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Children with Incarcerated Mothers Separation, Loss, and Reunification



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Julie Poehlmann-Tynan • Danielle H. Dallaire
Editors

Children with Incarcerated Mothers

Separation, Loss, and Reunification

 Springer

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Abstract This Brief focuses on mothers in the U.S. criminal justice system and their children. After decades of mass incarceration, the United States now incarcerates more women than any other country in the world, and the vast majority of incarcerated women are mothers of minor children. The growing involvement of mothers in all forms of the criminal justice system, including arrest, incarceration, reentry, and community supervision, requires a better understanding of how such involvement impacts children and families. This Brief presents six new empirical studies, most of them longitudinal, designed to address gaps in our knowledge base about maternal criminal justice involvement and maternal and child well-being. We apply an intergenerational lifespan developmental perspective and discuss the attachment-related themes of separation, loss, and reunion in the introductory chapter and throughout the volume. In addition, issues related to prevention and intervention, gender-responsive programs, and themes of trauma, addiction, child welfare involvement, low resource environments, and resilience are integrated throughout and highlighted in the concluding chapter. The Brief closes by presenting policy and practice implications of the research for mothers involved in the criminal justice system and their children and families.

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Introduction to Incarcerated Mothers and Their Children: Separation, Loss, and Reunification



Danielle H. Dallaire and Julie Poehlmann-Tynan

Rates of incarceration steeply increased in the United States between 1990 and the early 2000s, and after peaking in 2008, rates have started to decline for men (Kaeble & Cowhig, 2018). In contrast, the rate of incarceration among women continues to rise (Kajstura, 2019). For example, from 2016 to 2017, even though the rate of jail incarceration declined overall, the number of women incarcerated in jail on any given day rose by more than 5% (Kajstura, 2019). In 2018, women made up 7.6% of the overall state and federal prison population with 110,845 incarcerated women (Carson, 2020). The rate of incarceration among women decreased 0.5% from 2017 to 2018; in contrast, the rate of male incarceration decreased 1.7% during that same time period (Carson, 2020).

As incarceration rates have skyrocketed over the previous decades, so too has the amount of scholarship devoted to the issue of parental incarceration and its consequences for children and families (see Eddy & Poehlmann-Tynan, 2019; Murray, Farrington, & Sekol, 2012). Though much has been learned about the intergenerational implications of parental incarceration for children, families, and communities, much is left unknown. Significant gaps remain in our knowledge about how children and families cope with parent-child separation during parental incarceration, particularly for mothers (for a review of paternal incarceration and child development, see Dyer, Pleck, & McBride, 2012, or Turney & Haskins, 2019). Research findings regarding intergenerational implications of maternal criminal justice

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involvement have been mixed, and there are many shortcomings such as a lack of attention to other forms of correctional supervision besides incarceration, limited data on reunification, and limited data on relevant child outcomes (e.g., Poehlmann-Tynan, 2020). The collection of studies contained in this Brief extends previous work in this area and addresses important gaps in our knowledge.

The overarching theme addressed in this volume is maternal-child separation, loss, and reunion associated with maternal incarceration and material criminal justice involvement. This theme is examined in the collection of articles in the context of short- and long-term maternal and child outcomes, prevention and intervention programming, and recidivism and community corrections. This introductory chapter will begin by briefly reviewing what is known about mother-child separation during incarceration, including statistics about maternal incarceration and other forms of criminal justice involvement in the United States and the presentation of key terms and concepts. We then highlight theoretical models that can help guide research, intervention, and policy in this area, providing a framework and set of themes that unify the set of empirical studies. Next, we point out several gaps in the literature in relation to opportunities for future research that can inform policy and practice, such as using life span and developmental and intergenerational approaches for research and application, and including additional data on children. Finally, we introduce the new empirical work that is presented in the following chapters.

Maternal Incarceration and Other Forms of Criminal Justice Involvement in the United States

In the United States, criminal justice involvement can take many forms. For example, women are arrested and incarcerated in federal or state prisons or local jails, or they are supervised in the community through probation, parole, residential treatment, or specialized court programs. Over half of women incarcerated in jail are awaiting a hearing, trial, or sentencing, and they lack the funds to pay bail (Kajstura, 2019). In addition, more than 80% of women supervised by the criminal justice system in the United States can be found in the community, not in prisons or jails (Kaeble & Cowhig, 2018). Probation is a mandated period of community supervision used instead of jail incarceration or after a short jail stay, whereas parole is supervised release from prison. The average length of both in the United States is approximately 2 years (Herberman & Bonczar, 2014). Specialized court programs, such as drug courts, also supervise women in the community. The goal of these courts is to manage the underlying causes of criminal legal contact, such as substance dependence or untreated mental illness (Gibbs, Lytle, & Wakefield, 2019). Although a growing body of research and intervention work focuses on children's adjustment to enforced mother-child separation because of maternal incarceration, little attention has been paid to mothers' and children's experiences of maternal community supervision or children's reunion with their mothers. This is particularly

unfortunate because nearly everyone who goes to jail or prison eventually returns to the community (La Vigne, 2020; Lattimore, Steffey, & Visher, 2010; Travis, 2005).

Although only 4% of the world's women live in the United States, the United States accounts for more than 30% of the world's incarcerated women. From 1980 and 2017, the number of incarcerated women in the United States rose by more than 750%, increasing from 26,378 in 1980 to 225,060 in 2017 (Kajstura, 2019). Mirroring the rising rates of incarceration overall, the number of women under community supervision has almost doubled in the past three decades, and this increase disproportionately impacts women of color across all types of criminal justice system involvement (Pettit & Western, 2004; The Pew Charitable Trusts, 2018). Women who are incarcerated or otherwise involved in the criminal justice system are also more likely to have experienced childhood trauma, domestic and intimate partner violence, mental health concerns, addiction, and poverty compared to other women and compared to incarcerated men (e.g., Lynch, DeHart, Belknap, & Green, 2013).

Most women involved with the criminal justice system in the United States are mothers. Mothers make up about 80% of women incarcerated in jail and 62% of women incarcerated in state prison, although the proportions are even higher in some states (Glaze & Maruschak, 2008; Shlafer, Duwe, & Hindt, 2019). An estimated 60% of incarcerated women have an average of two children (Glaze & Maruschak, 2008), with an overall range of one to nine children (Dworsky et al., 2020), and 4–10% are pregnant upon incarceration (Clarke, Phipps, Tong, Rose, & Gold, 2010; Sufirin, Beal, Clarke, Jones, & Mosher, 2019). Women are more likely than men to have been their child's primary caregiver prior to arrest (Glaze & Maruschak, 2008) and often plan to care for their child after release (Stringer & Barnes, 2012). Their children are exposed to numerous risks, on average, in addition to the heartbreaking experiences of separation and loss that occur when a mother goes to jail or prison (Dworsky et al., 2020; Poehlmann, 2005a). Because of these factors, maternal incarceration has been increasingly recognized as an important cause of mother-child separation and disrupted attachment relationships (Poehlmann, 2005b).

Reliable estimates of the number of children impacted by maternal incarceration or involvement of their mothers in the criminal justice system are elusive. This information is not routinely collected by the criminal justice system or other systems that normally come into contact with children and families (e.g., schools, public health systems, etc.). Based on estimates of the number of women incarcerated in jails, Sawyer and Bertram (2018) estimate that 2.3 million US children experience separation from their mothers each year because of her incarceration in jail. When considering the number of women involved with the criminal justice system overall, in prison or in the community, the number of children impacted by their mother's incarceration and criminal justice involvement annually is likely at least five million.

Theoretical Considerations and Unifying Themes

As a volume that explores the experiences of mothers and children during maternal incarceration, as well as reentry, parole, and probation, the themes of mother-child separation, loss, and reunion are highly relevant. Attachment theory (Bowlby, 1982) has provided a useful framework for addressing these issues making great inroads in theory development, research, intervention, and implications for policy and practice among low- and high-risk populations (e.g., Cassidy & Shaver, 2016). As we have written about previously (Poehlmann, Dallaire, Loper, & Shear, 2010), attachment theory combined with a developmental ecological perspective can help illuminate some of the processes that occur when mothers must leave their children to serve time in jail or prison.

Many aspects of parental incarceration may threaten the formation and maintenance of attachment and caregiving bonds (see Murray & Murray, 2010). From a developmental perspective, separation during infancy from a mother will most likely hinder the development of an attachment relationship between mother and child. Separations from attachment figures past the time of infancy will likely result in protest, anger, sadness, and even despair (Bowlby, 1982). Prolonged separations and brief reunifications followed by additional separations will likely undermine a child's confidence in an attachment figure's availability. Despite the growth in research on the topic of maternal incarceration, surprisingly little research has directly assessed parental incarceration and children's attachment relations (for exceptions, see Byrne, Goshin, & Joestl, 2010; Poehlmann, 2005a, 2005b; Poehlmann-Tynan, Burnson, Runion, & Weymouth, 2017). Attachment theory provides a useful framework for understanding and assessing maternal incarceration and mother-child separation and reunification. Though none of the chapters in this Brief assess attachment directly, they are nonetheless guided and informed by attachment theory and aim to understand how maternal incarceration impacts separation and thereby may impact the development and maintenance of children's attachment to their mothers and the mothers' caregiving bonds.

Though research on the topic of maternal criminal justice involvement has expanded and progressed in recent years, some of the research, as discussed in the next section, is of limited value for family policy given the lack of specificity in assessment and measurement of maternal incarceration. Other research findings have been difficult to generalize because of small sample sizes, the use of a single reporter or dataset, or the limited duration of the study. Yet the need for understanding how mothers and children experience various forms of criminal justice involvement and the implications for policy and practice has never been greater (Eddy & Poehlmann-Tynan 2019). The pandemic of 2020 will exacerbate and amplify underlying factors related to incarceration among women, including experiences with poverty, mental illness, substance abuse, and domestic and intimate partner violence (Douglas, Katikireddi, Taulbut, McKee, & McCartney, 2020). The chapters in this monograph address some of these methodological shortcomings and help advance theory-driven, policy-relevant work on this topic.

This Brief presents six empirical studies in addition to an introduction and a final chapter. The six empirical chapters present new qualitative and quantitative data on (1) how children cope with separation from their mothers because of her incarceration and how that separation continues to affect children's lives following family reunification, (2) the benefits of a prison doula program for incarcerated pregnant women and their newborns, (3) maternal behavior in a residential parenting program that keeps infants with their imprisoned mothers, (4) the overlap of maternal criminal justice involvement and child protective service involvement and foster care placement over time, (5) differences in recidivism between mothers and non-mothers during the 7 years following release from jail incarceration, and (6) how community supervision mandates affect maternal self-conceptions of motherhood. The final chapter integrates the information from the empirical studies and summarizes implications for policy and practice.

Previous Research on Maternal Incarceration and Gaps in the Literature

The research literature focusing on children with incarcerated parents has burgeoned in the past two decades. Scholars have documented a higher likelihood of multiple risks and other adverse childhood experiences (ACEs) in children with incarcerated parents compared to children who have never experienced parental incarceration, such as poverty and financial insecurity, exposure to parental addiction and mental health concerns, trauma from witnessing the parent's arrest, family housing instability, and homelessness (e.g., Turney, 2018; Wakefield & Wildeman, 2013). One of the most consistent findings is that, even controlling for other risks or selection factors, parental incarceration is associated with elevated child externalizing behavior problems (e.g., Dallaire, Zeman, & Thrash, 2015; Turney & Haskins, 2019). Risk for other problematic outcomes has been documented as well, such as academic challenges, internalizing behavior problems, health concerns, and increased contact with the law (Murray et al., 2012).

The literature focusing specifically on the impact of maternal incarceration has had less consistent findings. On the one hand, it is widely acknowledged that children with incarcerated mothers are likely to experience multiple risk factors, which can make it difficult to isolate the specific effects of incarceration on child outcomes (e.g., Siegel, 2011). Indeed, in a study with a population-based sample of incarcerated individuals, children with incarcerated mothers experienced more risk factors than children with incarcerated fathers (Dallaire, 2007). On the other hand, many studies have not measured some of the key areas that are theoretically most likely to be affected by separation and loss resulting from maternal incarceration, such as quality of children's attachment relationships with parents and other caregivers, physiological stress levels in childhood, intimate partner quality in adolescence or

young adulthood, or intergenerational parenting patterns (Poehlmann-Tynan & Arditti, 2017).

Another complicating factor in reviewing this literature is that there are methodological concerns that make it difficult to make sense of some of the mixed findings. To begin, datasets often do not distinguish between parental incarceration in jail or prison or include length of incarceration as a variable. Jail incarceration is the most common form of incarceration in the United States, and it often involves short-term but more frequent stays as compared to longer-term but more stable prison stays; indeed, there are more than ten million admissions to jail each year in the United States (Sawyer & Wagner, 2020). Such “churning” in and out of jail may have significant consequences for children, especially when a mother is going in and out of jail while attempting to be one of her child’s primary attachment figures. Studies utilizing large datasets, like Fragile Families and Child Wellbeing Study (FFCW, Turney & Wildeman, 2015; Wildeman & Turney, 2014) and the National Longitudinal Study of Adolescent to Adult Health (Add Health, Hagan & Foster, 2012), for example, have been examined recently with an eye towards addressing the impact of maternal incarceration on children. Although this research is informative, these datasets are of limited value for policy in important ways. First, maternal incarceration is examined retrospectively; for example, the Add Health dataset asks youth and adolescents to recall and report on maternal incarceration that occurred during their early childhood. Such retrospective reports are problematic and subject to significant recall biases, including childhood or infantile amnesia. Second, little information about the nature of the incarceration or parental criminal justice involvement is provided. The FFCW dataset, for example, makes no distinction between jail or prison incarceration or other types of criminal justice involvement. Third, secondary data analyses rarely examine the issue of maternal incarceration and child separation from a psychological or developmental lens and thus are of limited value to help understand children’s age-typical responses and developmental ramifications. It is difficult to assess questions specific to maternal incarceration when the study was not designed to assess maternal incarceration and its sequelae.

Other forms of criminal justice contact are important as well, including arrest, community supervision, and secure residential treatment, but they are rarely studied apart from examining revocations or recidivism following incarceration. In one study examining links between different forms of maternal criminal justice involvement and adolescent outcomes, Schlafer, Poehlmann, and Donelan-McCall (2012) found that both maternal arrest and incarceration were associated with increased health risk behaviors and other problematic outcomes in their adolescents. In addition, a growing number of parenting programs are available in criminal justice settings—especially for incarcerated mothers—and these programs may have impacts on children, although child outcomes are rarely examined in the evaluations of these programs in the literature (Loper, Clarke, & Dallaire, 2019). Finally, there is very little research on reentry, mother-child reunion after incarceration, and subsequent incarceration (Poehlmann-Tynan, 2020). Longitudinal studies of children’s experience of maternal incarceration can provide a deeper understanding of the long-term

impacts of maternal incarceration and factors associated with successful mother-child reunification.

Empirical Studies in This Volume

This collection of articles contained within this Brief address some of these methodological limitations and gaps. The Brief includes studies of the long-term sequelae of maternal incarceration on children and youth as well as program and evaluation data on children's outcomes in relation to maternal incarceration and programming offered during a mother's incarceration. Previous research has demonstrated the benefits of programs for pregnant women and their newborns (Dallaire, Forestell, Kelsey, Ptachick, & MacDonnell, 2017), as well as co-residential programs for mothers and their infants (e.g., prison nurseries, see Byrne, 2019, or Goshin & Byrne, 2009). This monograph includes two new studies examining gender-responsive programming for pregnant women and mothers with infants that extends previous work to cover additional program content areas and to include larger sample sizes. Shlafer and colleagues (see chapter "The Benefits of Doula Support for Women Who Are Pregnant in Prison and Their Newborns", this volume) describe and evaluate a doula program for women incarcerated in a state prison. Pace and colleagues (see chapter "Maternal Pre- and Post-release Behaviors in a Residential Parenting Program (Prison Nursery)", this volume) examine the impact of a co-residential program in a sample of 117 mothers of infants incarcerated in a state prison. Their study examines impacts of program participation on behavior while the mothers are incarcerated and recidivism following incarceration. Program outcome and evaluation research studies such as these are critically needed in the field not only to document the successes of the programs but also to provide evidence-based support for wider scale implementation of programming for mothers.

Prior to incarceration, a majority of mothers report having served as the primary caregiver to their dependent children and many indicate their desire to return to their role as the primary caregiver after release and reentry (Arditti, 2012; Glaze & Maruschak, 2008). However, little is known about what happens after this period of separation and loss and how mothers reintegrate into their family following release. Goshin and colleagues (see chapter "Redefining Motherhood: Mothering in Mandated Inpatient Substance Use Treatment", this volume) address the role of motherhood among women under community supervision. With interview data collected from 23 women, Goshin and colleagues examine adjustments women make following a recent separation and describe a process whereby women involved in the criminal justice system redefine motherhood. As a complement to this qualitative investigation, Folk and colleagues (see chapter "A Longitudinal Examination of Women's Criminal Behavior During the 7 Years After Release from Jail", this volume) quantitatively examine the role motherhood plays in predicting recidivism patterns among mothers and non-mothers over the course of 7 years following their release from jail. Their results highlight the practical challenges many criminally

justice involved women face upon release, including facing domestic and intimate partner violence and housing and income insecurity. The challenges identified in these two studies have important implications for reentry policy and programs, as they show how successful reentry and reintegration with children is impeded. Studies addressing processes associated with successful family reunification are underrepresented in this literature.

Previous research examining parental incarceration and reunification has utilized data from a number of different large panel study designs, including the Bureau of Justice Statistics' (BJS) Annual Survey of Prisoners (e.g., Glaze & Maruschak, 2008; Mumola, 2000). Researchers have gained insight into the different experiences of incarcerated mothers and fathers and impacts on their children. For example, Dallaire's (2007) analysis of BJS data revealed that the risk of adult child incarceration is higher for incarcerated mothers relative to incarcerated fathers and that minor children with incarcerated mothers were more likely to be in non-familial care than minor children with incarcerated fathers. This work and other descriptive studies like this are important and foundational; however, they are somewhat limited in scope. The BJS data are typically based solely on the perspective and reporting of the incarcerated parent. Looking forward, more complex data systems can be built by merging information from multiple data sources to provide a more comprehensive, multisystemic view of how maternal incarceration interfaces with other social systems (e.g., see chapter "Maternal Imprisonment and the Timing of Children's Foster Care Involvement", this volume).

Researchers have begun to focus on the overlap of children whose parents have been involved in the criminal justice system and children who are involved in child protective services (Berger, Cancian, Cuesta, & Noyes, 2016). Both groups disproportionately include children and families with socially and economically disadvantaged backgrounds (Burns et al., 2004; Roberts, 2011), and involvement in either system is a risk factor for multiple negative health and behavioral outcomes (e.g., Turney & Goodsell, 2018; Yi & Wildeman, 2018). In this volume, Gifford and colleagues merge data from two state-level datasets (Department of Corrections, and the Department of Social Services) to examine the timing of maternal incarceration and release in relation to child protective services involvement. This research extends previous work in this area (e.g., Burns et al., 2004) which has been largely limited by the use of a single dataset and provides a more complete view and timeline of children's separation and reunification with their incarcerated mothers.

There are important differences between types of criminal justice involvement for families, and careful documentation of the type of involvement is important, particularly when making policy recommendations. The articles contained within this monograph advance scholarship in this area by carefully and precisely assessing the type of maternal involvement in the criminal justice system and using theory-driven qualitative and quantitative assessments of the sequelae of this involvement.

Conclusion

As public attention and empirical research into the topic of mass incarceration generally and maternal incarceration specifically have grown in recent years, it is important for researchers to contribute high-quality scholarship that moves this area of inquiry forward and beyond the mere assessment of risk and the conceptualization of maternal incarceration as a social address variable. Such conceptualizations determine the setting or social address of the family, and characteristics of the family are attributed to the setting (Bronfenbrenner, 1988), and not the dynamic interpersonal and other processes occurring in that setting. Based on the results of the high-quality, ecologically valid studies contained in this monograph, we make evidence-informed policy recommendations (see chapter “Incarcerated Mothers and their Children: Implications for Policy and Practice”, this volume). The collection of studies contained within this monograph address factors associated with children’s separation from their mothers resulting from incarceration or other forms of criminal justice involvement, as well as factors associated with their reunification.

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Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration



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As discussed earlier in this volume, parental incarceration has negative implications for children, and the loss that children experience when their mother is incarcerated is often heartbreaking. Although scholars have identified the various deleterious intergenerational implications associated with a mother's imprisonment or incarceration in jail, incarceration does not occur in a vacuum. Instead, maternal incarceration is often one of many challenging circumstances facing these children and their families, including poverty, substance abuse, mental health disorders, and intimate partner violence. Scholars must examine the broader context of children's lives beyond maternal incarceration that impact their well-being to better uncover the effects of parental incarceration amidst these other factors.

This chapter begins by overviewing the familial and societal context in which children experience maternal incarceration. Drawing from research on Adverse Childhood Experiences (ACEs), we argue that children with mothers in prison face numerous stressors, in addition to maternal incarceration, that impact their life trajectories. Next, to provide an in-depth examination of the experiences of maternal imprisonment on children, we review key findings from Siegel's (2011) *Disrupted Childhoods: Children of Women in Prison*. Siegel's research with children, their criminal justice system-involved mothers, and some of their guardians provides detailed accounts of the experience of maternal incarceration and the broader hardships these families face. Finally, we introduce findings not previously published from follow-up interviews with Siegel's original child participants to explore the

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long-term effects of maternal incarceration. Young adults when re-interviewed, Siegel's participants reflect on the ways maternal incarceration and reentry affected them as children and discuss how maternal incarceration, as well as other familial stressors, continues to shape their transition to adulthood.

Contexts of Risk

For children of incarcerated mothers, incarceration is commonly just one of many disadvantages in their lives. Maternal incarceration occurs in "complex family systems" (Turanovic, Rodriguez, & Pratt, 2012) where children face "packages" of risk (Giordano & Copp, 2015). Incarcerated mothers, who Arditti (2015) writes are "the most vulnerable women in the United States" (p. 171), commonly have mental health concerns, substance abuse issues, medical needs, sexual and physical abuse histories, and struggle with homelessness prior to incarceration (Glaze & Maruschak, 2008). Giordano and Copp (2015) refer to a "reciprocally related process" (p. 162) where children of criminal justice-involved mothers are affected by multiple inter-related experiences including maternal drug use, arrest and incarceration, residence moves, and changing schools. "Disentangling" maternal incarceration's effects on children from these other disadvantages they face are therefore challenging (Turanovic et al., 2012; Turney & Wildeman, 2015).

Scholars classify many of these childhood disadvantages as Adverse Childhood Experiences (ACEs), which include personal experiences such as childhood abuse and neglect, as well as larger challenges in children's households (CDC, 2019), including having a household member who is incarcerated, struggles with addiction, and/or has mental health issues; parental separation or divorce; and intimate partner violence experienced by mothers. ACEs are retrospectively related to many negative outcomes in adulthood including depression (Chapman et al., 2004; Remigio-Baker, Hayes, & Reyes-Salvail, 2014), alcohol use (Strine et al., 2012), drug use (Dube et al., 2003), suicide (Dube et al., 2001), and lower educational attainment and unemployment (Metzler, Merrick, Klevens, Ports, & Ford, 2017).

For a portion of the population, ACEs co-occur; scholars estimate that over 20 percent of the population experiences three or more ACEs (CDC, 2019; Merrick, Ford, Ports, & Guinn, 2018). Children who experience multiple ACEs are at particular risk, increasing the likelihood of various deleterious adult outcomes related to mental health, physical health, disease, addiction, and economic achievement (Felitti et al., 1998; Metzler et al., 2017; Remigio-Baker et al., 2014). We can surmise, therefore, that parental incarceration puts children at risk and that the risk is compounded by the other adverse experiences we anticipate they also face (see Turney, 2018).

Children's development is shaped not only by adverse experiences but also by the timing of these experiences in their life course, their immediate surroundings, and the broader historical context (Elder, 1998). As Elder notes, "Historical events and individual experience are connected through the family and the 'linked' fates of

its members” (p. 3). As mass incarceration in the United States has continued its historic rise, children and families in specific contexts have been left to deal with its spillover effects (Western & Pettit, 2005). Further, the notion that individual development takes place within concentric circles of influence is well elaborated in Bronfenbrenner’s (1979) ecological theory of human development, which recognizes the significance not only of individual attributes but also of micro-, meso-, exo-, and macrosystems in an individual’s development.

In this chapter, we present results from a longitudinal study of individuals whose mothers were incarcerated in county jail or state prison during their childhood. We examine how, as children and in adulthood, they were affected not only by their mother’s incarceration and reentry but also by the broader environment in which they were raised. Consistent with an ecological approach to development, the study was intended to contextualize their lives, recognizing that children whose mothers were in trouble with the law were liable to have been exposed to other potentially challenging circumstances, compounding the risks associated with their parent’s incarceration. Further, these children came of age during an historical period characterized by unprecedented increases in the female prison population largely related to the war on drugs (Bush-Baskette, 2000).

Disrupted Childhoods

Disrupted Childhoods provides an in-depth examination of the lived experience of children of criminal justice-involved mothers, but it did not address the long-term effects of maternal incarceration. In fact, most research on this topic is cross-sectional and does not follow children over time to see how maternal incarceration affects different stages of a child’s life course. The current chapter attempts to address this gap by highlighting results from the first wave of data of the longitudinal study of individuals whose mothers were incarcerated in county jail or state prison during their childhood that was recounted in *Disrupted Childhoods* and, for the first time, also reporting on the results of follow-up interviews in adulthood. After a review of some principal findings from wave 1, we address the following questions: How are the children faring as adults? How do they view the impact of incarceration on their childhoods and in the longer term, particularly within the broader context of other adversities they faced? Likewise, how do they reflect on their relationships with their mothers after their reentry from jail or prison?

Method

Between 2001 and 2005, the first author undertook a qualitative study with a three-fold purpose: to place maternal incarceration within the larger context of children’s lives before their mother’s imprisonment; to understand how children perceived

they were affected by the separation created by their mother's incarceration; and to provide a means for children themselves to talk about how they were affected by parental incarceration, given that children's voices were almost entirely absent from the literature to that point. To achieve these objectives, the first author conducted semi-structured qualitative interviews with children whose mothers had been arrested but not yet convicted to garner information about their lives while they were still living with their mothers. Some of these mothers were awaiting the outcome of their cases at home while others were in jail. A subsample of children was also interviewed again after their mother's conviction to learn how they were affected either by their mother's sentence to incarceration or to probation. In addition, a sample of children whose mothers had been incarcerated in state prison for at least 1 year were interviewed. In all cases, the children's mothers were also interviewed, along with a sample of children's caregivers. Interviews were audio recorded and transcribed.

