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THE LIVED EXPERIENCES OF WOMEN POSTDRUG COURT:

A PHENOMENOLOGICAL STUDY

by

Cantrell Ward

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Ethical Leadership

Olivet Nazarene University

Bourbonnais, Illinois

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A PHENOMENOLOGICAL STUDY

by

Cantrell Ward



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I would first like to acknowledge God, the head of my life. I want to testify to the goodness of my Lord and Savior, Jesus Christ. I firmly believe that God answers prayers, and this journey has been answered. Thank God for restoring my faith and showing me that anything is possible if you have faith and do the work. I owe Him everything!

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To my participants, thank you for sharing your stories and experiences! I enjoyed partnering with you through the process! I cannot wait for the world to read about your testimonies.

To every family member, friend, and supporter, THANK YOU for embracing my life as a doctoral student these last three years! I value my circle of influence and am thankful to have such wonderful people in my corner.

I am FREE! I did it! Stay tuned because this is only the beginning.

DEDICATION

This dissertation is dedicated to my big brother, Delvon Ward, who passed away just when I came back to the program from a short break. He was proud of his little sister and was my biggest cheerleader, constantly calling me Dr. Ward, manifesting this degree over my life. He has motivated me to continue to PUSH through the lonely, stressful nights of writer's block, imposter syndrome, and uncertainty. This degree is for you; I know you are proud of me. Thank you for always loving and protecting me.

To my mother, Jerlene Ward, I dedicate this dissertation to you. I am honored to be your daughter and would not be where I am without your prayers, love, and support. Thank you for believing in me when I did not believe in myself. Thank you for asking to help, even though you didn't know what you were doing. I thank God for choosing you to be my role model and confidant. This is for you! This journey has been long, but it is finally over.

ABSTRACT

Despite a negative stigma about drug treatment courts, researchers have indicated that drug courts are essential to reducing recidivism and helping offenders reintegrate into various communities. Although there is extensive research concerning recidivism in men, less is known about recidivism in women, leaving a gap in the literature on formerly incarcerated women and their experiences completing drug treatment court, the role of familial support system, and recidivism. This qualitative phenomenological study aimed to understand how previously incarcerated women who had completed a drug treatment program described the role of family support systems in preventing recidivism. Five formerly incarcerated women who had completed drug court in Central Illinois participated in the current study. Semi-structured interviews were used to generate rich, detailed descriptions of the participant's experiences. Thematic analysis was used to analyze the data for the current study, and the content from the interview transcripts was analyzed to identify themes. The findings included three themes: starting sober, becoming an addict, and returning to being sober. Overall, the women described the role of family support as changing throughout their drug treatment court journey. All participants craved family support before, during, and after drug court; whether they received it or not, they remained arrest-free. Further phenomenological research would help illuminate the reasons behind the families' decisions and the participants starting drugs at a young age.

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CHAPTER I: INTRODUCTION

Recidivism is one of the most important issues in the U.S. penal system. More than 1.8 million Americans were incarcerated by the end of 2020 (Benecchi, 2021), with half of the previously incarcerated population committing new crimes within three years of returning to society (Breese et al., 2004). Over 600,000 individuals are released every year from state and federal prisons, with an additional nine million who are released from local jails. According to Durose and Antenangeli (2021), “Of those individuals who are released, two out of three former prisoners are rearrested within 3 years of release, and more than 50% are incarcerated again.” (p. 2). Recidivism rates are still higher within the first year after being released. Durose and Antenangeli reported that within 3 years of release, almost 90% of offenders are rearrested.

Recidivism has remained constant, making the criminal justice system a revolving door for offenders. Recidivism occurs when individuals return to an unhealthy criminal lifestyle that leads to them going back to jail after they reintegrate into society (Cottle et al., 2001). Recidivism is gauged by illegal actions that result in individuals being rearrested, reconvicted, or returned to prison with or without a new sentence (National Institute of Justice, 2015). One in four individuals sent to jail will recidivate in the same year, either for a misdemeanor or a felony crime (Sawyer & Wagner, 2020). To that end, understanding recidivism is essential because it enables researchers to identify why offenders recidivate.

Researchers have found that interventions can reduce recidivism (Burgess et al., 2011; Genders & Player, 2022; Kuriakose, 2019; Stewart & Gobeil, 2015; Trotter et al., 2012). Such interventions have included cognitive behavior programs, support groups, educational programs, employment training, therapeutic communities, in-person programs, holistic aids and transition supports, coaching mentors, and drug treatment courts. Burgess et al. concentrated on an intervention called women in focus to help women address their needs appropriately and reduce recidivism. Burgess et al. revealed that women who engaged with the service committed fewer or, in most cases, no further offenses at the time of the intervention. Stewart and then Stewart and Gobeil focused on the roles of therapeutic community programs, gender-responsive programs, and in-custody programs and their studies showed decreased recidivism rates and substance use.

Genders and Player (2022) focused on cognitive behavior therapy, small group therapy, and group settings in a democratic therapeutic community (DTC). Genders and Player examined the role of interventions for women currently serving prison sentences using empirical research and revealed that the women in a DTC could identify why actions and feelings were poorly understood and developed coping strategies to assist in making positive life choices.

The custodial environment was designed to reform and rehabilitate women offenders to reduce recidivism (Genders & Player, 2022). The living–learning setting of DTCs allows the women to explore their feelings, behaviors, and relationships in the daily practice of living together. DTC programs focus on cognitive behavioral therapy and consist of structured therapeutic activities, small group therapy sessions, and community meetings. By design, the interventions focus on the offenders’ personal deficits without

considering the structural and systemic features that also contribute to the likelihood of reoffending. In a systematic literature review, Kuriakose (2019) examined the effectiveness of different types of interventions, such as in-person programs, holistic aid and transition supports, and coaching services. Kuriakose found that high levels of support reduced recidivism in females and interventions contribute to reducing recidivism among women. Such interventions strived to restore the individual, help the offender reintegrate into society, and reduce recidivism.

Breese et al. (2004) stated, “Although research on structural and institutional aspects of prisons reveal several important factors that affect recidivism, little research is available on the more elusive cognitive and social psychological factors that affect the ex-offender” (p. 2). Ex-offenders are usually characterized as poor, uneducated, and unemployed (Zakaria et al., 2018). Moreover, inexperienced, uneducated, and unemployed offenders are likely to become recidivists (Blomberg et al., 2012). Other factors that influence offender recidivism include a history of trauma, substance abuse, and mental illness (Grills et al., 2015). Yukhnenko et al. (2020) identified several factors that increased the likelihood of recidivism for individuals who received community sentences, including mental health issues, substance use problems, associating with antisocial peers, and socioeconomic status.

Researchers have shown that individuals with more education have better chances of completing drug treatment courts (Brown, 2010; Gallagher et al., 2015; Shannon et al., 2014). Hickert et al. (2009) found that the chance of offenders graduating from the program increased by 15% for every additional year of education. Individuals with

employment training tailored for drug treatment courts have increased legal income and decreased illegal income streams (Leukefeld et al., 2007).

According to Lafree (2000), murder and robbery rates doubled from 1961 to 1974 in the United States. Law enforcement officials wanted to slow the rates of drug processing, so they developed drug courts (Jewell et al., 2016). Drug treatment courts give offenders a second chance instead of receiving harsh punitive sentencing (Hickert et al., 2009). One way to evaluate the effectiveness of drug court programs is to allow offenders the opportunity to voice ideas and share experiences. It is essential to hear from the women offenders to learn about their needs and to provide individualized approaches to overcoming barriers that prevent them from succeeding in the drug court program (Gallagher et al., 2019). Gallagher et al. found that offenders' experiences can provide insight into how drug courts can help enhance the participants' lives.

Thus, this qualitative investigation highlighted the lived experiences of women who have completed a drug court, specifically focusing on the role of family support systems in preventing recidivism.

Background

Between 1980 and 1995, the number of women incarcerated in U.S. prisons increased by 46% (U.S. Bureau of Justice Statistics, 2014). Women were likely to be incarcerated for a drug or property offense (The Sentencing Project, 2020). According to D'Angelo and Wolf (2002), 272,073 women in the United States were arrested on drug-related charges in 1998. Women who were convicted of federal methamphetamines charges increased by 133% (Chesney-Lind & Pasko, 2004). In 2005, the number of women arrested for drug-related crimes continued to grow (Beck & Harrison, 2005). By 2013,

there were an estimated 1.2 million women under supervision in the criminal justice system, though most women were on probation supervision (U.S. Bureau of Justice Statistics, 2014). Drugs primarily drove the increase in arrests for women (Herring, 2020).

Women who have substance abuse issues may have struggles within themselves. Mulia (2002) found that women were frustrated and unhappy with trying to obtain drug treatment, and they claimed that it was worse than not receiving any care. According to National Institute on Drug Abuse (National Institute on Drug Abuse, 2020), women with substance issues can have hormonal, menstrual cycle, fertility, gestation, breastfeeding, and menopause problems. Mulia noted that incarcerated women may face difficulties obtaining treatment and funding and struggle with family issues and stigma related to femininity.

The United States has spent over \$1 trillion incarcerating individuals for drug-related crimes (Carson & Golinelli, 2010; Lee, 2021). The drug court program made women feel more robust (Barringer et al., 2017). Roberts and Wolfer (2011) showed that participants experienced positive physical and mental changes after completing the county drug court program. Roberts and Wolfer revealed that participants felt empowered and motivated to handle everyday problems and improve connections with friends and family. Women with a personal support system feel a greater sense of belonging and love that helps them form lasting relationships (Covington, 2008; Kaplan, 1986; Miller, 1986). Various researchers have shown that having the support of caring individuals, such as treatment staff, family, and friends, can support women's health and help them to flourish (Coker et al., 2002; Fortin et al., 2012; Sherman et al., 2011). According to Burrus et al. (2012),

when mothers in drug court have supportive family members, drug court staff, and friends, confidence increases, and they will desire to make better choices in life. Such supports help to prevent relapse (Ellis et al., 2004). Different supports include social support, Burrus et al., community support (Lee & Boeri, 2017), family support (“What is Family Support”, n.d.), financial support (Denney et al., 2014), spiritual support (Cheney et al., 2014), and peer support (Taylor & Becker, 2015).

Starting in the 1980s, women were regularly arrested for substance abuse (D'Angelo & Wolf, 2002), with arrest rates expanding annually between the 1980s and 2005 (Nellis, 2023). According to Fischer and Geiger (2011), three-strike laws and increased punitive and mandatory minimum sentences led to an increase in the incarceration of female offenders. D'Angelo and Wolf mentioned that women tend to be further ahead in addiction than men, which can lead to them getting arrested more frequently than men on drug charges. Fischer and Geiger conducted a study on a small sample of female drug court participants and revealed that the human element of quality care, the fairness of drug court and treatment staff, and the processes that facilitate success and drug recovery helped participants to exceed traditional success criteria.

Situation to Self

In the essence of positionality, I acknowledge myself as an educated African American woman who works in law enforcement. I have never been incarcerated or received a sentence for a drug court treatment program; however, I have observed, counseled, and advocated for women who have. As a woman, I have dealt with personal insecurity, financial instability, impoverished neighborhood, and family issues. However, I do not understand what it is like to be a recovering addict without family support, so I

want to understand the experiences of previously incarcerated women and the role of family support in preventing recidivism. Being a probation officer proved to be an essential tool that helped me understand this phenomenon. I relied on the participants' situations and perspectives. In this way, social constructivism helped to guide my understanding of the participants' experiences and the meanings made from their experiences. I tried to understand the women's historical and cultural backgrounds by listening to their experiences. I hoped to be more effective in my probation officer practices and understand and implement more programs for my department.

Problem Statement

The United States penal system relies on incarceration more than the rehabilitation of individuals (Petersilia, 2011). Substance abuse can influence an individual's behavior and actions and lead to a ripple effect throughout the person's life (Addiction Prevention Coalition, 2019). The Addiction Prevention Coalition noted that addiction drives an individual's behaviors, beyond the individual's mental and physical control. Substance abuse may cause individuals to recidivate (Kuriakose, 2019).

Community members are concerned about where people live, with recidivism also being a concern. Communities deal with past offenders who loiter because they lack community resources (Reardon, 2017). Reardon mentioned that communities also deal with ex-offenders who reintegrate into the community but eventually return to old habits and behaviors, which can lead to harming communities. Ex-offenders need help finding employment, establishing financial security, and securing housing. Reardon also mentioned that individuals who are released into communities that do not have such

services to promote successful reentry may recidivate because there is not enough money to help everyone in need throughout the communities.

Recidivism occurs when individuals return to an unhealthy criminal lifestyle that leads to them being jailed again once they integrate into society (Cottle et al., 2001). Drug courts are “specialized programs that offer an alternative criminal justice process for drug-dependent offenders” (O’Connor, 2019, p. 123). However, women who are addicted have distinct experiences that affect treatment approaches either while in or out of drug court (Addiction Among Women, 2021). Addiction Among Women revealed some of the distinct experiences include childhood and sexual trauma, social stigma, life pressure, and the absence of social support networks.

Drug courts are one strategy used by the justice system to decrease jail time. Other strategies that reduce jail time include probation/community corrections, halfway houses, home confinement, electronic home monitoring, fines, restitution, community service, mental health courts, and boot camp. Drug courts first appeared in Florida (Belenko, 1998) to provide relief and support to deter offenders from serving jail time. According to Belenko, “Drug courts provide a closer, much more comprehensive supervision, and more drug testing and monitoring during the program than any other form of community supervision” (p. 2). Researchers have indicated that drug courts are helpful in reducing recidivism and helping offenders to reintegrate into various communities (D’Angelo & Wolf, 2002; Gallagher et al., 2019; McGuigan, 2019).

Although several researchers have conducted quantitative and qualitative analyses on women and drug courts, there remains a gap in the literature on the experiences of women who have completed drug court related to the role of family support system in

preventing recidivism. Quantitative studies of drug courts have focused primarily on the effectiveness of drug courts, treatment programs, and recidivism rates (Gallagher, 2014; Gallagher et al., 2014; Gutierrez & Bourgon, 2012). Gutierrez and Bourgon focused on treatment quality and the efficacy of drug courts. The findings from Gutierrez and Bourgon revealed that treatment quality greatly influenced drug court evaluations and is related to effectiveness. Gallagher focused on the effectiveness of Texas drug courts in reducing recidivism rates. Findings revealed similar recidivism rates for drug court participants who identified stimulants, including cocaine and non-stimulants, as the drug of choice. Gallagher et al. focused on the impact of an Indiana drug court on recidivism and revealed that drug court participants were less likely to recidivate than probationers. However, participants were likely to commit new crimes if they were younger, had a violation within 30 days of the program, had a prior criminal history, and were terminated unsuccessfully.

Qualitative studies related to women and drug courts have focused on the perceptions of those who completed drug treatment court compared to those who did not complete drug court treatment (Atkin-Plunk & Armstrong, 2016; Cosden et al., 2010; Kuehn & Ridener, 2016; Shannon et al., 2018). For example, Cosden et al. indicated that individuals who participated in a drug court program relied on relationships and motivation to help them complete or terminate treatment. Kuehn and Ridener conducted a study on females' perceptions of drug court, which revealed that individuals could recover successfully with the help of supportive staff and when participants were held accountable for their actions. Shannon et al. studied women's perceptions of, and the factors associated with completing the drug court program. The study revealed that

women acknowledged that program completion was related to employment status, drug use, and misdemeanor convictions. Atkin-Plunk and Armstrong examined drug courts, recidivism, and graduation rates and revealed that women who received negative judgments during court appearances are more likely to re-offend and sometimes fail to graduate from drug court.

However, researchers have not focused on the perspectives of previously incarcerated women who have completed drug court and how they describe the role of family support systems in preventing recidivism. Understanding these perspectives is vital because such perspectives provide insight into women's lived experiences in drug court in relation to family support and recidivism. Criminal justice officials and other professionals in that area can gain insight into offenders' needs, which could assist with developing and improving future programs and treatment approaches.

Purpose Statement

The purpose of this qualitative phenomenological study was to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism, in order to contribute to the existing literature and offer more relevant information on the role of family support before, during, and after drug treatment court. This research can influence social change, and treatment providers can use results from the current study to develop a curriculum that targets the issues impacting this population. The criminal justice system and drug treatment programs can develop gender-specific programs to support women in long-term treatment. Thus, qualitative research allows the researcher to understand the participants' thoughts and experiences and enhance drug court strategies.

Significance of the Study

Regardless of the negative stigma associated with drug treatment courts, several researchers have indicated that drug courts are essential to reducing recidivism and helping offenders reintegrate into various communities (Fulkerson et al., 2012; Gallagher et al., 2018; Gallagher et al., 2019; McGuigan, 2019).

Drug court personnel help people overcome drug addiction and improve their quality of life in areas such as family support, social support, employment, and education (Wolfer, 2006). This qualitative investigation highlighted the lived experiences of women who completed a drug treatment court program and how they describe the role of family support systems in preventing recidivism. Insights from this current study can be useful in psychology, counseling, and therapy. The criminal justice system and drug treatment programs can produce more gender-specific programs focusing on supporting women, which may help them with long-term treatment. Criminal justice officials and other professionals in this area can gain insights into participants' needs, which could assist with developing and improving future programs and treatment approaches.

