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'Maybe it'll take my mind off the situation': Stressors, coping, and social support for African-American women with incarcerated partners

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Abstract

'Maybe it'll take my mind off the situation': Stressors, coping, and social support for African-American women with incarcerated partners

By Venita Embry

Disparate arrest and sentencing practices have created an era of mass incarceration, particularly for African-American men. This mass incarceration reverberates through communities: at arrest, approximately 50% of men are in a committed heterosexual relationship. Thus, it is important to identify mass incarceration's indirect effects. This analysis sought to identify unique emotional stressors, coping strategies, and support sources for African-American women with incarcerated partners.

African-American women (N=31) with recently incarcerated male partners were recruited into this longitudinal qualitative study. Twenty participants were alcohol or drug misusers (AOD). Each participant took part in four one-on-one semi-structured interviews over a year; the first two waves of data were analyzed here. Grounded theory was used for analysis. In addition, the study examined differences between AOD and non-AOD participants. Lazarus and Folkman's Theory of Stress and the concept of resilience were used to provide a theoretical framework.

Findings suggest many women experienced emotional stressors such as loss of intimacy with partner, increased parenting responsibilities, and conflict with others. However, women who were financially dependent on the male partner pre-incarceration experienced greater difficulty adjusting to the incarceration. These women also encountered stress related to financial hardships such as being financially dependent on others and guilt at not being able to provide for herself, her children, and her incarcerated partner. Most AOD participants were financially dependent on their partner pre-incarceration and more commonly experienced housing instability and domestic abuse throughout the relationship. However, AOD women may have seen their partner's incarceration as an opportunity to make significant life changes.

Social withdrawal and internal coping strategies (e.g. substance use, praying, etc.) were used most often immediately following incarceration. Over time, the women began engaging in social interaction (external coping strategies) for support. Fear of incarcerated-related stigma was a strong factor for many women in deciding to seek social support. Future research on this population needs to be conducted to provide a deeper understanding of the processes and effects of these stressors and coping strategies. In addition, more widespread and detailed resources relating to correctional policies and sources for financial and emotional assistance are needed for these women.

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Table of Contents

Chapter 1: Introduction	1
Theoretical Framework.....	3
Emotional Stress	3
Stigma	4
Resilience	5
Coping	6
Purpose of Analysis	6
Chapter 2: Literature Review	8
Prevalence of Partner Incarceration	8
Increased Responsibilities: Becoming the Sole Provider	9
Increased Responsibilities: Providing for the Inmate	11
Maintaining Relationship with Inmate	11
Partner Incarceration and Alcohol or Drug Misusing Women.....	12
Emotional Stress	13
Stress, Coping, and Seeking Support in African-American Women.....	15
Seeking Formal Support.....	17
Consequences of Obtaining Social Support	18
Chapter 3: Methods	20
Study Description: Project RISE.....	20
Sample Eligibility	20
Recruitment	21
Consent	22
In-depth Interviews.....	22
Interviewers	24
Retention	25
Ethics/Institutional Review Board.....	25
Data Analysis.....	26
Chapter 4: Results	30
Study Participants	30
Introduction	30

Disruption of Family Unit	31
Maintaining a Relationship with the Partner’s children	35
Conflict with Others Due to Relationship	36
Providing for the Incarcerated Partner	37
Feeling Unappreciated by the Partner	39
Taking on the Partner’s Burdens.....	40
Loss of Emotional and Physical Intimacy	42
Suspected Infidelity.....	44
Relationship Expectations.....	45
Uncertainty of Partner’s Sentence.....	46
New Partnerships.....	48
Stressors for Alcohol and Drug Misusing Women	49
Coping Strategies	53
Social Withdrawal	54
Internal Strategies.....	55
External Strategies	56
Seeking Social Support	57
Chapter 5: Discussion.....	62
Strengths	64
Limitations	65
Implications for Public Health Practice	66
Future Recommendations for Research	68
Conclusions	69
References	70
Appendix	77
Appendix A: Preliminary Interview Guide Domains.....	77
Appendix B: Interview Guide–Wave 1	79

Chapter 1: Introduction

Between 1980 and 2007, the number of people incarcerated in the United States prisons and jails has increased 449% and now approximately 1.1% of the total US adult population is incarcerated (Bureau of Justice Statistics, 2007; Public Safety Performance Project, 2010). The Public Safety Performance Project calculated that the overall incarcerated population increased to an all-time high of 1 in 100 adults living behind bars in 2008. By the end of 2009, there were over 1.6 million men and women in state and federal prisons (Public Safety Performance Project, 2010; West, Sabol, & Greenman, 2010); this number does not include those in local jails. The Public Safety Performance Project report also stated that although the overall number of state inmates declined in 2009, this does not take into account parole/probation violations. Parolees and probationers are more likely to return to prison due to stricter laws than those in the general population. As of 2010, there has been a five-year steady increase in the number of parole and probation violations (Public Safety Performance Project, 2010). The federal prison population continues to rise despite declining rates in state prisons. Those in federal prison face tougher sentencing laws, more restrictive supervision policies, and fewer alternative sentencing programs (Public Safety Performance Project, 2010).

Studies evaluating racial disparities in incarceration have consistently suggested that since the 1970s, African-Americans have been disproportionately affected by law enforcement and sentencing practices (Mauer, 2011). Arrest data compiled in the annual Uniform Crime Report showed that African-Americans constituted 30% of those arrested for property offenses in 2009 and 30% of those arrested for violent offenses, even though African-Americans constitute only 12% of the national population (Federal Bureau of Investigation, 2009; Mauer, 2011). In 1980, African-Americans constituted 21% of drugs arrests; however by 1992, this

number had rose to 36% (Mauer, 2006). The percentage has decreased by 2009 to 34% (Federal Bureau of Investigation, 2009).

In 2009, African-American males were six times more likely to be incarcerated (3,119 per 100,000 African-American US residents) than White males (487 per 100,000 White US residents) and almost three times higher than Hispanic males (1,193/100,000) (West, Sabol, & Greenman, 2010). African-American males between the ages 30 to 34 have the highest rates of state or federal imprisonment (7,721/100,000) when compared across age and racial groups. Furthermore, on any given day 1 in 13 African-American males between the ages of 30 to 39 is incarcerated in a state or federal prisons (West, Sabol, & Greenman, 2010).

Studies have explored health consequences for those incarcerated such as drug use and sexual behaviors. Some of these studies have examined how incarceration increases sexually transmitted disease transmission and how incarceration can be a significant social determinant of health (Galea & Vlahov, 2002). Rather than focus completely on the incarcerated individuals, researchers have also focused on the effects on inmates' significant others such as their family members, children, and spouses. When an individual leaves the community to enter the criminal justice system, the community, especially his or her family, has to adjust to the individual's absence. The adjustment may cause significant financial and emotional strains. The purpose of this analysis is to add to the existing literature on the impacts of mass incarceration, particularly how incarceration affects the partner left in the community. Since incarceration in the United States disproportionately affects African-American males, the population of this study focuses on African-American women with male incarcerated partners.

The current analysis was conducted under a qualitative research study designed to explore the processes through which incarceration of a male primary sexual partner shapes women's vulnerability to HIV and other sexually transmitted diseases. The processes explored

include financial, emotional, and physical well-being of the women as well as drug-using behaviors. This analysis focused on the women's emotional well-being as it pertains to stress, coping strategies, and social support. Investigating this aspect of emotional health in women with incarcerated partners may be crucial to identify the pathway between an incarceration event and negative mental/emotional health outcomes.

Theoretical Framework

Emotional Stress

One of the objectives of this study was to identify stressors of female partners of incarcerated males. Stress can be defined as "any environmental, social, or internal demand which requires the individual to readjust his/her usual behavior patterns" (Holmes & Rahe, 1967; Thoits, 1995). Stress reaction is the state in which emotional and psychological arousal occurs, which results from the perception of stress or demand. As stressors increase, an individual has to cope with the demand. These efforts might overtax the individual which increases the probability of illness, injury, or disease or that psychological distress or disorder will follow (Lazarus & Folkman, 1984).

Stress is typically evaluated by appraisal of an event/situation and by the coping methods used. The transactional model of stress and coping developed by Lazarus and Folkman (1984) states that stress is the result of an imbalance between perceived demands and perceived resources. The impact of an external stressor is mediated by her evaluation of the stressor and the psychological, social, and cultural resources at her disposal (Lazarus, 1991; Lazarus & Folkman, 1984).

Lazarus and Folkman (1984) defined coping as the cognitive and behavioral responses used to manage stressful events and the subsequent emotions generated. Coping may be a necessary process for stress resistance. Coping acts as a method to change the situation, reduce

threat, or keep any resulting symptoms manageable (Folkman & Lazarus, 1980). Coping is viewed as a dynamic process that changes over time and is dependent on the situational contexts (Lazarus, 1991). Lazarus and Folkman identified two types of coping: emotional-focused and problem-focused. Emotional-focused is modifying emotional responses to stressful situation that one evaluates to be unalterable. However, problem-focused strategies are targeted towards the stressor and determining ways to change the environmental conditions. Depending on the resources available and the level of demands, partners of incarcerated men may have different levels of stress and may, subsequently, develop various coping strategies to address these stressors.

Stigma

Stigma can be a major barrier for individuals in need of mental health services because of the associated fear of discrimination or rejection by others (Corrigan, 2004; Corrigan, Edwards, Green, Diwan, & Penn, 2001; Corrigan & Penn, 1999). Stigma can be defined as “a collection of negative attitudes, beliefs, thoughts, and behaviors that influences the individual, or the general public, to fear, reject, avoid, be prejudiced, and discriminate against people” (Gary, 2005). Stigma may increase the reliance on social support, informal care networks, and self-reliance as well as decrease willingness to seek formal services (Blank, Mahmood, Fox, & Guterbock, 2002). Financial instability can lead to residential instability, which may cause increase dependence on other members of one’s support network. However, long-term dependence on others can create conflict and damaged relationships with family, friends, and other sources of support in the community (Brooks-Gunn, Duncan, & Aber, 1997). Therefore, individuals that experience stigma and financial hardships may have difficulty maintaining both long-term financial and emotional support from their support networks.

Resilience

Over the past few decades, the concept of resilience has been considered to describe how those who appear to have positive outcomes (or at the least the absence of negative outcomes) although exposed to challenging adversities (Vanderbilt-Adriance & Shaw, 2008). Redeveloped since its inception in the 1970s, resilience is currently conceptualized as the “dynamic process consisting of a series of ongoing, reciprocal transactions” between the person and the environment (Vanderbilt-Adriance & Shaw, 2008). Many of the earlier studies applied resilience towards understand how children raised in difficult situations were able to still achieve desire goals (e.g. good grades, strong relationships with caregivers) (Vanderbilt-Adriance & Shaw, 2008). However, resilience has been used in different populations to investigate protective factors that produce positive adjustment. Through the exploration of the concept resilience, researchers have found that resilience is strongest among those who face chronic adversity such as poverty and resilience can exist in various domains (e.g. emotional well-being, interpersonal relationships) in a person’s life (Luthar & Zelazo, 2003; Vanderbilt-Adriance & Shaw, 2008). However, positive outcomes in one domain do not necessarily suggest that there will be positive outcomes in other domains.

Previous studies have attempted to identify some of these protective factors— characteristics of the individual, interpersonal relationships, and the wider environment that reduce the negative effects of adversity (Vanderbilt-Adriance & Shaw, 2008). One potential protective factor is emotional regulation, which is the monitoring, evaluating, and modifying the intensity and duration of emotional reactions in order to accomplish one’s goals. Similar to Lazarus and Folkman’s emotional-focused coping, this process entails managing emotions in order to better handle difficult situations. Research on older children has suggested that internal attributes such as locus of control, appraisal, and coping skills have been associated

with a range of positive outcomes (Vanderbilt-Adriance & Shaw, 2008). The concept of resilience will be used in this current analysis to help guide the framework for understanding protective factors that encourage positive adjustment in women who are in the challenging situation of having an incarcerated partner.

Coping

Resilience may be the result of utilizing certain coping strategies over others. Various theories and models such as the Theory of Stress have suggested that how one manages stress can contribute to changes in mental health. Shorter-Gooden (2004) found that when dealing with racism and sexism, African-American women used three coping strategies: internal coping, external strategies, and role flexing. Internal coping refers to the process of relying on spirituality and maintaining a strong positive image. External strategies are leaning on others for social support. Finally role flexing is changing outward behaviors to reduce (or avoid) contact with others. Other examples of role flexing include standing up for oneself and directly challenging the source of the problem (Broman, 1996; Brown, 1990; Brown & Keith, 2003; Shorter-Gooden, 2004). Female partners of incarcerated male might use other coping methods such as increased substance and alcohol use (internal coping) or seeking other sexual partners in the community (external coping). There is a dearth in the literature regarding negative coping methods in African-American women, especially those with incarcerated partners.

Purpose of Analysis

The purpose of this current study was to identify emotional stressors and coping strategies in African-American women with incarcerated partners as well as to determine factors that promote or hinder seeking social support (both formal and informal sources). Much of the existing research on the effects of partner incarceration was conducted over 10 years ago and thus might no longer be relevant. This analysis provided current information on (1)

emotional stressors related to partner incarceration; (2) coping strategies used to manage the incarcerated-related stress; and (3) factors that influence the decision to seek support (either formal or informal).

Chapter 2: Literature Review

Prevalence of Partner Incarceration

Incarceration of men can have many indirect effects as incarceration can significantly affect not only inmates but also their partners, children, and significant others (Reed & Reed, 1997; Arditti, Lambert-Shute, & Joest, 2003). Many men enter the criminal justice system with partners still in the community. Several studies throughout the 1980s and 1990s tried to estimate the prevalence of partner incarceration. Research has estimated that approximately 50% of incarcerated men consider themselves to be in committed heterosexual relationships and intend to continue the relationship after released (Carlson & Cervera, 1991; Jorgensen, Hernandez, & Warren, 1986). In a population study of urban African-American women, 22% stated they had a current sexual partner who had ever been incarcerated (Battle, Cummings, Barker, & Krasnovsky, 1995). In a more recent study conducted by Khan et al. (2011), men and women were recruited from public social venues in North Carolina to assess the prevalence of dissolution of relationships during incarceration. In this urban sample, 43% of the men who responded that they had been previously incarcerated for more than one month stated they had been in a main partnership at time of incarceration. One-fifth of the women stated they had ever had a primary partner who had been incarcerated during the relationship.

