not truly accepting what providers have to say, and the women feel like they’re a lost cause, even when the providers are trying to help them.

Randa interprets clients’ “hostility” towards treatment providers as signifying emotional deficiency. She, like other care workers, understood clients’ lack of deference to treatment specialists as a sign of emotional abnormality. And, although this is fueled by care workers’ concerns that client would not get their basic needs met, care workers used examples of clients mishandling organizational negotiations as evidence of emotional pathologies. Beverly, a 26-year-old White care worker, talks about her perception of the consequences of clients’ emotional instabilities:

I feel like maybe all the emotions, or this thought that ‘I don’t want to touch that stuff from the past’ gets in the way of rehabilitation. So that’s why they need to make sure that they have a place to stay that is safe and food that they can count on so that they can safely explore their emotions. But, if they’re worried about being homeless, then it’s just really upsetting for women to think about their pasts. And that will probably make it more difficult to find a house actually, because their self-esteem is so low.

Beverly discusses the real impacts that material deprivation has on clients' processes of self-discovery and rehabilitation. Yet, she also points to care workers's understanding of the cyclical dilemma that criminalized women with low self-esteem might have – clients with material and housing instability cannot “explore their emotions,” and clients who have not repaired their emotional terrains might jeopardize their material needs.

During my observations of staff meetings, care workers frequently discussed “plugging” clients in to resources at various agencies in the metro area. The Transformation Center's funding is dependent upon grant procurements and private donors, and subsequently, these temporary funding sources created an ever-looming sense of financial instability. As a result, TTC care workers outsourced social services quite frequently despite the agency's claim that it is a “one-stop-shop” for women with multiple needs. For example, if a care worker thought that a client could access the state's indigent mental health care services, she would make a referral on the behalf of the client to the state-supported local counseling office instead of further straining TTC's internal mental health caseload. Because TTC relies on the constellation of local social service institutions to help assist with meeting disadvantaged women's needs, care workers work to coach clients on how to approach gatekeepers and negotiate needed services with institutional actors who might not be as forgiving of clients' “outbursts” as TTC care workers are. Because TTC is in a perpetual state of funding crisis, care workers become especially invested in ensuring that clients make these other services work, since TTC will not be able to accommodate all of a client's needs. The center is positioned within the institutional circuit of helping agencies for people who are disadvantaged by criminalization, poverty, HIV/AIDS, and/or mental health (Sered and Norton-Hawk 2014) that ultimately creates a bureaucratic web that shuffles “indigents” from agency to agency. In this way, care workers are reliant upon clients to be able

to appease institutional actors and to navigate through the constellation of services. Care workers, therefore are interested in training clients in the social art of securing needed services and deferring to gatekeepers.

Care workers regard clients' social and emotional skills as deficient and they work to help women navigate institutional negotiations in order to secure key resources, such as employment opportunities, a point that I return to below. Additionally, care workers at TTC worry about clients' lack of social skills. According to care workers, clients have normalized "dysfunction" from their experiences of trauma and simply do not know "any other way" to live. Janet, a 56-year-old White care worker and mental health therapist speaks of this lack of knowledge:

... These women don't even have a baseline of what is healthy. They don't even know what that would look like. They need resiliency training and emotional regulation. But right now they're in such a low place, psychologically. Having such low self-esteem is not biologically healthy, but that's their whole world. They don't know anything else.

Much like Janet, other care workers spoke of the all-encompassing problem that chronic low-self esteem has on clients' orientations to the world, psychologically disempowering women to the point of not knowing anything else besides the deprivation associated with poverty and relational dysfunctions. To care workers, trauma induces low self-esteem, and low self-esteem is the problematic connection to perpetuating cycles of violence. Beverly, a 26-year-old White care worker relays a story about a client who "couldn't see outside" of her husband, who inflicted grave amounts of emotional and physical violence:

Sometimes I tell participants to say affirmations to themselves to get their self-esteem back up, but affirmations don't work on everybody especially if their self-esteem is absolute zero. I especially saw that in this one participant. She was so low she had to focus on something else [*other than herself*]. And she was very dependent on her husband because of that, even though it was a DV situation, and

I haven't heard from her in a long time because she doesn't want to get out of that situation and she doesn't know anything else...

Beverly notes that this client's state of denial, zero self-esteem, and her need to focus on someone else kept her in a long-term violent relationship. This speaks to care workers' general understanding of clients' complicity in abuse suffered during adulthood and the belief that clients need to practice the esteemed skills of introspection and emotional awareness in order to avoid contentious situations. But, care workers believe that trauma and low self-esteem normalize violence and abuse in clients' lives by making clients ignorant of the red flags that are associated with "unhealthy" relationships, like jealousy, possessiveness, alcoholism, etc. Therefore, care workers link women's denial to sustained victimization in ways that necessitate expert intervention. Much like other rehabilitation programs, care workers at TTC assume that their clients were in denial of their internal states and in need of help from specialized experts to fully recognize their dilemmas and to then deal with them (Carr 2010; McKim 2008; Rimke and Brock 2011).

The project of self-esteem, however, is not an easy task, according to care workers. Care workers say that some clients obstinately cling on to their "old behaviors" and "harmful patterns." Care workers say that this is especially true for those clients who are court-mandated to be at the center, who constitute 90 percent of the center's clientele base. Anna, a 35-year-old Black care worker explains,

We have a lot of women who are here because of a probation officer or the courts, or because they need a place to go during the daytime. They've got a lot of problems, and we deal with it all. Women who are still in abusive situations, women who are using, women who are still in prostitution, you name it. But the biggest problem is that they're forced to be here and they don't think there's anything wrong with what they're doing, even though clearly they've got something going on. Most of it is that they have very low self-esteem, but they're running around just oblivious to it.

According to Anna, women who find themselves as clients at TTC clearly have “something going on.” Much like other care workers, Anna says that ignoring experiences of trauma and sustained low self-esteem “hold women down” because it keeps them in a perpetual state of denial. The rehabilitative project at TTC is based on care workers identifying the problems that clients have, eliciting acknowledgement of these problems from clients, and providing clients a toolkit of interactional resources that they can use to negotiate their interpersonal and institutional interactions. Care workers, therefore, believe that they have to do the investigative work of uncovering women’s emotional “problems”; they do so by recognizing cultural cues as signs of deficiency. TTC care workers believe that certain cultural displays signify underlying emotional issues for clients who cannot (or will not) transparently reveal their low self-esteem or traumatic origins.

CULTURAL SIGNIFIERS OF EMOTIONAL DEFICIENCY

Care workers understood two key cultural cues as signaling emotional deficiencies: “evading responsibility” and “disrespecting one’s self.” As I illustrate further, both of these cultural signifiers are rooted in ideas about clients “holding on to the streets” and maintaining sexually deviant behaviors. Care workers believe that these two non-dominant cultural signifiers are jeopardizing clients’ abilities to access institutional resources (Carter 2003). TTC care workers recycle concerns about their clients that practitioners and academics have about “underprivileged” or “disadvantaged” communities who seemingly undermine their own life chances by adopting an “oppositional culture” (Ogbu 1986; Willis 1977). Researchers have theorized about “oppositional culture” primarily through an analytical gaze on Black school-aged children in impoverished urban contexts to understand why some groups of color have

antagonistic perspectives towards mainstream (White) institutions, like schools. These cultural arguments arose out of concern for a high number of Black and Latin@ students living in high poverty concentrated areas who are underachieving in secondary school arenas and have been heavily disputed by academics (Farkas et al. 2002). Similarly, care workers at TTC worry about clients' abilities to navigate mainstream institutions. But, I argue that instead of explaining clients' non-dominant cultural cues as resulting from exclusionary social structures like oppositional culture theorists do, care workers explain clients' lack of "assimilation" through identifying psychologized causal mechanisms.

Evading Responsibility

The first sign care workers use to detect emotional dysfunction among clients is the lack of responsibility that clients take for shortcomings or for past mistakes. TTC care workers advise clients to take responsibility instead of deflecting "blame" onto other things or other people. One reason why clients may do this, according to Randa, a 27-year-old care worker of Mexican descent, is that their shameful choices can cause great amounts of grief:

I would say that the majority of the women here do constantly feel shame for the wrongs that they have done and the wrongs that they have done to themselves. And a lot of times they will do everything they can to not address that. Because it's so painful. Who wants to be reminded of how they fucked up as a parent? Or where they had five kids taken away from them. And, they're usually telling me, 'it's not my fault, it's the system's fault, or, it's my boyfriend's fault for giving me drugs.'

Here Randa explains that clients who avoid taking responsibility are using a neutralization technique to avoid feeling pain (Matza and Sykes 1957), and their tendencies to blame other people or the "system" can be instrumental in clients' attempts to preserve their identities and self-worth. But, this tool can't be used for long without profound psychological consequences,

according to Julie, a 32-year-old White care worker, who says that clients have to “recognize that their pasts have to be reconciled” or else they will be therapeutically stunted. She continues on this point to say that when clients can “own up” to the mistakes they’ve made, they often start “to feel better about who they are as women, start to live without the shame that can bring them down, and move on with their lives.” Similarly, Julie and others point to clients’ necessity of taking responsibility for their decisions and for clients to distance themselves from their pasts. Care workers talk about how shameful sentiments kept clients “stuck” in the past and stagnated their self-development. For clients to gain agency and to become proud of themselves, care workers advise women to first “own” their past by taking responsibility, and then to psychologically dissect their lives in an attempt to navigate their realities as a newer and prouder woman.

Care workers frequently explored issues of responsibility and accountability in group therapy sessions. In one drugs and alcohol education class I observed a lesson on *collective responsibility*. The facilitator Bobbi informed the class that she would not be opening the “hygiene closet.” Care workers opened the closet twice a day for clients and had personal hygiene products, makeup, jewelry, children’s toys, and other miscellaneous donated items that TTC care workers thought would be valuable to women. Clients could “purchase” the items with their “TTC Bucks,” which were awarded to women for successfully attending a case management meeting or completing homework for a group class. Bobbi said she had recently put a new gameboy in the closet and, although she usually “keeps an eye” on people as they browse through the items, the gameboy was stolen. She asks the class if they know who did it and she was met with silence. Bobbi sighed and said:

You all have got to stop this no-snitching thing you’ve got going on. That might work on the streets for you but here at TTC we’ve got different rules. And if no

one's gonna come forward, then I'm holding you all responsible. I'm not going to open that closet for at least a week unless I find out who took the gameboy.

Destiny, a 29-year-old Latina, replied "I don't think that's fair that we're all being punished for that. What good are these things [*referring to the TTC Bucks*] then if we can't use them?" Bobbi quickly retorted:

Good question. And I'll tell you; they're no good if there's not going to be any group responsibility. You've got to hold each other accountable. Maybe you didn't see it happen but I know you can find out. And, look, I know it's hard. Who wants to rat on their friend? But it's really important that you do. That'll be some real growth.

Destiny and others in the class exchanged disapproving glances with each other, clearly demonstrating their unhappiness with Bobbi's decision. Bobbi repeated her expectations that someone should come forward with any information they have or that they find out in the near future before she resumed with the day's curriculum. After the class period was done, and Bobbi left the room to return to her office, I heard women criticizing her decision as "not right." Many of the clients relied on the supplies in the closet as supplementing their personal hygiene items and were upset that they couldn't access those items. Class participants did not accept Bobbi's lesson of "group responsibility" and instead clients expressed their frustration with experiencing a lack of power to change the situation or do anything about Bobbi's unilateral decision. The clients in the class did not feel that they should take responsibility for something they had no knowledge about. Bobbi extended guilt upon the group as a whole, assuming that clients were adhering to a code of the street that favors an informal "no-snitch" policy.

On the topic of taking responsibility, care workers impart lessons that often extend beyond the individual and onto groups of women, as was the case with Bobbi's discussion on group responsibility. Care workers regard clients as enabling each other to engage in "bad" behaviors, such as shoplifting, based on the presumption that clients know about the

transgressions and decide to remain loyal to the code of the street and not police each other. Much like McCorkel's research on an in-prison therapeutic community for women, care workers at TTC believe that properly reformed clients would fully internalize the program's rules and expectations to the point that clients would monitor and discipline one another (2003). This disciplinary goal of therapy requires that clients align with and adhere to the institutional order while also coaxing others to do the same. The catalyst to these behaviors is, according to care workers, clients' desire (or need) to evade responsibility because they either "can't handle it" psychologically, or are not yet achieving therapeutic progress. Care workers believe that "street culture" instills a set of behaviors in clients that are oppositional and antithetical to therapeutic goals, such as holding themselves *and* each other accountable.

Disrespecting One's Self

The second cultural cue that care workers interpret as signaling an emotional deficiency is when a client "disrespects" herself. An empowered, respectable woman, according to Sharon, can "realize the power she has within herself," and is "confident enough to move past all the bad stuff and make healthy choices" and "doesn't try to look for approval in a crack house." Unconfident clients, according to care workers, place themselves in unsafe situations to seek acceptance because they lack the power and capacity to move towards making "healthy" decisions. For clients to make more "healthy" choices, care workers suggest that clients socially distance themselves from people and things that are associated with the "drugs lifestyle" or who display "street behavior." As Roxeanne, a 48-year-old Hispaña care worker explained to me, "Some of these women are still, still just trying to rep [*represent*] the streets; they get busy hanging with their old crews on the block and they're just disrespecting themselves." Roxeanne

and Sharon illustrate that clients who lack adequate self-esteem might return to their “street life,” which care workers view as posing a danger to clients’ respectability. Care workers code clients’ associations with other class-disadvantaged people, neighborhoods, and behaviors as lacking respectability.

Since care workers consider most of the clients at TTC to be in denial of their inner selves, care workers do interpretive work based on clients’ behavioral cues, since care workers believe that clients can’t, or won’t, divulge what is “really going on.” Care workers talked about “problem” clients during staff meetings, in which they frequently addressed the topic of disrespectful behavior among a small minority of its clients (14) who are housed at a transitional house for sex workers. Because of low funding and a lack of available care workers, the transitional house was mostly unstaffed with the exception of care worker Lorraine’s daily two-hour visits to the house. During staff meetings, care workers expressed concern about reported rule violations at the house; attention was most notably paid to accusations of residents’ deviant sexual behavior. At one staff meeting I attended, a house resident’s behavior was discussed at length:

Lorraine: This client threatened 2 other residents this past weekend and was turning tricks in the alley behind the house. The guy who owns the building next to ours saw them back there having sex, so she and her trick ducked behind the dumpster for who knows how long, thinking they got away with it.

Tamara: There’s obviously a lot going on at that house that we don’t necessarily find out about. So, do we install cameras? Or what is our practical next step?

Lorraine: The problem is that she’ll only let you see what she wants you to see. While we’re putting cameras up, she’ll be sitting on her phone late at night having sex talk, planning the next trick, making her roommate uncomfortable.

Janet: Well, the problem is that she still has to turn tricks to feel good about herself. No one who thinks highly of herself is going to be getting raunchy like that behind a dumpster. What classes is she going to? We should be giving her opportunities to practice self-care in group. She has to be taught how to respect

herself and not use her old habits of turning to sex and going to men to feel good, because that kind of relief is temporary.

Although Janet mentioned in the meeting that she was not sure which client the other care workers were referring to, her specialized expertise allowed for a plausible interpretation of the client's inner state that was accepted by other care workers. Care workers followed this conversation with a brainstorm of how they could deliver more intensive and individualized therapy and case management for the client in question. Janet's evaluation of the behavior as "raunchy" and care workers' assumption that the client was "turning a trick" both denies the woman's sexual agency and pathologizes the client's sexuality as an issue that needs to be psychologically fixed. Additionally, this assessment also denies the instrumental value that sex work has for clients who are precariously situated at the economic margins. These evaluations get interpreted as psychological rather than an issue related to economics. Care workers at TTC often made these sorts of moral and classed assessments while blaming clients for "looking for love in all the wrong places." Just as Janet mentioned, and much like other care workers' perspectives, clients' sexual activities and relationships would be more healthy, more appropriate, and less "raunchy" if they approached life with more self-esteem and self-respect.

EMOTIONAL CAPITAL AND OVERCOMING INSTITUTIONAL BARRIERS

To counteract these instances of perceived sabotage through "street culture" and sexual deviance, TTC care workers seek to impart emotional capital to clients in an effort to improve their opportunities and life chances. The two emotional techniques that care workers teach clients are (1) to perform remorse to prove that one has accepted responsibility and (2) to refine one's emotional displays to earn respect from others.

Care workers employ many assumptions in their therapeutic aims, often mobilizing raced, classed, and gendered expectations for how clients should behave and display emotions. At TTC, care workers evaluate clients' cultural capital as sufficient for buffering the harsh effects of a "street" life, but as deficient for women who seek reformation and mainstream acceptance. Clients' survival skills are not fully demonized, but care workers make it clear that clients have to leave their tough, streetwise demeanors behind if they are to recover. To abide by court mandates, clients must accept the therapeutic project that care workers outline for them. Care workers advocate that clients leave their old selves and their "stinkin' thinkin'" behind; the cultural toolkit that women adopt to help them negotiate risky sex work transactions, a life of poverty, persistent racial discrimination, and gendered violence must be left behind in favor of new ways of navigating their worlds, according to care workers at TTC. Care workers hope that clients might appeal to institutional and organizational norms that value dominant presentations of self (Goffman 1959), which means clients must eradicate or contain the deviant markers that are obtained through a life on the streets.

Remorseful Performances

Care workers encourage clients to express regret and remorse about their criminal pasts when negotiating with institutional gatekeepers. At TTC, care workers said that performances of remorse are especially useful when clients are applying to jobs and when potential employers ask about clients' pasts. Although care workers wanted clients to rid themselves of feelings of low self-worth, there were instances when care workers saw it fit for clients to *perform* shame, albeit in detached ways that did not actually trigger clients or conjure up these feelings. Care workers advise clients to use remorse talk on the job market in order to give greater explanatory power to

clients' past criminal transgressions. There is now widespread access to criminal record databases online for nominal fees and employers regularly use these tools to screen job applicants. This proves to be problematic for unemployed women with criminal records, and care workers regularly address this issue. As Jane, a 28-year-old White care worker, states, "I mean, they [*potential employers*] are going to find out. So we tell participants to be honest. They can say, 'I was convicted of this, I made a mistake, and I'm ashamed of it.'" Care workers recommend that clients display transparency and express regret in order to have a fair chance for the position.

TTC offers a weekly job readiness training session for clients who are seeking employment. The 3-day seminar provides tips on how to search for a job, make a resume, and how to answer sensitive questions in interviews. One handout that was read aloud in the seminar, entitled "The Incarceration Speech," explains how an applicant should handle the criminal record issue: "Show remorse and accept responsibility. Admit that you made some poor choices... Do not whine or complain about being falsely accused or set up. Do not try to justify the crime." In one such training I attended, Henrietta, a 43-year-old White vocational trainer at TTC additionally distributed a letter template that she advised applicants with criminal records to adapt and give to potential employers along with their resume. The following is a passage from the letter, advising clients with criminal records to tap into feelings of remorse when explaining past offenses:

I spend a lot of time thinking about the things I've done to hurt people. I'm ready to start paying that back. I can only hope to try to explain the specifics of my past, my true regret for what I have done in the past, why it will never happen again in the future, and now that I have the opportunity to turn my life around, why I will be an outstanding employee.

This redemptive script is meant to convey moral appeal to conventional employers who may immediately disregard applications that indicate a past criminal record. As Henrietta explained, “Employers want to see that you can take responsibility and move past all of the stuff that’s behind you. You can’t make excuses anymore, what’s on your record is on your record. You should be honest and hope for the best.” Although the city in which my research site is located in is experiencing sharp gains in job growth, and therefore witnessing decreases in the unemployment rate, criminalized women have higher high school dropout rates and fewer skills that are valued on the job market. Henrietta is relaying to clients that, although their likelihood of obtaining employment is much lower than someone with comparable skills who does *not* have a record, clients should demonstrate their worth through taking responsibility for their criminal record and expect a positive result.

Yet many of the women I spoke with frequently criticized this strategy in interviews and in job training sessions. Almost all of the clients at my site readily drew upon instances of being denied employment, or even an opportunity to interview with a potential employer, because of their criminal records. In the job readiness training session, clients often talk about this reality after the trainer reads “The Incarceration Speech.” In one session, Tee, a 40-year-old Black woman, spoke of her history of violent convictions and responded to Henrietta, “They say some jobs are felon-friendly, but they still don’t hire me.” Henrietta replied to Tee that, if she can explain to the potential employer that she’s “a changed person” and that she is “willing to work harder than other people,” that she might have a chance. Tee responded, telling Henrietta that:

By me having so many assaults, and now that they look at your criminal back history, nobody’s going to hire me. They’ll look at my application and be like, I don’t think we can trust this one, even though I have good experience [*as a construction worker*]. But they would still be like, oh hell no, and turn me down before I can even talk to them. And that’s basically why I’m on disability right now with \$200 coming in every month.