During this phase, recruitment began with mothers who were awaiting adjudication of their cases either at a courthouse or jail and were identified with the assistance of the public defender's office, which handled approximately 85% of the cases in a major northeastern city (hereinafter referred to as the city sample). Mothers who had been imprisoned for at least a year were recruited at a women's state prison in a different northeastern state after attending an information session followed by individual meetings with each woman who expressed interest in participating (the state sample). Mothers who consented to participate and also to allow their children to take part then obtained their child's agreement to be interviewed. For children living apart from their mothers, their caregiver's consent for the child's participation was also obtained. Mothers were interviewed only after they reported that their child and, if necessary, the child's guardian had agreed to participate. With the exception of incarcerated mothers interviewed in jail or prison, all interviews with mothers, children, and caregivers were conducted at the children's homes.¹ Adult participants received \$10 in cash, and children received a \$10 gift card for a toy or clothing store each time they were interviewed.

Beginning in 2013 (T2), an effort was undertaken to re-interview child participants who were at that point at least 18 and whose mothers had been incarcerated either in jail or prison during their childhood. The first author identified children whose mothers were known to have spent time either in prison or jail before the child turned 18, either because their mothers were incarcerated during Phase 1 or because a search of public court records showed that mothers from the city sample who were not in jail during that phase had ever been sentenced to incarceration before the child was 18. She attempted to locate them using methods such as social media and online resources, visit to their last known addresses in person, and call to people identified during Phase 1 as individuals who would always know how to reach a particular person. Over the course of 9 months, from April 2013 to January

¹ One adolescent participant declined to be interviewed at the "abandonium" where he was living on his own while his mother was in jail because of its condition. Instead, the interview took place at his brother-in-law's house.

2014, she succeeded in locating and interviewing 13 participants, each of whom received \$30 for their participation. Two other Phase 1 participants who were located and expressed interest in participating failed to do so. Semi-structured interviews with open-ended questions were again recorded and transcribed. The purpose of this phase was to ascertain how the children had fared and to investigate resilience among the children, an issue that has received scant attention in the literature (for exceptions, see Luther, 2015; Nesmith & Ruhland, 2008; Poehlmann, 2013).

Participants

The final sample at wave 1 (T1) consisted of 67 children (33 male, 34 female), 74 mothers, and 18 guardians. Thirty-five children had mothers awaiting trial but not in jail, 15 had mothers in pretrial detention in county jail, and 17 had mothers in state prison. Mothers in prison had been incarcerated from 1 to 12 years ($MDN = 2$). While all the children in the city sample lived in the city or its suburbs, those in the state sample resided in various urban and suburban locations in the state. The sample at T2 included 13 young adults: 10 were from the city sample, representing 20% of the original city sample, while the remaining 3 were from the state sample, representing 17% of that group. All had mothers who had spent time in jail and/or prison during their childhood.

The original sample of children ranged in age from 8 to 18 ($M = 12.7$, $SD = 8.4$). Nearly all (89.5%) were in school, although 3% had completed high school and 7.5% had stopped attending school. The sample included a disproportionately large number of African-American children (73.1%) compared to the general population of the city or state where they resided, with subsamples (i.e., children with mothers in jail) ranging from 58.8% to 85.7% African-American. This disproportion, however, reflects the racial distribution of the defendant and prisoner populations in the city and state.

Although precise measures of socioeconomic status were not obtained, the children overwhelmingly came from low-income families with mothers who had low levels of education and, if employed, worked in unskilled, low-wage occupations. Among those who were not incarcerated at the time of the interview, 70.3% were not employed, with many relying on some form of public assistance for support. Only 21.6% of the women interviewed at home while they were awaiting their case disposition were employed full time. These low employment levels were probably tied to their educational attainment, which was well below levels in the general population: six in ten mothers left high school before the 12th grade ($M = 11.7$ years of education), while 25.7% graduated high school, and another 12.2% reported having 1 or 2 years of postsecondary education.

The 13 young adults interviewed at T2 ranged in age from 19 to 28 ($M = 22.1$, $SD = 2.6$). T2 interviews occurred on average 10.5 years after T1 interviews. All participants in this phase had mothers who had spent time in jail and/or prison during their childhood. The sample was almost equally divided between males ($n = 6$)

and females ($n = 7$) and between African-Americans ($n = 6$) and Whites ($n = 7$). Apart from one person who was married but separated, all were single. Five of the 13 (38.5%) had children of their own. Nearly seven in ten (69.2%) had dropped out of high school before graduating. Less than half (46.2%) were employed, and all but one of the employed had low-wage, unskilled jobs.

Results

Findings at T1: Growing Up with a Mother in Trouble with the Law

As hypothesized, the children in the city sample interviewed during the first wave of this study had many adverse experiences and conditions in their household and communities, such as poverty, social isolation, parental substance abuse, parental mental health issues, and exposure to violence inside the home and in the community. Taken together, these issues underscored the difficulty of disentangling the effect of a mother's incarceration on their children's lives. Many children in the state sample described exposure to similar conditions prior to their mother's incarceration, but in most cases, their living situations when interviewed were more stable and their circumstances materially improved. Nevertheless, their mother's absence typically brought emotional difficulties for the children. Below we summarize some key findings from the study's first wave; a complete discussion of them can be found in *Disrupted Childhoods* (Siegel, 2011).

Parent-Child Separation

Among the most notable findings from the first wave was the extent to which children experienced separation from their mother and father apart from that caused by their mother's incarceration. Only 15% of the children in the city sample were living with their father, and another 21% had some contact but did not live with them. Slightly under one-third (30%) had fathers who were simply not involved in their lives at all, typically because their relationship with the child's mother had ended. Another 15% had fathers who were deceased and 19% overall had fathers who were incarcerated. Paternal incarceration, however, was even higher for children whose mothers were in prison or jail: just over one-quarter (26%) of these children were living without either parent due to incarceration. The fact that so many fathers were absent from children's lives meant that their mothers took on outsized significance as a child's likely primary attachment figure and provider, making a separation from her potentially overwhelming.

Children's prior separations from their mother were almost always occasioned by the mother's drug use, which either interfered with a woman's ability to handle

parental responsibilities or led to incarceration. In some cases, a mother's drug use kept her away from home, at times for protracted periods. At times, that meant the child had gone to live with another relative even before a mother's incarceration because the mother was unable to provide adequate care for the child, leaving another adult—almost always a family member—to serve as a child's caregiver. As a result, children often developed an attachment to other parental figures, and a mother's occasional returns to family life could be disruptive to those relationships, especially if the mother wanted her child to leave the caregiver and go live with her. Over the long term, these protracted or frequent periods where children lived apart from their mothers would prove consequential for how children were affected by their mother's incarceration, as revealed in T2 interviews.

Poverty and Constrained Social Networks

At the time of the first interviews, most children were living in economically disadvantaged neighborhoods where it was common to see houses either boarded up, posted as uninhabitable, or simply in poor condition. When asked how they would describe their neighborhood, more children spoke of them in negative terms than in positive terms, characterizing them with words such as “nasty,” “bad,” and “dirty.” When queried about why they described their neighborhood this way, children would often cite the drug dealing and violence, including shootings, taking place there. As one girl said of her community: “It's terrible! There's shooting and everything! And everybody's fighting.” The children's residences likewise reflected their family's constrained economic circumstances. Frequently, their homes were in poor and even unsanitary condition, with many in need of significant repairs, and were furnished sparsely, with worn or damaged furniture. Typically, children did not have a quiet place where they could retreat to do homework or simply be alone.

Living in impoverished communities with limited resources was particularly problematic for these children with substance abusing mothers, some of whom acknowledged that they were not setting good examples for their children. As one mother with a history of substance abuse and several arrests put it, “I just don't want my son to be like myself or his dad.” A consequence of the mothers' substance abuse, however, was a constrained social network and a dearth of children's access to prosocial adult role models. When asked about their close relationships, mothers frequently responded that they had no friends, only associates. As a result, the world the children inhabited was one with a very limited prosocial network that might have offset some of the negative influences arising from their mother's substance abuse and promoted healthy development in domains such as academic achievement, reduced problem behavior, and emotional well-being (DuBois & Silverthorn, 2005; Woolley & Bowen, 2007). This was compounded by the poorly resourced schools children attended and a lack of extracurricular enrichment activities found in more affluent communities, curtailing possibilities for engagement in after-school programs or clubs that could provide additional beneficial influences and opportunities for positive development and engagement with prosocial adults.

Exposure to Violence

As indicated by the quote above about shooting in one neighborhood, many children living in economically depressed neighborhoods were exposed to violence in the streets and at school. Several also witnessed violence at home where they might see their mother either victimized or engaged in violence herself. Many children were taught to fight to protect themselves from the violence present in their communities and learned through observation at home that violence was an appropriate response to provocation. Given the evidence linking exposure to violence and violence perpetration (Margolin & Gordis, 2000), it is perhaps not surprising—but nonetheless troubling—that many children in the city sample reported engaging in fighting themselves and one-third of the teenagers reported having been arrested for violence-related offenses. However, although self-reported fighting was higher among these youth than those found in national surveys, their rates were more similar to those among youth living in inner cities and even closer to rates reported among at-risk youth (e.g., DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994).

Maternal Incarceration and Reentry

Having a mother in jail or prison created another set of adverse consequences for the children. First and foremost was the pain of separation and associated emotional difficulties. Longing to be with their mother was a nearly universal wish among the children, regardless of the length of separation due to incarceration. Some who had experienced prior separations from their mothers, however, were somewhat desensitized to her absence, especially those who had lived with other parental figures from an early age and thus had developed strong attachments to other adults. Even some of those children, however, spoke of the sadness and depression they felt because their mother was incarcerated. For most, dealing with negative emotions was exacerbated by the stigma they felt because of their mother's imprisonment, leaving them unable or unwilling to share their difficulties with others.

For younger children, the pain of separation was straightforward and clear: they missed their mothers acutely. Older children, however, experienced more complicated emotions that were exacerbated by their mother's reentry. For them, sadness could be mixed with resentment and anger, particularly if their mother had been incarcerated previously and returned home, only to be reincarcerated. To those children, their mother's reincarceration and the reason for it, which was usually a relapse into drug use, felt like both a betrayal and a rejection. Mothers returned home vowing that this time they would stay clean and sober, only to resume previous behaviors. From the children's perspective, they believed their mother should have been able to refrain from such conduct to ensure she would not risk abandoning the family once again by being reincarcerated. Failing to do so was interpreted as evidence of insufficient love and concern for the children. As 18-year-old Keith said of his mother, who had returned home several times only to be reincarcerated,

“That’s just not right, regardless of whatever she was goin’ through with the drugs... and she can’t control it or whatever...Even if she doesn’t want to stop, she needs to do it for her kids.” For these children, reentry was fraught with disappointment as well as conflicting emotions because children were torn between their mother and the caregiver to whom they had become deeply attached.

The emotional difficulties the children contended with were exacerbated by the barriers to communication with their mothers, leaving them unable to share with their mothers simple daily events as well as milestones in their lives. Although the state prison had a monthly visiting program for children, the logistics associated with it made it virtually impossible for children to take advantage of it, leaving them dependent on an adult to take them to visit. Whether because of distance, expense, or an aversion to visiting a state prison with a child, visits were infrequent. Even children whose mothers were in the city jail, which was much closer to them than the state prison, rarely got to see their mothers because of inconvenient hours and burdensome visiting rules. Phone calls, with their associated surcharges imposed by service providers, were expensive, sometimes prohibitively so, for the families caring for the children.

As these brief highlights show, the children were indeed faced with a variety of ACEs in their lives, in addition to maternal incarceration, placing them at risk of deleterious consequences later in life. In the next section, we present findings from the interviews conducted some 10 years after the first wave, which enabled us to observe whether in fact these challenges resulted in adverse outcomes for the children.

Findings at T2: Continued Disadvantage

The 13 participants re-interviewed as adults revealed that concerns about the children being at risk of troublesome outcomes were well founded. Nearly seven in ten (69.2%) reported having mental health problems such as depression, while nearly as many (63.6%) had used illegal substances and been arrested either as a youth or an adult (66.7%). All who had children (38.5%) became parents as teenagers. Their narratives spoke of the persistent challenges in their lives as well as the ways in which their mother’s incarceration affected them as children. Some, like 20-year-old Brittany, thought their childhood was “like hell” because of their mother’s incarceration. Others were accustomed to living without their mother and did not perceive her imprisonment as disruptive to their lives, even though the separation caused emotional pain for them. What was clear was that the children’s lives were linked to their mother’s in ways that exerted powerful emotional influences and that the troubling circumstances that characterized their childhoods likewise shaped their adult lives.

Different Time, Same Challenges

At the time of the follow-up interviews, participants' lives were still largely defined by the disadvantages found at T1. As young adults, they reflected on the difficulties they faced as children not just during their mother's incarceration but also after their mothers left prison. Instead of their release being a positive turning point for their families, the same problems facing their mothers prior to imprisonment continued to be challenges post-release. Their mother's continued involvement in criminal activities, engagement in drug use, and struggles with mental health after release posed ongoing problems for the children. Several recalled how their mothers drifted in and out of their lives since their initial interview at T1, often speaking of grandmothers or other relatives (with the exception of their fathers) taking care of them throughout childhood. Several expressed the same type of resentment about this that older teens had revealed at T1. Josh, now 21 and still living with his grandmother, reflected back on his mother's frequent incarcerations and returns home and his hopes that she had changed: "She came home and I'm thinking, oh yeah, I can move in with her, you know, that's my mom and everything else, but right there I realized, nope...I can't. And I still feel the same way." Similarly, Tremelle, a 21-year-old single mother of three, explained: "It was always the same story, like how she wasn't gonna go back and she was gonna be right. But she'll come home and she'll be doing good for a couple weeks or a couple months and then she'll be back at what got her in that position in the first place." Nick, a 19-year-old at T2, succinctly summed up the reason for his disappointment in his mother, who had been largely absent his entire life: "She's had almost twenty years to try and be a mom. She's always chosen her addiction..."

Even those who had seemed well positioned to overcome the adverse situations they were dealing with succumbed to the continued difficulties linked to their mother's troubles. For instance, at T1, 12-year-old Chantay was doing well in school and was even engaged in extracurricular activities, unlike nearly all the other children and despite her mother's violent behavior that had led to her incarceration in jail. She seemed committed to getting an education and pursuing a career in design. At age 24, however, she revealed that she had been expelled from high school and was now dealing with depression. Reflecting on her mother's alcohol and drug use, she said that her mother had never been sober during her entire life. Instead, "she's still doing the same exact stuff." Since her initial interview, her mother had been in jail an additional five times, and Chantay disparagingly referred to her as a "crackhead" and "drama queen" constantly in legal trouble. To her, jail time for her mother was a "relief" that meant "less drama, less aggravation" for her and her siblings. For others, jail time also meant that their mother was safer than she would be on the streets. Chantay's disappointment and resentment were obvious and reminiscent of the adolescents at T1 who felt angry and betrayed by their mothers.

Several young adult participants ended up facing the same challenges their mothers faced. John, whose mother had schooled him to fight when he was young, was 26 years old at T2, living in a room in a house with other men he had met in the drug rehab facility he had recently left. He reflected on the struggles he shared with his

mother, who had recently died of a heroin overdose. Like her, he had been arrested, spent time in jail, and used drugs—with his mother. When asked if she tried to discourage him, he explained: “In the beginning she did, but she couldn’t tell me nothing. You know, it’s just... it was... you know, it was never like a mother relationship where she told me what to do and I had to do it type thing.” Likewise, Dayesh, a 22-year-old who was serving a minimum 15-year sentence in prison when re-interviewed, recounted his delinquency as a teenager and spoke of how he and his mother were both imprisoned on charges related to his drug dealing. Kelly was a 20-year-old whose mother had struggled with mental health issues during Kelly’s childhood. At the time of her adult interview, Kelly herself was living in a mental health facility, having been placed in care after her most recent suicide attempt. She started self-injuring at the age of 12 and had been hospitalized over ten times for her mental health-related issues.

While Kelly was the sole participant in a mental health facility at T2, 9 of the 13 participants spoke of self-injurious behavior or of being diagnosed with mental illnesses. Josh, for instance, remembered himself as an angry adolescent, and his childhood pictures show a consistently somber, unsmiling youth. “I cried a lot, not realizing why I was crying, you know?...Like in high school like when I’d get upset, I’d end up cutting a lot. I’d cut my arms up really bad. I still try to hide all of the scars.” Others, like 28-year-old Peter who had been in counseling for several years, spoke of being depressed: “I have so much wrong, ya know, like the bad outweighs the good in my life. I’m hurtin’ inside. A lot, a lot...It just sucks, man. This depression shit is just crazy.”

Many participants continued to be constrained and troubled by their own financial struggles and difficulties finding and keeping regular employment, which is not surprising in light of the number who had dropped out of high school. For example, Tremelle discussed how negatively her financial situation affected her. Pregnant with her second child during her senior year of high school, Tremelle dropped out to enroll in a trade school that she did not finish. She had scant job experience since then, largely due to her obligation to care for her children. “I’m basically relying on public assistance, like welfare and everything. And, like, I think about it all the time because it’s so depressing that I don’t have a job right now, and I can’t really support myself financially...There’s nights I cry because I don’t have a job and I’m depending on welfare. Like, I don’t want to live like that at all. It’s just the worst.”

Growing Up Early

Due to their circumstances, many participants were forced to grow up early. Instead of being able to depend on parents or caregivers, they learned they had to depend on themselves, what those who study youth transitioning from foster care term “survivalist self-reliance” (Samuels & Pryce, 2008). Nick, for instance, spoke of not having adults to turn to in difficult situations. When asked how he dealt with his anger, he disclosed that he bottled it up: “There was like nobody to talk to, so I used to just shove it deep down.” Other participants reflected on how they learned to fend for

themselves. When he was interviewed at age 15 while his mother was in jail, John was living on his own, working as a day laborer and trying to support his girlfriend and infant child. As an adult, he revealed that his forced independence started at age 12 when he lived on his own in an apartment. Others spoke of taking on caregiving roles for their own family members. At age 16, when her mom was incarcerated, Chantay stayed in their home and took care of her younger siblings. Even when her mom returned home on house arrest, she explained that nothing changed because “it was kind of like routine for us to do what we did for our[selves].” So resentful was she of her mother’s abdication of her parental responsibilities that Chantay volunteered that she planned not to take care of her mother as she aged: “She didn’t take care of me, so why should I take care of her?”

For some participants, their caregiving roles and sense of responsibility for their mother’s well-being extended into young adulthood. John, whose mother died of a heroin overdose, felt he had failed to care adequately for his mother and experienced guilt over her death, perhaps because they were shooting heroin together, albeit in separate rooms, at the time of her overdose: “It wasn’t my job, you know, to keep her alive,...yet it was. If I wanted to keep my mom, it was my job to keep her alive, you know? If I wanted to keep her around it was my job to make sure she stayed alive.”

Twenty-eight-year-old Peter recounted allowing his mother to move in with him because she was going through a difficult period with her boyfriend. Due to her drug issues and destroying his property while living with him, he moved her out of his home and into an apartment for which he paid, financed in part by the drug dealing operation he ran with her. Likewise, 24-year-old Jasmine’s younger cousin currently lived with her. Jasmine spent much of her own childhood living with her aunt because her mother was in and out of prison. She explained that her cousin’s “story is similar to mine. Her mother is my mother’s sister, and they were both back and forth with the incarceration, and she’s staying with me now, so I’m trying to do what I can for her to make sure that she’s okay and help her the way that my aunt helped me.”

Effects of Maternal Incarceration

Given the numerous adverse circumstances in these children’s lives, it is difficult to pinpoint the role that their mother’s incarceration played in their adult difficulties. Nevertheless, half the respondents reported either that their mother’s imprisonment played a role in difficulties in school or was associated with the onset of self-injurious or maladaptive behavior. For instance, 19-year-old Faith, whose mother and father were both incarcerated for most of her childhood, moved to a new town when she was in middle school. Other students learned that her parents were incarcerated and began taunting and picking on her, leading to fights. Eventually, both she and her sister Brittany were expelled from school for a fight they engaged in with school staff at the ages of 14 and 16. Neither sister returned, although Faith eventually got a GED. Kelly, 20 years old at T2, reported that she began cutting

herself when she was 11 because her brother blamed her for their mother's incarceration. Her self-injurious behavior continued, escalating after her mother's return from prison because of the difficult relationship they had. More recently, she had repeatedly attempted suicide and was residing in a mental health facility when interviewed at T2.

While some participants were able to articulate how they thought their mother's imprisonment affected them, others either were unable to do so or else felt it had little effect on them. For instance, 19-year-old Nick, who had lived apart from his mother his entire life, was typically unaware when his mother was locked up because "she was sort of disconnected from my life." Others felt they were protected from the effects of their mother's imprisonment because they were living with another relative who provided them with a loving and stable family, as noted earlier, which buffered the impact her incarceration might have had. As 24-year-old Jasmine said when asked how her mother's frequent stays in prison affected her:

I really can't say because I never felt any different than any of the other kids who did have a mom. I believe that if I didn't have my aunt and my aunt wasn't as supportive as she was of me, then...it probably would have made a major impact...I had my aunt who was to me... she was my mom.

Similarly, 21-year-old Ian said, "I didn't think it really affected me as much as most people 'cause I had such a great grandmother that treated me like I was...her kid, not just a grandson."

Typically, these children had spent nearly their entire childhood living without their mother, in all cases because her involvement with drugs and illegal activity left her unable to care for them. These children, perhaps the most at risk of experiencing maternal incarceration, were nonetheless shielded from its most devastating consequences. Nevertheless, their mother's disengagement had its own repercussions. Tremelle lived with her grandmother for all but a few months of her childhood because her father left and her mother disengaged from the family due to her addiction. She lamented the loss of both parents: "I never really had a mom so it was just like that probably took a big toll on me...That's not how it was really supposed to be...Like you're supposed to be with mom and dad..."

For those accustomed to living without their mother as children because of her behavior, their mother's incarceration might be essentially indistinguishable from her other prolonged absences. Nick, 19 years old at T2, had spent almost his entire life without his mother present. While her stints in jail might not have been salient, her absence due to her drug use was, making him aware of and angered by how different his life was from others whose mothers were present. As a young teen, he began telling people that his mother was dead and continues to do so:

Honestly, I usually just tell people that she's dead. I mean, I know that's probably not the greatest thing to do, but in a lot of ways she kind of is...I mean, I know she's my mother and all, but she hasn't particularly acted like it...She's had almost twenty years to try and be a mom. She's always chosen her addiction or whatever so it sort of became hard to keep caring.

The interviews at T2 revealed one other common effect attributable both to their mother's behavior and her imprisonment. More than half the participants stated a desire to not follow their mother's example. Some had succeeded in doing so, while others were struggling to forge a different path. Jasmine, for instance, whose life was very different from her mother's, noted that she simply does the opposite of what her mother does: "I don't have any interest in doing any of the things that she does...I always disliked everything that she did. I mean, I loved her, but I didn't like the things that she did." Chantay likewise expressed a determination not to be like her mother: "My biggest thing that makes me get up and keep pushing every day is that I don't want to be like my mom...Like that's my motivation." Despite her resolve, Chantay had nevertheless been arrested herself, was a heavy marijuana user, and suffered from mental health issues, revealing how difficult it can be to overcome the burdensome adversities these individuals had experienced in childhood.

Discussion

The narratives the participants in this study shared both in childhood and adulthood showed the importance of considering the multiple spheres of influence on a child's development and the ways in which the children's lives were linked to their mother's even in adulthood. While maternal incarceration exerted a powerful influence throughout children's lives, it did not do so in a vacuum. Mother's behavior when not incarcerated, along with macro level factors such as the communities in which they lived and their own socioeconomic circumstances, also had profound impacts on children into their young adult years.

While these children face many obstacles, it is also important to examine the mechanisms enabling children to overcome these adversities. Many children who have experienced a parent's incarceration have in fact overcome the odds and achieved a measure of conventional "success," as demonstrated in Luther's (2015) study of college students whose parents were incarcerated during their childhood. Her study underscored the significance of a supportive adult in helping them succeed; a troubling aspect of the present study was how many participants felt they had no such person in their life. One exception was Jasmine, whose aunt provided a stable and encouraging counterbalance to Jasmine's mother, who was incarcerated in jail and prison several times during Jasmine's childhood. With the help of her aunt and a caring athletic coach, Jasmine received a scholarship to a college in another state, which removed her from her neighborhood, where she had a reputation as a "brawler." She graduated from college, obtained a job in her field, and had received promotions during her tenure there. At T2, she was planning to marry her fiancé and go to graduate school, postponing parenthood until after marriage.

Although Jasmine's story highlights a conventional understanding of resilience, the lack of other narratives of resilience in these interviews leads to questions about the concept of resilience among this population. For children who face maternal

incarceration along with other adverse experiences, what counts as “positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543)? In this context, are participants resilient if they are not currently involved in the justice system and are not using drugs? Analysis of these interviews suggests that some participants may be experiencing a fragile resilience, where they are going through a period of well-being at the time of the interview, but they teeter on the edge of following their parents’ antisocial trajectories. This follows the understanding that resilience is not a fixed state; instead, over the life course, resilient individuals may face new challenges where they are not able to positively adapt. Keeping in mind the dynamic nature of resilience, researchers need to further explore resilience longitudinally among children of incarcerated parents.

Policy Implications

Jasmine’s story raises the question of what policymakers and practitioners can do to encourage more support for children with a parent in prison so that they might overcome the odds as Jasmine seems to have done. Given the “linked lives” of children with their mothers in this study, policymakers should continue to focus attention on how incarceration impacts the family members of those incarcerated and consider ways to reduce the stress and strain of incarceration and reentry, including by reducing the use of incarceration altogether. The continued expansion of bail reform policies, already ongoing in some states, may help in this regard by reducing family separation due to the inability to pay bail. Similarly, policies that focus on alternatives to incarceration, such as sentencing reform and a focus on drug treatment, are likely to have benefits not only to those no longer being incarcerated but also to all members of the family. For those who are incarcerated, providing evidence-based programs that address issues such as parenting or substance abuse would be beneficial.

If separation is unavoidable, policies that enhance visiting conditions at jails and prisons, particularly for children and families, are likely to have positive benefits to parents and children. These policies might include providing separate child-friendly spaces for parents and children to visit and enacting visiting procedures that are not overly burdensome to visitors in terms of cost and time. While video visitation has become increasingly popular due to financial and safety concerns, and is likely to become more popular among correctional authorities given the coronavirus pandemic, the inability of family members to be in each other’s physical presence, especially for young children, should give policymakers pause.