This analysis focused on the effects of incarceration on the female partner. The incarceration event removes the partner from the community and the household. The period immediately following the incarceration can place severe strains on the female partner as she must deal with rapid financial changes and deal with a myriad of emotions such as isolation, fear, anxiety, and loss (Chui, 2010). Previous studies examining partner incarceration have identified and described some financial and emotional strains as well as strategies used by female partners and other family members to cope with the sudden loss. The following

information in this chapter reviewed the existing literature on partner incarceration as well as coping strategies and mental health strategies for African-American women.

Increased Responsibilities: Becoming the Sole Provider

One of the most recognized changes female partners undergo after their partner's incarceration is the loss of a financial contributor to the household. Harman, Smith, and Egan (2007) conducted focus groups with female partners of incarcerated males to examine specific relationship challenges related to these intimate relationships. Focus group members mentioned themes of overwhelming distress with being the sole provider for children, other family members, and the male partner and increased parenting roles in caring their own children and the biological children of their partners.

When the male is incarcerated, the roles and responsibilities of the family unit may change drastically and swiftly. The financial burden on the woman is one of the most studied aspects on male partner incarceration because this event removes earning power from the family and causes many visible changes to the family's well-being (Western, Kling, & Weiman, 2001). Before the partner was arrested, he may have been contributing money for rent, food, transportation, and child care services. Previous studies have shown that before incarceration, two-thirds of male partners were employed the month before arrest (Carlson & Cervera, 1991; Braman, 2007). Either as the family's primary breadwinner or as supplemental income (e.g. child support payments), the female partner has lost a significant contributor to the family's income that may never be replaced as financial responsibilities for the woman do not necessarily improve once the male partner is released (Glaze & Maruschak, 2010). Once released, men with a history of incarceration face structural and social barriers to finding stable employment (Western, Kling, & Weiman, 2001). Previous studies have also estimated that incarceration can reduce African-American wage earning by 44% by the age of 48 (The Pew Charitable Trusts,

2010). Often the financial status of the family will continue to fall largely on the woman. Thus, she continues to be the primary breadwinner or, in many cases, the sole provider for the family even after the partner is released and returns to the community.

Partner incarceration also may reduce the earning power of the woman because of the increased responsibilities when caring for children. Caring for children can decrease flexibility and stability in permanent employment (Braman, 2002). To cover all expenses for the children, the newly single parents may have difficulty adjusting their work schedule to meet the time demands of parenting. The new demands for work flexibility may lead to unemployment or underemployment. The lack of income may lead to dependence on welfare and other government assistance. A 2003 qualitative study interviewing caregivers of children with incarcerated parents found that more than half of the participants (53.5%) were receiving public assistance. Of those that were on assistance, 72% began receiving benefits after the family member's incarceration (Arditti, Lambert-Shute, & Joest). Reliance on government assistance has been linked to feelings of disempowerment and helplessness (Seccombe, 1999). The sudden new roles can have serious consequences as studies have suggested that losing a partner to incarceration increases the likelihood of dysfunctional parenting and role strain (Morris & Coley, 2004; Taylor, Roberts, & Jacobson, 1997).

In addition, research conducted on the emotional and physical effects of parental incarceration on children has shown that children of incarcerated males have increased physical, emotional, and psychological difficulties, such as anxiety, shame, and depression (Murray & Farrington, 2008). These physical and psychological consequences may require the newly single parent to provide additional care to their child, which might increase feelings of distress and helplessness.

Increased Responsibilities: Providing for the Inmate

Research examining relationships with male incarcerated partners has found that financial, instrumental, and parental burdens can create further emotional strains associated with having an incarcerated partner. For instance, the costs associated with having an incarcerated partner (i.e., transportation to the distant prison, expensive telephone calls, legal bills, etc.) can amplify the emotional strains on the family (Arditti, Lambert-Shute, & Joest, 2003; Petersilia, 2003; Hairston, 2001). On average, telephone calls cost can exceed \$200 per month and since prisons tend to be located outside metro areas, many women have to travel great distances to visit (Girshick, 1996; Braman, 2007). Women who are trying to adjust to new roles and financial responsibilities must also juggle the tasks of attending to their partner during the criminal justice process. The women may be required to communicate often with lawyers and provide payments as well as set aside time from work and parenting to visit the male partner in jail/prison (Braman, 2002). The consequences of these new changes require the female partner to deal with feelings of isolation, fear, anxiety, grief, loss, and powerlessness. Moreover, women often attempt to conceal their partner's incarceration status in fear of being labeled and stigmatized, which can be a difficult process that increases stress.

Maintaining Relationship with Inmate

Concerns regarding infidelity and the overall quality of the relationship are additional burdens women have to bear. Although previous research has shown that male incarcerated partners who maintain strong ties to family, friends, and intimate female partners have lower rates of criminal recidivism, many couples face difficulty maintaining the relationship during incarceration (Nelson, Deess, & Allen, 1999; Zamble & Quinsey, 1997). Numerous studies have shown that the risk of dissolution of the relationship is high for couples when one partner is incarcerated (Lopoo & Western, 2005). Common reasons for dissolution of relationship include

substance abuse, loss of intimate feelings due to length of separation and communication issues, and external factors (i.e., financial reasons) (Wolcott & Hughes, 1999). Qualitative interviews with female partners of incarcerated males showed that the decision to remain in the relationship (or to remain monogamous) depended on the length of incarceration (Harman, Smith, & Egan, 2007). The women stated that they often kept alternative partners as a backup. Also, suspicion of infidelity of the partner or the partner's suspicion of the woman can cause strains on the relationship.

In addition, many partners of incarcerated males felt that losing him was an "ambiguous loss" because the male is physically absent but psychologically present (Arditti, Lambert-Shute, & Joest, 2003). Separation (or the ending) of a relationship can be a very stressful event for women in these relationships; however maintaining a relationship with someone incarcerated can cause extreme emotional strains (Petersilia, 2003). Yet, in some cases, the physical separation of the partner may provide benefits to the woman. Women who experienced intimate partner violence (IPV) may view her partner's incarceration as a window of opportunity to discontinue the relationship. This is especially true for substance abusing women, as women with high levels of substance use are more likely to report IPV (Testa, Livingston, & Leonard, 2003).

Partner Incarceration and Alcohol or Drug Misusing Women

In understanding the effects on partner incarceration, it is also important to look at a particular subset of this population: alcohol or drug (AOD) misusing women. The reason it is important to examine this subset is because, as previously mentioned, African-American men are disproportionately arrested and jailed for drug-related offenses. A sample of crack-addicted African-American women found that of the women with partners, that most of the male partners were also AOD misusers (Boyd & Guthrie, 1996). Studies on sexual and romantic

relationships among AOD misusers consistently find similar results that misusing women typically had an AOD misusing partner as well. A literature review conducted by Pelissier and Jones examined gender differences in alcohol or drug (AOD) users. Many of the studies reviewed found similar results across ages and races, such as many of the female AOD users were less likely to be employed or if employed, they earned less money than men. Also, female AOD users were more likely to have experience higher rates of abuse, particularly sexual abuse, than men (Pelissier & Jones, 2005). Therefore, in addition to the previously mentioned stressors associated with partner incarceration, AOD misusing women may face additional (or uniquely different) stressors related to their AOD use, such as reduced family/friend support, financial stability, house insecurity, greater risk for mental illnesses, and difficulty providing adequate child care (Pelissier & Jones, 2005). Additionally, as stated in the previous section, partner incarceration may serve as a window of opportunity. Women are less likely to enter treatment; furthermore, they are less likely to receive support from an AOD misusing male partner. Thus, women with incarcerated partners might see this physical separation as a chance to enter treatment as well as end the relationship. However, AOD users are more likely to engage in high-risk sexual activity and, because of their housing instability, might have limited access to appropriate drug treatment (Galea & Vlahov, 2002). AOD women with incarcerated partner might obtain new sexual partners in order to meet their basic needs and for acquiring drugs.

Emotional Stress

Thoits (1995) found that life events that were negative or threatening as well as major or highly disruptive predicted psychological distress and psychiatric disorders. Women with incarcerated partners must deal with sudden loss and are expected to make major life-changing decisions immediately (e.g. finding housing and employment). Because of these circumstances, the women often do not have the opportunity to grasp fully the situation or even grieve over

the sudden loss of their partner. Previous research has documented the feelings of isolation and depression in women with incarcerated partners (Comfort, Grinstead, Faigeles, & Zack, 2000; Daniel & Barrett, 1981). These women may face economic hardship, social stigma, and isolation from family and friends who disapprove of the relationship.

A 2002 study of 45 low-income African-American women found that these women frequently identified stressors such as inadequate resources, multiple role-functioning, relationship conflict with family and men, health concerns, loss, racism, and higher work demands (McCallum, Arnold, & Bolland, 2002). The stress from these events often left the women with feeling a lack of control, feeling undesirable, or feeling isolated from others.

Unfortunately, there is a gap in the literature regarding identified stressors and coping strategies in African-American female partners of incarcerated males. Very few studies have been conducted to investigate the emotional well-being of this particular population. Furthermore, most of those that have looked specifically at women with incarcerated partners were conducted over 20-30 years ago or the primarily focus was not on emotional well-being but on substance abuse or HIV risk. For the former group of studies, the population sampled tended to be White women as the studies were conducted before or during the earlier stages of when the current drug policies were put into place. The latter group of studies on HIV risk typically includes the most current studies on partner incarceration. However, these studies stem from early research on the emotional and financial effects of partner incarceration to investigate new relationships between this event and other health indicators such as increased sexual partners, condom use, drug treatment, etc.

This study, Project RISE, interviewed African-American women in an urban setting with recently incarcerated partners; therefore to gain a better understanding of stress and coping in

this population, the remainder of this literature review focused primarily on how previous studies have identified the stress and coping process in African-American women in general.

Stress, Coping, and Seeking Support in African-American Women

Some theories, for example Cohen and Wills (1985), explain that social support can buffer an individual from the harming effects of stress, either through emotional or instrumental support. For instance, engaged coping such as social support is one example of constructive responses that have positive effects on mental health (Amodeo, Griffin, Fassler, Clay, & Ellis, 2007; Kemp, Green, Hovanitz, & Rawlings, 1995; Hamilton-Mason, Hall, & Everett, 2009).

However, African-American women tend to minimize serious life problems such as depression as a condition of life that must be endured (Hamilton-Mason, Hall, & Everett, 2009).

Minimalizing reduces the fear of being labeled as insane and therefore the women may feel less pressure to seek professional help. Previous research has shown that African-Americans are more tolerant of psychological distress, less likely to initiate treatment, more likely to be diagnosed with schizophrenia and psychosis, and more likely to terminate mental health treatment earlier than whites (Flaskerud & Hu, 1992; Hu, Snowden, Jerrell, & Nguyen, 1991). Schnittker, Pescosolido, & Croghan (2005) previously suggested that African-Americans are less likely to believe that mental illness is due to genetic or biological causes and are more likely to believe that it is the result of "bad character". Individuals with this belief may reduce the urgency of mental distress and delay seeking treatment.

In addition, Harman (2007) found that female partners of incarcerated men were reluctant to seek support or socialize because they believed they were under constant surveillance from family, friends, and community members who were acquaintances of the partner. These feeling of loss of support, fears about infidelity, and feelings of isolation were typically how women described their relationship during their partners' incarceration. To cope,

the women often stated that they resorted to emotional withdrawal. Interestingly, a 2009 qualitative study conducted in Hong Kong (Chui, 2010) found similar results that female partners of inmates used both informal and formal sources of support to obtain emotional support. These women stated they preferred to deal with problems themselves and only seek help from formal sources when all informal sources have been exhausted. The results from the Chui study and others suggest that women first utilize self-help, then help from those close to them (e.g. family, friends, clergy), and finally formal mental health services.

There are different reasons why African-American women are less likely to seek support sources, both informal and formal. Social stigma, social support, and social distance have been shown to influence willingness to seek mental health treatment and the subsequent adherence to the recommendations (Butler, 1975; Padgett et al., 1994). Studies have shown that women feel a lack of sympathy or support for the loss of their incarcerated partner, most likely due to incarcerated-related stigma (Harman, Smith, & Egan, 2007). Thus women (and their partner) often must grieve silently at their loss (Arditti, Lambert-Shute, & Joest, 2003).

Spirituality remains a major coping strategy for African-Americans, especially African-American women. A study of African-American women conducted by Chatters, Taylor, Jackson, and Lincoln (2008) found that African-American women reported higher uses of religious coping (90.4%) than non-Hispanic Whites (66.7%). Previous research found similar results that African-Americans prefer social support and spirituality to deal with adversity when compared to formal services (Taylor, Hardison, & Chatters; Thomas, 2001). A qualitative study conducted by Short in 2000 showed that when asking African-American and White women about their history of partner abuse, African-American female survivors tended to identify social support networks and spirituality as sources of support and help to cope with abuse. Ward and Heidrich (2009) suggested that while African-Americans may recognize the benefit of treatment, they prefer

support through religious coping or the support from friends and family members. Dessio et al. (2004) estimated that approximately 43% of African-American women endorsed religious coping as their preferred method. Using data from the Epidemiologic Catchment Area Study, Snowden (1999) found that in the nationally representative sample, African-Americans were less likely to have sought help from mental health professionals (e.g., therapists, mental health centers, and physicians) than Whites.

Seeking Formal Support

Rather than seek formal support (e.g. mental health services), many African-American women rely on relational support such as community, family support, and spiritual communities during stressful periods. African-Americans were found to be 15% less likely than whites to seek help for emotional problem than for economic, physical, or interpersonal problems in a study conducted by Blank, Mahmood, Fox, and Guterbock in 2002. Cultural, social, and economic factors are some of the main reasons why African-Americans rely on informal sources of support. Informal sources can be helpful for mild to moderate mental health issues, as many African-American churches have provided many types of health services: substance abuse assistance as well as health screening, education, and support (Eng, Hatch, & Callan, 1985; Levin, 1984). However, trained mental health professionals are important to diagnosis serious illnesses and provide long-term treatment.

Studies on utilization of formal mental health sources consistently find that while African-American women have positive ideas about professional help, they still are less likely to seek help when compared to White women. For example, Schnittker et al. (2005) found mixed results regarding African-Americans seeking mental health. They found that African-Americans generally have more positive attitudes towards mental health services and believe they would seek help to improve their quality of life. However, when it comes to utilization, African-

Americans are still less likely than whites to seek voluntary, outpatient mental health services (Wang, et al., 2005) even when socioeconomic status and insurance coverage were held constant (Padgett, Patrick, Burns, & Schlesinger, 1994). Barriers for African-American women's use of mental health services were more likely to include access, availability of services, social issues, poor quality of care, and cultural matching of the health professionals (Cristancho, Garces, Peters, & Mueller, 2008; Tidwell, 2004).