Henrietta proceeded with the training session, telling Tee that she would personally consult with her to give her tips after the day was through and telling the entire class that “high esteem can get you places.” Moreover, “it’s easy to get distracted by all the barriers, and if you think something is going to happen but it doesn’t, it’s easy to just say screw it, I don’t want to step up to the plate anymore, and then you just end up in jail or prison or a halfway house or taking a class that you don’t want to take.” Henrietta tries to teach a lesson that clients’ low morale and low esteem can get in the way of persevering through adversity. According to her, and other care workers, if a client can successfully disavow her “badness,” then she can prove her deservedness of employment or of other needed institutional resources.

Keeping an “esteemed” mindset while successfully performing remorse and accepting responsibility for past criminality, according to care workers, can elevate a woman past the material realities of discrimination against formerly incarcerated people. But this form of emotional capital did not often work, according to clients at TTC. As Tee later told me, she tried to “play the game” of being honest and apologetic about her past while applying for jobs, but she has been unemployed since she was released from prison several months ago. She argues that the mark of the criminal record doesn’t allow her to demonstrate to employers who she really is:

They’re always looking at that piece of paper that follows you around. I mean, if they just gave me a chance, I could show them better than what I’m telling them when I turn in that application. I mean, let me show you instead of telling you... Look, if you give me this job I’m going to be 100% for you, but let me show you that I’m 100% before you turn me away. My crime doesn’t define me. There’s something that everybody is good at... but if we’re not being able to show that quality then it’s just going to waste.

Tee continues to talk about her skills and assets, illustrating that she knows she is qualified for the jobs she is applying for. In my observations at TTC, I note that although many other women spoke of the futility of trying to appeal to employers, some are able to leverage this rhetorical

performance in interviews to successfully obtain a job. For example, Monique, a 29-year-old White woman, despite having multiple nonviolent felonies, has an entry-level job with a telemarketing company because as she puts it, she has a “decent work history.” In addition to having prior experience with telemarketing, Monique is able to draw upon her other sources of capital as a young gender-conforming White woman, which is not the case for Tee, a self-identified butch Black woman with a history of violent convictions and a spotty work history. The sociological research on discrimination in the work place has evidenced an amplification effect of multiple marginalities upon a job applicant, most notably centering racial identities (Bonilla-Silva 2006; Hirsh and Kornrich 2008; Pager 2003). For most criminalized women, who are disproportionately disadvantaged by race or ethnicity, gender presentation, ability, work history, and education, remorseful displays do not carry enough weight to counteract the social exclusionary policies that most employers have against criminalized or formerly criminalized people, illustrating that emotional capital does not always secure economic capital.

Care workers’ attempt to invoke remorseful displays in clients does not always align with clients’ material realities or their relational desires. Care workers are trying to convey a form of emotional capital that will help clients navigate through conventional institutions and a society that expects rhetorical pleas and performative penance from criminalized people. However, clients express that these displays rarely secure needed resources, nor do the people in their lives readily accept these performances. Moreover, clients say they feel degraded by their ongoing marginalization and that remorseful deference exacerbates those feelings. Alex, a 33-year-old biracial Native and White woman speaks of her experience navigating the post-incarceration terrain of parole officers and community reentry centers:

It’s like, I’m still a person you know? The POs [*parole officers*] are always trying to get me to be all apologetic and they try to order me around, because they think

I'm a nothing. They're always judging me for my past. But I'm still a person. Maybe, okay, I used to be kinda shitty, but I'm not that person anymore.

Alex and others speak of a need to be given the “benefit of the doubt” in their interactions, with the assumption that they are trying to change or that they have changed. Clients often relayed their exasperation with having to explain how they have separated themselves from their pasts and with having to continuously demonstrating their worth. It is clear that clients view these performances as an *acceptance* of devaluation, and therefore validation that they are inferior. Remorseful performances then, as an interactional resource, has its limits for criminalized women and in their quest to gain respect, this resource does not deliver for most clients.

Emotional Refinement

The second emotional display technique that care workers prioritize as important to clients' assimilation into mainstream institutions and conventional norms is emotional refinement. According to care workers, clients with acceptable (and respectable) emotional displays should be calculated, rational, and refined – meaning that clients should contain the messiness of their emotional fallout from past and ongoing trauma in order to appease institutional gatekeepers. Emotionally refined clients would not act impulsively and would not have public outbursts of anger, frustration, or sadness, even when faced with injustice, as the opening fieldwork excerpt of this chapter illuminates. As Jennifer, a 51-year-old White care worker told me: “Anger management issues are things that we run across here. And attitude issues, because they're just so tired of authority. You know, they get in a fight with their boss, and they just snap back into old behaviors.” According to Jennifer and other care workers, acting emotionally impulsive can not only jeopardize a client's institutional negotiations, but it can also spur a relapse to drug-using or otherwise harmful behaviors. Care workers understand that clients

are exasperated with being powerless in most institutional arrangements. But, to care workers, this anger does not solve anything, and in fact makes clients' already precarious situations worse.

Care worker's perceptions of women as disrespecting themselves and being "out-of-control" means that care workers are invested in helping clients achieve respectability in the presence of institutional gatekeepers. To do this, care workers advise clients that they should learn how to contain their frustrations so as to achieve a certain level of refinement and remain "level-headed" in interactions. During a class on self-awareness, Carrie, a 30-year-old White care worker, speaks to the problem that clients have with lacking emotional regulation:

For women coming off of substances, or coming out of the medicated prison coma, there are all these emotions you might not know what to do with. You might not understand how you're being impacted by stress or how you've placed poor judgment on yourself, and how you're carrying that everywhere with you. Once you become aware of this stuff, you can learn how to control it, and how to respect yourself and the people around you.

Care workers say that teaching clients how to control their emotions is challenging but urgent, since many clients rely on local service providers to get their basic needs met. Care workers assert that not every provider is as patient as TTC is with participants who are "unruly." Beverly further explains how client's uncontrollable emotions can get in the way of their encounters with other helping agencies. She offers an example of one of her clients, who was recently kicked out of a shelter for "not handling a problem tactfully":

She just had a lot of bad things in her life and couldn't get past them. Child abuse, prostitution, drugs, in and out of jail, almost murdered by her husband... She had the lowest self-esteem I've seen. And her social skills weren't able to get her through this situation she had at a shelter. We were trying to get her stabilized but something happened with her case manager there. This case manager was reprimanding her for something, and she just blew up on him. She didn't have the skills to just like, just be like, I need to deal with the next five minutes [*of being reprimanded*], and then go deal with the problem tactfully by going into my room and smashing a pillow or something like that. She could have kept her housing if she was more tactful, but instead he kicked her out.

Beverly emphasizes the fact that this woman's insufficient social skills caused the client to lash out at her case manager instead of privately expressing frustrations. Beverly does not say that the client is necessarily wrong for having negative feelings, but she does emphasize that it is her *expression* of emotions that is problematic. According to care workers, clients who mishandle negotiations with authority figures or who have "emotional outbursts" are not living up to institutional expectations of poor women that promote deference and humility. The lesson is that clients should try to earn respect from gatekeepers by handling conflict with a cool, rational version of emotional refinement.

Clients are also taught that *within* the center they should practice refined and rationalized emotional displays and learn when and where certain emotions should be expressed. It would seem that at a rehabilitation center that serves an exclusively female population would regularly talk about and invoke emotions, but in fact care workers treaded lightly, for fear that they might trigger clients' complex trauma histories. As Roxeanne told me in an interview, "we want to be careful here [*at TTC*] to not open up the women's emotional floodgates" and that "unlocking their emotions can be like a landmine," which might "backfire" against the therapeutic agenda of creating a healing atmosphere in which clients can move past their hurts.

The rationalization of emotional displays, according to care workers, can advance the healing of traumas and the restoration of emotional equilibrium. For example, in an anger management class, Noelle, a 26-year-old Black care worker, told clients that, "When we are evaluating some of our past issues, sometimes it helps to write down the facts about the situation and try to make room for some objectivity." Noelle led clients in an exercise of filling out a "Thinking Report," in which women were to write down the thoughts and feelings they had with regards to some past or current problem. The worksheet directed clients to "recognize the risk"

associated with the different thoughts or feelings that they had listed, so as to direct clients' attention to new ways of reacting to a situation that might be more detached and therefore less risky. Sara, a 46-year-old White client, offered a scenario in which her halfway house case manager for breaking curfew disciplined her. Sara told the class that her privileges at the house were revoked, meaning that she couldn't have family visits for the next month. Noelle asked her, "Ok, what were your thoughts when your case manager suspended your family visits?" Sara responded, "I'm upset because I'm trying to rebuild a relationship with my mother and my son, because I screwed over my family for so long, and I feel like I'm being set back in my recovery. I feel like I'm being treated like a child and I was only like 30 minutes past my curfew." Noelle asks Sara, and the class: "How is that thinking risky?" Sara responds after some thought: "Well, I don't know. I'm in a rough spot. I... I guess I'm just resentful at my case manager. I yelled at her the other day when I probably shouldn't have." Noelle offers an explanation:

Well, sometimes we have to follow rules that don't make sense or... maybe just don't seem fair. Even I have to. I mean, what if I started running every red light? If you can start to accept that for now you're gonna have to follow these rules to graduate and complete your probation, then you won't be feeling this way. Yelling isn't going to get you out of this situation. Try to think of the big picture. You want to be closer to your family? Well start doing what you have to do and put one foot in front of the other. You'll get there, but it's gonna take time and patience and listening to what your case manager has to say. Luckily, we give you plenty of practice to do that here.

Noelle relays a different perspective that attempts to assuage Sara's feelings of resentment and injustice. The group therapy curricula and care workers often attempt to provide a different referential framework for clients – advocating for a greater level of compliance to legal and institutional authorities so that clients can achieve their goals of familial reunification, sobriety, employment, and obtaining housing. Care workers ask that clients refine their emotional displays after some "practice" at TTC. Because they don't exclude clients from their services due to

minor rule infractions, care workers believe that they are teaching clients how to “make it through” organizational rules and regulations with the long term goal of refinement and emotional restraint. Care workers teach clients that to manage impulsive emotions, through a process of rationalization, is to increase the likelihood for institutional and personal mobility.

Inequalities can produce particular emotional expectations and identity dilemmas for those experiencing interlocking forms of subordination, as Wilkins demonstrates in her research on Black university men’s use of emotional restraint (2012). In her article, Wilkins found that Black university men performed a type of “moderate blackness” in order to creatively counteract racialized stereotypes, but at the expense of passively legitimating racial hierarchies and actively devaluing Black women’s use of anger. At TTC, care workers directly shape emotional expectations for clients and teach clients how to adhere to these feeling rules. Certainly, many of the clients I interviewed told me the value of restraining their anger and not voicing frustrations in order to negotiate institutional requirements. But, care workers’ goal of teaching emotional refinement as a form of capital is a particularly problematic because it can reify the notion that poor and criminalized women’s, and particularly Black and Brown women’s emotions, are unruly and in need of regulation (Faith 2011). Care workers at TTC teach clients that objective insight, introspection, and a rational strategy of disclosure is needed in order for clients to be more “in control” of their affective selves. The neoliberal logics of addiction treatment, with its emphasis on rationalized self-examination, mandates that women “carefully take themselves as objects of scrutiny, control their emotions, and assess their choices” in order to regain control and autonomy over their lives (Illouz 2007; 137-8).

CONCLUSION

As Wilkins and Pace posit in their comprehensive review of the literature on the sociology of emotions, class, race, and gender mediate “feeling rules,” affecting expectations for how people should feel and how they should *express* those feelings (Hochschild 1979; Wilkins and Pace 2014). In this chapter, I demonstrate how care workers mobilize dominant cultural expectations for how women should act if they are to rehabilitative themselves from criminal lifestyles and mindsets. Care workers make value judgments on clients’ behaviors and reduce women’s problems to “bad” feelings. The programming and staff messaging at TTC stresses the need for clients to have more self-esteem, to refine their emotional displays by not showing anger or frustration, and to perform remorse. Care workers have well-intentioned ideas on how to enhance women’s status, because they believe that criminalized women feel inferior and are therefore unable to succeed in conventional arenas. And indeed, many women agree that they have low self-esteem. But teaching participants lessons of emotional deference and containment can compromise women’s stated needs of forgiveness, respect, and reframing their pasts.

Care workers view clients at the center as feeling emotionally and psychologically inferior, thereby legitimizing the center’s efforts to convey emotional capital among a population that is “in denial” of their shame and chronic low self-esteem. Care workers express that they genuinely want women to succeed, and they believe that if they can impart their knowledge of middle-class conventionality and normalized expectations, then women might have a chance at securing key institutional resources. To achieve this, care workers advocate that participants at the center learn how to rationally utilize and manage emotions, especially shame. Treatment services at TTC emphasize a form of feminized self-control, in which the center’s participants gain deep knowledge over their behaviors and emotions while also learning how to *appropriately* express or contain them in order to successfully maneuver through mainstream society. But this

emotional socialization is premised on teaching participants that their past and current emotional knowledge is abnormal, while simultaneously teaching them revised strategies to acknowledge and express emotions (Froyum 2010; Wilkins and Pace 2014).

chapter five:
Constructing New Relational Selves:
Criminalized Women's Use of Desistance Scripts Within a Relationship Framework

“With the friends and relationships I had out there [on the streets], I was like – ‘I love him, mmhmm that's my man. I'm in love with him.’ Well, I wasn't in love with him, I was in love with the dope! The dope made me think I was in love with a person, though I really wasn't. I didn't even know what love meant. You know... and I thought that this person was my friend? Well, they only was my friend when I got crack. And I love my friends, they my best friends but when I ain't got nothin they're talking hella shit about me.

But, now that I'm not high... I can really say 'this is my friend'... and know it, that this is my friend. And right now I got this person that I'm in love with and I know I love him, because man, I really want the guy. Compared to when I was supposedly in love with this other person on the streets, and I wasn't – I was like fuck him. But this man right now... I'm callin' him constantly, like 'hey daddy where you at, baby?'" –Alicia

Before Alicia, a 28-year-old Black woman, entered TTC's transitional home for sex workers for the third time, she had been through many difficult relationships. Alicia's parents were both addicted to crack-cocaine and she was taken by social services when she was eight years old and placed in the foster care system. Her father had routinely sexually assaulted her before she was removed from the home. Alicia was never adopted and instead was shuffled among group homes and residential foster homes until the age of 18. When she left, she said she “turned to the streets” to find a “replacement family,” with the hope of finding stability, love, and acceptance. Shortly before her 19th birthday, Alicia was smoking crack-cocaine and selling sex for drugs and shelter. Her decision to find safety on the streets led to countless instances of rape and violence. Alicia tells me “it was because of the drugs.” As the above excerpt from my interview with Alicia indicates, she believes that her illicit substance use clouded her judgment and as a result, both her romantic partnerships and friendships were “trouble.” For Alicia, her current relationship is “healthy” because the dynamic does not center on getting high or

manipulation. She contrasts her past drug-seeking “scandalous” self with her present “sober and righteous” self.

Alicia’s narrative about romance and friendships and the ontological distance she constructs between her past and current relational self is similar to the ways in which other criminalized women at TTC discursively separate themselves from their past relational selves and stigmatized relationships. In the previous chapters, I’ve described the stigmatizing effects of the practices and discourses used by TTC care workers. This chapter seeks to understand the ways that clients formulate their own set of cultural stories to make sense of their relational lives as well as to manage the stigmatization they receive from TTC, the prison system, their family members, and society at large (Leverentz 2010; Loseke 2007). I find that criminalized women creatively and selectively construct new selves by describing how they relate to *others* (Giordano et al. 2002). The stories they tell about their *noncriminal* selves are often told within a relationship framework, noting the importance of relationships to criminalized women’s desistance scripts. Criminalized women compare the ways they used to be in relationships to how they currently think about and act in relationships to demonstrate how much they’ve changed and how much distance they’ve gained from their criminal selves. Indeed, Alicia claims that with her newly sober outlook, she can now genuinely choose who she wants to be around and align her desires with what she actually wants; implying that her drug-fueled criminal lifestyle blocked her from her authentic needs.

Criminalized women are regularly inundated with cultural narratives about their relational selves both at TTC and in other correctional arenas (Haney 2010). The adoption of “gender-responsive” programming reflects an institutional effort to deal with the growing numbers of incarcerated women and women under some form of correctional supervision. Part of

the gendered strategy of governing female offenders and ex-offenders is to target women's "relational troubles" (Covington 2003). Research on women's criminogenic backgrounds, particularly that which comes from the "psy" sciences (psychiatry, psychology, and psychotherapy) position women's relationships as a primary site for correctional regulation (Faith 2011; Hackett 2013; Hannah-Moffat 2001; Pollack 2005). Indeed, governing social marginality involves powerful authority figures mobilizing "risk discourses" to describe, problematize, and manage socially deviant populations (Beckett and Western 2001). For example, practitioners and academics concerned with treating female criminality stress the need for clients identify the "unhealthy" relationships that can cause them to relapse into old behaviors and criminal habits.

The pathways literature in the feminist criminology discipline has heavily influenced our understanding of the experiences and relational needs of female offenders. Pathways theorists assert that criminalized women's victimization in a patriarchal social order inevitably sets the stage for women's criminal coping, in response to gendered violence and intersectional oppressions (Daly and Chesney-Lind 1988:504). But, correctional discourses have transformed this contribution into psychologized and reductionist understandings of women's lives that mandate therapeutic interventions to deal with women's emotional and mental "troubles" (Kendall 2002; McCorkel 2003; Pollack and Kendall 2003). The literature on the state's appropriation of neoliberalized therapeutics has questioned practitioners' and academe's noncritical acceptance of "rehabilitation," rightfully asserting that contemporary rehabilitative discourses and practices are constituting additional forms of control over marginalized populations (Schept 2013). In this body of work, however, there has been a lack of analysis on how criminalized women who have been labeled "relationally dysfunctional" themselves

understand and manage risk discourses, even though they are most affected by them. How is it that women formulate relationship scripts within this context of pathologization? And, what function do these relationship scripts have for criminalized women?

In this chapter, I center criminalized women's voices in my analysis to explore how they discursively construct new relational selves and manage relational stigma. These identity constructions have meaningful implications for women's desistance processes, or how they stop offending. Self-identity an important component of the desistance process and scholars have found that "to desist from crime, ex-offenders need to develop a coherent, pro-social identity for themselves" (Maruna 2001:7). That is, those who wish to exit the deviant world must be able to imagine non-deviant roles for themselves (Adler 1992). I find that in making sense of their stigmatized or formerly stigmatized relationships, criminalized women use a series of desistance scripts including: distancing from their past selves, relationship avoidance, and adopting culturally acceptable roles, such as a mother or a hard worker. Despite inhabiting marginalized statuses, the women in my study actively constructed narratives that helped them to reduce the salience of the "relationally dysfunctional" identity in their lives while *also* constructing desistance scripts that emphasize their noncriminal relational selves.

Relational Stigma and Desistance Scripts among Criminalized Women

The "master narratives" that circulate cultural information about poor and marginalized women's relationally dysfunctional lives create rigid ideas about group characteristics that perpetuate stereotypes and reinforce oppression (Nelson 2001). Patricia Hill Collins describes these stories about the oppressed as "controlling images," because they posit an inflexible framework in which marginalized groups are cast as biologically or culturally defective,

dangerous, and/or criminal (1998). Consequently, these narratives construct limited and limiting identities for certain groups that create and reify power differentials.

The relationship between master narratives and identity development is that individuals may adopt a view of themselves as less socially worthy. In Nelson's book *Damaged Identities, Narrative Repair*, the author states that, "How we identify ourselves establishes our own view of what we can do; if our self-conception marks us as morally defective, we will mistrust our own capabilities and so we treat ourselves with suspicion or contempt" (2001: xi). As a result, individuals can adopt identities that are "damaged." Importantly, powerful groups who believe in these controlling images block "damaged" and "unworthy" individuals from engaging in dominant, mainstream social spheres, thus preventing socially devalued individuals from the opportunity to develop more liberatory identities (Hill Collin 1998; Wilkins 2012). Members of marginalized groups often have to creatively craft stories for themselves that move them closer to categories of respectability in order to resist controlling images (Wilkins 2012).

