

ARTICLES

Self-Efficacy Toward Release and Transfer in a Women's Federal Medical Center: An Ethnographic Analysis of a Prisoner's Blog

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INTRODUCTION

Self-efficacy is an individual's confidence that they personally have the capacity to accomplish their goals (Bandura, 1978). The basic premise of the theory is that people can recognize their accomplishments through their own actions and behavioral decisions. Levels of recognition are based on the person's ability to cope, put in the effort, self-advocate, and sustain adverse obstacles without defensive behavior. Self-efficacy also connects a person's thoughts to their behavior. This concept has been explored among various populations, including incarcerated people (Allred et al., 2013; Friestad & Hansen, 2005; Jonesa et al., 2013; Loeb et al., 2010; Pelissier & Jones, 2006), which has aided understanding some of the individual impacts of incarceration, as well as how some are able to achieve life-positive goals during their confinement while others cannot. Examinations of self-efficacy are especially important in relation to women's prison experiences, as much of the research conducted thus far has focused on the experiences of male prisoners (Friestad & Hansen, 2005; Loeb et al., 2010). Additionally, self-efficacy among incarcerated women requires further exploration as the concept can differ between male and female prisoners (Pelissier & Jones, 2006).

Over the past two decades, there has been an increase in the amount of research conducted on the experiences of women in prison, yet a vast range of topics remain to be explored (Drake et al., 2015; Lahm, 2015, 2016; Pelissier & Jones, 2006; Rowe, 2015; Terry, 2016; Willingham, 2011). It is crucial to continue to focus on the experiences of incarcerated women as there has been a profound change in their involvement within the criminal justice system (Monazzam & Budd, 2022). Although comprising approximately 10% of the total incarcerated population, women still represent a larger portion of people in prisons and jails than in previous decades (Kajstura, 2019). Between 1980 and 2020, the number of incarcerated women increased by more than 475 percent, rising from 26,362 in 1980 to 152,854 in 2020 (Monazzam & Budd, 2022). When expanded to include immigration detention centers and youth confinement,

others have reported more than 231,000 women and girls locked up in the United States at the end of 2018 (Kajstura, 2019). Given the drastic increase in female incarcerated populations, there is great value in understanding the lived experience of imprisonment from the perspectives of women. Moreover, few studies have been able to examine the lives of women incarcerated in federal prisons from inside prison walls (Bosworth et al., 2005; Pelissier & Jones, 2006; Wooldredge & Steiner, 2014). In addition, there is a lack of research conducted in federal prisons, especially federal medical centers, due to increased ethical and legal standards that must be met (Cislo & Trestman, 2013; Kalmbach & Lyons, 2003). For instance, it is nearly impossible to access federal prisoners until they are under parole supervision or released.

The current study uses an ethnographic analysis of a female prisoner's blog during her incarceration in a women's federal medical center to examine self-efficacy toward release and transfer. To date, little is known about the process women in the federal system go through to obtain a transfer from a medical facility and/or toward securing release. The current study is also situated within the Convict Criminology (CC) perspective. As the convict voice has traditionally been ignored in the fields of criminology, criminal justice, and corrections scholarly research, policy, and practices (Ross & Richards, 2003), this ethnographic analysis provides a first-hand account of how one woman experienced her incarceration at a women's federal medical center. CC includes people who are currently incarcerated, those who are formerly incarcerated, and justice-impacted (or system) individuals. Formerly incarcerated individuals that have earned their doctorate degree offer a unique perspective to criminal justice research that combines subjectivity with reflexivity to better inform methodological approaches (Jones et al., 2009; Newbold et al., 2014; Richards, 2013; Ross & Vianello, 2021).

One methodological approach that seems to be central for CC is prison ethnography or autoethnography for first-hand individual experiences, which "involves communicating personal experience and investing in its particulars in order to locate our biographies and our lives as we have lived them, in the abstract ideas, social structures and historical contexts we analyse [sic] as criminologists" (Earle, 2021, pp. 38-39). Most autoethnographic accounts of incarceration (including prison ethnography), however, have been written by men or conducted within male correctional facilities (for review see Drake

et al., 2015, p. 252-270). Few accounts focus on women's experiences or within female facilities. While early CC scholars published several prison ethnographies, there is a lack of prison ethnography conducted within *women's* facilities, especially within women's federal prisons. Thus, utilizing data from a personal blog written by a woman sentenced to serve one year and one day in a federal women's prison is an appropriate methodological choice to examine self-efficacy. Furthermore, using CC as the theoretical framework vastly extends ethnographic research on the incarceration experiences of women as only a handful of studies have been conducted since the development of this approach in the mid-1990s (Bozkurt & Aresti, 2018; Jones, 1993; Kuhlmann, 2005). It also sheds light on how and when incarcerated women are able to demonstrate self-efficacy despite their confinement, as well as recognizing some of the barriers to those efforts.

LITERATURE REVIEW

Prisoner Self-Efficacy

Displays of self-efficacy are unique in the prison environment (Allred et al., 2013; Friestad & Hansen, 2005; Loeb et al., 2010; Pelissier & Jones, 2006). According to Allred and colleagues (2013) "in the context of a prison culture, normal life challenges that may thwart self-efficacy among incarcerated individuals are of a different form and may assume a different meaning" (p. 215). Pelissier and Jones (2006) simplified the definition of self-efficacy in the prison context to a "person's sense of successful determination in relationship to reaching his or her general goals" (p. 116). Difficult prison experiences must be taken into context in determining whether the prisoner is self-advocating and making healthy choices (Loeb et al., 2010). For instance, Loeb and colleagues (2010) found that while prisoners have reduced "decision-making opportunity or control over day-to-day life" (p. 817), they are able to engage in positive forms of self-efficacy by making healthy decisions.

Most of these studies utilized standardized survey instruments to measure prisoner self-efficacy (Allred et al., 2013; Loeb et al., 2010; Jones et al., 2013). Although likely to have increased generalizability across incarcerated populations, survey questionnaires may not always capture conceptualizations of self-efficacy accurately for individual respondents. Therefore, it is important to expand and sensitize conceptualizations of

self-efficacy through qualitative methodological approaches. Surveys often rely on the judgment of what a prisoner would do in a specific context (vignettes). However, in an ethnographic research design, measures of self-efficacy can go beyond individual perception by recognizing actions and behavior. Friestad and Hansen (2005) support broadening this definition in that self-efficacy is more than just individual perception in that it should also relate to real-life circumstances.

