

Feminist Criminology

<http://fcx.sagepub.com/>

Transformative Visions: Governing Through Alternative Practices and Therapeutic Interventions at a Women's Reentry Center

Colleen Hackett

Feminist Criminology 2013 8: 221 originally published online 29 May 2013

DOI: 10.1177/1557085113489844

The online version of this article can be found at:

<http://fcx.sagepub.com/content/8/3/221>

Published by:



<http://www.sagepublications.com>

On behalf of:

[Division on Women and Crime of The American Society of Criminology](#)

Additional services and information for *Feminist Criminology* can be found at:

Email Alerts: <http://fcx.sagepub.com/cgi/alerts>

Subscriptions: <http://fcx.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations: <http://fcx.sagepub.com/content/8/3/221.refs.html>

>> [Version of Record](#) - Jun 11, 2013

[OnlineFirst Version of Record](#) - May 29, 2013

[What is This?](#)

Transformative Visions: Governing Through Alternative Practices and Therapeutic Interventions at a Women's Reentry Center

Feminist Criminology

8(3) 221–242

© The Author(s) 2013

Reprints and permissions:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/1557085113489844

fcx.sagepub.com



Colleen Hackett¹

Abstract

This article examines how staff members at a gender-responsive, outpatient reentry center construct women's criminality and explain treatment outcomes. Staff members acknowledge the structural causes of women's criminality, yet during the process of rehabilitation this recognition is paradoxically replaced by a discourse of personal responsibility. By employing participant-observation methods and in-depth interviews with staff, this study demonstrates how the center's use of "alternative" practices and rehabilitative logics serve to disempower and pathologize women's lives. This research adds to our knowledge of punishment and governance by revealing how neoliberal strategies of self-regulation may take form in gendered, alternative spaces.

Keywords

women's reentry, ethnographic research, punishment, governance, neoliberalism, gender-responsive program

Introduction

The adoption of a "no-frills," so-called gender-neutral stance by most correctional administrations during the tough-on-crime era in the United States has resulted in a call by practitioners, scholars, and activists for women-centered institutions and programming. Gender-neutral practices function on the assumptions of the male criminal,

¹University of Colorado at Boulder, Boulder, CO, USA

Corresponding Author:

Colleen Hackett, Department of Sociology, University of Colorado at Boulder, UCB 327, Boulder, CO 80309, USA.

Email: Colleen.hackett@colorado.edu

resulting in the implementation of programming that does not address the realities of criminalized women's lives (Chesney-Lind, 1997; Owen, 1998). Pathways theorists have demonstrated that most criminalized women's histories involve interrelated abuses and deprivations in the familial, relational, educational, and economic realms, which are intimately linked to their involvement in crime (Belknap, 2007; Chesney-Lind & Pasko, 2004; Kruttschnitt & Gartner, 2003; Pollock, 2002). In fact, given the high rates of past abuse among incarcerated women, Bosworth has noted that women's prisons contain a "community of victims rather than a collection of victimizers" (1999, p. 26). Moreover, some consider the notion of providing treatment in a disciplinary setting to such a population as oxymoronic, and in some cases criminogenic by generating the psychological stressors that can trigger a host of risky coping mechanisms upon release, such as substance abuse (Holtfreter & Morash, 2003; Morash & Schram, 2002). As such, there has been an increasing interest with women-centered programming in community-based settings.

Researchers have advocated for women-tailored reentry programs to be located in the community that would provide women with intensive treatment plans, accommodating for high rates of mental health and substance use issues, past and/or ongoing abuses, as well as the dearth of adequate vocational and educational skills among criminalized women (Frost, Greene, & Pranis, 2006; Hammet, Roberts, & Kennedy, 2001). About two thirds of criminalized women are mothers, and many of them are also primary caregivers, which necessitates a program that will address and assist in relational reparations to foster positive mother-child connections and to create additional motivation for crime desistance (Snyder, 2009). What is also important to a woman's sense of reconnection is finding her place in a socially supportive system, a need that is often articulated by formerly incarcerated women (O'Brien, 2001). As a result, women-centered programs generally try to prioritize relational needs and espouse humanistic approaches that stress the use of therapeutic interventions rather than punitive sanctions (Girshick, 2003; Morash & Schram, 2002).