In his seminal book on stigma, Goffman defines stigma as "the situation of the individual who is disqualified from full social acceptance" and any attribute that is deeply discrediting" (1963:9). I find that criminalized women experience a complex web of visible and invisible stigmatizations in regards to their platonic and intimate relationships. The women in my research bear the punitive burden of a criminal record and the ongoing, persistent surveillance from therapeutic caseworkers, parole or probation officers, suspicious family members and/or halfway house staff workers. But, my interviewees also spoke of a type of *relational stigmas*, in which they felt discredited because of their involvement in sex work, the loss of their children, contracting HIV/AIDS, and/or past and ongoing abuse. Social workers, correctional workers, and even women's family members classified criminalized women's relationships as dysfunctional

and in need of repair. As I've outlined in the previous chapters, TTC care workers urged criminalized women to analyze past relationships and to change their relational styles in order to procure more "healthy" and safe partnerships and friendships.

Therapeutic scripts at TTC might negatively impact criminalized women's self-perceptions and the views that they hold on their relational lives and the women that I interviewed revealed their understandings of stigmatizing outcomes. Alex for example, a 33-year-old White woman, remarks on how others evaluate her past, specifically on having seven children who were either taken from the state or willingly put up for adoption:

It's just like, sometimes people make bad choices. Sometimes people lose homes. It's not all about drugs and alcohol. That isn't always the underlying cause. I think society judges too much sometimes. Like especially the middle class and the high-class people. They always view us, view me as a piss-on or whatever.

Like many other women I interviewed, Alex expresses a general perception that people with greater social and economic capital view her inferior for the choices she's made in the past. Additionally, she rejects the notion that both the voluntary and involuntary loss of her children stems from drug or alcohol problems. Alex points to the stigmatizing effects of society's tendency to make blanket judgments on entire groups of people and later mentions the need for people to "learn our stories" with the hope that others will not judge her. Likewise, Chila, a 49-year-old Black woman, said that a fight that she had with her grandmother was prosecuted and she now finds herself being judged and discredited for the assumptions made on her case:

It was assault to the elderly, but it was on my grandma. She hit me and I pushed her back. That became assault to the elderly. It sounds bad but then there is a story to it. If you don't know the story, then you assume. There's a story behind everything, and that's what makes it hard for us felons.

As Chila indicates, she experiences sizeable repercussions for her felony charge, most notably observable in her lack of employment. But Chila also points out that those who make moralistic evaluations on her felony do not know the full story.

The criminalized women I interviewed spoke about the damages to their identities and their morale as a result of the stigmatization of their relationships and relational choices. There are also material and legal consequences that result from the stigmas that women experience. For example, Magnolia, a 43-year-old Black woman, tells me about her time on parole:

I was told, when I was on parole they told me, they made me go into a halfway house into this apartment program because they said I was codependent on my mother... And I said, I'm moving home to my mother. And he's like, I just said you can't do that. But I did anyways, and I got violated. But I went home because my roommate at the halfway house was getting high and bringing tricks in and out of the house. I was really trying hard to do the right thing.

Magnolia's parole officer made a character judgment about her relationship with her mother, classifying it as "codependent," thus locking her in to a situation that Magnolia deemed to be unsafe. Magnolia confirms that she depended greatly on her mother for emotional and financial support when she was still alive, but she rejects the categorization of that relationship as codependent. Unfortunately, in the parole officer-parolee relationship, the parolee hardly has the right to make life-altering decisions, specifically those that violate the bounds of the parole contract. Magnolia had to serve six months in prison because of her technical violation. Despite the fact that parole officers typically do not diagnose clients, correctional discourses are heavily influenced by medicalized language (Nolan 2003; Pollack 2007; Tiger 2012). Therefore Magnolia's confession that she "depends greatly" on her mother led her parole officer to exercise his professional knowledge and to dictate Magnolia's residence. Authoritative figures frequently draw upon dominant frameworks and cultural stereotypes in their decision-making, which can have great consequences for women's lives.

Women creatively appropriate certain scripts while rejecting others (Giordano et. al 2002). Women's use of desistance scripts are borrowed from their "cultural repertoire"; that is, they assemble their personalized stories about their noncriminal selves from the multitude of scripts that they are exposed to in their social arenas (Swidler 2001). Since many criminalized women shuffle between institutional contexts – known as the "institutional circuit" – they borrow storylines from the prisons or jails they were incarcerated in, the halfway houses they live/lived in, and/or the recovery groups they go/went to (Leverentz 2014; Sered and Norton-Hawk 2014). In all of these settings, institutional actors use a combination of discourses that are heavily influenced and guided by a therapeutic rubric (Illouz 2008). Therapeutic logics dictate, whether implicitly or explicitly, participants use a stylized "narrative formula" with which to tell their respective stories, usually with heavy reliance on self-help discourses and reformative displays (Irvine 1999). Redemptive narrative formulas resonate with the criminalized women I interviewed, because they often expressed regret with regards to their relational lives. Women spoke remorsefully about losing either physical or emotional connection (or both) with their children, or they expressed regret over past intimate relationships that were characterized by abusive dynamics. For criminalized women, redemptive narrative formulas offered a discursive terrain by which they might reconstruct a newly transformed "self" that is not plagued by relational dysfunctions or accompanying stigmatizations. These new relational scripts are important for women's desistance; Giordano and colleagues demonstrate that these narratives help construct cognitive and social pathways to non-offending, which are just as important as securing employment and housing (2002). I explore how women construct new relational selves, the functions that these identity scripts serve, and the importance of such a perspective.

Criminalized Women's Construction of New Relational Selves

Relationships matter to criminalized women and are so central to how we think about women's identities and selfhood. In the face of untenable resources, maintaining old relationships and/or establishing new relationships is a resource that is accessible to marginalized women. Using and expressing emotional intimacies in everyday talk is a way for criminalized women to harness a noncriminal identity (Giordano et. al 2002). Motherhood, in particular, is a salient social script that criminalized women frequently use in their desistance process to assert that they are achieving dominant cultural expectations (Kielty 2008). Moreover, women talk about being good mothers in order to feel reformed, even if their motherhood status is compromised in some way, (e.g. non-residential mothers, lost custody, adoption). The consequences of stigmatization of women's relationships and relationship choices, therefore, are a uniquely gendered form of control.

The criminalized women I spoke with creatively constructed new relational selves that distanced themselves from stigmatized and stigmatizing relationships. These relational scripts not only helped women *feel* transformed and redeemed, but they also functioned to ensure that women would *not* be classified by institutional actors as dysfunctional, abnormal, and/or "unhealthy." The women in my study attempted to manage the stigma associated with their relational selves in order to assemble non-stigmatized roles and to claim more mainstream and culturally acceptable identities for themselves. The three primary relationship scripts that women use are: (a) distancing from past relational selves, (b) relationship avoidance, and (c) adopting culturally acceptable relationship roles.

Distancing from Past Relational Selves

One of the techniques that criminalized women use to manage their relational stigma is to distance their current selves from their past selves (Denzin 1987). Sometimes women expressed that, after having a considerable amount of time in recovery and reflecting upon their past selves, they did not even recognize who they used to be. Daisy, a 35-year-old White woman, had been attending TTC for about one month before the interview. Her situation was atypical compared to the vast majority of criminalized women at the center. Although she does have a past with alcohol and drug misuse as well as a criminal record, she was attending TTC to keep her occupied during the day, as ordered by the shelter she was living in. She had recently fled to the area from a different part of the state to escape her extremely abusive husband. Daisy recounted several instances of him using sexual violence against her in front of their three children, losing consciousness after he beat her, and being hospitalized as a consequence of the injuries she incurred. She tells me that she is not on the “market” for a new partner, but she has already thought about what information she might or might not reveal:

I decided that if I do get back into a relationship that, umm... I'm gonna not tell them much about me at the beginning at all, about my past life- and I consider it a past life. Because that was, that person that was with my husband, I don't know who that was, that's not me. I don't know who that was, and I'm not gonna be that person again. I'm not ever gonna be that person again. I just, I know that I don't wanna tell them anything about what happened with my abusive history, 'cause I really think that's what they fear will come, that's what they think I'll... They might think, “Oh, I can twist her I can turn her, I can do what I wanna do with her,” and umm... I don't know we'll see if that works. I'm not saying it's the answer, but you know, that's what I decided. That I'm not going to tell them anything like that, and then we'll just go from there and it's gonna be taking it real, real frickin' slow.

Daisy argues that she was always a strong-headed, independent young woman and she doesn't know the person she was while in the relationship – someone who was submissive, dependent, and docile. Daisy explains that she wants to get rid of her “old” self and “start fresh,” although she said that she'll need some “major unprogramming.” She points out that her husband was

extremely manipulative and she believes that if she can hide her past from future potential partners, she might be able to protect herself from future manipulation. Daisy also believes that not revealing information about the aggressive abuse she experienced in her past relationship will allow her to move forward without being marked as someone who has “baggage.” The new relational self she constructs for herself is someone who is free from “drama” and a turbulent past so as to not scare off potential partners, but also with the hope that she’ll secure a better, nonabusive relationship in the future.

Many other interviewees also claimed that they couldn’t believe who they used to be before entering recovery and most women cited alcohol and/or drugs as being the causes of why they weren’t *really* themselves. Ebony, a 44-year-old Black woman, said that the only reason why she was engaged in sex work was because of the drugs. For Ebony, crack cocaine made her something other than who she was:

I wanted the quick money and I just wasn’t thinking very clearly. When you’re on crack and alcohol you don’t think very clearly so you go by impulse and you are trying to get that quick money and either you are going to get caught or you don’t... I could’ve chosen not to use drugs. If I wouldn’t have started smoking crack I probably would never have gotten into that [*prostitution*] lifestyle... And, I would say. There is not a future here. There’s not a future in smoking crack.

Ebony does not normally condone prostitution as valid work and doesn’t want anything to do with the trade because of the routinized violence and instability of such work. She explains that the “only reason” why she would ever sell her body for money is because of her dependence on crack cocaine and her altered decision-making. Indeed, most women I spoke with told me that their past drug-fueled lifestyles altered their ability to make “responsible” decisions such as obtaining legal work, caring for their children, paying bills, taking care of their personal hygiene, and abiding by the law. Women frequently stated that their entrée into an illegal world of drug use/sales set the stage for relational transgressions, such as sex work. In separating themselves

from, or “knifing off,” their former illicit social contexts (Maruna and Roy 2007), women expressed that they would return to their true, authentic selves and that the relational deviance associated with sex work would also dissipate. As Magnolia tells me, “I just feel like prostituting myself would bring me back down to my sinful ways, you know. Right back down to my old ways, and there's no way I could do it without being high. I never could... I've done that. I sold my sex, I'm not gonna lie, and I've never done it sober.” Magnolia refers to her “sinful” ways, articulating that sex work not only compromises the *legality* of her lifestyle but also her *moral* self. Like others, Magnolia wants her new relational self to be more pure and to avoid the trappings of a lifestyle associated with drug use and misuse.

In distancing themselves from their past self and their concomitant relational “problems,” women spoke about the *morally* “questionable” but legal social behaviors and characteristics that they also wanted to rid themselves of. Diamond, a 42-year-old biracial Native American and Latina woman, spent many of her teenage years and adult life having “lots of sex and getting into trouble,” sometimes for money or drugs and sometimes for “fun.” She was kicked out of the house by her father at the age of 12 and said that sex, and violence to some extent, was a valuable currency for her in obtaining shelter, food, protection, and later, alcohol and drugs. Diamond uses her current ideas about sexuality and violence to contrast her present self to her past self:

People that I'm friends with, guys are always trying to ask me to have sex and I'm like, no dude, I don't even have sex. I'm like, look, I've got a boyfriend and I love him very much and I'm waiting for him to get out of prison. So you do drugs, I don't. And I'm not about to put myself in an unsafe situation where I can get a venereal disease. I'm not the one. I used to be. I used to be very promiscuous when I was younger. All the time. And that's not good. I've changed... I mean, also, I don't hit people like I used to. *Laughter*. I may yell but then I walk away and I usually go in my room and get on my knees and pray to the Lord for forgiveness. And forgiveness for those who have trespassed against me. I want to

do good. I want to start doing better. I want to make something of my life other than being out here on Main Street smoking crack. I'm getting too old.

In women's quests to achieve a new and improved "recovered" self, they sought to shed the vestiges of their morally corrupt behaviors. Diamond expresses that she needs to be sexually reserved and non-abusive for her to achieve the "goodness" she is looking for. Criminalized women often framed their new selves as more moral; the more that they disavowed relational deviance, the closer they could get to achieving their moral ideal. These new relational frames, offer a platform for women to distance themselves from their undesirable pasts, and therefore, relational stigmatizations.

"I trust in God now."

Many women used moral frameworks to effectively distance themselves from their past relational selves. The moral framework that was particularly resounding to women was informed by religious and spiritual tropes. In scripting a new, morally sound relational self, many women I spoke with turned to religion as a vehicle for change and as a way to heal from painful experiences. Monica, a 42-year-old Black woman, expressed that she regularly goes to church, as well as AA and NA meetings, and that "tapping into God" is the only way she can deal with the pains of her past sexual abuse as a child and sex work as an adult: "I pray. Meditate. I have to, all the time. Because I always have the guilt of things I did in the past. You know, my plan ain't his plan. We have to just pray about it." Monica continued to express her belief that she can't rationalize why she was subject to abuse as a young girl or why she turned to crack cocaine and engaged in sex work. For Monica, dwelling on the past and remaining regretful over what happened was not useful, because as she says, "You never know what God's plan has in store for us." Divine plans superseded any human attempt to explain past events and, this belief system

allowed Monica to claim higher moral ground from her past self. She explains that, “I used to want to run the ship and just create my own plan for my life. But now I'm very spiritual and I just believe that God has a greater plan.” Monica expresses her need to relinquish control in order to align herself with a spiritual force. In doing so, she and other women who turn to spirituality can mobilize a religious discourse that emphasizes transformation and redemption in order to deemphasize past relational problems.

Some of the women I spoke with expressed that their past non-spiritual selves not only exercised “too much control,” as Monica put it, but they also mistakenly placed their trust in people. For example, Sam, a 48-year-old Black woman claims that people are “fallible.” Sam anecdotally relayed stories about her past gang life, in which she turned to her gang members for safety and support, but they failed her. Some of her male gang peers inflicted sexual violence upon her. She then launched into a story about her father, who was the first person who broke her trust by sexually molesting her. Sam said that, with the exception of her children, “no one can be trusted.” She further stated that:

You have to find that power higher than yourself. I believe that is the key to all recovery. That is the key to all mental illness. Any type of recovery, I think is being able to find some type of light. Some type of power higher than yourself. Some type of entity that is good and peaceful and will help you through anything. That forgives you and loves you. People are going to let you down. Don't rely on people.

The religious/spiritual trope that a believer has to “find a power higher than herself” is quite common. I argue that this narrative has particular appeal to Sam and others who used it in my interviews because they frequently had encounters with people who gravely harmed them and betrayed their trust. Experience had proven to these women that some of their closest relationships had long-lasting physical, emotional, and legal consequences. Sam, and other women with similar narratives, could successfully mitigate potentially harmful situations in the

future by decreasing their reliance on others. For many of the women who said that they primarily placed their trust in a higher power, there was also a desire to associate themselves with fewer individuals, a theme that I explore in a later section.

“Now I’m a lady.”

Another way that women distanced themselves from their past relational “dysfunctions” was to articulate their newly transformed selves through a gendered lens. The “street” life was especially taxing on my respondents’ health, economic opportunities, and personal safety. For some women, street walking and homelessness additionally compromised their femininity. For example, Tiffany, a 44-year-old White woman, stated that her development of “survival skills” made her more masculine than what she thought was acceptable for her ideal version of femininity. She says:

I always felt like, for a real long time out there, that I was the male and female in my environment. I’m very much a dominant assertive female. Very much so. I’ve had to stand up to men and physically fight them when necessary. I mean, I’ve been homeless for 20 years. So I’ve had to defend myself. I’ve learned when to bark and I’ve learned when to bite. You don’t always bite. Sometimes barking loud enough gets them to go away. So I very much enjoy being the female and submissive. Because it really feels like the true calling, my true calling...

Tiffany’s account of her survival skills includes beleaguered characterizations of toughness, dominance, aggression, and violence. She spent nearly half of her life homeless, high, and prostituting, and as a result she found herself in many situations where she had to ferociously fight off attackers, or at least posture street toughness to ward off would-be offenders. Tiffany views these behaviors and attitudes as “manly.” Therefore, Tiffany’s desire to embody femininity in her current relationship is a way for her to disassociate from those dangerous interactions that were once a regular part of her relational life.

Tiffany describes her femininity as submissive and docile, allowing her current male partner to be protective over her. She said that, in her past relationship, she was too combative with her husband and the “roles got all messed up.” Tiffany recounts that after a period of incarceration and losing custody of her children, the relationship spiraled downwards and she and her husband were physically abusive and hostile towards each other. After one particularly severe confrontation, her husband threw her out of a second story window, resulting in Tiffany incurring a fractured skull, broken jaw, and a shattered tibia bone. She reports that the medical staff in the emergency room told her she only survived because of the cocaine in her system. She expressed that he was no longer her “king” and she had been fronting to him like she was a man herself. Tiffany stated that things were different with her current boyfriend, because he knows his role and that:

We’re learning to identify with each other a bit differently. It’s very, very pleasurable to be around him. He’s very masculine, very much a masculine male. Very much in love with me. And very much possessive, but I like his possessiveness because it keeps me in the female role. Very much old, traditional female role... I tell him, I want you to be my king, but understand that you have to honor me as your queen and you respect those boundaries. So he’s asked me when we’re together and stuff not to speak to other men. Okay, out of respect I will do that... It is truly awesome to find a man that actually has a backbone to defend me and the common sense to keep us safe. It’s really awesome.

Many people could interpret Tiffany’s desire for traditional gender roles and a jealous partner as disempowering. But, for Tiffany and the other respondents who use similar scripts, entering a relationship with a possessive partner seemingly serves a protective function and is especially attractive after extended periods of living in precarious and vulnerable circumstances.

Additionally, adopting the role of a docile homemaker or submissive female can allow some criminalized women to feel as though they are occupying distinctly different roles than the ones they held during their street lives. As I explore in the next section, however, most of my sample

avoided relationships altogether in an effort to sidestep the kind of relationship Tiffany describes as empowering.

Relationship Avoidance

Criminalized women used the relational script of “avoidance” to establish themselves as “independent” and “empowered,” as well as to distance themselves from stigmatized relational dynamics. Many of my interviews with the women in this study were full of stories about failed, abusive, predatory, and even tyrannical relationships. This led many women to question how they ended up in abusive circumstances and why it happened to them. For those women who talked about their childhood abuse and/or incest, most said that they knew it was not their fault but that the effects, as Kiki, a 43 year old Black woman notes “probably set the stage for later problems.” The more elaborate justification narratives as to *why* they experienced abuse emerged when women talked about their relationships with intimate partners or family in adulthood. In the classes at TTC, care workers urged women to understand how their “pickers” were “off” and what different life choices they could make to avoid harmful and/or abusive people as well as distancing from the relational stigma attached to abusive situations. This understanding that a woman can rationally “choose” her way out of gendered violence or avoid it all together resonated with many of the women I spoke with. For instance, Mariah, a 48-year-old White woman with an extensive history of physically abusive intimate relationships, says that she wants to change her love life patterns:

I felt that I have always chased the bad boy image type, I was always very attracted to that for some reason, I don't know, maybe power, knowing somebody that would shelter me and protect me. I did my best to do some really deep soul-searching once upon a time in my life to find out why, why I was attracted to men like that. And what I came up with is because I felt more protected from society, more sheltered even though the men became abusive. My thinking was, I'm taking care of my needs through the men. I'm well protected and, you know, they

were always very handsome... A lot of times I was very outspoken and I had been told a few times that I deserved it – I egged it on. Whether I did or not – maybe. They would call me and talk to me really bad and I would talk back. And that’s what got me beat down a lot. So, I always picked the wrong type of men. And they became abusive... You know that song, looking for love in all the wrong places? That was mine for so many years.

Mariah had a childhood she described as “horrible” – one that entailed persistent sexual molestation by her older brother in an isolated, rural community that Mariah felt wouldn’t listen to her cries for help. As she aged, she found that her string of jealous boyfriends provided a double-edged sword of protection; they were aggressively macho in public and sometimes violent towards the men they thought were flirting with Mariah, but on the other hand, her boyfriends routinely beat her and called her names such as “slut” or “bitch.” Mariah tells me later in the interview that she is “still learning” and trying to understand how to pick better men. Although in the above excerpt she identifies her outspokenness as getting her in trouble, Mariah tells me she knows she ultimately can’t blame herself for these abuses, but she *can* take ownership over who she chooses to let in her life in the future.