Women may experience rapid recovery from drugs with family support. This phenomenological study on previously incarcerated women who have completed a drug treatment program examined the experiences before, during, and after drug court. Drug court officials will understand the phenomenon and use such information to develop and improve educational and outreach initiatives. This current study may inform and enhance treatment aspects of drug court programs. An increased focus on the lived experiences of women who have completed drug court may contribute to the existing literature and offer relevant information on enhancing the effectiveness of these services.

Population and Sample

For this research study, it was necessary to have participants who were previously incarcerated and completed a drug treatment court in Central Illinois. The sample size was small but highly informed which provided rich data on the topic. To be included in this current study, participants had to (a) identify as a woman who has completed a drug court treatment program in Central Illinois, (b) identify as a woman in recovery from substance abuse, (c) identify as a woman aged 19 or older, (d) identify as a woman who completed drug treatment within 2 years, and (e) identify as a woman who participated in a drug treatment court and was previously incarcerated.

A purposeful and convenience sampling was used in this current study to find the sample. A purposeful sample requires knowing how a specific population will benefit from the data. A purposeful sampling strategy is useful when exploring a small number of people who have an in-depth understanding of the problem (Yilmaz, 2013). Convenience sampling was chosen out of convenience for the researcher.

Research Questions

This qualitative phenomenological study aimed to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism; therefore, the following questions guided the current study. The primary research question was: How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?

Subquestion 1. was: How do participants describe the role of family support systems prior to treatment?

Subquestion 2. was: How do participants describe the role of family support systems during treatment?

Subquestion 3. was: How do participants describe the role of family support systems after treatment?

Definition of Terms

To understand the information presented in this research study, this section defines several terms within the context of this current study. The terms and definitions for this current study are the following:

Drug court programs. Specialized programs that offer an alternative criminal justice process for drug-dependent offenders (O'Conner, 2019).

Peer support. It involves giving and receiving nonprofessional assistance (Tracy & Wallace, 2016).

Recidivism. Occurs when individuals yield back to an unhealthy criminal lifestyle that will land them in jail once they integrate into society (Cottle et al., 2001).

Relatedness. Refers to the nature of individuals connected with others (Cherry, 2021).

Social support. The verbal and nonverbal advice provided by social network members or inferred by their presence and has beneficial emotional effects on the recipient (Gottlieb, 1983).

Substance abuse disorder. A passion or feeling of craving to take a substance (Ritchie & Roser, 2019).

Summary

Chapter I of this phenomenological study defined the problem under investigation in the current study. Research evidence supporting the importance of the study was

presented. Women offenders recidivate for various reasons and support is a critical factor that impacts women's attitudes and recidivism rates during and after treatment (Cottle et al., 2001). It is important to understand the experiences of women drug offenders and examine their lives while navigating drug court programs. The topic was chosen because of the passion about the role of women's family support before, during, and after drug court. Women in recovery can be agents of change for other women who have experienced the same problem.

Chapter II provided a literature review of the topic and a detailed investigation related to the purpose of the study. The literature review presents evidence to better understand the experiences of women who have completed a drug court program and the role of family support system in preventing recidivism.

CHAPTER II: REVIEW OF THE LITERATURE

Introduction

This qualitative phenomenological study aimed to fill the literature gap by examining how previously incarcerated women who have completed drug court describe the role of family support systems in preventing recidivism. This current study explored the perspectives and experiences of women who have completed a drug court in Central Illinois.

The National Institute on Drug Abuse (2020) reported that women aged 18 and older made up approximately 12% of the illicit drug user population in 2014. The medical and social consequences for this population continue to rise. Terplan et al. (2015) utilized data from the National Survey of Substance Abuse Treatment Services to investigate trends in the availability of women-centered services and assess inequalities between service availability and treatment needs. Terplan et al. found that women-focused services are declining because the clinical focus of substance abuse treatment remains primarily centered around men. Terplan et al. argued that researchers must identify which factors improve outcomes for female substance abusers. Fewer women are admitted for treatment; consequently, more effort is directed toward interventions designed to help men (Meyer et al., 2014).

According to the Offender Rehabilitation Act of 2014, the needs of women must be addressed (Minson et al., 2015). Women receive short sentences for crimes, but officials

still argue that short-term sentencing is overused for incarcerated women. Minson et al. claimed that while some law enforcement officials wanted to prevent short-term sentencing for women, others believed that short-term sentencing would benefit women. Officials who wanted longer sentences for women included judges, police officers, and law enforcement officials (Minson et al.). Women are caught between custody and the community (Gelsthorpe & Russell, 2018; Prison Reform Trust, 2018). According to Dominey and Gelsthorpe (2020), women with a history of constant reoffending and repeated short-term imprisonment experiences may be trapped in a cycle of imprisonment, where women are released from prison and then imprisoned again. Women with complex deficiencies resulting from drug and alcohol addiction and homelessness have also experienced the revolving door between custody and community (Dominey & Gelsthorpe).

Judges and politicians have said custody should be the last resort (Bache, 2019; Lidington, 2017). The number of women receiving shorter sentences has increased over the past few decades. For example, the Ministry of Justice (2019) reported that in 1993, only one-third of women's prison sentences were less than 6 months; by 2018, that number doubled by 62%. Women sent to prison or jail has worse consequences as compared to women who participate in community sentencing mandates (Dominey & Gelsthorpe, 2020). According to Minson et al. (2015), "The 55.8% of women released from prison will re-offend within a year, compared to 26% of those commencing a community order" (p. 5). Moreover, Minson et al. noted that women released from jail or prison sometimes commits more crimes than those who receive help from community supervision.

Researchers have shown that drug treatment court programs decrease participant recidivism and substance use (Bello et al., 2019; Richman et al., 2014). Several drug treatment programs administered by the courts are gender-specific and focus on women's treatment (Evans et al., 2013). Researchers have shown that women function better in gender-specific substance abuse programs; this is particularly true for women with a history of trauma (Covington, 2008; Evans et al.; Gallagher et al., 2015; Neale et al., 2018; Powell et al., 2012; Saxena et al., 2016). Such trauma may include post-traumatic stress disorder (PTSD) and sexual abuse (Sartor et al., 2012). Messina et al. (2010) suggested that a gender-specific approach to drug court programs can enhance results for women drug court participants. Women receiving substance abuse treatment have preferred a female counselor (Lipari et al., 2014), and female clients who receive services from female counselors remained in treatment longer than those with a male counselor.

Understanding women with substance abuse problems can help researchers evaluate symptoms, improve communication between women and drug court officials, and enhance women's well-being (Hunn & Craig, 2009). Sometimes women use specific terms to represent role strain, such as stress, pressure, and difficulty (Mendenhall et al., 2013). Mendenhall explained that the terms describe women's challenges when performing social roles. According to Broidy and Agnew (1997), some women may develop eating disorders, depression, or drug use because of role strain. Women deal with family issues, violence, and drug use resulting from the social pressure of other individuals' burdens (Broidy & Agnew).

Theoretical Framework

The current study was guided by self-determination theory (SDT). According to Deci and Ryan (2000), SDT posits that individuals have physiological needs such as food and shelter. Individuals also have intrinsic psychological needs, such as the need to achieve goals and outcomes. If individuals who fail to complete a program or task are high in self-determination, they may admit their faults, believe they can do something to fix the problem, and correct the mistake. If individuals have low self-determination, they may look to other reasons as the cause for their troubles, blame others, and refuse to take accountability for actions (Cherry, 2021). Cherry mentioned that individuals with low self-determination may not feel motivated to fix the problem and may feel helpless and out of control. According to Deci and Ryan, people's social conditions affect the tendency to be proactive or passive. As such, support from connections with others is critical as it can encourage or hinder well-being and personal growth.

Research on the relationship between women, drug courts, substance abuse, support, and crime can be conceptualized through SDT (Deci et al., 2017). SDT's framework is used to explain associations between, for example, support, relatedness, relationships, and competence (Cherry, 2021). The following subsections further explain why SDT was appropriate for the current study.

SDT addresses relatedness support and how that helps people form lasting relationships (Deci et al., 2017). Without connections, self-determination is more challenging because the individual lacks access to help and support. Relatedness is an individual's feeling of belonging to a social group or unit (Deci & Ryan, 2000). Relatedness is the act of feeling connected to and caring for other individuals and will

increase intrinsic motivators (Deci & Vansteenkiste, 2004). For example, Deci and Ryan noted that children who enjoy feelings of relatedness with family and friends display more increased intrinsic stimulation. Cherry (2021) indicated that individuals feel motivated to function when they believe the outcomes will change lives.

SDT implies that individuals can become determined when the demands for competence, connection, and autonomy are fulfilled. SDT suggests that people are motivated to change by three innate and universal psychological needs—autonomy, competence, and relatedness (Cherry, 2021). Cherry explained that *autonomy* is when individuals feel like they control their dreams and actions; individuals thrive on the sense of being able to act in ways that result in real change. *Competence* describes an individual's need to gain knowledge and learn new skills; individuals will be more likely to achieve goals when they have the skills to succeed. Lastly, Cherry noted that *relatedness* is when individuals experience a sense of belonging to others; individuals need to interact with others and demonstrate interactions through relatedness, social connections, and concern for others.

Deci and Ryan (as cited in Cherry, 2021) described SDT, Self-Determination, and Intrinsic Motivation in Human Behavior. SDT has been applied to different disciplines, such as sports, economics, and education (Cherry, 2021). According to Cherry, offenders who have suffered from substance abuse will make healthier decisions throughout treatment and after treatment.

SDT is applied to individuals who have experienced mental health disabilities and struggle with self-regulation. For individuals to succeed in treatment, basic requirements must be met. The individual must be motivated and desire to change. In psychological

treatment, motivation is considered a vital factor (Ryan & Deci, 2000). Clinical researchers in substance misuse recognize the significance of motivation in an individual's willingness to attempt and engage with treatment interventions (Ryan & Deci). SDT focuses on both internal and external motivators. According to Cherry (2021), external motivators, also known as extrinsic motivators, include money, prizes, and praise. Internal (or intrinsic) motivators include a desire to have independence and knowledge. Individuals seek treatment services for substance use and recognize a problem exists either after being told there is a problem or after realizing they need help.

Zeldman et al. (2004) studied the assumptions of treating alcohol dependence and opioid use through methadone maintenance while studying the impact of motivation on treatment outcomes. Findings from Zeldman et al. revealed that internally motivated individuals had lower relapse rates, and they adhered to treatment relatively better than individuals who were not internally motivated. In contrast, those individuals who were externally motivated for treatment had a higher relapse and lower attendance rates. To facilitate the support of tobacco abstinence, interventions based on SDT successfully promoted tobacco abstinence (Williams et al., 2011). A tobacco-dependence intervention was generated based on SDT using a randomized cessation induction trial. Findings from Williams et al. revealed intense interventions based on the principles of the SDT promoted long-term tobacco abstinence. SDT was applied to substance abuse treatment using a blended theoretical approach.

Researchers have only recently begun to apply SDT to the recovery process (Ryan & Deci, 2000). Nevertheless, other researchers have confirmed that SDT may be applicable to motivational theories of recovery (Zeldman et al., 2004). The motivational theory is

based on a concept of motivation in which all individuals have a drive toward growth and well-being (Rouse et al., 2016; Williams et al., 2006). The process happens when individuals are content with autonomy, competence, and relatedness. SDT is used to increase individuals' motivation levels during treatment by supporting autonomy, competence, and relatedness. The results from the current study on women post drug court may be used to promote better treatment outcomes, decrease criminal activity, and decrease judicial system costs. An attempt was made to extend the current study with SDT and addiction by sampling a missing population from the literature.

Substance Abuse Among Women

General Trends

Anyone can develop an addiction to a substance (National Institute on Drug Abuse, 2018). However, experiences with addiction may differ based on factors such as biological traits, gender, childhood environment, and social support (Addiction Among Women, 2021). According to the National Institute on Drug Abuse (2020), “Scientists who study substance use have discovered that women who use drugs can have issues related to hormones, menstrual cycle, fertility, pregnancy, breastfeeding, and menopause” (para. 2). Women offenders have been found to be addicted to more dangerous drugs than men (D'Angelo & Wolf, 2002). Fries et al. (2014) reported that women are likely to have substance abuse and mental disorders. Women are likely to be diagnosed with mental illness and mood disorders (e.g., anxiety and depressive disorders), and individuals with mental disorders are more likely to abuse substances than those without mental disorders (Addiction Among Women). According to Greenfield et al. (2010), 29.7% of women with mood disorders also suffered from substance abuse disorders in a 12-month study.

Mills et al. (2006) found that 34.4% of individuals with PTSD reported at least one substance use disorder and women seeking drug addiction treatment had physical and sexual abuse rates ranging from 55% to 99%.

Reasons Women Turn to Substances

Women have reported different motives for using drugs, including controlling weight, fighting fatigue, and coping with distress (National Institute on Drug Abuse, 2020).

National Institute on Drug Abuse noted that women seem to have more adverse reactions to substances, have more drug cravings, and are more likely than men to relapse after treatment. Thus, it is important to understand why women use drugs (Greenfield et al., 2010). Frobel et al. (2022) revealed that girls and young women often begin abusing substances during their adolescent years. Turnbridge (2019) found that individuals used drugs as an outlet because of stress and pressure. Turnbridge further showed that females become dependent faster and suffer the consequences of drugs sooner than males.

Kroese et al. (2021) showed a positive correlation between adolescent criminal activity and growing up in single-parent households where the cause of the single-parent situation was abandonment, divorce, separation, or being born to a single parent. Children who experienced parental absence were likely to have smoked and consumed alcohol (Lacey et al., 2018). Children raised without a father experienced more psychosocial problems than children raised with their father in the home (Allen & Daly, 2007; Furstenberg & Cherlin, 1991; King, 1994; Osborne & McLanahan, 2007; Seltzer, 1991). These psychological problems develop during adolescence and adulthood, which increase the risk of substance use, depression, suicide, and contact with the criminal justice system (Allen & Daly, 2007).

It is essential to help women in the early stages of addiction before they offend and end up in court (D'Angelo & Wolf, 2002). D'Angelo and Wolf argued that women are more complex and need special attention because some women have lower education levels, less financial security, more mental illness, and a history of mistreatment, abandonment, and abuse. Hamilton (2017) suggested that more research is required to understand why women use drugs and what supports can help them to eliminate addiction. According to Berger and Powers (2015), drug charges for which women are arrested are often related to illegal possession, manufacturing, or drug dealing. Berger and Powers argued that substance use is not the primary offense. Women in prison were likely to be incarcerated for a drug or property offense (“The Sentencing Project”, 2020). According to Addiction Among Women (2021), “Because women have, for the most part, bodies that are more apt to retain alcohol instead of flushing it out, and because women are typically smaller, attempting to drink as much as men can be hazardous” (para. 4). Addiction Among Women further showed that in college, women may be pressured to drink by predatory men to get them to become sexually available.

Statistics

According to the American Addiction Centers Editorial Staff (2020), “Statistics inform drug abuse treatment professionals of the most prone to addiction, the popular drugs of choice among various age groups, rates of relapse after treatment, and education levels among abusers” (para. 1). American Addiction Centers Editorial Staff mentioned that as a result, policymakers working on substance use policies can utilize statistics to design more effective prevention and treatment programs. Huddleston et al. (2005) reported that 74% of states revealed that cocaine and crack are the preferred drugs in

urban areas, methamphetamine is the preferred drug in rural areas, and marijuana is the preferred drug in suburban areas.

Commonly Abused Substances

According to *Addiction Among Women (2021)*, “The most commonly used substances among women are alcohol, nicotine, and prescription medications” (para.1).

Addiction Among Women noted that 4.7% of women in the United States have an alcohol use disorder and between 2009 and 2011, 6.7% of women admitted to using illegal drugs in the past month. According to *Addiction Among Women*, in 2013, an estimated 42.7% of women died from alcohol-related liver disease, compared to 48.9% of men and among women seeking treatment, 55% to 99% have a history of physical or sexual abuse.

Impact of Substance Abuse

The abuse of tobacco, alcohol, prescription, and illicit drugs costs the United States healthcare system approximately \$137 billion a year (American Addiction Centers Editorial Staff, 2020). American Addiction Centers Editorial Staff reported that there are \$600 billion in the costs estimates of crime and loss of work productivity, equal to 17.1% of the U.S. federal budget.

Consequences Faced by Women Suffering from Substance Abuse

There are long-term effects from the penalties and exclusions that come with a drug conviction. For example, individuals are banned from voting, gaining employment, securing a student loan, and accessing housing (The Sentencing Project, 2013). The Sentencing Project reported more than 180,000 women in 12 states had been affected by

the total lifetime bans for people with drug convictions, including experiencing limited access to employment, voting, housing, and other resources.

On a physiological level, men and women process drugs differently (“Facts About Women and Drug Addiction,” n.d.; “How Drug Addiction Affects Women,” n.d.; Rawat et al., 2021; Stradling, 2020; “The Sentencing Project”, 2013). Stradling reported that women are addicted to drugs longer and experience permanent consequences from drug use more frequently and rapidly than men. Stradling also reported that alcoholism could cause permanent liver damage, and women are more likely to develop permanent liver damage. Women have complex hormone systems, and the sex hormones make them feel the effects of some drugs much more than men. Women are likely to experience drug-related issues within the heart and blood vessels. Stradling also noted that women are more likely to die from an overdose when needing emergency room treatment due to substance abuse. Addiction alters the way the brain processes information and stimuli. Changes occur rapidly in women, making women more likely to experience depression and panic disorders; thus, women have the potential to develop long-term psychiatric conditions resulting from substance abuse differently (“Facts About Women and Drug Addiction”; “How Drug Addiction Affects Women”; Rawat et al.; Stradling; “The Sentencing Project”).