Considering the emotional toll that their mother’s failed reentry took on the children in this study, support during reentry, including with items such as finding employment and housing, is particularly important for mothers and their children. Policies that holistically support family ties and engagement are likely to help both incarcerated individuals and non-incarcerated family members dealing with their

absence, particularly because close family ties are beneficial for individuals at reentry (Naser & La Vigne, 2006; Visher, 2013).

Social service organizations might also concentrate resources on supporting the caregivers of children with incarcerated parents, as the challenges are numerous and exacerbated for families dealing with often overlapping issues of poverty, substance abuse, and difficult neighborhood contexts. It was clear through the interviews that incarceration was a difficult part of participants' childhoods but that their lives were a continuum of negative experiences. The disadvantages faced by these participants were an artifact of their social location, and maternal incarceration was only one of many challenges they faced. The implementation of mentoring programs, either within schools or via separate organizations, might serve as additional avenues for social support and improve outcomes for children, provided they are designed to take into account the multiple challenges facing the children (Hagler, Zwiebach, Rhodes, & Rappaport, 2019). Any policy to support children of incarcerated parents must be designed to account for multiple interconnected risk factors.

Limitations

In common with almost all qualitative studies, this study's small, non-representative, and predominantly urban sample limits generalizability, even though the findings are consistent with quantitative studies that have acknowledged the presence of multiple risk factors in the lives of children with an incarcerated parent (e.g., Johnson & Waldfogel, 2004; Phillips, Erkanli, Keeler, Costello, & Angold, 2006). Furthermore, the small sample used at T2 might not reflect the broader sample interviewed at T1. Locating T2 participants relied in part on visiting last known addresses, which meant that individuals who had moved far away would have been more difficult to locate and interview. Jasmine, for instance, had moved several hundred miles away from her childhood home and fortunately was located through the Internet, but others who did not have a social media presence may have been missed. If Jasmine's distance from her childhood circumstances facilitated some of her accomplishments, it may well be that others who had moved and were more difficult to reach had similarly avoided the more troubling outcomes observed among the other T2 participants. It is possible as well that other T1 participants who could not be reached were faring less well than those who did participate at T2. In addition to the limitations resulting from the sample composition, the interviews showed the difficulty of determining which of the multiple risks the children faced might account for their outcomes. Despite these limitations, however, the narratives and longitudinal perspective of this study do enhance our insights into the complex lives of children affected not only by a parent's incarceration but also by the concomitant circumstances surrounding it.

Conclusion

With their childhood years behind them, participants in this study were able to reflect on how their childhood experiences had affected them. Despite the struggles many had as adults, most felt that they were doing well. Some saw themselves as survivors, recognizing the challenging circumstances they had navigated as children. When asked what advice they would offer children with parents in prison, they typically offered words of encouragement, urging children to remain strong, as they presumably saw themselves to be. In addition, they wanted adults to be kind to these children. As John said, “Them kids got it hard enough... You can’t expect them to be on the same level as every other kid because they’re there, but they’re not there... Their hearts ain’t there. They can’t put their whole heart and soul in their work or schooling, you know, ‘cause half of their soul is in prison right now.”

In the decade since *Disrupted Childhoods* (Siegel, 2011) was published, recognition that parental incarceration introduces risks to children in several domains has grown thanks to the extensive research now available. Despite recent declines in the incarcerated population, however, millions of children are still affected by their parents’ imprisonment. As shown through this longitudinal study, parental incarceration is not the only risk facing this population; instead, the negative effects of parental incarceration are intertwined with a multitude of other disadvantages. Participants reflected back on their mothers’ incarceration as a difficult experience, but they also shared about the challenges caused by their mothers’ reentry, drug use, and mental health, in addition to the economic disadvantage facing their families. Future research is needed to work to disentangle the effects of incarceration from the other hardships facing these children.

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The Benefits of Doula Support for Women Who Are Pregnant in Prison and Their Newborns



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Over the past three decades, the number of women incarcerated in the United States (US) has increased more than 700% (Carson, 2018). Approximately 75% of women in prison are of childbearing age (Carson, 2018), and most are mothers with minor children (Maruschak, Glaze, & Mumola, 2010). Although jails and prisons do not systematically track pregnancy rates or obstetric outcomes (Sufrin, 2017), a 2019 national survey of 22 state prisons (Sufrin, Beal, Clarke, Jones, & Mosher, 2019) found that approximately four percent of women recently admitted to state prison were pregnant. Some of these women will be released before giving birth; however, based on Sufrin et al.'s (2019) estimates, each year more than 1000 women give birth while incarcerated in US prisons. Still, very little is known about pregnant women in prison or their infants' outcomes.

Women Who Are Pregnant and Incarcerated

Compared to women who are pregnant in the general population, women who are pregnant in prison are more likely to experience pre-incarceration risk factors that are typically associated with poor perinatal outcomes (Bell et al., 2004; Knight & Plugge, 2005). Several studies have documented a high prevalence of substance use (Knight & Plugge, 2005), chronic medical conditions (Knight & Plugge, 2005), stress and depressive symptoms (Hutchinson, Moore, Propper, & Mariaskin, 2008), violence exposure (DeHart, 2008), poor nutrition (Ferszt & Clarke, 2012), and

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limited access to reproductive care (Clarke et al., 2006) among women incarcerated during pregnancy. Once incarcerated, women who are pregnant often experience other risks that may compromise a healthy pregnancy outcome. Although jails and prisons in the US are required to provide healthcare to individuals who are incarcerated, there are no federal standards for prenatal care, resulting in varying protocols and outcomes across states (Buchanan, 2012; Ferszt & Clarke, 2012). Overall, healthcare services for women in prison have been consistently described as inadequate (Ferszt & Clarke, 2012; Wilper, Woolhandler, & Boyd, 2009). In a national survey, Maruschak (2008) found that only about half of women who were pregnant in state prisons received some type of pregnancy-related care.

Limited research is available on the outcomes of infants born to women during their incarceration. In their systematic review of perinatal healthcare services for women who were pregnant and incarcerated, Bard, Knight, and Plugge (2016) identified five studies (Barkauskas, Low, & Pimlott, 2002; Kyei-Aboagye, Vragovic, & Chong, 2000; Mertens, 2001; Siefert & Pimlott, 2001; Terk, Martens, & Williamson, 1993) published in the international literature between 1980 and 2014 that reported infants with low birthweights (<2500 g), with rates ranging from 6 to 17%. Two other studies of women who received standard prenatal care during incarceration reported preterm birth rates of 14% (Stauber, Weingart, & Koubenec, 1984) and 24% (Terk et al., 1993). In their recent survey of 22 state prisons, Sufrin et al. (2019) reported that 6% of live births were preterm.

Similarly, few studies have examined maternal-infant bonding and attachment in the context of maternal incarceration. Chambers (2009) interviewed 12 mothers who were incarcerated during the early postpartum period about their perceptions of bonding with their infants. Qualitative analyses revealed that mothers reported a deep love for their infants (“a love connection”) and the emotional pain of being separated shortly after birth (“feeling empty and missing a part of me”). In a sample of 25 women in state prison (21 of whom were pregnant at the time of the interview and 4 who had recently given birth while incarcerated), Hutchinson et al. (2008) found that mothers commonly expressed fear of separation from their infants.

Doula Support for Incarcerated Women

Given that women who are pregnant in prison experience increased perinatal risks (Hotelling, 2008), providing gender-specific, trauma-informed care is an important step for improving maternal, fetal, and neonatal health and supporting the mother-child dyad. Prenatal and postpartum education and support can be provided by a birth coach or doula. A doula is a “person trained and experienced in childbirth who provides continuous physical, emotional, and informational support to the mother before, during and just after birth” (Doula Organization of North America, 2017). Doulas’ roles commonly include providing informational support during pregnancy; using lay language to explain how labor is progressing; giving reassurance through emotional support; offering physical comfort; keeping records of women’s

labor and birth experiences; and supporting the mother-infant dyad, including promoting skin-to-skin contact and encouraging breastfeeding.

Unlike nurses or midwives, doulas do not provide medical support or have clinical responsibilities. Rather, their support may complement the roles of other health-care professionals, such as doctors, nurses, and midwives (Ballen & Fulcher, 2006). A growing body of research has demonstrated improved outcomes associated with continuous support during labor and birth. In their systematic review, Hodnett and colleagues (Hodnett, Gates, Hofmeyr, & Sakala, 2012) found that women who received continuous intrapartum support had shorter labors, were more likely to have spontaneous vaginal births, and reported more satisfaction with their experiences compared to women who did not receive such support. Additionally, Bohren and colleagues (Bohren, Hofmeyr, Sakala, Fukuzawa, & Cuthbert, 2017) found that continuous intrapartum support was associated with improved neonatal outcomes, including reduced risk for low 5-min APGAR scores; however, they found no impact of continuous intrapartum support on babies' admission to the special care nursery or mothers' breastfeeding initiation.

Currently, doula support is offered to women who are pregnant in a small number of jails and prisons across the US, although published studies on outcomes are rare (Bard et al., 2016). In their systematic review, Bard et al. (2016) identified only six studies that they categorized as offering enhanced prison perinatal care (defined as "models of perinatal health care where some specific effort had been made to improve conditions or care for pregnant prisoners" [p. 3]). They found some evidence that rates of caesarean birth were lower among women receiving enhanced prison care, compared to women receiving standard prenatal care (Bard et al., 2016). Among women receiving standard prenatal care, 26.5% gave birth via caesarean; among women who received enhanced prison care, 12.9% gave birth via caesarean section (Bard et al., 2016). Of the six studies Bard and colleagues identified as offering enhanced prenatal care, only two (Inoue, 2003; Schroeder & Bell, 2005) specifically considered doula care, and both of these studies described doula services for women who were pregnant and incarcerated in jails. There are notable differences between jails and prisons in the US—particularly in terms of the average length of incarceration and the availability of healthcare services across facilities (Sufirin, 2017). To the best of our knowledge, the current study is the first to describe the characteristics and outcomes of participants in a prison-based doula program.

Our community-university-corrections partnership between the Minnesota Prison Doula Project (MnPDP), the University of Minnesota-Twin Cities, and the Minnesota Department of Corrections has been described in a previous publication (Shlafer, Hellerstedt, Secor-Turner, Gerrity, & Baker, 2015). The MnPDP has demonstrated the feasibility of providing one-on-one doula support to women incarcerated during pregnancy (Shlafer et al., 2015). In the current study, we build on this work and describe the health outcomes of participating women and their neonates. The aims of the current study are to (1) describe the demographic characteristics, parenting history, incarceration-related characteristics, and physical and mental health problems of women who were pregnant and incarcerated in one state prison; (2) document the frequency and type of doula care these women received during

pregnancy, labor, birth, and postpartum and their satisfaction with this support; and (3) describe the outcomes of women receiving support during pregnancy, labor, birth, and postpartum through a prison-based doula program.

Method

Data for the current study were drawn from an ongoing evaluation of a prison-based, pregnancy and parenting support program at Minnesota's only state prison for women. The program consisted of a 12-week pregnancy and parenting support group, as well as one-on-one doula support during pregnancy, labor, birth, and postpartum. Doulas aimed to conduct six, one-on-one visits with each pregnant person: two prenatal visits at the prison; continuous labor and birth support at the hospital; support at the hospital around the time the women were expected to be discharged and would be separated from their newborn; and two postpartum visits at the prison. The goal of these one-on-one visits was to provide the woman with informational and emotional support; doulas were encouraged to follow the woman's lead in terms of identifying needs to address during their time together.

In addition to their voluntary participation in the doula program, women who were pregnant in this prison received standard prenatal care from prison health services through the first 28 weeks gestation. Prenatal care at the prison was provided by a combination of health professionals, including an obstetrician, a physician not trained in obstetrics/gynecology, and nurse practitioners. At 28 weeks of pregnancy, women were transported off prison grounds for an initial appointment with an obstetrician at the local hospital. Women continued prenatal care at the prison until 36 weeks gestation, at which time the remainder of their care was provided at the hospital.

All pregnant women who were expected to give birth during their incarceration were referred to the doula program by their prison case manager. Upon learning more information about the program, they all elected to receive doula support and were then matched with a doula by the program coordinator. During their first one-on-one meeting, women were informed that the program was being evaluated in partnership with the University of Minnesota and were invited to participate in the research study. Women provided written informed consent for their participation in the program's evaluation and were informed that they could receive doula support even if they chose not to participate in the research study. All program staff were trained in research ethics and data privacy. The University of Minnesota's Institutional Review Board and the Minnesota Department of Corrections Human Subjects Review Board approved all study protocols.

Upon study enrollment, the women completed a brief written survey that recorded their demographic characteristics (e.g., age, education) and parenting history (e.g., number of children, involvement with child protective services). The survey also contained questions about their current incarceration, including the length of sentence and time served. Participants were also asked to self-report any current

physical or mental health concerns (e.g., chronic conditions, mental health diagnoses). After the birth, the women were asked to report their level of satisfaction with their birth experience, the time spent with their child after birth, and the care they received from doulas. Response options for these questions were on a 5-point scale from “not satisfied” (1) to “very satisfied” (5). In addition, women were asked a brief open-ended question about the time they had with their baby at the hospital after birth—“What other comments do you have about your time with your child after birth?”

As part of their standard practice, doulas recorded information about their clients’ labor and birth outcomes, including the type of birth and use of interventions. Doulas also reported key neonatal outcomes such as gestational age, birthweight, and whether the infant required specialized care (i.e., admission to the neonatal intensive care unit [NICU] or special care nursery). Doulas were also asked a brief open-ended question about their client’s time with her infant at the hospital after birth—“What other comments do you have about this woman’s time with her infant after birth?” All of the doulas received training about the importance of record keeping and were aware that their records and notes would be de-identified and used for research purposes.

As part of their contracted work for the program, the doulas were also expected to keep notes about all visits with their clients using a Doula Contact Form. On the Doula Contact Form, doulas recorded information about where the visit took place, the type of visit (i.e., prenatal, birth, hospital discharge/separation, postpartum), and the length of the visit. The doulas were also asked to specify the topics (selected from a list of 15 areas, including nutrition, exercise, breastfeeding, birth preferences, etc.) that were discussed during each visit. More than one topic could be discussed during a single visit. The frequency of each topic was calculated, and the four most common topics by visit type were reported.

Data Analysis

Descriptive statistics were computed for women’s demographic, parenting, and incarceration-related characteristics and their history of mental and physical health problems. Descriptive statistics were also computed for the frequency and length of doulas’ visits with women, women’s satisfaction with the program, and their labor and birth outcomes. Data were analyzed with SPSS v.24. Missing data were generally low across all study variables (less than 5%), with the exception of mental health diagnoses, which were missing at a rate of 23%.¹ Common reasons for missing data were participant illness or scheduling conflicts, participants’ declining to

¹The reason for this missingness is unknown; however, some participants may have been reluctant to share information about their mental health history given the sensitivity of these questions.

answer one or more questions on a form, or administrative constraints (e.g., facility on lockdown).

Qualitative content analysis was employed to examine the participant- and doula-reported open-ended questions about women's time with their infants after birth. This form of analysis focuses on the content and contextual meaning of text to glean explicit and inferred meaning (Hsieh & Shannon, 2005). First, two research assistants independently read the two open-ended questions to develop "a sense of the whole" (Sandelowski, 1995, p. 373). Then, all responses were independently coded by both researchers; an iterative process of codebook development and discussion followed to ensure consensus of codes (Graneheim & Lundman, 2004). Finally, after primary codes were established, the coders aggregated the meaning units and determined three primary themes across the doulas' and women's reports that represented the women's experiences with their infants in the hospital.

Results

In the 5-year period between July 2011 and June 2016, a total of 90 women were pregnant with a singleton fetus and expected to give birth while incarcerated in Minnesota's only state prison for women. Of the 90 women, 2 were transferred to other facilities, and 10 were released from prison before giving birth, resulting in 78 women who gave birth in custody. All of these women elected to receive doula support and agreed to participate in the research study. Eleven women were removed from the analytic sample because they were missing one or more forms (e.g., consent form, intake form, doula contact log), resulting in a final analytic sample of 67 women. One woman received doula support during her incarceration, was released from prison, and was pregnant again upon re-incarceration. Though the woman received doula support for both pregnancies, only data from the woman's first birth were included in the analyses.

Quantitative Data

Participant Characteristics

Demographic characteristics, parenting history, health problems, and incarceration-related characteristics for the study participants are presented in Table 1. At the time of study enrollment, most (91%) women reported having minor children. Among participants who indicated having minor children, participants had between one and nine children ($M = 2.7$, $SD = 1.7$). Many women reported short intervals between their current and previous pregnancies—10.3% had a child less than 1 year of age; 13.8% had a child less than 2 years of age. A majority (78%) of participants reported a history of a mental health diagnosis, and nearly one-quarter (22%) reported having

Table 1 Demographic characteristics of 67 women who participated in a prison-based doula support program

Demographic characteristics	<i>n</i> (%)	Mean (SD, range)
Race		
White	24 (40)	
Black/African American	13 (22)	
American Indian	15 (25)	
Asian	3 (5)	
Multiple races	5 (8)	
Age (years)		28.1 (5.2; 20–41)
Schooling completed (years)		11.5 (2.0, 4–16)
Has minor children	59 (91)	
Number of other children ^a		2.7 (1.7; 1–9)
Working with child protective services	12 (19)	
Ever received a mental health diagnosis	38 (78)	
Currently have a chronic condition	14 (22)	
Ever experienced domestic violence	38 (60)	
Time served at program enrollment (months)		2.7 (1.7; 0.1–8.0)
Length of sentence (months)		21.8 (18.9; 2–80)
Time left to serve at birth (months)		10.4 (14.4; 0.1–82.3)

Note. Sample sizes vary due to missing data

^aIncludes only women who have at least one child prior to enrolling in the program

a current chronic health condition (e.g., diabetes, hypertension). On average, at the time of their enrollment in the program, participants had served approximately 3 months of their sentence and were sentenced to just under 2 years in prison ($M = 21.8$ months); nearly 92% of the sample was sentenced to less than 5 years.

Doula Visits

Doulas’ reports on the Doula Contact Form revealed that the doulas met individually with each woman an average of six ($SD = 0.6$) times, including the birth. Visits took place during different time periods for each woman, depending on gestational age at the time of program enrollment and sentence length. The total length of the women’s relationships with their doulas ranged from 15 to 220 days ($M = 90.8$, $SD = 42.6$) as measured from first to last one-on-one visit. See Table 2 for information regarding the proportion of women who received the target number of visits and average visit length.

Doulas’ meeting notes captured the topics they discussed with each woman. At the prenatal visits, the four most common issues discussed were birth in prison (54%), emotional changes/stress (54%), coping with incarceration (51%), and birth preferences (50%). At the birth, emotional changes/stress (32%) and birth in prison (24%) continued to be major concerns, as were breastfeeding (40%) and taking care

Table 2 Number and length of pregnancy, birth, and postpartum doula visits

Visit type (target number of visits)	Met number of target visits <i>n</i> (%)	Visit length (hours) <i>M</i> (SD)
Prenatal (2)	56 (84)	0.9 (0.2)
Birth (1)	65 (97)	8.2 (4.9)
Hospital discharge/separation (1)	62 (93)	3.8 (1.8)
Postpartum (2)	59 (88)	1.0 (0.2)

of your body after birth (24%). At the hospital discharge/separation visits, doulas and the women most commonly discussed taking care of your body after birth (56%), emotional changes/stress (51%), coping with incarceration (38%), and breastfeeding (30%). Finally, during the postpartum visits, the most commonly discussed topics were emotional changes/stress (55%), taking care of your body after birth (44%), coping with incarceration (43%), and exercise (28%).

Maternal Reports of Program Satisfaction and Time Spent with Baby

Results suggested a very high level of satisfaction from the women participating in the program. On a 5-point scale (with five being “very satisfied”), the mean satisfaction ratings across all participants was 4.5 (SD = 0.9) for the birth experience and 5 (SD = 0.2) for the care provided by doulas. On average, women reported high levels of satisfaction with the time that they spent with their baby ($M = 3.94$, $SD = 1.35$).

Labor and Birth Outcomes

The average infant gestational age was 39 weeks and 2 days (Table 3). Five of the newborns (7.5%) were born prior to term (<37 weeks gestation). Newborns weighed an average of 7.5 pounds (SD = 1.1); two (3%) of the babies were born low birth-weight (<2500 g). A majority (82.1%) of the women gave birth vaginally. Of those who had a vaginal birth, 76.4% received either epidural or narcotic pain management. Approximately 18% of women gave birth via cesarean, although all but two of the cesarean births were repeat, scheduled cesarean births. Eight neonates were admitted to the NICU. Reasons for NICU admission as documented by doulas included prematurity ($n = 4$), cleft lip and palate ($n = 1$), infection ($n = 1$), breathing difficulties ($n = 1$), and neurological concerns ($n = 1$). Maternal and neonatal outcomes, including the type of birth, rates of preterm birth, and admission to the NICU, are presented in Table 3.

Table 3 Type of birth and neonatal outcomes

Variable	n (%)
Type of birth	
Vaginal birth	55 (82)
Spontaneous vaginal birth	54 (81)
Operative vaginal birth	0 (0)
Vaginal birth after prior cesarean birth	1 (1.5)
Cesarean birth	12 (18)
Scheduled primary cesarean birth	1 (1.5)
Unscheduled intrapartum primary cesarean birth	1 (1.5)
Repeat cesarean birth	10 (15)
Neonatal outcomes	
Preterm birth (less than 37 weeks' gestation)	5 (8)
Low birthweight	2 (3)
Admission to neonatal intensive care unit	8 (12)

Qualitative Themes

Qualitative analysis of the open-ended responses from the women and their doulas revealed three key themes: (1) women expressed that the time with their infants was not long enough; (2) women savored every minute with their infants; and (3) doulas observed strong maternal-infant bonding.

Women Expressed that the Time with Their Infants Was Not Long Enough

One of the most common statements, reported by half of the sample, was that they did not have enough time with their babies prior to being separated. One woman wrote, “I’m sad that I had less than 48 full hours to spend with my newborn breastfeeding him and singing, holding, bathing, soothing him.” The limited time together was even more acute for women who had infants with medical issues. For example, one woman wrote, “I wish I was able to have more time with my son. Because he was premature, he wasn’t able to be in my room with me.”

Women Savored Every Minute with Their Infants

Despite often only having 48–72 h with their infants before returning to the prison, 40% of the responses described the time women spent with their infants as high quality. They described making the most of the very limited time they had with their babies. For example, one woman wrote, “It was not long enough, although I did cherish and enjoy every moment that my baby and I spent together.” Another woman wrote, “The time I had was absolutely amazing. Really good for me and baby.”

Doulas Observed Strong Maternal-Infant Bonding

Finally, the doulas described the majority of women as highly attentive and affectionate mothers who developed strong bonds and connections with their infants. Although the doulas expressed varied perceptions of the degree to which medical staff supported women's bonding with their infants, in general, the doulas that noted skin-to-skin time and breastfeeding reported that women were able to successfully do these activities. One doula wrote, "She said that she stayed up all night with her baby because she didn't want to miss one minute because soon they'd be separated." Another doula wrote, "She was very involved with baby care. Changing his diapers, cleaning him up and nursing. She was snuggling and kissing him and just taking him all in." Another doula described her observations, "As soon as she could she put her baby skin to skin and loved her with kisses, loving stares and breastfeeding her baby."

Discussion

In the current study, we sought to describe the demographic characteristics, parenting history, incarceration-related characteristics, health conditions, program satisfaction, and labor and birth outcomes of women who were pregnant in one state prison and received one-on-one doula support during pregnancy, labor, birth, and postpartum. We found that women in the current sample had numerous risk factors that could compromise a healthy pregnancy outcome. Women were disproportionately from racial minority groups that have a history of discrimination and marginalization, had limited educational attainment, experienced high rates of violence exposure and child protection involvement, and reported high rates of mental and physical health problems. Despite these risks, women were highly satisfied with their births and their participation in the program. A majority gave birth vaginally, and most had healthy newborns in terms of gestational age and birthweight.

Doula Support

Reports from doulas' one-on-one meetings with women indicated that doulas provided information and emotional support on a variety of issues. The success of these meetings and the doula program in general was reflected in women's high ratings of satisfaction with the program and their births. The doulas provided support to women who often lack such support systems for a meaningful and healthy birthing experience in prison. In addition to promoting their physical health, research suggests that additional support systems for pregnant women who are pregnant and in prison may improve the psychological aspects of birthing while incarcerated. Through a series of interviews with 25 women who were pregnant in prison,

Hutchinson and colleagues (Hutchinson et al., 2008) found that stress, loneliness, and depressive symptoms were common. Further, the majority of women in their sample did not use their peers in prison as sources of social support (Hutchinson et al., 2008). Hutchinson et al. (2008) suggested that interventions for women who are pregnant in prison should include support suitable to address pregnancy-related stressors, birth planning, and motherhood. Support from knowledgeable birth professionals, like doulas, may be important to complement the work of prison health-care providers (Ballen & Fulcher, 2006). Indeed, many of the most common topics doulas discussed with participants in our study parallel the suggestions from Hutchinson and colleagues' study (2008).

Labor and Delivery Outcomes

In the current sample, the majority (82%) of women had a vaginal birth; 18% of the sample gave birth via cesarean section, though only 3% were primary cesarean births. The frequency of cesarean births and adverse birth outcomes was small, especially relative to previous studies (e.g., Bard et al., 2016) and national birth data. It is important to note, however, that comparisons between the present sample, past studies, and national birth data must not be overinterpreted given this study's small sample size and the homogeneity of participants' perinatal characteristics (e.g., 91% of women had previously given birth). Still, it is worth noting how the present findings compare to past research. In the current study, rates of cesarean births were lower than in Bard et al.'s (2016) review of studies offering standard prenatal care (what they labeled as *PRISON*, but higher than the studies offering enhanced care (*PRISON+*). However, Bard et al. (2016) did not report additional details about the cesarean births (i.e., the percentage of cesarean births that were primary versus repeat), and only one of the studies in the *PRISON+* group specifically provided doula services (Schroeder & Bell, 2005).

In the current study, all but two of the cesarean births were repeat, scheduled cesarean births. This is notable in light of national rates of total cesarean births equaling 31.9% and primary cesarean births estimated at nearly 22% (Martin, Hamilton, Osterman, & Discoll, 2018), along with clinical goals to reduce the number of primary cesarean births (ACOG, 2016). Although cesarean birth can be life-saving and necessary in certain cases, cesarean birth without evidence of specific clinical conditions has been associated with increased risk of maternal morbidity and mortality (Deneux-Tharoux, Carmona, Bouvier-Colle, & Bréart, 2006; Petitti, 1985). The very low rate of primary cesarean birth in our sample provides promising evidence for this intervention with women who are incarcerated, but should also be interpreted with the limitations described below in mind.