Certainly, alternative and community-based therapeutic interventions appear to be more palatable than gender-neutral, prison treatment programs for criminalized women, considering their rising rates of incarceration in recent decades. The unprecedented expansion of the carceral state in the United States, primarily mechanized through draconian mandatory sentencing laws and justified by the "war on drugs" has resulted in an astounding increase in women sent to jails and prisons (Bloom, Owen, & Covington, 2004). Consequently the widening net of the criminal-processing system, and its variegated forms, has captured more women, disproportionately poor women and Black and Latina women, than ever before. This dilemma has prompted scholars to examine the gendered modes of penal regulation and control, as gender had largely been ignored until the carceral explosion affected growing numbers of women (Belknap, 2007; Comack, 2006; McCorkel, 2003). Yet the prison is just one site of regulation amongst a diverse assemblage of state controls in women's lives. An analytic focus on state-sponsored therapeutic programs is needed to unfold the varied reconfigurations of state power that are exercised upon marginalized women's lives.

Governing Through Therapeutics

Foucault's notion of governmentality is a particularly powerful framework for analyzing the state's power to regulate women's lives (1991). Using Haney's broad definition of governance, the "patterns of power and regulation that shape, guide, and manage social conduct" (2010, p. 7), we can begin to analyze the multiplicity of authorities, agencies, and rationalities that control criminalized women's bodies and subjectivities in a neoliberal state. The increasing decentralization of the penal institution into a custodial continuum of technologies includes the use of "reintegrative" surveillance techniques by probation and parole agencies as well as by auxiliary nonstate entities, such as privatized halfway houses and nonprofit reentry centers (Feeley and Simon, 1992; Garland, 2001). In conjunction with a diversification of supervising authorities, neoliberal strategies of governance also shift responsibility for social welfare from the state and to individuals. This process of "responsibilization" ultimately abdicates state accountability for providing communities relief from the deleterious effects of social problems such as poverty (Cruikshank, 1999). The discursive emphasis in the responsibilization process is predicated upon individuals to make better choices and to become self-regulating agents in order to curb their own criminal behavior and to transcend the conditions that cause criminality. Responsibilizing forms of governance aim to shape the subjectivity of the targeted individual primarily through mobilizing the individual to shape her or himself according to the state's interests (Garland, 1997; Rose, 1999).

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

The state's increasing use of therapeutic interventions in treating criminalized women is especially fruitful for the examination of governance technologies. Many

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

Few ethnographies have been conducted on the intersection between gendered forms of governance and community-based "alternative" treatment programs for women specifically (see Haney, 2010; McKim, 2008 for example). My study utilizes ethnographic data from an ongoing study to examine how responsabilization discourses are used at an alternative, outpatient agency that *does* proclaim to recognize the structural causes of women's criminality. Staff members at the center acknowledge the web of disadvantages faced by criminalized women, yet this recognition is lost during the process of rehabilitation and is paradoxically replaced by a discourse of personal responsibility. This study shows how staff members individualize failures among women reentrants through the use of alternative relational practices, harm-reduction models, and therapeutic interventions. By employing participant-observation methods and in-depth interviews with staff, this study demonstrates how the center's use of "alternative" practices and rehabilitative logics ironically serve to disempower and pathologize women's lives. This research adds to our understanding of governance by revealing how neoliberal strategies of self-regulation take form in a gendered space that contends to be an alternative to traditionally coercive institutions of punishment.

Research Setting and Methods

My data come from ethnographic research from an ongoing study conducted at a community-based, outpatient reentry program for women in a large Western city during the years 2010 to 2012. TTC¹ is staffed by women and services an exclusively female

population. The center has served the community for over 30 years with the objective of providing crucial resources to disadvantaged women who have been affected by incarceration, poverty, homelessness, and HIV/AIDS infection. The services offered are grouped into four categories: housing, education/employment, mental health, and substance abuse.

Case managers (or “care” managers, as staff at the TTC call themselves) are responsible for assessing participants’ needs and referring them to the appropriate supportive service(s). For example, referrals to shelters or halfway houses may be provided to houseless participants who are in immediate need of refuge. Educational services include tutoring for the General Education Development (GED), and help with college and financial aid applications. Job readiness training is offered for women who are unemployed or who want to advance their job options.