According to Stradling (2020), women are at major risk when they use illicit drugs. For example, women are more vulnerable to sexual assault and may risk unwanted pregnancy. Moreover, maternal addiction is risky for children and babies who are exposed in utero to opioids and other illicit drugs are at risk of permanent and severe damage. Stradling reported that babies have a chance of sudden infant death syndrome

and being born with congenital disabilities. Women who develop substance use problems may struggle with scheduling children's activities during treatment. In addition, women may be unable to afford childcare and may choose to forego treatment and experience withdrawal to save money (Stradling).

Researchers have focused on several aspects of the effects of substance abuse on women ("Facts About Women and Drug Addiction," n.d.; "How Drug Addiction Affects Women," n.d.; Rawat et al., 2021). Rawat et al. revealed that substance abuse has negative consequences on a woman's activities of daily living (e.g., employment). Rawat et al. explained that some other consequences for women are neglectful parenting, debt, and inadequate self-care. Women continue using drugs despite the negative mental health consequences and some women may become self-centered during addiction ("How Drug Addiction Affects Women").

Women in Drug Court

History and Description of Drug Court

Recidivism occurs when individuals return to an unhealthy criminal lifestyle that results in them going back to jail after reintegrating into society (Cottle et al., 2001). In 2013, an estimated 1.8 times more U.S. individuals were on probation than were incarcerated in prisons (Herberman & Bonczar, 2013). In 2014, African American offenders had the highest recidivism rate at 87%, followed by Hispanic individuals who had a 75% recidivism rate, and Caucasian individuals who had a 73% recidivism rate (U.S. Bureau of Justice Statistics, 2014). By the late 1980s, drug-addicted offenders filled the justice system at every level, from arrest to prisoner reentry.

Rigorous prosecutions and sentencing policies are expensive and largely ineffective at reversing the cycle of drug use and crime (Hennessy, 2001). The United States continues to have the highest global incarceration rate (“The Sentencing Reform,” n.d.). The Sentencing Reform reported that approximately 2.1 million individuals were in adult correctional jails and prisons around the United States in 2019. Individuals are held in prisons longer than expected because of harsh sentencing laws and practices (“The Sentencing Reform”). On average, the Pennsylvania Department of Corrections pays roughly \$220 million yearly to detain 3,892 individuals (Bloomenthal, 2021).

Various community-based programs have been developed to reduce the steep increase in drug-related incarcerations. The number of drug cases in large urban jurisdictions forced courts to adopt new approaches for clearing crowded dockets. The drug treatment court is an example of a new approach (Cooper & Trotter, 1994). Cooper and Trotter noted that drug courts became the most widely used specialized model in the United States. Drug courts have several features, including expedited case processing, outpatient treatment, and support services (e.g., job placement and housing). Drug courts will often use one or all of these components and utilize mandatory drug testing and intensive court or probation supervision.

Regardless of the negative stigma associated with them, Gallagher et al. (2019) argued that drug courts are essential to reducing recidivism and helping offenders reintegrate. Several qualitative researchers have investigated the perceptions of those who completed drug court as compared to those who did not complete drug court (Atkin-Plunk & Armstrong, 2016; Cosden et al., 2010; Kuehn & Ridener, 2016; Shannon et al., 2018). Cosden et al. reported that individuals who participated in the drug court program

relied on relationships and motivation to help them complete or terminate treatment. Kuehn and Ridener examined females' perceptions of drug court and revealed that women could recover successfully if the court staff was supportive and held participants accountable for their actions. Shannon et al. studied women's perceptions, experiences, and factors associated with program completion. The findings indicated that program completion was related to the women's employment status, amount of drug use, and misdemeanor convictions. Atkin-Plunk and Armstrong studied the impact of drug courts on recidivism and graduation rates. The study found that individuals receiving negative results from the judge during court appearances were more likely to reoffend and sometimes fail to graduate from drug court. To that end, it seems that those individuals who have positive results from court appearances have more positive behaviors and fewer arrests.

Drug treatment court programs have been proven to reduce recidivism among individuals with substance abuse problems. The programs have enhanced treatment retention (D'Angelo & Wolf, 2002). Program success can be measured by examining retention, and prior researchers have shown that retention predicts success in lowering recidivism after completing drug court programs (Rempel & DeStefano, 2001). D'Angelo and Wolf confirmed that researchers are still calculating drug court completion rates and trying to identify other measures that can be implemented for better outcomes. Minson et al. (2015) stated, "Prison is necessary for repeat offenders, but 28% of all sentenced women are in prison for a first offense, compared to 12% of men" (para. 6).

Community sentencing can change the behaviors of women who are substance abusers (McGuigan, 2019). McGuigan mentioned that women who receive a community

sentence develop a different life outlook and display positive behavior. McGuigan also mentioned that the women understood community sentencing was about making life better for those who offended community members, family members, and friends. McGuigan described the experience of a woman from Scotland who was given community sentencing instead of jail time. The woman described her experience with the penal system as receiving a second chance at life and community sentencing shaped her future development. The purpose behind community sanctions is to reduce jail overcrowding, conserve revenue, and provide treatment services that may be unavailable for offenders in jail (Byrne et al., 1992).

Substance abuse has ruined lives, torn families apart, and damaged individuals (Watkins, 2021). Watkins also mentioned that substance abuse can damage a person's cognitive functions and alter physical abilities. Substance abuse can isolate individuals and destroy marriages. For example, people who drink may overspend money, ignore their children, reoffend, and cause fights. Between 1985 and 1999, the justice system developed a zero-tolerance policy toward drug use (Stinchcomb, 2010). Belenko et al. (2005) stated:

In 2001, the Office of National Drug Control Policy estimated that in 1998 illegal drug use cost Americans \$31.1 billion in criminal justice expenses, \$30.1 billion in lost productivity, and \$2.9 billion in costs related to property damage and victimization. (para. 1).

The penal system lost revenue instead of profiting from the criminal justice system. O'Conner (2019) defined *drug courts* as "Specialized programs that offer an alternative criminal justice process for drug-dependent offenders" (p. 123).

The United States has more than 3,400 drug court treatment programs (National Institute of Justice, 2015). Individuals who qualify for treatment complete a 12-to-24-month program, and upon completing the program, the charges are dismissed or reduced (Franco, 2010). There are two ways individuals can enter drug court. First, an individual who meets the requirements is moved from traditional court proceedings into drug court proceedings before pleading to a charge; this way of entering is commonly called pretrial or deferred prosecution (National Drug Court Resource Center, n.d.). Second, an individual can enter drug court by pleading guilty to the charge. The individual can apply for drug court and give a written application to the drug court judge, who will then require the individual to be assessed. The National Drug Court Resource Center explained that the person's sentence is then delayed or suspended while participating in drug court, commonly called post adjudication. The drug court's design differs from the traditional court and provides multiple services for offenders; however, all have the same goal (Lindquist et al., 2009). Drug court programs utilize court supervision instead of jail time and aim to reduce crime and assist individuals in making positive transitions in life (The National Drug Court Resource Center). Individuals must receive treatment for at least 1 year before they are eligible to graduate. Drug court is typically comprised of weekly meetings with the judge, drug treatment, group meetings (e.g., Alcoholics Anonymous), and any other conditions required by the judge (Tiger, 2011). For example, other conditions may include performing community service, obtaining a general educational development degree, learning a trade, attending parenting classes, obtaining

career skills training or being admitted to an inpatient treatment facility. Treatment becomes less intensive as individuals move through the stages of the program (Belenko, 1998).

Witkin and Hays (2019) focused on firsthand experiences of drug courts and revealed that individuals were apprehensive because of the rules and conditions of the drug court program. Witkins and Hays revealed that as time passed, participants became more comfortable with the structure of the drug court program and the idea of eliminating drug use. Drug treatment court programs provides incentives and sanctions to hold people accountable for their actions and is important for guiding drug court individuals on the path to recovery. Incentives such as praise, referral programs, recognition, and small tokens marking recovery milestones. Some sanctions may include an apology letter, increased drug testing, and increased contact with the drug court judge (Witkins & Hays).

Treatment programs are funded and supervised by officials to assess the impact of such programs on offenders. Officials may assess retention rates, drug test outcomes, recidivism, and other processes (Goldkamp, 2000; Goldkamp et al., 2001; Gottfredson & Exum, 2002). Drug treatment courts possess deferred prosecution programs and post adjudication programs (King & Pasquarella, 2009). Eligible offenders are diverted directly into treatment before pleading to a charge.

The individual will be terminated from the drug court program after successfully completing treatment. A successful termination results from completing the drug court program and being discharged with no conviction (Witkin & Hays, 2019). The offender pleads guilty in the postadjudication form, and the sentence is suspended as they navigate through the treatment. Offenders are encouraged, knowing the offense is expunged, or the

penalty is waived once the offender completes treatment. As such, offenders must also understand the consequences of failing treatment and be aware that they could return to criminal court (King & Pasquarella, 2009). During the arrest, offenders must be charged with drug possession or a nonviolent crime, have been tested for drugs, or have a substance abuse problem (Fluellen & Trone, 2001). These factors aid in officials arranging offenders in drug court.

In 1989, the first drug court program in the United States was developed in Miami-Dade County and designed by Chief Judge Gerald Wetherington, Judge Herbert Klein, state attorney Janet Reno, and public defender Bennett Brummer. Drug court was created for nonviolent offenders to receive treatment (National Drug Court Resource Center, n.d.) and became a popular method for dealing with the increasing number of drug offenders. Drug courts emerged to provide other means for drug-using offenders to get help and reintegrate into society without committing new crimes. Individuals report to the appointed judges, case managers, and probation officers, then complete regular drug screenings and make frequent court appearances (Mitchell et al., 2012). Drug treatment court interventions are suitable for individuals because they provide continuous support from the court and other community organizations (Moore, 2014).

Researchers have studied the effectiveness of drug courts. Peters and Murrin (2000) compared groups at 12 months and 30 months and found that drug court graduates at 12 and 30 months were less likely to recidivate than individuals on probation and those who did not graduate. Peters and Murrin revealed that offenders who stayed in drug court had better outcomes than others. Other researchers have found that drug courts reduced recidivism among program participants as compared to comparable probationers. For

example, Truitt et al. (2022) indicated that the rate of individuals rearrested for felony crimes decreased from 40% before drug court to 12% after completing drug court in one county. Truitt mentioned that in another county, the felony rearrest rate decreased from 50% to 35%. Liang et al. (2016) studied drugs and driving under the influence and revealed that clients were satisfied and happy with drug court because they could abstain from drugs and achieve new things. Cosden et al. (2010) reported that offenders who participated in the drug court program relied on relationships and motivation, which helped offenders to complete or terminate treatment. However, Cosden et al. found that the drug courts' impact on recidivism varied by year due to program and judge changes over time; recidivism decreased from 17% to 26%.

Evaluations of the overall effectiveness of drug court programs are ongoing. Drug courts have shown to reduce recidivism in substance-abusing criminals (Rezansoff et al., 2015) and increase rehabilitation rates while keeping offenders out of prison (Emigh, 2017). McGuigan (2019) focused on community sentencing, and participants revealed that upon receiving drug court supervision, they could finally change their lives. McGuigan revealed that for the first time, participants felt like their feelings mattered, and understood behavior and its impact on others. In the same study, the participants received cognitive behavior therapy and anger management, which assisted them with examining offenses and discovering new things about themselves.

Gallagher et al. (2015) revealed that drug treatment court programs tended to be more efficient than probation. Threatening to send the offenders back to jail or prison and constant supervision produced better outcomes for treatment and recidivism than prosecuting the offenders (Rempel & DeStefano, 2001). Drug treatment court programs

provide individuals with a chance to be law-abiding citizens by treating the problems rather than resorting to harsh punitive measures (McGuigan, 2019). When offenders complete drug court programs, the offender has chosen to take advantage of a life-changing opportunity (Messer et al., 2016). Drug programs can provide a sense of hope and security for offenders who are willing to change. Shaffer et al. (2009) and Shannon et al. (2014) showed that recidivism rates for individuals in drug court were lower than those not in drug court.

In the late 1980s, drug courts were designed for men and had few program components that addressed women's needs (Chesney-Lind, 1989). Chesney-Lind noted that programs tended to concentrate on areas relevant to men. In the early 2000s, more gender-centered drug courts began to appear. Women functioned better during and after gender-specific programs (Marlowe et al., 2016). The Santa Clara drug treatment court responded by separating men and women during drug court (D'Angelo & Wolf, 2002). D'Angelo and Wolf showed promising outcomes included women being more attentive and supporting other peers during the program. Prendergast et al. (2011) evaluated the efficacy of a female-only treatment program as compared to a mixed-gender treatment program in an outpatient setting. Researchers hypothesized that female-only treatment programs would improve treatment outcomes for women (Bloom et al., 2003; Covington, 2008; Messina et al., 2010). Wyoming created a program where women served their sentence at an alternative boot camp rather than serving a lengthy sentence (Kajstura, 2018). Wyoming's boot camps were open only to men, so women had to travel as far as Florida to serve prison sentences instead of serving less time in boot camps. In 2017, Wyoming allowed women to attend an alternative boot camp for 6 months rather than

serving time in prison (Kajstura; Stladmin, 2018). Prior researchers have revealed that offenders who graduated from the program were less likely to reoffend than those who did not graduate (Gallagher, 2014; Goldkamp et al., 2001).

Challenges and Barriers Perceived by Women in Drug Court

Women in drug courts face various challenges and barriers (D'Angelo & Wolf, 2002). D'Angelo and Wolf reported that women have more financial and educational issues; some have mental health conditions and have experienced mistreatment from others or even abandonment. Women with substance abuse disorders are different from men (National Institute on Drug Abuse, 2020). For example, there are biological reasons for such differences (e.g., hormones and pregnancy). The National Institute on Drug Abuse revealed that women are more vulnerable to relapse and have more urges to use substances for reasons such as managing pain or maintaining weight. Drug users also have mental health issues (Gray & Saum, 2005). The National Institute on Drug Abuse reported that individuals who are drug abusers are often diagnosed with other mental illnesses. For example, individuals may have anxiety, depression, or develop other issues associated with addiction.

King et al. (2018) reported that women offenders have shown mental health characteristics linked to recidivism. Women offenders are more prone to experiencing sexual, physical, mental, and emotional abuse and are usually of low socioeconomic status, mothers of young children, and unemployed (Messina et al., 2006). Women may sometimes feel discouraged or defeated by life stressors such as family issues or lack of resources. Sartor et al. (2012) studied exposure and PTSD among women in drug court. Sartor revealed that 71% of women had been exposed to trauma, and 21% had PTSD.

Trauma may be one reason women need programs that provide them with more support to complete drug court. Women function better during and after gender-specific programs (Marlowe et al., 2016).

Researchers have shown that women in treatment programs tailored to their needs have high completion rates and low failure rates (Ashley et al., 2003; Campbell & Alexander, 2005; Grella, 2008; Hser et al., 2011; Lyons & Rittner, 1998; Thurman & Berry, 1992). Women may fear treatment because of the risks associated with leaving their children and violence from significant others (Gilchrist et al., 2012). Women deal with issues concerning insufficient education and employment, which limit the possibility of becoming law-abiding citizens (Alemagno, 2001; O'Brien & Leem, 2006). Women substance abusers with insufficient educational or employment histories tend to have fewer possibilities in the community and women released from incarceration may not be equipped to enter the community because of severe problems before jail or prison (Substance Abuse and Mental Health Services Administration, 2020).

Furthermore, it is difficult for pregnant women to access treatment due to the lack of programs willing to treat pregnant women because of the associated costs, lack of medical coverage, fear of legal consequences, and involvement of child protection services (Substance Abuse and Mental Health Services Administration, 2020).

Researchers examining the experiences of pregnant women with addiction have focused on structural barriers and vulnerabilities. Individuals who struggle with substance abuse may not seek treatment because barriers hinder individuals from doing so (“The Top Barriers to Addiction Treatment,” n.d.). Some of those are personal barriers such as denial, time conflicts, treatment fears, failing to acknowledge substance use as a primary

problem, denying the problem, and being unable to pursue treatment (Allen, 1995; Grant, 1997; Green, 2006; Kenny et al., 2011; Taylor, 2010; Xu et al., 2007; Zenmore et al., 2009).

Other internal barriers for mothers who have substance abuse disorders may be fear of social stigma placed (Copeland, 1997; Finkelstein, 1994), feeling guilty about drinking (Richie, 2001), and being concerned about losing custody of their children (Grella, 1996). External barriers include systemic (Allen, 1995), environmental, and structural barriers (Owens et al., 2011) or treatment program characteristics (Schober & Annis, 1996). As compared to men, internal barriers for women include more psychosocial risk factors (e.g., depression, anxiety, victimization), more social stigma toward female addiction, and fewer social and financial resources that lead to chronic underemployment for poor women (Green, 2006; Richie, 2001; Schober & Annis). Additional internal barriers specific to women include a lack of gender-sensitive treatment programs, lack of support or opposition to treatment by family and friends, and social disapproval (Allen; Blum et al., 1998; Taylor, 2010; Tuten & Jones, 2003).