Some studies have already demonstrated how self-efficacy is put into action among sample populations of incarcerated women (Pelissier & Jones, 2006; Rowe, 2015; Willingham, 2011). In looking at how women are able to utilize power and agency to solve problems within the prison system, Rowe (2015) discovered that female prisoners were strategic based on the complexity of the issue and constraints of the prison system. Such “tactics” would often lead to positive outcomes such as having their basic material needs met and resolving complex problems of impression management. However, none of these studies focused on an ethnographic approach to understanding self-efficacy, nor on the focus of transfer and release.

When examining the differences between male and female prisoners in the areas of motivation, self-efficacy, and coping styles, results demonstrated that women reported a greater recognition of having a substance use problem and accepting responsibility as compared with men (Pelissier & Jones, 2006). Additionally, women that were successful in completing legally mandated drug and alcohol treatment programs showed higher levels of self-efficacy (Pelissier & Jones, 2006). Related to substance use programming, Willingham (2011) found that for some women, prison can be a place of positive self-efficacy toward addiction recovery. However, results also gleaned that women who actively practiced higher levels of self-efficacy were more likely to be seen as targets for violence from other female prisoners (Willingham, 2011). Thus, it is crucial that this topic is explored further and expanded to include the variety of ways in which women utilize self-efficacy within prison settings, as well as what sort of results their actions and behavior may have on their incarceration experience.

Ethnography and Convict Criminology

Recent inquiries have challenged the automatic distrust of “self” in ethnographic methodological studies and instead have embraced the ability

to obtain enhanced knowledge, context, and insider status that comes through them (Anderson, 2006; Jewkes, 2012; Richie, 2004; Wakeman, 2014). Ethnographic studies provide a unique window into understanding the complexity of prisoner lives, whereas mainstream research is often “confined by official data sets and crime reports” (Leyva & Bickel, 2010, p. 58), which can limit full understanding of the experiences.

In the context of prisons, emotional responsiveness is a natural experience that should not be ignored in the ethnographic experience. According to Jewkes (2012), criminology should not conceal the “anger, frustration, fear, and outrage” (p. 72) that prisoners feel at times during their imprisonment and these emotions should be revealed by the researcher as well. Confessing these feelings as part of one’s epistemological and theoretical orientation should not diminish its worthiness as research, but rather make it more disclosing toward the process of understanding the ethnographic insider status of the researcher (Jewkes, 2012; Newbold et al., 2014). When the ethnographer is an ex-prisoner, Jewkes’ (2012) inclusion of emotional experience in prison research becomes even more important (Newbold et al., 2014). For many who experience time in prison, their desire to produce academic scholarship in criminal justice is often out of frustration in finding that scholarly literature lacks many prison realities (Jones et al., 2009; Richards, 2013; Richards et al., 2008; Ross et al., 2014). According to Richards (2013), this frustration became the impetus for developing the theoretical perspective of Convict Criminology.

CC is practiced by academic scholars, as it “represents the works of convicts or ex-convicts who are in possession of a PhD or on their way to completing one ... led by former prisoners who are now among the ranks of academic faculty” (Jones et al., 2009, p. 152). CC is not merely giving a prisoner perspective like narratives often provide in research (Richards et al., 2008). While a “convict perspective is that of a person in prison, in contrast the convict criminology perspective is that of a former prisoner who uses his or her experience to better inform the study of prisons” (Richards et al., 2008, p. 122).

The use of direct observation and personal experience is an integral part of the process of understanding the criminal justice system (Jones et al., 2009). Data collection within CC can include personal correspondence, interviews, retrospective interpretation of experiences, and current observations and writings (Jones et al., 2009; Richards, 2013). CC also

encourages the use of empowering terms (Jewkes, 2012; Jones et al., 2009; Richards, 2013).¹

Authors within CC also admit to their subjectivity and use their experience with a critical eye to better inform meaning (Jones et al., 2009). As stated by Terry (2003), “like other ethnographies, what is expressed here may be viewed as anecdotal and not generalizable. However, it does demonstrate natural and recurring situations I am privy to because of who I am, where I’ve been, who I know, and what I do” (p. 44). Specifically, personal writing may form important meaning for the incarcerated individual (Willingham, 2011). Writing can help some prisoners better cope with the emotional realities of prison. Prisoner writing is important to analyze as it may better help understand concepts of “captivity, racism, classism and oppression” (Willingham, 2011, p. 57) among other prison experiences. The value of this reality cannot be discounted when it comes to understanding the lives of prisoners through their own experiences.

There are several examples of prison ethnography within CC (see Earle, 2013; Earle & Phillips, 2015; Newbold et al., 2014). Most of these focus on how to perform autoethnography or why this methodological practice is important, rather than detailing the lived experience of the incarcerated first-hand (Bolden, 2020; Carceral & Bernard, 2004). Furthermore, there is limited evidence based on women’s experiences with incarceration, especially within federal settings. The current research addresses this deficiency by exploring prisoner self-efficacy from a CC perspective. Recognizing the value in prisoner writing (Willingham, 2011), this study involved the analysis of blog entries written by a woman incarcerated in a federal medical center to explore how she and other women utilize self-efficacy to secure their right to transfer and release within the Federal Bureau of Prisons (BOP).

We expect that if incarcerated women are able to garner self-efficacy despite their confinement, various “tactics” towards securing release and transfer will be present. These tactics may be rooted in performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal. Similar to Rowe’s (2015) findings, we also expect women will experience both positive and negative outcomes, which may result in moments where self-efficacy is obtained and other times not. This points to the complexity of prisoner self-efficacy and the constraints put on them by the BOP, prison administration, and correctional staff.

METHOD

This study provides an ethnographic analysis of the self-efficacy of incarcerated women detained in a federal medical center. The data collected were drawn from the “One Year and One Day” blog maintained by one of this article’s authors under the pseudonym “Dragonfly Hazel” during her incarceration at FMC Carswell in Fort Worth, Texas. Both authors then later analyzed the blog entries. Examining blog posts and personal letters, this study explores individual and group identities as they relate to the complexities surrounding prisoner self-efficacy, as well as how interactions with the prison administration and correctional staff may directly or indirectly affect efficacy decisions and efforts in relation to having their basic needs met, or attempts in securing their release and transfer.

Self-efficacy is defined to include instances where a prisoner takes appropriate steps toward accomplishing a goal through their own actions and self-advocacy, making decisions that appear healthy given the obstacles that lay before them in the context of imprisonment. As emphasized in Badura’s (1978) theory, self-efficacy is about a person’s ability to cope while facing such adverse obstacles – and without exhibiting defensive or unhealthy behavior.