Group classes are provided for the center’s participants dealing with mental health and/or substance abuse issues. These psychoeducational classes are the focal point of the center’s services, which are based on cognitive behavior models that attempt to correct dysfunctional behavior, thoughts, and cognition. Classes are generally themed to address the specific issues that are commonly experienced by female reentrants such as drug or alcohol dependence, trauma, and co-occurring mental disorders. Some classes are designed to deal with unique populations, such as sex workers or queer participants (referred to as gay, lesbian, bisexual, or transgender at the center).

The center works in collaboration with the state and secures much of its funding from grants provided by the local government, including the judicial branch. The majority of the participant population, approximately 90%, attends the center on a court mandate, and TTC is responsible for reporting these participants’ progress (or lack thereof) to probation and parole departments. TTC only conveys whether or not a participant is moving forward in her treatment plan (e.g., attending care manager sessions, going to GED class, in the process of completing a class cycle) and will not disclose details from counseling sessions or group classes. If a participant is in violation of her parole or probation, however, the court may ask for TTC’s dispositional recommendation in determining whether or not the participant is in need of enhanced supervision or a revocation of her community placement. TTC also provides therapeutic classes to currently incarcerated women who are preparing for release. The center provides assessment, treatment, and rehabilitation resources to criminalized women, as well as to women who are economically disadvantaged and uninvolved in the criminal-processing system, although the rehabilitative messaging is quite similar. The general aim is to foster the development of different choices that will prevent future criminal or harmful behavior.

The data are collected from semistructured in-depth interviews with nine staff members as well as more than 150 hr of observation in the field. Formal interviews lasted 1 to 2 hr, and took place in staff offices to ensure privacy, comfort, and convenience. The interviewed staff members represented a wide array of backgrounds and training (see Table 1). The ages of my informants ranged from 26 to 67. Two of the staff members are African American, and seven are White (none identified as Latina or any other ethnicity). The length of time that staff worked at the center ranged from

Table 1. Demographic Characteristics of Respondents.

Name	Age	Race	Time at TTC	Job Title	Skills/Training	Reentrant
Barbara	67	White	13 years	GED teacher (since retired)	College graduate	No
Henrietta	43	White	8 months	Job readiness training specialist	Master's degree, licensed vocational counselor	No
Jane	28	White	+2 years	Director of employment services and case manager	College graduate	No
Jennifer	51	White	6 weeks	Job readiness training specialist	Personal experience	Yes
Mariah	28	White	5 years	Volunteer/orientation coordinator	College graduate	No
Mary	64	White	2 years	GED teacher	College graduate	No
Noelle	26	Black	+2 years	Care manager for HIV-positive participants	College graduate	No
Sally	55	White	1 year	Care manager for participants with co-occurring disorders	Master's degree, licensed substance abuse counselor	No
Sharon	39	Black	2-1/2 years	Care manager for substance-abusing participants	Personal experience	Yes

6 weeks to 13 years. Four staff members held the title of case manager, with one of them also holding a dual job title of director of employment services. Two staff members are job readiness training specialists, two others are GED teachers, and one is a coordinator for volunteers and participant orientation sessions.

Seven of the nine staff members are college graduates, with two of them holding a master's degree. The two remaining staff members with no college degree have personal experiences as reentrants—one staff member was a participant at TTC for 2 years off and on after spending 2 years in prison, and the other was released less than 1 year ago after spending 18 years in prison. Overall, the interview respondents demographically represent the larger base of 25 staff members.

My frequent presence at the center, staff parties, and field trips (e.g., picnics, group hikes) over the course of 2 years facilitated access to many types of data. Involvement strategies based on mutual aid, such as volunteering, tutoring, and mentoring, were extremely useful in building rapport with both staff members and program participants (Warren & Karner, 2010). Other data sources include extensive field notes from observations and informal conversations, analytic memos, and archival records that include worksheets used in the psychoeducational classes. My attendance at classes allowed for a deeper and contextual understanding of staff members' meanings generated through the rehabilitative messaging that was conveyed to participants (Lofland, Snow, Andersons, & Lofland, 2006). Observational field notes of staff members who were not interviewed are also included; primarily those notes taken during the facilitation of a class and of informal conversations.

