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"A Twenty-Hour-a-Day Job": The Impact of Frequent Low-Level Criminal Justice Involvement on Family Life

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Abstract

In the growing field of research on the consequences of criminal justice contact for family life, a heavy emphasis has been placed on how imprisonment influences the emotional, physical, and socioeconomic wellbeing of prisoners' loved ones. In this article, I elaborate on and analyze the experiences of family members of people with frequent, low-level criminal justice involvement. I draw on ethnographic data collected in partnership with a clinical social worker over the course of a three-year study of an intensive case management intervention for HIV-positive individuals. Findings indicate that loved ones' brief jail stays and community supervision through probation and parole pose hardships for family members that are distinct from those hardships that arise during imprisonment. These experiences are uniquely destabilizing, may confer specific risks to family members' wellbeing, and merit further study to inform programs, social services, and public policy.

Keywords

families; jail; probation; parole; ethnography; social work

The dramatic escalation of the United States' incarceration rates over the last four decades has spurred new fields of research on the impact of punitive confinement. One important—and sobering—area of recent inquiry is the association between family member incarceration and poor outcomes in health, socioeconomic stability, and other indicators of wellbeing. The influence of parental incarceration on physical and mental health has become a necessary focus for anyone concerned with the welfare of children in the United States, and particularly, but not exclusively, children from disadvantaged neighborhoods (Wakefield and Wildeman 2013, Berger and Noyes 2016, Wildeman, Turney et al. 2016). Likewise, a growing epidemiological literature documents that having a family member who is incarcerated or recently released from jail or prison is associated with negative health outcomes among women, such as hypertension, obesity, diabetes, and depression (Green, Ensminger et al. 2006, Wildeman, Schnittker et al. 2012, Lee and Wildeman 2013, Wildeman, Lee et al. 2013, Lee, Wildeman et al. 2014). Hedwig Lee and colleagues have estimated that 44 percent of African American women and 12 percent of white women, as well as 32 percent of African American men and 6 percent of white men currently have at

least one family member in state or federal prison (Lee, McCormick et al. 2015).[i] With such large segments of the population affected, it is clear that the "repercussive effects" (Comfort 2007) of incarceration on family health and wellbeing must become central to our thinking about the impact of contemporary penal policy.

The growth of such scholarship, along with heightened scholarly and public interest in the broader effects of a high-incarceration, high-surveillance society, make this a timely moment to consider how various forms of criminal justice involvement may shape family life. To date, research primarily has focused on incarceration and specifically on imprisonment. There is still extensive work to be done in this area, including investigating the effects of sentence length, crime of conviction, distance between family residence and the prison, and age of children at time of parent's arrest, among other outcomes (see Wakefield and Powell 2016). Yet the vast majority of people in the criminal justice system are not in prison, but rather cycle through jail and live under community supervision, and the consequences of what could be called "low-level criminal justice involvement" on family members is poorly understood.

In this article, I draw on data from an ethnographic study of a case management intervention for destitute, HIV-positive adults to illuminate how having a family member with low-level criminal justice involvement presents hardships that are distinct from those hardships that arise during imprisonment. Tracing out these distinctions is important for multiple reasons. First, they signal the need for further research that moves "beyond the prison" in considering the impact of U.S. criminal justice policy on family health and wellbeing (Sampson 2011). With 78 percent (5.3 million people) of the nation's correctional population in jail or on community supervision (Glaze and Kaeble 2014), low-level criminal justice involvement potentially touches tens of millions of family members. Understanding how this experience may influence the socioeconomic stability, physical and mental health, and other aspects of the lives of people who are themselves technically outside of the criminal justice system is crucial.