FMC Carswell

The research setting for this study is in a southern state due to FMC Carswell being the only federal security administrative prison for women in the United States (Federal Bureau of Prisons, n.d. a, b, c). FMC Carswell also serves as a maximum-security prison, medium-security general population prison, residential drug and alcohol program, dual-diagnosis drug abuse treatment program, sex offender management program, administrative prison, psychiatric referral center, faith-based residential program, and medical center for all security level prisoners. Finally, it also has a 250-bed separate minimum-security satellite camp adjacent to its property and can house up to a total of 1,870 prisoners (Federal Bureau of Prisons, n.d. b; FMC Carswell, 2015). About half of the prisoners at FMC Carswell were there for healthcare purposes and the others were there for local designation (live within a specific distance), programming, or administrative purposes (such as death row, mental health, and escape risks).

While this facility does not appear to release statistics based on care level or security level, some demographic information is available. See *Table 1* for a demographic breakdown of the incarcerated population at the time of Dragonfly Hazel's incarceration (2013-2014).

Table 1: Demographic Breakdown of Female Prisoners at FMC Carswell

| | | |
|------------------------|--------------------------------------|---------------|
| Race/Ethnicity* | White (Non-Hispanic) | 37.5%* |
| | Hispanic/Latino | 36.0% |
| | African-American | 22.5% |
| | Native American, Asian, etc. (Other) | 3.6% |
| Age | Average Age | 41 years |
| | Age Range | 19 - 88 years |
| Citizenship | U.S. Citizen | 78.0% |
| | Non-U.S. Citizen** | 22.0% |
| Crime Type*** | Drug offenses | 54.3% |
| | Extortion, bribery, fraud | 12.9% |
| | Immigration | 10.5% |
| | Weapons, explosives, arson | 2.3% |
| | Banking, counterfeit, extortion | 1.9% |
| Sentence Length | Mean Sentence | 91.3 months |
| | Median Sentence | 64.0 months |
| | Sentences of 20 years | 5.2% (n=96) |
| | Life sentences | 1.3% (n=24) |

*Source did not appear to consider multi-racial identity.

**Likely to be deported at end of incarceration.

***Non-exclusive – does not equal 100% (FMC Carswell, 2015).

One Year and One Day Blog

Blog entries were primarily written using the Trust Fund Limited Inmate Computer System (TRULINCS) application offered throughout the federal prison system (Federal Bureau of Prisons, n.d. b). Access to TRULINCS was controlled and cost prisoners five cents per minute. As part of the service, prisoners consented to have all incoming and outgoing messages

monitored. All blog entries were written and sent to an email address as prisoners were not allowed direct access to the Internet. An academic colleague volunteered to check the email regularly and post all messages to the blog upon receipt. Included in the blog are also seven personal letters and two personal notes written during the same period that were added post-incarceration and posted to the dates they were written.

Initial writing on the blog began on 25 June 2013, four days after Dragonfly Hazel (hereafter “DF Hazel”) was sentenced to federal prison for one count of wire fraud. The initial intention of the blog was to create a place to help other women who may also need to learn about preparing for federal prison: “I looked all over online and found very little real information about preparing to go inside for women” (DF Hazel, 6/25/2013). The blog became a place for DF Hazel to share her experiences, observations, reflections, hopes, and goals as she prepared for prison, did her time, and settled into life after incarceration on supervision. Over the course of her incarceration, DF Hazel wrote a total of 278 blog posts, averaging nearly one post per day. Descriptive statistics for the entirety of all blog posts demonstrated that a majority of entries focused on life in prison (75%), with some containing personal reflections written by DF Hazel (10%), or a combination of both (15%).

The blog posts primarily include the personal observations and experiences of DF Hazel and a group of other prisoners with whom she interacted daily. However, all posts for the current analysis were written by DF Hazel, except for one written by Freckles, which was given to DF Hazel to post. DF Hazel spent between ten minutes to one hour a day on the TRULINCS application and wrote one or more messages for the blog. She frequently carried a notebook and wrote notes throughout the day to help prepare for her next post. On several occasions, DF Hazel would spend time with other women and pose a question to have everyone discuss the topic together. Next, she would prepare a blog post from their responses. During meals, she would engage in conversations or spend time observing the behavior of prisoners and write about those experiences.

Blog posts also included a combination of daily experiences, focused topics, humorous anecdotes, prison metaphors, emotional realism, and advice for those facing similar situations or those who are supporting someone who happens to be in prison. DF Hazel is also in recovery from Gambling Disorder and many posts include her hope, strength,

and challenges as she sought serenity inside a medium-security prison as a minimum-security prisoner. Reviewing the general content of blog posts, half (50%) focused on primary experiences of prison life, while approximately the other half (43%) focused on DF Hazel describing her life. A small amount of blog posts focused on the lives of incarcerated women other than DF Hazel (7%). Individuals referred to by name in the blog were given pseudonyms. DF Hazel allowed acquaintances to select their own pseudonyms when they voluntarily agreed to be an active part of the blog. Assigned pseudonyms were based on an observational characteristic or trait. No personal information of any participant was revealed other than her own.

When it came to her own identity, DF Hazel understood that this would be difficult to hide as she shared personal traits of her background on the blog. She chose to be as honest on the blog as possible to meet the goals and objectives of providing an accurate account of what life is like where she was incarcerated. Given that FMC Carswell was the only federal prison that could house DF Hazel based on her medical status, she chose not to make the location anonymous within the blog. Therefore, she was aware that she could be identified at any time should others read the blog. She was made aware early in her imprisonment that prison staff members were reading the blog. She also experienced threats from several inmates due to its existence, which resulted in a short break from writing. After about a week, DF Hazel started writing again after realizing how important her observational writing and blog became: "It's my reflection on the world and the world's reflection on me. It keeps me sane and lets me share the insane. It is how I think, learn, reflect, share, find substance, care, and pay everything forward. I need to keep writing" (DF Hazel, 1/30/14).

These experiences inevitably affected how and what she was able to write. There were many observations and experiences that DF Hazel was unable to write, threatened that she would face terrible consequences if she shared or was simply too scared to write. Although what she wrote was honest, she sometimes had to leave out certain details or did not document an important incident out of fear or the prospect of retaliation from others. Had she done so, it is possible that the data for this study could be richer and with a thicker description. This is a major limitation of the data the authors recognize.