More than 650 pages worth of data were systematically recorded and filed according to their data type. The data were inductively analyzed throughout the data collection process; the line-by-line reading and continual interpretation of the data was useful in constituting the initial codes that organized the data (Saldaña, 2009). The emergent patterns informed subsequent interviews and observations, and upon saturation in the field, the second cycle of focused coding allowed for the methodical categorization and synthesis of core concepts.

Transforming Space

TTC has emerged as a popular agency in the area that garners referrals from local probation and parole offices for outpatient therapeutic services. Criminal-processing systems nationwide have generally acted in accordance with the "tough-on-crime" stance that emerged in the 1980s, and as a result have purported to treat male and female offenders equally, absent of any favoritism. Yet the well-documented behavioral and social differences between male and female offending has challenged the effectiveness of such practices, arguing that such "gender-neutral" logics serve to deny proper treatment investments for criminalized women, their families, and their communities (Bloom et al., 2004). Betsy, the executive director of the center, stated in an informal conversation that TTC is informed by the latest research on women and crime and that the agency incorporates these findings into their dealings with participants. She avowed that pathways theory has been very influential to the program's evolution

over the years, with the recognition that women often engage in crime because of a “multiplicity of abuses” experienced in childhood and/or adult years (Owen, 1998).

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

This repudiation of the traditional penal regime and an embracement of “softer” approaches to treatment are exemplified in some of the practices employed at TTC. Care managers regularly hug participants in either a congratulatory or consoling manner. When a participant graduates from a therapy class cycle, it is often the case that she is rewarded with a gift bag assembled by the class facilitator containing lotions, trinkets, stuffed animals, and a gift card. Mary, a teacher at the center, explained why her classroom walls were lined with colorfully decorated frames containing photographs of GED graduations from the past 10 years: “I make sure to make a big event out of these accomplishments. Their families and friends are invited, and we bring a cake and balloons. We want to make them [*the graduates*] feel special. But it also helps to inspire and motivate the other students.” Mary notes the extent of the program’s reach to the children of participants as she points to the photos of graduates “And behind you I’m looking at all those pictures—I’ve become grandma to half of those kids up there! I mean it goes beyond here.” Mary’s attendance at baptisms and birthday parties outside of work, along with her openly emotive displays, allows her to relay her affection to the participants. She, as well as other staff members, recognizes that many of the participants are self-deprecating and lack stable social networks, and these relational techniques are used to boost self-esteem and social bonding among participants. Staff members are not interested in patrolling the center’s participants or establishing control through fear as is done in traditional criminal-justice agencies; rather, these rituals and symbols of affection are performed to empower participants so that they may achieve inner change, and ultimately, a change in their circumstances.

Another component to the rehabilitative logic employed at TTC is the use of the harm reduction model. Harm reduction refers to the minimization of the consequences of risky behavior, and is often used in opposition to the abstinence model. More well-known harm reduction policies include the needle exchanges program, where intravenous drug users are provided new needles so as to prevent the spread of HIV/AIDS, Hepatitis C, or other blood-borne diseases. Staff members at TTC use this approach to

deal with behaviors that are considered to be damaging such as associating with abusive partners, using/abusing substances, and not attending therapy. Staff members ideally want their participant base to entirely desist from negative and criminal behaviors, yet they realize that abstinence may not be achievable immediately. Staff members are more concerned with providing support and exposing women to therapy while they take small steps towards the desired end goal of abstinence. As Sally states:

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

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

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

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

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

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

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

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

They Had No Choice But to Turn to Crime

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

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

What emerges then, is a particular conception by staff members of just how "free" participants' choices actually are. Staff members talk about women's criminality in terms of structural determinism, in that participants often have little choice but to turn to crime as a survival technique to manage the constraints of poverty, abuse, and racial and gender discrimination.

Research clearly shows that female reentrants disproportionately experience grave economic marginalization, limited education, social isolation, and interpersonal victimization (primarily physical and sexual abuse), when compared to their "noncriminal" counterparts (Huebner, DeJong & Cobbina, 2010). The strong link between these

systematic life disadvantages and criminal offending among women is well documented, and is further compounded by the forms that criminality takes among women drug or drug-related charges and sex work crimes comprise the bulk of convictions for women (Belknap, 2007; Malik-Kane & Visser, 2008; Richie, 2002). Sally comments on the impetus for TTC:

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

Staff members are quite aware of the prevalence of these difficulties, and recognize the impact they have upon the participants' life choices.