Interpersonal relationships that provide support have been shown to be a significant contributor to willingness to seek help initially and continued treatment. Contact with mental health professionals may decrease positive attitudes towards the service due to increased cultural mistrust (Anglin, Alberti, Link, & Phelan, 2008). Cultural mistrust has been linked to increased drop-out and decreased client satisfaction for those in treatment (Nickerson, Helms, & Terrell, 1994; Watkins & Terrell, 1988). Ward and Heidrich (2009) found that when perceived stigma is low (or absent), African-American women would endorse seeking treatment as well as use informal and religious coping. The women also were more likely to attribute symptoms to a mental illness and believe treatment can be effective. African-Americans were significantly more likely than whites to believe that a mental health professional could improve their mental health. However, they also were more likely to believe their condition would improve on its own (Anglin, Alberti, Link, & Phelan, 2008). Anglin et al. suggest that one of the possible reasons for not seeking treatment is that if the illness was able improve on its own, why spend time and money for mental help (Cauce, et al., 2002; Anglin, Alberti, Link, & Phelan, 2008).

Consequences of Obtaining Social Support

Identifying stressors and coping strategies is very important, especially for this population. As stated above, female partners of inmates must deal with sudden life changes and often feel isolated from others. Lincoln, Chatters, and Taylor (2005) found that higher levels

of social support corresponded with lower depressive symptoms among African-American women. However, financial strains have strong negative effects on social support. For example, borrowing money from a family member might create tensions due to inability to repay money. There is a negative relationship between high social support and feelings of powerlessness, isolation, and emotional vulnerability that are typically regarded as symptoms of depression in partner abuse survivors (Tan, Basta, Sullivan, & Davidson, 1995; Thompson, et al., 2000). While an analysis among African-American women found that positive forms of social support decrease distress, it also suggested that psychological distress was increased by negative interactions with family and friends. The study also found that negative interactions had a stronger effect than social support (Gray & Keith, 2003). These studies suggest that women need to find strong and positive support systems to counter distress experienced from losing a partner to incarceration.

Chapter 3: Methods

Study Description: Project RISE

Project RISE was a longitudinal qualitative study designed to investigate the impact of male partner incarceration on urban African-American women. Specifically, the aims of the study were to explore changes in the women's drug use, economic status, social status, children's welfare, and emotional well-being as well as examine how these changes coincide with the women's sexual relationship and HIV risks over time.

The women participated in four waves of one-on-one semi-structured interviews over the course of a year. For the purpose of this analysis, only the first two waves of interviews were included. As Project RISE sought to initiate a new line of inquiry regarding partner incarceration, one-on-one qualitative interviewing was an appropriate method because it facilitates the discovery of new concepts, rich descriptions of the participant's interpretations, and explorations of the ways in which processes influence one another (Maxwell, 1996; Rice & Ezzy, 2001; Strauss & Corbin, 1998).

Sample Eligibility

We sought to study female participants who were African-American between 18-64 years of age, lived in the Atlanta metropolitan area, and had a male primary partner who had recently (i.e., past 12 months) entered jail, prison, or detention and who was expected to be incarcerated or detained for at least another 6 months. Because one of the study's main objectives was to understand the determinants of HIV risk, HIV-positive women were excluded. In addition to the self-reported status of the male partner from the screening process, we verified the incarcerated partner's status before enrolling the potential participant. We verified the incarcerated partner's status by using online correctional databases or calling the correctional inmate search hotline. Male partners who were awaiting trial had to have been

charged with one of Georgia's "Seven Deadly Sins" (namely murder, rape, armed robbery, aggravated child molestation, aggravated sodomy, aggravated sexual battery, and kidnapping); since individuals charged with these offenses are typically detained until trial.

Given the research questions of Project RISE, we sought to create a quota sample in which approximately half of the participants were alcohol or other drug (AOD) misusers. AOD abuse status was assessed during the screening process. AOD misusing women had to self-report using an illegal drug or abusing alcohol within the past 90 days or had to have been in treatment in the past 12 months. Women were identified as non-AOD misusers if they had not used any illicit drugs in past 5 years, had not binge drunk in the past 90 days, and had not been in drug/alcohol treatment in the past 5 years. Women received a \$5 incentive for completing the screening for the interviews (either a MARTA or CVS gift card).

Recruitment

We utilized both active and passive methods to recruit women in the study. The recruitment phase lasted approximately 12 months. We recruited from venues where eligible women might visit such as prisons, local jails, or pre-trial detention waiting rooms. We also visited organizations serving inmate's families, local drug treatment and harm reduction organizations, and local drug courts. We worked especially closely with the community-based Atlanta Harm Reduction Center (AHRC) (located in a neighborhood known throughout the metro area for its availability of drugs, particularly heroin), the Fulton County Jail, and the Georgia Department of Correction's processing facility. At AHRC, a research staff member accompanied AHRC outreach workers during their outreach activities. At Fulton County Jail, we worked with jail counselors to gain access into the individual housing floors. Inmates were invited to mail pre-written letters to their female partners to inform the women about the study. We collected and mailed the signed letters. The inmates were also encouraged to provide telephone

numbers of their female partners. We then called each given number and attempted to recruit the women into the study. Additionally, previously screened women were encouraged to refer potential participants to the study. The peer recruiters were mailed \$5 gift card incentives for each potential participant referred by the recruited that was screened eligible.

Consent

Women who screened eligible for the study were invited to set up a time for the consent and one-on-one interview. The consent process was conducted before the baseline interview and covered the 11-month study period. The research staff was trained to identify women that appeared to be cognitively impaired as such women were not competent to give full consent at that time. The staff member provided the eligible participant a copy of the consent form and read the form aloud in entirety to the participant while she read along. The participant gave her consent by providing her signature on the consent form, which was kept on file in the research study's office.

In-depth Interviews

Thirty-two African-American women were enrolled into the study. One participant's data was not included in the study's analysis due to significant discrepancies in the data across the interviews. Nineteen of these women were categorized as AOD misusers. The purpose of the semi-structured one-on-one interviews was to gather rich information on the changes in women's lives from pre-incarceration to the present (i.e., day of interview). To elicit rich information, the interviewer asked a series of open-ended questions built around specific domains (Appendix A) related to the study's overall aims. The domains were created a priori and were essential for developing the framework for the interview guide. Participants also were encouraged to discuss incarcerated-related changes that were not explored from the guide's

domains. After the initial set of interviews, we amended the interview guide in response to new information gathered (Appendix B).

The women participated in four waves of data collection: baseline, Wave 2 (4 months post baseline), Wave 3 (4 months post-Wave 2), and Wave 4 (4 months post-Wave 3). This interview interval was chosen as we expected that the impact of partner incarceration create substantial life changes during the time right after incarceration. Each interview guide was centered around three time periods: pre-incarceration (before the incarcerated partner's current arrest), incarceration (arrest to when he is released from custody), and post-incarceration (after he is released from custody). The baseline interview covered domains from Appendix A that was focused primarily on experiences before the incarcerated partner's arrest and the experiences leading up to the interview. Subsequent interviews were focused on the time period since the last interview as well as expectations once the partner is released. Since the study lasted a year and we looked for women whose partner would be incarcerated for 6 months after the screening, there was a possibility that the incarcerated partner would be released before the conclusion of the study. Therefore, a separate interview guide was created for participants in these situations to investigate the impact of the incarcerated partner's release. As previously mentioned, only the first two waves of interviews were included in the current analysis.

In addition to the in-depth interviews, a short quantitative survey was administered at the end of each interview session to gather sociodemographic characteristics and drug use patterns. Alcohol and drug use frequency and severity were accessed through multiple questions including the TCU Drug Screen II (TCUDS-II) (TCU Institute of Behavioral Research, 2006).

All interviews took place at one of three locations: the participant's home, a private space at the Rollins School of Public health, or a private room at AHRC. For interviews conducted at the participant's home, another staff member accompanied the interviewer as a safety measure. Women who travelled to the interview received a roundtrip MARTA card to cover travel cost or a parking validation to cover parking costs. The women received \$25 after completing each interview.

Each interview was digitally audio-recorded with the permission of the participants. The digital recordings of the interview were transcribed verbatim by a professional transcriptionist. In addition to the audio-recording, after each interview, the interviewer created a memo detailing key categories that emerged from the data collection as well as reflections from the interviewer on that particular data collection experience (e.g. children were present, participant received numerous phone calls during interview). Memos were incorporated into the transcripts and were then entered into ATLAS.ti, which is a qualitative data management analysis software program (ATLAS.ti Scientific Software Development GmbH, 2008).

Interviewers

Interviews were conducted by the Research Project Coordinator and Graduate Research Assistants (GRAs). The Project Coordinator worked on the study from the beginning phase of development to the end of data collection. Over the course of the study, there were four GRAs who conducted the interviews plus one additional GRA who assisted in recruitment and screening. The interviewers were all female and between the ages of 23-27. The Project coordinator and one of the GRAs were African-American (the author of this current analysis) and the remaining two GRAs were White. All members of the project team were or had previously been students of the Rollins School of Public Health at the time of data collection.

Retention

Extensive retention efforts were performed throughout the interviewing period to retain all women in the sample. After each interview, a staff member contacted the participant to update their current address and telephone number as well as to update their alternative contacts information. When possible, the staff member that last interviewed the participant would be responsible for contacting that participant to increase rapport between the participant and the interviewer. Participants were contacted at the following time points from their baseline interview date: 2 weeks, 1-month; 2-month; 3-month; 4-month; 5-month, etc. until they completed all 4 waves of data collection. All information collected from retention calls were entered into an Excel spreadsheet for study documentation and later referral. For each completed retention call, participants received a \$5 incentive (either a MARTA or CVS gift card) which was mailed to their home address. If the retention call coincided with a call to schedule an interview, the participant had the option of having the \$5 incentive added to the interview payment. Also, as an additional rapport-building activity, birthday cards were mailed to each participant within a week of her birthday.

Ethics/Institutional Review Board

This study was approved by Emory University's Institutional Review Board. As the study pertains to many sensitive topics (e.g. multiple sexual relationships, HIV status, having an incarcerated partner, etc.) that might pose risk to the participant, steps were taken throughout the research study to minimize harm to the participant. The main type of the risks the participants faced were stigma and psychological distress from discussing her experiences. To minimize the likelihood of breach of confidentiality, we employed various protective methods: we obtained a federal certificate of confidentiality; we conducted the interviews and screenings in private locations; we created of identifiers to label all participant documents; we safeguarded

paper study materials; we safeguarded digital data (e.g. audio interview recordings); and, we removed identifiable information from transcribed files. To help address psychological distress, we provided the women with a list of local counseling resources. Also, if the participant became distressed during the interview process, we encouraged the participant to take a break and reminded her that she will not be penalized for skipping any questions. If the participant could not be immediately consoled during the interview after a break or after skipping a set of questions, the interviewer suggested rescheduling the interview in order to not cause further distress.

Data Analysis

To achieve the aims of this analysis, grounded theory methods were used to guide the data analysis process. Using basic principles developed by Strauss and Corbin (1998), data analysis included field notes and memos, reviewing transcripts, and coding interviews. Analyses of transcripts proceeded in 5 stages: open coding of baseline data (Wave 1); open coding of follow-up data (Waves 2-4); axial coding of baseline data; axial coding of follow-up data; and selective coding. Open coding refers to the process of identifying, labeling, and defining all concepts in the transcripts. An initial microanalysis was performed for a select number of Wave 1 transcripts by methodically examining and interpreting each line of data. This step was necessary to generate initial categories and to create codes for each new idea. The codes were then named and defined using the codebook feature in ATLAS.ti. The research staff each independently coded a select number of transcripts using the initial set of codes as well as created new codes and preliminary definitions for new concepts that were identified while coding. A series of meetings were held in which each staff member compared and contrasted their concepts and concepts' definitions. These meetings were held until a consensus about these concepts and definitions were reached and a codebook was developed. The research staff

coded the remaining baseline transcripts using this codebook. This additional coding led to unearthing new concepts and redefining existing ones. A finalized codebook was completed at the end of baseline open coding. Coding was completed for the remaining waves of data.

A second component of opening coding requires grouping similar concepts into higher-order categories and the creation of its definitions (Strauss & Corbin, 1998). Each category is defined in terms of its properties (attributes of the category) and dimensions (variations in these properties). For example in the category “relationship with partner”, a property may be “quality of relationship” and the dimensions may vary from “poor” to “great”. This process allowed the research staff to review the codebook and identify which concepts were unique to certain interviews and which were more universally present.

Axial coding refers to the relationship among properties and dimensions within a single category and across categories. The purpose of axial coding is to reassemble data that was fractured during open coding in a way that generates rich descriptions of phenomena captured by categories (Strauss & Corbin, 1998). This is important as it not only creates descriptions but also explores relationships across categories. For instance, properties “quality of relationship pre-incarceration” and “length of partner’s sentence” could be analyzed for their relationship. This analysis might produce relational statements such as “women who partner faces a short sentence and who described having a strong quality of relationship before her partner’s incarceration are more likely to remain in the relationship”. Memos were created to track ideas, create code families, and gather quotations as well as to link various categories. Similar to open coding, each staff member generated different memos throughout the process and presented her memos to the rest of the staff for discussion and suggestions.

Finally, selective coding is the process of developing and refining the empirically-grounded theory that captures research findings (Strauss & Corbin, 1998). Major categories are

integrated to create a larger framework of the research findings that takes the form of a theory or process. This framework—which can be presented as a storyline narrative, diagram, flow chart, etc.—explains the main points of the data as well as accounts for variations. Thus, “relationship status”, “financial stability”, and other categories might be combined to explain the overarching framework of emotional stressors.

The codebook for open coding was finalized before this current analysis began. Thus, this current analysis focused on the creation of higher-order categories as well as axial coding and selective coding processes to create a framework that explores the emotional stressors, coping strategies, and willingness to seek support from others from the data collected in waves 1 and 2. The author analyzed all coded Wave 1 and Wave 2 transcripts used in this analysis.