Support System During and Post Drug Court

Researchers have argued that humans have three psychological needs necessary for psychological well-being: autonomy, competence, and relatedness (Fortier et al., 2007). Fortier et al. explained that autonomy is the ability to make an informed decision and is related to an individual feeling like they have care and love from others. Autonomy refers to a sense of volition and perceiving an internal focus of control. Fortier et al. mentioned that individuals may feel their actions are emanating from themselves, reflecting who they are instead of reflecting external pressures. Fortier et al. also mentioned that

individuals may view life differently from others and want to succeed at any cost because it fulfills them. Support for autonomy can come from anyone, including family, healthcare workers, judges, or even probation officers (Fortier et al.; Williams et al., 2002). Autonomy is supported when an individual attempts to understand and recognize another person's wishes.

Competence is when an individual capitalizes on opportunities (Cherry, 2021). Competence is about a person's sense of self-efficacy when doing activities and feeling they can complete projects and achieve goals.

Cherry (2021) explained that relatedness is an individual's desire for a connection with others and is more of an interpersonal dimension. Individuals may reflect on how they feel connected to others, have caring relationships and feel they belong to a community (Cherry). Relatedness is supported when others are included, display interest in someone else's liveliness, and respond to feelings (Fortier et al., 2007). It is essential to acknowledge how support and connection from relatives can help bring about positive behavior change (Fortier et al.; Williams et al., 2007). Cherry explained that when a person's demands are supported, they can act more autonomously and may feel better overall. Researchers have revealed that individuals who have received help from others guiding them toward the right path will have positive life outcomes (Cavello et al., 2016).

Early theories of motivation suggested that an individual either had or did not have motivation (Center for Community Health and Prevention: Patient Care, n.d.). If someone does not think they can complete the behavior and fulfill the result, the individual may become frustrated and give up. For example, when individuals have an addiction problem but have no knowledge of how or where to obtain treatment, they may continue to relapse

and commit crimes. The Center for Community Health and Prevention: Patient Care reported that individuals require support to understand their goals and recognize barriers. In drug rehabilitation settings, Boroumandfar et al. (2020) showed that women could be fulfilled and live more suitable lives if strategies to prevent addiction had family support.

An individual may be motivated by rewards, punishments, and life demands (Center for Community Health and Prevention: Patient Care, n.d.). Individual's values or interests can also drive motivation, and the individual can feel pressure to act in a certain way (Center for Community Health and Prevention: Patient Care). Individuals are more autonomous when their behaviors are driven by values or interests (Center for Community Health and Prevention: Patient Care).

Support for women in drug court is crucial in assisting them in completing the program. One focus should be on family support and the severity of the problem in relation to having the help of one's family. Several women enter a drug court with issues or problems that need support. Women are unemployed, lacking life skills, isolated from family, homeless, or have children that depend on them (D'Angelo & Wolf, 2002). Factors may increase women's stress, thus making it harder for women to navigate the program without support or guidance. Jones et al. (2018) reported that women either may reoffend while in the program or may complete the program and reoffend once back in society. Jones et al. also revealed that the lack of social support, poverty, and instability of parent-child relationships can be associated with heavy drug use. Women may struggle to obtain social support and develop supportive networks (Tracy & Martin, 2007).

Men usually have larger support systems than women (D'Angelo & Wolf, 2002). Men have girlfriends, friends, and employment to keep them under restriction. In contrast, community members may reject women because they believe that women should be more *together* and not crumble under societal pressure (Brown & Bloom, 2009). Brown and Bloom mentioned women have reported that the stigma of incarceration remained once they were back in the community, making it difficult for women to reintegrate. Women who receive support may become successful once again (Lambert et al., 2013).

Women who support and connect with others are happier and more motivated to fulfill goals; they may feel empowered by the ability to develop lasting, interpersonal connections (Covington, 2008; Kaplan, 1986; Miller, 1986). Researchers have indicated that positive relationships and social support can improve women's health (Coker et al., 2002; Fortin et al., 2012; Sherman et al., 2011). However, women have expressed that support from healthcare specialists was necessary (Hamberger et al., 1998). Women have also discussed how personal and family-related health issues may leave them feeling unmotivated and isolated from support (Crane & Constantino, 2003). Nyamathi et al. (1995) discovered that social support helped to reduce stress and depression among homeless women.

Support from staff members and judges helped women complete the drug treatment court program and not recidivate (Fischer et al., 2007). According to Fischer et al., women have reported feeling supported and cared for by staff members, such as counselors, teachers, or aftercare workers. Involvement in treatment programs group counseling sessions, and other sanctions has proven to aid offenders with successfully

navigating the drug courts (Gibbs & Lytle, 2020). Treatment success may depend on the addicted individual receiving social support (Bacharach et al., 2010; Mendoza et al., 2015).

Goldberg et al. (2019) revealed that women strongly desired support from their families. Women who were previously incarcerated may find themselves relying on social support. Social support may decrease the likelihood of recidivism (Cottle et al., 2001).

Researchers have discussed the importance of motivation, support, and family circumstances in reducing recidivism. These factors have reduced the 3-year recidivism rate for women from 50% to 38% (Messer et al., 2016; Mitchell et al., 2012). Social support provides a sense of belonging for women (Hagerty et al., 1996); women with a sense of belonging may have more courage and believe they deserve a better life (Lambert et al., 2013). Programs that support women's adaptation should be available during and after treatment (Gilligan, 1982; Miller, 1986; Walt et al., 2014). An adjustment might include embedding social support and empowerment components into a program.

Social support consists of several components, such as being expressive (listening to individuals) and providing instrumental help or assistance (Bohmert et al., 2018). Social support can be expressive because it relates to a person's emotional support and other connections. Social support can improve outcomes in opioid use disorder (Kumar et al., 2021). Kumar et al. found that intervention outcomes were improved using social network supports, and family support was the most important factor affecting such outcomes. Bohmert et al. noted the instrumental aspect of social support refers to

supportive relationships and how those relationships help individuals attain goals.

Bohmert et al. mentioned that someone may assist an offender by helping them build a resume and social support can be at the individual, community, or societal level and delivered formally or informally. Substance users have increased treatment retention and reduced relapse after receiving social support (Dobkins et al., 2002; Stevens et al., 2015).

Women return to the same communities and the same issues that led them to jail and toxic relationships (Richie, 2001). Richie reported that scenarios may occur when women lack the foundational social support to help them reintegrate without recidivism. Often, family members do not want to help the addicts because of fear that the addict will recidivate, possibly leading to long-term family tensions due to the offender's past drug addiction (Christian et al., 2015). Christian et al. reported that family members may believe that the addict's behavior is a never-ending cycle and may have little faith in the offender rehabilitating. Christian et al. also reported that some family members might choose to support an individual in need because other family members refuse to support the person. Sometimes people cannot depend on family, so they turn to friends for guidance (Freudenberg et al., 2005; LeBel et al., 2015), some of whom are past associates with ill intentions. As such, Goldberg et al. (2019) argued that evaluating whether family relationships support or motivate positive recovery in women in the drug court program is necessary. Family support may go through stages. Individuals have reported that prerelease experiences of family support differed from postrelease experiences of family support (Naser & La Vigne, 2006). Researchers have studied how family support changes over time during the reentry process (Boman & Mowen, 2017; Stansfield et al., 2017).

Brown and Ross (2010) revealed that peer mentoring in Australia was a cost-effective support method. However, although peer mentoring increased the social wealth of individuals in drug treatment programs, peer mentoring was unsuccessful at helping women with recovery. In particular, some women believed that recovery would not occur if the mentors were unfamiliar to them (Brown & Ross). Sowards et al. (2006) argued that someone who has recovered could be a powerful instrument in motivating women. For example, having an individual who has experienced identical effects can aid in recovery. Warner-Robbins and Parsons (2010) suggested that pairing someone who is new to recovery with someone who is a veteran in the program will promote motivation and engagement while in treatment.

In substance abuse treatment, motivation is essential for the offender (Melnick et al., 2014). An offender's desire to change their behavior, enter treatment, participate in programming or complete treatment may be referred to as motivation (Drieschner et al., 2004). Motivation is also fundamental to transformation in the transtheoretical model of behavior change (Prochaska et al., 1994). The transtheoretical model describes how someone advances across several stages of change.

Community Support

Community support can help motivate drug-abusing women to abstain from drug use (Lee & Boeri, 2017). Lee and Boeri revealed that having community support helped women form bonds and relationships outside the circle of drug users. Therefore, it is important to understand the role of social support for women dealing with addiction and substance abuse issues. Support from the community can reduce recidivism in women if

they have consistent levels of support. Forming new relationships in the community is essential when contemplating helping past drug offenders to sustain drug-free lives (Boeri et al., 2016; Moos, 2007; Zschau et al., 2016).

Lee and Boeri (2017) suggested that treatment assistance and services should focus on a person's social environment after treatment and indicated that community involvement and social services could deter drug use in women. Women who have completed drug court face several reentry challenges and insufficient community resources (Morse et al., 2014). Women may be without employment, transportation, childcare, and housing. Morse et al. researched women's health and psychological needs in drug treatment court and revealed that women's access to childcare affected their ability to meet the obligations of drug treatment court.

Gallagher and Wahler (2018) investigated drug court graduation rates and revealed that the offenders' communities were a crucial element of drug court. In Gallagher and Wahler's study, offenders stated that the community, environment, and companions harmed their intentions to graduate and stay arrest-free. Still, when individuals return home, they return to the same environment with no support to maintain any changes made. Individuals in the study indicated their environment was the reason why they were unable to graduate (Gallagher & Wahler). Other researchers have argued that oppression and several differences may restrict the community resources that could assist women in achieving goals (Kabeer, 1999; Kasturirangan, 2008; Morgan & Coombes, 2013). For example, Cattaneo and Chapman (2010) asserted that women in the criminal justice system who return to communities that provide inadequate support should know how to obtain resources that could aid success.

Women may encounter several difficulties while attempting to transition into society. For example, one challenge women may encounter is gaining financial stability (O'Brien & Leem, 2006); financial instability is one cause for women to reoffend (Johnson, 2014). Thompson et al. (2002) found that African American women saw themselves as having low levels of social support. The women had little knowledge of community resources, so they became at risk for suicide. Officials must understand that women reentering the community must know about resources and support (Barringer et al., 2017). Drug court treatment programs have combined social support and empowerment in programs geared toward women with substance abuse disorders (Messina et al., 2010). Messina et al. revealed that women-specific programs reduced recidivism rates compared to other therapeutic programs.

Family Support

Family support helps offenders access additional support and services (“What is Family Support,” n.d.). What is Family Support noted that family support is a community-based approach and can increase families’ strength and flexibility. Family support also gives communities the power and ability to provide for families. Substance abuse impacts families worldwide (Magura & Laudet, 1996). Copello et al. (2000) argued that “It is estimated that at least two family members will be adversely affected by a relative’s substance abuse” (p. 334). An estimated 100 million families worldwide are affected by a family member who has a substance abuse problem (Orford et al., 2013). Drug addiction impacts everyone connected to the substance user, from parents to children to siblings to close friends.

Although substance abuse affects each family differently, there are some common problems that families face when a member is addicted to drugs, including financial difficulties, legal issues, emotional distress, and domestic violence (Orford et al., 2013). Orford et al. mentioned that loving an individual with a habit can be difficult, painful, and chaotic. Drug addiction impacts the whole family, and treating the addicted individual may not result in lasting changes within the family unit (Orford et al.). Individuals must understand that addiction affects not just the user but also affects the families' physical health and emotional well-being (Copello et al., 2000; Orford et al.).

Individuals who have abused drugs may strain society and influence social functioning (Daley, 2013). Daley reported that a person's disorder can lead to medical issues, disability, or even death from overdose. Children whose parents abuse drugs may deal with family instability and poor parenting (Magura & Laudet, 1996). An estimated 80% of child welfare problems are related to parental substance abuse (Osterling & Austin, 2008; Young et al., 2007). However, an estimated 13% of parents receive treatment. Child welfare will refer parents to treatment, but parents may not take advantage of the help (Oliveros & Kaufman, 2011). Belcher and Shinitzky (1998) examined factors that place children at risk for developing substance abuse, including behavioral, emotional, and environmental problems. Crum et al. (1996) found a relationship between neighborhood disadvantage and exposure to cocaine and that youths who live in impoverished areas were more likely to be offered cocaine than youths in more advantaged areas.

Family support tends to decrease when substance abusers continue harmful habits. Both nuclear and extended family dynamics may become impaired, causing abusers to

become isolated from their families (Department of Social Development, 2012). Low-income mothers who have stressful relatives have high depression symptoms (Taylor & Budescu, 2013). Department of Social Development mentioned the three important aspects related to family stability and relationships—encouraging healthy family life, strengthening the family, and building family security. Encouraging healthy family life focuses on positive attitudes within the family. Strengthening family relies on support and safety to yield favorable results. The Department of Social Development also mentioned that family security focuses on treatment and other resources to help improve family dynamics.

Kelly et al. (2010) assessed the psychometric characteristics of a measure of social support and found that, as compared to individuals out of treatment, individuals in treatment perceived more help from their companions and family outside the home, friends, and communities at treatment reentry. Kelly et al. also revealed that about 31% of individuals out of treatment confessed to living with someone who used drugs versus 19% of individuals in treatment. Kelly et al. further revealed that almost half of the individuals out of treatment admitted to having at least one friend who used drugs, as compared to one-third of the individuals in treatment. Families that use drugs are more likely to be unsupportive of the individual's attempt to quit using drugs. Similarly, individuals out of treatment will see less support from those who are current drug users (Broome et al., 1997; Gandhi et al., 2006).

Religious Support

Religiosity is a person's experience of being spiritual or engaging in ritualistic practices, such as visiting worship services, reading the Bible, or other religious exercises

(Acheampong et al., 2015). Researchers have examined the influence of religiosity on substance abuse and found that religious support is essential in decreasing alcohol use (Cheney et al., 2014; Gmel et al., 2013). Gmel et al. found that religiosity was important in reducing alcohol and illegal substance use. Cheney et al. focused on cocaine use and the influence of religion and spirituality among minority individuals. Cheney et al. suggested that officials should focus on religiosity and the impact of cocaine usage in high-risk communities.

Social control theory may explain religiosity and substance use. The social control theory assumes that preventing corrupt behavior is associated with individuals' loyalty, beliefs, and attachments (Hirschi, 1969). Social control theory suggests that individuals will commit offenses because of weaknesses in life that restrain them, such as forces like fear or intimidation (Schreck et al., 2006). Schreck et al. indicated that individuals may not commit crimes because of the forces encouraging them to do wrong. Individuals lacking relationships or support may be more likely to engage in criminal activities (Daly, 1989). Drug abuse and believing in a higher power are addictive (Sussman et al., 2011). Addiction is powerful, and addictions are hard to break, and researchers have suggested that officials should make faith-based substance abuse interventions available to anyone who is interested (Bakken et al., 2014).

Spiritual practices and coping can either be negative or positive. For example, positive religious coping may involve an individual having faith in a more influential power to discover their purpose or support (Ahrens et al., 2009). Harmful spiritual practices include individuals who struggle to trust God and allow hurtful, dangerous things to happen (Ahrens et al.; Pargament et al., 2001). These individuals may blame

God and distance themselves from the beliefs that had previously made them feel more peaceful. Religious individuals may build connections with others. Furthermore, based on the reasoning behind social control theory, individuals with higher religious commitment should display less criminal activity (Schroeder et al., 2018). For example, Schroeder et al. revealed that criminal activity may increase if people do not fulfill religious obligations or believe in a higher being.

Financial Support

Community members may be concerned when offenders return to communities. The offenders' support level is uncertain once they are released from treatment or incarceration (Denney et al., 2014). After being incarcerated, reintegrating individuals may find themselves having the same financial instability they experienced before incarceration. Denney et al. revealed that offenders may fear reoffending because of few employment resources. The offenders may face inadequate job skills, limited employment, and few housing options. Denney et al. also revealed the concern surrounding offenders' financial support is the high percentage of offenders who are discharged and then recidivate within three years of release.

Offenders who are incarcerated are more likely to come from socially impoverished environments (Fergusson et al., 2004) than individuals who are not incarcerated. For example, without adequate financial support, it is hard for an individual to access educational opportunities, obtain and maintain employment, obtain stable housing, and utilize transportation (Denney et al., 2014). Denney et al. argued that the focus should be on social support and when an offender's basic needs are met, offenders can help other individuals experiencing similar results. Denney et al. mentioned that social support

consists of peers, family, and community members who provide financial and emotional support while the offender is incarcerated and when the offender is reentering society.

Peer Support

Although there is extensive research on social support, there is little research on social support in the form of peer support (Taylor & Becker, 2015). Cochran (2013) studied the relationship between inmates who are visited in prison and recidivism. Cochran defined peer support as the number of visits an inmate received during their prison sentence. Findings indicated that receiving a visit closer to an offender's release date was unrelated to recidivism. The inmates who received visits earlier in the term and who were visited more consistently were less likely to have new arrests as compared to inmates who never received visitors (Cochran). Cochran also found that social support (i.e., peer support) reduced recidivism.