Many of the participants at TTC are there as a condition of probation, parole, or to maintain their eligibility status in a halfway house. These three institutions place many demands upon their clientele, and participants are to meet these mandates in full if they wish to avoid the possible consequences of increased parole or probation time, a return to jail or prison, or the loss of shelter. My staff informants at the center understand the pressing burdens these institutions place upon participants, and realize that these very concrete limitations affect participants' ability to freely act. Moreover, they see the punishment related to failing to meet the conditions set on participants as especially detrimental because the treatment and education (two cornerstones of the rehabilitative ideal) provided by the criminal-processing system are inadequate in meeting women's needs. Noelle singles out the Department of Corrections (e.g., probation, parole) for what is often called a "waste-management model" (Simon, 1993):

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

Many staff members do not just view this punishment as coming only from the criminal-processing system; many trace punitive ideologies to the broader cultural climate of the United States:

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

In interviews, staff members readily offered these sentiments about the many barriers that women reentrants face. Staff members often discussed the ubiquity of punitive attitudes and tactics used against women with criminal records, and generally reviled the consequential impact upon the center's participants' lives. Overall staff members view these constraints as adversarial because of participants' needs to care for their family, obtain a job, and/or to work towards sobriety. The challenge, according to staff members, then becomes how to provide help to participants to prevent a return to criminality amid a mountain of struggles.

The Rehabilitation Project

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

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

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

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

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

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

Staff members believe that although participants have been subject to detrimental socioenvironmental conditions, the women's lives can be improved substantially with a complete change in thought patterns and behaviors. Part of the program's required regimen includes the completion of a cycle of one or more of the many psychoeducational classes. After orientation and an assessment period, participants at the center are provided with a customized treatment plan; for example, women with co-occurring disorders (substance dependence issues coupled with mental illness) may be required to complete a cycle (16 weekly sessions) of a drug and alcohol education class and a mental wellness class. Interestingly enough, although TTC proclaims its orientation as alternative to traditional criminal-processing systems, some of its psychoeducational curricula are provided by the National Institute of Corrections (NIC), which is spearheaded by the Federal Bureau of Prisons. The NIC develops programs for federal, state, and local agencies charged with managing and treating offender populations. These programs focus on cognitively restructuring offenders, as well as teaching problem-solving skills.

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

One handout used in an anger management class, for example, focuses on fostering "cognitive self change" through changing one's perspective on different troublesome situations. One Latina participant relayed an incident that happened while she was on a city bus: a young man called her a racial and gendered slur and she slapped him across the face. Rhonda, the White staff member facilitating the group, challenged her to think of a new way to respond to that situation, but the participant was quite adamant that her reaction was appropriate, and would not accept Rhonda's suggestion to just ignore that kind of behavior. Rhonda then went on to talk more about cognitive distortions and interpreted the scenario as a case of the participant having a "warped perception" that led to an unacceptable outcome, and continued the class by focusing on the necessity to change thoughts and attitudes. Rhonda failed to acknowledge the racist and sexist abuse that is a part of many participants' daily realities and instead

emphasizes participants' distorted perceptions and inappropriate behaviors. As a result, Rhonda states the responsibility is on this participant to ignore a hostile situation, and she squarely places the blame upon the participant for using what some scholars would say is a strategy of survival (Chesney-Lind, 1997). In this instance, the rehabilitation project serves as a way to reinforce a particular conception of empowerment; that is, participants should become empowered to change their perceptions, but not so emboldened as to intervene in a situation that is uncontrollable.

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

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

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

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

Explaining Failure Through Individualizing Strategies

TTC staff members posit that participants turn to crime because of difficult and uncontrollable circumstances, such as extreme victimization. Yet my informants also noted that these unfavorable circumstances are not *predictive* of treatment outcomes. The

center's process of treating female criminality is focused on harnessing participants' unruly emotional and behavioral patterns for the purposes of inward transformation. Once the rehabilitation project is complete, staff members contend that maneuvering through life's obstacles will be substantially less complicated, even for participants who do not have a solid vocational or educational skill set. Participants are *not* bounded puppets; to the contrary, staff members believe that women have every opportunity to capitalize on the generous services at TTC in order to turn their lives around. Treatment outcomes are determined by one's absorption and internalization of rehabilitative messaging. Staff members state that the likelihood of a participant "succeeding" has everything to do with an individual's determination and adopting responsibility during the course of treatment, with little to no blame remaining for structural factors and the center itself.