Data Analysis

Analyses of blog posts were facilitated by Dedoose software and proceeded in several stages. First, the transcripts were read for familiarization with the data, as well as to refine any mistakes. Second, the data were openly coded (Charmaz, 2014) for the month written, any specific location, author, and type of post (i.e., blog post, letter, or note). This resulted in the generation of a range of initial codes and categories of the data. Third, each post was selectively coded for whether it contained evidence of self-efficacy, along with how interaction with staff may influence levels of efficacy, personal identity, and group identity. Finally, blog posts were coded a third time (axial coding) for whether it was primarily about prison life, a personal reflection written by DF Hazel, or a combination of the two.

After the coding process was complete, the authors reviewed all themes and sub-themes several times until a preliminary set of themes was identified and conceptualized based on prior research on prisoner self-efficacy. Any duplicate codes were combined in Microsoft Excel to allow each post to be analyzed individually for the codes of self-efficacy and/or collective efficacy. Overall, 217 posts (78%) included examples of self-efficacy.

Positionality of the Researchers

The data were originally collected and analyzed by one of the authors when she was a graduate student. Although the methodology of this study was originally autoethnographic in nature, we refer to the author of the blog posts in the third-person as “Dragonfly Hazel” (or DF Hazel) to stay consistent with the data and avoid additional details or context not provided directly within the original blog posts. While this seems to be an uncommon practice, some autobiographical ethnographers make the methodological decision to write in the third-person to avoid the risk of attachment and adding more to memories (Caulley, 2008; Denshire, 2014). Additionally, using a third-person point of view helps avoid reader confusion of first-person accounts from multiple writers of blog posts provided as examples. Finally, bringing a second author to this project made it no longer entirely autoethnographic.

Findings were revisited by both authors who currently work in tenure-track faculty positions. Additional representation of the authors includes both being White women who also identify as LGBTQ+ (Lesbian, Gay, Bisexual, Trans,

Queer). Both authors have earned their master's degrees (MS) and doctorate degrees (PhD). One author of the study has also earned a juris doctorate (JD). These positions contrast with the demographics of many of the incarcerated women discussed in blog posts regarding race, criminal history, and level of education. Notably, however, both authors have had direct or indirect experiences related to incarceration. One author was formerly incarcerated, while the other experienced parental incarceration at two separate times, which likely shaped the interpretation of the results and findings.

RESULTS

As a reminder, for this study self-efficacy is defined to include instances where a prisoner takes appropriate steps toward accomplishing a goal through their own actions and self-advocacy, making decisions that appear healthy given the obstacles that lay before them in the context of imprisonment. The authors specifically looked at the themes of women utilizing self-efficacy in order to seek transfer to another facility and/or toward securing their release. Three themes were coded to be related to self-efficacy of transfer/release: “reducing medical care level”, “transfer to another prison”, and “securing release.” However, two other themes were discovered to be a hindrance to self-efficacy and presented barriers or complications to securing transfer and release: “staff treatment of prisoners” and “sex and relationships”. Each theme is discussed and illustrated with representative blog post quotes below, which include observations.

Reducing Medical Care Level

It is not possible to focus on transfer or release from FMC Carswell without consideration of medical designations and care levels, which serve as barriers to release, but also provide much evidence of prisoner self-efficacy. People with serious medical conditions or who need specialized care and/or medications in the federal carceral system often were initially designated (or transferred) to a medical facility (BOP, 2015, 2022). In the male system, there are many medical centers at all security levels, but in the female system there is only one named FMC Carswell. This resulted in women being housed at all security levels, including minimum-security prisoners who were eligible for prison camp, but who were ultimately required to

complete their sentence in a higher security prison due to it being the only one. FMC Carswell was not just a medical center but housed non-medical in-custody security (low, medium, high, and max) prisoners as well. Medical care levels were decided initially by the central placement offices based on the reading of pre-sentence and sentencing reports, not a medical exam. The prison population at FMC Carswell included women at all care levels, from one to four. A prisoner at Level 1 or Level 2 could be in any prison, as all prisons were set up to handle general medical needs.

Medical centers were the only places where Level 3 and Level 4 prisoners could be housed. To obtain transfer (and often release for “good time”) out of FMC Carswell, prisoners had to work with the medical department to lower their care level, which oftentimes took substantial self-efficacy. These issues became evident often in DF Hazel’s blog, which included 66 posts that referred to designated care levels.

Interacting with care levels at FMC Carswell was the designated security level. Security levels at FMC Carswell were minimum-out, minimum-in, low, medium, high, and max (including death row prisoners). The difference between minimum in and minimum out was described in the data:

It’s easy, first, to explain “out”. “Out” is that we are camp status, can be in a non-secured environment, and can see medical providers and others off the prison grounds without being handcuffed and shackled when we go. “In”, is the opposite of that. “In” means that we are designated to a secured environment, it’s a higher level of security, and if we have an appointment off the facilities [sic] grounds, we are shackled and handcuffed.

– DF Hazel, 12/22/13

At each security level, prisoners would demonstrate self-efficacy to seek opportunities that could lower their security level allowing for possible transfer to lower security carceral settings. One example was that DF Hazel’s friend, Freckles, went off important medication to lower her Care Level from 3 to 2. Therefore, within the themes of seeking transfer to another prison and securing release, the data showed that women not only sought to lower their care level, but also used self-efficacy to lower their security level.

Transfer to Another Prison

While many people outside of the carceral system may assume that prison transfers occur automatically and without prisoner influence, in fact many transfers occur through self-efficacy requests by the prisoner. This process usually starts by standing in long lines to speak with the women's assigned case manager:

Every day, as I sit outside my case manager's office, I see the women enter and leave her office. We all just want to get out of here – some to transfer to a different facility, some to halfway house, some just across the street, and some to home confinement or home at the end of their sentence. No matter what, we stand there, waiting, for her attention to tell us our next steps and hear news. Often, many of us leave with frowns. No new news. No known next steps. Just wait.

– DF Hazel, 5/2/22

For example, very early in her imprisonment DF Hazel sought a transfer from her caseworker to the minimum-security prison camp across the street (which housed among its minimum-out security prisoners many individuals who required some access to the medical department). DF Hazel was initially placed in the medical facility with a minimum-in security level due to requiring an injection twice a week (a medication she administered herself before prison), which resulted in her being designated a Care Level 3. DF Hazel was then informed by her case manager within the first two months of her incarceration that she was being transferred across the street to the camp:

I started here as “minimum in” = the “in” was due to my needing to be inside a medical facility. Well, she [case worker] forgot that last week she was supposed to tell me that my status was changed to “minimum out” – the status I should have started with to be sent to a camp. And, in fact, they are sending me to a camp... across the street (not closer to home). She was supposed to tell me last week, all she said yesterday was, “Oops”. She says my transfer to the camp will occur, “before Christmas”. Had I not gone to her office yesterday, I would have only had a day's notice (the day I have to pack out my locker). Now, I get to prepare.