To guide the conceptualizing the framework for stress management, the Theory of Stress was used. The theory identifies two central concepts: appraisal and coping. As mentioned previously, Lazarus and Folkman described stress as an imbalance between perceived demands and perceived resources (appraisal) (Lazarus R. , 1991; Lazarus & Folkman, 1984). Therefore to aid in identifying stressors, the author examined how the women in the study describe their expectancies and the actual outcomes of a specific encounter. In doing so, the concept of stress was a result of the individual’s description of quality, intensity, and duration of the emotion produced from the appraisal of the encounter. For instance, if a woman believes her partner will be released in 6 months then finds out that he might not be released for 2 years, this may or may not be a stressful event. Therefore to determine stress, it would be necessary to evaluate the type of emotion, how strong the emotion was, and how long did this emotion last. To identify coping strategies used by the women, the author drew from Folkman and Lazarus’s definition of coping that states that coping acts as a method to change the situation, reduce

threat, or keep any resulting symptoms manageable (1980). The authors stated that coping tended to be emotional-focused or problem-focused.

In addition to the work of stress and coping theory by Lazarus and Folkman, the concept of resilience also was used (Vanderbilt-Adriance & Shaw, 2008). This concept examines how positive outcomes appear despite the exposure to adversity. In identifying stressors and coping strategies, it was important to ascertain common factors in this sample of women that were helpful for making positive adjustments after their partner's arrest. This analysis not only investigated positive outcomes (e.g. finding employment) but also recognized the causal processes for making the adjustment (e.g. family support, counseling). This analysis also examined how these stressors and coping strategies differ between AOD and non-AOD misusers.

Chapter 4: Results

Study Participants

The study sample for this analysis consisted of 31 African-American women who resided in the metro Atlanta area. The ages of the women at the first interview ranged from 18 to 57 years, with the average age being 32.23 years (SD=11.50). The first two waves of interviews were included in this analysis. Nineteen participants were categorized as AOD misusers at screening. At the Wave 1 interview, six participants reported binge drinking (4 or more drinks on one occasion) within the past 30 days. Four participants reported binge drinking twice and two reported binge drinking at least 3 times in the past 30 days. Only four participants reported illicit drug use at the Wave 1 interview (12.9%). Using the TCUDS-II, three participants met criteria for drug dependency (TCU Institute of Behavioral Research, 2006).

At the Wave 2 interview, only two participants reported binge drinking at least once within the past 30 days. Four participants reported illicit drug use (marijuana) at the Wave 2 interview (12.9%). One participant met criteria for drug dependency.

Findings from the 61 transcripts analyzed are presented along with interview excerpts to better illustrate the results.

Introduction

This analysis examined the stressors, coping strategies, and willingness to seek social support for African-American women with incarcerated partners. The first half of the results focuses on identified stressors that were direct and indirect effects of partner incarceration. In the presence of these new stressors, women used various methods to manage and reduce the occurrence of new stressors. Therefore, the second half will be targeted towards addressing coping strategies and factor related to seeking social support.

The study participants discussed a variety of stressors related to their partner's incarceration. The women generally discussed stress related to disruption of the family unit, difficulty maintaining a relationship with the partner's children, conflict with family members and the partner's ex-partners, and difficulty financially providing for the incarcerated partner. Also, women experienced a myriad of stressors related to maintaining a romantic relationship with the incarcerated partner: feeling unappreciated by the partner, taking on his emotional burdens, experiencing a loss of emotional and physical intimacy, and suspecting infidelity as well as feeling uncertain about the partner's sentence and the future of the relationship. Because of the incarcerated partner's absence, some women considered taking on new partners; however many felt guilt at considering or starting these new relationships. AOD women experienced similar stressors; however, their life before the incarceration event may have differed from many of the non-AOD women, which may have created a varied experience adjusting to the partner's incarceration. The results presented primarily identify and describe major emotional stressors discussed by the participants. Many of these stressors were caused or modified by financial hardships.

Disruption of Family Unit

One of the major reoccurring categories among women was the loss of financial and emotional contribution the partner provided pre-incarceration. The disruption of the family unit was a major stressor for many women as it often created immediate financial and emotional hardships. In order to understand how this disruption affected the women, it is important to describe the family unit before the incarceration.

For some women, the partners were the head of household and the male father figure before incarceration. Often these men were father figures for their own children as well as for the women's children from previous relationship(s). In some cases, the partner actually lived

with the women and the children. There were other cases in this analysis where the partner may live alone, with family members, or with another sexual/romantic partner but was a strong and present figure in the participant's family unit. In this analysis, the term *family integration* is used to describe the partner's involvement with the participant's family life. When partners were involved in the participant's family, he typically had a significant influence on the parenting and the financial structure of the household.

Although there were cases where the partner lived outside of the home, the most common narrative involved the partner living with the participant and his/her/their children. After a certain length of time in the relationship, the partner and the participant decided to live together (with either one moving into the other's existing home or both moving into a new home). The couple may have created a living situation designed for a two incomes; therefore, this created a greater monthly cost of living. Many of the participants may have previously been able to survive on her own income—gained through employment, government assistance, or drawing resources from family/friend—however, cohabiting changed how she got money and how money was budgeted. The increased income from both partners may have allowed for more leisure time (less hours having to work) and opportunity for family time.

Women who had moved in with the partner may have developed increased dependence on household income as well as dependence on shared parental responsibilities. Traditional parenting roles were often mentioned where the male partner was the disciplinarian, head of household, and father figure for her children from other relationship. Meanwhile, she was typically responsible for many of the day to day duties such as caring for the children and cooking.

“...Once we became a family he cooked dinner for the family. When I went to work he'd keep the kids and take care of them, handled pretty much everything with the kids

when I'm at work. It just really went from there, it's like they were his kids, it just went from there [with] him being there every night. The relationship that I have with him is like a relationship I've never had with anybody, any male at all period." (Line 57, W1, AA0321)

When the partner was arrested (and remained in the custody of the department of corrections), she lost an income, a companion, and a father for his, her, and their children. As mentioned in during the pre-incarceration stage, a woman may have been able to survive on her own before family integration occurred with the partner; however once the male partner began to financially contribute to the household, the spending habits of the family may have changed. This may have included higher mortgage/rent to accommodate the larger family and an extra car payment. With the sudden loss of income, the participant was left suddenly in a financial situation where she was unable to manage a household designed for two incomes. This was especially troublesome for women who were stay-at home moms and were solely dependent on the male partner's income. In cases where the male partner's children were staying in the shared household, the woman may be forced to have the children leave the house and go live with their mother(s) or another family member.

"His son no longer is with me, [he] actually stays with his cousin...Nothing is pretty much the same ...everything has pretty much changed because since he's gone things, it's harder now, financially everything is just harder so...I mean I thought you know as far as our living arrangements I would still be in my house where we were staying at. I was hoping to just everything remain the same...we just keep on going as a family but you know it just it didn't work out that way. [The] living arrangements changed, job situation changed. I thought I would be able to handle it by myself without him...so things had to change in order for me to be able to get through it and keep going. I

couldn't keep doing it the way we were doing it because just like financially..." (Line 116-118, W1, AA0321)

For women who were financially dependent on the partner pre-incarceration, the sudden removal of the male partner required her to seek new financial sources of support. These new sources might have included finding employment or increasing the number of hours worked. Women incurred stress from seeking employment or working more hours because of limited (or no) transportation options as well as trouble finding child care. If employment options were insufficient or unavailable, the women had to resort to finding outside sources of support such as from family, friends, or government assistance programs. The reliance on others (especially on family members) increased feelings of hopelessness and despair. Some women had to make difficult sacrifices in order to reduce the amount of dependence on others, such as leaving her children in the care of other family members or temporarily moving in with family or friends until she was able to get back on her feet.

"[I didn't have the rent money] because I'm thinking I know he got it... not thinking that he's gonna get locked up and I've had to pay the rent and get out the money, had to start saving money for minor stuff like transportation to school... I had even quit smoking for awhile. I mean crazy stuff and putting money on the phone every three days, thirty five dollars... then I was building money for a lawyer by myself with no help from his momma, no help from nobody; friends, friends, they just started like sort of hanging up on me. " (Line 76, W1, BB8917)

Family integration also allowed the participant to have shared time with her (and his) children as well as with her partner. After incarceration, the woman had to divide her time between parenting, employment, and setting aside time to communicate or visit her partner. When the partner was removed from the family unit, the woman lost a companion as well as a

father figure for the children. In the following text, the participant reflected on the emotional adjustments she had to make since her partner was incarcerated.

“...just going through my day that’s the biggest stress and then coming home at night and not having him there just to talk to, chill out with, do things that we used to do and not having him around the kids. [We] don’t have kids together but my kids love him and with our friendship before when it wasn’t just me and him, it would be us and the kids; us and my kids and us and his kids. So he’s a very family oriented person and just coming home sometimes that’s hard not having him around.” (Line 91, W1, AA5674).

Maintaining a Relationship with the Partner’s children

Women who did not live with her partner’s children may have felt an extra responsibility to make sure that his children were being taken care of during his incarceration, especially when the partner had a strong relationship with his children before incarceration. This duty might have required her to be a surrogate parent for the child; sending messages to and from the male parent for the child as well as ensuring that the children were being provided for emotionally and financially. Typically, women who were able to provide these sources of support were women who are not struggling financially (and generally did not have children of their own to parent). While initially the participant may have taken comfort in assuming this role, she quickly realized the demanding responsibilities and felt that she was often caught in the crossfire in his family’s disagreements or have to deal with conflict with the children’s mother. Many of the women who have children or whose partners have children had generally are consistent expectations of family integration (or reintegration for some cases) once the partner was released.

“[Before his incarceration] I was just buying for my two ... so now when I’m shopping for my kids I always think about his son versus buying my kids two outfits, I just get everybody one outfit now so that I can get all of them something... I treat his son the same...” (Line 70, W2, AA6447)

Many women saw maintaining the relationship with the partner’s children (or developing a relationship with them) as an investment for the future, despite the emotional or financial strains that might follow.

Conflict with Others Due to Relationship

Some participants reflected on negative experiences in communicating with family members and friends (hers and those of incarcerated partner). Several women experienced conflict with family members and friends because of their negative reactions towards the partner’s incarcerated status. Family members and friends would suggest that she should end the relationship, as well as criticized her decision to continue the relationship. More than half of the participants stated that at some point during their partner’s incarceration that they did not feel comfortable disclosing their partner’s incarceration status to others. However, women whose family and friends had close relationships with the partner pre-incarceration often provided the women with words of comfort during the difficult period following the incarceration as well as supported her decision to continue (or end) the relationship.

Conversely, another source of stress lies with the partner’s family and, less often, his friends. These people were generally aware of the partner’s incarceration and supported the women’s decision to stay in the relationship. However, many participants reported feeling watched by his family and friends and feeling pressured to continue the relationship with the partner. Many of the women had close relationships with the partner’s family (such as his siblings and his parents) and immediately following his incarceration, she often began to turn to

them for emotional support and as well as for financial and instrumental support. However, as she adjusted to life without her partner, she often no longer relied on his family as much as she did previously, which caused conflict between her and the family. Also, if the woman had begun new partnerships or appeared to reduce her communication with the partner, his family and friends may question her loyalty.

“...He wants me to be close to his family and use his family but it’s hard for you to do something that you weren’t doing before...It’s not something that I’m comfortable with so it’s caused a problem with the family. They think I’m turning my back on them because I don’t come over there and stay up under them all the time. I wasn’t doing that before...” (Line 120, W1, AA0321)

For women that have sacrificed and committed themselves to their partner, the conflict and distrust from his family can be very frustrating. Women reflected that while his family understands the hardships associated with incarceration, no one realized the pressure she was under to stay committed to the relationship while simultaneously adjusting to his absence.

In some cases, the partner’s family and friends immediately expected the woman to end the relationship. In these cases, women felt they had to prove to themselves and others their commitment, even during periods when they were in fact questioning the decision to continue the relationship.

Providing for the Incarcerated Partner

After the partner’s incarceration, women may have realized there are several incarceration-related expenses. The men often had legal fees that required upfront payment. Also, in order for the inmate to communicate through telephone, an account had to be created through the department of corrections and money had to be added before a call can be placed. These calls could be very expensive. Some women reported paying nearly \$4 for approximately

15 minutes of phone time, which could quickly accumulate with as few as 1-2 calls per day. In addition to the phone, money could be added to the inmate's "books", an account where the inmate could use the money to purchase food and other personal items from the jail or prison's commissary. For many of the women in the study, providing money for all of the partner's expenses was difficult because of her own financial responsibilities.

"...I been trying to come up with money, selling some of my food stamps sometimes trying to put money on my phone but I think about him and I try to let him know that I'm not trying to forget about you [but] it's just that I'm out here with your son by myself and I have to think about him before I can think about putting money on the phone..."

(Line 369, W1, AA8724)

Women in these situations felt guilt or frustration at their inability to financially provide for their partner during his incarceration. However, many women felt a sense of duty and honor at being able to support their partner.

As one might expect, women who were not financially dependent on their partner had greater ease adjusting financially to their partner's incarceration. Women who were not receiving much financial support from the partner pre-incarceration or were completely financial independent had less difficulty adding money to the books or to the phone account. Nevertheless, women with more financial security still had to budget their money appropriately to maintain their own lifestyles.

"He calls every day. He was calling ten million times a day at first but putting money on the phone I had to tell him you can only call you maybe once or twice a day so he still calls every day and I go see him every week ..." (Line 102, W1, AA6447)

However women who were more dependent on the financial contribution of the partner pre-incarceration experienced greater difficulty in providing money to the partner as the period

immediately following incarceration was generally a time of housing and financial instability. In either case, most of the women expressed a desire to assist the partner financially; however, only a small number were able to do so without incurring significant financial burdens.

As previously mentioned financially providing for the partner during his incarceration was not just an expense but a sense of duty and honor for many women, even when doing so increased stress and financial hardships. A reoccurring category across participants was “if I don’t, no one else will”. While some inmates received financial support from family and friends, women often felt that it was their duty as the girlfriend or wife to offer this type of support.

“I wanted [his family] to be more sensitive to the situation that we are going through now with our kids and it’s like they don’t have no love lost for him [since he’s been in jail]...I guess that’s one of the reason why I’m still with him also cause I don’t want him to feel abandoned because it’s like won’t nobody write him or nothing like that...” (Line 174-176, Wave 1, AA4143)

Providing for their incarcerated partner appeared to be a symbol of emotional support and commitment to the relationship. While women who received financial support from their partner pre-incarceration may have wanted to reciprocate the support while her partner was in need, they realized they have to refocus their expenses towards stabilizing themselves and their family in the period immediately following his incarceration. Some women reported feeling inadequate at not being able to meet all the partner’s financial needs.