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

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

Women who are considered to be overly reliant upon others or on social services, have been vilified in recent decades by programmatic narratives in both the welfare and criminal-processing systems (Haney, 2010; McCorkel, 2004; Pollack, 2010). State actors view women's dependency as the one of the causes of their problems and it is clear that TTC's institutional logic has been infused, to some extent, by this idea. Staff members at the agency do not reduce the causes of female criminality to dependency, but to them, self-sufficiency is a key component of success. Staff members expect women to move forward in the face of any structural constraints by becoming autonomous and establishing emotional and financial independence.

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

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

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

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

Not all staff members were satisfied with the *amount* of services, and many in fact voiced their opinion that the center needed additional finances in order to provide more resources. But, all of the staff members exalted the range and amount of services offered by TTC and were especially proud of their personal commitment and the center's ability to offer these services for no cost.

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

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

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

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

When staff members were asked about why they think women fail, they often told anecdotes of model participants who served as the template for success. Henrietta provides an example:

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

Such exemplars of achievement often serve as the standard against which all other participants were measured, despite the strong emphasis on individualized goal-setting. Those participants at the center who do not succeed are viewed by staff members as not having cultivated proper characteristics with which to do so, like having a right attitude, willingness, or personal resolve.

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

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

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

The paradox thus lies in the fact that, while the center readily acknowledges the adverse circumstances that affect participants, staff members believe that all participants have an equal chance at achieving their goals upon the successful completion of treatment. Staff members recognize the set of disadvantages commonly faced by participants and see the center as "alternative" because of this recognition. Yet staff members also state that structural disadvantages do not impede participants' abilities to engage with treatment and to become successful. I argue that this is because the

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

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

Conclusion

TTC provides much-needed resources for the community it serves. Yet, while the center avows a set of alternative practices in its mission of treating female criminality, there are aspects of staff member's talk that replicate and reinforce the discourse used in more traditional agencies within criminal-processing systems. Staff members employ a structurally deterministic argument with regards to how women have become involved in the criminal-processing system, but their discursive formations change when explaining treatment outcomes at the center, where they emphasize personal responsibility. I argue that both the process of treating female criminality and the alternative values within the organization make this sudden change in discourse possible.

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

Second, the alternative values and approaches espoused by the center, specifically the use of the harm-reduction model in which small, daily successes are embraced, give staff members opportunities to utilize responsibility discourse. If a participant at the center can't meet minor goals in her daily life, then it is a reflection upon her character. The accomplishment for the center is the use of the "soft" approach, as opposed to the "hard" techniques of so-called gender-neutral institutions. Staff members view this approach as sufficient enough to inspire participants at the center to change without necessarily tackling the complex issues that cause criminality. The alternative organizational identity proves to be an end in itself, *instead of* a means for challenging and addressing inequities. By acknowledging the inequalities and power imbalances in society, staff members at TTC believe they are free of reproducing inequalities, while it is clear that this is not happening in practice. The participants' problems are decontextualized and seen as the result of faulty self-determination in the process of treatment. I argue that the simultaneous deployment of responsibility discourse coupled with the "soft" approaches used by the center serves to maintain and perpetuate the disparities that the center purports to be free from by pathologizing the female reentrant and remaining "power-blind" (Kleinman, 1996). The ultimate message that is being communicated to participants at the center, then, is that their failure in treatment is not due to ongoing marginalization arising from raced, classed, and gendered inequities, but rather from their lack of willpower to change their minds and hearts. Moreover, if TTC attributed participant failures to anything other than a lack of individual responsibility, it would reflect poorly upon the center's ability to be a vehicle for change and would challenge conclusions that the center is successful.