Neonatal Outcomes

We also reported key neonatal outcomes, including the number of preterm and low birthweight infants and the NICU admissions. In the current sample, few newborns were born preterm (7.5%) or low birthweight (3%). Nationally, the preterm birth rate is 9.85%, and approximately 8.17% of newborns are low birthweight (Martin et al., 2018). Given the complex histories of physical, mental, and chemical health problems common among women in prison (Maruschak, 2008) that are known to be associated with worse neonatal outcomes, the rates of preterm birth, low birthweight, and NICU admission in our sample are lower than what might be expected.

As others have noted (Martin, Rieger, Kupper, Meyer, & Qaquish, 1997; Sufrin, 2017), incarceration inherently offers some level of protection to the woman and her developing fetus, particularly in terms of stable housing, access to regular meals, and protection from substance use and domestic violence. And yet, incarceration is an ethically complicated intervention for women who are pregnant, and prisons are rarely equipped to address women's complex medical and psychosocial needs. Furthermore, incarceration is a traumatic experience for many women. For example, the present study provided information regarding the trauma of separating from a newborn shortly after birth. Qualitative analysis of participants' and doulas' open-ended responses about the time women spent with their infants revealed that most women savored the very limited time they had with their infants at the hospital and used this time to connect physically and emotionally. Doula described the majority of mothers bonding and being very attentive to their infants. These findings support past findings (Chambers, 2009) and point to the need for more research on the potential long-term consequences of confinement during pregnancy and postpartum, including the consequences of maternal-infant separation. Future research with larger samples should examine how length of incarceration is related to short- and long-term outcomes and the complicated nature of the "protection" prisons may offer pregnant women and their infants (Sufrin, 2017). Indeed, the majority (76%) of women in the current sample were to be released from prison within 1 year of the birth. Thus, their continued incarceration comes during a sensitive period in their infants' development. In addition, building on work by Barkauskas (2002), more research is needed on how community-based alternatives that provide safe and stable housing, meals, healthcare, and substance abuse treatment can address the complex needs of pregnant women and mothers who are justice-involved.

Limitations

The current study is not without limitations. First, all of the participants were incarcerated in the same state prison, limiting the study's generalizability. Second, the sample size was relatively small, with only 67 participants over a 5-year period. Notably, though, all of the women who were offered doula support elected to par-

ticipate in the program and agreed to participate in the research, minimizing potential selection effects. Given the small sample size and the large proportion of women who had previously given birth, Nulliparous, Term, Singleton, Vertex (NTSV) births, often characterized as low-risk births, and the number of NTSV cesarean births could not be calculated; this makes comparisons with previous studies difficult. Finally, all of the women in this study received doula support, with little variation in the frequency of contact they had with their doulas. As such, we cannot make claims about the causal relationships between doula support and women's outcomes. Future research should seek to identify potential comparison groups (i.e., women who are pregnant and incarcerated in a geographically similar state with comparable incarceration rates but did not receive doula services) in order to rigorously test the intervention's effectiveness.

Policy Implications

Our findings have several important policy implications. There has been growing national attention to the growth of the U. S. prison population, and many advocacy groups have called for substantial reductions in the prison population (e.g., #Cut50, 2019). We echo these initiatives and suggest that pregnant women and parents with minor children be prioritized in these efforts. We recommend that states partner with community-based organizations (e.g., substance abuse programs, domestic violence shelters) to provide trauma-informed and gender-specific alternatives to incarceration so that fewer women who are pregnant enter prison in the first place. Relatedly, we recommend that corrections departments identify innovative practices that prevent the separation of mothers and their infants after birth. A majority of women in our sample were released within a year of their infants' births. Separation during this sensitive developmental period may have devastating consequences for infant health and development. As such, we encourage states to identify ways to keep mothers and their infants together by allowing them to transition to community-based alternatives where their individual and dyadic needs can be met.

When incarceration is necessary, we recommend that all jails and prisons provide health services that meet the standards of care outlined by the National Commission on Correctional Health Care and other professional organizations (e.g., American College of Obstetricians and Gynecologists [ACOG], Association of Women's Health, Obstetric and Neonatal Nurses [AWONN]) for the care and treatment of pregnant women. We recommend that jails and prisons implement programs, policies, and practices that promote maternal and child health, including doula programs, breastfeeding support, and infant-/child-friendly contact visits.

Conclusions

Results from the current study add to a small but growing body of evidence examining the perinatal outcomes of women who are incarcerated and their newborns. To the best of our knowledge, the current study is the first to report such outcomes among women participating in a prison-based doula support program. Although a wide variety of prison-based support programs exist for mothers who are incarcerated, little is known about the services or programs offered specifically for women who are pregnant in prison (Dallaire & Shlafer, 2017; Loper, Novero, & Dallaire, 2019). Ongoing documentation, research, and evaluation of existing prison-based programs that serve mothers and their children—particularly those specifically for women who are pregnant and postpartum—are sorely needed. In this study, doulas provided support during pregnancy, labor, birth, and postpartum, and most women had healthy pregnancy outcomes. Although time with their infants was very limited, qualitative data indicated that mothers cherished the time that they had with their babies before they were separated. Our findings suggest that doula care can be implemented in a prison setting and may be a promising approach for promoting the health of women who are pregnant in prison and their newborns.

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Maternal Pre- and Post-release Behaviors in a Residential Parenting Program (Prison Nursery)



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Residential Parenting Programs (RPPs)—more commonly known as prison nurseries—are designated units within a corrections center where incarcerated pregnant women are able to co-reside with and be the primary caregiver for their infants for a specified period of time after birth. Policies allowing incarcerated mothers to parent their infants have an early history of support in the United States (Shepard & Zemans, 1950) and continue to be common globally (Anaraki & Boostani, 2014; Hissel et al., 2011; Myers et al., 2017; Wildeman, & Andersen, 2015). Since the first US program opened at the Bedford Hills Correctional Center in New York in 1901, between 1 and 13 such programs have been in operation at any given time, with current programs active in women’s correctional facilities across 8 states (Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, West Virginia, and Washington) and at the federal level.

Although demographic data from these programs are sparse and few rigorous evaluations are available, RPPs are increasingly recognized as a promising alternative to infant-mother separation caused by maternal imprisonment (Byrne et al., 2010; Foxen, 2015; Ghose, 2002; Whiteacre et al., 2013). The prenatal period and the years from the child’s birth through age 3 are arguably among the most important windows of time to promote healthy infant-mother attachment and a positive

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bond between mother and child (Bowlby, 1982; Guralnick, 2013). Potential benefits for children who participate in residential parenting programs are rooted in attachment theory, which suggests that every child needs a consistent and responsive primary caregiver and that such a caregiver is especially critical during infancy and early childhood (Ainsworth et al., 1978; Bowlby, 1982). Mothers who participate have the opportunity to gain confidence and knowledge about parenting their child and may experience increased motivation to make positive life changes (Mulligan, 2019). Other supporting evidence comes from research showing benefits of intergenerational approaches to family well-being during or following maternal incarceration (Byrne et al., 2010; Miller et al., 2013).

Despite a strong theoretical foundation, there has been limited measurement of outcomes for mothers either during or after participation beyond reduced recidivism. In the present chapter, we take a step toward addressing this gap in knowledge by examining other variables that may be meaningful indicators of success in a residential parenting program. Using longitudinal data (2009–2016) from the residential parenting program located at the Washington Corrections Center for Women (WCCW), we evaluated whether four explanatory variables—length of stay, risk level, needs, and history of visits during incarceration—were associated with maternal behavioral outcomes during participation in the RPP or after release from the RPP. Maternal outcomes were defined in terms of institutional behavior (i.e., misconduct) and field violations during supervision in the community. Although we were unable to obtain any data on the infants other than whether or not they were released with the mother, we argue that it is also important to focus on mothers as a testament to the potential benefits of RPPs. In the remainder of the introduction, we provide a brief description of the general features of residential parenting programs and review the literature pertaining to potential metrics of success for participating mothers.

Residential Parenting Programs Overview

Most RPPs in the United States are physically separated from units housing individuals with other levels of custody, and they are renovated specifically to accommodate mothers and infants (Foxen, 2015). Programs tend to be focused on supporting the relationship between incarcerated mothers and their infants through a combination of parenting and life skills education (Byrne, 2019; Carlson, 2000; Fearn & Parker, 2004; Goshin et al., 2014), in addition to other individualized programming (e.g., substance abuse and dependency, mental health counseling, job training, GED courses). Mothers are generally required to apply to the RPP during their pregnancy and to meet stringent criteria for acceptance into the program based on previous parenting history and type of crime, although these guidelines often exclude mothers with the highest need for parenting support. Beyond these structural similarities, RPPs across the United States have little in common. Programs vary substantially from state to state on the number of women served, the ages of the

infants, the period of time that infants are allowed to remain at the facility, and the specific types of interventions within the programs.

At the Washington Corrections Center for Women (WCCW), the RPP emerged out of a collaborative, interagency initiative with local and state partners including the Department of Corrections (DOC) and Puget Sound Educational Service District (PSESD). Established in 1999, the RPP enables pregnant, minimum-security women with relatively short sentences the opportunity to reside with their infants after giving birth (Fearn & Parker, 2004). The RPP at WCCW was designed to house up to 20 mother-infant dyads until they are discharged together into the community. Most participating dyads are scheduled for release into the community before the time the child turns 30 months, although extensions have been granted on a case-by-case basis. Notably, this model is different from other programs in which infants are released at a certain age even if their mothers must remain incarcerated for the duration of their sentence (e.g., Byrne, Goshin, & Blanchard-Lewis, 2012).

Goals of the RPP are to provide a safe and secure environment for incarcerated mothers to bond with their infants and gain important parenting skills and knowledge about child development. These goals are designed to support the successful transition for mother and child when they release into the community. To encourage healthy attachment, home-based and center-based Early Head Start (EHS) services are provided at the Child Development Center located on-site at the WCCW by highly trained EHS teachers and Family Advocates. The EHS curriculum is designed to meet the attachment needs of this vulnerable population and provides participating infants with a safe, nurturing, stimulating environment to support their development. Because of Washington State's licensing requirements, a limited number of children are permitted to enroll in the EHS program at a given time. If center-based EHS services are unavailable, mothers also have the option to leave their child with another RPP mother or approved caregiver on the housing unit. Caregivers are incarcerated women who have met stringent eligibility criteria and are allowed to volunteer in a caregiving capacity at the RPP program. A recent publication used qualitative research methods including naturalistic observations and interviews to describe mother-infant interactions within the RPP environment (Condon, 2017). Of note were evidence of infants' overall safety and well-being and high levels of secure attachment with mothers or other providers (e.g., caregivers, Early Head Start educators).

Potential Metrics of Success During and After Participation in the RPP

Current research on maternal outcomes has been either primarily descriptive or focused on cost-effectiveness and rates of recidivism. Although recidivism rates are highly variable across programs, the percentage of women who return to custody after participation in a nursery program tends to be lower when compared with

nonparticipants in the nursery for each facility (Carlson, 2018; Dodson et al., 2019; Whiteacre et al., 2013). Although recidivism and measurable cost savings are both important for continued operation and funding, these metrics may have limited direct impact on the quality of life for mothers and children (Hannah-Moffat, 2016).

Beyond research on recidivism, findings from the only longitudinal investigation of participants in a US prison nursery program to date have shown promising results such as secure attachment and mental health benefits for participating mothers and babies (Byrne et al., 2010; Goshin & Byrne, 2009). This work has also generated preliminary evidence for positive child outcomes including better behavior in pre-school compared with children who were separated from their mothers during infancy or toddlerhood due to incarceration (Goshin et al., 2014). The current study builds upon existing research to examine the impact of participation in the RPP on mothers' behavior during incarceration and after release.

Behavior During Incarceration

Behavior patterns during incarceration have been linked with post-release outcomes in men and women (Cochran et al., 2014). Behavior often reflects the individual's ability to adapt or cope with the experience of incarceration. Research has shown that prior victimization, mental health problems, substance abuse problems, and the co-occurrence of these factors may increase rates of rule violations in the general population of women who are incarcerated (Wooldredge & Smith, 2018). If an individual who is incarcerated commits a rule violation, they may receive an infraction. Guilty findings may include a variety of sanctions, including the loss sentence reductions given for good behavior. One prior study investigated the progression of serious disciplinary infractions among a sample of women who were incarcerated, revealing distinct profiles including a group that engaged in low but constant frequency of serious misconduct compared with those who either increased or decreased violations over time (Reidy et al., 2017). This study was largely descriptive, but it did identify that the rate of prior arrests was the most consistent predictor for each group.

Other work has also evaluated models for predicting conduct and behavior in populations of women who are incarcerated, highlighting the importance of considering gender-specific needs (Wright et al., 2007). To our knowledge, only one prior study examined behavior in a small sample of mothers ($N = 10$) who participated in residential parenting program, finding a 13% reduction in misconduct reports (Carlson, 2000). In the RPP environment, there are higher expectations than in the general population, and serious infractions may lead to expulsion from the program. In the case of expulsion, mother and child are immediately separated, and the mother is moved to a higher-level custody unit. In addition to higher expectations, there are also specific rules for mothers in the RPP (e.g., mothers may not co-sleep with infants). Currently, little is known about whether participation in the RPP influences behavior during incarceration in positive, negative, or non-significant ways.

Behavior After Release from the RPP

A large majority of women involved in the US criminal justice system are supervised in the community after release from jail or prison. To remain in compliance and avoid incarceration during this period, women must adhere to specific court-mandated conditions. At the beginning of supervision, individuals meet with community corrections officers to discuss a supervision plan including the conditions of supervision imposed by the court, DOC, or other jurisdictions. In the case that an individual does not follow these conditions and is found guilty, they may serve a variety of sanctions to address behavior and compliance depending on the category of violation. We know of no prior research that evaluates the behavior or experiences of women under community supervision who have participated in Residential Parenting Programs before release.

Explanatory Factors Associated with Behavioral Outcomes

Despite increased attention to the topic of parenting while incarcerated, a limited number of variables have been investigated as potential indicators for success. Furthermore, success has primarily been defined quite narrowly for mothers in residential parenting programs using rate of recidivism in the 3 years following release. The present study complements previous research by looking beyond recidivism to focus on behavioral outcomes as potential measures of success during mothers' participation and after release from the RPP. In addition, we draw from a longitudinal dataset to identify a broader set of factors that may be associated with maternal outcomes in this understudied population, including length of stay, risk, needs, and history of visits.

Length of Stay

Along with differences in eligibility criteria and supportive programming, participants' length of stay is one factor that varies substantially across residential parenting programs. In South Dakota, for example, infants are allowed to stay with their mothers up to 1-month postpartum. In Washington, in contrast, length of stay can be up to 36 months after birth. There is some evidence to suggest that program benefits may be greater for mothers who remain enrolled with their infants for at least 1 year (Byrne et al., 2010). A longer duration may be more beneficial because mothers have protected, focused, time with their infant in addition to adequate opportunities to participate in relevant programming for mental health, parenting, job training, and education.

Risk-Level Classification

Risk-level classification is among the most widely used methods for assessing the risk to recidivate, defined in the state of Washington as a subsequent conviction for a felony offense committed within 3 years of placement in the community. Most tools used to evaluate risk level are based on incarcerated men and may include both static risk factors that do not change (e.g., age at first arrest) and dynamic factors that are malleable (e.g., employment). In the last decade, more research has highlighted the need for gender-responsive instruments, specifically as they relate to uniquely female pathways to incarceration such as victimization, addiction, and relationship violence (Brennan et al., 2012). Most importantly, gender-specific factors such as parental stress and self-efficacy have been found to make statistically significant contributions to gender-neutral models of risk assessment (Van Voorhis et al., 2010). No current research, to our knowledge, has evaluated risk-level classification as a predictor of outcomes for the population of mothers in RPPs.

Mothers' Needs

Needs are assessed while under Department of Corrections (DOC) jurisdiction. Although some research suggests that needs may be better operationalized when decoupled from risk classification (Hannah-Moffat, 2016), at present, needs are often incorporated into models with risk to recidivate. Similar to risk level, a parallel debate exists regarding the predictive validity of gender-specific, relative to gender-neutral needs models (Salisbury et al., 2009; van der Knaap et al., 2012).

For the general population of incarcerated men and women, several needs have been consistently identified as strong predictors of recidivism including substance use disorders and mental health issues (McKendy & Ricciardelli, 2019; Tripodi et al., 2019; Yukhnenko et al., 2019). Other areas of need related to parenting and family dynamics may be more relevant in women's rates of successful reentry relative to that of men (Rodermond et al., 2016). Specific focus on social supports available through family and marital relationships may be particularly informative for incarcerated mothers (Brown & Bloom, 2009; Stringer & Barnes, 2012; Schnappauf & DiDonato, 2017), but these areas have not yet been investigated in the context of prison nursery programs. One aim of the current study was to evaluate how RPP mothers' needs were associated with behavior during and post-participation.

Visits

Research suggests that visits by family and friends reduce recidivism among incarcerated individuals (Cochran, 2012, 2019; De Claire & Dixon, 2017) and that strong family support is one of the primary factors in a successful reentry experience

(Schubert, Duinick, & Shlafer, 2016). Other work suggests that visits by friends and family during incarceration may significantly lower the likelihood of breaking prison rules among incarcerated women, although this was not a predictor for men in the sample (Celinska & Sung, 2014). Despite growing evidence on the potential benefits of frequent positive child-mother visit experiences, practical barriers exist (Poehlmann, 2005; Poehlmann-Tynan & Pritzl, 2019). Mothers are limited to visits by those individuals who can make and afford the trip. Factors such as proximity as well as psychological barriers such as mothers' reported anxiety, guilt, embarrassment, or shame can limit close contact between family members (Loper et al., 2009). Visitation policies also vary widely by institution. No prior research has evaluated the association between visitation and behavioral outcomes for participants in a residential parenting program.

Methods

This research was conducted in cooperation with the Washington State Department of Correctional Services (WA DOC) and staff at the WCCW RPP. Our collaborative Partnership for Healthy Parenting has been described in a previous publication (Pace et al., 2019). In the current chapter, we present findings from a retrospective analysis of participants in the RPP using a longitudinal dataset including women who entered the program during the years 2009–2016. Data were obtained through a data share agreement between the first author and the WADOC. Although the variables used in this study are limited by the range of information contained in the dataset, they reflect the best available from the records obtained.

Participants

A total of 117 women with verified participation in the RPP were identified between the years of 2009 and 2016. No data were available prior to 2009, and although additional women applied to be in the program, no data about the women who applied but were not approved for participation was available. To compile the data, WCCW staff provided the DOC with the initial list of participants beginning in 2009. The DOC verified and recorded those participants with pregnancy- or childbirth-related medical encounters. Since each participant could have served for multiple convictions through time and could therefore have multiple admit-release periods, the specific duration of RPP participation was confirmed via medical data.

The average age at first adult conviction for mothers in this sample ($N = 117$) was 23.7 years ($SD = 4.5$ years; range: 17–37 years). Approximately 68% of the mothers were White, 12% were Black, 8.5% were North American Indian, 2.6% were Asian/Pacific Islander, and 8.5% were reported to be of other racial background. Across racial groups, 15% were reported to be Hispanic/Latina. Several ethnicities and

tribal affiliations were also reported including Slavic, European, Japanese, Chicano, Blackfoot, Lummi, Yakama, and Skokomish. Additional information on participants' parenting histories (e.g., number of children, number of children in mothers' custody prior to incarceration) was not available.

Measures

Explanatory Variables

Length of Stay

Length of stay was calculated based on the number of total days that mothers were enrolled in the RPP from date of entry to date of release. Length of stay in days was included as a continuous variable in correlational analyses. Data on length of stay were available for 106 participants. Eleven participants were currently enrolled in the RPP at the time of the data transfer and therefore did not yet have release dates.

Risk

Risk refers to the likelihood that an individual will commit another crime after they have been released into the community. Recidivism is defined in the state of Washington as a subsequent conviction for a felony offense committed within 3 years of placement in the community. In the current dataset, risk-level classification was assigned based on a static risk assessment tool implemented in 2008 that was developed by Washington State University and evaluated by Washington State Institute for Public Policy. The tool incorporated demographic items as well as criminal and violation history and participants in the current sample were assigned a risk of high violent, high non-violent, moderate, or low (Drake & Barnoski, 2009). The assessment tool was designed to be used with men and women and was administered by corrections officers or by classification counselors. Risk was coded as an ordinal variable into four mutually exclusive categories (low = 1; moderate = 2; high non-violent = 3; high violent = 4).

Risk-level classification was reported for 111 participants. For a majority of these participants ($N = 103$), risk level was assigned upon entry an average of 8 days after the date of admission to the RPP ($SD = 4.25$; range = 1–33 days after admission). For the other eight participants, risk-level assignments were based on a classification that occurred prior to their enrollment in the RPP (i.e., during transition planning or during a period of prior incarceration); for this group, risk-level assignment occurred an average of 1812 days prior to participation in the RPP ($SD = 1085$ days; range = 83–2983 days prior to admission to the RPP). Risk-level classification data had not yet been entered for six participants.

Needs

The instrument in use during the period of data collection in the present study (Washington Offender Needs Assessment) was developed to identify dynamic needs and protective factors that could be addressed during reentry and supervision planning. The needs assessment tool collected information on 55 items across 10 domains: Education (4 items), Community Employment (10 items), Friends (2 items), Residential (3 items), Family (8 items), Alcohol and Drug Use (6 items), Mental Health (6 items), Aggression (4 items), Attitudes and Behaviors (7 items), and Coping Skills (5 items). The needs assessment tool assigned a needs level of low, moderate, or high to each domain. Although participants may have had more than one needs assessment, the dataset obtained for the present research provided only those results from the most recently administered needs assessment during mothers' RPP participation. ONA data were available for 106 participants. Of these 106 participants, there was no data missing at the item level for any domain. On average, the most recent needs assessments were administered an average of 39 days after RPP entry (SD = 237 days after RPP entry, with a range from 1917 days prior to entry to 682 days after entry). ONA data were missing at the person level for 11 participants.

For all ten domains assessed by the prison (Aggression, Alcohol and Drug Use, Housing, Community Employment, Friends, Coping Skills, Attitudes and Behaviors, Mental Health, Education, and Family), need was coded as an ordinal variable (low = 1; moderate = 2; high = 3). Data were summed and averaged in each domain to evaluate group-level needs for descriptive analyses. We created a composite score for each participant that reflected the average level of need across all ten domains for correlational analyses.

Visits

At the WCCW RPP, in-person visits are permitted during designated visiting hours. In addition, visits lasting multiple days are permitted in family trailer units on site, and children have the opportunity to leave the facility for up to 48 h on excursions with approved family members. Data on visits included visitor demographics, age, relationship to the incarcerated mother, and county of residence as well as data about the visit including visit date (start and end), type, and visit location. The visit variable was coded as a dichotomous variable (0 = no visitations recorded during RPP participation; 1 = visits recorded during RPP participation). Visitation data through June 2017 were available for all 117 participants. This variable included all reported visits to date for each participant.

Outcome Variables

Behavior During RPP Participation

Mothers' behavior during RPP participation was operationalized using data on prison infractions. The dataset in the current study included information on infraction type, location, date of the infraction, violations related to the infraction(s), finding, and sanction. For each individual, there could be several records (one record for each infraction) or, in some cases, no records of infractable behavior during the period of RPP enrollment. To isolate all instances of infractions that occurred during each participant's period of enrollment in the RPP, we used data on the admit dates, the release dates, and the infraction dates. This allowed us to separate other infractions that may have occurred prior to enrollment (during a previous sentence) or after enrollment (during a subsequent sentence).

In addition, this dataset included all violations recorded for each person, which did not necessarily match their RPP participation (i.e., some violations took place during a different period of incarceration). This information (i.e., records prior to or following RPP participation) in combination with data on participants' current field status (active or inactive) and current prison status (active or inactive) was used to determine rates of recidivism based on whether mothers returned to prison following release from the RPP. Data on violations during RPP participation through July 2017 were available for all 117 participants.

Behavior During Supervision

Behavior after release from the RPP was operationalized using data on field violations during community supervision, which could also include multiple records (one record per violation) or no records for each individual (in the case that no violations were recorded). Field violations are defined as any violation of one or more conditions of parole or community custody supervision. Field violations are categorized according to WADOC policy and reflect several domains including the individual's behavior (Affirmative Conduct); drug and alcohol use (Drug/Alcohol); reporting to corrections officer (Reporting); contact with other individuals (Contact); attendance of mandated programming (Offender Program); committing alleged new crimes (Alleged New Crime); payment of fees (Financial); engaging in prohibited behavior (e.g., driving a car without a license; Prohibitions); and traveling outside of geographic boundaries (Geographic). DOC responses to field violations are outlined in policy documents (Department of Corrections, 2019).

The current dataset included information on field violation date; field violation description and type; and field sanction description. Using violation dates, we were able to determine whether each instance occurred prior to RPP participation (i.e., during a period of supervision before participation in the parenting program) or following RPP participation (i.e., during community supervision after release from the

RPP). Data on field violations were available for participants with release dates prior to July 2017 ($N = 106$).

Planned Analyses

First, descriptive analyses were calculated for each explanatory and outcome variable. Second, bivariate correlation matrices examined associations between explanatory variables and behavioral outcomes. Separate correlational analyses were conducted for behavior during RPP participation and behavior during field supervision (after release from the RPP). All variables reflected some missingness at the person level. Following published guidelines on data missingness, we used all available data in descriptive and correlation analyses and report Ns for each construct (Newman, 2014).

Results

Descriptive Statistics for Explanatory Variables

Length of Stay

For participants who had admission dates and release dates ($N = 106$), the average *length of stay* at the RPP was just over 1 year ($M = 368.7$ days; $SD = 208.8$ days; range: 20–987 days), reflecting the full range of possible enrollment. The minimum stay was only 20 days, indicating that pregnant women with relatively short sentences were still able to participate (occasionally, pregnant women enrolled in the RPP are released before their child is born).

Risk-Level Classification

A majority of mothers in the sample were considered to be at high non-violent risk for recidivism ($n = 64$, 55%), and the remaining cases were considered to be at low to moderate (non-violent) risk for recidivism ($n = 42$, 36%). Fewer than 10% were considered to be in the high violent risk for recidivism category.

Needs

Individual needs were highly variable but skewed to the low and moderate categories. To some degree, this distribution may have reflected the selection criteria for participants in the RPP (i.e., an individual with high needs across all categories may

not have been approved for participation). Nominal variables were recoded into ordinal variables so that low = 1, moderate = 2, and high = 3. Table 1 shows the average level of need for all participants on a scale of 1 to 3 for each domain. We also created a composite variable to reflect cumulative needs across all ten domains ($N = 106$): Mean = 1.49, SD = 0.26, range: 1.00–2.40.