– DF Hazel, 11/29/13

DF Hazel did start to prepare: “For the last several days, I have been informing friends and those that ‘should’ know (such as coworkers) about my pending transfer across the street” (DF Hazel, 12/1/13). She waited for the transfer, waiting at least weekly in long lines to inquire, and was consistently being told that it would occur. Months passed and she was not transferred, although her caseworker repeatedly indicated that it would occur at any moment. She tried to self-advocate for the move to the camp. However, she was continuously told that there was nothing she could personally do as the process was already in the works. She then learned that she was not medically cleared to go to camp, which led DF Hazel to send in requests to see her doctor:

As it turns out, when I went to medical in December to inquire whether this transfer was occurring, I was told that I was not medically cleared to go. My doctor was not signing off on it until she has a chance to see me. I had no choice but to accept that reality and start sending in “cop-outs” to try to get my doctor to make an appointment with me. If you are not medically cleared, there’s very little you can do.

– DF Hazel, 2/1/14

Later, however, she saw on her medical records that she was medically cleared to go to the camp five months earlier. Being told several times that it would occur, despite any change or resolution, led DF Hazel to continue to demonstrate self-efficacy toward securing her transfer:

Last week I went right up to the prison warden and told him about my “camp” transfer approval from October and that I was repeatedly told that clearance had never occurred. Well, I guess that got things moving, because I just received an email from the Warden’s email letting me know that my “exit” paperwork (i.e. transfer to the camp) is being processed. Looks like I will actually be going there to finish out my sentence.

– DF Hazel, 2/8/14

However, soon after her email from the Warden, DF Hazel was officially informed that she was unable to transfer due to a medical hold for an appointment with an outside rheumatologist that would occur at some point.

About halfway through her imprisonment, an outside appointment with a rheumatologist occurred. This led to another act of self-efficacy, this time in terms of refusing treatment:

[The rheumatologist] was starting to say that she wants to see me in two months, when I told her, “No, you don’t”. I explained that nothing happens in two months... it would be more like 5 (again) and I would not be allowed to be released from my medical hold at Carswell. I explained that I will follow up with my rheumatologist back home. The officer with me verified what I was saying.

– DF Hazel, 1/30/14

By asking the medical provider not to require another appointment, DF Hazel sought to have the medical hold lifted to be able to obtain her transfer (or possible release). DF Hazel self-advocated for her potential transfer over her healthcare needs to avoid further medical holds in the prison. After that appointment, the medical hold on DF Hazel’s paperwork was lifted and she was again told that she would be transferred across the street until she officially learned for herself through another meeting with a prison official that she was denied camp transfer even though her caseworker kept insisting it was to occur:

I have officially been DENIED for the camp. I will not be going to the camp. Not even my caseworker (the one who swears I’ll be at the camp any day...) knows. The reason is due to my medication regimen. So, no matter what, I am in the medical facility’s high security environment for the rest of my incarceration.

– DF Hazel, 3/22/14

As shown through DF Hazel’s experience, even with practicing self-efficacy, many prisoners were unsuccessful at obtaining a transfer. After her friend Lola successfully self-advocated for a transfer across the street to the camp, DF Hazel learned that many women there were on similar injections. The denial based on her medications for transfer appeared arbitrary: “The medical team refused my transfer without ever meeting me. I guess I was just someone who’s [sic] paperwork found the wrong person on the wrong day – result ‘transfer to camp denied’” (DF Hazel, 7/19/14).

If a woman was looking to transfer and they require medical clearance (called a “413”) there was just one person at the prison who decided if a prisoner was cleared for transfer. The 413 meetings were only available one day per month, and people lined up early and waited up to seven hours to be seen. If they were too low on the list, they had to line up again the following month, as there was no guarantee to be seen and when the one employee who completed 413 paperwork was done for the day, everyone remaining was sent back to their units. Sometimes, the prisoners would be notified that there would be no 413 meetings that month and the women would wait yet again. Women with Care Level 3 or 4 designations often waited in the long line, only to be told that they could not transfer, even to the Carswell camp across the street for minimum-security prisoners (that housed women with Level 1 through 3 care levels), due to the need for a doctor to approve the transfer or a medical hold. DF Hazel chose to wait in that line twice, only to be told both times that she did not have medical clearance for the transfer. Other women went monthly seeking a transfer. The fact that the meetings were only one day per month in a prison that housed thousands of women is an example of how bureaucratic policies often barred self-efficacy toward transfer.

Some women, like Lola, were successful in getting a “413” and obtaining a medical release and transfer out of FMC Carswell. In the blog, DF Hazel discussed how another woman went monthly to obtain a “413” and after about five monthly appointments, was transferred to a minimum-security camp in Florida: “My friend that recently lost her husband left yesterday morning to go to a camp, much closer to her home. She’d worked hard to get medically released and waited months before finally getting a date that she was to be transferred” (DF Hazel, 4/19/14). Due to a seat shortage on the bus, the woman had to wait another week and a half to transfer to the prison camp. Similarly, Nurse sought a transfer from the time of her incarceration to be closer to her family in California. She was in FMC Carswell due to having gastric bypass surgery and had no medical needs other than a special diet. It took approximately a year for her medical release to be successful and for Nurse to be transferred to a camp in California. After so many dead ends regarding DF Hazel’s transfer, she started to concentrate her self-efficacy efforts on getting out of prison by her halfway house date, rather than focus on transferring to the camp.

Securing Release

Self-efficacy was evident in prisoners' consistent work toward their own releases and/or increased halfway house time close to home. Programming was one way individuals utilized self-efficacy to seek earlier release. Prisoners worked hard toward obtaining timely releases by earning Century points by choosing to participate in educational opportunities and other prison programming. Century points could help lower a prisoner's security level and help them earn good time.