Distinctions between the impact of imprisonment and of low-level criminal justice involvement on family members also have implications for policy and program decisions. Family members have been woefully overlooked both in criminal justice policy-making and service provision; when they are addressed, it is often in the capacity of their potentially positive influence on reducing recidivism (Bales and Mears 2008, Berg and Huebner 2010). Building knowledge about their experiences can inform efforts to redress that neglect, and as those efforts move forward, it is important to take into account the specific ways that family life is affected by different stages of criminal justice involvement, from arrest and charging through short- or long-term incarceration to community reentry and supervision. In conceiving the trajectory of criminal justice involvement, one tends to consider imprisonment as the "most serious" point, because it is imposed for the most serious crimes. However, less intense forms of contact such as police stops and misdemeanor charges have been shown to have a substantial and lasting negative impact on the people subjected to them (Kohler-Hausmann 2013, Lerman and Weaver 2014, Lageson 2016). In a similar vein, as

[i]Data not available for other ethnic groups, including Latinos.

this article shows, an individual's cycling through jails for just days or weeks at a time and being under community supervision can create considerable disruption and difficulty for family members. These consequences must not be underestimated, and it is critical to develop robust programs to meet families' needs and to work toward enacting policy that recognizes and reduces burden on family members.

The Study

Methods and characteristics of the study sample

The data presented in this article come from the intervention component of a larger study of HIV testing and treatment among people who use drugs and are involved with the criminal justice system. For the main study, my colleagues and I conducted a quantitative survey with and provided HIV testing to 2,424 people in Oakland, CA, who were age 18 or older and had used crack cocaine or injected any drug in the previous six months (Lorvick, Comfort et al. 2015) Please note that this ref should be updated to 2015. Among the 68 people who tested positive for HIV in the larger study, a total of nineteen were not already receiving medical care and thus were enrolled in the intervention component between November 2011 and August 2013; all of them received intensive case management provided by a clinical social worker through December 2014. Intervention participants included four women, two transgender women, and 13 men. At the time of study enrollment, participants' ages ranged from 26 to 65, with five people in their forties and seven people age 50 and older. Sixteen identified themselves as African American, one as Latino, one as Native American and African American, and one as white. No one had stable housing: a dozen people slept in parks, on the sidewalk, in homeless encampments, or in cars; and the rest were temporarily staying in shelters, transitional living facilities, and family members' residences. All participants were triply diagnosed with HIV, substance addiction, and mental health challenges.

The primary objectives of the case management intervention were to engage participants in regular medical care with an HIV specialist; increase adherence to HIV medications; and facilitate continuity of HIV treatment as participants navigated poverty, unstable housing, and criminal justice involvement. In addition, the social worker developed individual plans to achieve goals such as finding shelter or stable housing, meeting other basic needs, and applying for Supplemental Security Income (SSI). A medical anthropologist colleague and I collaborated closely with the social worker to follow the participants and document the implementation of the intervention. Ethnographic methods included weekly one-hour debriefings with the social worker, observation of her activities with participants (e.g., attending a medical appointment), and in-depth interviews with the eleven participants whom she assessed to be mentally stable enough to participate in this form of research. Our methods, the ethical challenges posed by working with hypermarginalized populations, and the benefits of conducting intervention research are described in detail elsewhere (Comfort, Lopez et al. 2015).

Through the course of the case management intervention, the social worker came into contact with study participants' parents, siblings, partners, and other adult family members who were closely involved in the lives of the study participants. Following the social

worker's guidance as to when it was appropriate to approach family members for research participation, we conducted participant observation and in-depth interviews with two siblings and one partner of three people who were enrolled in the case management intervention. This data collection was informative, however the primary data source on which this article draws were the weekly debriefings with the social worker in which she described her interactions with family members and updated us on their involvement in their loved ones' lives. The social worker frequently was present with family members during key events (e.g., a meeting with a probation officer) because they had requested her attendance and assistance. She was, therefore, able to provide in-depth accounts of these occurrences.

The case studies presented in this article should be considered formative data, drawn from a convenience sample of family members whose loved ones were involved in our research because they were living under conditions of significant socioeconomic and health disadvantage. The analysis does not aim to provide definitive answers or make broad claims but rather to stimulate our thinking about potential directions for further research. In considering the questions raised here, it is important to note that the case management participants were severely impoverished and had critical medical and psychiatric needs, which shaped the impact of their criminal justice involvement on their family members in specific ways. However, socioeconomic vulnerability is characteristic of the populations that are most heavily policed, sanctioned, and incarcerated (Wacquant 2007), and while our study participants were located at the margin of the margins, they shared similarities with the majority of people caught in the web of corrections. Indeed, more than half of all incarcerated people in the United States are estimated to have mental health difficulties, with a quarter of jail inmates and 15 percent of state prisoners reporting at least one symptom of a psychotic disorder (James and Glaze 2006). In addition, more than two-thirds of jail inmates meet substance dependence or abuse criteria (Karberg and James 2005), and more than a third report having a current medical issue, with elevated prevalence among people who were homeless prior to arrest (Maruschak 2006). In this context, then, the data analyzed in this article provide insight into the lives of people contending with circumstances that are likely experienced in varying degrees across larger groups.