This study examines the role that community-based, outpatient reentry agencies have in perpetuating the narrative that works to diminish the context of women's offending. Although TTC proclaims itself to be alternative, on some level it still maintains the rhetorical erasure of structural factors. Maruna's work on the reconstruction of life narratives among ex-offenders illustrates that "redemption scripts" do not necessarily hinge on personal responsibility. In fact, he states that the use of neutralizations and excuses in recounting one's life "helps to protect self-esteem, increase one's sense of personal worth, and reduce anxiety. Such self-protection may be necessary for offenders to desist" (2001, p. 144). In Sered and Norton-Hawk's research on criminalized women's experiences in a self-help program, the authors state that they ". . . are not at all convinced that focusing one's self-narratives on personal failings (i.e., things that one can control) rather than institutional conditions constitutes a compelling life script" (2011, p. 326). The women in their study were keenly aware of the disjuncture between the self-regulation discourse and their own lived realities. Indeed, facilitating the social contextualization of criminalized women's troubled lives while *also* encouraging the adoption of prosocial self-stories may be more useful to rehabilitative projects in channeling emancipatory life narratives (Maruna, 2001). More research is needed in order to examine the gendered effects of therapeutic governance and responsabilization discourses used by "helping" institutions on criminalized women and their journey to desistance and empowerment.

Acknowledgment

The author wishes to thank Sara Steen, Leslie Irvine, Amy Wilkins and anonymous reviewers for feedback on previous versions of this manuscript. Many thanks also to the women who participated in this study.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Note

1. All names have been changed to ensure anonymity.

References

- Belknap, J. (2007). *The invisible woman: Gender, crime, and justice*. Belmont, CA: Wadsworth.
- Bloom, B, Owen, B, & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research*, 21, 31-48.
- Bosworth, M. (1999). *Engendering resistance: Agency and power in women's prisons*. Aldershot, UK: Ashgate.
- Brown, M., & Bloom, B. (2009). Colonialism and carceral motherhood: Native Hawaiian families under corrections and child welfare control. *Feminist Criminology*, 4, 151-169.
- Chesney-Lind, M. (1997). *The female offender*. Thousand Oaks, CA: Sage.
- Chesney-Lind, M., & Pasko, L. (2004). *The female offender: Girls, women, and crime*. Thousand Oaks, CA: Sage.
- Comack, E. (2006). The feminist engagement with criminology. In G. Balfour & E. Comack (Eds.), *Criminalizing women* (pp. 22-23). Halifax, Nova Scotia, Canada: Fernwood.
- Cruikshank, B. (1999). *The will to empower: Democratic citizens and other subjects*. Ithaca, NY: Cornell Press.
- Feeley, M., & Simon, J. (1992). The new penology: Notes on the emerging strategy of corrections and its implications. *Criminology*, 30, 449-474.
- Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon & P. Miller (Eds.), *The Foucault effect: Studies in governmentality* (pp. 87-104). Chicago, IL: University of Chicago Press.
- Frost, N., Greene, J., & Pranis, K. (2006). *Hard hit: The growth in imprisonment of women, 1977-2004*. New York, NY: Institute on Women and Criminal Justice.
- Garland, D. (1997). "Governmentality" and the problem of crime: Foucault, criminology, sociology. *Theoretical Criminology*, 1(2), 173-214.
- Garland, D. (2001). *The culture of control: Crime and social order in contemporary society*. Chicago, IL: University of Chicago Press.
- Girshick, L. (2003). Leaving stronger: Programming for release. In S. Sharp (Ed.), *The incarcerated woman: Rehabilitative programming in women's prisons* (pp. 169-183). Upper Saddle River, NJ: Prentice Hall.