Another way prisoners self-advocated toward release was by participating in the Residential Drug and Alcohol Program (RDAP). Prisoners with a history of drugs and/or alcohol (especially those with drug-related charges) sought entry into RDAP to earn earlier release and increased halfway house time:

People who qualify for the program can receive up to 9 months off their time in prison (they receive extra halfway house time). Their "out date" is changed as soon as they start the program. If they finish it, and don't quit or get into trouble, they are guaranteed that new out date. For those who come into prison with a history of drug or alcohol abuse, it's a great way to change your thinking, yourself, and hope for a different future.

– DF Hazel, 2/16/14

For some prisoners, however, they had to show resilience and self-efficacy to get into RDAP, stay in RDAP, and advocate for the maximum time off their sentence:

Freckles is now trying desperately to jump through those same hoops I did, as she was denied halfway house for no reason and doing RDAP, she is guaranteed halfway house. Even staff look at her record and do not understand why she's been denied the halfway house, but it's the team that does our exit summaries that needs to make the change...

– DF Hazel, 4/5/14

As demonstrated in the quote above, Freckles consistently fought staff on every level for her halfway house time and successfully gained the maximum amount of time offered to RDAP graduates. Later, Freckles shared on the blog the necessity to practice self-efficacy to max out potential halfway house time:

No one in prison is going to give you anything unless you ask for it. You yourself are your best – and most likely only – advocate. So, start early, know the trends, what’s been done at your institution in the past, what’s done at other institutions – knowledge is power and sometimes will work to your advantage. Keep your head up and don’t get discouraged – nothing comes easy in the “system” – but we all will get through it.

– Freckles, 3/15/15

Some prison programming that would assist toward early release was entirely voluntary. For example, Life Connections was an 18-month religious program that women would participate in to build self-esteem and make healthier decisions. Women with prison sentences long enough for participation would move into a special programming housing unit and agree to live under stricter rules. As a result, the women would earn Century points and the potential for increased halfway house time (earlier release from prison). Self-efficacy was not just necessary to get released earlier, but was often needed to be released by the date posted according to the BOP. Anyone with a sentence of a year and a day or longer was eligible for both halfway house time and good time off their sentence. Additionally, some of the halfway house time could include home confinement.

Individuals at FMC Carswell ultimately learned that the idea that release would just occur based on dates on paperwork was a fallacy. According to the data, self-efficacy was necessary for many individuals, especially those with medical issues, to be released to go to a halfway house based on good time. While “[m]any inmates believe the prison will just do the paperwork” (DF Hazel, 2/8/14), the experiences of other prisoners showed that failure to act on behalf of oneself meant not getting out of prison on time and prisoners having to max-out to the date of release. For example, South did not obtain the earlier release to the halfway house promised to her on her paperwork:

South learned, officially, that she will not be going home on her home confinement date, but rather she will have to max out. That makes her out date exactly one month from today. I’m frustrated that we are given all these dates, but in reality, so many people are forced to max out their time. I don’t know why no one made the arrangements for her to be able to go home, but she still has to see someone about her travel arrangements, even though they are currently doing travel for people not leaving until March.

Somehow, since her case worker left late last year, someone seems to have dropped the ball on her paperwork. The one good thing, though, is that they cannot keep her a day after February 10th.

– DF Hazel, 1/10/14

To ensure that they did not max out their time, the data showed that many prisoners advocated for themselves toward halfway house and home confinement time on a regular basis. Failure to practice such self-efficacy would result in failure to obtain these benefits due to the opacity of the prison procedures. Prisoners would spend hours each day trying to get the system to work in their favor:

It is truly a full-time job to try to get yourself OUT of prison. As you know, I've been struggling with getting them to complete my exit paperwork. Yesterday, I went to my case worker and my unit manager, during their office hours, in order to get assistance. My case worker's hands are tied now, she's done everything on her part. My unit manager was busy and didn't come to his office hours, so I filled out a cop-out and brought it directly to him this morning.

– DF Hazel, 3/22/14

As the above quote shows, prisoners often had to seek out assistance from staff in various positions to obtain the proper paperwork.

A barrier to obtaining these rights is the designated care level for those prisoners with medical conditions. It was not impossible for prisoners over a Care Level 2 to receive home confinement or halfway house, but it was up to them and self-efficacy to push the medical department to allow them that right and submit “exit summary paperwork” that would allow for the process to be completed. Exit summaries generally listed prisoners' current and past health problems, medications, and tuberculosis (TB) status. The process of obtaining an exit summary was often self-defeating. According to the woman who completed them, they took less than ten minutes to complete, yet were so difficult to obtain:

I fret all the time that I am so powerless to get myself out of here. How is it possible that one piece of paperwork can hold up someone from gaining the access to their right for consideration for halfway house and/or home

confinement? How is it possible that the responsibility for doing that paperwork for the number of inmates here all falls on one person?

– DF Hazel, 3/12/14

The medical hold discussed in the above section on transfer also halted DF Hazel from obtaining the halfway house paperwork:

I have a “medical hold”. If my medical hold is not lifted, I will be ineligible for halfway house or home confinement and will have to stay through the end of my sentence in July. If the hold does get lifted, I could be heading out of here to a halfway house anytime between March and May.

– DF Hazel, 1/6/14

Eventually, DF Hazel learned that she was denied halfway house due to her designated care level:

It’s been about 7 months since I’ve seen any doctor here, and more than 6 since my new doctor was assigned. For being chronic care, and her making decisions about what I’m “eligible” for upon release in terms of community programs, it really bugs me that she’s never met me and just makes a decision based on notes in a medical file.

– DF Hazel, 5/22/14

It was later that DF Hazel learned that her doctor would recommend that she not be eligible for a halfway house due to medical concerns. This did not stop DF Hazel from continuing to try to get out of the prison earlier than her max out date. She noted: “I will keep going, every day, to my case manager’s office for an update. It’s the only thing I have the ability to do” (DF Hazel, 5/2/14).

One unexpected barrier DF Hazel came across, which usually stopped Care Level 3 and 4 prisoners from further pursuing release, was the requirement to find their own source of health insurance prior to release. It was the responsibility of the Care Level 3 or 4 prisoner to prove health insurance before the possibility of release could occur. The data showed many “hoops” prisoners had to jump through and people they had to persuade to help them figure out the medical insurance requirement; it was like a “full-time job” (DF Hazel, 3/22/14). After waiting four and a half hours to see the only person in

the medical facility that could upload the exit summary papers to be approved for home confinement, DF Hazel faced this unknown barrier:

“Well, do you have proof of health insurance?” Ummm, I’m a prisoner and have no job... Answer: “NO”. She said that I have to prove I’ll have some health insurance, or they can’t recommend me for home confinement. Really??? I can’t apply for Obamacare until I am home and I am not on disability or anything like that. ... She said I had to go to Social Work and have them send her an email saying that I have the medical coverage to go to home confinement.