"I think he's going to make it this time": Continual cycles of crisis and caregiving

Recidivism rates across the nation are high, with 68 percent of state prisoners re-arrested within three years of release and more than 60 percent of jail inmates having prior incarceration histories (James 2004, Durose, Cooper et al. 2014). In our study, we documented participants being released from and returned to custody in as few as four days, and more typically over spans of several weeks to one or two months. Despite the common parlance, then, of incarceration and re-entry as distinct moments in time, people are more often caught up in perpetual cycles of "pre-incarceration" and "re-incarceration" under the umbrella of constant correctional supervision, whether in a facility or in the community.

Research on family members of prisoners has documented that, although the imprisonment of a loved one can bring a host of challenges and powerful emotional loss, a sense of stability and routine can develop as the prison sentence progresses (Fishman 1990, Braman 2004, Comfort 2012). Family members and prisoners themselves acknowledge that prisons

typically provide the basic needs of food, shelter, and medical care, and that the carceral environment is less violent than the neighborhoods from which the majority of prisoners come. Indeed, a strong sense of ambivalence often characterizes family members' perceptions of prisons, as these institutions impose distance and heavy restrictions that keep families apart from their loved ones, while simultaneously improving prisoners' health and safety and thereby paradoxically strengthening relationships (Comfort 2008).

In analyzing the experiences of relatives of people with frequent, low-level criminal justice involvement, it becomes clear that the shorter duration of average jail stays as compared to prison sentences undermines the counterintuitive "benefits" of incarceration for families. People exiting incarceration—whether from jail or prison—require support and assistance, and families are often encouraged to play a role in providing such help (Bobbitt and Nelson 2004). When someone exits incarceration a dozen or more times a year and calls upon relatives at each release, not only is there no time for family members to rebuild emotional or financial resources, but the formerly incarcerated person is unlikely to have stabilized during short jail stints and thus returns to the family in a state of extremely high need. Jail stays of several weeks are long enough to cause evictions for nonpayment of rent, suspensions of government entitlements such as food stamps and SSI, and the loss of possessions (cars towed, clothing thrown away in homeless shelters, belongings stolen from the street), but not enough time for people to receive educational programs, drug treatment services, or comprehensive medical care while in the correctional facility. This keeps individuals trapped in a purgatory of never being in one place long enough to stabilize, and puts their family members in a position of incessant crisis management.

The situation of "Cadillac" and his sisters, Sherry and Linda, illustrates this conundrum.[ii] Cadillac was 51 years old when he enrolled in the study in September 2012. He had been diagnosed with HIV while in jail in 1994, the same year in which he was viciously assaulted with a baseball bat and suffered a traumatic brain injury that left him with significant cognitive impairment. Cadillac reported having been incarcerated most of his adult life in prison and in jail, and he was on probation and parole at the time he entered the study. When the social worker first met with him, four days after his most recent release from jail, Cadillac had no identification card (ID), social security card, housing, income, or community-based medical care.

Shortly after starting her work with Cadillac, the social worker was introduced to his older sisters, Sherry and Linda. Both cared deeply about their brother, and exerted considerable efforts to keep him safe and healthy. The women provided insightful perspectives about Cadillac's challenges, and shared the strategies they were using to help him break the cycles of addiction and incarceration. In an early conversation, Sherry told the social worker that Cadillac was living with her: "He's ended up going back to jail in the past because he's had nowhere to go and he's been scared and lonely. But he's staying with me now and I think he's going to make it this time, I'm so proud of him."

[ii]All names are pseudonyms. We thank Cadillac for supplying us with a list of names he suggested for this purpose.