Feeling Unappreciated by the Partner

For many women, conflict arose with her partner because of his new expenses. While the participant was struggling financially and emotionally to adjust to her new life without her partner as well as trying to provide for her partner, many participants mentioned the partner’s frustration with the limited resources and time she could provide. Communication

was the key to maintaining a relationship with the partner and was, for many women, the only opportunity for intimacy. Thus, talking to their partner was often the only time where the women could feel connected to their partner and feel some sense of normalcy. Because of their limited communication opportunity and the expense, many women preferred to make the experience as enjoyable as possible. While communication with the partner was often stated as a stress reliever, many women become extremely frustrated at arguments that occurred over the phone or when they visit the partner. Many women had to sacrifice by spending their limited financial resources on caring for the partner, putting money on the telephone, and finding time to visit (often by rearranging their work schedule).

“He’s stressing me out because he’s calling asking for money. When he first went, I put two hundred dollars in his account. He wants like forty dollars every two weeks.

Sometime I can’t do it; I’ll just send eighty dollars a month. Then he called me a couple of weeks, about a month ago and said he wants me to send him a golden chain...I’m like where you going? So my tax bill is due on my house on the fifteenth and he wanna argue with me about sending money and I don’t have money to pay the tax bill so I haven’t been taking his calls for about two weeks and I haven’t written him in a month because I think, I feel like he’s being selfish and that he ain’t thinking about what I got going on here.” (Line 5, W2, AA3935)

Women, such as the participant in the above quote, reflected on feeling unappreciated for all support they offer as well as feeling as if the partner did not value the time they have together.

Taking on the Partner’s Burdens

Frequently women often allowed themselves to take on the anger, frustration, and sadness of the partner. Women would encourage the partner to vent his feelings to them. Across the cases, this type of burden was an expected yet secret duty of the women. As his

girlfriend/wife, her goal was to make his stay in custody as calm as possible. Many of the women recognized the dangerous nature of jail/prison and the opportunity for trouble and him releasing his emotions onto her as a way of making sure that he was calm and was not engaging or participating in any trouble (especially trouble that can cause physical harms and/or might delay his release).

“...when someone’s incarcerated you gotta try to be strong for yourself then you have to try to stay strong for them too and so it’s like well who’s gonna be strong for me, you know so it was [just] emotional ...” (Line 219, W1, AA5081)

However, by taking on his burdens and withholding her own problems, the women entered greater cycles of frustration, anger, and sadness.

The women stated that they were afraid to discuss their own problems because they did not want him to worry or become upset that he was unable to physically console her or assist her.

“He’s been incarcerated for five months and I didn’t wanna make him feel as if I was trying to get information about [the incident]...for something that serious so it’s like to think about the rest of your life being locked up, it has to be hard. It’s hard for me because I don’t want him to go away forever but to have him think about it and it’s already stressful being locked up...If he comes to me and say you know I wanna talk about it, okay we talk about it but I don’t wanna be the one that’s always bringing [the case] up to him because I know he’s dealing with a lot mentally so I don’t wanna put more on him right now than he already has going on.” (Line 109, W1, AA6967)

These emotional strains would especially come to head during conflict with her the partner. During arguments, she began to feel unappreciated and began to wonder why the partner doesn’t recognize her perspective and her own needs.

On the other hand, there were situations in which the participant and the partner were very open about each other's needs. However, in most of the cases, there was still an expressed desire not to put too much on the other person. For instance, a participant might have mentioned briefly her financial struggles to her partner but did not inform him that she was in the process of getting evicted or that her hours at work had been severely cut. Therefore, the participant would still try to deal with her most troublesome problems silently rather than worry about the effects of disclosing all the details to the partner.

In addition, the partner might not have discussed his frustrations at being incarcerated or express his frustrations toward being physically absent from his partner's life. In some cases, when one person withheld information from the other, the other person began to fear there is distrust in the relationship or worry about other things being withheld such as infidelity.

Loss of Emotional and Physical Intimacy

As previously mentioned, communication was viewed as the key to maintaining the relationship with the incarcerated partner. Many women relied on letters, telephone calls, and visits to the jail/prison to continue the relationship as well as to mentally escape from her daily life stressors and focus on her partner. However, many women reported that the various sources of communication with someone incarcerated can be marred with a loss of privacy, thus creating a loss of intimacy within the relationship.

"I'm concerned that I would lose interest about him [with him] being incarcerated because I can't touch him, I can't hug him. He can't be there the way that I really want him to be and there's no intimacy other than us writing so." (Line 312, W2, AA3706)

Yet, several women stated that it was difficult to learn to express feelings through letters and often times the women only wrote as a symbol of support to their partner. Also, letters often took a few days to reach the recipient; therefore, it was not the most effective

method of communicating compared to the immediacy of the telephone or even visitations.

Moreover, some participants believed that their letters were being read and, at times, withheld by the incarceration facility. Consequently, most of the women (and their partners) preferred telephone and visitations.

Participants described the strict policies of Department of Corrections regarding physical contact and communication during visitation as being another barrier to intimacy. While some prisons and jails may allow brief physical contact at the beginning and end of the visitations, at some jails, the inmate and the visitor(s) were not even in the same room during the visit.

Visitors had to communicate through monitors.

“[It’s] sad, I mean you be happy for a minute but once the camera cut off you got twenty minutes and like you done came all the way down here to see somebody for twenty minutes when he ain’t got nothing to do, y’all got him locked up...” (Line 80, W2, AA5175)

Many women reported being frustrated at the lengthy process of visitation—including taking time off from work, organizing a trip to the jail/prison, signing in and waiting—as well as with the impersonal contact they had with their partner. In addition, some jails restricted the inmates to one visitation per week; at times the women had to combine their visit and share time with his family or friends. Therefore, while physical intimacy was clearly off-limits, the policies at the jails made emotional intimacy very difficult to achieve as well.

“We try to flirt and talk to each other through the phone but it’s hard not being able to touch him, just looking to him through a window...sometimes the phones go out and [the staff] gotta come over there and bang on the phone just so you can hear him again but that's hard for me because he's been gone for so long, I want to touch him but I can't so, it's hard.” (Line 419, W1, AA8724)

While participants who had partners in a prison facility enjoyed longer visitation sessions (few hours versus half an hour at the jail), prisons in Georgia are located outside the metropolitan Atlanta area. Often, women with partners in prison were not able to visit as often as they would have preferred, or, for some, not at all.

Suspected Infidelity

Questions of fidelity within the relationship were identified as a major source of stress for most women. The women felt they were often being watched by other friends and family members of the partner while the partner was in jail/prison, at times at the request of the partner. The women often attributed these suspicions to his insecurities at not being physically present and most tried on the surface to be understanding and forgiving. However, the women again felt unappreciated and disrespected at the concerns of her fidelity.

On the other hand, in many cases, during the incarceration the women would discover that the partner was communicating to other women while he was incarcerated. Although the partner and the other women could not have sexual contact, as previously mentioned, communication was the only source of intimacy for the couple. Therefore, their partner communicating with other women felt like cheating. Some women acknowledged the other women and tried to understand his need for contact with them; however, this was more so the case for relationships that were plagued with (suspicions of) infidelity pre-incarceration. As other life and incarcerated-related stressors increased, the women were less willing to accept his infidelity.

“I don’t want to end it but at the same time I gotta do what’s best for me cause I can’t keep being in this situation. I feel like the same situation’s going on like when he was out, when he was screwing around with the girl...every time I find out he’s talked to her

or seen her it's like it just pushes me further and further out the door." (Line 52, W2, AA0321)

Relationship Expectations

Most participants were concerned about the future of the relationship and their quality of life post-incarceration. For women who chose to continue the relationship during the incarceration and for those who did not, there was uncertainty about what was to happen with their relationship when the partner was released. One of the main concerns was the partner's ability "stay out of trouble". Many of the partners had been previously arrested. Therefore, many of the women wondered if life would be better once the partner returned home or if the partner's promises of change were simply "jail talk". "Jail talk" was a term used by the participants to describe the partner communicating an improved character since incarceration as well his plan to live a legitimate and, often, a spiritually-right life post-incarceration. Women with children and those with career ambitions worried about the emotional and financial investment in sustaining the relationship during the incarceration if the partner was just to return to his old lifestyle once released.

"I expect him to come home and live a regular life like me with a job, nine to five hours, and be a husband, a father; that's, that's about it. That's what I'm expecting of him, nothing less, nothing less...He wanna live that lifestyle then he can go on and he will be wiped away out of my life and my kids cause he would not get a chance to hurt them again and like I told him you know, if you don't do it for me, you don't do it for yourself, do it for your kids cause they not just my kids, they're yours also and if you can't see how much you're hurting them, then no, you don't deserve to be in their life. He don't deserve to be in our life." (Line 370, W1, BB2323)

In addition, women have stated they were worried about the effects of his current incarceration on their future. Many of the women in this study had partners who were arrested on sexual assault, drug offenses, battery, and homicide charges. While women overall were concerned that post-incarceration her partner would be unable to find employment and possibly return to his previous lifestyle, women whose partner's involved sexual assault were worried about the limitations on having to register as a sex offender. Not only would employment opportunities be limited but also the neighborhood where they would be able to live.

Uncertainty of Partner's Sentence

While most women in the study desired to continue the relationship with the partner in the period immediately following his incarceration, the decision to continue the relationship, plan for the future, and make immediate changes to adjust to her partner's incarceration was complicated by uncertainty regarding the case outcome for some participants. The first two interviews were conducted within a year of the partner's incarceration. While some partners had been sentenced and had been transferred to a prison before the interviews, other women were still uncertain if the charges were going to be dropped, when the trial date would be, and the length of the partner's sentence if convicted.

Consequently, the women were often hesitant to make any major life decisions. Women with increased financial strains also may have found themselves at a crossroads at actions to take to improve their financial situations.

"It's just been really hard...It's like he's stopping my future. I don't wanna do too much cause I don't wanna feel like I'm leaving him and I don't want him to feel like I've left him. An example, I wanted to go to the military. He said that's fine but he'd rather me wait to see how much time he's gonna have or if I can wait on him to do it... it's like I'm

just at the point where I'm trying to do something and him being in there not being able to walk with me, it's frustrating." (Line 274, W1, DD7671)

While it was apparent that they needed additional resources to cover their daily life expenses, some women expressed frustration and confusion at making those necessary changes when they are uncertain of their partner's sentence outcome.

Many women decided to wait until the sentence has been decided to determine the status of the relationship as well as to determine the next steps for their own lives. However, even after he was sentenced, uncertainty remained regarding his return. Unless the partner received an extremely short sentence (less than a year) or an extremely long sentence (for example, 30 years), she may have still been uncertain if he would be released earlier than expected. Frequently, inmates are paroled after completing a portion of their sentences; but this is a highly unreliable indicator of the actual release date. However, the participant or the partner was not always aware of the parole process. Thus, the woman had to decide whether she could wait until he was released based on the sentence given. Many women implied a threshold for the amount of time she is willing to wait.

"I mean I'm hoping that it doesn't take no longer than a year... I'm not gonna leave and I'm gonna be here with you the whole time so don't feel like you're gonna be here by yourself... we're gonna take care of each other. You took care of me in my [time of need] and I'm gonna take care of you right now." (Line 175, W1, AA3152)

Common reasons for not being able to wait were out of loneliness, quality of relationship with the partner, toll on her to maintain communication, sexual loneliness, and feelings that her life was stuck in limbo until his release.

In addition to waiting for the sentence, a few of the women took more active roles in court proceedings, often in an attempt to get the charges dismissed or sentence reduced. While

several attended court dates, some participants felt obligated to pay for their partner's legal fees and find an attorney. As cases could last for months and legal fees can amount to tens (or even hundreds) of thousands of dollars, women who were assuming the instrumental and financial role for their partner's case quickly became emotionally drained at the pressure to provide for the partner. Even for women who just attended the court dates found that taking time off of work and the slow progress of the case as well as seeing her partner in handcuffs while in court became too much to handle. However, there were often a reported sense of guilt and feeling of abandoning the partner by not physically showing support. Taking an active role in the case allowed the women to show their support while at the same time provided the women up-to-date information on the case, including the expected amount of time sentenced if convicted.

In some cases, the women had experienced having a partner incarcerated previously (the current partner or an ex). The amount of time that she previously waited appeared to be a contributing factor for determining her ability to wait. For instance, if he was only incarcerated for a couple months previously, she might have been able to think about how she was able to manage and believe that she was able to deal with the sentence this time.

New Partnerships

Many of the women in this study either considered or actually began a new romantic or sexual partnership during their partner's incarceration. The new partner may have replaced the incarcerated partner, thus the new partner became the woman's primary male partner. In other cases, the new partner was a secondary partner; there to provide emotional or financial support during her partner's incarceration. In the latter situation, the woman generally informed the new partner of her existing relationship. In either case where the women took or considered taking a new partner, there was the expectation that the incarcerated partner would

still be part of her life, either as a primary partner, secondary partner, or as a friend. The reason for continuing a relationship throughout his incarceration was often out of a guilt that if “I leave, he’ll have no one”. As stated previously, the participants had a very strong and loyal duty to the incarcerated partner. In the months immediately following the incarceration event, taking a new partner was viewed by many women as abandoning the partner. However as the incarcerated period increased, the women became more cognizant of their own needs, including the need for companionship and emotional intimacy and support.

“I have had some conversations with the guy that I was dealing with when we was going through our little problems.....So I was honest with him and I told him I had been talking to [new partner] and he was upset...but he was like I really can't get mad because I asked him the same thing, if I was locked up for 3 years or so would you be faithful to me ...And he was like that's why I can't be upset with you. But he was like I would want you to at least try to wait for me but he was like I wouldn't expect you to you know just sit there and be like okay I'm gonna wait for him for the next few years....” (Line 535, W1, AA8724)

Whether or not the incarcerated partner knew of the new partnerships varied across cases. In some, the incarcerated partner knew nothing; in other situations, the participant and the partner came to a mutual understanding that she would begin seeing someone new. However, in either scenario, it was very difficult for the women to start a new partnership, especially when she still had romantic feelings for the incarcerated partner.

Stressors for Alcohol and Drug Misusing Women

The analysis found that in addition to many of the previously mentioned stressors for women with incarcerated partners, women who were categorized as alcohol or drug misusing (AOD) had reoccurring patterns of stressors that were not as present in non-AOD women. While

many of the non-AOD women reported generally positive reflections of their relationship with their partner before the incarceration, AOD women reported more histories of verbal and physical abuse, unstable living situations, and difficulty in parenting before the incarceration. Although we identified women as AOD based on current substance use patterns at the time of the screening (thus after the partner's arrest), most of the women characterized as AOD had similar or, at times, more severe patterns of use before the incarceration. In addition, AOD participants in this study tended to be more financially dependent on their male partner before incarceration (for both living expenses and for drug-related expenses). As stated in the beginning the results section, women who were more financially dependent on their partner pre-incarceration generally had more difficulty adjusting.