Peer support is a means of providing and receiving nonprofessional assistance from individuals who have experienced similar situations (Tracy & Wallace, 2016). Peer support is separated from other interventions; it is challenging to determine its effects (Tracy & Wallace). Settings that provide peer support include residential treatment facilities, sober living facilities, Alcoholics Anonymous, and community settings. Tracy et al. (2012) examined a mentorship program for individuals with alcohol issues that consisted of peer support groups and one-on-one sessions. Tracey et al. revealed that mentees had gradually eliminated their alcohol intake until they could abstain from alcohol.

Summary

What women endure during and after incarceration is unknown (Schnittker, 2014). The time immediately following incarceration is crucial for anyone trying to recover from substance abuse, imprisonment, and stigma. Women drug offenders need communities, friends, family, and others to help support them (Lambert et al., 2013).

Chapter II has discussed the link between recidivism, women, substance abuse, and social support. This literature review examined family support systems for women who have completed drug court and the role that family support played in preventing recidivism. In Chapter III, the methodology for this research study is presented.

CHAPTER III: METHODOLOGY

Introduction

This qualitative phenomenological study aimed to understand how women who were previously incarcerated and had completed a drug treatment program described the role of family support systems in preventing recidivism.

This chapter is divided into nine sections that describe the methodology for the current study: 1. research design, 2. research questions, 3. study setting, 4. participant recruitment and selection, 5. researcher's role as the *human instrument*, 6. data collection procedures, 7. data analysis procedures, 8. strategies to ensure trustworthiness, and 9. ethical considerations and implications of the research.

Research Questions

The current study centered around one overarching research question: How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?

Subquestion 1. was: How do participants describe the role of family support systems prior to treatment?

Subquestion 2. was: How do participants describe the role of family support systems during treatment?

Subquestion 3. was: How do participants describe the role of family support systems after treatment?

The findings for this question added more knowledge to the existing literature. Different topics will be explored through this question to form an explanation based on input and reflection from a collaborative research team.

Research Design

This current study focused on understanding how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism. Although several quantitative and qualitative analyses have been conducted on women and drug courts, there remains a gap in the literature on the experiences of women who have completed a drug treatment program describing the role of family support systems in preventing recidivism. Using a qualitative research method helped me gain insight into the participants' perceptions through in-depth interviews (Creswell & Poth, 2018).

A qualitative approach was selected for the current study because it provided an exploratory advantage that is not available in a quantitative approach (Alase, 2017). In quantitative research, researchers separate themselves from participants, and they examine numeric data (Quick & Hall, 2015). In the current study, I sought to enter participants' worlds and holistically understand their experiences. Doing so allowed me to discover and analyze the perceptions of previously incarcerated women who have completed a drug treatment program and how they describe the role of family support systems in preventing recidivism.

I chose phenomenology to understand the nature of the phenomenon by exploring the views of those who have experienced it. Phenomenological designs target lived

experiences and provide detailed descriptions of commonalities across participants that are related to the phenomenon under investigation (Creswell & Poth, 2018).

Phenomenological research allowed me to develop a deep understanding of participants' experiences as women who have completed a drug court while focusing on the role of family support system in preventing recidivism. According to Peoples (2020), a phenomenological research study is used to answer the question, “What is it like to experience a certain phenomenon?” (p. 3). Through this experience, I made sense of the incident, created perceptions of that experience, and interpreted it (Peoples).

For the current study, transcendental (also referred to as descriptive) phenomenology was suitable for establishing validity and supporting my findings to be coded and displayed in general terms (Neubauer et al., 2019). Transcendental phenomenology allows the researcher to examine the phenomenon with fresh eyes and an open mind, which can aid in cultivating new knowledge from the nature of experiences (Moustakas, 1994). I tried to achieve transcendental subjectivity such that I could assess my impact on the questions and not allow my biases and assumptions to affect the object of study (Lopez & Willis, 2004). The researcher should stand apart and refrain from allowing subjectivity to inform the descriptions offered by the participants.

Researchers can also use the epoche method, or bracketing, to account for any biases and discount past experiences to study the phenomena (Vagle, 2018). The epoche method allows the researcher to set aside past understandings, knowledge, and assumptions about the phenomenon. Some biases might include preconceptions about women and their experiences postdrug court and any other opinions about the support or recidivism of the

women. Data collection, presentation, and interpretation can be influenced by the researcher if the assumptions, values, and emotions are tied to the subject or population (Tufford & Newman, 2010). Researchers can set aside but not reject preconceived ideas so that they can complete the study with an open mind and be transparent and honest about theories and assumptions (Starks & Trinidad, 2007). As I analyzed the data and evaluated the responses, I reflected on my experiences working with individuals who were recovering from substance abuse. I set aside my past understandings and beliefs so I could utilize the epoche method.

The purpose of this qualitative phenomenological study was to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism, in order to contribute to the existing literature and offer more relevant information on the role of family support before, during, and after drug treatment court. To be eligible to participate in the current study, women needed to be age 19 or older. I selected a drug court program in Central Illinois for this research because of its geographical proximity to me. The program is designed for nonviolent offenders on probation and those who have recidivated on felony drug possession charges. Offenders voluntarily participated in the program after meeting the program requirements (Drug Court, n.d.). Drug Court explained the program's mission is to support offenders in recovery from drug and alcohol addiction. The program also aims to aid offenders returning to their communities through substance abuse services, intensive supervision, and counseling services.

Participants and Settings

The primary participants in the current study were women who had completed a drug treatment court in Central Illinois. To be eligible to participate in the current study, women had to meet the following inclusion criteria:

- Identify as a person who has completed a drug treatment court in Central Illinois
- Identify as a person in recovery from substance abuse
- Identify as a woman aged 19 or older
- Identify as a woman who completed drug treatment within two years
- Identify as a woman who participated in a drug treatment court and was previously incarcerated

Implementing purposeful and convenience sampling enabled me to select the study sample. A purposeful sampling strategy gets an array of diverse participants for the research and allows the researcher to fully describe the participants' experiences (Patton, 1990). The more purposeful the sample is, the more limited the threats to external validity will be (Andrade, 2020). The most practical technique to reach the desired population sample is convenience sampling. Convenience sampling is a nonprobability sampling method and, therefore, was chosen due to its convenient access to the researcher (Salkind, 2012). Andrade showed studies that use convenience sampling may have less external validity because the results are not generalizable to populations that differ from the population from which the convenience sample was drawn. Andrade reported that the findings relevant to subpopulations can be identified through convenience and purposeful sampling. A purposeful sampling method was used after identifying an initial, larger sample from convenience sampling.

Although the number of participants was small, I tried to recruit a diverse sample. I attempted to recruit a racially diverse group of participants, aged 19 years and older, to provide the necessary information to address the research questions in the current study and to elicit novel information and perspectives from the participants; in turn, this may lead to better decision making and problem solving. Ajjawi and Higgs (2007) noted that a small, diverse sample is a valued characteristic of phenomenological research.

Phenomenological studies involve an extensive interviewing process. The average sample size in phenomenological studies ranges from five to 25 participants (Leedy & Ormrod, 2013). Although a larger sample size might improve the validity of the research, the time-consuming nature of interviews was a limitation. The sample size in a study should be determined based on the data needed to fully understand the experience or phenomenon under investigation (Cohen et al., 2000). A sample size of five was chosen because of time limitations.

The setting for this research was a drug treatment court located in Central Illinois. I contacted several individuals with knowledge of drug court programs and initiatives to identify an appropriate drug treatment court, including drug court judges, probation officers, and other drug treatment programs. Based on these conversations, I identified several drug court treatment programs in Illinois. I contacted administrators via phone, and discussions with them provided me with a preliminary knowledge of the drug court system and programs to support the rationale for the current study's setting.

After these preliminary conversations, I thought about various factors before deciding which drug treatment court programs would serve as the setting for the current study. Carrying out the current study alone, I had limited time to pick the most available

program. Therefore, I had to restrict the site to one program so I could complete the research within a reasonable timeframe and a restricted budget. When making the final decision about the research setting, I considered the sites' context and demographic characteristics. Given that the optimal setting for this research was a drug court program that offered the most diversity in size, geography (e.g., urban, suburban, and rural), and demographics (e.g., racial, cultural, and socioeconomic), a drug treatment court program located in Central, Illinois was selected as the site for this research.

A drug court program in Central Illinois was the site of this research because it met the geographic, demographic, and diversity requirements outlined above. The program is designed for nonviolent offenders on probation and those who have recidivated on felony drug possession charges. Offenders voluntarily participate after meeting program entry requirements (Drug Court, n.d.). According to Drug Court, the program's mission is to support offenders in recovery from drug and alcohol addiction. The drug court aims to aid offenders in reintegrating back into the community through substance abuse services, intensive supervision, and counseling services.

Procedures

Before collecting data or contacting any participants, I gained approval from the Institutional Review Board (IRB). The research plan and methods to obtain data were included for review. After receiving IRB approval, the recruitment process began using the approved sources, and potential participants were examined and given informed consent packets.

After arranging a telephone meeting with the judge, I received permission from the chief judge of the drug court to discuss the logistics of accessing former clients' contact

information so they could participate in the study. I am a probation officer for the Cook County Adult Probation Department, but I did not disclose this information to the judge or participants in the study because establishing a rapport without them knowing about prior professions or experience was important. Due to Covid-19 restrictions, an email with information on the study's nature was sent to the drug court judge. Then, I drafted a letter and sent it to the drug court judge, who mailed the letter to women who had graduated from the drug court. The letter consisted of the study's purpose, inclusion criteria, the number and email of the researcher, and willingness to participate (see Appendix A). Upon voluntary consent, the participants contacted the researcher via phone or email. Once participants signed the informed consent form, I scheduled dates and times to meet for individual interviews.

The participants were emailed or mailed an informed consent package and asked that it be sent back before the interview began. Draper and Swift (2011), informed consent is a crucial phase of the recruitment process and should include the following items: the study's purpose, participants' role, how rights will be protected before and after data collection, confidentiality, involuntarily consent the request for participants to opt-out at any time, and participants' chance to ask any questions. After the informed consent was signed by participants and returned to the researchers, interviews were scheduled to take place via Microsoft Teams. If a participant was unable to interview via Microsoft Teams, interviews took place over the telephone.

The Researcher's Role

As a researcher in the current study, I was dedicated to the ethical standards of honesty, respect, empathy, and responsibility (Yin, 2014). Phillippi and Lauderdale

(2018) mentioned the researcher is the instrument in a qualitative study, and researchers are active data collectors to understand the phenomenon better (Rivera, 2018).

In doing so, I could gain knowledge through direct interactions with the participants (Caelli et al., 2003). Researchers can recognize and accept that bias can occur during data collection and analysis, which demonstrates the researcher's credibility (Leedy & Ormrod, 2013). While interviewing participants, I utilized epoche, or bracketing, to block all prejudice and preconceived ideas to explore the phenomenon with a clear mindset (Moustakas, 1994). Epoche, also known as bracketing, is the method where preconceptions and assumptions are blocked to explain a phenomenon. Researchers will describe these experiences from a new perspective and treat those experiences as if it was the first time they had experienced them (Bevan, 2014). Bevan showed the attitudes shifted during the epoche and form new perspectives and experiences. In this case, I was able to gain new knowledge because I approached the study as if it was for the first time.

I am a probation officer for the Cook County Adult Probation Department; however, I did not reveal that to the judge or participants in the current study because I wanted to establish a rapport without them being concerned about my prior experiences or profession. Having experience in this field may have caused bias in how I approached the research and interview questions. A probation officer provides counseling services and supports clients with recovering from addiction issues. Because of this, I have preconceived notions of women and their experiences or what may cause recidivism. Throughout my experience working with previously incarcerated, addicted individuals, it has become evident that clients' motivation to get help and remain sober was family. I have witnessed that women's motivation and support is powerful determinant for

completing treatment and maintaining abstinence. I have also witnessed women stating that treatment alone was insufficient and needed more resources and support after treatment terminated. I also used to believe that only poor African American women on welfare were the only individuals with substance abuse issues, but that was not the case. However, during data analysis, I remained open to all answers that emerged to the research question.

As a researcher, I must remain vigilant and understand that my role was to refrain from recommending what could benefit the participants. My role in the current study was to answer the research questions through the information gathered from the interviews. There was no personal connection with any of the participants in the current study; if any participant's name was recognized, they were excluded. I was flexible and reflected on my beliefs, opinions, and expectations as I collected new data.

Data Collection

Semistructured Interviews

Data were collected using semistructured interviews with women who completed drug court (see Appendix B for interview protocol). Most interviews in qualitative research are semistructured (Koricich et al., 2018). Semistructured interviews are predetermined open-ended questions. I chose semistructured interviews to be more efficient and prepare ahead of time. Semistructured interviews may be time consuming and require resources. However, I wanted the participants to express their thoughts and open up about sensitive issues. The participants provided some general demographic information before the interview began, and the researcher audio recorded each interview with the participants' permission to ensure accuracy.

Interviews provided direct access to the participants with the hopes of building trust. I tried to build trust through open communication, active listening, and asking open-ended questions.

Interviews consisted of open-ended questions. Open-ended questions revealed pertinent information needed to gain knowledge for the study (Adams & Lawrence, 2019). The interviews were planned around the participants' schedules and could occur on a weekend if needed. The interviews lasted for about 40–50 min. According to Hoffding and Martiny (2016), this is within a reasonable time for extended interviews in phenomenological studies. I allowed more time as needed in the case of follow-up questions.

During each interview, the researcher restated information, paraphrased information, and questioned participants on the accuracy of the information. Restating, paraphrasing, and questioning participants can aid in interpreting and altering the participant's responses. Shoptalk was included, as I discussed the research and analysis with a trusted peer to provide me with questions and information (Saldana, 2016). The trusted peer worked for the state of Illinois, and she understood the phenomenon and has worked with addicted individuals; she voiced her thoughts and gave me ideas for the study. A supportive 1-hr counseling session, through 3 am LLC, was available for the participants to prevent feelings of discomfort.

The interviews were completed via Microsoft Teams video conference. However, phone conversations were available based on the participant's availability and to address any technical issues. If a participant could not interview via teams, interviews were done on the telephone. After receiving consent from the participants, interviews were audio

recorded to assist the researcher with data recall, transcription, and data analysis. Upon completion of the interviews, the participants were given a transcription of the discussions, via email, for member checking. Pseudonyms were used to protect the anonymity of participants. The participants verified the interview transcripts, and the researcher made the corrections as needed. The participants were asked to respond to any edits required in the transcripts within 48 hr. Member checking is used in qualitative research to assess the validity of findings and encourage the accurate exchange of information (Madill & Sullivan, 2018).

I kept a reflective journal to record all pertinent information, situations, and observations from participants' narratives of postdrug court experiences (Merriam & Tisdell, 2015). Merriam and Tisdell argued that journals are essential because they become a tool for making decisions, questioning, and critiquing, and they are referred to as reflection in action. I utilized the journal in three stages—before, during, and after the data collection. These reflections may help to develop the quality of the research project, the competence of the researcher, and future research (Althricher & Holly, 2005). The researcher may be able to reflect on issues, and a journal helps them remember the issues. My journal was stored in a protected folder, locked in a cabinet, and will be kept for an estimated 5 years before I destroy it.

The interviews in the current study were guided by Moustakas's (1994) transcendental phenomenological approach to the data collection process. Moustakas's data collection process includes using the epoche method to develop a rapport for a comfortable atmosphere, bracket the interview question, and proceed with the interview questions to collect detailed descriptions of the phenomenon. To resolve possible preinterview anxiety

and tension, the participants were asked an initial question that invited them to reflect on postdrug court experiences related to family support and recidivism. Moustakas noted that if the researcher begins the interview with comments and asks an initial question, the question allows the participant to provide meaning to the lived experience, sets the tone for the interview, and enables the participant to describe their experience.

Field Notes

Field notes were the supporting data sources for the current study. I typed and analyzed field notes throughout the interviews and compared them to transcriptions (Maxwell, 2005). The field notes included detailed descriptions of the particular events participants referred to and my thoughts about emerging themes. I documented any connections that I detected between or among participants' perceptions in the field notes.

Data Analysis

I used thematic analysis to analyze the data in the current study. The content from the interview transcripts was analyzed to identify themes. Thematic analysis is a tool for assisting with the researcher's status, listing themes, and analyzing (Braun & Clarke, 2006). Braun and Clarke explain how thematic analysis is a tool that utilizes themes to approach research, discuss a problem, and make sense of what was said. The thematic analysis includes six steps; Braun and Clarke developed this process, so the researcher becomes familiar with the data to record the themes present.

The first step in thematic analysis is understanding the data (Caulfield, 2020). I continued to read the transcription content and take notes until it was familiar to the eye. The notes were documented, and the initial responses were recognized for any ideas that emerged during the interviews.

The second step in thematic analysis is the initial coding of the data (Caulfield, 2020). Caulfield noted that researchers highlight segments of the data to identify shortcuts or labels to explain the content. It is vital to understand that researchers should not develop themes yet but develop codes in the data (Braun & Clarke, 2006). In this current study, I viewed line-by-line thoroughly, highlighting any words or phrases that attracted my attention, and implemented In Vivo and emotion coding to organize the themes and patterns within the data. In Vivo was used because it is for researchers who are learning how to code for the first time (Saldana, 2016). According to Saldana, capturing the terms and concepts of the participants is important because the researcher can grasp the meanings from the experiences of the participants. Saldana also explained that codes recalled and experienced by the participant and concluded by the researcher are labeled as emotion codes.