Cadillac did wind up returning to jail despite staying with Sherry, and over the course of the case management intervention, we followed him through multiple short-term incarcerations ranging from a few days to several months, periods of sleeping in a park, and further stays at both sisters' residences. In the final year of the intervention, the social worker was able to obtain a placement for Cadillac in a shelter and eventually helped him secure permanent subsidized housing through Shelter Plus Care, a program for chronically homeless people with disabilities (U.S. Department of Housing and Urban Development 2014). Until he moved into the subsidized housing, each placement shift was agonizing for the sisters. After an incarceration in autumn 2013, the sisters learned that Cadillac was not permitted to stay at Sherry's house because she lived outside of his county of parole. This posed a difficulty, because Sherry was more financially stable than Linda, who had struggled recently with her own drug addiction and voiced misgivings about Cadillac's potentially negative impact on her sobriety. Linda expressed her ambivalence in an interview saying, "I used to beg him to come [to my place], cuz I didn't want him to be on the streets," while acknowledging her inner turmoil: "I always let him come. I say no sometimes to myself, but I always give in."

All three support people in Cadillac's life—his two sisters and the social worker— described the challenges of constantly starting from scratch when Cadillac would return from jail. For the social worker, his incarcerations often meant a lost ID card and bus pass, a need to obtain a supply of his HIV medications and to reconnect to medical care, and starting over with applications for housing and SSI. For the sisters, welcoming their brother home from jail carried the expense of re-equipping him with survival basics, only to watch those disappear as his addiction to crack cocaine took over. As Linda described:

> He would come [to my place], stay for two or three days, we'd be done fed him real good. Take him and buy him a couple of pairs of socks, you know, underclothes, pair of pants or two. And after he'd done lay down and had some rest for two or three days, he ready to hit the streets again! He'd take the clothes and go sell them. We would give him a phone, he'd sell the phone. You know? And that's so that we could stay in contact with him, right? But all he hear is "crack, crack, crack, crack!"

Once Cadillac was back on the streets, his sisters would worry incessantly about his health and safety, visit his usual hangouts to try to find him and bring him food and supplies, and communicate with the social worker to stay updated on his progress toward obtaining subsidized housing. Then the day would come that Sherry or Linda would receive a collect phone call from their brother telling them that he was back in the county jail and asking them to retrieve his belongings from the homeless shelter, or tow the car that he had purchased with an SSI payment to their house, or send him money for commissary items. Although Cadillac had a history of moderate violence, at age 51and in poor health the charges against him were typically for shoplifting or some other minor offense, and usually were dropped quickly or resulted in a few weeks of jail time. After which he would show up at one of his sister's homes, hungry and needing to sleep, and the cycle would begin again.

We observed very similar patterns for Carl and Kimberly, who were also siblings with a close relationship. Over the first 10 months that he was enrolled in the study, from November 2011 through August 2012, Carl was incarcerated in county jail multiple times, and when he was not in jail, he was on parole.[iii] Like Sherry and Linda, Kimberly provided

her brother with multiple forms of emotional and practical support as he cycled between incarceration and release, including a room in her crowded apartment when he was out of custody and money plus regular visits when he was in jail. In addition, she served as his primary point of contact with the world, often proactively calling the social worker to let her know when Carl was missing or was back in custody. Kimberly stated that her anxiety decreased when Carl was incarcerated because she knew where he was and that he was safe from the dangers of the streets. Yet in addition to the financial cost of putting money "on his books" (his jail spending account), getting to the county jail entailed traveling for two hours round-trip and spending more than ten dollars for public transportation, all for a one-hour visit held via telephone across a Plexiglas barrier.

Kimberly had her own struggles. Confined to a wheelchair after being shot in the back, she was a paraplegic and relied on heavy medication and prescription marijuana for the chronic pain that plagued her. Kimberly's disability added enormous burden to her efforts to visit Carl in jail, since managing multiple forms of public transportation was physically and logistically challenging. In addition, her attempts to manage her physical pain became intertwined with much emotional suffering when Carl was not in jail. Like Sherry, Kimberly found out that Carl was not legally allowed to live with her, in her case due to her having marijuana in her residence. Although this was prescribed for her, she would have had to forgo using marijuana to have Carl legally permitted to stay with her. As it was, Carl did indeed take her pain medications, including her marijuana, when he spiraled back into his own drug use. These difficulties were compounded when Carl relapsed and failed to report to his parole officer, which triggered warrants for his arrest. Once when this happened, three parole agents arrived with their guns drawn at Kimberly's home for a search, which was highly traumatizing for her as a victim of gun violence.