Many of the women in my study readily acknowledged that their past abusive partners were the primary reason for their relationship failures. But, instead of trying to learn strategies to pick the “right” partners and to predict or detect abusive patterns before they occur, the vast majority of women I interviewed said they are choosing to be alone and avoiding an intimate partnership altogether. In this way, women are avoiding the risk of being in a failing relationship and protecting their recovery. Janet, a 40-year-old Black woman expressed that, although she doesn’t necessarily *want* to be alone, that it’s best, given her history:

Janet: Men were abusive to me. Just fighting me. One was pretty severe. He tried to kill me a few times and this last time, I caught on... That’s why this scar is right here [*points to forehead*]. He hit me in the face and it was 10 dissolvent stitches on the inside and like 15 on the outside.

Colleen: How’d you leave that relationship?

Janet: He ended up going to prison. I went to court and he went to prison. He's in prison now and when he gets out they have to notify me. I've been through a lot. Really, I shouldn't be in a relationship, you know. I always choose the wrong male figures. It's just like, these no-good guys stick to me. They just stick to me. They seem alright, but in the end they're like venom. They're like snake's venom, they're poisonous... I'm realizing the mistakes I made. I'm in the process of getting a divorce with this guy. I don't want to be alone, I don't want to be by myself, but I'm thinking today that it's kind of best. I could be on the verge of losing my place again, lose my freedom, or lose my sobriety. Well, I don't think I'll lose my sobriety, but I'll lose my freedom and my place. You know, so just leave it be. Before, I think I just wanted love. Because I didn't feel like I was loved. I didn't feel loved. And now I don't want love. *I don't want love.* I'm looking for love in all the wrong places. I want love, but I know that I'm looking for love in all the wrong places.

Janet feels that the men she's been with "bring her down," in that they are all "losers" and compromise the goals she's worked hard to achieve. Janet believes that if she can she avoid relationships *altogether*, then she'll be likely to maintain her material comforts and good spiritual health. And, if she does not ever have a "dysfunctional" or "abusive" relationship ever again, Janet will not have to experience the accompanying stigma of facing the world with visible scars, black eyes, and stitches. During our interview, Janet had a bag of recently purchased items from the local dollar store on the table with her hand resting on the bag or near it the entire time. The bag was full of decorations for her newly acquired, government and TTC -subsidized studio apartment, including a glittery unicorn picture frame to hang her daughter's photo in. She was excited because she was going to leave our interview to not only decorate the home, but also to kick a man out. The two had been "fooling" around and she said he had been "sneaking small things, man things into my place, like he's gonna keep staying there. Oohhhh nooooo. Oh no!" The relationship was purely functional for Janet; she quite simply just "wanted a lay," but realized that this unemployed man was trying to "use her."

Janet tells me later that, in order to ward off predatory men and subsequently relational stigma, she doesn't place her trust in people, especially potential romantic partners. She said that:

Anything that is hindering my learning process or making me angry to the point where I'm not doing my own [*recovery process*], I'll leave it alone. They say to stay out of a relationship for the first year of recovery and I see why. I see why. Because I'm just looking out for Janet. Nobody else is going to look out for me. If I go to jail, nobody is going to put money on my books or come see me or come write me. If I go to jail nobody is going to bond me out. If I lose my place, I can't come to stay with you! So, when somebody starts offering to buy me stuff too much and to do this and to do that, then I draw a line. Because they're doing this and that and eventually they're going to want something from you or they feel like they have control over you because they bought you something. I try to do for me. That's why I have money for my cigarettes, I have money for whatever I need so I don't have to ask anybody.

Janet's form of self-protection talk comes from a desire to be the "best Janet" she can be, meaning, becoming a woman who is entirely independent, both emotionally and financially. Many feminist practitioners advocate that women need rehabilitation that is relationship-focused; that is, programming needs to cater to past relational abuses and future relationship building (Covington 2007). And, although many of my research participants articulated both of those needs, they found that the most practical, short-term plan in avoiding abusive situations is to be alone. Many of the women who participated in my study were unable to procure the housing resources that Janet did, leaving them vulnerable to the disorganized neighborhoods from which they come (Leverentz 2010; Sampson and Wilson 1995). Although domestic violence is also found in so-called "organized" neighborhoods (code for White or middle to upper class), the women in my study, unable to leave the neighborhoods in which violence is *visible*, reported "falling into the trap" of hanging out with the same old people and, if they relapsed into drug use, then forming new relationships centering on drug use with predatory people. Women's primary relationships, especially romantic relationships, were often a key influence in their criminally offending lives (Leverentz 2014). This left many women to use a similar discursive strategy employed by Janet – one that emphasized a desire to socially isolate from others.

Chrissy, a 37-year-old Latina from another area of the city than Janet, said that this desire to isolate herself even extends to her family. A large portion of my study reported that their biological families often compromised their need for sober and safe environments. Chrissy has a particularly salient background and story. Although she currently has HIV and recently lost her leg due to a diabetes-related complication, she says the “hardest thing” she’s had to deal with is her family. Her mother and older sisters started drinking with her at the age of 12 and, at the age of 14 she began to smoke crack-cocaine with them. Her mother was divorced throughout her teenage years and had many men cycling in and out of the home, presumably to trade sex for crack. These men “felt on” Chrissy and her sisters quite frequently, causing Chrissy to leave her home at the age of 16. She said she was glad she left, but now regrets not being there for her younger sister who was molested by several of these men. When I asked Chrissy how she felt about relationship-building, she replied:

As far as relationships, for my own good, I can’t even be like a compatibility partner to [*women at TTC*] or I can’t even... Because I don’t want to get myself where they are calling me one day when I’m having a bad day and I know they’re getting high and I know if you’re getting high, you know where a drug dealer is right off the bat. I don’t want them to ever call me when I’m in that frame of mind and like, hey. And that’s the same as far as my family. It’s not just friends. It’s everyone. Everybody. And I’ve learnt that the hard way with plenty of relapses. I know that if I’m feeling depressed and I’m feeling bad about myself, I should not go to my family’s. I should not be around them. I will not let myself be around them because I will most likely relapse. And like I said, I’ve learned that the hard way plenty of times.

For Chrissy, distancing herself from her family (and “everybody”) is what she needs to do to stay sober. And, although she expressed that she’d like to have company, she doesn’t even feel certain about making friends with other recovering women. Her desire to disassociate from these “unsafe” relationships keeps her “safe” in her sobriety. Some women called Chrissy’s attitude “being selfish,” but they meant something different from the conventional negative connotations.

Bee, a 46-year-old biracial Native American and Latina woman, told me what it means to be selfish:

I *need* to be selfish in a way to where I am feeling and recovering and learning new things about me so I can be a better person when I'm out having social events or when I'm out interacting with other people... It's a healthy way of learning who I am. This is probably why I can't have relationships. I need a lot of time for myself because I know that I have a lot of things I'm dealing with.

Criminalized women like Bee, Chrissy, and Janet express that retreating from their social worlds and avoiding existing or *potential* relationships, including friends, partners, and families, is beneficial to their mental and spiritual health. Nearly all of the women in my study had histories of abuse, most of them extensive, and in order to recover from these relational traumas, they felt they had to cut off these ties for a short, long, or indefinite period of time. Not only did this action or attitude serve a functional purpose in women's conceptualization of their selves as "worthy of alone time," but I argue that it involves a process of differential scrutiny. The criminalized women in my study had to identify *who* they should avoid if not *everybody*. This meant that that by socially isolating or avoiding relationships, women would no longer experience the stigma of being around abusive partners, drug-using friends or family members, and other deviant people. This avoidance technique removes dangerous others from their lives, but it also shores up the social space for women to adopt culturally approved relational roles and identities, discussed in a later section.

Forgiving Perpetrators

Most of the women in my sample were interested in "cutting off" those people who could jeopardize their safety or sobriety, there was an exception worthy of discussion here. My interviewees not only spoke of the need to avoid most existing and potential relationships, but

most voiced the specific need of getting away from those people (usually men) who were the most “toxic” and abusive towards them. Five women, all of whom had been molested by either a father or brother, claimed that they forgave the perpetrator (as well as their mothers) and wanted to rebuild the relationship. Diamond, a 42-year-old biracial Native American and Latina woman, told me about her brother, who molested her much of her childhood and that resulted in her father trying to cover up the problem by kicking her out of the house at the age of 12:

My brother, he is dying. He stole lots of money and a big dope stash from dope dealers. He got hit upside the head with a tire jack and they hit him in his collarbone with a brick and now he’s got severe brain damage. Last night he called me and said that he wanted to die and wanted to leave the place he’s living in. So he called me and I said, ‘You know, I’m not mad at you. I don’t care what you did, I just want you to be able to talk to me. Because I’m not here to condemn you. I’m not here to judge you. I’m here because I’m your sister and I’m here to support you. I just wish that sometimes you would talk to me,’ but he doesn’t.

Diamond continues to express that “only God can judge” her brother and that the only thing she can do is to respond with love. When Claire, a 33-year-old White woman, voices the need to forgive her father for molesting her, her sister, her brother, and a preadolescent girl he currently has in his custody, she also talks about wanting to “come from a place of love, not of hate,” and also uses medicalized language to explain his behavior, saying that “he’s sick” and even though it’s “hard to think about,” she loves “him to death.”

I argue that this strategy of humanizing one’s perpetrator, and more specifically a sexual abuser, allows these women to avoid relational stigma and construct new relational selves in a *different* way. That is, they can distance themselves from being overly “broken” from these past incidents. The woman in my research who said they forgave their perpetrators said that they do it out of a desire to be strong. For instance, Bee, a 46-year-old biracial Native American and Latina woman, who in the previous section said she needs to “put herself first,” also expressed an interest in reuniting with her estranged father. Bee said her father was a “dictator” and physically

and sexually abused her and her 4 siblings. After telling me some of the details of his abuse, such as her first time leaving home to go on a date with a boy as a teenager, her father yelled after her telling both of the teens, “I hope he knows he’s getting used goods,” referring to her lost sexual innocence at the hands of her father. Bee says,

For 10 years I was angry. Once, I would say when I turned 32, I walked away from my kids because I knew that the sexual abuse was there and I couldn’t even talk about it... I carried it with me. I blamed other people for it. I was a victim of my own circumstances. I had this pity party... I didn’t feel worthy and didn’t feel good enough. My father, I haven’t seen my father probably for like 15 years. I would like to see him, I would like to know how he is doing. I don’t wish anything bad on him. I wish him to heal... He couldn’t kick the drugs while he was taking care of us and I know that he was sexually abused as a kid. I felt that I did something he couldn’t do, that is, I got sober. And, I know that he chooses to carry the curse with him... Of getting high and to relive everything all over again. I want to tell him, ‘I want you to know that I’m okay and that I forgive you for what you did, because it was done to you. And let me be the light in your darkness. Let me give you some strength to know that you can do it...’ He has cirrhosis of the liver... And he’s going to end up dying and be bedridden. I always thought this as soon as I found this out, which was like seven years ago, that I would want to be by his side. Not to give him a hard time, not to say anything negative, but just to take care of him. I want to show him some kindness before he leaves.

Bee caveats this story with a longer narrative stating that she was “weak” during the years that she was angry about the sexual abuse and unable to parent her children. Once Bee was able to overcome the anger and start to have agency in her life through “healing and forgiveness,” she felt more powerful. Bee says she experiences relational stigma from others, because she claims that other people “judge” her for being unable to cope with past harms. Therefore, her forgiveness of her father and her desire to be kind to him as he slowly dies from cirrhosis of the liver is a way that Bee can assert a “spiritually strong” identity in an effort to manage her perceived stigma and construct an empowered relational self. For Bee and others, they feel more empowered and more *in control* of their stories when they have the strength to forgive their perpetrators.

Adopting Culturally Acceptable Relationship Roles

As described above, women manage their stigma and create new relational identities for themselves by actively distancing their present selves from their past selves and by avoiding relationships. These two techniques function to separate women from deviant lifestyles and social worlds. In order to elevate their status and to qualify as morally redeemed and socially worthy, the respondents in this study engaged in a type of identity talk that laid claim to the types of roles that are considered to be mainstream and culturally acceptable. Criminalized women actively asserted and constructed new identities to claim and to disavow the stigmatized roles they once occupied. Women most frequently anchored their newly recovered selves in motherhood and being a hard worker or financially independent.

Motherhood

Nearly two-thirds of my sample reported having children under the age of 18, consistent with the broader statistical trend of criminalized women's parental status (Snyder 2009). Importantly, most of the mothers in my sample did *not* have custody of their children. There are many barriers for women involved in the criminal processing system to retain custody and many cannot surpass those obstacles. Most of the criminalized mothers in my sample were not currently partnered with the original father(s) of their child(ren) and expressed that giving custody to the father was not an option. The men that my respondents had been involved with were "out of the picture"; either having disappeared or been incarcerated. For those mothers who had the option, placing children in the custody of trusted family members was their preferred outcome. For other mothers, temporary placement in the foster care system was their only

option. And for several others, permanent adoption placement was the last stop for their children. No matter what pathway the mothers in my study followed, most of them appropriated a motherhood script of some kind that allowed them to assert a reformed relational identity.

Diamond, a 42-year-old biracial Native American and Latina woman, had eight children and gave them all up for adoption. She currently has contact with just two but has not lost hope on reconnecting with the others. In fact, Diamond claimed that her motivation to quit crack-cocaine came from a desire to meet her new grandchild and to get in touch with the children she has lost. Diamond says:

My friends would tell me if I don't quit – that I was showing signs of a stroke or heart attack... And I said, well, then I'd better quit... I am over it. I have a grandbaby to look forward to, my sons, spending time with my sons. My daughter lives in [*another state*]. Hopefully one day I'll be able to see her. I got six more kids I would like to meet. I'll be damned if somebody's going to try and take me down to take that away from me because I am going to have a nice house. I am hopefully going to have a great job and I'm going to be able to be there for them. I don't want them seeing me like – wow, look at her, she's just a loser anyway. I don't want them seeing me as that. My goals are that I'm going to meet my children and I'm going to be able to be a good mom. I'm going to be able to be there for my brother, my mother, my grandchild, my son-in-law...

Diamond's optimism for reconnection and her hope to more actively mother her children helps her to construct a post-using self. Her mothering desires also function to help her *presently* assume the identity of a woman who *could be* a good mother again. Diamond asserts that she is fully capable of parenting and being responsible and she believes that she will soon achieve the material needs to do that, such as getting a home and a job. Additionally, Diamond's investment in future motherhood also secures her role as an overall good and contributing family member to her brother and mother as well. When I ask her if her decision to place her children up for adoption, albeit prompted by the Department of Social Services, was something she regretted, Diamond replied, "I'm glad I gave up my kids up for adoption because had I not they would

have seen me struggling and that's not fair to them. They didn't ask to come into this world to watch their mom get fucked up and be on drugs. And my 12-year-old son, his adoptive parents have done such a great job. He is so smart and he is such an outgoing kid." Although Diamond states that she wishes she never had to be in the situation that forced her to relinquish custody of her eight children, she does use a narrative of gratitude with regards to not subjecting her children to the detriments associated with Diamond's past of heavy crack-cocaine use, sex work, and homelessness. Diamond is able to use this narrative to shield herself from the potential accusations that she is a "bad" or "unfit" mother because her children were placed for adoption.

Many other mothers I spoke with also talked in ways that mitigate their compromised motherhood status (Hardesty and Black 2012). Contemporary expectations for motherhood qualify "good" mothers as utterly committed, always available, and sacrificing their own needs for the sake of their children's (Hays 1996). But, the women in my sample were unable to achieve such standards, usually because they had a sporadic history of imprisonment and a continuous history of poverty. Sam, a 48-year-old Black mother of two said:

I'm not proud [*of my criminal past*]. But it is what it is. When I would go and do my shoplifting I would take my kids with me and that's kind of how I provided for them. So they kind of knew we were doing illegal things, you know, I'd say, 'Let's run' and we ran. Picked the baby up and said 'You guys go this way and I'll go that way.' [*Laughter*]. And sometimes I had to tell them, 'I'm going to jail right now, write me.' But, now I'm back and I tell them, I'm your protector now. I'm your mom and I love you and I'm not going to leave you. No one is ever going to violate you if I have anything to say about it... You know how tough your mom is, you know that nobody can come to you and threaten you...'

For Sam, her motto was to "always be honest." According to Sam, she wasn't an "ideal" mother, but the fact that she remained transparent and honest to her children while she engaged in illegal activities and throughout her various stints in jail spoke to her integrity. As a result, Sam believes she is entitled to continue her mothering after being released from jail. In fact, Sam calls herself

a “protector,” a role she says her two daughters warmly invite since they, much like Sam during her adolescence, have been victimized by male partners.

Other women justified their continued mothering, despite frequent absences in their children’s lives, through their financial contributions. During their “ripping and running” in a drug-fueled lifestyle on the streets, the criminalized mothers in my sample did not have much money left over to give to their children or to meet their children’s needs. Once recovered, however, some mothers attempted to scrounge any monies they could make available and were frequently willing to help their children if needed. For example, Maryanne, a 51-year-old Black woman, tells me:

I wasn’t around for awhile – and they had to go live a different life for a while when I went to jail. So that was kind of hard. But now, Granny is back. My daughter called me and she goes, ‘Mom, I can’t pay my rent.’ And I’m like ‘How much money do you need?’ So we went to the bank and came back. So I try to help them and they help me. Because I don’t want them to get put out... And then during the week I go to her place and try to help her out as much as I can with school being out with the kids. So that saves her babysitting money. She has three children... My family, we are real close-knit.

When Maryanne was in jail, she was still receiving money from the government because of her HIV diagnosis. She made her adult daughter a payee at the time to help support her daughter’s and grandchildren’s expenses and said that she became, for a time, the “sole provider for my family.” Maryanne does not believe that her financial contributions can make up for lost time, but she does think it can create an atmosphere of closeness. For Maryanne, providing financial and emotional support allows her to perform a type of motherhood that she was unable to do when she was actively using and on the streets. Although she attempted to maintain connections with her family throughout that time, there was a lack of trust and closeness. Maryanne’s current mothering practices allow her to construct a relational identity that carries different *meanings*

with it; motherhood is something Maryanne can *do* to demonstrate her clarity of mind, her “good heart,” and her commitment to her family.

“Hard Worker”/“Financially Independent”

The second culturally acceptable role that some women mobilized was the role of hard worker. Because many of the criminalized women I interviewed had long histories of illegal activity and non-legitimate sources of money, obtaining a job and becoming a hard worker had profound cultural appeal. Securing a job was a common expectation placed upon the women by probation or parole officers, TTC care workers, and family members. Moreover, many women did not have a partner or a caretaker paying their bills and had several material needs to take care of. Many women expressed a desire to exit sex work, quit drug dealing, and/or stop borrowing money from loved ones in order to achieve financial independence. The criminalized women in my sample who had a history of sex work often expressed how difficult it was to entirely exit “the game” because trading sex for money was lucrative, especially compared to the minimum wage jobs they were currently on the market for. Sunshine, a 51-year-old biracial Black Mexican woman who was previously engaged in sex work, said she was “lucky” because she had her rent and food expenses subsidized by the government. But, her daily mandated urinalyses (UAs) tests were costly and she was unable to afford them with the small amount of SSI income she received each month (\$215). She had been giving daily UAs to her probation officer for several months and was trying to petition for a different “level” of testing that would require a UA once or twice a month. Sunshine told me about her experience with the probation officer just a few days prior to our interview:

I poured my heart out to her and I’ve been trying and trying so freaking hard. But I’m like, fuck it. I don’t have any other choice. Like, I don’t have no choice. I’m

trying to tell my probation officer that these vouchers for the UAs ain't enough to cover the costs of a whole month's worth. I used 'em up in one week. I'm supposed to be at a different level. But didn't tell me nothing and just said 'Have a good day, go do whatever you have to do. Go work temp service, go borrow money or whatever, that's your responsibility.' So, basically, bitch was telling me to go sell some crack if that's what you have to do what you've got to do. And I was like, wait, listen to me, I'm not a recovering addict. I'm a recovering dope dealer. More than anything, I'm a recovering ho. I'm going to sell some pussy to keep this going if I have to. But then I'm going to end up, my luck I'm going to run into a police and I'm going down for prostitution. But I'm trying to better my life. I'm doing all these classes... But then, the lady doesn't even want to listen to me. She don't want to hear me.

When I first sat down with Sunshine, she voiced her many struggles with trying to find a job. She said that her felonies and the gap in her work history were “two strikes” against her and none of the employers she applied to called her back. Sunshine says that she needs the money to pay for a court-stipulated UA test, and moreover, Sunshine indicates that obtaining a job would keep her on track with “doing the right thing.” Sunshine never described her sex work as *wrong*, per se, but she generally wanted to avoid activities that would potentially lead to further criminalization. For her, “doing the right thing” meant not holding any paranoia or fear that she might be punished for her activities. Moreover, Sunshine has a past of sexual abuse and said that she generally did not want to do the kind of “demeaning” labor that is required of sex work.