“Participant: He just went to prison and I felt abandoned I felt like he just left us because he knew the situation that we was in before he left. I told him not to leave that night but no, he want to jump in somebody else's car, he was driving. I felt abandoned, I mean I'm angry, I'm angry.

Interviewer: When you say that he knew the situation, what do you mean?

Participant: We had become homeless. Our kids are not with us; they're living with other relatives and he knows that I want my kids back and it was like he had given up.”

(Lines 122-124, W1, AA4143)

One of the major reoccurring stressors for AOD women was housing instability. Before the most current incarceration, many of the women expressed that their partner had frequent interactions with law enforcement, including brief stints in jail or prison. Because of this incarceration history and the difficulty in finding and sustaining regular employment, the partner often relied on under the table work or illegal work in order to provide for himself and his family. Therefore, there was not always steady income entering the household and there

always the threat of incarceration, which in turned created cycles of financial instability and chronic worrying. AOD women also were more likely to be in relationships with drug-using men; thus, portions of the household income would go towards acquiring drugs and alcohol. Several of the AOD experienced homelessness with their partners or throughout periods of separation pre-incarceration, which is also illustrated in the previous quote. Thus in addition to relying heavily on the now incarcerated partners, women also relied on the assistance of other family members and friends as well as government assistance and local shelters for support.

For AOD women in this study, partner incarceration was the final straw for some and a window of opportunity for others. For some women, their partner was the person supporting the family and his absence create a void that, for many women, was impossible to replace immediately. Therefore, several of the AOD women reported relying on transitional living—such as with friends and family as well as shelters—as well as more dependence on government assistance as they began to try to figure out the next steps. However, for other AOD participants, their partner incarceration was an opportunity to end (or gain distance) from a toxic relationship. As mentioned earlier, AOD women more often reported stories of domestic abuse by their partner as well as alcohol and drug using with their partner.

“I’d try to go out, he wanted me there with the children and stuff. He would give me anything I wanted but then when he drink he would like to fight also. He used to beat me with doors...he used to take a door and he used to beat me with it and beat me with sticks...” (Line 538, W1, AA5181)

The participant’s partner was incarcerated because of his assault on the participant. At the first interview, the participant was still considering a relationship with her partner. She hoped that his time in jail would be an opportunity to him get sober and work on his temper. However, by

the second interview, the participant had decided to end the relationship as well as discontinue any further communication with him.

The incarceration event physically removed the partner from the participant's life and provided her a chance to reflect on herself. Many AOD women had previously acknowledged their drug dependency and some had attempted to seek drug treatment. However, even after periods of sobriety, most women relapsed and continued their drug use. Some women attributed the lack of encouragement and criticism of the partner to their failure. Therefore, incarceration may have provided an opportunity for the women to seek drug treatment and find independence from her partner.

"I think [my goals have] changed since I've been in a drug program. Before [treatment] it was like okay, when you get out we're gonna be...I mean thinking old behaviors but now that I've changed my lifestyle I have to keep it changed unless I'll go back to doing what I was doing and that's not good." (Line 244, W1, EE4398)

Due to their financial instability before and during the partners' incarceration, many of the AOD women were unable to financially provide for their incarcerated partner. Some women even had very limited communication with the partner because of lack of transportation, money for transportation fare, and stable address to receive mail and phone calls.

Also, AOD women tended to have more strained relationships with their family that existed before the incarceration. Typically the reasons were because of the history of drug abuse as well as disagreement over the continued relationship with the male partner. In several instances, the women's family partly blamed the male partners for their drug dependence and other hardships. While family support to continue the relationship with an incarcerated partner varied for non-AOD women, more AOD women's family encouraged her to end the relationship because of the destructive nature of their relationship as well as the decreased earning power

of partner after his incarceration. Family may view his inability to care for the women and their family pre-incarceration and his absence while incarcerated as a perfect moment to leave the relationship without fear of abuse. However, similar to non-AOD women, the support of the family to continue (or end) the relationship was based on the family's relationship with the partner pre-incarceration. For instance, if the women's family had met and had a positive relationship with the partner, the family may be more willing to support her decision to continue the relationship. For women that depend on family and friends for financial and instrumental support, informing them of the partner's incarceration status as well as her decision to continue the relationship might lead to conflict between the participant and her family. Conflict may have arisen to the extent that the family reduced or eliminated their support to the participant.

A few of the participants, mainly AOD women, experienced having their children removed from their home, either voluntarily or mandated by child protective services. Common reasons for the removal of the children from the mother included housing instability and the parents' drug dependence. As with many of the AOD women, this event may have occurred before the partner's incarceration. However, his arrest allowed the participant to refocus and create an action plan for independence and gaining custody of her children.

Coping Strategies

As stated previously, losing a partner suddenly to the criminal justice system can create a host of emotional and financial problems. Many of the women in the study stated that they felt like they have lost a best friend while at the same time have to adjust to the new living situation and roles in their relationship. The participants in this analysis expressed various coping strategies to manage the stressors related to their partner's incarceration. Coping strategies are used to manage stressful situations as well as prevent new stressors from

occurring (Folkman & Lazarus, 1980). Strategies described by the participants included internal strategies (such as prayer and substance use) and external strategies (such as seeking support from others) as well as social withdrawal. The results are presented by coping strategy.

Social Withdrawal

Several participants reported reducing or ending contact with friends and family members after their partner's incarceration because of fear of negative reactions after disclosing his incarceration status as well a general loss of interest in interacting with others. The most intense periods of social withdrawal typically were reported in the period immediately following their partner's incarceration, when they found themselves in a state of suspension and unsure of the next steps to take. Although the participants may have found themselves having to rely on others (especially family members) for financial and instrumental support, women stated they that closed themselves off emotionally during this time. However, as time continued and the women reevaluated their needs, including realizing what stressors and events are within her power to change and which were not, participants began utilizing other coping strategies.

“... I'm starting to realize that I don't have no control over [him] in there and I gotta do me cause at first I was just being depressed... just sitting around the house, isolate[ed]. So I'm gonna move forward like I'm gonna start school next week and I'm trying to develop me a positive social circle and just basically starting all over.” (Line 101, W2, AA4235)

While women may have begun to reengage with others after this period, frequently women discussed socializing with a smaller group of people than pre-incarceration—typically those who are aware of her partner's incarceration and have supported her through this difficult time.

Internal Strategies

Social withdrawal and internal strategies generally occurred more often than external strategies in the period immediately following the partner's incarceration. Women during this time were dealing with the loss of their partner, uncertainty regarding the future of their relationship, and financial instability in addition to any pre-existing life stressors. Many discussed emotional-based strategies such as increased praying, sleeping, crying, and substance use as a response to the partner incarceration. Some women also utilized problem-based strategies including developing and implementing plans to get her "life back on track" such as returning to school to get a degree or beginning job search.

"...with him getting locked up it's been a lot going on. But all that has taught me like I can't keep sitting around here crying. I can shed a tear, but I can't cry. I can't sit in back there in that room all day uh I gotta deal with it. If my momma ain't taught me nothing else she taught me to deal with it cause I can't do nothing about him being locked up...I can't call everybody on the jury before the trial..." (Line 274, W1, BB8917)

While the participants discussed a variety of internal strategies, the most prevalent strategies were praying and substance use for both AOD and non-AOD women. Praying often instilled hope and sense of protection as well as offered an opportunity for some women to try to better their situation.

"...I've never used drugs or drunk alcohol so I don't you know that's not a desire for me so I don't need to go to another substance [because that will] cause me more harm in the long run as opposed to making that choice of not to. I find my strength through God, family, friends, the other you know other emotional support...I'm very mature so I don't, I don't need that." (Line 281, W1, AA3706)

By contrast, substance use was often a mechanism separate the women from their situation. When drinking or using drugs, the women were distracted from chronic worrying and were able to relax. A couple women described their substance use as an opportunity to reflect and gain perspective on their situation. Most of the women who were drinking frequently or using drugs reported their most severe use shortly before the incarceration (most often with the partner) or shortly after the partner entered jail or prison.

“...when he first went [to jail] I think that was like the most, I was just like drinking a lot cause I was just upset. So [I was] crying and drinking...when I thought about it, I was just like oh my God, I feel like I’m just like a little drunk now, a little alcoholic...so I just think [my drinking] slightly increased. I wouldn’t say I’m an alcoholic but it’s like I don’t drink every day but when I do, it’s a lot.” (Line 174, W1, AA6447)

Common reasons for decreasing substance use was loss of interest in using, lack of money to pay for alcohol and/or, or the participant identifying the decrease as necessary step to get her life back on track. The last two reasons were especially the case for AOD women who were financially dependent on their partners and who attributed part of their alcohol or drug dependency on their partner’s use pre-incarceration.

External Strategies

External strategies described by the women included increased social interactions with family and friends as well as participating in more community activities such as attending church. Over time, the participants wanted to return to normalcy or find better way to cope with losing their partner. Thus, often the women would spend time with family members or socialize with friends. While the participant increased her interactions with others, it did not necessarily mean that she was receiving emotional support (such as advice). Rather the women

would engage in these interactions as a way to escape from daily life stressors as well as those related to her partner's incarceration.

"I have some guy friends I call every now and then to talk but it's not the same and also because sometimes if I wanna like not really flirt but just feel like a girl I but I talk to them but then I don't really wanna talk to them, I'm just trying to pass the time." (Line 608, W1, BB3137)

As previously mentioned, some women acquired a new partner during this period. For these women, it is important to identify that the participants often started new romantic/sexual relationships to replace the physical companionship as well as find a partner to whom she can emotional release her problems. Participants mentioned an overarching sense of guilt at completely ending the relationship; thus, to continue to show support to the incarcerated partner as well as do what is best for her, the women continued some type of a relationship with the incarcerated partner. However, the type of the relationship may have changed from being a serious primary partner to a non-primary partner, or even just a friend.

Seeking Social Support

The third research question in this analysis was to examine the factors that promote or hinder seeking either formal or informal support. In the analysis, it became apparent that a strong coping strategy was seeking and receiving support from others. The willingness to seek support generally depended on the accessibility and availability of the source, the individual's trust level towards the source, and the perceived type of criticism or advice provided by the source.

Very few women described having strong emotional support systems. More often, these women had a circle of close family members and friends, whom they could depend on for occasional financial assistance or quick advice. However, as detailed in the previous sections,

partner incarceration was a major event that could create severe financial hardships and emotional strains. Many women were lacking sources of emotional support although they may have had sources of financial or instrumental support.

“My best friend she was just like okay, I can tell you’re really feeling him so you gotta do what’s best for you cause you’re happy. My mom was loving him at first...[after, she says] ‘You don’t need this, you’re young and you can do better, you’re a pretty girl’... She’s like ‘I can’t tell you what to do cause at the end of the day you’re gonna do what you wanna do but you’re not using my car to go see him’ [laugh].” (Line 80, W2, AA0910)

Although the quote above lightheartedly described how her close friends and family responded her decision to continue the relationship, the comment by the participant’s mother illustrated an important concept for women deciding to seek support: concerns that their decision to continue the relationship would affect the amount and type of support they would receive from others. For instance, family members who did not support the relationship may be less willing to offer financial assistance. Therefore, women may have selectively chosen to seek support from people around her that she perceived would accept her decisions or from those who appear to be non-judgmental. Many of the women found themselves relying on the partner’s family for support as they understood the situation and were more likely to empathize with her struggles.

“I talked to his mom for the first time since everything’s happened and we were able to cry together about what happened and we were able to get some things out there that we hadn’t had a chance to talk about and that was helpful because I think it was at that time when I talked to her I was holding a lot of stuff in trying to be strong and you know not trying to deal with it but once I got on the phone with her it was easy to let it come

out and talk to her about you know how I was feeling and going forward; my worries, my concerns. It made me feel better being able to talk to her because I know she understands because it's her son." (Line 33, W2, AA6967)

The participant's interaction with her partner's mother allowed her to connect with someone sharing the experience of having a loved one incarcerated.

The period immediately following a partner's incarceration can leave women feeling vulnerable and abandoned. One barrier to seeking support was re-experiencing the pain of losing the partner. Thus some women were hesitant to open up to those who reached out to them.

"No, I don't talk about my relationships. I just keep everything to myself right now until I get strong enough to where I can talk about it. Because right now anytime I talk about it I cry. You know those types of people; they're sympathetic, "Oh! ..." you know, keep digging in and pull some things out that will really hurt." (Line 451, W1, AA3507)

Some women sought emotional support from family and friends. However, as time passed, the women were able to adjust to the loss of their partner as well as determine the next steps. Because of the adjustment, women were less likely to seek support to deal with their partner incarceration.

"In the beginning I needed support which were like friends and my momma and my cousins, but now there's nothing to talk about. I don't need to put my sadness on somebody else, there ain't nothing they can do about it and nothing that I can do about it. It's just something I gotta deal with. It's not even that emotional for me anymore..." (Line 259, W2, DD7671)

Most of the women described their communication with the partner was their primary source of emotional support. The women described their partner as their best friend and

communicating with him during this difficult time was a way to re-experience their life before his incarceration. Although, the women withheld her problems from her partner at times to protect, they still felt as that he was one of the only people they could be themselves around.

“[My partner’s] strength, his faith, his determination, different things that he will say to me or when he write me a letter or whatever and [he reminds] me of my faith and determination and not to give up and stay strong and keep it together.” (Line 250, W1, AA3706)

AOD women generally had more strained relationships with their family, which was typically a function of their history of drug use and/or the family’s dislike towards their male partner. Because AOD women generally were more financially dependent on their partners pre-incarceration, they experienced more financial hardships leading to transient living (e.g. temporary stays with others, stays at shelters, and homelessness). Thus women often reconnected and sought assistance from family members (such as their mothers, fathers, or siblings) for financial, instrumental, and housing assistance. However, other women hesitated from seeking support from their family because they wanted get themselves “together” before redeveloping a relationship.