On the scale from 1 (low) to 3 (high), Alcohol and Drug use was the domain with the highest overall level of need ($M = 2.05$, $SD = 0.67$), followed by Community Employment ($M = 2.01$, $SD = 0.54$), and Friends ($M = 1.78$, $SD = 0.66$). We conducted bivariate correlations to identify associations between domains of need. Higher levels of need in the domain of Aggression were significantly correlated with needs in the domain of Attitudes and Behaviors ($r = 0.41$, $p < 0.01$). A higher level of need in the domain of Alcohol and Drug use was positively correlated with higher needs in Community Employment ($r = 0.26$, $p < 0.01$), Friends ($r = 0.19$, $p < 0.05$) and Residential/Housing ($r = 0.25$, $p < 0.01$). Higher needs in Residential/Housing was most likely to be associated with need in other domains including Alcohol and Drug Use ($r = 0.25$, $p < 0.01$), Employment ($r = 0.23$, $p < 0.01$), Coping Skills ($r = 0.26$, $p < 0.01$), Attitudes and Behaviors ($r = 0.20$, $p < 0.05$), and Mental Health ($r = 0.29$, $p < 0.01$).

Visits

Visit information was available for all 117 participants. Of these, only 17 had records of visitors during their participation in the RPP for a total of 428 recorded visits. Of the individuals who received visitors, frequency of visits varied significantly such that each individual received an average of 19 visits during RPP participation ($SD = 24.2$; with a range of 1–66 visits per participant). Duration of visits also varied. One visit was reported to last 5 days; 10 visits were reported to last 4 days; 35 visits lasted overnight (24 h); and the remaining 382 visits were single-day visits.

Table 1 Average level of need for all participants with needs assessments ($N = 106$) on a scale of 1 to 3 for each domain

Needs domain	Mean	SD
Family	1.03	0.17
Attitudes and behaviors	1.19	0.46
Mental health	1.28	0.66
Coping skills	1.31	0.67
Aggression	1.35	0.58
Education	1.39	0.49
Residential/housing	1.61	0.83
Friends	1.78	0.66
Alcohol and drug use	2.05	0.67
Community employment	2.01	0.54

Visitors also varied by relationship with the RPP participant. Visitors were most likely to be categorized as friends of the RPP participant (36%). Of the friends who visited, 63% were male and 31% were female (6% did not report gender). Mothers of the RPP participants were identified as the second largest group of visitors (25%); notably no visits by biological fathers (of the RPP participants) were recorded. Only 4% of RPP participants had visits with other biological children. The frequency of mother-child visits varied substantially from once a week to once a year on holidays for a total of 48 visits with other biological children in the entire dataset (approximately 11% of all recorded visits). All visits with minor biological children occurred together with the children's legal guardian, and all children who came to visit were under kinship care with a relative. Children ranged in age from 1 through 22 years old at the time of the visits, although 80% of the visits with biological children were with minors under 7 years of age.

Descriptive Statistics for Outcome Variables

Recidivism

Although our primary aim was to look beyond recidivism to identify meaningful markers of success, we also evaluated recidivism as it is a widely recognized performance indicator. Since data had been entered through 2017, we first identified the subset of participants who had been released into the community at least 36 months prior to this date (i.e., by December 2014). Out of the full sample, 72 participants had release dates occurring within this period. Of those 72 participants, 8.3% were categorized as “active inmates” indicating that they had returned to prison during this time frame. Of the remaining 34 participants who had been released from the RPP after January 2015, 1 additional participant had returned to the prison system, and 1 was reported to be in the jail system at the time of the data share in 2017 (together, a recidivism rate of 5.8% within this 3-year period). Combined, approximately 8.3% of all RPP participants who had been released from the RPP between the periods of 2009 through 2017 had returned by the time of the data share.

It should be noted that these analyses do not precisely align with standard criteria for 3-year recidivism for two reasons. First, since data were only available through 2017, participants released during or after January 2017 were not tracked for the full 3-year follow-up period. Thus, it is possible that additional participants were reincarcerated at some point between 2018 and 2020. Second, the dataset did not include the date of re-admission for those who did recidivate. Thus, it is possible that participants had in fact returned to the prison system at some point between 2009 and 2016 but had already been released again into the community at the time of the data share (and, therefore, were designated with “no active prison status” in the dataset). In addition, it is not possible to know whether the participants who were designated as “active inmates” in the dataset returned to the prison system within a 3-year window or whether they returned significantly after this window of

recidivism. Based on these limitations, rates of recidivism from this dataset should be interpreted with caution.

Behavior During Incarceration

A total of 294 infractions were recorded in a subset of participants enrolled in the RPP between 2009 and 2016 ($N = 84$). Overall, the number of infractions per person was 2.50 ($SD = 3.41$), including a substantial subset who did not infract during participation ($N = 33$) as well as a handful of individual outliers with more than six infractions (range = 0–23 total infractions). When length of stay was taken into account, the average number of infractions recorded per month was less than 1 ($M = 0.23$; $SD = 0.28$; range = 0–1.44). The number of reported infractions did not vary significantly by race. The most common types of infractions during RPP participation were considered minor offenses.¹ During RPP participation, most prison infractions occurred earlier in the participant's sentence, as evidenced by the mild positive skewness (0.805) displayed in the histogram (Fig. 1). Most infractions were recorded on average 203 days after admission to the RPP ($SD = 131$ days). There were no infractions occurring after day 575 of RPP participation for any mother, even though several women were enrolled for significantly longer (up to 987 days).

Completion of participation in the Residential Parenting Program by mothers and babies who return together to the community may also be considered a mean-

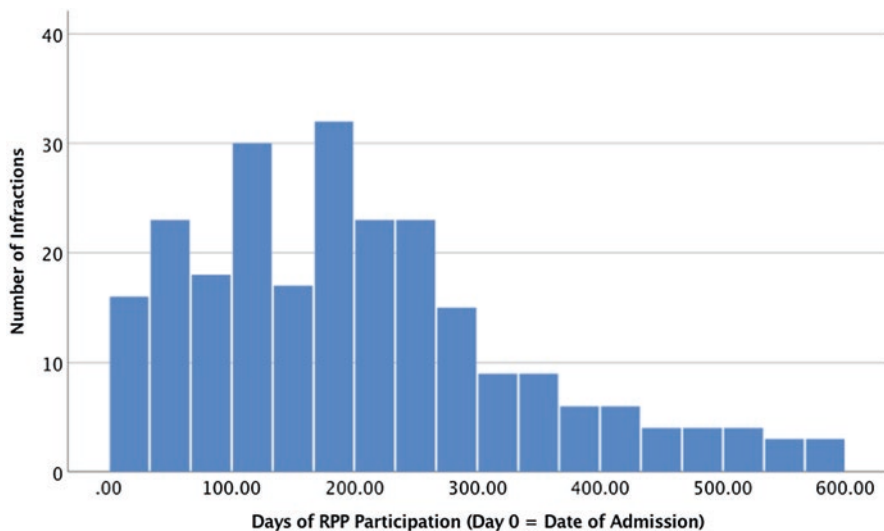


Fig. 1 Histogram showing total number of infractions recorded over period of enrollment in the Residential Parenting Program (RPP), where Day 0 is each participant's date of admission

¹Infractions included and included: not following rules (21.1%); unauthorized absence (14.3%); being in an unauthorized location (14.0%); and refusing an order (9.5%).

ingful indicator of success. Notably, there were no instances in which a child was removed from their mother due to their mother's expulsion from the RPP in the current sample. Thus, program completion rate in this sample of participants was 100%.

Behavior After Release

Out of the 41 participants with records of field violations during periods of supervision documented prior to participation in the RPP, only 56% ($N = 23$) had field violations recorded after RPP participation, though the decrease in number of violations (i.e., number prior to RPP minus number post-RPP) was not statistically significant ($p > 0.05$). Of the total sample, 61.2% had a record of zero field violations during supervision in the community. For the group with one or more field violations post-RPP participation ($N = 41$), the average number of violations recorded was highly variable ($M = 2.79$, $SD = 5.44$, range = 0–29). The number of violations post-RPP participation did not vary significantly by race or by age of first adult conviction. The most frequently recorded field violations after participation in the RPP were Using a Controlled Substance (Drug/Alcohol; 26%), Failure to Report (Reporting; 13.5%), and Abiding by Urinary or Blood Analysis Monitoring (Drug/Alcohol; 12.5%). A total of 57 different kinds of violations were recorded with varying frequencies in this sample including absconding from supervision; breaking curfew; contact with prohibited individual; failing to complete substance abuse treatment; failing to attend sober support group; failure to complete community service hours; failure to do Drug Offender Sentencing Alternative program; failure to pay fees; failure to obtain domestic violence evaluation; failure to participate in job search; leaving Washington state; operating a motor vehicle without license; and possessing or using a controlled substance. Notably, there was a low incidence of new alleged crimes (felony or misdemeanor), which accounted for only 3.8% of all field violations in this group.

Correlational Analyses

Factors Associated with Behavior During RPP Participation

Our first set of correlation analyses evaluated how length of stay, risk level, needs, and visitation were associated with the number of recorded infractions during RPP participation. We also included age of first adult conviction as a variable of interest. Not surprisingly, the total number of recorded infractions was significantly associated with length of stay, $r(106) = 0.267$, $p = 0.006$ in the RPP. Neither risk level ($p = 0.66$) nor cumulative needs ($p = 0.18$) were associated with recorded infractions. The number of recorded infractions was not associated with the number of visitations ($p = 0.88$) and did not vary by visitation group (i.e., those who did

have visitors and those who did not have visitors during their participation in the RPP), $F(1, 115) = 0.173$, $p = 0.678$. Age of first adult conviction was negatively associated with the number of infractions, $r(110) = -0.207$, $p = 0.03$. Across the ten needs domains, only Coping Skills Need was positively and significantly associated with the number of infractions recorded during RPP participation, $r(106) = 0.268$, $p = 0.006$, such that a higher level of need in the area of coping skills was related to a larger number of infractions during RPP participation. None of the other needs domains were associated with behavior during RPP participation.

Factors Associated with Behavior During Supervision

Risk level was positively associated with the number of field violations during community supervision after release from the RPP, $r(105) = 0.248$, $p = 0.011$. When all ten needs domains were entered into the correlation matrix, higher needs in the domains of Education [$r(101) = 0.198$, $p = 0.048$] and Family [$r(101) = 0.206$, $p = 0.039$] were significantly associated with a greater number of field violations. We also evaluated whether the number of field violations varied by needs level (1, 2, or 3) in each domain and found a main effect of needs relating to Family [$F(1, 99) = 4.381$, $p = 0.039$] where mothers with low family needs had an average of 2.63 (SD = 5.3) recorded violations and mothers with moderate or high needs had an average of 10.5 violations (SD = 12.02).

Discussion

The current study examined maternal outcomes in a longitudinal sample of incarcerated mothers who lived with their infants in a residential parenting program. We examined length of stay in the RPP, mothers' risks and needs, as well as visitation history as potential explanatory variables for maternal behavior. Correlational analyses identified several associations between these potential explanatory variables and mothers' behavior during RPP participation as well as after release from the RPP during supervision in the community. This research found evidence that length of stay, level of risk, and specific areas of need (e.g., coping, family, education) were uniquely associated with maternal behavior during periods of RPP participation or during periods of community supervision.

Although recidivism was not a primary focus of this study, one notable finding was that the percentage of mothers who returned to prison after release from the RPP was estimated to be 8.3%. This percentage is less than one-half the rate of over 20% reported for the general population of incarcerated women released in 2009 from WCCW (Washington State Department of Corrections, 2013). This finding is also remarkable because a majority of the current sample of participants were classified as being at high risk to reoffend and return to prison during the 3-year period following their release. In addition, this result is comparable to previously reported

statistics showing that 10% of participants returned to state prison after release from the RPP between 1999 and 2002 (Ghose, 2002). Together, this work complements a growing body of evidence suggesting that participation in residential parenting programs may reduce recidivism (Carlson, 2018).

Consistent with prior research about women who are incarcerated (Harmon & Boppre, 2018), we found that women in the current sample were disproportionately from minority groups. For example, individuals who identify as American Indian or Native Alaskan comprise less than 2% of the state's total population but over 8% of sample participants. Similarly, individuals who identified as Black or African American comprise 4.3% of the state's total population but 12% of sample participants (U.S. Census Bureau, 2019). Participants who identified as ethnically Hispanic or Latinx were also overrepresented at 15%, compared to a statewide percentage of 12.9%. Maternal behavior during RPP participation and community supervision did not vary significantly by racial identity in the current dataset. Nonetheless, results should be interpreted within the broader historical context of racial profiling and discriminatory practices in the criminal justice system (Weitzer & Tuch, 2002). One important consideration for future study is to examine whether or how current programs in RPPs across the country implement best practice for culturally competent care (Gonzales, 2017). It is also possible to interpret these sample characteristics as evidence for equitable enrollment of eligible participants; however, additional research is needed to confirm this interpretation by studying the population of pregnant women who applied but were not approved for participation.

We considered visitation during incarceration as an important indicator that may be related to behavior. Surprisingly, fewer than 20% of the women in this sample received visits during their enrollment in the residential parenting program. This overall percentage is lower than what has been reported in previous research showing that approximately 40% of mothers and fathers in state prisons received visits during incarceration (Glaze & Maruschak, 2008). More critically, fewer than ten mothers in the current sample had a history of visits with their other biological children. Several factors may have contributed to these findings. Because prisons like WCCW are operated at the state level, they are often located far from the incarcerated individuals' communities which present financial and logistical barriers to visitation. In the current sample, women came from counties across Washington State (average distance from WCCW = 124.25 miles, range: 33–369 miles), and some were admitted from out of state. Notably, all biological children who visited mothers in the current sample traveled from counties within a 100-mile radius of the prison ($M = 37.7$ miles, range = 0–75.9 miles).

Given the documented benefits of visits with friends and family for incarcerated women, these findings are of concern but should be interpreted with caution due to limited and incomplete data. Specifically, we do not know how many women in the sample had other biological children or how many served as the primary caregiver for those children prior to incarceration. However, given widespread evidence that approximately 60 of women in state prisons (and closer to 80% in jails) have at least one child under the age of 18 (Glaze & Maruschak, 2018; McCampbell, 2005), it is likely that a greater number of women in the RPP also had other children than those

who received visits. Moreover, the available data did not include information about contact via mail, phone, or video visits, so it is difficult to determine the extent to which women were able to maintain social relationships or family bonds during incarceration via other means of communication. Recent research has identified several promising interventions that foster positive visit experiences for incarcerated parents and their children (Eddy et al., 2019). Future work should assess the potential for these interventions to support parenting quality and enhance parent-child interactions in the context of residential parenting programs.

Factors Associated with Behavior During RPP Participation

Length of stay was significantly, albeit only weakly, associated with number of infractions during RPP participation, such that women who had longer sentences also had more opportunities to be sanctioned for behavior. Age of first adult conviction was also negatively associated with the number of infractions. This finding indicates that women who were younger when they first became involved in the criminal justice system were more likely to have a larger number of infractions during their participation in the RPP than those who became involved at a later age.

Although cumulative needs were not significantly related with behavior in the RPP, mothers with higher needs in the domain of Coping Skills had a larger number of recorded infractions. This finding suggests that behavioral infractions may be related to whether or not an individual has strategies for dealing with stressful situations (Celinska & Sung, 2014; Leban et al., 2016). The lack of other significant predictors is likely due to low prevalence of prison infractions for RPP participants which averaged to less than one violation per month (in fact, only ten participants had records of more than five infractions during RPP participation).

It is likely that a gender-responsive tool focusing on specific needs within this unique population (e.g., prenatal care, postpartum mental health, parenting needs, relationship support, family reunification) would be more valuable in identifying factors that significantly relate to maternal behavior during RPP participation than the gender-neutral instrument used with this population (i.e., the ONA). In 2017, a new dynamic risk-need-responsivity tool called the Washington ONE was developed in partnership with Washington State University and approved by the Washington State Institute for Public Policy (Washington State Department of Corrections, 2017). The Washington ONE measures the risk to commit new crimes and specific need areas that may contribute to this risk. In addition to static factors such as information from previous criminal convictions, this tool also measures dynamic factors such as behavior, accomplishments, and level of compliance. However, the ONE was designed for use with both men and women; it is not a gender-responsive instrument and does not consider, nor is it designed to capture, the unique set of needs relevant for incarcerated mothers.

Although it is not possible to compare these data with extant research from the general population of incarcerated women, we can consider differences in preva-

lence and severity of misconduct across contexts. One prior study, for example, reported the average number of violations recorded each month in a sample of incarcerated mothers in a traditional federal corrections center ($M = 0.3$ records per month) to be nearly identical to that identified in the current research and found that parenting stress was a positive predictor of higher rates of misconduct (Houck & Booker Loper, 2002). Other work has revealed highly heterogeneous profiles for incarcerated women where patterns of misconduct are closely linked with mental health needs (Reidy et al., 2017). Still other work has documented higher percentages of women with records of serious or violent misconduct—from 32% in a nationally representative sample (Severson, 2019) to 52% in a federal corrections center (Wright et al., 2007).

Taken together, the current findings suggest that participation in the RPP may act as a protective factor that reduces violent misconduct and limits rates of minor misconduct. It is possible that selection bias contributed to these results in that mothers who apply for and are selected to participate in the RPP may be less likely to violate behavioral expectations. It is also possible that mothers in the RPP environment strive to comply with the stringent rules and regulations in order to remain in the program with their infants. Future work should evaluate whether the external motivation to improve behavior (i.e., the child) results in positive maternal mental health benefits or whether this pressure may also serve to increase parenting stress in some situations. Given the remarkably low incidence of misconduct (particularly violent misconduct) during RPP participation, one topic that deserves more consideration is whether nursery programs could potentially serve all in need instead of only those with the lowest risk. In order to improve equitable access to programs, it will be important to develop a more nuanced and dynamic conceptualization of the potential positive impact on maternal psychosocial outcomes, child health and well-being, and the dyadic nature of the parent-child relationship.

Factors Associated with Behavior During Supervision

Although previous research has identified length of stay in a prison nursery as a protective factor (Byrne et al., 2010), RPP length of stay was not related to number of violations during supervision in our sample. Given different outcome variables across this work and previous studies, this result is not surprising. Specifically, Byrne et al. (2010) focused on the critically important attachment relationship between mother and child that may be strengthened during RPP participation. As we were unable to collect data on parent-child attachment in the current study, we focused instead on mothers' behavior after release from the RPP. One key limitation is the lack of evidence on the confluence of challenges faced by mothers who have participated in RPPs during reunification which includes securing housing and employment but also negotiating new family dynamics with other children or intimate partners. Longitudinal research that links mothers' experiences in the RPP with maternal and child outcomes in the community is needed.

Risk level was significantly associated with number of field violations, which aligns with existing evidence showing that risk assessment instruments are valid indicators of behaviors related to recidivism (Desmarais et al., 2016). Beyond risk level, higher needs in the domain of Education were associated with larger numbers of field violations after release from the RPP. This is notable when considered in the context of the broader literature on child development, because maternal education is widely thought to be an important sociodemographic factor that is related directly or indirectly to several child health outcomes (Carneiro et al., 2013; Jeong et al., 2017).

Higher needs in the domain of Family were also significantly associated with larger numbers of field violations, and there was a main effect of needs related to Family on behavior during supervision. Specifically, the number of field violations was significantly larger for individuals with moderate to high needs in the Family domain than for individuals with low needs in this area. Since the domain of Family reflects elements of family dynamics, parenting needs, and marital relationships, we consider these to be important factors for consideration within this population. This finding is consistent with literature indicating that family-related issues surrounding parenting encompass both protective factors (e.g., involvement in parenting; parenting self-efficacy) and risk factors (e.g., *parenting stress*, defined as difficulty managing children in combination with limited financial or emotional support in child rearing) and that both are associated with recidivism (Adams et al., 2016; Salisbury et al., 2009; Van Voorhis et al., 2010).

Further, these results are related to a larger conversation regarding the importance of measuring, understanding, and addressing needs through a gender-responsive lens (Wright et al., 2012) and moving toward reproductive justice for incarcerated mothers and their young children (Shlafer et al., 2019). This is of heightened importance because recent research has highlighted that conditions of supervision, for mothers in particular, are often prohibitive and present barriers to full participation in family life (Robison & Hughes Miller, 2016; Stalans & Lurigio, 2015). Mothers under community supervision are often under high stress (Rieder et al., 2019) and may be likely to engage in complex negotiation to comply with the conditions of supervision and simultaneously meet the demands of motherhood (Adams et al., 2016; Arditti & Few, 2008; Cooper-Sadlo et al., 2019; Robison & Hughes Miller, 2016).

Implications for Policy and Practice

These findings fortify calls for a coordinated effort to provide strengths-based, relationship-focused intervention to support mothers through innovative programming while incarcerated and during the transition as they reenter the community with their infants. A deeper understanding of how mothers navigate reunification with their children and families after participation in a residential parenting program is long overdue. Effective approaches are needed to promote and sustain

healthy relationships between young children and incarcerated mothers during the period of incarceration, during the transition to reentry, and during the extended period of reunification. Within a reproductive justice framework, this will require a comprehensive approach that considers needs and services for mother and baby before, during, and after pregnancy.

Regarding community-based support for mothers and their families once they are released from prison, there are also several areas for policy development including but certainly not limited to (1) implementing and evaluating evidence-based programming for incarcerated pregnant women to support mother-infant bonding and attachment during the postpartum period as well as family rebuilding and reunification; (2) increasing access to transitional housing communities that provide support and advocacy for women during reunification (e.g., Passage Point, <https://www.ywcaworks.org/programs/passage-point>); and (3) providing auxiliary family-based social support services that address needs relating to child care, employment, and family dynamics.

Beyond policy and practice, programming must be systematically evaluated to document mother, child, and family outcomes. Research would benefit from multi-site designs across residential parenting programs to increase sample size and longitudinal approaches that consider mother and child outcomes over time. Data collection practices would benefit from coordination across institutions and agencies to gather information on family structure and family experiences surrounding parental incarceration and participation in residential parenting programs. To accomplish these goals, it will be essential to establish strong university-corrections-community partnerships (Shlafer et al., 2015; Pace et al., 2019).

Limitations

This study has several limitations. First and foremost, retrospective data were limited to the variables that were collected by standard practice at the WADOC and are therefore focused on incarcerated mothers with no information on infants or on mother-child relationships. Furthermore, all variables reflected a certain amount of missingness at the person level, which further reduced the sample size for several analyses. A second major limitation is the absence of a traditional comparison group. Ideally, participants in the current sample could be compared with a group of pregnant incarcerated women who were not selected for participation in the RPP or who chose to have their babies enter kinship or foster care after delivery.

Conclusions

Incarcerated women who are pregnant or have recently given birth are consistently identified as one of the most vulnerable groups in society, both nationally and internationally (Kruttschnitt & Bijleveld, 2015). Despite recent progress (Kanaboshi,

Anderson, & Sira, 2017), there is still limited empirical evidence to inform policies for treatment of women who are incarcerated during pregnancy and very little research evaluating intervention programs designed for this unique population (Wright et al., 2012). This is particularly problematic because state legislatures are unlikely to adopt new residential parenting programs without compelling evidence for their effectiveness. Remaining questions for future research include how interventions within the RPP can be improved to support optimal maternal and child outcomes and how to identify meaningful markers of success for mothers and children who participate. Considering individualized needs will require a collaborative approach that bridges resources across corrections centers, community organizations, researchers, practitioners, and—most importantly—families impacted by parental incarceration.

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Maternal Imprisonment and the Timing of Children's Foster Care Involvement



Elizabeth J. Gifford, Megan Golonka, and Kelly E. Evans

Decisions made by actors in the criminal justice and child welfare systems, separately and combined, often result in mother-child separations (Doyle & Joseph, 2007; Gifford, Evans, Kozecke, & Sloan, 2020). Decisions regarding incarceration fall under the authority of the criminal court and corrections systems, while decisions regarding foster care placements are made by the child welfare system. Structural factors impede our understanding of how often and under what conditions such separations occur. These systems have separate funding streams, accountability reporting mechanisms, and data infrastructures. Despite both serving public interests and overlapping populations, the two systems rarely coordinate prevention efforts that could potentially reduce both costly foster care placements and maternal incarcerations (Nickel, Garland, & Kane, 2009; U.S. Government Accountability Office, 2011). To inform such prevention efforts, this study sought to understand the joint entanglement of women who enter state prison with her children's involvement in child protective services and foster care.

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The Timing of Maternal Incarceration and Their Children's Child Protective Services Involvement

Only a handful of studies from a limited number of locations (New York and Illinois) have used linked administrative records to study the timing of mother's incarceration and her children's foster care placement(s). Administrative records are befitting for this endeavor because they document exact start and end dates of incarceration(s) and foster care placement(s) and provide reliable information on incarceration type (e.g., jail vs. prison) and details regarding the foster care entry and exit process.

Two studies examined the temporal relationship between maternal criminal involvement and children's placement into foster care in New York City (Ehrensaft, Khashu, Ross, & Wamsley, 2003; Ross, Khashu, & Wamsley, 2004). Ehrensaft and co-authors (2003) found that among mothers whose children were in foster care, the foster care placement occurred before rather than after the maternal arrest in 70–75% of cases. This study also found that more mothers were sentenced to an incarceration in the years following their child's entry into foster care relative to the years before foster care entry. Ross et al. (2004) focused more narrowly on maternal incarcerations that overlapped with children's foster care stay and found that child's placement into foster care preceded the maternal incarceration in 90% of cases.

Similar results emerged from a series of studies based on records from Illinois (IL) and jail records from Cook County, IL, the largest jail in the United States (Dworsky, Harden, & Goerge, 2011; Holst & LaLonde, 2011; Jung, LaLonde, & Varhese, 2011). For 75% of incarcerated mothers with children in foster care, the placement of their oldest children began more than a year *before* their own first incarceration (Holst & LaLonde, 2011). Moreover, in many cases, children's foster care placement began and ended *before* their mothers' incarceration (Jung et al., 2011). In Illinois and Cook County, 72% of foster care placements of children with incarcerated mothers began prior—typically at least a year before—their mother's first incarceration (Dworsky et al., 2011). Taken together, these studies highlight that prior to maternal incarceration, the social service system is often involved in these families' lives.