Clearly, women's desires to obtain a job or a steady source of income emerge out of material needs. In addition to satisfying utilitarian needs, gaining employment *also* served a purpose in changing how women thought of themselves *and* their relational selves. Kiki, a 43-year-old Black woman said she had an identity shift once she started working full time. She has extensive community connections to a historically Black neighborhood in the city and was able to secure a job at a local soul food restaurant. Kiki says:

My mindset is so different [*since I stopped smoking crack*]. I mean, I'm still kind of young in my sobriety but just to see the change in my life since then. I don't go two or three days without cleaning the house because I'm in a crack coma or

whatever. I'm productive, I have a job in the service industry. So even with that job, I'm kind of proud. I'm helping people all day long. I'm feeding them. You have to eat to live. And I try to provide the best service I can. My paychecks are small. I'm a waitress. But getting a paycheck with my name on it, and paying taxes, I can get an income tax check return. Just all the little things. I feel more normal now than I did when I was using.

For Kiki, "the little things" are what is important. She is still struggling financially but reports that being productive and performing normativity through labor helps her to uphold a mainstream identity. Kiki's past life of drug dealing and sex work was something she didn't want to return to. By attaching her sense of worth to her job, she is able to maintain a sense of pride, no matter how small the paycheck. She also points out how her labor redefines her relationship with others; Kiki is no longer the "local crack dealer" and instead has become the "local food slinger."

For most of the women in my sample who were unable to work because of a criminal record, or a disability or mental health issue, obtaining financial independence remained a top goal. Monica, a 42-year-old Black woman, said that she had an intensely "codependent" relationship with her husband, who is 29 years her senior. She says it was codependent because although she felt she should have left the loveless marriage a long time ago, she stayed because he had a stable source of income that she regularly siphoned from. During our interview, Monica was excited that she had finally secured the SSI payments for a severe mental health disorder that she had been waiting on for over a year. Monica said that:

I want to be able to fulfill my life's passion. Earning legally the money that you have so you feel good to spend. For me, it's like, self-sufficiency, the good thing is because I am no longer dependent on anyone else to like take care of my bills, buy my clothes, get my hair done, I can do all that and still maintain when I pay my rent, pay for the cell phone bill, get your hair done, get your nails done, and still be able to go to a movie every now and then. That's being self-sufficient. Depending on yourself.

Monica's new capacity to support herself was incredibly relieving to her, since she didn't like being dependent on her husband. Although she plans to "stick with the marriage" despite past turbulence, she wants to find the "new Monica" within the context of the old relationship. Monica's financial independence allows her to spend money on herself without getting into petty arguments with her husband and it also offers her *feelings* of freedom and individuality.

Conclusion

Criminalized women experience heavy stigmatization from the institutional actors that control many aspects of their lives. Care workers at TTC – as well as probation/parole officers, halfway house workers, and even family members – understand their client's relational lives through a medicalized framework of pathology. The criminalized women in my study knew that others evaluated their relational selves negatively and they therefore actively resisted such classifications. But, they *also* expressed a sincere interest in establishing their independence and freedom from restrictive forces, such as abusive partners. In this chapter, I demonstrate that women selectively use narratives within a relationship framework because relationships matter to them. Women's stories about their relational selves serve a two-fold purpose: first, women talk about their new relational selves to manage and combat stigma. Second, they construct new, noncriminal selves and thereby establish a meaningful strategy of desistance.

Women talk about their relational selves by mobilizing three primary scripts: (a) they distance themselves from their past relational selves, (b) they avoid some or all relationships, and (c) they adopt culturally acceptable relationship roles. In constructing relational selves that are transformed and redeemable, criminalized women sometimes replicate therapeutic talk *when* it works for them. I find, for example, that when women distance themselves from their past

relational self, they mobilize the therapeutic concept of “authenticity.” Some women claimed that their drug-addled lives made them do things that they normally wouldn’t do, leading them to adopt the view that if they remain sober and true to their “real” selves, then they will not be subject to the trappings of an abusive or failed relationship. Some women used scripts that relied heavily on redemptive therapeutic scripts, specifically with the claim that religion would provide a moral platform to restore sanity and to transform their relationships.

Many of the women I interviewed, however, believed that the best road to reforming their identities and resisting relational stigma was to avoid relationships altogether. In this script, many women claim that this is the only way to avoid potentially violent or otherwise toxic romantic situations. But, in a discursive move that separates them from rehabilitative talk, some women extend this isolation to their family, friends, and peers at TTC, claiming that this is the least risky path, even though they learn in TTC classes that they have to learn how to keep relationships and transform them into useful, prosocial bonds.

Last, criminalized women constructed new relational selves by finding culturally acceptable relationship roles. Although many women had compromised motherhood statuses – that is, some placed their children for adoption, lost custody, or otherwise cannot see their children very much, or at all – they used motherhood talk to prove that they were capable of being “good” mothers and by default, “good” women. This illustrates that women are innovative in shaping a hegemonic script about proper motherhood to fit their needs and sometimes precarious realities. Additionally, the role of “hard worker” allowed criminalized women to move closer to a socially desirable status. In assembling cogent identities for themselves, criminalized women rely on dominant categories, even if they do not fit neatly into those

categories. Criminalized women make claim to the roles that they view to be culturally acceptable in order to resist stigma and also create new relational selves.

chapter six:
Empowerment in Theory?: Institutional Barriers and Criminalized Women’s Assertion of Efficacy

I just want to be in control of my life. To be in control of the decisions I make and to make changes in my life through the decisions I make. And not allowing anyone or anything to come between me and my living the most fulfilling life that I can live.” –Mary

In my interview with Mary, a 30-year-old White woman, she expressed a great deal of grief over the people who she felt “controlled” her life. She was upset that her mother had custody of her child and regulated and monitored Mary’s visits with the young toddler. Mary had a probation officer who, although she was “nice enough,” regularly made unannounced visits to her residence, which Mary found extremely inconvenient and infantilizing. She had a string of possessive boyfriends in her recent past and, although Mary had recently “freed” herself from her most recent jealous partner, she still had a sustained sense of being restrained. In this chapter, I explore how women understand the constraints on their lives with a particular focus on their knowledge of structural limitations. Additionally, I explore the ways in which women achieve efficacy in their lives and practice empowerment – or, combat feelings of powerlessness and begin to feel in control of their lives. Empowerment can be understood as “one’s perceived and actual ability to determine one’s life and community. It involves... one’s individual sense of potency as well as one’s demonstrated power to influence the conditions and contexts of daily existence” (Simon 1990:28).

In their efforts to align criminalized women’s interpersonal and intrapersonal skills within a mainstream framework, care workers at TTC inadvertently pathologize poor women’s survival skills and individualize treatment plans without addressing social, economic, or political inequalities. This pattern, as I’ve outlined in previous chapters, is not unique to TTC.

Rehabilitating criminalized peoples in a neoliberal age is largely individualized and individualizing; therapeutic interventions aim to change mindsets and cognitive behavioral schemas in order to accommodate marginalized groups to structures of injustice (Rose 1998; Solomon 1982). Institutional actors decontextualize the coping skills that people in oppressed groups sometimes develop in order to deal with and negotiate hostile social structures and define them as “deficient” or “dysfunctional” because they are incompatible with dominant cultural expectations (Pinderhughes 1994).

For care workers and service providers who work in gender-responsive settings, “empowering” targeted populations is a crucial goal and marker of success in treatment plans. In this chapter, I am interested in what constitutes empowerment. I ask two primary questions; first, empowerment theorists define empowerment as the ability to recognize the structural inequalities in our lives. To what degree do criminalized women recognize structural inequalities and understand the constraints in their lives? Second, empowerment theorists assert that self and collective efficacy are mechanisms for oppressed groups to *feel* empowered. How do women conceptualize and affirm efficacy in their lives?

As I’ve discussed in previous chapters, TTC uses “self-esteem” as a stand-in for empowerment. This use of self-esteem highlights care workers’ individualized notions of empowerment. Although social workers started this organization with an explicitly feminist vision to tackle the inequalities experienced by female sex workers, the agency has changed substantially since its inception. As the carceral state widens its net in increasingly complex and diffuse ways, and as neoliberal logics have weakened the welfare state, TTC has interestingly co-mingled its feminist orientation with state desires for surveillance, control, and order. The analytic scope on women’s problems has narrowed from one that decried patriarchy to one that

focuses on individual-level traumas and transformations, thus paralleling a carceral type of “commercialized feminism” (Goodkind 2009; Kelly, Burton, and Regan 1996). Commercialized feminisms are informed by the growth in the self-help industries, transforming collective problems into individualized issues that can be solved with cognitive changes and self-esteem.

As a result, specialized experts in the therapeutic industries strip empowerment of its political meanings. As social work scholars Gutiérrez, DeLois, and GlenMaye find in their research on how workers in social service agencies define empowerment, “practitioners generally think of empowerment in terms of a psychological process of change” (1995; 541). Yet, the crux of empowerment theory, as it is conceptualized by the social work discipline, posits that social problems arise not from individual dysfunctions, but from the failure to meet the needs of all people. Additionally, empowerment in theory is about equalizing access to power, assuming that “the capacity of people to improve their lives is determined by their ability to control their environment, namely, having power” (Hasenfeld 1982). As O’Brien points out in her book *Making it in the ‘Free World’*: “One may be personally powerful but have virtually no legitimate socially derived power to determine one’s own economic, social, or political fate. To become empowered means to gain intrapersonal, interpersonal, and social power that enables one to make efficacious choices for everyday life” (2001:37). Therefore, the process of empowering marginalized groups does not rest solely on discursively constructing new subjectivities through therapeutic intervention; rather, there must be material resolutions made in unequal institutional arrangements (Gutierrez 1995).

The original intent of empowerment praxis, as feminist social work academics see it, is to engage with individuals’ abilities to critically reflect on their subordinate positions within larger oppressive structures (Carr 2003). In achieving this critical consciousness, or

“conscienciser/“conscientization,” oppressed peoples can take action against systems of injustice (Fanon 1967; Freire 1970). Moreover, adopting a more critical awareness might allow marginalized groups to create and move towards other, more liberatory standpoints and positions (Goldbard 2006). This chapter will center criminalized women’s voices to understand how they are partially achieving this liberatory conceptualization of empowerment, but are stunted from progress by institutional barriers and exclusionary practices.

As I will demonstrate, the criminalized women in my study were aware of their oppressed social positionalities, a critical first step of the “empowerment process” (Goldbard 2006). I will outline how, as Chila, a criminalized participant in my study puts it, women felt “caught in a never-ending cycle” of criminalization and social exclusion. The material resources that might facilitate the effective performance of more valued social positionalities were scarce and therefore women frequently felt trapped in the cycle. How could a woman “become” a hard worker and construct an alternative subjectivity, for example, without legitimate employment opportunities? Yet many women were resilient during financially difficult times and managed to assemble “respectable” avenues towards intrapersonal and collective change. They sought to perceive themselves as capable of affecting change in their lives and in their environments, thereby enhancing their feelings of personal and collective power. I analyze the ways in which women asserted themselves as subjects of social processes rather than merely oppressed objects, despite the material difficulties of their social realities.

Positionality and Critical Consciousness

Empowerment theory elevates goals such as consciousness-raising and social change. Although I find that social services agencies and dominant academic frameworks assume that

impoverished, marginalized populations are unaware and ignorant of the social forces that shape their lives, my interview and focus group data with women reveal that they were astutely alert to their social standings and oppressive social structures. The themes related to critical consciousness I found were (a.) classism, sexism, and racism and (b.) exclusionary policies for women with criminal records. Important to this section, I will discuss how women perceived and experienced barriers to *doing* anything about structural and systemic oppression.

Classism, Sexism, and Racism

A key element of critical consciousness processes involves understanding the complex intersectionalities of racism, classism, and sexism primarily, but also examining the effects of ageism, ableism, and legal status. To empowerment theorists, this process of conscientization is inherently an act of politicizing identity and creating a platform for people from marginalized groups to actively create more agentic positionalities as well as to resist the constraints of power-laden structures (Alcoff 1994). Much of this knowledge assumes that members of oppressed groups are alienated from their socio-political realities and therefore are unaware of the repressive elements in their lives. In my interviews however, I found that there were many instances in which criminalized women revealed their preexisting knowledge about oppressive forces, particularly those forces related to classism, sexism, and racism. This section will focus on how criminalized women recognize inequalities and conceptualize the structural constraints on their lives.

Much of my data reveal women's experiential knowledge about the plights of poverty and the stigmas associated with the economic underclass. Alex, a 33-year-old biracial White and Native American woman, tells me her outlook on issues related to class and stigmatization:

Certain aspects of society, it's really messed up. Like if you see a homeless bum on the street, oh my god that person must have done a lot of drugs to get to that point. And sometimes that's not the case. I've met a lot of homeless people; most of my friends are homeless. Sometimes people lose homes. Sometimes people make bad choices. It's not all about drugs and alcohol. That isn't always the underlying cause. I think society also judges too much sometimes. Like especially like the middle class and the high class people. They always view us, the lower class of people as piss-ons or whatever. It's like people come from all over the place and different paths of life. People need to quit using stereotypes.

Alex later articulated a concern that many interviewees expressed – that her *current* state of houselessness is leading others, specifically class-privileged others, to judge her character without fully understanding her situation. Alex also told me that this affects her sense of self, in that she is self-conscious of signaling her socioeconomic status to others but felt unable to do anything about it because she couldn't “afford to buy new things.”

Of course, women were not just concerned with displaying their class status to others; women had tangible worries about being able to provide food for themselves and their children, as well as procuring employment and housing, discussed in a later section. As Cathy, a 53-year-old White woman explains, she feels that this financial deprivation is not just a personal concern but is also systemically *manufactured*. Cathy is referring to the institutional circuit, consisting of the courts, prisons, rehabilitation programs, and other agencies that deal with impoverished people:

The system manipulates us into staying in the system. It keeps you... Like, you go to drug court, the surcharge is three thousand dollars, and you have to go to court. It's all about money. So if you don't pay that, it's ongoing. The system is setup to fail. They are releasing hundreds of people out of DOC with no job. Putting them in crack hotels on Main Street. What do you expect them to do? They sold dope before. They have no income. The system is set up to fail us.

Cathy's indictment of the prison system is not rare; many others had resentments against the “system” that they were excited to share with me. Several of my interviewees, however, did temper their frustrations with the system by *also* expressing their opinions about criminally

minded poor choices. These women told me that there was a partial deservedness of those who made bad decisions, violated the law, and subsequently had to incur these costs. Even Cathy, who freely critiqued the criminal justice system in my interview told me that what *led* her to the system was a result of her own drug-riddled choices. She told me that, “Nobody made me do it. Nobody made me stay doing it. I didn’t have a pimp or anybody over my head making me go out and sell myself or pick up the pipe or pick up the needle. That was my choice.” Women’s talk about “choices” allowed them to reject a victimized status. In Cathy’s case specifically, she framed her story as being a survivor, even while acknowledging feeling “trapped” by the predatory aspects of the system. Inevitably though, the common thread I found in women’s stories were that the “system” hurt those who were financially struggling far more than it helped. Women’s observations and critical understandings about economic disparities were prevalent.

In addition to classed differences, women frequently critiqued the gendered social landscape – specifically with regards to sex work and their post-incarceration experiences. Just over one-third of my sample had been formally charged with prostitution and nearly two-thirds told me they had, at least one time, engaged in a sex-for-pay transaction. Ebony, a 44-year-old Black woman, was just one interviewee who commented on the dangers of such an occupation:

It’s crazy. I feel bad for those women on the stroll. Because that lifestyle’s crazy. It gets kind of rough because you don’t know where your next meal is coming from, you don’t know where your next hit is coming from, you don’t know where you are going to sleep at night and if you’re going to get robbed, killed, raped, whatever, messing around with those guys on the strip.

Criminalized women with histories of sex work on “the streets,” contextually embedded in subcultures of violence, frequently told me about encounters with johns who committed graphic and brutal acts against the women before, during, and especially after, sex (Surratt et. al 2004). Cis-gendered females have predominantly filled this occupational role and, in addition to

transgendered sex workers, have experienced disproportionate amounts of interpersonal violence.

The women in my interviews often noted the reality of violence in their occupations of necessity, while also commenting on the scarcity of services aimed at decreasing women's reliance upon the sex-for-money industry. Diamond, a 42-year-old biracial Latina and Native American, in commenting on how she would like to see more resources for prostitutes specifically, told me:

I think that, well if I could change things I would probably have more programs for women prostitutes because they do need that. TTC is good and I still think they need to do what they're doing because I believe that there is more help for men than there is for women. And that is sad. Just like there are more shelters for men than there are for women out here. That's sad.

In the local area, and indeed in the region, more programs, community corrections centers, and post-incarceration services are purportedly gender-neutral. Since men make up 75% of the probationer population and 90% of the parolee population, these so-called gender-neutral programs quickly become male-dominated. The services and classes themselves cater towards men's needs, and as a result, the women in my sample did not feel like those programs were "theirs"; nor did many of them feel comfortable attending those programs. Ebony, a 44-year-old Black woman told me that the mainstream centers were "meat-markets" where the men "hooked up" with the few available women. Moreover, Ebony told me that, as a result of male-catered programming, the felon-friendly job and housing landscape were more accommodating to her male counterparts:

It's harder for me to find a job than it is with a guy on parole. Because they can go out there and work construction and stuff like that. I can't. So it's easier for them on parole than is for women. They get better housing, they get all kinds of stuff that they just don't give to women. They get more opportunities to find work and stuff that we don't get. So I guess that's just how it goes.

Criminalized women's knowledge of gender disparities often topically focused on the post-incarceration landscape and on women's particular set of pathways to crime. My interviewees' understandings about gendered inequalities reveal that they best understood inequalities as they pertained to the circumstances of criminalized women's lives. In this sense, the foundation for critical consciousness -building must be relevant and rooted in experiential knowledge.

In addition to class and gender, I found that in over half of my interviews, women talked about raced differences in policing patterns, criminal court processing, and sentencing outcomes. Chrissy, a 37-year-old Latina, told me about the racialized hierarchy in the treatment of sex workers by law enforcement:

I do think that I got pulled over more because I was Mexican. But that wasn't, well, me being a white Mexican, it wasn't like being Black in this city. Race plays in so many different factors. And sometimes it's that, White women get pulled over more when they are out there prostituting. I feel that White women get pulled over more because – I think the cops kind of feel more for them. If a White cop is going to pull over a White woman to try to get them off the street. Instead of like, it's sad, but I think they let the Black women go back and forth, back and forth, back and forth [*from the streets to jail and back*].

In Chrissy's understanding of policing, her Mexican identity and light-skin color leaves her prone to more interactions with law enforcement than her White counterparts but less interactions than Black sex workers. Interestingly, she also believes that *sometimes* White women get pulled over more because law enforcement officers paternalistically want to protect and save White female sex workers. This does not reflect the county-level data; in fact, Black and Latina women experience more police encounters and those encounters are more likely to lead to arrest. But, Chrissy's perceptions are rooted in her *experiences* – namely that she has observed White women receiving more sympathy from institutional actors than what she, as a Latina, has received. There was an understanding, among those women who acknowledged that race influences the decisions of criminal justice actors, that the system is not impartial or just.

Star, for example, a 42-year-old Latina told me about what she perceives to be a systemic and pervasive thread of injustice that afflicts the system. She told me of a former sheriff in the area who was arrested for possession of methamphetamines and trading drugs for sex:

Look at that sheriff. Look at what he did. The justice system gave him 30 days because of who he is. They made an issue about it but they didn't punish him like they would a minority, a Black or a Hispanic or a minority White man. They would really sock it to them. But because he is a former sheriff, nothing, even though he had a meth problem and a sexual problem for young boys. The justice system was wrong on how they treated his case. As opposed to how they would treat somebody like us. I think the system – the justice system isn't fair.

Star recognizes that the intersectionality of privilege for this notorious sheriff – an upper-middle class White man of great status and with strong ties to the very institution responsible for punishing him – will greatly affect the outcome of his case in a so-called race and class neutral justice system. Others shared this nuanced understanding of the effects of race contending that, in a system rooted in disadvantaging marginalized groups of color, there will be advantages and privileges bestowed upon White groups. Claire, a 33-year-old White woman, told me that:

I believe I have been very, very lucky. I have been given a lot of chances to change. I've been treated well. Even with the first burglary I remember the DA telling me, you young girls are just these flowers and the water is beating down on you and you just need to bloom and... like, he made this whole metaphor about us... I have gotten off with such little amount of repercussion.

Claire told me that she and her White female codefendants would have been treated “very, very differently” than if they were “anyone else,” implying that her racial identity was very meaningful to her treatment by a usually antagonistic district attorney as well as to the outcome of her case.