“I quit talking to my family, because my family got mad because I couldn’t go see them [when my partner and I were together]. So he took everything from me. I haven’t talked to my family in over a year. I don’t want to right now, because they’re so used to me doing good you know I feel so depressed when I get off of the phone with them...I ain’t even got a place to stay. So even if I talk to one of my family members and you know tried to act like everything was all right; they still couldn’t come down to see me so I don’t want to talk to nobody until I get myself together. It’s horrible.” (Line 448, W1, AA3507)

Women that resided in shelters often took advantage of the counseling offered at these facilities. Several of these women discussed feeling at ease at talking to an impartial and non-judgment professional. Also, at the shelter, the women may have interacted with other women who have experienced partner incarceration and felt comfortable bonding over a shared experience.

Only a few participants mentioned purposely seeking mental health services from a professional or from an online resource devoted for family members of incarcerated individuals. The following quote illustrates the participant's realization that she needed support that extended beyond prayer and from family:

“Because going forward, it's only gonna get harder. It's not gonna ease up until everything is said and done and after then it's still not gonna ease up because depending on what he's gonna receive as his sentence...yes, I'm gonna need [counseling]. Right now, I feel like I'm okay even though I have my days and it's helpful to vent to my friends and my mom but they're gonna be some things that I'm gonna need somebody to help me sort out going through...” (Line 147, W2, AA6967)

Chapter 5: Discussion

The findings of this study identified stressors, coping strategies, and willingness to seek social support as it related to partner incarceration as well as explore the processes that facilitate or hinder these from occurring.

The participants in the study mentioned various stressors that were a result of their partner's incarceration. These stressors were typically divided into two categories: emotional and financial. Emotional stressors were defined as a function of partner incarceration that resulted in negative psychological or emotional strain. Emotional stressors were more ubiquitous across cases. Generally, most women experienced frustration at the loss of intimacy, questions of infidelity, uncertainty regarding his release date, and feelings of being unappreciated. Financial stressors generally referred to difficulties due to lack of money or any consequences that resulted from inadequate funds caused by the partner's incarceration. Financial stressors related to partner incarceration typically occurred for women who were receiving financial assistance from their partner before his incarceration. These women experienced greater difficulty making rent and paying for child care as well as difficulty providing financial assistance to their incarcerated partner. To manage, the women had to rely on government assistance or help from family or friends, which in turn created great emotional strain because of having to rely on others. Financial stress often created emotional strains such as frustration due to increase dependence on others, feelings of hopelessness, and fear of uncertainty about the future.

A deeper analysis on alcohol or drug (AOD) misusing women further highlights existing theories that minority drug-users are especially bounded by their social environment. The women in this study were often plagued with financial instability, incarceration histories for both themselves and their romantic partners, and housing instability. These social factors have

been shown in previous research to increase drug-taking and drug-use risk behaviors (Galea & Vlahov, 2002). The removal of the partner from the AOD women's daily life often forced the women to reevaluate themselves. Some women continued their drug use and made slight changes to their life before the partner's incarceration. However, several of AOD women saw their partner's incarceration as a window of opportunity to leave an unhealthy relationship and/or take necessary steps to get their own lives back on track. During the partner's incarceration, AOD women often sought new partnerships with men who were not drug-using (or whose use was more acceptable to the participant), reconnected with family members, and reduced their substance use over time.

Similar to Shorter-Gooden's framework of coping strategies for African-American women who experienced racism or sexism, many of the participants in this study exhibited three forms of coping strategies: social withdrawal (or role-flexing), internal strategies, or external strategies (Shorter-Gooden, 2004). Social withdrawal most often occurred right after the partner's incarceration. Women reported cutting off social contact. However, as time continued, the women utilized other strategies to cope. Internal strategies used included praying, substance use, and self-coping methods such as increased crying, sleeping, or eating. External strategies typically were participating in social activities as well seeking new partnerships. The timing of using external strategies depended more on the social network of the participant. These strategies coincided with the decision to seek social support as the perception of not having empathetic or non-judgmental support sources hindered reaching out to others. Most women chose either to seek emotional support from their incarcerated partner, close family or friends, her partner's family, or, in rarer cases, counselors or support groups.

The concept of resilience suggests that individuals can have positive outcomes in the face of challenging adversities. This concept may explain the ability for AOD women to use their

partner's incarceration as a window of opportunity. These women tended to be more financially dependent on their partner before his incarceration and after his arrest were left with severe financial hardships. Many of the women accepted that they had lost so much and the only way to continue was to start over. While other women may be in a state of suspension right after their partner's incarceration, women that had no means of supporting themselves had to immediately decide their next step. Although many of these women enter the shelter system, they were able to empower through the counseling services as well as from other residents at the facility.

Strengths

Validity is a major concern in all research, including in qualitative research. This study addressed and attempted to reduce threats to validity. Maxwell identified three types of validity: descriptive, interpretive, and theoretical (Maxwell, 1996). Descriptive validity refers to inaccuracy or incompleteness of data (Maxwell, 1996). Threats to this type of validity were minimized through digital audio-recordings of the semi-structured interviews. Also, all interviews were transcribed verbatim by a professional transcriptionist. Internal validity refers to meaningful and accurate interpretation of the data (Maxwell, 1996). Threats to internal validity include imposing one's own perspective and framework of the data unto the interpretation. In addition to independent coding of each transcript, the research team performed group coding to identify and discuss differences in open coding until consensus was met. Secondly, during the axial and selective coding phases, the researcher presented emerging findings before the other staff members familiar with the interviews. This presentation allowed the researcher to identify ideas that resonated (or dissented) with other's interpretations of the data as well as allowed the researcher to gain new perspectives of the data. Thirdly, theoretical validity was described by Maxwell as the consideration of other

possible explanations of the observed phenomena (Maxwell, 1996). Negative cases of the result findings were examined and evaluated to determine if there were alternative explanations. This analysis was also guided by existing literature and theoretical frameworks related to the research questions. The study was able to maintain contact with all participants and interview all for the duration of data collection. Any lost participants may pose a threat to theoretical validity as these participants may have a specific set of experiences that differed from those that remained in contact.

Another strength of this study was the longitudinal design. Although the interview guide for the second interview contained questions directed towards the period between the first and second interview, the longitudinal study design allowed the researchers to revisit new or unexplored topics as well as provide clarification for statements made in the first interview. This provided for a more comprehensive and cohesive narrative of the women's experiences as they could add or explain information shared in the previous interview.

Limitations

There are limitations to this analysis. First, the data collected relies on each of the women's recollections; therefore there might be error in the participants' memories as well as responses that were depended on the participants' mood at the time of the interview. Information from the past may have been suppressed or highlighted based on the current mood of the participant at the interview. For instance, a participant who shortly before the interview experienced significant financial strains might have more difficulty remembering other emotional hardships (or even positive moments) she has experienced since the previous interview. Also, while the interviewer attempted to conduct each interview in a quiet and private location, some interviews were conducted where children were present (due to the inability to find child care) or where other residents were in close proximity (such as at a shelter

with limited private space). Participants may have been less forthcoming with information because of this or provide responses that are more socially desirable to those around them. While the analysis attempted to identify patterns, this study cannot determine causation and is not generalizable to populations outside of the sample.

Second, to recruit, the team approached visitors at local jails and residents in Atlanta shelters and predominantly African-American communities. Therefore, the recruitment strategy (and the small sample size) may have increased the likelihood of interviewing a sample with more financial strains, housing instability, and drug dependency. Thus, the results of the study are not generalizable to a larger population of African-American women with an incarcerated partner; however the goal of qualitative research is not to create generalizable findings but to gain a deeper understanding of the research topic. Also, participants were recruited into the study if they were currently in a romantic relationship with a male who had been incarcerated within the past year. However, women who were in relationships that ended at the arrest or immediately following the incarceration (and before the screening) were not included in this study. Therefore, relationships that dissolve immediately may have different qualities than those that continue.

However in spite of these limitations, this analysis contributed to the existing literature regarding partner incarceration as well as identified the causal pathways for stressors and coping strategies for African-American women with incarcerated partners.

Implications for Public Health Practice

The findings from this analysis suggest the need for greater support sources for family and romantic partners of inmates. While it may be difficult and impractical to suggest developing resources in the community specifically for women with incarcerated partners, it is important to consider ways to provide resources and aid to these women who are experiencing

various levels of financial and emotional hardships. Some studies have shown that providing services to family members of recently released inmates may lead to positive outcomes for the released inmate such as decreased substance use and fewer physical, emotional, and mental problems (La Vigne, Naser, Brooks, & Castro, 2005). However, there has not been enough research or evidence-based interventions that have attempted to create resources to better physical and mental outcomes for the family members or the partner of the inmate.

More detailed information provided to the inmates and their significant others by the department of corrections at the beginning and for the duration of the incarceration may be an essential and relatively easy way to allow significant others to be informed of the jail/prison policies, including communication via telephone and letters, visitation, and the process of providing financial support the inmate while incarcerated. This extra information may reduce the initial stress of the women as they might have difficulty trying to understand the policies of this new environment and are worried about the safety and the ability to protect their partner while he is incarcerated. In addition to information on the Department of Corrections procedures, social workers and case managers at the jails/prisons could provide lists of resources to the families and partners of the inmates that refer them to local shelters and financial assistant programs as well as low-cost and easily accessible mental health services.

In addition, a small number of women in this study mentioned utilizing online support forums for people with incarcerated loved ones. The women found these forums to be helpful for finding out information as well as for discussing having an incarcerated partner with people who share in that experience. An online resource should be developed where information regarding correctional facility policies, financial and housing assistance, local mental health services can be found. Also, the resource can provide discussion forums and provide opportunities for developing in-person support groups.

Furthermore, there is a great need to provide access to drug treatment facilities as well as provide tools for all women with incarcerated partner to learn how to manage stress as well as develop positive coping strategies.

Future Recommendations for Research

Previous research on partner incarceration has generally focused on the increased financial strains or parental responsibilities. There is limited research that has been conducted on the emotional effects on the female partner. Even the limited research on partner incarceration has not been explored in current research; most of the studies were conducted 20-40 years ago. Incarceration demographics have changed significantly since some of the more comprehensive studies on partner incarceration was performed. In today's climate of research on partner incarceration, there is a large focus on risky sexual behavior, HIV/STI transmission, and substance abuse. The larger study for which this analysis is part of addresses each of these contemporary issues. An immediate recommendation is to continue this analysis to include all four waves of interviews to better understand the trajectory of the women's sexual, drug-using, and emotional well-being.

Research on partner incarceration has typically been qualitative, which lacks generalizability outside of each study's sample population. Therefore future needs to mainstream the knowledge base of information obtained from the qualitative research to quantifiably measure stress, coping strategies, social support as well as measure how they are associated with more direct public health topics such as mental health, sexual health, and substance use patterns.

In order to address and intervene on any of these public health concerns, we must first understand the causal processes that cultivate these issues. Future qualitative research can provide richer information to develop a conceptual model for understanding how the

incarceration event creates these stressors and how the stressors relate to certain coping strategies. Qualitative research may also provide more detail for understanding how and when the stressors are modified, coping strategies are adopted, and social support is sought. Quantitative research may also aid in the understanding of these causal processes as it can determine whether these relationships and pathways are statistically significant with each other. While the results from qualitative research may be clinically significant, statistical significance may help in determining which relationships and factors are more prevalent and which issues need to be more urgently addressed.

Conclusions

The purpose of this analysis was to identify unique stressors in women with incarcerated partners. We sought to investigate the new stressors during the time period immediately following their partner's entry to prison or jail. There were clear patterns related to having an incarcerated partner, such as deep needs for emotional outlets, feelings of being abandoned and alone, need for financial assistance, and the loss of intimacy during this transitional period. Women utilized various coping strategies during highly stressful periods. As time continued, many women were able to reassess their abilities and needs and were more willing to seek support from family, friends, and other support sources. The qualitative data from this study have provided rich and detailed information regarding partner incarceration that can be used to inform interventions that will improve their overall health and quality of life.

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Appendix

Appendix A: Preliminary Interview Guide Domains

<p><u>Domain 1: Changes in participant’s status between pre-incarceration period & baseline, including her</u></p> <ul style="list-style-type: none"> • Economic status, social status, emotional status, & child(ren)’s well-being (if applicable) • Perspectives on how partner incarceration shaped each of the above • Resilience when confronted with adverse changes
<p><u>Domain 2: Changes in the participant’s drug use between pre-incarceration period & baseline, including her</u></p> <ul style="list-style-type: none"> • Method(s) of acquiring drugs (including role of partner), and of getting resources to acquire drugs (e.g., sex work, legal work) • Frequency of use, types of drugs used, drug administration mode, • Perceived extent of addiction, and interest in (or efforts to) reduce use/enter drug treatment • For injecting women, injection-related HIV risk behaviors (e.g., borrowing used syringes) • Perspectives on how partner incarceration shaped each of the above • Resilience in the face of adverse changes (e.g., harm reduction efforts if addiction intensifies)
<p><u>Domain 3: Changes in woman’s relationship with inmate between the pre-incarceration period & baseline, including her</u></p> <ul style="list-style-type: none"> • Emotional ties to partner, extent of support available from him, and abuse suffered in the relationship • Conceptualization of relationship with partner (e.g., committed, over) • Perception of partner’s relationship to her child(ren), if applicable • Attempts to sustain a relationship with inmate <ul style="list-style-type: none"> ○ Sexual relationship with inmate, including efforts to engage in protected sex; meaning of these efforts (or the lack thereof); and perceived risk of these encounters • Perception of how changes in her status shape this relationship and risk, and of how the relationship shapes her status • Resilience when confronted with adverse changes
<p><u>Domain 4: Changes in her sexual relationships in the community between pre-incarceration & baseline, including her</u></p> <ul style="list-style-type: none"> • Conceptualization of these relationship(s) (e.g., monogamous, transactional) • Rationales for initiating/sustaining these relationship(s) (e.g., love, access to drugs) • Emotional ties to partner(s), extent of support available from him/them, abuse suffered in relationship(s) • Perceptions of partners’ relationship(s) to her child(ren), if applicable • Perceived risk status of partner(s) (e.g., injector, multiple partners, HIV- or STI-positive) • Sexual behavior with partner(s), including efforts to engage in protected sex; the meaning of these efforts (or the lack thereof); and perceived risk of these encounters • Perceptions of how changes in her status shape this/these relationship(s) & risk, & how relationship(s) shape(s) her status

- Resilience when confronted with adverse changes

Domain 5: Changes in participant's family, network, & neighborhood contexts, including her perceptions of the

- Availability of family, network, and neighborhood resources to help her cope with the aftermath of partner incarceration, and effects of these resources on her status
- Range of responses (or anticipated responses) to the incarceration among family and network members and neighborhood institutions, and effects of these responses
- Availability of potential sexual partners in her network & neighborhood, & impact of this availability on her relationships & risk.
- Ways in which these contexts support or detract from resilience

Appendix B: Interview Guide–Wave 1

Please note: In this study, as in all qualitative studies, the questions that are written on the page may be asked using different language, and in a different order.