Life only became more difficult for this duo over time. In August 2012, Carl had a seizure and suffered a stroke while in a detention center. Kimberly was only contacted about her brother's condition a week after it happened, despite the fact that Carl nearly died and was still in the intensive care unit when she was finally allowed to visit him. The stroke left Carl paralyzed on one side of his body, and suddenly Kimberly found herself caring for her brother in a wheelchair of his own. Although he had been in correctional custody at the time of his stroke, it eventually became clear to Kimberly—without receiving documentation or official communication—that Carl would not be re-incarcerated. However, as he went through a long series of entering and being discharged from various "board and care" facilities, Carl remained on parole. The parole officer never offered to help Kimberly as she researched new placements for her brother each time a facility claimed it could no longer keep him, nor did Carl receive any parole services such as mental health counseling. However, the parole officer did continue to dutifully check on Carl at each facility—presumably to verify that his whereabouts did not violate his conditions of parole—until Carl was discharged from the last facility in 2014.

[iii]In October 2011, the state of California implemented Assembly Bill 109, or "Public Safety Realignment," under which certain categories of prisoners are placed on county probation rather than state parole upon leaving prison, and other categories of parolees serve time for parole violations in county jails rather than state prisons. "Realignment," as it is colloquially known, is referred to by the California Department of Corrections and Rehabilitation as the "cornerstone of California's solution to reduce overcrowding, costs, and recidivism."

Decades of navigating her brother's criminal justice involvement haunted Kimberly and shaped her responses to him. His paralysis notwithstanding, Carl regularly had what Kimberly termed "outbursts" during which he yelled, threw objects, and assaulted staff and fellow residents from his wheelchair. Each time this occurred, the staff called Kimberly, who felt obligated to answer to keep the facility from calling the police. The pressure was intense; according to Kimberly, they called her for "Everything. Everything. Every time he has an outburst at [current placement], they're calling my phone. I don't care if it's seven in the morning, twelve at night! They're calling." Although Kimberly visited Carl regularly, the facility often requested that she come specifically to talk with him or to escort him to a medical appointment after he had an "outburst," again with the looming threat of involving the police if she could not bring her brother under control. The hours of taking public transportation in her wheelchair, of responding to emergency phone calls, and of general worrying and searching for services was depleting, and left Kimberly feeling like she had no life of her own. In her words, "That's my life! Me, my little bit over here, and [my brother]'s big portion over here. … My little life I have. Or try to have. Which I don't have one."

The sentiment of having one's life disappear under the burden of a high-needs loved one was also familiar to Diane, who became romantically involved with Antoine about a year after he enrolled in the case management intervention. Antoine had been released from state prison just 10 days prior to his first meeting with the social worker. He had an extensive history of mental health issues, with diagnoses of schizoaffective disorder and bi-polar disorder and regular auditory hallucinations of voices that he called "the committee." Only 26, Antoine was our youngest participant. He described himself as being "raised by the State of California" because he had entered the foster care system at age five, was held in juvenile detention as a youth, and had already served prison time by his early twenties. Ironically, when he entered our study, the state was no longer officially responsible for Antoine. He had been "realigned" from state parole to county probation as a "non-violent, non-serious, non-sexual offender" under relatively new legislation that aimed to reduce the California prison population (California Department of Corrections and Rehabilitation 2013). In an interview, Antoine expressed bewilderment at being included in this group: "I'm a true violent offender! I've never been arrested for drugs or anything, just violence." Being transferred out of the state system meant that Antoine was no longer eligible for any mental health services or housing resources provided to parolees, and he did not receive any services or assistance through the county system.

During the first year of his study participation, Antoine experienced a gunshot wound, multiple hospitalizations for a life-threatening illness and for psychiatric issues, and several jail stays. In between these events, he met Diane, a transgender woman who had been forced to leave her employment at a homeless shelter after being assaulted by a group of residents. In an interview, Diane indicated that she drew on her professional expertise when assessing Antoine's drug use and mental health issues, and seemed matter-of-fact about the ways she had learned to accommodate Antoine's paranoia:

> A lot of this I've dealt with before [through working at the homeless shelter]. Some of it, I think is brought on by his drug use. Because there are days when he's not using, or he's just clean and sober, that he doesn't take his mental health meds but

> he's not, you know, he doesn't have his hallucinations or hear the voices or things like that. So I think maybe a lot of his mental health issues do stem from his drug use. … If I change something in the room while he's gone, then the paranoia will set in. So, I have just realized that I can't move anything, I just can't clean my house or anything after he's left, until he comes home. And then I clean up. So you just have to make little adjustments to your life. Not big, huge, grandiose ones, just little ones.