Considering that over two-thirds of my sample of criminalized women are of color, and their rates of arrest and incarceration are higher than White women's rates, I thought that talk about racial disparities would be abundant in my data. I did find that biracial women, Latinas,

and Indigenous women were likely to discuss racialized control than White women. But, Black women, who comprised one-third of my interviews, were the least likely to say that race played a substantial role in their experience in the criminal processing system. Sam, a 48-year-old queer Black woman, bucked this trend, telling me that she is a “double minority” because she is “a black woman who sometimes looks like a man who is a lesbian,” and told me that she is “singled out” by law enforcement because of her presentation of self. But surprisingly, most Black women in my study told me that race is no longer a concern. Janet, a 40-year-old Black woman remarked,

I don't think being an African American has been... no, no. It's just based on what you do! Whether you're Black, White, Indian, or Mexican. If you break the law, you go to jail! And when the judge looks at you and whatever he feels is best for you... everybody gets a chance to do right or to fuck up. Either you do right or you fuck up and then you suffer the consequences. And I don't want to suffer the consequences anymore.

I asked Janet if she noticed seeing more of one racial group than another behind bars during her period of incarceration and she emphatically affirmed that “no, it's all equal, I didn't see nothing like that.” Janet was one of the very few women who were provided subsidized housing through TTC. She, much like the others who had stable living arrangements, had an investment in keeping the resource that proved to be so scarce for the majority of TTC clients. The stories that she told about her recovery focused on personal determination and a willingness to be open to TTC's programming. Janet's narrative framework of individualized triumph and racial (and gendered and classed) equality allowed her to remain aligned with TTC staff's recovery talk without directly or indirectly maligning the structures that TTC operates within.

Not all of the Black women in my study were fortunate to have subsidized housing arrangements, though. With the exception of Janet, no other Black woman in my study *entirely* denied the existence of racism. Rather, these respondents acknowledged that racism is a tool of

control wielded towards Black *men*, but not Black *women*. As Kiki, a 43-year-old Black woman relays to me:

As far as crime, when I was out there selling dope you'd be surprised. I literally sold to every race there is. I mean, Black, White, Hispanic, Asian, Native American, upper class, lower class. Crack in particular has no race line. And being incarcerated – I've seen little old women, young ladies... But, I think Black men are a huge target. From a young age, if they even think you are in a gang, you are in a gang book. Once you are in the gang book, they are watching you. So if it's a car without insurance – I mean, it takes such little things and it starts building up that criminal history.

Kiki asserted in her interview that she had personally never been discriminated against based on her racial identity. According to Beth Ritchie's work on the life histories of battered Black women, she found that the cultural norms shaping their early socialization processes profoundly affected their experiences in adulthood. In her book *Compelled to Crime*, Ritchie makes the argument that African American women were taught as girls that they were exceptional, garnering more emotional interest from adults than their male counterparts (1995). Adults, including parents and teachers, paid attention to and materially invested in Black girls' educational successes because Black boys were often targets for control and punishment. Certainly, the disproportionate punitive measures enacted upon Black boys and men are grossly apparent across this country. Ritchie finds that although social success is unavailable to and withheld from Black women as they age into adulthood, they still held on to the idea that "success," informed by dominant ideologies, was still within reach. The Black women in my study articulated their desires to rebuild (or build, as the case may be) their families and to reestablish a sense of self-sufficiency, citing individualized defects when those achievements were not realized.

The majority of the women in my study cited classed, gendered, and/or raced inequalities as affecting their post-incarcerated livelihoods. Some had more investment in adopting the

recovery talk they learned at TTC or in a twelve-step program, which adopt politically neutral and highly individualized frameworks. For Black women, there were culturally specific reasons for many of them to believe that Black men carried the burden of racism. But, I found that most of the women in my study, who lived at the margins of society and experienced injustices before, during, and after their criminal lifestyles, were profoundly aware of the systems and structures that worked against their livelihoods. According to empowerment theory, criminalized women's critical consciousness should lead to a shift in identity from one of passive powerlessness to assertive agency. But, as I will show in the next section, critical awareness had its limits. I did not find that women felt very effective in the face of systemic inequalities or that they had any power to change any of the structures that disadvantaged them. Much of this had to do with the host of exclusionary policies actively used against women with criminal records and women's perceived barriers.

Exclusionary Policies for Women with Criminal Records

A persistent theme in every interview and focus group I conducted related to women's troubles with their legal status. In the United States, exclusionary policies implemented federally by the Clinton administration in the mid 1990s ban ex-felons and even those with misdemeanors from participating in civil society (Alexander 2010). Although some state-level reforms have mitigated the effects of such laws, the Western state I conducted research in had not affected substantive progress towards enhancing access to employment or housing for those with criminal records. This presented many challenges for women who sought to establish material hooks for changing their identities and associations (Giordano et. al 2002).

Contrary to the outdated yet persistent “welfare queen” trope that paints many marginalized women – primarily Black mothers but also poor mothers in general – as dependent on the “nanny” state, I found that the women in my study were eager to establish themselves as economically independent from the government as well as romantic partners (see chapter 5).

Monique, a 33-year-old White woman, told me that:

I want to be self-sufficient. What that means to me is being able to take care of my own needs. For instance, rent, food, all that... And obviously being able to provide for my children. I need to be able to provide for myself, especially if its something I need for my daily life. Like, say for instance, me and my husband... if we were living together and one day something happened and he was gone and not going to be there, I should be able to pay my rent. I should be able to take care of my essential needs. If somebody else wasn't there the next day.

When I asked Monique if she was receiving any financial assistance through food stamps or welfare, she said that she wasn't – maintaining her desire for full financial autonomy. Most of the women I spoke with were receiving some type of financial assistance through the state, but nearly all of them expressed Monique's desires to be able to eventually pay rent and procure daily needs like food or cigarettes without financial aid. Their stated desires to move closer to normalcy was more than just a need for survival; financial independence was also important to criminalized women's identities and desistance from crime.

Later in our interview, I asked Monique how she plans to achieve the financial independence that she longs for. Her only source of income, while she lived at a privatized halfway house affiliated with the Department of Corrections was from her working poor mother, who was also the primary caretaker for Monique's two children. Monique reported that,

I'm facing the fact that I have all these felonies and I can't even get a low-level job. I think if I wouldn't have gotten this last one, the charge for possession of burglary tools, because I never really – I mean, if I didn't have that burglary tools, I had an interview at Walmart and it went really well and I think if I didn't have that charge I would've got the job.

In addition to the problem of employment, those women who did not have the privilege of living with a family member or with a romantic partner reported great anxieties about housing. Marie, a 49-year old Latina recounts her struggles with housing, one that seems more insurmountable than obtaining employment:

I'm just trying to get a place to stay, trying to get my housing situated and that's about it. Just trying to get stable. I've already got a stable job, just trying to get a roof stable and then I'm okay. Having a criminal record trying to get housing... I mean, it's harder for you to get housing than it is to get a job with a criminal record... Even though my felony is 20 years old...

Daisy similarly reports that, "housing is impossible to get here." In addition to rental agencies' ability to ask about criminal records and subsequently deny such applications at will, the housing market in the area was becoming ever more expensive and scarce as a result of increasing populations and gentrification. Even if criminalized women did not believe that their criminal record might be grounds for denial, they asserted that they were too poor to actually afford housing anyways. As a result, women precariously stayed at privatized halfway houses, paying as much as 20 dollars per night, or shuffled between shelters, motels, or family members' couches.

Although TTC held weekly job preparation trainings and made housing referrals, the organization had no resources or power to change the political and economic landscapes that actively ban poor and marginalized people with criminal records. As a result, criminalized women not only struggled with their financial needs, but they also reported that TTC was unable to help with material issues. The women in my study were not angry or disappointed with TTC, however. They understood that the agency's inability was largely a function of dwindling resources and support for social programs. When I asked women about this issue, several reported that they didn't know what to do and many of my interviewees took the opportunity to

express their frustrations with systemic failures. Tiffany, a 44-year-old White woman told me that,

I've been steady prostituting the past five years. Steady. I've spent 3 ½ years in county jail. Why? When I get out I'm homeless again, I'm still addicted. I've got no resources. What do you think I'm going to do? Really? This is like [*the court*] gave me fines. Well, I have no legal job, what do you think I'm going to do to pay my fines? By the grace of God my [*disability payments*] came through. But, come on now. Be realistic. I have a couple of friends that have been released from prison, have no jobs, they are on parole just living on the street. What do you think they're going to do to live and survive? Be right out there committing crimes... What do you think these people are going to do? I'm used to \$600 a night. And a good 450 to 500 of it would go into drugs but I always ate more than I wanted to eat and dressed in what I wanted to dress in. I never went to the secondhand stores... So [*money*] was never an issue. Now I'm redefining my financial life. I get \$175 a month in [*disability*] and that's it. I'm telling you, \$175 does not go very far... I also have fines for probation and so I had to go pay \$227 yesterday for my fines just to make sure that those were taken care of.

The allure of prostitution or of returning to illegalized economies in order to make ends meet was especially strong for criminalized women. Tiffany's hardships should not be a surprise to any criminology scholar; this is part of a generalized trend for men and women with criminal records in urban America. I found that the women in my study, who are living on the penalized margins of society, are astute experts on the seemingly unending revolving door between criminalization and poverty and the ways in which race, class, and gender shape the contours of that revolving door. As a result, I argue that empowerment theorists' consciousness-raising would not be difficult to do, but it would need to be part of a broader strategy that first and foremost prioritizes housing and employment needs. Women's material needs ultimately superseded any politically or socially conscious goals, thus highlighting the blunt fact that women need to have a sense of stability before embarking on a journey towards realizing critical consciousness in their everyday lives, as others have argued (Carr 2003; Gottlieb 1992; Trethewey 1997). In order for women to make substantial shifts in their positionalities, or how they locate and relate themselves in social

structures and relationships, it is imperative that women are not detrimentally precarious in their economic lives.

Assertions of Efficacy

Although I have demonstrated that criminalized women expressed feelings of inefficacy towards the institutions and structures that disadvantaged them, my data reveal that women found *interpersonal* pathways towards developing self- and collective- efficacy. In this section, I argue that women establish interpersonal modes of asserting agency because institutionalized channels are blocked. As Gutierrez argues in her conceptualization of empowerment theory, the development of individual and collective efficacy involves people from oppressed groups developing agency in their personal lives and “seeing themselves as collectively capable of working to change the social order” (1995: 150). Social workers of this paradigmatic perspective argue that empowering clients should combat their “learned helplessness”; clients must come to believe that they are able to “produce and regulate the events” in their life and collectively work to push back against the political structures that control their lives in order to *feel* effective and powerful (Bandura 1982:122). As I demonstrated in the previous section, there are material barriers to the individual and collective imaginations of criminalized women. They told me that they continuously felt like they were being sent back to square one after sustained failure in procuring employment and/or housing. However, their trajectories do not stop there. Several women found *interpersonal* means of developing agency and connecting with others towards a meaningful, collectively shared experience. These modes of developing efficacy are primarily through (a.) seeking out social support and (b.) helping others.

Social Support

Many of my interviewees expressed that they felt more personally effective the more that they developed their social support networks. As I've discussed in a previous chapter, relational bonds have a significant impact on criminalized women's sense of selves and they work hard to actively create and sustain new relationships and to resist the stigmatization of any problematized relationships they may already have. Patty, a 47-year-old Latina, for instance, relayed to me that the strenuous relationship she has with her siblings has prompted her to seek out social support from her church:

My sister, she has her little comments about my past. She can't let it go. And she looks me up all the time [*in the statewide arrest database*]. Both my sisters work for the prisons. They say, 'I know you did a run...' Or, looking at the drug issue and making comments about crack or cocaine. You know, if they love me or if they don't, I don't have to put up with those comments. They can have a nice day, goodbye. They wonder why I don't call them back. Because I don't have to. I know what I'm doing to make me better and I can see the difference. I talk to people from church. We got some new pastors, they came down from the mountains. God sends them to us. They gave me a card. They've been so helpful. I might tell the pastor, I'm not doing well, can I come see you? It's a spiritual thing.

Although Patty does not have control over her sisters' reactions, she asserted that she *does* have control over who she turns to during stressful times. Other criminalized women told me the benefits of "creating" their own family when the people to whom they have biological ties prove to be destructive or weak associations.

Like Patty, Alicia, a 28-year-old Black woman, told me that the decision to "break free" of the controls or stigmas placed on her by others requires that she block out "all the negative" and put herself first:

There are so many people who tell me what to do – this, that, probation, the penitentiary, this... whatever. But, once you become a new person and once you know who you are, your circumstances can change. I just try to make the right decisions as much as I can and turn to people who I can trust.

Alicia later told me in our interview that by focusing on what she is *able* to do instead of focusing on the things she's restricted from helps her gain clarity and is an invaluable tool to improving her self-worth. Alicia's sense of control is related to her ability to choose who to associate with and not associate with. Her financial limitations prevents her from moving out of the neighborhood she currently lives in – the place in which she used to use and sell drugs as well as pick up johns. Therefore, because she can't change the people or places in her lives – a common refrain in twelve-step groups – she tries to effectively select her associations. For instance, when she goes to a certain block where she meets her probation officer, Alicia commonly runs in to old drug-using peers:

When I'm there, I keep pushing. I just say hi and bye. If I see them, I just keep pushing and shake my head. I might say hi, that's it. Nothing more, nothing less. I might see a trick but I don't stop, I don't get off the bus. I'm good. I don't care... So I'm not even tripping on them. They're not going to get me. I'll promise you that. So I'm good on all that. I'm good.

Alicia adamantly refuses to associate with anyone who might bring her down, particularly people from her past (i.e. known johns, old drug-using partners). She uses relational choices strategically to bolster her sense of self-efficacy.

In terms of controlling who women let in their lives, many told me that it was important to develop more relationships with women. Some of my interviewees told me this was “hard” to do because they used to think that women were spiteful and petty and felt that they related better to men. But, a key part of recovery for many of these women was to learn how to let women in their lives again as a supportive force. Sam, a 48-year-old Black woman, told me that, although she has been a lesbian for much of her adult life, her nonsexual partnerships were strictly male. She ran with a street gang and relied on physical violence for protection and survival. She said

that she just didn't "get the feminine." Sam told me that part of her empowerment process involved building platonic intimacy with other women:

I believe that women – well, it's important to have a functioning circle of people around you because then you are going to want to change. If you don't have that support and you don't want it because it's too painful, if you don't want to deal with your demons, then you just keep running out there. That's how it is. I think it's important for women to care about each other more, to be a sisterhood more... I think there's a lot of sharing when women get together. The camaraderie is great. But when women get around men, they change. They change. Their whole everything changes. It's all about pleasing the man. You forget the kids, you forget yourself and so I think it's a really good thing that women here can focus on themselves.

Others at the center agreed with Sam's sentiments for the women-only space that TTC provides. Certainly, this is largely a function of TTC's outpatient services. Criminalized women in restricted residential treatment centers usually voice more disfavor for the women that they live with (Leverentz 2014). But, I found that in the outpatient context criminalized women, even those like Sam who used to prefer the company of men, voiced a preference for women-only environments that they described as "supportive" and "healing." Mary, a 30-year-old woman, told me of the value of women-only spaces:

Most of those programs, you're only allowed to be accepted into the program if you have experienced trauma. Even if some woman had never been raped or abused, I mean, being incarcerated even for a short period of time or anything like that is very traumatizing to the mind and body... So I feel like I can go more in depth when it's just women. I end up crying and releasing some emotion which usually doesn't happen because most of us stuff it. We share stuff with each other and just heal. There's a lot of healing experiences.

In addition to vocally articulating hurtful pasts and traumatic issues, Mary also told me that in women-only spaces she does not have to worry about "getting hit on." Mary expressed to me that she feels more powerful after these "healing experiences" that take place in group settings. These factors, for Mary and other respondents, are useful in building agency. Women's attempts to

build their social support networks, and in some cases limit negative associations from those networks, provides an interpersonal channel to the development of efficacy.

Helping Others

My interviewees asserted that helping others makes them feel effective in their daily lives. Criminalized women at TTC regularly spoke about “giving back” to their communities, voicing their desires to share their struggles and triumphs with other similarly situated women and with “at-risk/at-need” youth. Women viewed the act of helping others as ultimately being an act that helped them in their own paths to recovery because it developed feelings of efficacy. Some expressed to me that they desired such an outlet because they felt a disconnect between their lived experiences and those of the care workers at TTC (and elsewhere). Daisy, a 35-year-old White woman, told me that:

Some of these people that teach these classes have never been where I’ve been or any of us have been, any of the women in there. And that’s why I want to do things like that have to deal with helping because I have been there. I know all the times, when I was younger when I got in trouble, and people go, oh, I’ve been there. It’s like, they have no fucking idea why I’m here. No one asked me why I did what I did. It was all about punishing. You know? I’m like, what the fuck? Why don’t you ask me why and then I can, maybe they can help me to not do it again.

In their quest to find agentic channels for themselves, women often defined their pasts as having instructional value to women and children who might currently be struggling with an abusive situation, substance (mis)use, mental illness, or HIV/AIDS. In an interview with Maryanne, a 51-year-old Black woman, I learned that she thought her court-stipulated stint at her halfway house was a blessing in disguise because it allowed her to help others. She told me:

I’m a strong person, so it’s been two years and some months of clean time, so I try to like... Like, I have been to classes for advocating. I have certificates for it. I’m trying to basically keep away so I can help these women, I feel like I’ve had that little inspiration on some of [*my roommates*]. It makes you feel good. That’s

why I said I love the halfway house because maybe it was because of the blessing that I was brought here... Just to motivate people – because I want to go to some more classes where there's HIV women. Just to motivate them to live. Empower themselves.

Maryanne told me she felt proud and accomplished that she had the gift of her past (and her past mistakes) to share with others. She says she gets motivated when she is able to motivate others and her recovery is tied up with sharing her story and helping others. Although Maryanne says that she no longer wants to “be the person” she “once was,” she *does* want to take ownership of her past and retell it in a way that relays important moral and life lessons for the listener.

Similarly, Kiki, a 43-year-old Black woman, tells me that her decision to volunteer and to enter the social work vocation stems from her desire to help people who are using and dealing drugs, much like she used to do. Kiki recounts a story in which she reaffirms the distance she has gained from her past self and the strength she has to use her past to help others:

Since I've been sober, I've run into people that I used to sell to. There were low points, when I traded sex or drugs and stuff like that. I ran into a guy downtown and he's like, oh my God, I've been looking for you. Remember how we used to do this and we used to do that? That didn't even make me feel bad. I said, you know what? I've changed a lot. If you want you can go to church with me on Sunday. And he couldn't get away quick enough. But I don't really feel bad. I think we go through what we go through to make us stronger. If it doesn't kill us it makes us stronger. And that's part of the reason that I wanted to do the addictions counseling because I feel like, you know, almost anything you have gone through, I've been there. If I can't help you I will find somebody that I can. And hopefully people feel comfortable talking to me knowing that, at some point in my life, we were on that exact same level.

Kiki illustrates that, although her encounter with a former “john” was unexpected, she was able to turn the situation into one in which she offered to take him along to church. In confronting reminders of her past life, Kiki adopts a generous, altruistic identity that gives her power and strength. Kiki's successful use of distancing techniques and helping others through empathy

allows her to navigate her social world as someone who *used to be* an addict and a sex worker, but is no longer.

Although helping others and articulating the desire to “give back” was especially prevalent among the women in my sample, my interviewees constructed boundaries around their philanthropic aspirations. Criminalized women told me that their recovering selves and their sobriety were sometimes fragile and needed to be protected. Although stepping into a role in which they could help others allowed women to construct more resilient selves, there were certain lines that many women said couldn’t be crossed. For example, in a focus group I conducted on the topic of relationships, Diamond, a 42-year-old biracial Native American and Latina woman, mentioned to the group that:

I know who I am today and I cannot forget where I came from. And I did like thirty years on the street, because of my dad, he threw me out of the house when I was twelve years old. So there was a lot of things that were mixed up and finding relationships and learning how to survive and you know, eating out of trash cans and sleeping in trash cans and sleeping in the hospitals, in the basements, in the bathrooms. You know I’ve slept on the ground, in tunnels. I’ve slept in tunnels down near the rivers. You know it just, it’s not a good thing, but I’m not there anymore and I don’t want to ever be there again... I go down to the park and see my friends, they all do drugs. I don’t condemn them, I don’t judge them. I just tell them, ‘you know, you’re a beautiful person, and you know, you should love yourself, you should give up the dope, ‘cause that is not gonna be a good life for you. It’s either a., you end up in prison or b., you’re going to end up dead. And that’s all there is to it, ‘cause I’ve been dead four times myself. Two was for two heroin overdoses. I just – I don’t ever want to forget where I came from and I love to give my testimony to people, especially if I can make a good impact in their life.