- Green, B., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency*, 51(1), 133-151.
- Hammet, T., Roberts, C., & Kennedy, S. (2001). Health-related issues in prisoner reentry. *Crime and Delinquency*, 47, 390-409.
- Haney, L. (2004). Introduction: Gender, welfare, and states of punishment. *Social Politics: International Study in Gender, State, and Society*, 11, 333-362.
- Haney, L. (2010). *Offending women: Power, punishment, and the regulation of desire*. Berkeley: University of California Press.
- Hannah-Moffat, K. (2000). Prisons that empower: Neo-liberal governance in Canadian women's prisons. *British Journal of Criminology*, 40, 510-531.
- Hannah-Moffat, K. (2004). Losing ground: Gendered knowledges, parole risk, and responsibility. *Social Politics: International Study in Gender, State, and Society*, 11, 363-385.
- Huebner, B., DeJong, C., & Cobbina, J. (2010). Women coming home: Long-term patterns of recidivism. *Justice Quarterly*, 27, 225-254.
- Holtfreter, K., & Morash, M. (2003). The needs of women offenders: Implications for correctional programming. *Women & Criminal Justice*, 14, 137-160.
- Kleinman, S. (1996). *Opposing ambitions: Gender and identity in an alternative organization*. Chicago, IL: University of Chicago Press.
- Kruttschnitt, C., & Gartner, R. (2003). Women's imprisonment. In M. Tonry (Ed.), *Crime and justice: An annual review of research* (Vol. 30, pp. 1-81). Chicago, IL: University of Chicago Press.
- Lofland, J., Snow, D., Andersons, L., & Lofland, L. (2006). *Analyzing social settings: A guide to qualitative observation and analysis* (4th ed.). Belmont, CA; Wadsworth.
- Malik-Kane, K., & Visher, C. A. (2008). *Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration*. Washington, DC: The Urban Institute.
- Maruna, S. (2001). *Making good: How ex-convicts reform & rebuild their lives*. Washington, DC: American Psychological Association.
- McCorkel, J. (2003). Embodied surveillance and the gendering of punishment. *Journal of Contemporary Ethnography*, 32(1), 41-76.
- McCorkel, J. (2004). Criminally dependent? Gender, punishment, and the rhetoric of welfare reform. *Social Politics: International Study in Gender, State, and Society*, 11, 386-410.
- McKim, A. (2008). "Getting gut-level": Punishment, gender, and therapeutic governance. *Gender & Society*, 22, 303-323.
- Morash, M., & Schram, P. (2002). *The prison experience: Special issues of women in prison*. Prospect Heights, IL: Waveland Press.
- O'Brien, P. (2001). "Just like baking a cake": Women describe the necessary ingredients for successful reentry after incarceration. *Families in Society*, 82, 287-295.
- Owen, B. (1998). *"In the mix": Struggle and survival in a women's prison*. Albany: State University of New York Press.
- Pollack, S. (2007). "I'm just not good in relationships": Victimization discourses and the gendered regulation of criminalized women. *Feminist Criminology*, 2(2), 158-174.
- Pollack, S. (2010). Labeling clients "risky": Social work and the neo-liberal welfare state. *British Journal of Social Work*, 40, 1263-1278.
- Pollack, S., & Kendall, K. (2005). Taming the shrew: Regulating prisoners through women-centered mental health programming. *Critical Criminology*, 13, 71-87.
- Pollock, J. (2002). *Women, prison, and crime* (2nd ed.). Belmont, CA: Wadsworth.

- Richie, B. E. (2002). The social impact of mass incarceration on women. In M. Mauer & M. Chesney-Lind (Eds.), *Invisible punishment: The collateral consequences of mass imprisonment* (pp. 136-149). New York, NY: New Press.
- Ridgely, S., Borum, J., & Petrila, J. (2001). *The effectiveness of involuntary outpatient treatment: Empirical evidence and the experience of eight states*. Santa Monica, CA: RAND.
- Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York, NY: Basic/Civitas.
- Rose, N. (1999). *Governing the soul: The shaping of the private self* (2nd ed.). London, UK: Free Association Books.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Los Angeles, CA: Sage.
- Schram, S. (2000). *After welfare: The culture of postindustrial social policy*. New York: New York University Press.
- Sered, S., & Norton-Hawk, M. (2011). Whose higher power? Criminalized women confront the "twelve steps." *Feminist Criminology*, 6, 308-332.
- Simon, J. (1993). *Poor Discipline: Parole and the Social Control of the Underclass* (pp. 1890-1990). Chicago: University of Chicago Press.
- Snyder, Z. (2009). Keeping families together: The importance of maintaining mother-child contact for incarcerated women. *Women & Criminal Justice*, 19(1), 37-59.
- Warren, C., & Karner, T. (2010). *Discovering qualitative methods: Field research, interviews, and analysis* (2nd ed.). New York, NY: Oxford University Press.

Author Biography

Colleen Hackett is a doctoral candidate in the Department of Sociology at the University of Colorado, Boulder. Her areas of interest include women's reentry programs, neoliberal governance, qualitative methods, and social movements. Her dissertation work examines varying forms of governance and social control, primarily those mechanized through therapeutic interventions that are used to regulate the lives and subjectivities of criminalized women.