– DF Hazel, 3/22/14

DF Hazel then sought out a social worker, which required more waiting. While the social worker looked up the new *Affordable Care Act* (also known as “Obamacare”), she refused to look any further on the website to see if it would cover DF Hazel when she was released. She told DF Hazel that she “had to get printed proof of the state being under the ACA and what it covers”, yet, as DF Hazel wrote, “It’s not like I have access to the internet to do this search...” (DF Hazel, 3/22/14). This was one of many examples of how correctional staff could become a barrier to self-efficacy. Often, self-efficacy depended on having staff do their job – and in a timely manner – to which prison bureaucracy did not always lend itself.

DF Hazel turned to another staff member, her unit caseworker, whom she sought out nearly every day for updates on how to get herself out of the prison. Her caseworker had never been asked to do that search before, but due to knowing DF Hazel from her frequent visits of self-efficacy seeking advice on the next steps for release, she printed out the proof DF Hazel needed to show she would be eligible for Obamacare upon release. This was an example of how a correctional staff member could help with self-efficacy. DF Hazel then had to wait for another day during open office hours to seek out the social worker to show the documents she was able to obtain. All this work and self-advocacy was necessary to try and obtain her exit summary:

After spending hours in the clinic, nearly stalking the woman who hadn’t uploaded my exit summary yet, I caught her in the hall, plead my case, and she said somewhat regretfully, “I’ll get it done by the end of the day”. Later, I headed to my case manager’s office and she checked, no

exit summary at 2pm. I said I'd check again at 3. Amazingly, she said, "Okay", even though she doesn't offer open house hours today. She would be leaving by 4pm... After months, starting in December, asking for this document, it is there, in my file, saying that I am approved and medically appropriate for home confinement. My knees hurt from jumping through so many hoops, but there it is.

– DF Hazel, 3/22/14

Once the exit summary was completed, the caseworker was able to process DF Hazel's home confinement. She had to wait in long lines to see her caseworker, the exit summary medical employee, and the social worker multiple times, be prepared for the meetings, negotiate for them to do the work she needed them to perform on her behalf, and then see them again to ask them to complete the next step. Simple emails or phone calls between the staff might have been more effective, yet only prisoner self-efficacy would achieve the goals of getting the paperwork uploaded into the system.²

Based on her experiences, every time DF Hazel encountered someone who started complaining that they were being denied home confinement or halfway house due to their care level, she began suggesting how to advocate for themselves and who to see. To help others, DF Hazel drafted up eight steps to getting out of prison if a woman was a Care Level 3 based on the lessons she learned, "I decided to sit down and write the full process of trying to be eligible for community programs for people who are a Care Level 3 at Carswell. I wrote, and wrote, and wrote – 6 pages worth of steps and information for everyone to consider" (DF Hazel, 3/22/14). They passed it around the prison and it was shared on the blog so families and loved ones could advocate for people they knew. Soon, women were able to familiarize themselves with the steps of self-efficacy for release:

Due to my experience, I watched one woman jump about three of the initial hoops just today – she went to social work, she talked with the person responsible for the paperwork and she went to team to get the official paperwork request. All these things could take weeks/months if you don't know the process.

– DF Hazel, 3/22/14

DF Hazel eventually was successful at her self-efficacy toward release. She left the medical center on 28 May 2014 (approximately 10 months into her year and a day sentence), served five days in a halfway house, and then did a month of home confinement until her official out date on 2 July 2014. She also completed her three-year probation early, being fully released (“off paper”) after approximately two years.

Staff Treatment of Prisoners as a Barrier to Self-Efficacy

While some staff were able to see that not all prisoners are the same – that they have different backgrounds, different crimes, different security levels, and different needs – several staff members simply saw women in “greys” or “khakis” and decided to treat the prisoners all the same no matter who they were. For example, one staff member told his students, “You are all inmates. Inmates lie. I am not going to believe your stories, even if you say you are not lying, because you are manipulative and criminals” (DF Hazel, 12/13/13). Statements such as these made some prisoners feel disempowered from acts of self-efficacy:

...I realized that I don't have a “voice” in prison. As long as I wear the prison uniform, I am just the same as anyone else. If some inmates lie, we all lie. If some inmates are bad, we are all bad. If some inmates steal, we all steal. It is not the truth, but that's the way we are treated. When something bad happens, all the inmates are punished – either as a compound or as a unit. One inmate will cause trouble over a television and the televisions are cut off from the entire unit for days. One inmate leaves food in a microwave, and the microwave is taken away from everyone. One inmate doesn't go to the lieutenant's office on time and the entire compound is closed and all inmates have to stay in their units. That is how a large place like Carswell controls 1800 inmates. They just see us all as the same.

– DF Hazel, 11/24/13

Such disempowerment affected the attitude and ability at times for imprisoned people to work toward their own goals.

Staff constantly establish prison hierarchy, with prisoners frequently being reminded of their place. One of the teachers that DF Hazel worked for refused to call her by name and instead would scream “‘Hey!’ and/or snap her finger” (DF Hazel, 9/24/13) when she wanted her. DF

Hazel wrote that she felt a bit like a dog and when she tried to have a conversation with the teacher, the latter walked away from her. Another staff member walked around the compound consistently screaming at different prisoners, “‘Tuck in your shirt!’ ‘Button your shirt!’ or ‘Where is your uniform?’” (DF Hazel, 12/13/13).

Sex and Relationships Complicated Self-Efficacy toward Transfer and Release

Differences between sexual orientation, prisoner gender identity, and intimate relationships between prisoners were also discovered in the data, which complicated efforts of self-efficacy toward transfer and release. Sexual orientation referred to the prisoner’s general pattern of attraction toward males, females, or both, most often prior to imprisonment. Gender included the internal gender identity of prisoners and their outward appearance. Sexual behavior was separate from both sexual orientation and gender (although some gender play overlapped with sexual behavior) and focused on those prisoners who selected to be in same-sex intimate relationships while imprisoned. Based on the data, the majority of issues around self-efficacy were impacted by sexual behavior and not sexual orientation or gender.