The third step in thematic analysis is creating themes (Braun & Clarke, 2006). I identified patterns within the codes, and I developed themes through analysis and reflection. At this stage, the researcher may decide that some of the codes are not relevant enough and may be deleted.

The fourth step in thematic analysis deals with reviewing the themes and gathering all the relevant data for each theme (Caulfield, 2020). The themes must be valuable and accurate data representations.

The fifth step in thematic analysis is when the researcher defines and names the themes presented (Caulfield, 2020). I examined each theme's meaning in-depth and explained how it helped interpret the data and hoped for the essence of the experience to emerge through this process.

The sixth and final step in thematic analysis requires writing up the entire data analysis, including the research questions and methodology (Caulfield, 2020). I provided examples that represented the report's validity. The nature of the experience was displayed through narration and tables.

Trustworthiness

Triangulation of the data is important to the trustworthiness of qualitative studies. According to Silverman (2006), using a second source can produce more detailed findings. The field notes and interviews were compared to pursue trustworthiness in the current study. Field notes and memos, including synthesized notes and thoughts, were retained during the current study. When affirming validity, credibility, and transferability, I determined that cross-analysis of the multiple data sources was the best method. According to Saldana (2016), the researcher must take the appropriate steps during a study to support the trustworthiness of the results. Trustworthiness was addressed in credibility, transferability, dependability, and confirmability.

Credibility

Credibility in a qualitative research study shows that the study measured what it intended to measure and that the study is an accurate representation of participant experiences (Maher et al., 2018). In this current study, member checking was used to support credibility. I conducted member-checking by asking for participant feedback on the interview scripts for validation (Smith & McGannon, 2018). The participants in the current study received a copy of the interview transcripts. Upon conclusion of the transcripts, there was a discussion of the integrity and accuracy of the transcripts between me and the participants. The participants communicated approval and satisfaction with

the transcripts and my work. Member checking helped reduce bias by empowering participants to review and verify results (Birt et al., 2016). Member checking was conducted to ensure that participants' lived experiences were captured and described in detail.

Transferability

The researcher should establish transferability to see whether a study's findings could be adapted to other scenarios and contexts (Noble & Smith, 2015). It is established to show that the components of a study are transferable and could be applied to participants, groups, and settings (Suter, 2012). The findings of participants' experiences were written with rich, thick descriptions of the lived experiences postdrug treatment, focusing on the role of family support system in preventing recidivism. Future researchers may aspire to shape research based on the current study to produce similar results because it has provided a substantial level of detail. Detailed and thick descriptions tell a story and provide readers with texts so rich in detail that they feel as if the event or object of the description is real (Stahl & King, 2020).

Dependability and Confirmability

In qualitative research, dependability refers to the ability of the study to result in comparable findings if it were repeated in the same context with different participants (Suter, 2012). The evidence in the current study was shared to confirm the study's ability to be replicated with comparable results. An audit trail was incorporated, and the data collection process was discussed in detail to guarantee dependability (Forero et al., 2018).

Ethical Considerations

The researcher conducted this current study with the highest ethical principles and ethical standards to protect the rights and well-being of the participants. The ethical guidelines for research involving human participants of the American Psychological Association (APA) were adhered to in the current study. This research did not commence until it was preapproved by the Olivet Nazarene University IRB, and all exercises were carried out under the IRB-sanctioned research protocol. Once IRB approval was obtained, I began conducting the research by recruiting and screening participants, obtaining informed consent, collecting data, and debriefing participants. Participants could withdraw from the study at any time with no adverse consequences. During data transcription, the participants' identities were removed, including names or any aspect of identity. Pseudonyms names in the verbatim quotes referred to the participants to protect their anonymity. The data were stored in a password-protected folder on a personal computer and will be kept on file for an estimated 5 years before being deleted. Only myself and my dissertation committee members had access to any information regarding the current study.

Summary

This chapter presented a rationale for using a phenomenological qualitative design method to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism. It aimed to clarify why women commit new crimes after treatment. During the current study, qualitative phenomenological research was chosen. Data sources included in-depth interviews. This chapter presented detailed information on the study's methodology,

including a description of participants, data collection and analysis, and strategies to help ensure precision throughout the current study. The chapter concluded with a review of the procedures I used to improve the trustworthiness of the findings. Chapter IV will present the findings from the study.

CHAPTER IV: FINDINGS

Introduction

Chapter IV presents the research results. This qualitative phenomenological study aimed to understand how previously incarcerated women who have completed a drug treatment program describe family support systems' role in preventing recidivism. The research findings included three themes: starting sober, becoming an addict, and returning to being sober. The researcher discusses the themes using participants' responses to answer the research question.

Research Question

This qualitative phenomenological study aimed to understand how previously incarcerated women who have completed a drug treatment program describe family support systems' role in preventing recidivism. The study addressed the following primary research question: How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?

Subquestion 1. was: How do participants describe the role of family support systems prior to treatment?

Subquestion 2. was: How do participants describe the role of family support systems during treatment?

Subquestion 3. was: How do participants describe the role of family support systems after treatment?

The structured data analysis used in this phenomenological study was that of induction. The researcher read the raw data collected from the semi-structured interviews, derived commonalities within the women's experiences, and grouped those commonalities into specific themes regarding previously incarcerated women who have completed a drug treatment court program.

Participants

The primary participants in the current study were women who completed a drug treatment court in Central Illinois. Five women participated in the current study. To participate in the study, participants had to meet specific criteria, such as identify as a person who has completed drug treatment court in Central Illinois, identify as a person in recovery from substance abuse, identify as a woman aged 19 or older, identify as a woman who completed drug treatment within the past 2 years, and identify as a woman who participated in a drug treatment court and was previously incarcerated. The five participants ranged in age from 36 to 60 years old. The average age was 45. Three women identified as African American and two as White/Caucasian. Two of the participants earned a General Educational Development (GED). Two women completed some college, and one earned an associate degree. The vocations of the participants varied. Mary worked as a store clerk and Heather as a home healthcare aid; three participants were unemployed at the time but actively searching for employment. All but Queen had children; one was married, one had a fiancé, one was single, and one was divorced. All participants graduated from the program within the past 2 years. There were

a total of five interviews averaging 40 minutes. These brief descriptions illustrate the researcher's impressions of the participants. Pseudonyms were used to create anonymity and encourage the participants to be as forthcoming as possible in describing experiences. Table 1 presents the demographic characteristics of participants. The instrument used to collect participant demographic information can be found in Appendix C.

Table 1

Participant	Gender	Age	Race	Marital Status	Education Level	Employment
Mary	Woman	45	African American	Single	GED	Employed
Violet	Woman	36	White/Caucasian	Engaged	GED	Unemployed
Queen	Woman	45	White/Caucasian	Single	Some College	Unemployed
Heather	Woman	59	African American	Divorced	Some College	Employed
Piper	Woman	Unknown	White/Caucasian	Married	Associate degree	Unemployed

Demographics

Mary

Mary is a 45-year-old African American single mother of eight children, born and raised in the Midwest. Being excited to participate in the study, Mary mentioned receiving the letter and immediately contacted the researcher to express her interest in participating because she wanted her voice to be *heard*. She also expressed that she thought the current study was necessary and wanted to help other women in any way

possible. Mary grew up in a single-family household with her mother and sister, both successful in their careers. Mary spent the summer months in a metropolitan city with her family throughout her childhood because her *mother was a workaholic* who wanted Mary to be connected to family and safe. Although her father was not around, Mary still desired a lasting relationship with him.

Her stepfather introduced her to prescription pills at the tender age of 16. Mary describes this time as *graduating from weak to strong drugs because I was addicted to the feeling and needed something stronger*. As years passed, she became addicted, which led her to distance herself from family and friends. Mary described her addiction and said, “I shied away because I was doing my thing, and I was an addict who was ashamed and embarrassed.” Currently, Mary is employed and has earned her GED. She attributes her successful completion of drug court and staying clean to God and her family. Mary recalled time spent in jail, and the guards moved her to a one-person cell. She describes her time alone while in the cell and said, “Time by yourself is amazing, and you will learn who you are when you are alone.” She leaned back and said, “I’ll tell anyone; I don’t mind telling you about me because I know who I am.”

Violet

Violet is a 36-year-old Caucasian woman who loves to communicate. She is vibrant and full of life. Violet was born in the south and then moved with her family. As an adult, she moved to the Midwest. Her parents were functional alcoholics, so they could drink daily but still function. She mentioned, “There were never drugs in our household, but there was alcohol.” She noted that she has earned her GED and is looking for employment, hoping to receive a call any day. Violet said her biggest accomplishment

was graduating from the drug treatment court. She was in and out of treatment for years until she finally stayed clean. Violet stated, “I had a choice to either stay or run, and I chose to stay and get clean.” During those 8-9 months, she found herself. She mentioned that she had never accomplished anything in life. Drug court gave her the strength to know that anything was possible.

Queen

Queen is a 45-year-old Caucasian woman who grew up in the Midwest, but at 17, she moved to a metropolitan city because her mom believed that moving would provide a better life for her. Queen always referenced that her life was better when sober and naive. She describes this time said, “When your younger, life just makes more sense, and when you are older, life is throwing curve balls at you.” Now, being clean, she wishes to connect more with her mom. Violet stated, “Drug court changed my relationship with her mom a little, but we still barely communicate.” Wishing she could return to her sober days; she lives for today and remains hopeful.

Heather

Heather is a 59-year-old African American woman who is divorced. She came into the interview with an excellent and encouraging attitude, and her experiences were very fulfilling. Heather grew up between two cities in the Midwest and is proud of herself for living through the tough streets of her neighborhood. Heather reflected on the time when drugs invaded her neighborhood for years. Over the past decade, individuals either died or recovered from drugs. She began the interview by narrating her short history of having some college experience but dropping out because of her addiction. She explained, “People were down, and nobody worked; everyone was on the hunt for drugs.” She also

talks about graduating from drug court in October 2021 and how life has been incredible. Heather was also a divorced, employed woman who still desired to find love again. Heather recalls a memory of her family's reaction towards her and said, "My family felt sorry for me because of the drug habit that I acquired." She also mentioned, "I want to encourage the person reading the current study, and I want them to know that if they are addicted or know someone who is, there is support out there and never feel as if you can't get help."

Piper

Piper is a Caucasian mother of seven children, who has earned her associate degree. She has a zeal for life and helping others make better life decisions. She did not want to disclose her exact age but put herself in the 36 and older category on the participant demographics page. Piper explained that her reasoning for using drugs was a feeling of emptiness, depression, hurt, and pain, and drugs filled the void. She describes using drugs as *her escape*. Since completing drug court, she has led discussions and attended meetings about overcoming addiction. Piper was excited to add that her family treats her as if she never had a habit, and they see her as a mom, a daughter, and most importantly, a family member.

Results

This section includes the results of the data analysis. The researcher explained the extensive process of developing themes from codes, and the research question followed the explanation of theme development. Each theme title was added, following a brief description, including any subthemes that emerged. The section then ends with a summary of the data analysis.

Theme development included three main analysis steps. The first round of analysis started with a total of 135 codes and 15 categories using Microsoft Word to capture the participants' statements related to the research questions. In the second round of analysis, codes were grouped into five categories. Finally, the five categories were narrowed into three themes: starting sober, becoming an addict, and returning to being sober. A textual narrative was constructed from the themes and the meanings of the participants' lived experiences. The quotes and statements combine to answer the previously stated research question and sub-questions and provide additional insight into women's life experiences post-drug court. Other codes that emerged during the interview were discussed.

Starting Sober

Under the theme of starting sober, each participant shared experiences within a) familial presence and connection, and b) familial support and the onset of addiction. Quotes were provided to substantiate the meaning the participants made of their experiences.

In the Beginning: Familial Presence and Connection

In the reflections on early life, all participants described the level of presence of their family and the familial connections that have remained a constant throughout the lived experiences related to support before, during, and after addiction. Regarding parental presence, all female participants mentioned experiencing either mom or dad not being present in their early lives and feelings of disconnection with the absent parent. Violet explained that not having her dad around was a struggle growing up. She said, “My whole teenage years, my dad lived in Ohio. It was super hard on me with my dad leaving.” Mary, too, described her mother's absence, but also rationalized the absence as

what had to happen. Mary explained how her mom left a Doberman in charge of her while she was at work and how the dog would only let her move once someone returned home. She thought having a dog as a babysitter was strange, but she never questioned her mother's decision. During the summer, she *had to go and stay with family members because my mom was a workaholic.*

Queen revealed her familial presence and connections as *nonexistent during and after drug court.* She mentioned, "I never knew my dad and mom was single parent, so she made it [life] happen for me." Queen's experience provided an example of how her mom went from supporting her when she did well to not supporting her when she did wrong. The ripple effect took place when she displayed defiant actions. Queen describes choosing to do drugs as fending for herself. She said, "My mom did not support me at all. We barely spoke because of my addiction." With passion, Piper describes how she did not experience presence and connection with her mom. Due to this lack of connection, she hung on to her dad. She said, "My mom was about herself and selfish. She didn't have much time with me, so I clinged more to my dad." Piper felt more connected with her father because of his active presence. Heather described her experience and stated, "My father was not around, and I always wondered why he didn't want to be around us." She said, "My mom was too tired from work to spend time with me and my siblings."

All women mentioned that not having both parents present gave them a feeling of not belonging and a yearning for parental presence and connection. Violet said that having an absent, unconnected parent disconnected her from the rest of her family. Queen mentioned that she never knew her father, and once asked about family, she stated, "You cannot miss someone or something that you do not know." Heather said, "I did not get

attention from either parent.” Piper and Mary described their experience as having an absent parent but having that familial connection with other family members. Piper explained that having an absent parent made her desire to have a relationship with her other parent and family.

Lastly, participants' reflections on their early lives described the presence or absence of their family and familial connections, and these reflections were either positive or negative. The reflections highlighted specific facets of the participants' experiences, and their testimonies revealed elements of expected change, excitement, and frustration.

In the Beginning: Familial Support and the Onset of Addiction

When the participants described their initial drug experiences, they described family support as nonexistent. Once introduced to drugs, the women described their experience as being abandoned by family because of addiction. The participants' addiction journey began with loved ones being distant, and the women felt that addiction was the cause of lost familial support. Heather noted that her family felt sorry for her during the onset of her addiction because they could not help her, which led to a lack of familial support. The lack of familial support played a prominent role in the onset of addiction. Several participants spoke about their lack of familial support during the beginning of their addiction. Mary understood the lack of family supporting her as a response to her *mistakes*. Heather describes her experience, stating “My family was getting their lives together; we couldn't be present for each other because everybody was doing drugs.” As Heather spoke, she slumped back in the chair, thinking about her past, and stated, “It was every man for himself.” Queen describes choosing to do drugs as fending for herself. Queen said, “My mom did not support me at all.” Unlike the other participants,

Piper noted how her dad did support her as much as possible, “My mom was not speaking to me at all, but my dad still talked and supported me in any way he could.” As she spoke, her face displayed joy yet still a pain in her eyes from reflecting on the past.

All participants but Piper spoke passionately about familial support and the onset of addiction impacting their lives. The familial support and the onset of addiction were part of the content of the interviews and the process. As participants shared their experiences, most exuded strength.

The participants displayed intense emotions when mentioning the onset of their drug use. All but one of the participants began using drugs at a young age and graduated from weaker drugs to more potent drugs. The women were in agreement that they needed something more substantial. Some even mentioned that more potent drugs numbed the pain, and they did not have to think about the pressures of life. Piper shared that she felt *depressed and in pain, which caused drugs to fill the void*. That void grew powerfully, and her appetite for drugs increased. Heather said, “My family could not support me, so I found my support in the streets and in drugs.” She mentioned that she had nowhere else to turn to but drugs.

Queen mentioned using drugs in college because *everyone else was doing it*. She also added that she would have been the only one in the room not doing drugs. All but Mary began using drugs because of peer pressure and the idea of drugs being *cool*. Mary mentioned being introduced to drugs by a family member and expressed the experience of *spiraling out of control*. Mary said, “My stepfather introduced me to drugs at the age of 16, and he gave me what I needed.” She also said, “I just kept going and going with my addiction.” Violet described smoking weed and drinking at 13 years old

and said, “I moved to harder drugs after that age.” Violet also said, “I thought using drugs was cool, and I wanted to fit in with everyone else.” Queen recalled being in college and being *young and dumb*. She described being at a party and seeing people doing drugs, and she thought, *let's try it*.

The participants described their experiences of being introduced to drugs and shifting to more potent drugs. The participants explained their reason for trying drugs. The women felt they had no control over their actions and, in turn, became addicts.

Becoming an Addict

The descriptions in this theme drew out each participant's emotions and past experiences. All participants revealed that the theme of becoming an addict was a time when they were the most vulnerable and had no thoughts about the future. Mary noted that she felt so free and had no cares about the world. Every participant described becoming addicted as easy, and the hard part was getting clean. Violet explained her experience of becoming an addict said, “I have been in and out of rehabs, completed rehabs, not completed rehabs....I have also completed inpatient and outpatient treatment.”