Diane also brought the lens of gender into understanding the dynamics of her relationship with Antoine, explaining both her own approach to their interactions as well as the expectations placed on her by service providers:

> The feminine one in a relationship is always the caregiver—you know, you do more of the taking care *of*. This is my first time where it's actually been, you know, a twenty hour a day job. I do keep him from—you know, he has a very bad temper, like I said, he has intermittent explosive disorder, which is something I do know that he has. So, I have kept a lot of people from getting beat up. For some reason I have a very soothing and calming effect on him. And he seems to do, you know, according to his other case workers and things, he seems to do a lot better when, um, since we've been together.

Diane's caretaking of Antoine extended far beyond what partners customarily do for each other, as evidenced by her slip when referring to "other" case workers. When asked to describe what she does as part of her "job" taking care of Antoine, she provided an extremely detailed account of his medical appointments, indicating that she attended all of them, and recounted how she knew what medications Antoine was taking, reminded him to take them, tracked the side effects they produced, and had opinions about medications that had not been prescribed for him that she thought he should be receiving. She also described helping Antoine to schedule his medical care and access treatment for his mental health issues:

> Normally, like, we get up in the morning and I do my regular thing for my partner, you know, I fix him breakfast because he can't cook. And then I make sure we make it to his doctor's appointment on time. And I also make sure he doesn't have more than two appointments in one day because he can't handle that—the questions [that doctors ask overwhelm him]. … I really wanted him to start seeing a therapist again and really get into that. And so he signed some papers to allow me to deal with the therapist for him so he didn't have to answer the questions.

Although attending appointments with Antoine became a moot point when he was incarcerated, Diane's constant contact with Antoine's providers did not cease when he was in jail. She spoke at length about the work she felt fell to her while he was in jail, which involved repairing the damage that Antoine had caused in the lead-up to his arrest:

> It's actually been *more* work—cuz he's in jail right now. It's been a lot more work since he's been *in*, having to fix all of the issues that he caused right before he went to jail. He, he um, kind of went off the deep end and we took a break from each other for like two weeks and in that two weeks he skipped every appointment that

> he ever had and burnt all his bridges. But in the last month, I've been making sure that all of those things have been taken care of. Keeping in touch with his doctors and his therapists and all of his case workers and making sure that they don't drop him.

This excerpt poignantly illustrates Diane's observation that the two-week "break" that she and Antoine took in their relationship coincided with his "skip[ing] every appointment that he ever had and burn[ing] all his bridges." One can imagine that these happenings fueled her sense of responsibility for her troubled partner, confirming her fears that if she stepped away — even briefly—from her "twenty-hour-a-day job," his world would fall apart and she would face the additional work of patching it back together again. It was Diane's sense of urgency that Antoine have a network of service providers to return to after his release from jail that drove her efforts to reach out to these professionals and secure Antoine's placement in their case loads. We clearly see here that—as was the case for Sherry, Linda, and Kimberly—a loved one's jailing did not stabilize a situation or provide a reprieve, but rather generated "more work" through the need to hurriedly regroup and prepare for a relatively swift return to the community. As each of these women knew, the re-entry period carried risk of many perils—resumption of drug use, exposure to violence, homelessness, and mental health crises—all of which would be weathered without the help of appropriate social services, and under the scrutiny of community supervision authorities who seemed fully equipped to punish but not to supply referrals or assistance.