Warm-Up Questions:

- Where are you from?
 - (If not from Atlanta) When did you move to Atlanta? How did you come to live here?
 - Do you have a memory of moving to Atlanta that stands out in your mind? Tell me about that.
 - (If from Atlanta) Tell me about a memory of growing up in Atlanta that stands out in your mind.
 - Where is your partner from?
1. Tell me about how you met your partner
 - a. When did you meet?
 - b. How did your relationship progress?
 2. [if participant lived with partner:] How did you decide to move in together?
 - a. What was it like to create a home together?
 3. Describe a typical day in your life before your partner was arrested.
 - a. Employment
 - b. Child-raising
 - c. Household tasks
 - d. Emotional connectedness
 4. [If the participant has children:] Before he was arrested, what was his relationship like with the kids?
 - a. [if both participant and partner have children together] What was he like as a dad?
 5. What are some of the things that you really enjoyed about your relationship with him before he was arrested?
 6. What troubles did the two of you have in your relationship before he was arrested?
 - a. Areas of tension
 - b. Violence
 7. In the months right before your partner entered prison, jail, or detention, did you two do anything to try to avoid pregnancy? Tell me about that. Did you take any steps to avoid STIs and HIV?
 - a. Tell me about the condom use between you and your partner when you first got together.
 - i. How did it change over time?
 - ii. Is this what you would've liked to happen?
 - iii. What would you have changed
 1. Tell me about why this didn't happen.

- b. Conversations about testing
 - c. Did you think that your partner was sexually involved with anyone else before he entered prison, jail, or detention?
 - i. Tell me about the conversations you had with your partner about his other relationships.
 - ii. How did these relationships change over time?
 - iii. Did you have any concerns about his other relationships?
 - 1. Concerns about infections
8. Is he currently serving his sentence in prison, jail, or detention?
9. Tell me how you found out that he was going to prison, jail, or detention.
10. What were your first thoughts when you heard that he was going to prison, jail, or detention? What were some of your first emotions?
- a. Worries and fears
 - b. Possible positive impacts, such as feelings of relief
11. Tell me what your relationship with him is like now.
- a. Tell me about the last time you spoke with him, either in person or on the phone.
 - i. When did you last speak with him?
 - ii. What did you talk about?
 - iii. How did you feel while you were speaking with him?
 - iv. How did you feel after you spoke to him?
 - b. How has this speaking with him changed over time since your partner first went in prison, jail, or detention?
 - c. Visiting the prison, jail or detention and other opportunities for communication
 - i. Writing letters
 - ii. Phone calls
 - d. How do you and your partner remain affectionate or show affection?
 - e. Physical intimacy
 - i. Sex in prison or jail?
 - f. Steps to avoid pregnancy and/or STIs/HIV? Financial support
 - i. Adding money to his commissary
 - g. Expectations and hopes for this relationship in the future
12. [If still in relationship with him] How did you come to decide to maintain your relationship with him?
- a. What concerns do you have about continuing your relationship?

- i. Support
 - 1. Emotional
 - 2. Financial
 - 3. Instrumental
 - ii. How have these concerns changed over time, since he went in?
 - b. Do you feel comfortable telling people that your partner is in prison, jail or detention?
 - i. How has this changed since your partner first went to prison/jail/detention?
 - ii. Tell me about a time that you told someone that sticks out in your memory.
 - 1. Why do you think this is memorable for you?
 - iii. Who haven't you told? Why?
 - c. How has your family responded to your partner's time in prison, jail, or detention?
 - i. What about your friends?
 - ii. What about your church?
 - iii. Have any of these responses surprised you?
 - iv. How have they changed over time?
 - d. How did family and/or friends react with your decision to maintain the relationship?
 - i. How did their reactions surprise you?
13. [if relationship has ended] How did you come to consider ending the relationship?
- a. When you two first broke up, how did you feel about ending the relationship?
 - i. How do you feel now?
 - b. What do you concerns do you have about ending the relationship?
 - i. Support
 - 1. Emotional
 - 2. Financial
 - 3. How have these concerns changed over time, since he went in?
 - ii. End of support from partner's family
 - 1. Emotional
 - 2. Financial
 - 3. Instrumental
 - c. Do you feel comfortable telling people that your partner is in prison, jail or detention?
 - i. How has this changed since your partner first went to prison/jail/detention?

- ii. Tell me about a time that you told someone that sticks out in your memory.
 - 1. Why do you think this is memorable for you?
 - iii. Who haven't you told? Why?
 - d. How has your family responded to your partner's time in prison, jail, or detention?
 - i. What about your friends?
 - ii. What about your church?
 - iii. Have any of these responses surprised you?
 - iv. How have they changed over time?
 - e. How did family and/or friends react when you ended the relationship?
 - i. How did their reactions surprise you?
 - f. [if applicable] How will ending the relationship affect your/his kids?
 - g. What are your hopes now that you've ended the relationship?
- 14. [If applicable:] How are your/his kids doing?**
- a. [regarding her kids] What is their relationship like now with your partner?
 - b. [regarding partner's kids] What is your relationship now like with his children?
 - c. Tell me what it is like for you to be a Mom now that your partner is in prison, jail, or detention.
 - i. Increased responsibility
 - ii. Emotional stress
 - iii. Financial changes
- 15. What has his time in jail, prison or detention actually been like for you?**
- a. Emotionally
 - b. Financially (including housing)
 - c. Instrumentally – getting things done
 - d. Child-raising, and impact on children's welfare
 - e. [Make sure to probe for any positive experiences]
 - f. How has this changed since he first went in?
 - g. [If partner is in prison or jail] What steps did you take to prepare for his incarceration? Did you work with your partner to prepare for his incarceration?
 - i. Emotional connection and intimacy (spending time together)
 - ii. Communication (e.g. Talking more or talking less to partner)
 - iii. Financially (saving money)
 - h. [If partner is in detention] What steps are you taking to prepare? Did you work with your partner to prepare for this possibility?
 - i. Emotional connection and intimacy (spending time together)
 - ii. Communication (e.g. Talking more or talking less to partner)

iii. Financially (saving money)

16. How has your income changed over time since your partner went to prison, jail or detention?
 - a. What stresses has that caused for you, if any? Explain.
17. How has your housing changed over time?
 - a. (If currently living in a shelter) How did you come to live in the shelter?
18. What kinds of help did you need when he first went in to prison/jail/detention?
 - a. Financial, including housing and making rent
 - b. Emotional
 - c. Raising children
 - d. Instrumental
19. How did you obtain the help that you needed when he first went in?
 - a. From whom?
 - b. How did that feel?
20. What support did you need, but were unable to get? How come?
21. How has this help changed since your partner first went to prison, jail, or detention?
 - a. Emotional
 - b. Raising children
 - c. Instrumental
 - d. Financial (such as making rent)
22. Have you gotten the help that you have needed?
 - a. From whom?
 - b. What has been the most important thing that _____ (probe using the person/agency that has provided support) has done to support you?
 - c. How has that felt? What support have you needed, but haven't gotten?
23. Tell me what has been the hardest aspect of your life since your partner was incarcerated/detained.
 - a. What has been your greatest personal strength that has gotten you through this time?
24. Were there other times that your partner went to jail/prison/detention before this time?
 - a. How is this time different than previous times?
 - i. Emotionally
 1. Worries and fears
 2. Possible positive impacts, such as feelings of relief
 - ii. Financially
 - iii. Communication
 - iv. Emotional connection and intimacy (spending time together)
 - v. Impact on children's welfare
 - vi. Instrumentally

- vii. Telling others that he was in jail/prison/detention
- viii. Response from friends/family
- b. What kinds of help did you need during this/these time(s)?
 - i. Financial, including housing and making rent
 - ii. Emotional
 - iii. Raising children
 - iv. Instrumental
- c. Did you get the help that you needed?
 - i. From whom?
 - ii. How did that feel?
- d. Were there any differences in the type of help that you received during this/these time(s)? Explain.

25. [Note to interviewer: please anchor participant to date that was 6 months before her partner went to prison/jail/detention] Think back to the six months before your partner went to prison, jail, or detention.

- a. How would you describe your own alcohol or drug use during this time?
- b. What drugs did you use?
- c. About how often did you use drugs or drink alcohol?
- d. When would you typically use (e.g., times of day, settings)?
- e. Think about the last time that you used before he went in, or the most memorable time. Tell me about this most memorable time that you used.
 - i. What did you use?
 - ii. How did you get the drugs or alcohol you used?
 - iii. Who paid for it? How did you pay for them? (probe sex work)
 - iv. Where did you use the drugs or alcohol?
 - v. Were you two using together?
 - vi. Who else was using with you?
 - vii. How did you feel using with your partner?
 - viii. [If injected] Where did you get the syringe?
 - 1. How did you typically get syringes? Were there times when you weren't able to get a sterile syringe? How did you handle that?
 - 2. Did you ever inject with your partner?
- f. Now think about the most recent time, or the most memorable time, that you used since your partner went to prison, jail, or detention.
 - i. What did you use?
 - ii. How did you get the drugs you used?
 - iii. Who paid for it? How did you pay for them? (probe sex work)
 - iv. Where did you use the drugs?
 - v. Who else was using with you?

- vi. How did you feel using without your partner?
 - vii. Have you injected since your partner went in?
 - 1. [If she initiated injection:] Tell me about why you started to inject?
 - 2. [If she stopped injecting:] Tell me about why you stopped?
 - 3. How do you get syringes now? [If applicable:] Are there times when you haven't been able to get a sterile syringe? How did you handle that?
 - viii. How is this time different than the time when you used before your partner went in?
 - g. Tell me how your use has changed since your partner went to prison, jail, or detention.
 - i. How come it changed?
 - ii. Challenges to making changes, or to sustaining earlier patterns
 - iii. Facilitators to making changes, or to sustaining earlier patterns
26. Did you ever think you were using more than you wanted?
- a. What is your definition of using "too much"?
 - b. How does this definition apply to you?
27. Before your partner went in, were you concerned that you might be addicted to a drug, or abusing one?
- i. If so: what made you think this?
 - 1. Did you think about going into treatment?
 - 2. How would your partner have reacted?
 - ii. What about now: do you worry that you might be addicted to a drug, or abusing a drug? What makes you think this?
 - 1. Are you thinking about getting into treatment? Why or why not?
 - 2. [if she is in treatment] How did you decide to enter treatment?
 - a. Partner's Incarceration
 - b. Concerns about getting drugs
 - c. Children's welfare
 - 3. How did your partner react to you seeking/entering treatment?
28. How will your partner's release affect your use? [If partner went to jail /prison/detention previous times]
- a. Deciding whether or not to use
 - b. Deciding how to use
 - c. Deciding to decrease or increase use
 - d. Deciding how to get the drugs or alcohol
 - e. Deciding how to pay for the drugs or alcohol
 - f. Deciding who you use with

29. Think about how your life has changed since your partner went to prison, jail, or detention (e.g. Financial, Housing, Children's Welfare, Emotional) [Note to interviewer: summarize some of the changes that she has discussed.]
- a. How are these changes related to your drug and alcohol use?
 - i. Deciding whether or not to use
 - ii. Deciding how to use
 - iii. Deciding to decrease or increase use
 - iv. Deciding how to get the drugs
 - v. Deciding how to pay for the drugs
 - vi. Deciding who you use with
30. Do you think of yourself as being in recovery from drug or alcohol abuse?
- a. If so: How solid has your recovery felt recently?
 - b. How have the changes that you've been going through affected your recovery?
 - i. New stressors
 - ii. New encouragements for staying sober
 - iii. New people, places or things
31. Would you like to reduce your use? If so:
- a. What makes you want to do this?
 - i. Relationship to recent life changes
 - b. What is making it hard for you to cut back?
 - i. Relationship to recent life changes
 - c. What is helping you to think about cutting back?
 - i. Relationship to recent life changes
 - d. Have you thought about entering treatment?
 - i. What is making it hard for you to do this?
 1. Relationship to recent life changes
 - ii. What is helping you to think about entering treatment?
 1. Relationship to recent life changes
32. Before your partner was arrested, were you seeing anyone else? If so, tell me about that relationship (or "these relationships").
- a. How did it start? Do ____ and your partner know about each other?
 - b. How was that relationship different from your relationship with your partner?
 - i. Financial support
 - ii. Emotional connections
 - iii. Sexual intimacy

- iv. [If this person is male:] Did you two do anything to try to avoid pregnancy? Tell me about that. What about steps that you two took to avoid STIs and HIV?
 - 1. Conversations about condom use
 - a. Change over time?
 - b. Actual condom use and change over time?
 - 2. Conversations about testing
 - 3. Conversations about other relationships
 - a. Change over time?
 - c. Before your partner went to prison, jail, or detention, did you and ____ ever use drugs together? Tell me about that.
 - i. Who bought? Where did the money come from to buy?
 - ii. Did you ever inject drugs with him/her? Syringes can be difficult to get. Tell me about how you got them? Were there ever times when you had to share the same syringe? Tell me about that time.
 - d. How has your relationship with _____ changed since your partner went to prison, jail, or detention?
 - i. Financial support
 - ii. Emotional connections
 - iii. Drug use and obtaining drugs, and money for drugs
 - iv. Sexual intimacy
 - v. [If person is male:] Condom use and other strategies to avoid pregnancy and STIs/HIV
33. Have you started seeing anyone new since your partner went to prison, jail, or detention? Tell me about that relationship (or “those relationships”).
- a. How did it start? Do ____ and your partner know about each other?
 - b. How is that relationship different from your relationship with your partner?
 - i. Financial support
 - ii. Emotional connections
 - iii. Sexual intimacy
 - iv. [If this person is male:] Did you two do anything to try to avoid pregnancy? Tell me about that. What about steps that you two took to avoid STIs and HIV?
 - 1. Conversations about condom use
 - a. Change over time?
 - b. Actual condom use and change over time?
 - 2. Conversations about testing
 - 3. Conversations about other relationships
 - a. Change over time?
 - c. Do you two ever use drugs together? Tell me about that.

- i. **Who buys? Where does the money come from to buy?**
- ii. **In the past month, have you ever injected with him/her? Tell me about how you get the syringes you need. Have there been times when you've had to share the same syringe? Tell me about that time.**

34. When I come and talk with you again in ___ months, what questions should I make sure to ask? I'll write them down, and make sure to ask them.

35. What else would you like to tell me?