Termination of Parental Rights

Termination of parental rights is a potential outcome for women who enter prison (Genty, 1995). This is particularly true in light of the 1997 Adoption and Safe Families Act (ASFA) whereby states are required to begin the process of terminating parental rights if a child has been in foster care for 15 of the previous 22 months. Approximately 1% of US children experience termination of parental rights (Wildeman, Edwards, & Wakefield, 2019). The studies from New York and Illinois

found that, respectively, 2% and 3% of the mothers who were incarcerated had parental rights terminated (Jung et al., 2011; Ross et al., 2004). Others have suggested that this outcome varies by state and may be even more common cumulatively over the life course for women who experience incarceration compared to women who never experience incarceration (Wildeman et al., 2019).

Maternal Incarceration and Children's Exit from the Foster Care System

Little is known regarding how children with incarcerated mothers exit the foster care system, including the timing of these exits in relation to the start of the incarceration. Evidence from New York and Chicago suggest that children with incarcerated parents experience relatively high rates of adoption. For example, in a New York City sample, 57% of the children of incarcerated mothers had a permanency plan that included adoption (Ehrensaft et al., 2003; Ross et al., 2004). In New York State, mothers incarcerated for 2 or more years during their lifetime were more likely to have their children adopted (Ehrensaft et al., 2003). In Illinois, when maternal incarceration overlapped with foster care, 60% of mothers had their children adopted or placed into subsidized guardianship (Jung et al., 2011). Children in foster care whose mothers were incarcerated were less likely to be reunified relative to children whose mothers were not incarcerated (Dworsky et al., 2011), and reunification was especially unlikely if a child's placement overlapped with maternal incarceration (Jung et al., 2011).

The Current Study

The current study focused on mothers who were jointly involved in the prison and foster care system. The main aim was to understand the timing of her children's child welfare services involvement (i.e., assessments/investigations for possible maltreatment, foster care entries and exits) in relation to the beginning of her incarceration. To gain a rich understanding of child welfare system involvement during the 3 years preceding and following prison entry, both annual point-in-time and cumulative estimates were calculated. Extending prior work, this study also examined factors which contributed to a mother having a child placed into foster care, including child maltreatment-specific factors (e.g., abuse and neglect), social factors (incarceration, housing insecurity, parental ability to cope, parental substance use), and other factors (e.g., parental death, abandonment, relinquishment), comparing rates between mothers who were and were not incarcerated. Statewide criminal corrections, birth, and child welfare records were used.

Method

Sample

The primary analytic sample was comprised of women who (a) entered prison in North Carolina between 2006 and 2009; (b) were mothers of minor children (aged 0–14) at the time of their first prison entry between 2006 and 2009; and (c) had at least one child who entered foster care during the 3 years before and/or after prison entry ($n = 893$). The 3-year window was chosen to reflect a window used in other investigations of foster care placements in relation to parental incarceration (Andersen & Wildeman, 2014; Dworsky et al., 2011; Gifford et al., 2020). It also reflected a practical time period for system actors to understand and evaluate how service provision may prevent adverse outcomes. Two comparison groups were created. The first was women who entered prison during this time period and were likewise mothers of minor children at prison entry ($n = 893$). The first prison entry during this time period was used as the index entry. The second comparison group included women who did not enter North Carolina state prison between 2006 and 2009 and who had at least one minor child at a randomly assigned counterfactual prison entry date between 2006 and 2009 ($n = 9319$). The unit of analysis in all calculations is the mother.

Data for this analysis came from three North Carolina state sources: the Department of Corrections (DOC) provided information on prison entries from 2006 to 2009; the Division of Social Services (DSS) provided information on children who were investigated or assessed for suspected child maltreatment and foster care placements from 2003 to 2012; and the Division of Vital Statistics provided birth records from 1992 to 2012. Maternal corrections records were linked to child DSS records via birth records. Linkages at the individual level were based on the individual's first name, last name, birthdate, and gender. For observations that did not merge after the most stringent criteria were used, we used birthdate and last and first name, assisted with use of Soundex. The Soundex algorithm codes words or names phonetically (Fan, 2004). This study was approved by the Duke University Institutional Review Board, the North Carolina Department of Corrections, and the North Carolina Division of Vital Statistics.

Measures

Social services involvement: Binary variables were created to examine whether or not the mother had at least one child who (1) was assessed and/or investigated by *child protective services*; (2) who *entered foster care*; (3) who had *parental rights terminated*; and (4) who had any child *exiting foster care*. For termination of parental rights, we only consider termination of maternal rights, not paternal rights. A set of non-mutually exclusive variables described reasons for at least one of a mother's

children's entry into foster care: physical abuse, neglect, sexual abuse, parent's or child's drug and/or alcohol misuse, child's behavior, caregiver coping, incarceration, inadequate housing, and other (death of parent, abandonment, relinquishment, and child's disability). The reasons in the "other" category each constituted less than 2% of the sample. A set of non-mutually exclusive variables described whether any of the women's children exited foster care by (a) reunification, (b) adoption, (c) guardianship with a relative, (d) custody with non-removal parent or relative, and (e) other (emancipation, custody with court-approved caretaker, runaway, death of child, transfer to another agency, interstate compact placement agreement with another state was terminated, and authority revoked for other reasons).

Maternal demographic characteristics: Information obtained from their children's birth records includes race/ethnicity (Black, White, Hispanic, other); age at prison entry (16–19, 20–25, 26–30, 31–35, and 36 years or older); highest recorded educational attainment (any schooling after high school, high school graduate, less than high school, education missing); if ever a teen parent (aged 16–19 at any child's birth); the number of children at prison entry; the ages in years of children at prison entry (<1, 1–3, 4–6, 7–10, 11–13, 14–17); and whether or not child was born on or within 3 years of prison entry.

Criminal justice/corrections data: Variables included length of sentence (<3 months, 3–6 months, 7–12 months, 1–2 years, more than 2 years); any jail credit and number of days of jail credit; number of prior prison entries (0, 1, 2, 3, or more); and number of prior probation sentences (0, 1, 2, 3, or more). The most common offenses leading to a prison sentence were categorized as follows: violent (e.g., murder, rape, robbery, aggravated assault), child and family (e.g., child abuse, domestic violence), sexual, substance related, larceny/theft, traffic, fraud, and non-aggravated assault.

Analysis

Chi-square tests were used to test the null hypothesis of homogeneity between two groups of mothers in prison (those with no children in foster care during the study window and those with at least one child who entered foster care during the study window) on characteristics such as mother's race/ethnicity, mother's age at prison entry, and mother's education (Agresti & Finlay, 2009). When the results of the chi-square analysis indicated that the null hypothesis of homogenous populations could be rejected ($p < 0.05$), tests of proportions were conducted to assess differences (Agresti & Finlay, 2009; StataCorp, 2019). Tests of proportions were also used to test the non-mutually exclusive set of variables (e.g., age of women's children and offenses leading to incarceration). For women in our sample, the cumulative incidence of having experienced CPS assessment/investigation, entry into foster care, exit from foster care, and termination of parental rights was calculated annually over the 3 years prior to prison entry and the 3 years following prison entry. All analyses were conducted in Stata 15 (StataCorp, 2017).

Results

Mothers Who Were in Prison: Comparing Mothers with and Without Children in Foster Care

Descriptive Characteristics

Among mothers (of children aged 0–14 years) who entered North Carolina state prison between 2006 and 2009, 16.3% had at least one child who entered foster care within 3 years before or after their prison entry (Table 1). A higher proportion of mothers with at least one child who entered foster care, relative to the other mothers in our sample, were White (55.3% vs. 67.1%, $p < 0.001$) and a smaller percentage were Black (28.6% vs. 40.3%, $p < 0.001$). For context, the female population of North Carolina during this time period was 62% White and 24% Black; thus, Black women were overrepresented among women in prison (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Center for Health Statistics, 2019). Mothers who had a child enter foster care (vs. those who had not) differed in age ($\chi^2(4) = 40.667$, $p < 0.001$), tending to be younger [although a slightly lower percentage of the former group were teenagers at prison entry (2.1% vs. 3.8%, $p = 0.0138$)]. Notably, mothers with (vs. without) children who entered foster care, had on average more children, tended to have younger children, and were more likely to give birth to a child during the 3 years following prison entry, have less than a high school education, ever given birth prior to age 20 (i.e., ever a teen parent).

Mother's Criminal Justice System Involvement

Substance-related followed by larceny/theft were the most common offenses for both groups of mothers. Mothers who had at least one child enter foster care (vs. those who did not) were more likely to have been convicted of substance-related offenses (48.6% vs. 43.8%, $Z = -2.6543$ $p = 0.0079$), traffic offenses (19.4% vs. 15.4%, $Z = -2.9692$ $p = 0.0030$), a child and family crime (4.3% vs. 2.1%, $Z = -3.8060$, $p < 0.001$), or a sex-related offense (4.0% vs. 2.2%, $Z = -3.2322$ $p = 0.0012$) (the latter two not shown).

Length of prison sentence did not differ by whether or not a mother had a child enter foster care, and for both groups, roughly two-thirds of sentences were of 6 months or less. Before entering prison, the majority of mothers had accrued jail credit (84.0% and 82.1%, $Z = -1.3868$ $p = 0.1655$ with and without a child who entered foster care, respectively); the median length of time was approximately 1 month (not shown). Most of the women had *not* previously been in prison (72.8% and 70.9%, $Z = -1.1453$ $p = 0.2521$); however, nearly all (95.5%) of the women had been on probation at least once and over half had been on probation two or more times (not shown).

Table 1 Descriptive statistics: mothers of children who entered North Carolina state prison 2006–2009, by experience with foster care during the 3 years before and/or after prison entry^a

	At least one child entered foster care (<i>n</i> = 893 mothers)	No child entered foster care (<i>n</i> = 4569 mothers)
<i>Mother's race/ethnicity</i>	(%)	(%)
White	67.1***	55.3
Black	28.6***	40.3
Hispanic	0.90	1.2
Other	3.5	3.2
<i>Mother's age at prison entry</i>	(%)	(%)
16–19	2.1*	3.8
20–25	29.6***	23.4
26–30	30.5	27.4
31–35	21.9	21.6
35+	15.9***	23.8
<i>Number of children at prison entry mean (std. dev.)</i>	2.45 (1.32)***	1.94 (1.10)
<i>Age of at least 1 child at prison entry (in years)</i>	(%)	(%)
<1	17.2***	7.2
1–3	46.4***	27.8
4–6	41.2***	32.4
7–10	37.7	40.0
11–14	28.6***	34.9
<i>At least 1 child born in 3 years following prison entry</i>	32.0***	23.3
<i>Mother's education^b</i>		
At least 1 year beyond high school	14.2	16.0
High school	38.4	41.5
No high school	46.7**	41.4
<i>Ever a teen parent^c</i>	46.7***	40.4
<i>Offenses leading to prison sentence (not mutually exclusive)</i>		
Substance related	48.6**	43.8
Larceny/theft	36.2	35.8
Traffic	19.4**	15.4
Fraud	16.1	18.9
Violent	7.5	9.0
<i>Sentence length</i>		
Less than 3 months	31.6	32.2
3 to 6 months	33.4	30.1
7 to 12 months	20.6	21.1
1 to 2 years	9.1	9.7
More than 2 years	5.4	6.9

(continued)

Table 1 (continued)*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Pearson chi-square tests were used to test differences between groups for categorical variables. Proportion tests were used compared proportions and t-tests were used to compare means

^aMothers of children aged 0–14 years at time of prison entry

^bMother's education reflects her highest level of educational attainment at any of her children's births; education was missing for 0.7% and 1.1% for mothers with and without children in foster care, respectively

^cEver a teen parent reflects whether the woman gave birth at least once prior to age 20.

Factors Contributing to Child's Foster Care Placement

For women in our sample who had at least one child enter foster care, the five leading contributory factors were neglect (86.1%), parental drug and/or alcohol abuse (54.4%), caregiver's ability to cope (23.0%), incarceration (16.2%), and inadequate housing (13.1%) (Table 2). Three of these five factors (neglect, parental drug and/or alcohol abuse, and incarceration) were identified at a higher rate for the mothers in our study sample relative to the statewide comparison sample. Notably, parental drug and/or alcohol use and incarceration were listed as a contributory factor at 1.6 times and 3.2 times more often in the study sample than the statewide comparison sample of women. Relative to mothers in the statewide comparison sample, physical abuse, child behavior, and sexual abuse were less frequently acknowledged as contributory factors among mothers in the study sample; in contrast, higher rates of child drug or alcohol use were observed in the study sample.

Timing of Social Services Outcomes for Mothers in Prison with Children in Foster Care

To understand mothers' involvement with child welfare services prior to and following prison entry, we examined six 1-year cross sections and documented whether or not any of her children had experienced a specific social services event (e.g., CPS assessment/investigation, entered foster care, etc.) during that time period (Fig. 1). Importantly, in the 25–36 months (i.e., 2–3 years) before prison entry, 44.6% of mothers had at least one child with a CPS/assessment or investigation; this rate remained relatively constant in the time leading up to the incarceration and dropped following prison entry—dropping to 29.9% in the 0–1 year following prison entry. For women in the sample, 19.6% had at least one child enter foster care in the 2–3 years prior to prison entry, while this rate rose in the years leading up to prison entry—including 32.5% in the 0–12 months prior to prison entry. In the 3 years following prison entry, rates of foster care entry were lower, ranging from 13.8% to 14.8%.

Table 2 Reasons that contributed to mothers' children being placed into foster care, by prison status

	Any time 3 years before and/or 3 years after	
Contributory factors	Study sample: mothers who entered prison 2006–2009 (n = 893) (%)	Statewide comparison sample: mothers who did not enter prison 2006–2009 ^a (n = 9319) (%)
Neglect	86.1**	82.7
<i>Parental drug and/or alcohol use</i>	54.4***	33.3
Parental drug use	51.0***	29.5
Parental alcohol use	13.2**	9.8
Coping	23.0	22.7
Incarceration	16.2***	5.0
Inadequate housing	13.1	12.1
Physical abuse	7.3***	11.1
Child behavior	6.6**	9.9
Abandonment	5.2	5.0
Child drug and/or alcohol use ^b	3.7**	2.2
Sexual abuse	1.7***	4.4

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

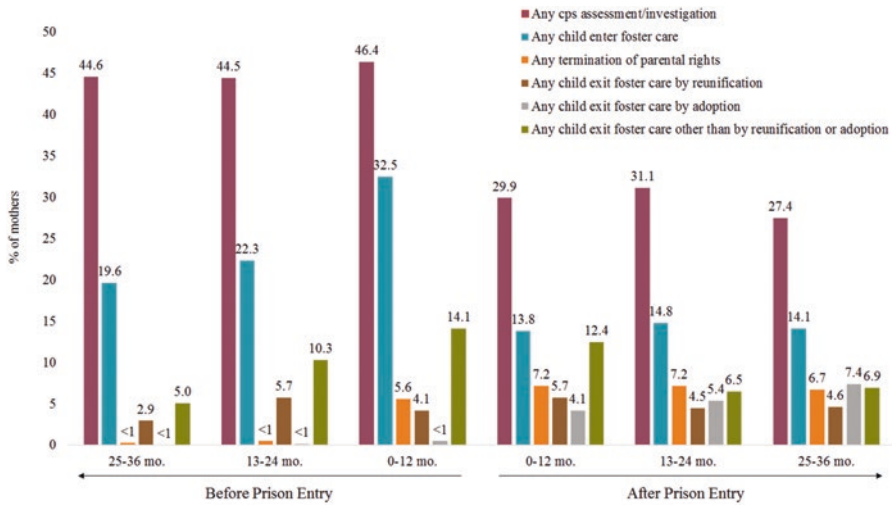
Note: The unit of analysis is women. The sample includes women with at least one child aged 0–14 years at prison entry and who had a child enter foster care within 3 years before or after prison entry

^aThe unit of analysis is women. The sample includes women with at least one child aged 0–14 years at prison entry and who had a child enter foster care within 3 years before or after prison entry. To suppress cell sizes with fewer than ten cases, child alcohol use, death of parent, and relinquishment are not shown

^bThe majority of the child drug and alcohol use rate was driven by child drug use rather than by child alcohol use

Termination of parental rights, during the 25–36 and 13–24 months prior to prison entry, was uncommon. However, in the year prior to prison entry, 5.6% of women in our sample experienced termination of parental rights. Moreover, 6.7–7.2% of women in the sample had parental rights terminated in each of the 3 years following incarceration.

In each of the years prior to and following prison entry, a smaller percentage of women experienced a reunification than experienced a child exiting foster care by another means. Annually the percent of mothers in our sample who experienced reunification ranged from 2.9% to 5.7%. While the percentage of women who had at least one child who was adopted was low (<1%) in the years prior to prison entry, the rate grew in each of the years following prison entry from 4.1% to 7.4%.



Note: The sample includes women with at least 1 child aged 0-14 years at prison entry and who had a child enter foster care within three years before or after the day they entered prison

Fig. 1 Timing of social services involvement of mothers with children in foster care who enter state prison ($n = 893$ mothers). Note: The sample includes women with at least one child aged 0–14 years at prison entry and who had a child enter foster care within 3 years before or after the day they entered prison

Cumulative Incidence of Social Services Involvement

Beyond examining discrete time intervals, we also examined the cumulative percentage of mothers experiencing each child welfare event in the years prior to and following prison entry (Table 3). Notably, during the 3 years prior to prison entry, 81.2% of mothers had at least one child who was the subject of a CPS investigation, including 65.7% where the assessment/investigation had occurred at least a year prior to entry.

In the 3 years following prison entry, the mothers had lower cumulative rates of CPS assessments/investigations and foster care entries and higher rates of termination of parental rights and exits from foster care. A substantially higher share of women experienced termination of parental rights in the years following rather than prior to prison entry (20.0% vs. 6.0%) and the adoption of one of her children (16.2% vs. <1%).

Exit from Foster Care

To contextualize the experiences of mothers in our study sample with other mothers who have similarly aged children in foster care, rates of termination of parental rights and foster care discharge outcomes were compared (Table 4). In the ± 3 years

Table 3 Cumulative rates of social services involvement among mother in state prison with a child in foster care (*n* = 893 mothers)

	3 years before prison entry			3 years after prison entry		
	2–3 years	1–3 years	0–3 years	0–1 years	0–2 years	0–3 years
Social services involvement	%	%	%	%	%	%
Assessment/ investigation	44.6 (41.3, 47.9)	65.7 (62.6, 68.8)	81.2 (78.5, 83.6)	29.9 (27.0, 33.0)	47.8 (44.5, 51.1)	58.3 (55.1, 61.5)
Entered foster care	19.6 (17.1, 22.3)	40.5 (37.4, 43.8)	68.4 (65.3, 71.4)	13.8 (11.7, 16.2)	27.0 (24.2, 30.0)	39.8 (36.6, 43.0)
Termination of parental rights	0.22 (00.1, 00.9)	0.67 (00.3, 01.5)	6.2 (04.8, 07.9)	7.2 (05.6, 09.1)	13.9 (11.8, 16.3)	20.0 (17.5, 22.8)
<i>Child exited foster care</i>	8.0 (06.3, 09.9)	23.0 (20.3, 25.8)	39.3 (36.1, 42.6)	22.1 (19.5, 24.9)	37.0 (33.8, 40.2)	52.6 (49.3, 55.9)
Exit by reunification	2.9 (02.0, 04.2)	8.6 (06.9, 10.7)	12.3 (10.3, 14.6)	5.7 (04.4, 07.4)	10.1 (08.3, 12.2)	14.4 (12.3, 16.9)
Exit by adoption	<1%	<1%	<1%	4.1 (03.0, 05.7)	9.3 (07.6, 11.4)	16.2 (14.0, 18.8)
Exited other than by reunification or adoption	5.0 (03.8, 06.7)	14.9 (12.7, 17.4)	28.4 (25.6, 31.5)	12.4 (10.4, 14.8)	18.4 (16.0, 21.0)	25.0 (22.2, 27.9)

Note: The sample includes women with at least one child aged 0–14 years at prison entry and who had a child enter foster care within 3 years before or after the day they entered prison

surrounding prison entry, mothers in our study sample, relative to mothers in a state-wide comparison sample, experienced higher rates of termination of parental rights (25.4% vs. 14.0%, *p* < 0.001), lower rates of reunification (26.0% vs. 38.4%, *p* < 0.001), and higher rates of having a child adopted (16.8% vs. 8.1%, *p* < 0.001).

Discussion

Proximal to the time of prison entry, one in six mothers (of children aged 0–14 years) who entered state prison had a child who entered the foster care system. For these mothers who were jointly involved in the prison and foster care systems, a quarter had parental rights terminated, and one in six had a child adopted, rates substantially higher than other mothers with children in foster care. To inform service delivery and efforts aimed at preventing maternal incarceration and foster care entry, this study examined how and when public agencies may have been involved in these families’ lives. Prior to prison entry, nearly all of the women had been on probation.

Table 4 How mothers' children exited foster care by mother's prison status

	Study sample: mothers who entered prison 2006–2009	Statewide comparison sample: mothers who did not enter prison 2006–2009 ^a
	Any time 3 years before and/or 3 years after (<i>n</i> = 893 mothers)	Any time 3 years before and/or 3 years after (<i>n</i> = 9319 mothers)
<i>Termination of parental rights</i>	25.4***	14.0
<i>Exits from foster care</i>		
Reunification	26.0***	38.4
Guardianship with a relative	24.3***	15.1
Custody with non-removal parent or relative	18.6***	13.1
Adoption	16.8***	8.1
Other ^b	11.5**	8.5

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Note: The sample includes women with at least one child aged 0–14 years at prison entry and who had a child enter foster care within 3 years before or after the day they entered prison. The percentages listed indicate having had at least one child exit foster care

^aMothers without a prison entry 2006–2009 were assigned a counterfactual prison entry date between 2006 and 2009

^bOther includes guardianship with other court-approved caretaker; custody with other court-approved caretaker; emancipation; runaway; death of child; transfer to another agency; interstate compact placement agreement with another state was terminated; and authority revoked for other reasons

Two-thirds of the women had at least one child with an assessment or investigation by child welfare services in the 2–3 years prior to prison entry.

The rates of women who experienced termination of parental rights in this study were notably higher than in previous reports (Jung et al., 2011; Ross et al., 2004). The study from New York began with a sample of children in foster care and then examined their mother's incarceration history (Ross et al., 2004), while the study from Illinois included mothers with short jail stays as well as prison entries (Jung et al., 2011). In contrast, this study focused on women who were in state prison and jointly had at least one child involved in the foster care system proximal to the prison entry. Thus, higher rates of termination of parental rights may highlight the vulnerability of this dually involved population.

The results of this study punctuate the need to understand how to incorporate effective strategies to provide services to families at their initial involvement with CPS. While this study could not assess substance misuse directly, the fact that nearly half of the women entered prison on a substance-related conviction and over half had a child enter foster in part due to parental substance use suggests improved efforts to substance abuse treatment may be warranted. Family drug treatment courts are one service intervention that is designed to address underlying substance misuse for families with children who are involved in the foster care system and

have been demonstrated to decrease length of time children spend in foster care and increase reunification (Gifford, Eldred, Vernerey, & Sloan, 2014). However, these courts work only with caregivers who have already lost custody of a child.

In North Carolina, the civil rather than the criminal court system operates family drug treatment courts. Participation in adult drug treatment courts, which are not tailored to meet the needs of parents with children involved in CPS, did not mitigate the risk of CPS involvement (Gifford, Eldred, Sloan, & Evans, 2016). A literature review likewise found insufficient evidence to conclude that substance abuse treatment effectively prevented women who misuse substances from having their children placed into foster care (Canfield, Radcliffe, Marlow, Boreham, & Gilchrist, 2017), and others have shown that substance use treatment does not necessarily prevent recurrence of maltreatment reports (Barth, Gibbons, & Guo, 2006).

Probation is a form of court-ordered community supervision that serves as an alternative to incarceration and may include mandated services such as substance use treatment or may be limited to monitoring of behavior without services. Failing to comply with probation terms may lead to the reinstatement of one's prison sentence. According to national estimates, among children who were assessed by child protective services and remained at home, 1 in 20 lived with a parent who was on probation at the time of the assessment; further, within 3 years, 40% of these children no longer lived with the parent who was on probation (Phillips, Leathers, & Erkanli, 2009). A recent literature review documented that women under community supervision experience considerable parenting stress and struggle with an array of issues such as a history of trauma, mental health problems, providing for their children's basic needs, and their own health (Sissoko & Goshin, 2019). Moreover, community criminal justice programs may not be well suited to address unique needs of mothers that allow for participation such as childcare (Sissoko & Goshin, 2019).

These results suggest that prior to prison entry, multiple service entry points exist and indicate the potential for improved outcomes through cross-system collaboration. As noted in this study and others (e.g., Kennedy, Mennicke, & Allen, 2020), the needs of mothers who are incarcerated cross health and social systems as well as adult- and child-serving providers (Dallaire, Zeman, & Thrash, 2015). Fortunately, programs exist with evidence demonstrating effectiveness for preventing foster care placements and incarceration. Intensive family preservation services, when implemented with fidelity, have been documented to prevent children from entering foster care (Bezezcky et al., 2020). Moreover, correctional interventions exist to prevent recidivism among women, including substance use treatment (Gobeil, Blanchette, & Stewart, 2016).

Cautions regarding the potential pitfalls of such efforts must be considered. Coercive treatment with punitive outcomes such as loss of child custody or return to prison may not achieve the long-term desired behavioral changes of underlying issues such as substance misuse. Moreover, numerous scholars have raised concerns that cross-agency collaboration can result in extra surveillance and higher risk of child custody loss or being reported to law enforcement (e.g., Barth et al., 2006; Draine & Solomon, 2001; Drake, Jonson-Reid, & Kim, 2017). To be accessible,

services must be designed around the multiple needs of women and their families and the multiple constraints (financial, time, coordinating with work schedules, and childcare availability) (Kennedy et al., 2020). Addressing such concerns as collaborative efforts are built or enhanced is critical for building trust among the women, children, and families who are served (Brayne, 2014; Fong, 2019).

Limitations

This study had several limitations. Only biological children born in North Carolina were observed, potentially excluding the social service experiences of some of the women's children. The data lacked details on living arrangements; thus we did not know if the mother was living with the children's father, other parental figures, or even the child. While a higher prevalence of fathers are incarcerated than mothers, children are more likely to live with their mother (Glaze & Maruschak, 2008). Thus, this study focused on maternal incarceration.

Constrained by available data (children born between 1992 and 2012), this study excluded mother's experiences regarding her older children (aged 15–17 years) but included mother's children who were born during our observation window. The first few years of life mark the highest risk of having a CPS investigation, experiencing confirmed maltreatment, being placed into foster care, and termination of parental rights (Kim, Wildeman, Jonson-Reid, & Drake, 2017; Wildeman et al., 2014; Wildeman et al., 2019; Wildeman & Emanuel, 2014). This analytic decision allowed comparable outcome variables to be constructed for the periods before and after prison entry.