Discussion

Criminal justice involvement creates a context in which relatives experience high expectations to care-take, urged on by ideas that family and social support can reduce recidivism and be a redeeming force in their loved ones' lives. To date, the majority of research in this area has focused on the financial, emotional, and physical strains of having a loved one behind bars. Following the participants in this study through multiple cycles of incarceration and community supervision permitted us to observe how their family members tailored their types of support and assistance to different points in these cycles, drawing our attention to the distinct ways that family ties are operationalized within and outside of correctional facilities. As Christopher Wildeman, Kristin Turney, and Youngmin Yi (this volume) suggest, criminal justice involvement in various shapes and forms is disruptive, and more research is needed to disentangle how and why that disruption manifests under different circumstances to be sure that null findings are not actually masking strong effects working in opposite directions. Sherry's, Linda's, Kimberly's, and Diane's experiences highlight that—at least for family members—the hardest part of short-term lockups may be release, and assessments of the impact of incarceration must also encompass the work of re-entry, particularly when someone's housing and health are unstable and reincarceration is looming on the horizon (on reconceptualizing reentry, see Maruna 2011).

The case studies in this article provide a particularly sharp view of how the lack of involvement by institutions outside the criminal justice system may impact people's lives. Nationwide, the expansion of the "penal state" that began in the 1970s has been accompanied by a curtailing of the "welfare state" as public dollars were diverted into

corrections from education, health, psychiatric, and other service systems (Beckett 2000). In addition, as noted above, during the time of this study California rolled out the implementation of "Public Safety Realignment" (AB 109), which responded to a U.S. Supreme Court order to dramatically reduce overcrowding in the state prison population by transferring the supervision of people convicted of certain categories of crimes to their local county system (California Department of Corrections and Rehabilitation 2013).[iv] As part of this policy change, counties received funds to assist in their management of additional correctional supervisees. Although some counties used at least part of those funds to expand community-based treatment options for "realigned" individuals, monies could also be used for jail expansion, and there has been a proliferation of jail construction since AB 109 went into effect (Rubin 2015). The repercussions of this historic change in California penal policy have been varied, and its full impact is still unfolding (Lofstrom and Raphael 2013, Lofstrom, Raphael et al. 2014). Within the scope of our research, we have found that for hypermarginalized people such as Cadillac, Carl, and Antoine, the lifting of "serious offender" status has been accompanied by a concomitant loss of services—which can be seen as a paradoxical imposition of another form of punishment (for a discussion of prisoners' perceptions of alternative sanctions as more punitive than prison, see Petersilia 1990, Wood and Grasmick 1999). With scarce and severely underfunded assistance outside of the criminal justice system for populations with complex needs, people who require intensive professional and institutional-level care are left to rely on whatever support their "other case managers"—that is, their budget-strapped, emotionally drained family members—can provide.

Our data also indicate that frequent, low-level criminal justice involvement through the forms of arrests, jail stays, and community supervision imposes specific forms of stress on family members. In concert with Lars Andersen, based on his study of the impact of paternal incarceration on youth outcomes (2016), we could say, "frequency matters." The constant churning between jail and the streets continually undermines efforts to stabilize a troubled individual: appointments are missed, paperwork and belongings are lost, medications are skipped, and housing is jeopardized. For families, this manifests not only in the emotional pain of watching a loved one suffer, but also in the Sisyphean labor of investing time and resources to move a process forward under the ever-present threat of skidding back to zero. More research is needed to fully articulate these patterns for families, and to document fluctuations in them over time as siblings, partners, and parents allocate their efforts among their "own" crises and mundane responsibilities (personal illness, caretaking for children or aging relatives) and those of their loved one. In addition, longitudinal research could trace whether and how family members gain traction with service agencies or correctional professionals (such as probation officers), and what influence that may have on their role in their loved one's care. Future research also should explore the impact of frequent, low-level criminal justice involvement on families across a wider range of socioeconomic circumstances than were represented in our study. Arrests, jail stays, and community supervision carry a different set of consequences for people with jobs to lose and children to

[iv] As Wakefield and Powell (2016) caution, categorizing people by their crimes of conviction may lead to missing important strengths and needs in other domains of their lives.

feed, and understanding those reverberations on family life is essential for guiding policy decisions about how to mitigate potential challenges.