DF Hazel’s account of in-prison intimate relationships displayed a mostly adverse effect on self-efficacy toward transfer and/or release. FMC Carswell had a policy with “a strict ‘zero tolerance’ policy concerning sexual relations within the institution” between prisoners (Federal Bureau of Prisons, 2011, p. 5). According to disciplinary policy at the prison, a sexual act with another prisoner received a 200-level “high severity” shot, which often led to time in the Special Housing Unit (SHU) and the loss of other valuable prison privileges. Yet, according to the data, many women engaged in relationships and sexual acts that “will get you put in the SHU... take away your ‘good time’, so you have to be here longer...” if caught (DF Hazel, 10/15/13).

Relationships could negatively impact self-efficacy to the point where an individual chose to extend their prison time to remain in prison with their girlfriend. The woman with more time in the prison sometimes chose to get their girlfriend in trouble in hopes that it would result in lost good time. Similarly, when one girlfriend would be sent to the SHU, it was commonplace for the other girlfriend to attempt to be sent to the SHU in solidarity with their girlfriend even though they would not necessarily share

the same cell. Getting in trouble could result in being denied a transfer and/or losing a potential halfway house or good time.

DISCUSSION

The analysis above provides evidence that there are many ways female prisoners exhibit self-efficacy in the federal medical center regarding transfer and release. The findings support much of the literature that currently exists centering incarcerated women and offers insight into directions for future research. This section will explore these areas.

Potentially unique to current understandings of self-efficacy was the ability to examine self-efficacy issues within the context of a medical center operated by the Federal Bureau of Prisons. There was strong evidence of self-efficacy among prisoners who tried to lower their designated care and security levels. At times this was not necessarily in the prisoner's long-term self-interest, such as Freckles giving up all medication to qualify as a Care Level 2. Another similar finding was how prisoners used self-efficacy to get medical holds removed from their paperwork. Prisoners often had to work around the bureaucracy and the restricted access to use the medical facilities to obtain proper care. For example, DF Hazel refused to accept an outside appointment with a rheumatologist due to the medical hold it would place on her file. Yet, prisoners still went through the rituals of sending cop-outs, waiting in long lines, and attending "413" medical meetings knowing that limitations to what would be done for them existed.

Barriers toward self-efficacy were also evident. The current research also offered a glimpse into the fear that many lower security prisoners may feel being locked up with higher security level inmates. Although the study shows that violent propensity is based much more on prior violent acts (that may or may not equal security levels), minimum-security prisoners with no violent tendencies can be thwarted from potential self-efficacy for fear of how a higher security prisoner may respond. The data also provided examples of how staff treatment of prisoners created barriers to self-efficacy, resulting in feelings of disempowerment. Intimate relationships between prisoners also could serve as a barrier, as both punishment for sexual activities and unhealthy relationship expectations sometimes circumvented self-efficacy toward transfer and release.

Considered as a whole, there was frequent evidence of collective and self-efficacy among the data. The primary blog post author, DF Hazel exemplified a prisoner doing whatever she could to leave the high-security environment. Even when her self-efficacy to be transferred across the street failed, she turned her efforts toward the paperwork for release. Some gave up, such as South who stopped trying to get out early due to exhaustion and dead ends. She ended up maxing out her time. Yet others pursued every avenue for success, such as Freckles choosing the intensive and restrictive RDAP program to reduce her prison time and increase her halfway house and home confinement time. The current data were rich with examples of self-efficacy.

As part of the new wave of Convict Criminology, this research provides insight into the daily lives of women in a federal women's medical center. The voices and perspectives of the prisoners provide insight into the realities they faced daily. Self-efficacy toward transfer and release was one way to look at the data, and in turn, showed a unique perspective of how women did time.

Limitations and Future Research

As is a limit in most CC work, these data could be questioned for potential bias. While the writings were primarily from the point of view of one individual, they were not originally written with the goal of academic research. The writings contained only what was important for the DF Hazel to share with readers at the time and did not contain any additional content to try and come to preconceived desires of what this research could show.

Generalizability is also another limitation of the current research study. Using a single prison raises questions about whether or to what extent findings apply to other correctional facilities that house women. However, as noted by Lahm (2016), many women's prisons in the U.S. house women from all security levels and with all types of medical issues. Another generalizability issue is that the primary author and most of the writing were done by first-timer, minimum-security, educated prisoners with healthcare needs. Perspective can mean a lot in prison, and the perspective of DF Hazel and her colleagues may not apply across all prisoner backgrounds.

CONCLUSION

Self-efficacy among incarcerated women is a topic that needs further exploration. The carceral system's dehumanizing nature has resulted in

many women having to show strong self-efficacy to secure transfer or release from incarceration, especially those who are among the most vulnerable within the system – women with medical issues. This study provided insight into the barriers women face within the U.S. federal system trying to reduce security and care levels, as well as unique documented experiences of unfair expectations for women to force those working within the system to follow through with the bureaucratic systems that may keep women in more secure prisons longer than necessary. While within this study some were successful at securing transfer and/or release due to self-efficacy, others were unsuccessful or simply gave up due to the energy it took for an individual to fight the system. The findings further confirm the various ways incarcerated women attempt to advocate for themselves to make their incarcerated lives more livable.

While documenting examples of women’s self-efficacy in the context of the federal women’s medical center is important, it is also important that the systems that resulted in the deprivation of rights to do time in a safe space and get released when appropriate be changed to allow more women such opportunities. As existing research has established prisoner self-efficacy, it is imperative for future research to continue exploring this issue (Fayter, 2022), especially from a feminist convict criminologist perspective (Cox & Malkin, 2023). Ultimately, there is much more that needs to be addressed regarding this issue and its implications for how incarcerated women navigate their time in confinement.

ENDNOTES

- ¹ There is an ongoing debate over the use of “convict” and some of the language used within Convict Criminology research. Although there are arguments for and against using the term formerly incarcerated versus ex-con, Convict Criminology also recognizes the importance of self-disclosure, and it is the individual choice of the authors to choose the term that they believe is most appropriate to refer to the population they want to describe (Ross & Vianello, 2021). For a recent discussion on this topic, see Ortiz and colleagues (2022).
- ² What was unknown to DF Hazel at the time was that she was the first prisoner at FMC Carswell to have been successful in that exact process, as most prisoners failed at proving insurance if they did not already have it. The new *Affordable Care Act* became a way for ex-prisoners to qualify for home confinement who otherwise were denied it in the past. She notes: “If it were not for this affordable health insurance, I, along with countless others, would be forced to remain in prison due to our medical and/or medication needs” (DF Hazel, 3/22/14). The prison Social Worker asked

DF Hazel to write in and let her know if she was successful in obtaining health insurance, which DF Hazel did do.

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