Queen described her experience as *weird* because of her strong testimony. Queen shared how she had no cares in the world because she made her own decisions. She wanted to try drugs, so she did. Several women reveal their experiences of becoming an addict as feeling alone because no one understood. The women in the current study were introduced to a new crowd, new drugs, and new experiences and were incapable of controlling their actions and emotions. They described the introduction as a time when they were unrecognizable to family. Heather explained, “I came around my family, and

they did not recognize me.” She started to hear them whisper things to other family members, and she felt like an outcast. Heather stopped attending family functions because of embarrassment and because drugs were nothing to be proud of, mainly because drugs affected her appearance. Heather's actions led to negative consequences in her life. Mary mentioned that she was distant from everyone because she was ashamed and was not the same person before she started drugs.

Spiraling out of Control

Participants described experiences of addiction spiraling out of control. Piper leaned back in her chair and said, “I have been in and out of rehabs, inpatient and outpatient treatment, and even ran from my probation officer twice.” She paused and then stated, “I grew up with my parents being functioning alcoholics; I figured if they could function with addiction, I could be a functioning drug addict, and I was wrong.” She discussed the importance of acknowledging that she was not functioning but was malfunctioning and needed help. Each participant described becoming an addict experience as lacking control and the inability to quit. Mary explained how, sometimes, people can turn around and change while others cannot. She recounted when she started using drugs and was too far in and unable to stop. She noted that her inability to stop using drugs caused a ripple effect on the people in her life, causing separation from her family. Other participants commented that everything went downhill when they started using drugs. Violet noted that her ex-husband divorced her because of her drug use. Piper said she felt a void and commented, “I started using drugs because it was an escape for me.” Queen and Heather described their experience as a process they had to endure to be where they are today. Queen noted, “I do not regret anything because my experiences have made me a stronger

woman.” She endured the pain and struggles of an addict, and now she is living the fruits of her labor. Heather noted that God chose her to be addicted, and in that decision, she can help other addicts recover from addiction.

Mary and Queen shared information on being naive to drugs and unaware of the harmful effects drugs could have on individuals and their families. Mary described her experience and stated, “I didn't even know anything to the extent of what it [drugs] could be; I was naive to a lot of things, and drugs were one of them.” Being naive to drugs made the women more susceptible to becoming addicted. Queen described her experience as shifting from good to bad. She stated, “I got hooked, and things started to go downhill, and I dropped out of my junior year of college.”

Lack Shifts Into Abundance

Mary and Piper spoke of lacking family support in certain areas, but a shift of abundance occurred during drug court. Mary's reflections described her family as *raining down on me*. Mary said, “My family had to start seeing me doing better to support me.” Piper stated, “I was able to reconnect with my mom because I took that step to get help.” In distinction, Heather recalled her experience of family support during drug court. She said, “I didn't have support, and it was like being kicked to the side.” She noted that she still couldn't understand why her family were never present when she needed them the most. She talked about how drug court was a time to evolve into someone new, and having support from family during drug court would have meant the world to her. Violet recalled, “During drug court, my support got a little better with my mom, but I chose to stay away for me to keep clean; my mom and dad are still functional alcoholics.” Heather and Queen mentioned getting help during treatment, but help came from drug court, yet

they still lacked family support. Heather and Queen received help but required support through one of the most challenging journeys in life.

Returning to Being Sober

The theme of returning to being sober appeared in two dimensions. Participants shared experiences involving their transformation after drug court and reconnecting with family. The situations are described below.

Transformation

Most participants shared similar encounters that contributed to their experiences with the subtheme transformation. Mary described her life and family connection as transformed and restored since drug court. She stated, “A lot has changed, and my family looks at me differently now, and I look at myself differently as well.” Mary said that her family transformed into being positive, productive, and beneficial in her life, which helped her abstain from using drugs and going back to jail. Heather described how her family considered her an angry addict, whereas now that she is clean, she has become likable to the family. Excitedly, she said that her family wants to be around her now. However, Violet mentioned the involvement of the drug court, the judge, and the probation officer in transforming her. She explained that after drug court, her communication with her family increased, but they were still incapable of helping transform her because they were still functioning alcoholics. She said, “they [mom and dad] could only support me through communication because I did not allow myself to associate with them for fear of relapsing.”

Reconnection

Experiences shared that fit into the subtheme of reconnection referred to participants' involvement with their families after drug court. Mary revealed that she grew connected to family through conversations. Her conversations with her family became different. In the beginning, her family did not want to speak to her. Now that she is clean, they want to have conversations with her. Heather paused briefly and said, "My family began coming around after drug court." Piper stated that she stopped attending family functions because she was embarrassed and felt *small*. Once she completed drug court, her family would invite her to functions, and she was excited to go because her only desire was to feel as if she belonged to her family.

Queen was very displeased with her relationship with her mom. She said, "Everything is the same; I have changed because of myself. My mom and I still do not talk, and we may talk one to three times a year." Queen used her mother's silence towards her to motivate her to complete drug court and stay out of jail. She said, "My addiction has messed up our relationship, and I know it's my fault, and I must deal with that."

Other Codes

Other codes included participant experiences since completing drug court, fighting for their lives, and the importance of religion in staying arrest free. Mary and Heather expressed high regard and statements about the significance of church and religion. Another code that emerged involved discussing the experiences of the children and their addicted parents. The participants with children expressed that not only did they suffer while being addicted, but the children suffered because of the parent's addiction. Lastly, a

code arose about drugs then and now. Several participants mentioned the distinction between drugs in the past and present.

Summary

In chapter IV, three themes emerged from women's experiences post-drug court. Although starting sober, becoming an addict, and returning to being sober were broad themes, the subthemes assisted with distinguishing the specifics within each theme. The participants' narratives helped to answer the research question: "How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?" Chapter V provides the interpretation of the data analysis.

CHAPTER V: CONCLUSIONS

Introduction

This qualitative phenomenological study aimed to understand how previously incarcerated women who have completed a drug treatment program describe family support systems' role in preventing recidivism. Although research is abundant on recidivism in men, more research must be conducted with women. The study sought to bring awareness to participants' needs, which could direct and assist in developing and improving future programs and treatment approaches. Although several quantitative and qualitative analyses were conducted on women and drug courts, there remains a gap in the literature on the experiences of previously incarcerated women who have completed a drug treatment program describing the role of family support systems in preventing recidivism.

The chapter begins with an introduction. Next is a summary of the findings. Third, a discussion of the findings considering the relevant literature and theory. Fourth, an implication section. Fifth, the limitations and delimitations. Sixth, the recommendations for future research. Chapter V ends with a summary of the chapter.

Summary of Findings

In the current study, women shared their experiences of a drug treatment program describing the role of family support systems in preventing recidivism. The research

question for the current study was: How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?

As noted in chapter IV, The participants interviewed for the current study mentioned experiencing either mom or dad not being present before, during, and post-drug court. Mary reflected on her early life before drug court and described how her mother was a *workaholic* who was never around, but she became her biggest supporter during and after drug court. Violet noted that her mother was selfish and only thought of herself, so she gravitated more toward her father. During drug court, her mom was absent, and her father did the best he could to support her, but after drug court, Violet chose not to communicate with her parents because they were still functional alcoholics. Queen reflects on her mother being present and providing a life for her before, but her mother became absent during and after drug court. Heather reflected on both parents being absent before and during drug court, but her mother began to resurface after drug court. Piper mentioned that her mother was absent before drug court, and during and after, she could reconnect with her mother.

The women mentioned the importance of individuals having family support and presence during addiction recovery in preventing rearrest. Mary, Heather, and Piper noted that after completing drug court, their families began inviting them to family functions and wanting to engage in conversations. For example, Mary commented, “My family's presence led me to stay clean.” She also said, “If my family were not supportive, I would have returned to jail.” Heather spoke about not having support before and during drug

court, but after drug court, her family wanted to engage with her. Queen described the role of family support systems in preventing recidivism as being absent even after drug court.

Subquestion 1. How do they describe the role of family support systems before treatment?

All participants mentioned that they experienced either mom or dad not being present in their childhood and felt a disconnection with the absent parent. Most participants felt lonely because they had no parental presence even before being introduced to drugs. The participants grew up in diverse environments; before drug court, they had one thing in common, the lack of parental and familial presence and connection. The participants endured the separation of their parents, divorce, a workaholic mother, and parents who were functional alcoholics. During the reflections on the participants' early lives, Mary and Piper expressed that they had an absent parent but had that familial connection with other family members. Piper explained that having an absent parent made her desire to have a relationship with her other parent and family.

Subquestion 2. How do they describe the role of family support systems during treatment?

All participants described a feeling of loneliness because no one understood their experiences with addiction, and it was as if they were alone in the world. Heather described her experiences with family during treatment as non-supportive and absent. The participants mentioned that their families did not recognize them because of drugs' adverse effects on their appearance and behavior. All but Heather and Queen communicated that the role of family support was lacking in certain areas, but the role of

support shifted during drug court. Mary, Heather, and Piper spoke about their families witnessing them improving and wanting to support them in treatment and reconnection. Violet mentioned that during treatment, her mother wanted to be more supportive, but she chose to stay away because of her mother's addiction to alcohol. She asked concernedly, "How can my mother support me when she is not clean?" Two participants questioned their family's inability to be supportive during the most challenging moments.

Subquestion 3. How do they describe the role of family support systems after treatment?

After treatment, most participants described their family connections as being transformed and restored. Heather stated, "A lot has changed, and my family looks at me differently now, and I look at myself differently. Mary said that her family transformed into being positive, productive, and beneficial in her life, which helped her abstain from using drugs and going back to jail.

However, Violet mentioned the involvement of the drug court, the judge, and the probation officer in transforming her. She explained that after drug court, her communication with her family increased. However, her parents were still incapable of helping transform her because they were still functioning alcoholics and could only support her through communication for fear of relapsing.

Mary, Heather, and Piper talked about how the support of family increased through communication and reconnecting through fellowship. Heather mentioned that her conversations with her family became different. Initially, her family did not want to speak to her, and now that she is clean, her family wants to have conversations with her. Those three women and their families shared a sense of belonging and relatedness because of the support from families. However, Queen expressed her sadness about her

relationship with her mom. She mentioned everything was the same and pointed out that she had changed because of herself and not her mother. She used her mother's silence towards her to encourage her to complete drug court and stay out of jail. Violet mentioned that her mom wanted to communicate more but chose not to engage because her mother was still a functional alcoholic, and the paths between the two women were not the same. All participants craved family support after drug court; whether they received it or not, they remained arrest-free.

Discussion

The purpose of this qualitative phenomenological study was to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism in order to contribute to the existing literature and offer more relevant information on the role of family support before, during, and after drug treatment court. Three themes emerged during data analysis. The five participants took part in one interview for each participant, and participants varied in demographics. The five participants were over 36 years old; three women identified as African American, and two as White/Caucasian.

Subquestion 1. How do they describe the role of family support systems before treatment?

Conclusion 1

All participants described the role of family support before treatment as being out of their control. Part of the reasons the family support was out of the participants control were reports of parents separating, divorced parents, parents choosing to be functional alcoholics, and a *workaholic* mother who chose a Doberman as a babysitter. Parents will

always make decisions for their children, whether good or bad. The women in the current study were once children, naive to the world, and had no choice; the only option was to follow instructions and believe that the parents' decisions were the best for them. Some participants mentioned that even though the decisions were *weird* or *strange*, the participants did not question their parents because they believed the decisions made were to make them safe.

Children are unaware of what parents endure or the difficult decisions they must make for them, but children trust and believe the parents' decisions. Mary said she *went with the flow* because her mom was the adult, and she respected her mother and her decisions. Violet reflected and said that her parents did the best they could; even though it was not enough. Violet's parents did what was best at that time.

This conclusion of participants experiencing the role of family support being out of their control before treatment is consistent with the literature. Previous literature discussed factors that place children at risk for developing substance abuse, such as behavioral, emotional, and environmental factors (Belcher & Shinitzky, 1998). Consistent with previous research (Crum et al., 1996), Findings in this current study found a relationship between neighborhood disadvantage and exposure to cocaine. Crum et al. mentioned that youths living in impoverished areas were more likely to be offered cocaine than youths in more advantaged areas. Crum et al. revealed different decisions and situations that were out of the participants' control; previous literature indicated that if protective factors are absent, the presence of risk factors predisposes adolescents to drug abuse. Some risk factors are early mental and behavioral health problems, peer pressure, poorly equipped schools, poverty, poor parental supervision, a low-income

family structure, isolation, gender, and accessibility to drugs (Somani & Meghani, 2016). These studies mentioned do compare with previous research. Although the researchers may have focused on environments and who were likely to be offered cocaine and factors that place children at risk for developing substance abuse, the studies mentioned focus on those decisions and situations that are out of the individual's control. For example, in this current study on the women post drug court, Heather noted that she experienced her neighborhood plagued with drugs, which was beyond her control because she was young and had to live with her parents. The women in this current study came from diverse backgrounds. However, they had one thing in common: the neighborhoods, and parents' decisions were out of the participants control, and those decisions opened the doors to substance use.

All participants' experiences with addiction were different depending on several factors such as heredity, biological traits, gender, environment during childhood, and the network of social support (Addiction Among Women, 2021). Belcher and Shinitzky (1998) and Crum et al., (1996) focused more on the factors that can cause addiction than on why the parents made their decisions and how it affected the children.

Conclusion 2

All women mentioned that not having consistent parental presence or connection resulted in a lack of belonging, and they needed something else. The women described the role of family support as not being enough and expressed experiences before their addiction as being governed by parental decisions, based on their positive or harmful behavior. The parents' decisions to be absent caused the participants to desire something more to fill a void or give them a sense of connection. Parental decisions include parents

working long hours, parents who function drinking alcohol, and parents who have separated or divorced. The women in the current study described the lack of support as the reason for wanting something more. They were in search of *MORE*.

The fact that all participants reflected on not having consistent parental presence or connection before treatment, which resulted in feeling a lack of belonging and needing something else, was not surprising. Surprisingly, the literature indicated the link between parental absence in early childhood and the onset of alcohol consumption, not alcohol consumption and drugs. Kroese et al. (2021) study revealed a positive relationship between adolescent involvement in crime in individuals growing up in single-parent families. According to Kroese et al., growing up in a single-parent situation results from parental divorce or separation, parental decease, or being born to a single parent. Children who experienced parental absence were more likely to have smoked and consumed alcohol (Lacey et al., 2018). However, Kroese et al.'s study does not discuss drug abuse; they focus on smoking and alcohol. The current study on women post drug court focused on three stages of family support: before, during, and after treatment, capturing insights into family support before treatment. A considerable research base suggests that children raised in households lacking a father experience more frequent psychosocial problems than children with a father in the home (Allen & Daly, 2007; Furstenberg & Cherlin, 1991; King, 1994; Osborne & McLanahan, 2007; Seltzer, 1991). Allen and Daly mentioned that psychological problems develop into adolescence and adulthood,

increasing the risk of substance use, depression, suicide, and contact with the criminal justice system.

Subquestion 2. How do they describe the role of family support systems during treatment?

Conclusion 1

The participants described the role of family support during treatment as being out of their control. This conclusion is by far the most substantial because before, during, and after drug court were times when the participants could not control the decisions made by the family, whether they were good or bad. During interviews, Mary and Piper mentioned that during drug court, their families witnessed a change in behavior, so Mary and Piper's family decided to support them and wanted to engage with them. Piper described her experience as her family looking at her differently, so they started inviting her to family functions and communicating with her. However, Queen mentioned that although she was getting treatment and on the path to recovery, her family still decided to stay away and not engage. Queen described her experience as finally getting the required help, and no connection with mom.

During childhood, these participants had no control over their parents' actions and decisions, nor did the participants have control over the support of their families towards them. The one time the participants had control, they decided to stay sober, and when the participants decided to stay sober, the family chose to engage with them or still decided not to engage. The participants now have control to make their own decisions and may decide not to engage with family, even though some chose to engage with them. For example, Violet described her experience as having no connection or support with her

mother because she was never around before drug court. During drug court, Violet's mother started showing signs of wanting to communicate with her. However, she decided not to engage because her mother was a functional alcoholic, and she feared relapsing. The participant made a conscious decision to protect her life. The conclusion indicated that although the participants were making their own favorable decision. The participants still had no control over the support of their family towards them. However, the participants did have control over their own choices.

The participants described the role of family support during treatment as out of their control. Surprisingly, the literature is not closely related to this conclusion. Researchers have consistently discovered that positive relations and social support improve women's health (Coker et al., 2002; Fortin et al., 2012; Sherman et al., 2011). When individuals assist with directing other individuals on the right path, they positively influence their lives (Cavello et al., 2016).

Kumar et al. (2021) determined that opioid use disorder outcomes were improved using social network support interventions. The results of Kumar et al. indicated that family social network support appeared the most influential. Kumar et al. focused on positive relations and social support in women but not on the support of family during treatment. For example, Violet mentioned that her mom began to show signs of wanting to communicate, but she refused because of fear of relapsing. Hartney (2022) indicated that during the preparation phase, individuals would remove substances from their homes and eliminate triggers that would motivate them to return to using drugs. More studies should focus on understanding the role of family support during treatment by focusing on family actions towards the addicted individual and the response of this individual.

Conclusion 2

The participants described the role of family support systems during treatment as important, whether family decided to support them or not. All participants described the family's role as necessary during treatment. Queen mentioned that treatment is when they need family support the most, and Heather said, "Everyone needs support; whether they think they don't, they need it." It was important for their families to see them as the ones that survived.