Immediately, others in the focus group expressed their skepticism in Diamond’s attempts to share her “testimony” and give back to those living a life she once lived. Magnolia, a 43-year-old Black woman replied: “That’s a trigger. Going down there? Maybe not the one-hundredth time or the twentieth time you’re around those kinds of people and the drugs, but eventually you will use.” Diamond quickly responded, “I won’t.” Others rolled their eyes and Magnolia lightly

chuckled before responding, “If you’re around people who get high. Yes you will.” Diamond remained assertive and replied that,

It doesn’t bother me. I have seen people shoot dope right in front of me, I’ve had somebody ask me to do it with them, I said, ‘No, I can’t do that. You gotta find somebody else.’ I seen people doing heroin, nodding out, I’ve seen people tweaking in the grass, I’ve seen people plop crack. I’ve seen fully loaded pipes, and I said, ‘you know what, I don’t want it.’

Daisy, a 35-year-old White woman, agreeing with Magnolia, said, “But, you’re playing in the same sandbox dude, you cannot play in the same sandbox!” The focus group took a clear turn after Diamond revealed the practices she employed in her free time to help others and to share her journey of survival and resiliency with people she used to “run” with. For most women who expressed that helping others was beneficial to them, they limited their involvement to sharing their stories with and providing counsel to *sober* others – usually sober women. In addition, Daisy later recited to the focus group the old adage that “you can lead a horse to water, but you can’t make him drink,” and expressed that helping others is best saved for those who express some willingness to stop using drugs and openness to leaving their old life behind. Most women who found that helping others was a useful tool to move beyond their past lifestyles made it clear that sharp boundaries had to be maintained for *who* women should help and shouldn’t help. Many women in my sample expressed that individuals who continued to engage in deviance might be a danger to women’s philanthropic goals.

I found that helping others provided a medium to criminalized women, in that they were able to express a sense of control over how their stories might be used for the purposes of empowerment instead of a source for shame. Yet, I also found that there was a scarcity of employed avenues for women to professionalize their deviant identities. The symbolic interactionist literature on deviant identities and deviant careers note that in the process of “role

exit,” a deviant person might benefit from incorporating their past identity in a new career or in establishing a new post-deviant identity, instead of entirely abandoning their former deviant identities (Brown 1991; Denzin 1987; Ebaugh 1988; Gusfield 1980). As Brown indicates in his article on the process of becoming a “professional ex,” former alcoholics, bulimics, drugs users, and/or prisoners might capitalize on their emotionally lived histories of addiction and criminality to use in a vocation helping those currently struggling with addiction or criminality (1991:226-7). I have seen, through informal observations and lived experiences, that former deviants have indeed entered counseling and/or social work vocations in other cities and regions and that this employment pathway is a viable option to people exiting treatment, jail, or prison. But, in the Western state I conducted my research in, I noticed a paucity of such employment opportunities for women, especially. Although I am/was unable to gather any systematic data about this employment track, I did notice a shift in organizational hiring practices at TTC. After collecting data for just under one year at TTC, the organization fired 4 “professional ex-s” (all formerly incarcerated Black women) at once. When I asked why this happened, I was told that it was “time for them to go” because the average length of time for working at a social work organization was 3 years. This did not explain why non-deviant care workers were allowed to remain past the 3-year mark and so I suspect that the transition towards increased “professionalization” at TTC contributed to the decision to fire the professional ex-s. As I describe in a previous chapter, care workers increasingly became concerned with record keeping, credentialism, and professional decorum. The aforementioned professional ex-s were resistant to this organizational turn, leading to much hidden conflict among the care workers at TTC. I argue that this shift sent a strong message to criminalized women at the center that they would not be welcome to work at TTC after obtaining licensing and an established period of sobriety. This

perceived institutional barrier, along with a lack of professional ex opportunities in the region, led the women I interviewed to establish their own means of helping others.

Conclusion

In chapters three and four, I demonstrate the ways in which The Transformation Center adopts a therapeutic ethos and embraces individualizing narratives that decontextualize criminalized women's lives. Care workers at TTC are not unique in the field of human service organizations; rather, the cultural terrain on which social workers express their versions of helping people is shaped by the neoliberal "risk" society in which Westerners live (Carr 2003; O'Malley 2008; Rose 1998). A resulting consequence is that organizations evade broader social and political analyses of poverty and marginalization and focus on changing the individual client as its outcome and goal. Individualized narratives pathologize nondominant displays of cultural, social, and emotional capital while at the same time claiming to "empower" clients by teaching them the "correct" ways to be, speak, and act. As I illustrate in chapter five, criminalized women sometimes adopt and at other times resist pathologizing scripts in order to assemble coherent stories about themselves and to shape their relational identities as they see fit. In this chapter, I explore how women conceptualize empowerment.

I find that criminalized women, for the most part, understand the web of structural constraints that define the contours of their lived realities and their decision-making powers. Empowerment theorists maintain that this critical understanding, or conscientization, is a crucial first step to the empowerment process that, in theory, should help members of oppressed groups move away from powerless, victimized subjectivities and towards powerful, actively participatory roles (Freire 1970; Goldbard 2006). My data suggest that criminalized women are troubled by classed, gendered, and raced inequalities and exclusionary policies based on legal

status, confirming that many criminalized women do have a critical consciousness. It is clear in my data, however, that the women do not feel capable of changing any of these social conditions. Every woman I interviewed for this dissertation had some blend of material difficulties, with many living well below the poverty line and having dim financial prospects. The women in my study experienced great institutional barriers, largely because of their past criminal records, and were unable to establish gainful employment or stable housing. As a result, they continued to feel disempowered and found it difficult to achieve efficacy through legitimate institutional channels or exert control over their lives.

I do find, however, that criminalized women found *interpersonal* pathways towards developing self- and collective- efficacy. Since they perceived blockages to institutional opportunities, women established interpersonal means of developing agency and connecting with others through meaningful, collectively shared experiences. Criminalized women sought out social support and paths to helping others in order to feel more effective in their lives. In a social context of blocked opportunities and a lack of material resources, women resiliently created ways to develop better feelings of efficacy. Empowerment theorists maintain that members from oppressed groups must come to believe that they are able to create and control the events and decisions in their life in order to *feel* effective and powerful (Bandura 1982). I demonstrate that, although criminalized women do not believe that they can collectively resist against the political structures that control their lives, they find alternate modes of enhancing feelings of empowerment.

chapter seven:
Conclusion: Punishing Rehabilitation and Hooks for Change

In this research, I center a few key questions about therapeutics, neoliberal governance, and criminalized women's experiences of "alternative" rehabilitation. First, how is the punishing arm of the state reconstituted at an auxiliary agency of the criminal processing system? In what ways do rehabilitation and punishment overlap in discourse and in practice? How do care workers mobilize gender-responsive therapeutics in their "everyday talk" and how do these scripts exercise subtle(r) controls upon criminalized women? How are therapeutic "formula stories" replicated, accommodated and/or refuted by criminalized women? How do criminalized women manage their basic structural realities and resiliently assert their personhood? In my pursuit to explain the modern contours of rehabilitation and punishment at The Transformation Center, I used an ethnographic lens to more closely understand how a "helping" institution transmits and rearticulates neoliberal cultural ideas about women's criminality and their therapeutic needs. This ethnographic story and my analysis of the data first function as a platform to elevate criminalized women's voices and also to provide the reader with an entry point to the contestations and tensions inherent to the project of rehabilitating women in an era of hyperincarceration and diffused social control. I divide the following concluding thoughts into two main sections; first, I discuss my analyses on care work at TTC before I situate my findings in the literature on penal-welfare regimes and demonstrate my contributions. Second, I explore my findings on criminalized women's interpersonal and identity negotiations and then discuss the theoretical and practical implications of these findings. I end with a discussion on the limitations of this study and suggestions for future research.

Punishing Rehabilitation

I found that TTC's unique blend of decontextualized feminism, harm reduction, and psychologizing care work results in the "denial of the social" (Haney 2010). TTC promotes itself as an alternative to overtly punitive institutions and uses harm reduction as a way to bolster that organizational identity. As a result, care workers at TTC believe they offer a suitable reprieve to criminalized women from hostile, exclusionary social structures. Although care workers acknowledge the deleterious effects of gendered violence, poverty, and racism, they primarily conceptualize the effects of these harms on a psychologized terrain. The project of rehabilitating women, therefore, rests on cognitive behavioral therapies and providing relief to women's mental and emotional anguishes. The alternative organizational identity becomes an end in and of itself, instead of a *means* for addressing systemic disadvantages. Care workers, although well intentioned, decontextualize women's problems through the use of individualized and individualizing treatment. Treatment at TTC is informed by psychological understandings of women's criminality and posits that *emotions* should be the key site of rehabilitative change. I find that care workers use culturally dominant frameworks (middle-class, White) to evaluate criminalized women's behaviors. And, because care workers believe that their "alternative" rehabilitative frameworks offer empowering solutions to criminality, they interpret criminalized women's institutional failures (remaining unemployed and/or houseless) as evidence of underlying emotional pathologies. As a result, care workers promote self-esteem, emotional well being, and remorseful displays as effective strategies to counteract the material barriers that criminalized women experience on a daily basis. Care workers say that if criminalized women cannot succeed, then it is because women are not "open" to change, they are not motivated or

determined enough to do so, and they lack the personal responsibility to escape their impoverished dilemmas.

Rehabilitation centers are intermediary sites that translate power from the state to individual clients and arguably to the broader community in which clients are embedded (Garland 1997; Pollack 2010). My findings support critical criminological perspectives of state-mandated rehabilitation agencies, asserting that modern therapeutics and rehabilitative services for criminalized peoples are couched in institutionalized assumptions about criminality, dangerousness, and risk. As a result of being bound to grant monies and state regulatory systems, TTC and similar social work agencies are in the business of controlling and managing “risky” populations (Hannah-Moffat 2009). Just who gets classified as risky, however, is done on a raced, classed, and gendered landscape. Disadvantaged populations are swept into the state apparatus through the need to make claims on the state (welfare or social assistance) or by living in hyperpoliced neighborhoods that are often segregated by class and race. Broad-sweeping decriminalization and decarceration reforms have resulted in a decentralized penal system that becomes even more diffused into variegated community systems responsible for managing risk (Morgen and Maskovsky 2003; Schept 2013; Wyse 2013). Social work type agencies, therefore, mirror the surveillance and control techniques of the penal system (Garland 2001; Peck 2003). My research contributes to this rich and critical literature, noting the particular *forms* that this “soft power” takes in a therapeutic rehabilitation center for criminalized women that is staffed entirely by female care workers (Crewe 2011; Rose 1989). I improve upon studies on the governance of social marginality by illuminating the complex processes at play that collapse alternative, feminist ideals into a broader carceral regime of punishing rehabilitation.

Hooks for Change

In my attempt to position criminalized women as active subjects who are not simply receptacles of dominant cultural messages, I devote two chapters to centering women's narratives in my analysis. I seek to understand how they interpret and apply therapeutics in to their lives in strategic ways. Criminalized women receive a lot of varying messages about their lives and inner worlds, much of them overlapping and some of them divergent. I find that criminalized women assemble an assortment of scripts to fit their needs. They recognize the web of stigmatizations that pervade their lives, in particular their relational lives, and they craft culturally appropriate narratives with which to combat those stigmas. Women also do this to assert that they are, in fact, loveable and deserving of fulfilled and fulfilling relationships. Many criminalized women reinterpret their past and/or existing relationships as harmful to their psyches and their recovery processes. Women find it useful to appropriate certain therapeutic scripts for themselves to cognitively produce new roles and identities for themselves because ultimately, they want to desist from engaging in harmful (and criminalized) behaviors and they believe that crafting new relational selves is the linchpin for healthy, sober futures. Criminalized women also believe that *interpersonal* modes of asserting efficacy and, thereby, their personhood is a reasonable solution to the host of institutional barriers that they experience. I analyze how women conceptualize their disempowered social positions and how they understand the structural constraints that infringe upon their lived realities. Although many women achieve a "critical consciousness" that empowerment and liberationist theorists promote as the initial step in collective action, criminalized women *also* understand that exclusionary policies continue to keep them systemically disadvantaged and also living in extreme material precarity. Criminalized women simply cannot meet their needs, such as obtaining gainful employment and

stable housing because of their criminal records. These obstacles prevent criminalized women from feeling like they can do anything about racism, classism, or sexism. So, they turn to interpersonal channels of becoming active subjects and making key decisions about their lives. Many criminalized women turn to socially supportive outlets and helping others in order to assert their efficacy.

Much of the critical criminological literature has rightly attempted to refocused mainstream analyses to include critiques of claimsmakers and institutions of control. Mass incarceration in the United States has ballooned to unthinkable extremes with immeasurable consequences for marginalized populations (Beckett and Western 2001). In addition to concentrating my analytic gaze upon neoliberal rehabilitation logics and systems, I also think it is of scholarly value to understand the ways in which criminalized women interact with these systems. Power and knowledge are not transmitted from the top down; rather I found complex interplays of cooperation and resistance among clients at TTC. It is empirically useful to understand how legal subjects use, reuse, or reject dominant frameworks to interpret their lives, particularly to explore how these subjects maneuver through institutions of control, find sustainable ways to survive, and narrate their troubled journeys.

My dissertation's theoretical framework relies heavily on critical understandings of state power and control, which includes questioning the fundamental categories of "crime" and "criminal." But I am also very interested in how criminalized women desist in engaging in behaviors and lifestyles that they frequently define as problematic and harmful. Studies of desistance focus on the "why" and "how" people stop criminally offending. This body of research often analyzes the intersection of psychological and social resources that an ex-offender has at his/her/their disposal to help change behaviors. Peggy Giordano and colleagues, in their

influential cross-gendered study of desistance, identify the ways that individuals cognitively interact with “hooks for change” (2002). These hooks for change are legitimate avenues for individuals to “hang” their identities on and enter or reenter conventional society, such as employment or marriage. The research on desistance asserts that there is a sequential process of cognitive transformation that leads to a reformed, noncriminal life. In addition to having a basic openness to changing one’s behavior, the individual must be exposed to these hooks for change and recognize that change is possible. Once they are able to envision this change, they might begin to craft a new, conventional identity for themselves and then begin to reinterpret the way that they view deviant behaviors and lifestyles. My research demonstrates the way that criminalized women express a desire to change. Yet, they frequently find themselves in impoverished situations in which they lack the raw socio-economic material by which they might “hang” their identities. Criminalized women experience significant institutional barriers in their reentry processes. I demonstrate the ways in which many of them resiliently rely on interpersonal hooks for change, such as motherhood, a hard working identity, social support, and helping others. But, contemporary desistance scholars question how effective these deinstitutionalized hooks are for women’s pathways out of crime (Giordano et. al 2002; Leverentz 2014; Maruna and Farrall 2004; Sharpe 2015). If scholar-activists and practitioners want to better facilitate the desistance process for criminalized women, and criminalized people in general, more should be done to provide supportive systems and to counteract the “social death” that criminalized populations experience in the United States (Cacho 2012). Criminalized communities are denied full personhood and participation in the social order because of our society maintains a hard-line ideological distinction between those who are deserving and those who are undeserving. These ideological distinctions are informed by other structures that maintain racial, gendered, and

classed inequalities, and these impediments and barriers need to be deconstructed and dismantled because they prohibit the full inclusion of discredited groups and individuals. Moreover, by historicizing and contextualizing criminalized women's lives and struggles, women might fashion more liberatory identities and narratives for themselves that were previously unimagined by therapeutic scripts. Instead of relying on "hooks for change" that do not question the existing social order or stress the importance of sociological understandings of the world, a more critical and socially supportive infrastructure might provide a more holistic and more comprehensive approach to criminalized women's issues.

Limitations and Future Directions for Research

Many ethnographic studies must admit the limits of geography and local context in their findings. I do not claim my research to be entirely generalizable to other rehabilitation sites or criminalized populations, but I do not view this as a limitation. This dissertation intends to, as Robert Zussman puts it, study "people in places." In researching social localities and particularities, "places are typically the manifestations, or perhaps more precisely, the instantiations of institutions and policies" (Zussman 2004:354). In addressing any one of my key research questions, I do not seek to unequivocally or authoritatively answer them. My dissertation contributes to a more nuanced and varied understanding of the ways in which rehabilitative discourses overlap with systems of social control. My study of a rehabilitation center in a mid-sized Western city is an exploration into how already existing patterns are reproduced in a space that proclaims itself to be "alternative" and "feminist." I explore the interactional order in one place that maintains the policies and practices that I thoroughly critique in my introduction.

But, in studying people in places, there is the real limitation of capturing just one moment in time, which might lead to static and inflexible findings. My five years in the field allowed for a complex understanding of feminized rehabilitation systems and care work because I was able to shadow care workers and track the evolution of the organizational culture. I did not, however, have the ability to track all of the clients in my sample. Many of the clients that I interviewed left the center before graduating and some left in just one or two weeks of attending TTC classes. I did not plan for a longitudinal study or even one or two follow-up interviews and so I did not ask for contact information of my sample of clients at the center. In Andrea Leverentz's study on ex-offending women in a Chicago halfway house, her follow-up interview methods allowed her to track the evolution of women's usage of institutional narratives in the stories that they told about themselves (2014). My research limitation calls for more research that, much like Leverentz's work, takes a more prolonged and extended analytic view on criminalized women's lives and livelihoods.

Moreover, future research might consider more constructive and practical possibilities for justice work. There are many organizations that are calling for rehabilitative programming options that exist outside of the carceral state, and have already implemented working solutions to the problems pointed out by critical scholars (e.g. INCITE; A New Way of Life). The growth of scholarship on the problems of the state absorption of "helping" institutions is becoming richer. But, many scholar-activists and practitioners might be interested in what does "work" with regards to empowering criminalized populations. How do organizations with more radical, liberatory agendas destabilize, or at least suspend, the hierarchies of value that maintain an inequitable social order? And, how do they do so while providing tangible material solutions to the economic deprivations experienced by criminalized peoples?

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APPENDICES

Appendix A: Interview Protocol for Staff Members

Intro: These series of questions will be concerned with your professional experience with and opinions on women's rehabilitation at TTC and in general.

Can you provide a pseudonym so that I may keep all of your responses confidential?

Personal experience with and entrée into TTC

1. What is your age and race?
2. What is your professional background and educational/vocational training?
3. How did you learn about the TTC Program?
4. How long have you been here?
5. Describe your job role and duties.

Purpose of the TTC Program

1. What does the term empowerment mean to you?
2. How would you say that the TTC program defines, or thinks about, rehabilitation?
3. How would you say that the program delivers rehabilitative services?
4. How is the TTC Program an alternative to other reentry centers?
5. Why does TTC serve women only? What function does that serve?
6. How are women's needs different than men's?
7. What are the purposes of the classes offered by TTC? What are they designed to do?

Rapport with criminalized women

1. How do you build trust with the participants here?
2. How do you maintain that trust?
3. Is relating to participants important?

Women's Criminality

1. Can you generally describe the backgrounds and characteristics of the women who utilize your services?
2. Why do you think this program is important for participants?
3. Why do you think that women resort to crime?
4. Can you tell me about the barriers that women face?
5. How has the criminal justice system has affected women at the center? Do you think the criminal justice system has to change at all?

Opinions on the thoughts, emotions, and behaviors among criminalized women and the construction of risk

1. Can you tell me about the thought patterns or attitudes that some women have that may be an obstacle to their rehabilitative process?
 - a. What about the thought patterns and attitudes that are useful to the rehabilitative process?
 - b. What do they need to change and what advice is given for changing thoughts/attitudes?

2. Can you tell me about the emotions that women have that may be an obstacle to their rehabilitative process?
 - a. What about the emotions that are useful to the rehabilitative process?
 - b. What do they need to change? What advice is given for changing harmful feelings?
3. Do feelings of shame, guilt, and remorse affect the recovery process? What advice is given?
4. Can you tell me about the risky behaviors that some of the women have?
 - a. What do they need to change? What advice is given for changing harmful behaviors?
5. Do women have any needs that, if they go unaddressed, will result in a relapse or recidivism?
6. How do you go about trying to fulfill those needs, or facilitating women to fulfill their own needs?

Relational advice

1. Can you describe the general relationship strengths among women at the center?
 - a. General relationship weaknesses?
2. In what ways are women dependent? Is this an advantage or disadvantage during recovery?
3. What would self-sufficiency look like in a woman's life?
4. Where do you draw the line between achieving self-sufficiency and depending on people in healthy ways?
5. What advice is given to women to build relationships?
6. What should they do with existing relationships?
7. What does a healthy relationship look like for a woman at the center?