Social service records were provided at the child level not the maternal level. While we could identify if a child had been reunified, we could not determine if the child was reunified with the mother or another caregiver. Only termination of parental rights that occurred through social services was observable—those that occurred through civil court proceedings were not assessed. Further, we could not observe cases where parental rights were restored. This study did not examine the timing of women's prior criminal history, including arrests and convictions in relation to the incarceration and foster care placement. These points of contact could further be explored as opportunities to connect families with services. Despite these limitations, given the paucity of information on this subject, we believe that these results provide important insight on which future studies can build.

Conclusions

Mothers who jointly experience incarceration and having a child placed in foster care are at risk for permanently losing custody of their children, termination of parental rights, and adoption. Results from this study highlight that these women

have high rates of engagement with child protective services prior to prison entry. A mother's loss of child custody and her entry into prison share common underlying risk factors. Thus, policies that support investment of resources toward family preservation during these initial contacts with child protective services offer hope of preventing these adverse outcomes.

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A Longitudinal Examination of Women's Criminal Behavior During the 7 Years After Release from Jail



Johanna B. Folk, June P. Tangney, and Jeffrey B. Stuewig

Each year approximately 1.9 million women are released from U. S. jails and prisons (Sawyer, 2019). Of those, an estimated 62–80% have children (Glaze & Maruschak, 2008). What does the future hold for these women and, by extension, their children? Specifically, in the domain of recidivism, is motherhood a protective factor reducing the likelihood of re-offense and re-arrest? Drawing on data from a larger longitudinal study, we evaluate these questions and extend existing literature via a primarily descriptive analysis of the types of crimes committed by women with and without children up to 7 years post-release.

Incarcerated Mothers Versus Non-mothers

Mothers are overrepresented among incarcerated women, making up about 80% of women incarcerated in jail and 62% incarcerated in prison (Glaze & Maruschak, 2008). An estimated 60% of incarcerated women have an average of two children (Glaze & Maruschak, 2008), and 6–10% are pregnant upon incarceration (Clarke, Phipps, Tong, Rose, & Gold, 2010). Women are more likely than men to have been their child's primary caregiver prior to arrest (Glaze & Maruschak, 2008) and often plan to care for their child after release (Stringer & Barnes, 2012).

Research regarding differences between women with and without children has focused on women incarcerated in prison. One study of women incarcerated in

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prison found few differences between those with and without children (Loper, 2006). Women with and without children reported similar rates of psychiatric symptoms, emotional distress, and conflict with other individuals during incarceration, and there were no differences in institutional infractions. There were, however, some differences in the type of crime leading to incarceration—women with children were more likely to be incarcerated for property or drug offenses, whereas women without children were more likely to be incarcerated for violent offenses (Loper, 2006). Another study of women formerly incarcerated in prison found differences in demographic, mental health, and criminal justice characteristics (Michalsen & Flavin, 2014). Women without children were more likely than mothers to be White and non-Hispanic, younger, and single, to have completed more years of education and have spent time in college, and to have unstable housing. Women without children were more likely to report having ever felt sad/blue for a prolonged period and to have ever spoken to a mental health professional regularly and less likely to have ever used crack. Women without children were also more likely to have been convicted of a violent offense and to have had their first criminal justice contact at a younger age. Little is known about how women with and without children incarcerated in jail differ in regard to basic demographic characteristics or in their patterns of recidivism following release.

Recidivism Among Women

Many women released from incarceration have subsequent criminal justice contact; cross-state estimates indicate that within 3 years following release from prison, 58% of women are rearrested, 38% are reconvicted, and 30% are reincarcerated in prison (Deschenes, Owen, & Crow, 2007). Factors associated with recidivism among women include extent of criminal history, incarceration for property or drug crimes, substance dependence, mental illness, and demographic characteristics including younger age and identifying as Black (Cloyes, Wong, Latimer, & Abarca, 2010; Deschenes et al., 2007).

The gender-responsive model (Bloom, Owen, & Covington, 2003; Spjeldnes & Goodkind, 2009) suggests that parental status should be predictive of recidivism for women. Relational theory posits that females are more likely to be motivated by relational concerns, and the relational context is critical to understanding successful reentry and criminal behavior for women (Covington & Bloom, 2006). Yet the role of motherhood in the risk for recidivism is not sufficiently understood. Having children specifically is not related to recidivism among women released from prison (Bonta, Pang, & Wallace-Capretta, 1995; Huebner, DeJong, & Cobbina, 2010). For mothers with a history of substance dependence, expecting to live with one's children after release is also not related to recidivism after release from prison, once relevant confounders are controlled (Robbins, Martin, & Surratt, 2009). Similarly, having children did not predict recidivism following release from a jail-based substance use treatment program (Scott, Grella, Dennis, & Funk, 2014). However, there

is some evidence that having a child at home reduces the chance of re-arrest on drug charges and dealing drugs within the first year following jail incarceration (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005). Furthermore, among women released from a jail-based substance use treatment program, those who lose custody of their children are more likely to recidivate within the first 3 years post-release (Scott et al., 2014), and those who live with their children in the year prior have reduced odds of recidivism within the next year (Scott, Grella, Dennis, & Funk, 2016).

Current Study

The current study examined differences between formerly incarcerated women with and without children in recidivism during the 7 years following release from jail, expanding upon existing literature by using a longitudinal design, focusing on women incarcerated in jail, and including self-report of both arrests and undetected offenses. We consider differences in the frequency of recidivism and the types of crimes committed across the 7-year period. We then discuss the implications of results for children of formerly incarcerated women and for jail-based interventions for women with children nearing community (and family) re-entry.

Method

Participants and Procedure

Our sample included 143 women pre and post-trial held on felony charges and recruited upon incarceration (Time 1) in a local jail. Participants were drawn from a larger longitudinal study (Tangney, Mashek, & Stuewig, 2007) examining the implications of moral emotions and cognitions for post-release recidivism, substance misuse, and HIV risk behavior (e.g., Caudy et al., 2015; Tangney, Stuewig, & Martinez, 2014). All procedures were approved by the George Mason University Institutional Review Board, and a Certificate of Confidentiality was obtained.

At baseline (Time 1), women were on average 35.2 years old ($SD = 10.2$ years, range = 18.6–69.6) and predominantly White (45.5%) or Black (42.0%). Most women had never been married (47.6%); 17.5% were legally married or living as married; and 33.6% were separated or divorced. The majority of women (77%) were mothers. Additional demographic characteristics are presented in Table 1.

Women were recruited between 2002 and 2007, shortly after assignment to the jail's medium- and maximum-security general population. A key interest of the parent project was understanding the effectiveness of short-term interventions with individuals who had committed serious offenses, so selection criteria were designed

Table 1 Participant demographic characteristics

Baseline characteristics	Total (<i>n</i> = 143)	Women with children (<i>n</i> = 110)	Women without children (<i>n</i> = 33)
Age, <i>M</i> (<i>SD</i>)	35.2(10.2)*	37.1(9.7)	29.04(9.5)
Race, %			
Black	42.0	45.5	30.3
White	45.5	44.5	48.5
Other	12.6	10.0	21.2
Marital status, %			
Never married	47.6	41.8	66.7
Married/living as married	17.5	19.1	12.1
Separated/divorced	33.6	37.3	21.2
Other	1.4	1.8	0.0
Years of education	12.5(2.1)	12.3(2.0)	12.9(2.7)
Past year employment			
Full time	60.1	56.4	72.7
Part time	14.0	13.6	15.2
Odd jobs	5.6	6.4	3.0
Unemployed	20.3	23.6	9.1
Past year primary residence, %			
With parent(s)	19.0	13.8	36.4
With spouse/long-term partner	26.1	26.6	24.2
With other relative(s)	18.3	21.1	9.1
With non-relative(s)	16.9	16.5	18.2
Alone	10.6	12.8	3.0
Homeless	2.8	2.8	3.0
Hospital, rehabilitation, nursing home	2.8	2.8	3.0
Correctional facility	3.5	3.7	3.0
Number of places lived in past year, <i>M</i> (<i>SD</i>)	1.48(1.3)	1.5(1.3)	1.4(1.3)

*denotes significant difference between women with and without children $p < .05$

to identify individuals likely to serve at least 4 months (i.e., long enough to complete the four to six session baseline assessment and have the opportunity to request and engage in jail programs and services). Eligible individuals were either sentenced to 4 months or more or arrested and held on at least one felony charge other than a probation violation, with no bond greater than \$7000. Participants were re-interviewed at 1, 4, 7, and 10 years post-release (T2, T3, T4, T5, respectively).

Participants received honoraria of \$15–18 at baseline (T1), \$50 at the 1-year follow-up (T2), \$100 at the 4-year follow-up (T3), \$125 at the 7-year follow-up (T4), and \$150 at the 10-year follow-up (T5). The current report includes baseline through T4, as data from the 10-year follow-up (T5) were not yet available.

To track participants post-release, extensive contact information was obtained prior to release. Annual birthday and winter holiday cards were mailed to keep in touch with participants and obtain change of address information. We also relied on a broad range of online resources (e.g., to identify those reincarcerated) as well as a fee-for-service information agency.

Attrition analyses of the parent study evaluated baseline differences on 34 variables comparing eligible individuals who were re-interviewed vs. those who were not (not found, refused, and withdrew). Variables were from domains including demographics (e.g., race/ethnicity, education), mental health (e.g., schizophrenia, borderline personality disorder), psychological (e.g., shame, self-control), criminality (e.g., criminal history, psychopathy), and substance dependence (e.g., alcohol, opiates). Of 34 background variables, there were very few differences at $p < 0.05$. Using a Bonferroni correction for Type I error, no differences were observed beyond those expected by chance.

Measures

Demographics

Shortly after incarceration (T1), participants completed baseline assessments including demographic characteristics—age, race, marital status, education, pre-incarceration employment, pre-incarceration type of residence, and number of places lived in the year prior to incarceration.

Recidivism

The vast majority of criminology studies of recidivism focus solely on re-arrest. But arrests represent the “tip of the iceberg.” Many crimes go undetected, and those that do come to the attention of law enforcement officials do not always result in arrest. For this reason, we assessed both arrests and self-report of *undetected* criminal activity to more accurately capture the nature, incidence, and frequency of criminal behavior. In interviews occurring approximately 1, 4, and 7 years post-release (T2, T3, T4), participants were asked about the number of arrests and undetected offenses that occurred for each of the 15 crime types (e.g., theft, assault, drug offenses) within the first year after their release (T2), between 1 and 4 years post-release (T3), and from 4 to 7 years post-release (T4). For undetected offenses, count frequency was limited to 300 at each time point to reduce the effects of outliers. The 15 types of crime were re-categorized using definitions from the Bureau of Justice Statistics into four categories (violent, property, drug, and public order/other). For each time point, arrests and undetected offenses were summed for each of the four categories. Then, the number of times participants committed any of the crimes was summed across times 2–4 to get the *total* number of times participants committed each of the

four crime categories in the 7 years following their release. An additional 24 individuals were missing data for all post-release time points, and as such the analyses below were run on a sample of 119 women (78% mothers).

The rates of recidivism varied greatly by type of crime for this sample of women. For violent offenses, the mean number of offenses was 4.2 (SD = 34.6), yet only 19.3% committed a violent offense over the post-release time period. For property, drug, and public order/other, the means were 12.2 (SD = 32.1), 42.9 (SD = 114.8), and 60.7 (SD = 177.6), respectively. Forty-two percent of the sample committed property offenses, 32.8% committed drug offenses, and 54.6% had engaged in public order/other types of offenses. Overall 68.9% of the women had committed at least one offense during the 7 years post-release.

Plan of Analysis

Negative binomial regressions were run to assess whether motherhood status was related to the number of crimes committed post-release. Due to the relatively small sample size, we were only able to control for age. The “offset” function in SPSS (Coxe, West, & Aiken, 2009) was used to control for the number of days data was available for each participant and to address the issue that participants with recidivism data for all 7 years may report higher crime counts than those with only data from 1 or 3 years simply because they had more opportunities to commit a crime.

Results

As shown in Table 1, incarcerated mothers were similar to non-mothers on most demographic characteristics, including race, marital status, education, pre-incarceration employment, pre-incarceration type of residence, and number of places lived in the year prior to incarceration. The only significant difference was age; on average, women with children were significantly older than women without children. Women with and without children were equally likely to have been arrested during the 7 years post-release (63.4% and 53.8%, respectively, $p = 0.37$).

We next delved deeper into the nature and frequency of crimes committed by formerly incarcerated women. We first conducted negative binomial regressions to determine whether formerly incarcerated women with children differed from those without children in frequency of offending for each of the four Bureau of Justice Statistics categories (violent, property, drug, and public order/other), with and without controlling for age. Without controlling for age, having children was marginally related to committing more violent offenses ($p = 0.051$) and unrelated to the three other types of crime. When controlling for age, both age and having children were related to committing more violent offenses over the post-release period. As expected, older individuals tended to commit fewer violent crimes ($e^{(B)} = 0.86$; 95% CI = 0.81–0.91), although the relationship of age to the other types of crime was not

significant in any of the other regressions. As can be seen from the column labeled $e^{(B)}$ in Table 2, holding age constant, women with children committed 13.3 times more violent offenses than women without children. Similarly, women with children committed significantly more property offenses. Motherhood status was not significantly related to the number of drug or public order/other offenses. One possible explanation is given that mothers are older, on average, and they are particularly likely to commit property and violent offenses, it could be that women with children may be more firmly entrenched in the criminal justice system (e.g., lengthier histories of offending, more serious histories of substance use). Secondary analyses indicate motherhood does not appear to be a proxy for greater risk on mental health and criminal justice-related factors; women with and without children scored similarly on measures of psychopathy (PCL:SV), violence risk, and substance dependence and on symptoms of trauma, antisocial personality, and borderline personality disorder.

Although there was a significant relationship between motherhood and number of violent and property offenses, the 95% confidence intervals in Table 2 are very large. As such, we dug deeper, examining each of these categories and the individuals committing these crimes. When examining violent offenses, 5 (19.2%) of the women without children committed a violent offense, while 18 (19.4%) of the women with children committed a violent offense. All 5 of the women without children committed only 1 violent offense; women with children who committed violent offenses, on the other hand, ranged from committing 1 to 373 violent offenses, with 12 of the 18 (67%) committing 3 or more violent offenses. Of those five women without children who committed a violent offense, two committed robbery, two committed assault, and one committed a sex offense.¹ Of those 18 women with children who committed violent offenses, 5 committed robbery, 16 committed assault, and 1 committed a murder. The women with children had an especially high rate of domestic violence offenses (which was a subcategory under assault), with 12

Table 2 The relationship between being a mother and number of crimes committed post-release

Offense type	$e^{(B)}$	95% CI	<i>p</i>
Violent offenses	13.34	2.29–77.60	0.004
Property offenses	5.42	1.15–25.51	0.032
Drug offenses	0.98	0.18–5.31	0.986
Public order/other offenses	1.10	0.17–6.97	0.918

Note: For each of the four negative binomial regressions, we controlled for age and used number of eligible days as an offset variable

¹The number of violent offenses outcome contained one extreme outlier (373) and one less extreme, though still outlying score (59); all other scores were 0–18. To account for the possibility the extreme score was skewing findings, we conducted our negative binomial analysis in two additional ways: (1) excluding the extreme outlier (373); (2) truncating the extreme score and the second highest score (59) to be 1+ next highest score. Motherhood was a significant predictor in these alternative analytic approaches. The confidence intervals remained wide in these alternative approaches, suggesting the effects should be interpreted cautiously as well.

of the 18 committing one of these acts. Half of those who reported domestic violence also reported committing robbery or a non-domestic violence assault. Only one of the five women without children reported committing any domestic violence offenses. The racial breakdown of women with children who committed violent offenses was White ($n = 15$, 83.3%), Black ($n = 2$, 11.1%), and Other ($n = 1$, 5.6%), while for women without children, it was White ($n = 4$, 80%) or Other ($n = 1$, 20%).

When examining property offenses, 10 (38.5%) of the women without children committed a property offense, while 40 (43%) of the women with children committed a property offense. Of the women without children who offended, the average number of property crimes was 15.8 (SD = 24.9; *median* = 4.5; *range* = 1–69); women with children, on the other hand, committed an average of 32.4 (SD = 47.9; *median* = 11.5; *range* = 1–241) property crimes. Of those women without children who committed a property offense, 80.0% committed theft and 30.0% committed fraud. For mothers, 90.0% committed theft and 22.5% committed fraud. The racial breakdown of women with children who committed a property offense was White ($n = 21$, 52.5%), Black ($n = 17$, 42.5%), and Other ($n = 2$, 5%), while for women without children, it was White ($n = 5$, 50%), Black ($n = 3$, 30%), and Other ($n = 2$, 20%).

Discussion

Does motherhood inhibit re-offense? Results from this study of women formerly incarcerated in jail indicate that motherhood is not a protective factor. Re-arrest rates in the 7 years post-incarceration were equally high for both women with and without children—more than 50%. When considering both detected (resulting in arrest) and undetected crime, women with children were more—not less—likely to reoffend than those without children, specifically in the domains of property offenses and violent crimes. Violent re-offenses were especially likely to be domestic in nature. Women with and without children did not differ in drug-related or public order/other offenses.

Implications for Children and Families

Within 7 years of release from jail, about half of women were re-arrested; for mothers, this means their children faced potentially traumatic experiences associated with their mothers' re-arrest. Although women with and without children did not differ in rates of re-arrest, their patterns of re-offense differed in important ways. Women with children were more likely than those without children to engage in property offenses and violent crime. Criminal justice involvement is both a consequence and a cause of poverty (Harris, Evans, & Beckett, 2010). The disproportionate rate of property offenses (e.g., theft) may reflect the added responsibilities mothers face in meeting the basic needs of their children as well as their own basic

needs. Thus, recidivism in this domain may be reduced by pre-release planning targeting the practical, material needs of both returning mothers and the children they are rejoining at home.

The disproportionate rate of violent offenses among women with children is perhaps most alarming. Almost 80% of women incarcerated in jail have previously experienced partner violence (Lynch, DeHart, Belknap, & Green, 2013). Although details regarding each incident of post-release offending in the current study are not available, according to women's self-report, many of these offenses were domestic in nature. It is unknown whether the woman was the sole perpetrator or if the violence was mutual. These violent episodes may have occurred exclusively in the context of intimate partner relationships; others may have directly involved the children. Either way, research clearly demonstrates that domestic violence in its various forms represents a real danger for children both physically and psychologically (Holt, Buckley, & Whelan, 2008). Additional qualitative research is needed to further clarify the nature of violent re-offenses and their triggers among formerly incarcerated women in general, and among formerly incarcerated mothers in particular. But the available results have immediate applied implications for prevention. Incarcerated women, and in particular those with children, nearing re-entry should be screened for prior domestic violence and provided relevant resources as they are exiting jail. This intervention could be instrumental in breaking cycles of violence and enhancing the safety and security of children, their formerly incarcerated mothers, and their families.

Strengths, Limitations, and Future Directions

A key strength of the study is its longitudinal design, assessing the long-term post-release outcomes of formerly incarcerated women up to 7 years post-release. Second, this study focused on individuals incarcerated in the jail's "general population" (as opposed to specialized samples, i.e., drug offenders). Local jails function as the entryway into our nation's criminal justice system; thus, individuals incarcerated in jail represent the full range of persons passing, including who will ultimately serve time solely in jail, as well as those who are on their way to longer-term state and federal prisons.

A key limitation is our reliance on self-reports of recidivism—arrests and undetected offenses. Participants may be reluctant to be forthcoming; social desirability bias is always a concern. A comparison of self-reported arrests and official FBI records from the 1-year post-release data of the larger longitudinal study from which the current sample was selected, however, supports the validity of self-reports of arrests (Daylor et al., 2019). The level of agreement between self-report and official records was exceptionally high (80%), and under-reports appeared to be random—unrelated to social desirability, psychopathy, paranoia, etc. Regarding self-reports of undetected offenses, participants reported a remarkably broad range of offenses, many serious in nature. As such, it is likely that underreporting was minimized by the protections to confidentiality put in place.

Although larger than many studies of incarcerated mothers, our sample size limited our ability to assess potential moderators. For example, in the domain of violent re-offenses, there was some indication domestically related violent re-offense was especially likely for formerly incarcerated White (as opposed to Black) women. This secondary analysis was based on a small sample and future research employing larger samples are needed to confirm this result. We also did not have in-depth information on children including, for example, whether women returned to live with their children following incarceration; this limits our ability to draw conclusions about the potential impacts of women's re-arrest on their children.

Conclusion

Mothers represent the vast majority of incarcerated women and are highly likely to continue engaging in criminal behavior following release from jail. Women with children are particularly likely to commit property and violent offenses, with many engaging in domestic violence. This may place some children at high risk for experiencing additional trauma. Interventions targeting women's practical, material needs through screening and provision of resources related to domestic violence have the potential to mitigate some of this risk.

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Redefining Motherhood: Mothering in Mandated Inpatient Substance Use Treatment



Lorie S. Goshin and D. R. Gina Sissoko

More than 80% of women supervised by criminal legal systems in the United States are in the community, not in prisons or jails. At year-end 2016, more than one million women were under community supervision: approximately 918,280 women on probation and 113,721 women on parole (Kaeble, 2018). Probation is a mandated period of community supervision used instead of jail incarceration or after a short jail stay, while parole is supervised release from prison. The average length of both is approximately 2 years (Herberman & Bonczar, 2015). Problem-solving courts also supervise women in the community. The goal of these courts is to manage the underlying causes of criminal legal contact, such as substance dependence or untreated mental illness (Lattimore, Tueller, Levin-Rector, & Witwer, 2020). The number of women under community supervision has almost doubled in the past three decades, and this increase has disproportionately affected women of color (The Pew Charitable Trusts, 2018). Increasing community supervision has been put forth as a way to decrease incarceration rates.

Community supervision includes strict adherence to mandated conditions to avoid incarceration. Women may be mandated to live at a location approved by the supervising agency, meet regularly with an officer, obtain education or employment, attend substance use or mental health treatment, provide bodily fluid specimens for toxicology, and remain inside of the jurisdiction (The Pew Charitable Trusts, 2018). Almost half of prison admissions are due to probation or parole violations (The Council of State Governments Justice Center, 2019), making them key drivers of high incarceration rates. Even though incarceration and community supervision are tightly linked, their contexts differ dramatically. Research is needed to describe women's experiences during and across these supervision conditions. In this study,

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we present grounded theory research on mothering while residing in mandated substance use treatment.

Like incarcerated women, most women under community supervision (including those mandated to participate in inpatient substance abuse treatment) are mothers of minor children. This includes an estimated 62–73% of women on probation and 70% of women on parole (Van Voorhis, Wright, Salisbury, & Bauman, 2010). The majority of incarcerated mothers report the desire to reunify with their children upon returning to the community (Barnes & Stringer, 2014), which is the time when people are likely to be under community supervision. A larger volume of research has been published about incarcerated mothers than those under community supervision. Much of this literature implicitly assumes that mothers reunify with their children after release into the community.

In reality, overwhelming challenges prevent or delay post-release reunification for these families. Challenges include unstable housing (Western & Smith, 2018), being mandated to inpatient drug treatment or community corrections facilities that do not allow children (Leverentz, 2014; Robison & Miller, 2016), lack of resources to meet their own and their children's basic needs (Opsal & Foley, 2013), substance use relapses, and frayed family relationships (Bachman, Kerrison, Paternoster, Smith, & O'Connell, 2016). Indeed, child welfare involvement rates are higher in women under community supervision than those who are incarcerated (Glaze & Maruschak, 2008; Stalans & Lurigio, 2015). Parenting stress also appears higher during community supervision than incarceration (McClure et al., 2015). Barriers to reunification may be more extensive than women envision while incarcerated.

The small body of research focusing on children with community-supervised parents has identified unmet behavioral health needs. In one study of children with parents on probation, 25% had clinically significant behavior problems, and only 21% of those in need were receiving intervention (Phillips, Venema, & Roque, 2010). In a sample of children whose mothers had dual court (criminal and family) involvement, Phillips, Leathers, and Erkanli (2009) showed increases in behavior problem scores over the course of community supervision, and the scores of school-aged children remained elevated at a 3-year follow-up. Higher maternal physiological and psychological parenting stress in the 6 months after prison release has also been associated with children's internalizing problems and difficulty regulating emotions (McClure et al., 2015). Community supervision programming focused only on the parent, like mandated drug treatment, has not been shown to improve parenting (e.g., child welfare contact, Gifford, Eldred, Sloan, & Evans, 2016) or child (e.g., school performance, arrest in young adulthood, Gifford, Eldred, Evans, & Sloan, 2016; Gifford, Sloan, Eldred, & Evans, 2015) outcomes. These studies reveal the need to increase our attention on women under community supervision and their children in order to address the family impacts of criminal legal involvement beyond incarceration.

Critical gaps remain in the research on mothers under community supervision and their children. The experiences of mothers with short jail stays are not well represented in the existing research, as most studies sample or follow women after extended incarcerations (see Bachman et al., 2016; Gurusami, 2018; McClure et al.,

2015; Western & Smith, 2018). While the challenges of being a mother under community supervision are well documented, the strategies women use to manage them warrant further examination, as do the differences in strategies across children and across developmental levels. For example, do women have more contact with some of their children than others? Are their reunification plans similar or different between children? Do women tailor their strategies to the age of their children? We conducted this study to address those gaps by illustrating the process women use to manage parenting and to maintain the mother-child relationship during community supervision in a mandated inpatient substance abuse treatment facility.

Method

Participants

We recruited 23 women mandated by the criminal courts to an inpatient substance use treatment center serving self-identified women. Eligibility criteria for the study included being under any type of community supervision, the mother of a minor child, and having current contact with at least one of their minor children. We included women with any intensity or frequency of child contact, including only phone- or internet-mediated contact, to reflect the complexity of parenting in this population. The treatment center served women with and without children. Select residents were allowed to live in the center with up to two children under the age of 5 years. No women who attended a recruitment event and met eligibility criteria refused to participate. The target sample size was 20 women based on power to answer the main quantitative aim of the parent study, which is described below.

We summarize participant characteristics in Table 1. Consistent with the racial/ethnic and age makeup of women arrested in the city in which this study took place, most participants identified as women of color, and the average age was in the mid-30s. Three women were pregnant at the time of participation. Women experienced an average of almost seven traumatic event types across their lives. Most women had experienced repeated, severe traumas since childhood. Every woman reported at least a moderate level of substance use-related problems in the prior 12 months, and almost 70% of participants scored in the substantial to severe problem range.