In addition to underscoring the need for further research, this study suggests directions for policy and programmatic development. A basic lesson learned in this study was that family members want, appreciate, and thrive on interactions with a case manager who is focused on their loved one's care. Sherry, Linda, Kimberly, and Diane all texted and called the social worker regularly, providing her with updates and requesting her assistance. In interviews, the women lauded the social worker's efforts (with Linda characterizing them as "a blessing"), and spoke warmly of their engagement with her. While case management programs for people returning from incarceration exist, the further development and refinement of such services could draw on public health models that understand that a condition (illness or risk of illness, including addiction and relapse) exists in the context of a social network, and build on protective factors within that network when promoting health and stability (Israel 1985, Copello, Templeton et al. 2006). This new way of thinking needs to recognize the harms to which the participant could expose network members (e.g., Kimberly's loss of her pain medications, Linda's risk of relapse), and include strategies to minimize or address these harms.

The need for stronger integration of social services—in particular housing assistance— and the criminal justice system also emerges from study findings. Again, lessons can be learned from public health experts and interventionists, who have a strong track record of forging partnerships across institutions, recognizing that social determinants of health affect people as they move through multiple settings, from correctional facilities to single-occupancy room hotels to back alleyways to public hospitals. The separation that people with criminal justice involvement experience—whether literal separation when incarcerated, or bureaucratic separation in the community through interdictions on housing, receipt of government entitlements, and employment—severs already-marginalized people from the resources they need, and places their family members in the position of trying to compensate for the inadequacies and illogic of those denied resources. This burden is intensified when criminal justice–related regulations restrict available options: in addition to obstacles such as Sherry living outside of Cadillac's county of parole or Kimberly having prescription marijuana in her home, the prohibition of people convicted of drug offenses to live in Section 8 housing or to receive food stamps creates enormous difficulties for families trying to help recently released loved ones (Mele 2005). Creative thinking about ways to support family members who want to extend assistance, as well as the provision of resources and services that protect them from jeopardizing their own wellbeing in the process of doing so, would help to keep families housed, fed, and safe while they work to foster stability for a relative returning from jail or prison.

Conclusion

The case studies presented in this article provide insight into how caring for a loved one with frequent, low-level criminal justice involvement can be exhausting, demoralizing, and costly for family members in ways that differ from the strains and struggles of people maintaining relationships with those in prison. Our research adds another dimension to the body of work

on “why misdemeanors matter” (Roberts 2011): the fits and starts of arrests, detentions, and community-based sanctions can have grave and enduring consequences not only for the involved individuals, but also for families. Given that a considerable amount of discretion can be exercised when handling nonfelonious crimes (Bjerk 2005, Natapoff 2012), bail waivers, diversion programs, and alternatives to sentencing could provide means of reducing the potential financial, practical, and emotional costs borne by families.

These findings also augment existing research that documents the devastating impact of the nation’s punitive swing on the groups most affected by policing and corrections, namely people living in poverty and people of color (Western 2006, Lee and Wildeman 2013, Wildeman and Wakefield 2014). When considered from the perspective of the life course concept of *linked lives*—which posits that the trajectories of people in close relationships are interdependent and exert mutual influence on one another (Elder, Johnson et al. 2003)—it becomes clear that policies that have resulted in an unfathomably large number of low-income people of color cycling through police stations, courtrooms, probation offices, and correctional facilities also have resulted in an uncounted number of their family members contending with the fallout. This third-party connectedness to the criminal justice system for many people—and especially for African American women (Lee, McCormick et al. 2015)—living under conditions of structural racism and economic deprivation carries important implications for understanding and addressing large-scale inequalities in health and wellbeing. For instance, as more and more research confirms the effect of chronic environmental stress on negative health outcomes (Geronimus, Hicken et al. 2010, Geronimus, Pearson et al. 2015), it is imperative to recognize that caregiving for family members who are involved with the criminal justice system may be a major factor in shaping women’s health, and could be linked to disparities in the health of African American women as compared to white women (James 2003, James, Salganicoff et al. 2009). This type of caregiving may also be a salient force affecting the economic trajectories of women who could have possibly moved into the working or middle class by investing in home ownership and savings, if only their resources were not being consumed by repeated efforts to compensate for a lack of public services as they attempt to stabilize a loved one. Investigating such potential effects could help to shed light on the full scope of how the punitive turn of the last four decades has compounded disadvantage and deepened inequality among low-income women and women of color. Developing policy and programmatic responses to mitigate or redress such effects cannot undo the legacy of this historic era but could provide a foothold for improving the quality of life of millions of women moving forward.

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Biography

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