Recovery and Success

1. In what ways does an individual have to change in order to recover?
2. What role does personal responsibility play in the rehabilitation process?
3. What tips are given to women for them to foster more responsibility in their lives?
4. What would you say to a participant who blames external circumstances or other people for her problems?
5. How does a woman start to make healthy choices in her life?
6. What would success look like in a participant's life?
7. Can you tell me more about the harm reduction model?
8. What do daily successes look like?
9. Do you have an example of a success story?

Anything else that you would like to add that wasn't asked?

Appendix B: Interview Protocol for Criminalized Women

Intro: These series of questions will be concerned with your professional experience with and opinions on women's rehabilitation at TTC and in general.

Can you provide a pseudonym so that I may keep all of your responses confidential?

Short-answer questions:

Age, Race

Partnered?

Heterosexual, Lesbian, Bisexual?

Conviction in most recent criminal charge?

Other charges in the past?

On probation or parole?

How long?

Total time in jail or prison?

First time incarcerated?

Are you being monitored for drugs or alcohol?

Would you say that you have a problem with either?

Children?

Ages of children?

Do you have custody?

Do you have a job?

If no, Are you looking for a job?

If yes, Where are you employed and what is your job title?

Note: Sensitive question, but I won't ask the details, just a YES/NO question: Have you ever experienced abuse in your life? Sexual? Physical? Emotional? In childhood and/or adulthood?

Entrée to TTC

1. How did you hear about TTC Program? Are you mandated here? For how long?
2. Is it your first time attending the center?
 - a. For those who say no, ask about differences between the first time and now.
3. What services do you utilize here? What classes do you go to?
4. Have you ever attended a reentry center before?
 - a. If so, does your experience here differ from experiences with other reentry centers?
5. Do you like that the TTC program is for women only?
 - a. Why do you think that services for women are important?
 - b. How are women's needs different than men's?

Sources of Criminality and Current Struggles

1. When did you first begin to engage in criminal behavior?
2. What do you think initially caused your criminal behavior?
3. IF not first time in recovery: Why do you think you returned to crime?
4. How much of it was your personal choice to commit crime?
5. What do you think could have helped you earlier on to avoid crime?
6. What do you think you need now to avoid engaging in crime?
7. Can you tell me about some of the major things that are going on in your life right now?

(depending on answer): How do you plan on overcoming that struggle?

Tell me about how you plan on accomplishing that goal.

9. How has having a criminal record affected your life?

10. Why do most women commit crime?

Opinions on TTC

1. Do you trust the staff members here?

2. Do you trust the other participants here? In group, for example?

3. What was your first impression of this program?

4. Can you tell me what you think about the program now?

5. Is there anything else that they can do to help you succeed?

6. Do you share about your experiences at TTC with other people? Do you try to recruit other women?

Opinions on psycho-educational classes [Ask again what classes she takes.]

1. Are the classes useful to you? In what ways?

2. Do you think that they help you make better choices? How?

3. Do the classes help with...

...manage your life better? How?

...deal with your emotions better? How?

...promote changes in negative thinking patterns? How?

Thoughts, emotions, and behaviors and the construction of risk

1. Do you think there are any thought patterns or attitudes you have (or had in the past) that you need to change in order to recover?

If yes: a. Why do you have these thoughts? How do they affect your recovery? How are you going to change it?

If no: a. What do you do when a counselor, or a class that you're in, tells you that you have to get rid of your stinkin' thinkin' or get rid of a particular attitude?

2. Can you tell me about any emotions or feelings that you have (or had in the past) that you need to change in order to recover?

If yes: a. Why do you have those feelings? How do they affect your recovery? How are you going to change it?

If no: a. What do you do when you're in a class that focuses on changing your emotional patterns? Does the material apply to you?

3. Do you have any feelings of shame, guilt, or remorse?

a. Over what? Why do you have those feelings?

b. How does it affect your recovery? If harmful, how do you will you change it?

4. Can you tell me about any risky behaviors that you have engaged in?

a. Why do you have those behaviors?

b. How do they affect your recovery? What do you do when you slip back or when you want to slip back into those behaviors? How do you plan to stop those behaviors?

5. Can you tell me about some of your assets or positive characteristics that have helped you in your recovery?

General questions

1. How has your racial identity affected your treatment in the criminal justice system?
 - a. How has it impacted the rest of your life?
2. How has your class background affected your experience in the criminal justice system?
 - b. How has it affected your ability to get back on your feet?
3. How has being a woman affected your experience with the criminal justice system?
3. Do you think that the criminal justice system has to change? What are the problems?
4. What do you think needs to change in society for you to succeed?
5. What does the word empowerment mean to you?
6. Where do you envision yourself in 5 years?

Anything else that you would like to add that wasn't asked?

Can I have your contact information for follow-up interviews?

Appendix C: Informed Consent Form for Staff Members

Gendered Discourses of Empowerment
Principal Investigator Colleen Marie Hackett

PARTICIPANT INFORMED CONSENT FORM

Staff Members
November 2012 v.1

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. I want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project conducted by Colleen Marie Hackett, a graduate student in the University of Colorado at Boulder's Department of Sociology, 327 UCB, Boulder, CO 80309. This project is being done under the direction of Professor Sara Steen, Department of Sociology, 327 UCB.

Colleen Hackett can be reached at 508-847-7703 or email at colleen.hackett@colorado.edu.

Project Description:

Recent advancements in the social sciences have focused on people exiting the prison system and their obstacles upon return to the community. This body of work, however, primarily focuses on men, with a few exceptions. I hope to address this gap, and explore women's experiences of reentry – both those who are exiting jail or prison, and those who provide support by working in the field. One aspect of my study is an attempt to learn about staff's experiences from working at and being involved with the TTC Program. I am interested in learning about the issues you encounter on a daily basis, and any tensions that may arise between providing support to clients and adhering to the guidelines set forth by the courts. Also of interest to me are definitions of success at the center and if they differ at all from how the courts and the clients define success. And lastly, I want to know how you navigate your role as a staff member within the center, and how your occupation impacts you personally.

Procedures:

If you agree to take part in this study, I will be interested in talking with you and tape-recording our conversation. The interview will take place in a private room at the TTC Program at your convenience, and should last about one hour. There will be no out-of-pocket costs.

You will be asked questions like,

In what ways are you personally impacted by your occupation?

What is your role as a caseworker?

How do you manage differing loyalties - those to your clients, and those to the courts?

In what ways is it a benefit that the center is run solely by women, targeted for women?
In what ways is it a disadvantage?
How do you define success for your clients?
Does this differ from the way in which the courts define success?

Risks and Discomforts:

There are some potential risks if you take part in this research. We will be talking about sensitive topics. If at any time the nature of the conversation is too emotionally involved for your liking, you can stop the interview at any time. Additionally, I will have a list of qualified counselors that you can contact. Conducting the interviews at the TTC Program will be beneficial if our interviews become too sensitive, in that on-staff caseworkers and licensed counselors will be present and available. It should be noted that anything you say will be kept in the strictest of confidence.

You will not be asked about any illegal activities, but if you should discuss such activities, the information could be requested by authorities such as the police or court system.

Benefits:

There are no direct benefits for participation in this research, nor are there any direct costs for participation. My study is intended to explore women's experiences with reentry, thereby adding to existing knowledge and informing social policies.

Right to Withdrawal:

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or refuse to participate in any procedure for any reason. Refusing to participate in this study will not result in any penalty or loss of benefits to which you are otherwise entitled.

Confidentiality:

All of the information you share with me will be kept confidential, and your privacy will be maintained in publications. All recorded information will be kept under lock and key, and will be destroyed approximately in five years, once my research is complete. In addition, all recorded information will be coded, so that none of your information can be traced to my data. No one but myself and my academic advisor will have access to this information.

There are three exceptions to this promise of confidentiality:

- 1) If I see or am told information that makes me reasonably suspect that a child or at-risk adult is being or has been abused, mistreated, or neglected, I will immediately report that information to the county department of social services or a local law enforcement agency.

- 2) If I learn of a serious threat of imminent physical violence against a person, I will report that information to the appropriate legal authorities and make reasonable and timely efforts to notify the potential victim.
- 3) This promise of confidentiality does not include information I may learn about future criminal conduct.

Questions?

If you have any questions regarding your participation in this research, please ask me as soon as possible.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026, (303) 735-3702.

Authorization:

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received, on the date signed, a copy of this document containing 3 pages.

I am consenting to be audio taped during the participation of this research.

Name of Participant (printed) _____

Signature of Participant _____ Date _____
(Also initial all previous pages of the consent form.)

Appendix D: Informed Consent Form for Criminalized Women

Gendered Discourses of Empowerment
Principal Investigator Colleen Marie Hackett

PARTICIPANT INFORMED CONSENT FORM

TTC Participants
November 2012 v.1

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. I want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project conducted by Colleen Marie Hackett, a graduate student in the University of Colorado at Boulder's Department of Sociology, 327 UCB, Boulder, CO 80309. This project is being done under the direction of Professor Sara Steen, Department of Sociology, 327 UCB.

Colleen Hackett can be reached at 508-847-7703 or email at colleen.hackett@colorado.edu.

Project Description:

Social science researchers have recently studied the many obstacles that people face when they exit jail or prison and return to their community. However, much of this research focuses on the experiences of men. I hope to bring attention to the special issues for women upon reentry by interviewing the women who directly experience reentry, and the women who provide support by working in the field. One part of my study is an attempt to learn about your experience within the criminal justice system, especially as it relates to your reentry into the community. I am interested in learning about the issues you deal with on a daily basis as a woman, and also how your identity has developed throughout this process. Additionally, I am interested in how you deal with the various people in your life – your loved ones, but also the TTC center, and the courts.

Procedures:

If you agree to take part in this study, I will be interested in talking with you and tape-recording our conversation. The interview will take place in a private room at the TTC Program at your convenience, and should last about one hour. There will be no out-of-pocket costs.

You will be asked questions like,
What struggles or obstacles do you face?
How has being involved with the criminal justice system affected your life?
What is it like dealing with the demands from TTC, the courts, as well as your home life?
How have you changed in the process?
Does being a woman affect your experience?

Risks and Discomforts:

There are some potential risks if you take part in this research. We will be talking about sensitive topics. If at any time the conversation is too emotionally involved, you can stop the interview at any time. Additionally, I will have a list of qualified counselors that you can contact. Conducting the interviews at the TTC Program will be helpful, because if our interviews become too sensitive, there are on-staff caseworkers and licensed counselors that are present and available. It should be noted that anything you say will be kept in the strictest of confidence.

You will not be asked about any illegal activities, but if you should discuss such activities, the information could be requested by authorities such as the police or court system.

Benefits:

There are no direct benefits for participation in this research, nor are there any direct costs for participation. My study is intended to explore women's experiences with reentry, so your voice will help add to social science's existing knowledge and may inform social policies.

Right to Withdrawal:

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or refuse to participate in any procedure for any reason. Refusing to participate in this study will not result in any penalty or loss of benefits to which you are otherwise entitled. Your participation in this study will have no effect on your parole or probation either way.

Confidentiality:

All of the information you share with me will be kept confidential, and your privacy will be maintained in publications. All recorded information will be kept under lock and key, and will be destroyed approximately in five years, once my research is complete. In addition, all recorded information will be coded, so that none of your information can be traced to my data. No one but myself and my academic advisor will have access to this information.

There are three exceptions to this promise of confidentiality:

- 1) If I see or am told information that makes me reasonably suspect that a child or at-risk adult is being or has been abused, mistreated, or neglected, I will immediately report that information to the county department of social services or a local law enforcement agency.
- 2) If I learn of a serious threat of imminent physical violence against a person, I will report that information to the appropriate legal authorities and make reasonable and timely efforts to notify the potential victim.
- 3) This promise of confidentiality does not include information I may learn about future criminal conduct.

Questions?

If you have any questions regarding your participation in this research, please ask me as soon as possible.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026, (303) 735-3702.

Authorization:

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received, on the date signed, a copy of this document containing 3 pages. Additionally, I am aware that I should not disclose the names or identifications of others during the interview, so as to protect their and my own confidentiality.

I am consenting to be audio taped during the participation of this research.

Name of Participant (printed) _____

Signature of Participant _____ Date _____.
(Also initial all previous pages of the consent form.)

Appendix E: Focus Group Guide: Women and Crime

I will ask you all a series of questions, and if possible it would be great if you could all provide your opinions on the topic. Remember, there are no wrong answers.

1. Can you tell me the reasons why most women engage in crime?
2. Do those reasons apply to all women? Are there exceptions? What are some other reasons?
3. Are those reasons different from why men engage in crime?

Vignette:

Lola, a 35-year-old woman, has been sentenced to 2 years to the county jail and 3 years probation for a prostitution charge – the fourth prostitution charge she has received. She has been working the streets for 20 years and has developed a heavy drug problem.

4. Does Lola deserve the 2 year jail and 3 year probation sentence?
5. Why do you think Lola became a prostitute? How much choice did Lola actually have when she started prostituting?
6. What if I told you that she had been abused as a child for several years by her uncle, starting at the age of 3? And that her current partner also abused her and talked her into prostituting as a way to bring extra money into the household? Does that change your opinions?
7. For those women who want to stop engaging in crime, what is it that they need to do?

Vignette:

After Lola gets out of jail, she is required to live in a halfway house and attend classes for sex workers, much like Chrysalis. She wants to turn her life around and be a good mother for her 11 year old daughter. When she talks to her therapist about her problems, she often places blame upon her ex-husband for his abuse and pushing her into prostitution. Her therapist tells her that she needs to take responsibility for choosing that lifestyle.

8. What are your thoughts on this? What does Lola need to do?
9. For those women who want to turn their lives around, how much of it is a matter of personal responsibility?
10. For those women who want to stop engaging in crime, what is it that they need from social services and agencies?

Appendix F: Focus Group Guide: Relationships

I will ask you all a series of questions, and if possible it would be great if you could all provide your opinions on the topic. Remember, there are no wrong answers. Relationships can include friends, families, and intimate partners.

1. Can you define what is ‘healthy’ (and conversely what is ‘unhealthy’) in terms of relationships?
2. Can you tell me about the role that relationships play in recovery?

Vignette:

Juana, a 40-year-old woman, has been clean off of drugs for 3 ½ months and is doing well on probation. She has started to feel lonely, and recently contacted Eduardo, a man she knew when she was doing drugs and whom she had a previous sexual relationship with. When her friends in recovery question her about the relationship, she defends it by saying that it’s not just about the sex; he is also emotionally supportive.

3. What do you all think about this relationship?
 - a. Are there any dangers in it? Could there be any positive benefits to her seeking emotional comfort with an old friend?
 - b. What if I told you that Juana had been clean for 4 years? Does that change things?
 - c. What if I told you that Eduardo was *not* a man she knew while doing drugs; instead he was a man that she met in NA (or AA), and she was still clean for just 3 ½ months?
4. What does it mean to be dependent upon other people?
 - a. Is it negative, positive, could dependency have both -/+ aspects?
5. Where do you draw the line between achieving self-sufficiency and depending on people in healthy ways?

Vignette:

Juana has now been clean and has been doing well for 4 years. She had a decent job at a call center for a while but was laid off because of cutbacks. She has been struggling financially between keeping up with the bills and providing for her 7-year-old twin sons. She has been cutting a lot of corners, but she is in danger of losing her apartment because she can’t make the rent this month. She calls Eduardo, a man she knew when she was actively using drugs who is very well off and who she knows would give her rent money.

6. What are your opinions on this? What else could Juana do?
7. Do you think this kind of behavior could result in her backsliding into old patterns?
8. What have you all learned from TTC in terms of relationship advice? Has it been useful in your lives?

Appendix G: Focus Group Informed Consent

Gendered Discourses of Empowerment
Principal Investigator Colleen Marie Hackett

PARTICIPANT INFORMED CONSENT FORM - FOCUS GROUPS Empowerment Participants

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. I want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project conducted by Colleen Marie Hackett, a graduate student in the University of Colorado at Boulder's Department of Sociology, 327 UCB, Boulder, CO 80309. This project is being done under the direction of Professor Sara Steen, Department of Sociology, 327 UCB.

Colleen Hackett can be reached at 508-847-7703 or email at colleen.hackett@colorado.edu.

Project Description:

Social science researchers have recently studied the many obstacles that people face when they exit jail or prison and return to their community. However, much of this research focuses on the experiences of men. I hope to bring attention to the special issues for women upon reentry by interviewing the women who directly experience reentry, and the women who provide support by working in the field. One part of my study is an attempt to learn about your experiences within the criminal justice system, especially as it relates to your reentry into the community. I am interested in learning about the issues you deal with on a daily basis as a woman, and also how your identity has developed throughout this process. This portion of my study is in the form of a focus group, so I will ask you to participate in the group as much as you feel comfortable.

Procedures:

If you agree to take part in this study, I will be interested in talking with you in a focus group setting and tape-recording the conversation. The interview will take place in a private room at the Empowerment Program at your convenience, and should last about two hours. There will be no out-of-pocket costs.

You will be asked questions like,

For those women who want to stop engaging in crime, what is it that they need to do?

For those women who want to stop engaging in crime, what is it that they need from social services and agencies?

For those women who want to stop engaging in crime, how much of it is a matter of personal responsibility?

Risks and Discomforts:

There are some potential risks if you take part in this research. We will be talking about sensitive topics. If at any time the conversation is too emotionally involved, you can signal to me that you are uncomfortable and leave the room. Additionally, I will have a list of qualified on-site counselors that you can contact. Conducting the interviews at the Empowerment Program will be helpful, because if our interviews become too sensitive, there are on-staff caseworkers and licensed counselors that are present and available. It should be noted that I cannot promise full confidentiality for anything you say during the focus group since there will be 6-8 people in the room. I will personally keep all information confidential, and I will ask that you and other participants in the focus group do the same.

You will not be asked about any illegal activities, but if you should discuss such activities, the information could be requested by authorities such as the police or court system.

Benefits:

There are no direct benefits for participation in this research, or are there any direct costs for participation. My study is intended to explore women's experiences with reentry, so your voice will help add to social science's existing knowledge and may inform social policies.

Right to Withdrawal:

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or refuse to participate in any procedure for any reason. Refusing to participate in this study will not result in any penalty or loss of benefits to which you are otherwise entitled. Your participation in this study will have no effect on your parole or probation either way.

Confidentiality:

All of the information you share with me will be kept confidential, and your privacy will be maintained in publications. Again, I should remind you that because there will be other focus group participants there, I cannot ensure that they keep what is said in the setting confidential. All of the information I record will be kept under lock and key, and will be destroyed approximately in five years, once my research is complete. In addition, all recorded information will be coded, so that none of your information can be traced to my data. No one but myself and my academic advisor will have access to this information.

There are three exceptions to this promise of confidentiality:

- 1) If I see or am told information that makes me reasonably suspect that a child or at-risk adult is being or has been abused, mistreated, or neglected, I will immediately report that information to the county department of social services or a local law enforcement agency.

- 2) If I learn of a serious threat of imminent physical violence against a person, I will report that information to the appropriate legal authorities and make reasonable and timely efforts to notify the potential victim.
- 3) This promise of confidentiality does not include information I may learn about future criminal conduct.

Questions?

If you have any questions regarding your participation in this research, please ask me as soon as possible.

If you have questions about your rights as a research study participant, you can call the Institutional Review Board (IRB). The IRB is independent from the research team. You can contact the IRB if you have concerns or complaints that you do not want to talk to the study team about. The IRB phone number is (303) 735-3702.

Authorization:

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received, on the date signed, a copy of this document containing 3 pages. Additionally, I am aware that I should not disclose the names or identifications of others during the interview, so as to protect their and my own confidentiality.

I am consenting to be audio taped during the participation of this research.

Name of Participant (printed) _____

Signature of Participant _____ Date _____
(Also initial all previous pages of the consent form.)

RESEARCH PARTICIPANTS **NEEDED!!**

--Have you been released from jail or prison within the last 3 years and are receiving services from the Empowerment Program?

The University of Colorado (Boulder)
Women's Rehabilitation Project
is looking for women to interview about their
experiences of incarceration and recovery

What can you expect?

- *Your interview will be kept confidential
- *I will arrange to meet at a time and place that is convenient for you
- *You will be paid for your time

If you are interested or have questions:

Call Colleen at 555-555-5555

This is a *private* phone line

I look forward to hearing about your experiences!

FOCUS GROUP RESEARCH **PARTICIPANTS NEEDED**

Have you received a criminal charge within the last 3 years and are receiving services from the Empowerment Program?

The University of Colorado Boulder Women's Rehabilitation Project is looking for women with criminal charges to join a focus group and speak about their experiences

The next focus group will be Month, Date, at Time

*Your interview will be kept confidential

*You will be paid for your time

To reserve your place in the focus group, or if you have questions:

Call Colleen at 555-555-5555

This is a *private* phone line

I look forward to hearing about your experiences!