The participants felt that family support was important, given studies focusing on the importance of family roles in addiction and family support in recovery. Studies are moving beyond *if* family support matters to *why* family support matters. Studies reveal that when families support individuals during treatment and recovery, the recovering person is less likely to be rearrested, more likely to recover, and less likely to experience relapse (Hogue et al., 2021). Boroumandfar et al.'s (2020) study on the ups and downs of drug rehab among women revealed that women could be fulfilled and live more suitable lives if addiction strategies were used with the assistance of families. Villegas et al. (2017) revealed that family plays a vital role in the recovery of mothers and that mothers were willing to include their families in their recovery process. The women also expressed a positive attitude towards family therapy, believing it could benefit in the recovery process and help the relationship with their children and families. Previous studies compare with the current study on women post drug court because (Villegas et al.) indicated the importance of family support during treatment and recovery. The current study on women post drug court expanded into family support roles during all three phases, before, during, and after, and preventing recidivism. Also, shedding light

and new meaning to the experiences of support before, during, and after concerning recidivism and explained the new meaning of family support being out of the participant's control.

Prior research supports positive associations between family support and substance use disorder treatment and recovery (Clark, 2001; Watson & Parke, 2011). The findings in Clark; Watson and Parke is consistent with the self-determination theory because receiving support and satisfaction with autonomy, competence, and relatedness can improve mental health and well-being. The self-determination theory talks about relatedness support and how it assists in forming lasting relationships (Deci et al., 2017). Offenders who have suffered from substance abuse can have the capability to make healthier decisions throughout and after treatment. Deci et al. noted that relatedness is vital for all individuals, especially family relationships. There is an association with positive relationship outcomes if the three basic needs are fulfilled. Deci et al. explained that relatedness support is remarkable because receiving and giving are associated with high-quality relationships. Participants in the current study on women post drug court mentioned feeling a sense of belonging and relatedness because the support of their families went from absent to present during treatment. The participants could make sound decisions about treatment and family.

Subquestion 3. How do they describe the role of family support systems after treatment?

Queen described the role of family support systems after treatment as absent. Queen described her family support after drug court being displeasing and stated, "My mom and I still do not talk, and we may talk one to three times a year." The participant used her mother's silence towards her to motivate her to complete drug court and stay out of jail.

The idea of the participant describing the role of family support as absent connected with studies from the literature review. The following are the most relevant studies to this conclusion. Christian et al. (2015) determined that family members may not desire to help the addicts because of fear of recidivating and long-time family stress due to the offender's past drug addiction. Drug abusers have often affected family members in supporting relatives with alcohol and drug misuse, and these family members may experience challenges due to the drug-abusing family members. The findings of McCann et al. (2019) indicated that affected family members experienced turmoil due to the lack of stability in their lives and a sense of hopelessness worrying about the well-being of family members. Both nuclear and extended family dynamics become impaired, causing isolation between the abuser and the family (Department of Social Development, 2012). McCann et al.'s results support the current study on women post drug court because even though McCann et al. mentioned the different impacts or effects drug abusers have on families, McCann et al.'s study still explained why family members may decide not to support their addicted family members.

Three of the five participants described the role of family support systems after treatment as being present. The participants described their experiences of family support after drug court as being transformed from *nonexistent* to *existent*. Heather mentioned that her family saw her differently. At the same time, Mary noted that her family transformed into being positive, productive, and beneficial in her life, which helped Mary abstain from using drugs and going back to jail. Motivation from someone familiar can go a long way and lead to the success of that individual.

Often family members will choose not to support the individual because of their addiction; other family members will step in to provide support for the individual (Christian et al., 2015). Mowen et al. (2019) revealed that family support links to prosocial reentry outcomes, not because of emotional or interactional bonds, but because families require basic needs, such as providing housing and financial support, upon reentry. Mowen et al. discussed family support as a crucial link to positive reentry outcomes. Mowen et al., and Christian et al. connects to this current study on women post drug court because the literature discussed why family members are present and the benefits of family support while explaining why family support is essential.

Research Question - How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?

The women described their family support as changing throughout their journey. Some switched from lacking support to having an abundance of support. The support was altered due to choices out of the participant's control and within their control. Previous studies have focused on how family support changes over time during reentry (Boman & Mowen, 2017; Stansfield et al., 2017; Wallace et al., 2016). For example, Western et al. (2015) documented the experiences of individuals returning from the Boston, Massachusetts state prison. Western et al. examined how those individuals' experienced changes in the frequency to which they interact with family, live with family, and receive some form of support from family. Mowen and Visser (2015) reported that family relationships and dynamics change during reentry as individuals work to reintegrate. Likewise, analyzing data from returning individuals, Naser and La Vigne (2006) found that pre-release expectations were not the same as post-release

experiences of family support. The current study on women post drug court does compare with existing literature because although the previous studies mentioned focused on between-person differences, Naser and Vigne study focused on family support changes. The individuals can negotiate post-release relationships and roles because change occurs. Within-person changes and between-person differences in family support likely have meaning for post-release behaviors.

Implications

Chapter II described the self-determination theory. Deci (1971) and Deci and Ryan (1995) found that self-determination is a theory of human motivation concerning people's growth tendencies and intrinsic psychological needs. Deci and Ryan (1995) developed the self-determination theory from earlier work on internal (intrinsic) and external (extrinsic) motivation. Deci and Ryan (1995) studied intrinsic and extrinsic motivation and designed a theory of intrinsic motivation's dominant role in individuals' behavior. The self-determination theory is concerned with the intrinsic motivation behind an individual's choices under those extrinsic influences (Deci & Ryan, 2000) and posits that individuals are curious about their environment and motivated to explore those surroundings and alter directions when required (Britton et al., 2008). Deci and Ryan (2000) mentioned the self-determination theory has three innate human psychological needs: autonomy, competence, and relatedness. Deci and Ryan (2000) explained competence is a sense of confidence based on recognizing one's abilities to learn and progress.

All individuals have a drive toward growth and the well-being of life, and this process happens when individuals are content with autonomy, competence, and relatedness

(Rouse et al., 2016; Williams et al., 2006). Deci and Ryan (2002) described autonomy as viewing oneself as the source of their behavior, while relatedness refers to one having a sense of caring and connectedness to others or communities. The results of the current study on women post drug court indicated a connection with the self-determination theory in that autonomy, competence, and relatedness are required for psychological growth. In this current study on the women post drug court, the women described being aware of themselves as the source of their addiction. The participants longed for relatedness with their parents and family before, during, and after treatment. Once competence kicked in, the women could gain help, learn, and progress during and after treatment. The participants in the current study, on women post drug court, were set on motivation and desired to be sober.

The current study on women post drug court illustrated several problems women face regarding the role of family support before, during, and after drug court treatment in preventing recidivism. All participants but Queen were mothers of children impacted by their drug addiction. Mary and Violet mentioned that during and after drug court treatment, they lacked support and connection from their children even though the children were the leading reason for treatment. A possible approach to helping women gain support and build relationships with their children during and after treatment is to include programs centered around women and their children, specifically focusing on children coping with addicted parents and skills for both individuals. This program centered approach can promote dependable results in substance abuse treatment and recovery.

Researchers have tried to broaden the scope of what is targeted in reentry programs for decades (Burraston & Eddy, 2017; Eddy & Burraston, 2018; Eddy & Schumer, 2018; Eddy et al., 2013; Kjellstrand, 2018; Shortt et al., 2014). This program centered around women and children approach involves the theoretical work of Bronfenbrenner (1979), Patterson et al. (1982), and Reid et al. (2002), which consists of gaining support from the skills of the program while in prison and then employing the acquired knowledge and skills within the family relationships daily in the community after release. This program centered around children approach involves finding employment, taking care of oneself, and repairing and nurturing existing relationships with prosocial adults such as family or intimate partners. After release, the individual can make better decisions regarding the relationships one had with peers and family members that were not healthy before incarceration.

The ideas are grounded in the theoretical works of Bronfenbrenner (1979), Patterson et al. (1982), and Reid et al. (2002), that emphasized the importance of multiple levels of influence on child and family development while focusing on critical targets of reentry parenting programs. Women should have more interventions and treatments that encourage the development of positive social networks with other women to aid in strengthening recovery and engagement in therapy and a space where women can mingle and connect with their families. This idea of including more interventions may be necessary for subsequent treatment, recovery, and reintegration.

Limitations and Delimitations

This section lists some of the current study's limitations and delimitations. Conducting any research poses various challenges and obstacles. Qualitative was the best

choice for the current study, but in qualitative, the tools are not designed for capturing hard facts. A mixed methods study would provide better evidence to strengthen the data using qualitative research tools.

There was a limit to examining only a small number of participants' experiences. Small sample sizes can harm the results' trustworthiness and may lead to more variability, leading to potential bias in the study (Creswell & Poth, 2018). Including more women would give the researcher more insight, knowledge, and experience.

Another limitation focuses on the researcher being a Cook County Adult Probation Department officer, and working in the same field may present unintentional bias for the researcher. The researcher did not disclose her occupation. However, if she had revealed her profession, the participants might have been more open to exposing more experiences because they may have felt comfortable speaking to someone in the field.

Focusing on one specific drug court program may cause an error in results because the researcher only had access to one program. The researcher could gain more insight by studying various drug court programs instead of focusing on one program. Exploring more drug courts may result in gathering rich data.

Including in-depth interviews would present the researcher with knowledge and the ability to see drug courts through the lens of other women (Cosden et al., 2010). Cosden et al. showed this technique can be limiting because of the individual's ability to verbalize their thoughts and experiences while in the program. While there are other related problems in women post-drug court, this qualitative phenomenological study aimed to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in preventing recidivism. While both

males and females may have completed drug court and can describe the role of family support systems in preventing recidivism, the current study on women post drug court only included those experiences and perceptions of women in a metropolitan area. The study was delimited to a specific region, and the results may or may not generally apply to other geographic areas.

Recommendations for Future Research

The recommendations for this current study on women post drug court emerged from the literature and the need to better understand the experiences of previously incarcerated women who have completed a drug treatment program describing the role of family support systems in preventing recidivism. The research was restricted to a demographic within one geographical location and had limited ethnicities among the participants. It is vital to continue examining the experiences of previously incarcerated women who have completed a drug treatment program describing the role of family support systems in preventing recidivism. Thus, it would be beneficial to collect data from participants across various geographical areas and ethnicities to enhance the richness of the findings of the current study.

Further phenomenological research on women who have completed a drug court program on the role of family support systems in preventing recidivism would help illuminate the reasons behind the families' decisions and the participants starting drugs at a young age. Also, more research should be conducted on the different forms of family support that would likely impact outcomes beyond recidivism. Some outcomes may link to employment or education that promote recidivism (Denver et al., 2017).

Future research could examine the experiences of the participants who did not complete the program to understand how their views of family support differ from those who did. It may be that those terminated from the program were not genuinely ready to give up drugs, lacked support during court, or there may be some other fundamental problems in drug courts for women.

Another recommendation for future research is to use a specific survey designed for quantitative research and subsequent statistical analysis. For example, conducting quantitative research on the relationship between the role of family support and recidivism of women who have completed a drug court program.

Summary

The data analysis on the participant's experiences yielded results that connect with the literature on women's post-drug court and family support. It is vital to understand that if women in drug court are educated on the self-determination theory and know that autonomy, competence, and relatedness are required for psychological growth, more women may develop motivation towards development and the well-being of their life.

Participants passionately and clearly articulated the positive and negative experiences with the role of family support in preventing rearrest before, during, and after drug court. All participants mentioned how the role of family support in preventing rearrests was inconsistent before, during, and after drug treatment court. Families matter before, during, and after drug court because they support caring for the basic needs of addicted loved ones. The participants still longed for that support from their families whether they received it or not. Each participant had a story to share with the world, and these findings posed the need for more research in this area.

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Appendix A: Letter to Potential Participant

Dear Potential Participant,

You are invited to participate in a research project entitled, A Phenomenological Study of the Lived Experiences of Women Post-Drug Court. A Phenomenological study helps the researcher gain insight into the participant's perceptions. I (Cantrell Ward) am a doctoral candidate in the School of Graduate and Continuing Studies at Olivet Nazarene University. This study will examine the lived experiences of women who have completed drug court regarding the role of family support in their avoidance of being rearrested. I believe that your experience would be a great contribution to this study. This study is completely anonymous; therefore, it does not require you to provide your name or any other confidential information.

I am asking women who meet the following criteria to participate in one 60 – 90-minute interview:

Identify as a woman who has completed drug treatment court in Central, Illinois .

Identify as a woman in recovery from substance abuse.

Identify as a woman aged 19 or older.

Identify as a woman who completed drug treatment within the past 2 years.

Identify as a woman who participated in a drug treatment court and was previously incarcerated.

The audio recorded interview will be via Microsoft Teams video, expected to last 60-90 minutes. If you cannot access teams, phone interviews will be available. If you decide to participate in the current study, you will be asked to review and agree to an informed consent (which will be sent to you via email once voluntary consent is given). Your participation is voluntary, and you may decide to stop, without penalty, from this study at any point. If you choose not to participate in this study, you will not be penalized. If you are interested in participating in this study, I ask you to contact me via email at *<email address removed>* or via google voice at *<phone number removed>* to inform me of your interest. I will contact you to verify your eligibility and set up an interview time.

Your participation would be very much appreciated,

Thank you

Appendix B: Interview Protocol

PURPOSE STATEMENT: The purpose of this interview is to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in their avoidance to prevent rearrest.

RESEARCH QUESTION: How do previously incarcerated women who have completed a drug court program describe the role of family support systems in preventing recidivism?

Sub-question 1: How do participants describe the role of family support systems prior to treatment?

Sub-question 2: How do participants describe the role of family support systems during treatment?

Sub-question 3: How do participants describe the role of family support systems after treatment?

INTERVIEW SCRIPT

Confirm permission to record the interview session with the participant

I want to confirm that you are ok with being recorded

CANTRELL: Thank you for taking the time to speak with me today. How are you doing?
How is the weather where you are?

PURPOSE The purpose of this interview is to understand how previously incarcerated women who have completed a drug treatment program describe the role of family support systems in their avoidance to prevent rearrest.

Everything you say will be kept confidential, and your identity will be protected by using pseudonyms names. You have the right to withdraw from the study without consequences.

We are meeting via Microsoft teams for approximately one hour. The interview questions will cover your experience post-drug court and how you describe the role of family support systems in preventing you from being arrested. I mean emotional, mental, financial, or physical support for this interview when I say family support.

Resources are available to participants to prevent feelings of discomfort. For example, a supportive one-hour counseling session through Consultingat3am LLC, The National Suicide Prevention Hotline, The Substance Abuse and Mental Health Services Administration Helpline (SAMSHA), and The Champaign Center for Alcohol Drug and Alcohol Rehab Center.

Once again, your personal information will remain confidential, and I assure you that all participation is voluntary. Thank you for meeting with me; I appreciate and value your contribution.

Thank you for being here and thank you for your time. I will now begin the interview.

[Start recording and then ask them one more time to confirm they are ok with you recording the interview]

1. Can you tell me where you grew up?
2. What was your neighborhood like?
3. Can you tell me about your family?
4. Do you have a spouse?
5. If yes to question 4, How long have you been married? If no to question 4, Are you involved with anyone? (Probe to determine if it is a casual relationship or a significant other).
6. Do you have children? If so, how old are they?
7. When you think about family, who comes to mind as your family? (Probe to see if it maybe includes non-relatives).

What do they look like now?

I want to shift to our main reason for talking today.

8. Can you tell me when you started taking drugs?

Looking back to that time, why do you think you started using drugs?

9. Tell me about your reasons for entering the drug court program?

Prompts: Talk to me about the people in your life

Who influenced your decision?

How did your family influence your decision?

What else was going on in your life that influenced your decision?

10. Describe your family support before drug court?

11. Describe your family support during drug court?

12. Describe your family support after drug court?

Prompts: Can you tell me whether family support impacted you being rearrested or staying arrest free?

13 Has there been a change to your family support since you completed drug court?

14. Can you talk to me about how your family has impacted your overall drug court experience?

15. Have you continued to stay clean?

What is the most important reason that led to you staying clean/using again

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

This will conclude today's interview. Do you have any questions for me? (Ask whether there is a change to contact information just in case you have to call back to clarify the information recorded).

Appendix C: Participant Demographic Information

- 1) What is your Gender?
 - Female
 - Male

- 2) What is your age?
 - 18-25
 - 26-35
 - 36 or older

- 3) Which race/ethnicity best describes you? (Please choose only one.)
 - American Indian or Alaskan Native
 - Asian/Pacific Islander
 - Black or African American
 - Hispanic
 - White/Caucasian
 - Multiple ethnicities/other (please specify)

- 4) What is your current marital status?
 - Single/Never Married
 - Married
 - Living as Married
 - Separated
 - Divorced
 - Widowed

- 5) What is the highest level of education you have completed?
 - Less than a High School Diploma
 - High School Diploma or GED
 - Some College
 - Associate's degree
 - Bachelor's Degree
 - Master's Degree
 - Post Graduate Degree

- 6) Employment status?
 - Employed full-time.
 - Part-time
 - Unemployed
 - Student
 - Other

- 7) When did you graduate from this treatment program? Please give month and year.

Month_____ year_____