Probation was the most common supervision type, followed by parole, and the mental health or drug problem solving courts. The current supervision episode was the first criminal justice contact for only two women, one of whom was a young adult. Most women on probation had histories of multiple short jail incarcerations over the course of their lives, with some reporting multiple jail stays and community supervision spells on their current charges. As would be expected, the eight women on parole had the most extensive criminal legal histories, including felony convictions, incarcerations in jail and prison, and histories of probation supervision.

Table 1 Participant characteristics ($N = 23$)

Characteristic	n (%)	M	SD
Age in years		35.6	9.3
Race/ethnicity			
Latina or Hispanic	8 (34.8)		
Black or African American, non-Latina	5 (21.7)		
Multiracial	5 (21.7)		
White, non-Latina	5 (21.7)		
Trauma exposure, lifetime ^a			
Number of exposures		6.6	2.7
Five most commonly reported trauma types			
Physical assault	21 (91.3)		
Other unwanted sexual experience	17 (73.9)		
Sudden, unexpected death of a loved one	16 (69.6)		
Sexual assault	15 (65.2)		
Transportation accident	15 (65.2)		
Degree of drug use-related problems, past 12 months ^b			
Moderate	7 (30.4)		
Substantial	9 (39.1)		
Severe	7 (30.4)		
Community supervision type, current			
Probation	11 (47.8)		
Parole	8 (34.8)		
Treatment court	4 (17.4)		

^aLife events checklist for DSM-5

^bDrug abuse screening test-10

Procedure

We collected these data during a larger mixed methods study of parenting in women under community criminal legal supervision (Rieder, Goshin, Sissoko, Kleshchova, & Weierich, 2019). This chapter includes the following data from the parent study: demographics, standardized measures of trauma and drug use, parenting histories, current community supervision conditions, and qualitative data on mothering under community supervision.

Following consent, we administered an interview with structured and unstructured components. We began the structured interview with a parenting stress reminder question: “Sometimes things happen with our children that are extremely upsetting, things like when a child is hurt or sick, when a mother has to leave her child and live somewhere else, or when a child is taken away from his or her mother. Has anything like this happened with the child you have the most contact with right now?” We collected saliva samples for stress biomarkers before, immediately after, and 20 min after the stress reminder question (reported in Rieder et al., 2019). The remainder of the structured interview focused on women’s parenting (number and

ages of children, caregiving histories for each child, contact with child welfare) and criminal legal contact (number and timing of lifetime arrests, incarcerations, and community supervisions in relation to childbearing and caregiving) histories. The number of structured questions varied by the number of children, mother-child separations, child welfare, and criminal legal contacts. We then asked about current supervision conditions (“What have you been told to do for your community supervision mandate?”). After completion of the structured interview, we asked the following broad question to elicit strategies women used to manage mothering during community supervision: “Could you tell me how you manage being a mother and the things you are mandated to do for your community supervision term?” We provided encouragement as needed to tell us more about specific strategies, parenting experiences, and interactions with legal authorities. We audio taped for later transcription the interviews of 21 participants who consented to that procedure. We took detailed field notes during the interviews of the two women who did not consent to audio taping.

After the interview, participants completed standardized measures, including those for trauma exposure (Life Events Checklist for DSM-5, Weathers et al., 2013) and problem drug use (Drug Abuse Screening Test-10). We gave participants a \$20 gift card and choice of book for themselves or their children. Data were collected between February and December 2016. The City University of New York Integrated Institutional Review Board approved all study procedures.

Data Analysis

We collected and analyzed the qualitative data concurrently using a grounded theory approach (Charmaz, 2014). A professional transcriptionist transcribed the interviews, and then the study authors reviewed transcripts for accuracy prior to coding. We then separately coded each transcript line by line to identify implicit and explicit actions that women took to manage parenting in the context of their community mandates. While we focused most closely on strategies women used to care for their minor children, we also coded strategies used with adult children as information on parenting that group was more salient in the interviews than anticipated. We then compared codes across transcripts to identify similarities and differences. Because most women in the study had prior experiences with community supervision, we coded strategies used in current and prior terms, as well as those that extended across multiple terms in women who experienced back-to-back incarcerations and supervisions. Finally, we synthesized the first codes into categories and identified the relationships between them, with a particular focus on differences in women’s strategies between their children and across developmental levels. Throughout coding, we challenged our own and each other’s preconceptions about mothering to prevent forcing the data into existing frameworks, especially the assumption that all women desired to resume custody of their children as opposed to maintaining other

forms of meaningful contact. We discussed differences in our individual codes at each step and resolved them by consensus.

Results

We begin this section by providing contextual information on women's parenting histories and supervision conditions at the time of the study. We then present Redefining Motherhood, a grounded theory on managing motherhood during community criminal legal supervision.

Parenting Histories

Women reported parenting histories for 78 children, at an average of three children per participant ($SD = 2$, range: 1–8). The average child age was 11.7 years ($SD = 8.6$, range: 0.25–32). While all women in the study had some level of contact with at least one of their minor children, the amount of caregiving that women gave to each of their children and the current level of mother-child contact varied greatly within families in ways that are described in detail below.

Parenting histories were characterized by repeated custody losses. Only 4 of the 78 children currently lived with their mothers in the treatment facility, and each of these mothers had older children living with another caregiver. Every participant reported historical or current child welfare involvement. The relationship between criminal and family court involvement was so strong that temporality was unclear for some women. As this woman shared, "I'm in every court: criminal court, supreme court, family court, just not eviction court, and they can't evict me from here [inpatient treatment], Medicaid pays for that. There's nothing that I'm not in right now, you know?" Three-fourths (78%, $n = 18$) of women had experienced child welfare removal of at least one child, and the family courts terminated parental rights to one or more children in approximately half of these cases. In women's narratives, custody losses and justice involvement were connected, but the directionality of the connection was inconsistent.

Some women reported worsening drug use and criminal legal contact as a result of custody loss. The following quote exemplifies this pathway. "When I went back to the day care, my baby was removed, only my stroller was there. I was so sad...I left that day and I went to the street...I was running the street, I never think I'm going to get my life back...I start smoking crack, crack, crack. I started laying down with everybody, I wanted to kill myself...I was laying down with 10 guys, I was living in the hallway, I wouldn't take a shower for a month...People didn't want me inside their store to buy a cigarette, they put me out, push me...So I started selling drugs, I sell it to the police." For other women, child welfare contact came as a result of their criminal cases. This included incarceration, as would be expected, but also

placement choices made by community corrections officers. “When probation mandated me here [inpatient substance use treatment], she called ACS. I had a 30-day investigation and she [daughter] could not come here with me. It was 42 days before she came.” In this and other cases, women asked for outpatient substance use treatment that would allow them to remain with their children, but community corrections officers mandated them to an inpatient facility.

Current Supervision Conditions

Women were mandated by judges and community supervision officers to a range of activities. This included inpatient substance use treatment and all associated program rules. Other common mandates included meetings with probation or parole officers, toxicology testing, and anger management classes. In some cases, officers mandated didactic parenting courses and threatened to take away permission for child visits to the treatment center.

Women expressed considerable confusion about the lengths of their mandates and what behavior would result in a violation. This participant’s quote exemplifies women’s responses about their expected community supervision timelines: “I have been here [treatment center] a month. I probably have about eight more months left. Probably, more than that. I do not know. I do not really know how this works.” Women shared cryptic communication from the courts regarding what behaviors would violate their supervision conditions and the potential consequences of violations: “The judge told me not to get in trouble, and I had to sign something saying that I would not get into trouble for a year. I guess if I got into trouble, I do not know what would happen with the case or what they would do, but something would happen. It was not really made clear to me. I was kind of happy that they were letting it go.” Women accepted a high level of uncertainty in the community in order to be released from incarceration.

Redefining Motherhood

We identified Redefining Motherhood as the central process by which women managed parenting during community supervision. The redefinition process unfolded over a long period of time. For some women, that meant over multiple supervision spells. Even within one spell, there were years between initial police contact, incarceration, the court process, and through supervision, the conditions of which were dynamic based on officer and court recommendations. Some women also ran from community sanctions after sentencing or had multiple substance use treatment admissions within the same community mandate.

Redefined motherhood differed from the primary or closely shared co-parenting roles women expressed wanting for themselves. In the redefinition process, women

carefully navigated extreme personal and systemic challenges, and the developmental needs of their children, to craft the most physically and emotionally close maternal role available to them at any given time. To do so, they integrated painful histories into their new mothering identities, accepted them, and vowed to be the best mothers they could be, as this participant shared: “And I got myself into a ball of hell, and then the only way I can turn around is a 360 turnaround and do the right thing and show them that everything I did, that that all was addictive behaviors and me clean today, *this* is who I am.”

We present the seven key strategies in order of caregiving intensity, beginning with those used to care for children in their custody and concluding with strategies used to parent children living apart from them during community supervision episodes. Each woman used a range of strategies, and they often tailored the strategies to the developmental level of each child at the time of community supervision. For this reason, children in same family could have much different experiences of their mothers’ community supervision. Table 2 contains a definition and exemplar quote for each key strategy.

Conserving Limited Parenting Resources for Younger Children

Conserving limited parenting resources was the main strategy used by women with children in their custody during community supervision. Every primary caregiving woman lived with her youngest child but had an older child or children living elsewhere. Women acknowledged limitations in important basic resources, such as money and housing, which would be needed to take care of all of their children. In the presence of scarcity and knowledge that older children were in the custody of someone else or were adults who had more opportunities to independently meet their own needs, women marshaled their limited resources for the care of their younger children.

In conserving parenting resources, women declined requests from their adolescent and adult children for material assistance. The most common request was to move in with the woman and younger child when they left the inpatient treatment facility. One woman preparing to move into a new apartment with her preschool daughter shared these interactions with her young adult son, who was homeless: “Every time I talk to him, he is asking me if I am getting an apartment from here, and I keep telling him he is not coming.” Women saw their youngest children as the most vulnerable, even when their older siblings also had extreme needs. They pointed to the wider range of supports, such as public benefits and city shelters, which adult children could independently access. Acknowledging the inability to meet their older children’s needs, either historically or currently, strengthened women’s resolves to provide the best possible care they could to their younger children.

The valuable resource of their time was also limited due to programming mandated by the treatment center, criminal legal, and, in some cases, child welfare authorities. Women who were primary caregivers or had frequent contact with children had to carefully schedule their parenting to fit the imposed regime. Limitations

Table 2 Key strategies for redefining motherhood during community supervision

Strategy	Definition	Exemplar quote
Conserving limited parenting resources for younger children	To use material resources or time disproportionately for the benefit of younger as opposed to older children in the context of insufficient overall resources	“So now [young adult child] is struggling in the street. She don’t know what she can do with herself, and I cannot help her because I gotta do [youngest child] first. I tried to help her all the time, you know, but what’s she doing? Now she’s 20-year-old. Go to a shelter. I’m so sorry I failed at my job [with her], but I got to do [youngest child]. I cannot let her [oldest child] take away from [youngest child].”
Confusing roles	To rely on children for parental functions, such as emotional and instrumental support	“I cannot let [youngest child] go because God gave me that baby to do something... she came right here to save my life.”
Breaking supervision rules to parent	To disobey rules established by parole, probation, or mandated treatment providers in order to care for children	“So what I started doing was going without [parole] knowing, because I wanted to see my children and that ended up getting me caught up and I ended up getting in trouble. Then, I just gave up on everything. Then, I became on the run again...If they would have given me the opportunity to go see my kids on the weekends at least, I think I would have never been going back to jail.”
Securing a safe caregiver	To find a safe alternate caregivers for children when unable to live with them by choice or due to child welfare involvement	“Both of my girls were with me until a few years back. Things started, my drug habit started increasing. I got in trouble for the first time with the law, and I didn’t want them to take my kids away from me. So, I turned them over to my father, to keep them out of child protective services.”
Raising children from afar	To provide regular guidance and make important parenting decisions for children living with another caregiver	“He likes to take stuff apart and put it back together, and I’m tryin teach him that’s something you can work with in the long run. You can do a lot of stuff doing that. Like you can build a house, you never know, you can make your own little toy with other toys. He likes to draw. He knows how to draw a lot of stuff very good, but he just has an attitude like me, and sometimes he don’t care, and I try to explain to him you can’t have an I don’t care attitude.”

(continued)

Table 2 (continued)

Strategy	Definition	Exemplar quote
Crafting the least upsetting mothering role	To develop a role in their children's lives based on lowering the likelihood of offending the family, child welfare, and criminal legal actors involved as opposed to their own mothering wishes or perceived needs of their children	"I was gonna go back to court to get custody. [Kinship caregiver's] like, 'Oh, Lord. He's doing okay. We kinda got used to him being around'...I explained to her, look I'm not gonna take him away because he's really situated... I told him, you think about what you wanna do and just let me know that way we all come to a compromise and figure out something that'll work. Because you know I don't wanna disrupt anything that you already have going on."
Fighting for custody	To begin or intensify efforts to regain custody of children in alternate caregiving situations	"I have an open [family court] case. I am going to court soon. This is a big help this program... Now, when I came here they said that if I do everything I have to do while I go to family court, they write court letters for me and everything, and this is a very very good place to get your kids back."

were imposed by correctional authorities, as this participant shared: "The parole officer I had did not offer help with parenting or childcare...She told me, 'Well, either you could do this here or you can do it in jail, but basically that is all'...She did not care about none of that stuff. I had to work around her schedule. It was not her working around my schedule." The treatment facility also limited family contact in women whose children did not live there. Rules allowing calls only in the presence of a specific counselor meant that women could not call their children in the evenings when they were home from school. Other limitations were part of the treatment plan, such as having to reach a certain level to earn child visits in or out of the center.

Confusing Roles

Women relied on their children for a range of supports in order to parent with such limited resources. Adult children provided instrumental support by temporarily stepping in as primary caregivers for their minor siblings. Some women also viewed their adult children as the main authorities on the care of the younger children. Women in this situation feared making parenting mistakes with their younger children and thus angering older children who kept close watch on their mothers' behavior.

Women relied on younger children for emotional support. They described infants and toddlers as "my strength" and "the only thing I have." Women credited pregnancies and their young children with saving them from substance use and homeless-

ness. They also openly shared their vulnerabilities with children of all developmental levels. One woman reported this conversation with her adolescent daughter, “She always says, ‘Mommy, I will take care of you, Mommy. That is why I got the job. I am going to take care of you. Do not do no more drugs.’” Another woman shared this history of interactions with her school-aged daughter about her own cannabis use. “I think she knows that I had to stop smoking weed [due to supervision conditions] cuz she knows the difference between the brown ones and the white ones, cuz I actually told her... she keeps telling me, ‘You’re gonna get sick. It’s not good, it’s not good.’ And every time she sees me, she asks, ‘Have you stopped smoking the brown cigarettes?’” Women took pride in their children’s level of concern about their health.

Breaking Supervision Rules to Parent

Women broke community supervision or treatment program rules to care for their children. For women with child custody, this included bringing children to parole appointments when no other safe caregivers were available, as this woman shared in the voice of her parole officer: “We do not care if you have a child. You had better be here when you are supposed to be here... Oh, you do not have a babysitter? Oh well, you need to get here.” Women also delayed mandated programming to care for their children. One participant who gave birth while on probation said, “I have not really finished any of the groups, but I am doing them now... [Infant] could not go into the daycare for like two months until he got his shots. I had to bond with him... If I would have done it before, I would have graduated from this program earlier.” Because supervision lengths could be tied to completing mandated programming, these delays increased the time some women spent on supervision.

Women snuck around or considered leaving mandated treatment when the rules prevented child visits. One woman shared her thoughts upon finding out she could not have visits in the first part of the treatment program, “I am going back to jail, at least I get a visit there.” In other cases, kinship caregivers living outside of the jurisdiction were unable, and in fewer cases unwilling, to bring children to visit their mothers. These women broke their travel restrictions to visit their children. Women caught breaking travel restrictions faced parole revocation and re-incarceration. Women risked these consequences because they saw no other alternative to rule breaking that allowed them to care for their children and adhere to their community supervision mandates.

Securing a Safe Caregiver

Women who were unable to live with one or more of their minor children during their community supervision periods worked to secure safe caregivers for them. Most women had experience using this strategy with prior incarcerations, child welfare-related custody losses, or during periods of escalating drug use or violence within the home. For women who saw their inability to parent as temporary, a main

focus of this strategy was keeping children with family and out of non-kinship foster care. Women who faced termination of their parental rights advocated within the child welfare system to affect permanency decisions being made about their children, as this woman shared, “Once I came home [from prison] I did some research on my own, I tried to spend some time with [the aunt who wanted custody of her child] and then spend time with the foster mom to see where I feel he was best... And to me, it was the best thing [to leave him with foster mother].”

Raising Children from Afar

Women with children in temporary alternate custody situations continued to provide regular guidance and make important parenting decisions for them. The ability to use this strategy depended on the legal capacity to do so and facilitation by the child’s current caregiver. Women were especially concerned about their children’s schooling and health-related needs. Those with school-aged children provided regular homework advice and closely monitored grades. They also encouraged their younger children’s interests and used their own difficult school experiences as lessons. Most healthcare decisions described by women involved behavioral healthcare, namely, consenting to psychotropic medication. This was consistent with the high burden of behavioral health conditions in their children. As in the following quote, women universally questioned whether medications were the safest or most effective treatment option for their children given that they believed the behavioral problems to be transient and attributable to mother-child separation: “[Foster mother] was trying to put my son on psychotropic medication. His teachers were saying that there is nothing wrong with him. That he was very bright. That he just was going through these emotional problems because I was not there.”

Crafting the Least Upsetting Mothering Role

Women who lacked either the legal capacity to make decisions about their children or a facilitating alternate caregiver crafted a mothering role least likely to offend the complex systems in their lives. In addition to child welfare and corrections systems, this included their own family systems, which were complicated by intergenerational adversity. For women using this strategy, contact with children focused more on warmth, affection, and social support than day-to-day guidance or decision-making.

The level of contact women negotiated and how happy they were with the arrangement varied. For example, women who perceived overwhelming family or systemic barriers negotiated low-frequency, low-intensity contact, such as birthday gifts or short visits on major holidays. Other women compromised with caregivers and children to develop long-term contact plans everyone could be happy with. A third group used this as an interim strategy before regaining custody, as in this woman’s case: “They made me sign over my parental rights because they said I

could have less stipulations. So, I said the children's names, I don't want them to be changed, and I wanna see them once a week. So, they said 'no, once a month'... At that point, I just wanted to be in their lives. So, now I'm home, I was seeing them three times a week, going to church with them every Sunday. Me and the foster mother have a good relationship, but I wanna reopen the case."

Fighting for Custody

Some women with children in alternate caregiving arrangements began or intensified fights to resume custody of them. Women fighting for custody were the least satisfied with the redefined maternal role they felt required to play during community supervision. They used their current relative stability in the community as a base of strength, as this woman shared: "I was just speaking with his grandmother, and I said 'Well, you know, I'm getting everything together and attempting to come back to reality, and start taking responsibility for my responsibilities.'" To do this, women contacted legal aid organizations and took advantage of limited available parenting supports within their mandated programs. In particular, their peers served as sources of knowledge on how to navigate the child welfare system. "I basically fish out for my own information from the girls. Who can tell me better than people who had their own experience as well?" Women fought for custody despite what they admitted were long odds due to extended foster care stays or prior termination of parental rights.

Discussion

We documented seven key strategies women use to redefine motherhood while residing in substance use treatment mandated by parole, probation, or treatment courts. Redefining motherhood entailed navigating a complex, dynamic set of personal and systemic barriers in order to maintain the closest relationship to their children at any given time. We added to the literature on mothering in this group of women by describing how they take their children's developmental levels into account. This may lead to different experiences of a mother's community supervision for children within the same family. We also demonstrated how much of women's mothering work during this time was spent not with their children but in managing the strictures applied by criminal legal and child welfare officials.

Our results are consistent with other research on formerly incarcerated women. As documented by Gurusami (2018), Bachman et al. (2016), and Opsal and Foley (2013), heavy surveillance by multiple powerful systems created overwhelming obstacles to mothering. Women struggled to meet the needs of themselves and their children while adhering to surveillance mandates. We provide further evidence that community corrections officers either do not take women's parenting status into account or serve as de facto child welfare case workers by invasively monitoring

their parenting while simultaneously keeping them from their children (Gurusami, 2018; Robison & Miller, 2016). We also demonstrate that women continue to play important roles in the lives of their children, even when their parental rights have been terminated (Grella & Greenwell, 2006).

The contexts in which community-supervised women parent their children are associated with confusing roles, the arguably least adaptive strategy of the seven. Role shifts were observed in both instrumental and psychological functions. Poverty and unstable housing are more common in this group of women than women without a history of incarceration (Lorvick, Comfort, Krebs, & Kral, 2015). As women were unable to fulfill the basic instrumental needs of their younger children, they shifted some of this responsibility to older children. For psychological functions, parental trauma history and marital conflict are important contextual factors associated with role confusion (Macfie, Brumariu, & Lyons-Ruth, 2015). Extensive trauma histories were reported by the majority of our participants, and trauma exposure is endemic in community-supervised women (Dishon-Brown et al., 2017). Although few women in our study were co-parenting with a spouse, most were sharing the care of their children with family members with whom they had long-standing conflictual relationships. In the context of chronic family conflict, women may rely on children for emotional support. Court involvement is also an important and understudied context for role confusion. The mother's sense of helplessness and need for comfort may be further increased by the stresses of court involvement, especially for women involved in criminal and family courts.

We acknowledge the limitations of this study. Our sample was small and made up of women mandated to inpatient substance use treatment. Our results may not represent the strategies used by all women under community supervision, especially those without substance use disorders and those who remain in their own homes. We are also unable to differentiate within this small sample if or how parenting processes differed between women supervised by probation, parole, or problem-solving courts. While we aimed to describe parenting strategies in response to community supervision, we were unable to fully disentangle them from strategies used in response to poverty and substance use or recovery. We believe the results are useful nevertheless given that the majority of women on community supervision are parenting in these contexts. Finally, our results only represent the perspectives of mothers, not their children, alternate caregivers, community corrections officers, or child welfare officials. Although this is the only perspective we aimed to represent, we recognize the lack of objectivity in these data. Understanding women's mothering perspectives in their own words is critical to building systems and programs that enhance their strengths and address their needs.

These data suggest important systems changes that could benefit community-supervised women and their children. Supervision conditions and the rules of programs to which women are mandated must account for their mothering responsibilities. By forcing women to break the rules in order to parent their children, these conditions placed them at risk for re-incarceration and stress-related drug use relapses. Parenting can be viewed as a strength by all stakeholders. Child custody, more time spent with children, and lower levels of psychological parenting

stress are associated with supervision compliance (Adams, Morash, Smith, & Cobbina, 2016) and reduced criminal recidivism (Scott, Grella, Dennis, & Funk, 2016) up to 3 years after incarceration. We advocate that community corrections officers use constructive supervision strategies that focus on promoting women's strengths and successes over punishing failures (The Pew Charitable Trusts, 2018). Supporting women's mothering helps them, their children, and their communities.

Our results can also inform programs that serve community-supervised women and their children. The maternal-child relationship, as a potential moderator of the effects of cumulative stress exposure on child health and behavioral outcomes, represents an important intervention target for this population. In planning these interventions, programs must realize that children in the same family may have different experiences of their mother's supervision. While we believe reunification is the main goal in this work, we acknowledge that some women are unable or do not want to resume caring for their children. For these women, programs can help address the trauma and shame of custody loss. This trauma prevents women from moving forward with their lives and contributes to their ongoing substance misuse and continued justice contact.

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Incarcerated Mothers and Their Children: Implications for Policy and Practice



Julie Poehlmann-Tynan and Danielle H. Dallaire

As the number of U. S. criminal justice involved women—most of whom are mothers—has risen because of mass incarceration, so too has the number of children who experience their mother leaving to go to jail, prison, or residential treatment (Glaze & Maruschak, 2008; Kojstura, 2019). Some estimates indicate that 2.3 million children experience maternal jail incarceration each year—not even counting maternal imprisonment or community supervision (Sawyer & Bertram, 2018). It is a shocking statistic considering that more than one million women involved in the criminal justice system in the United States are on probation or parole (Kojstura, 2019), suggesting that many more children and families are affected by maternal criminal justice involvement than previous estimates indicate.

Most incarcerated mothers coresided with their children prior to incarceration (Glaze & Maruschak, 2008; Kojstura, 2019), and the vast majority of those who go to jail or prison will be released eventually (Travis, 2005), making separation, loss, and reunion common processes in families affected by maternal incarceration. Despite these facts, few US studies focusing on children and families affected by maternal criminal justice involvement have addressed maternal community supervision or how mothers and children fare when a mother returns from jail or prison, including recidivism or full reintegration into the family and society (see Poehlmann-Tynan, 2020, for a summary). Thus, there are many unknowns in this area of scholarship, despite the progress made in the past two decades in understanding the

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sequelae of maternal criminal justice involvement (e.g., Eddy & Poehlmann-Tynan, 2019).

The collection of studies contained in this Brief extends previous research on mothers who are involved in the criminal justice system and their children in at least four ways. First, the studies explicitly focus on specific types of maternal criminal justice involvement, including prison and jail incarceration, reentry, and community supervision, instead of the lack of specificity common in many previous studies or the emphasis on mothers in prison. Second, the studies in this Brief use multiple methods to address important gaps in our knowledge base, including examining new sources of longitudinal data; conducting and analyzing interviews with children, mothers, and professionals (e.g., doulas); examining corrections administrative data (e.g., risk assessment, behavioral infractions, visit logs, recidivism); and merging data across multiple systems, including corrections and social services (including foster care). Third, the studies include a variety of information about children, such as whether or not children visit their mothers in prison (see chapter “Maternal Pre- and Post-release Behaviors in a Residential Parenting Program (Prison Nursery)”, this volume), children’s birth outcomes when mothers labor and delivery during their incarceration with doula support (see chapter “The Benefits of Doula Support for Women who are Pregnant in Prison and their Newborns”, this volume), where children live during maternal community supervision (see chapter “Redefining Motherhood: Mothering in Mandated Inpatient Substance Use Treatment”, this volume), children’s experience of maltreatment and placement in foster care (see chapter “Maternal Imprisonment and the Timing of Children’s Foster Care Involvement”, this volume), and their well-being as young adults (see chapter “Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration”, this volume). Finally, the studies have meaningful implications for prevention and intervention.

In this chapter, we discuss our theoretical perspective and prior relevant studies using this interpretive lens to help contextualize the present volume. We then review what each of the new studies has taught us about mothers and children before, during, and following maternal criminal justice involvement. We revisit the set of themes that we initially identified as unifying the set of articles, including intersections among the experiences of separation, loss, and reunion, and discuss specific risk factors introduced in the chapters such as trauma, addiction, foster care, low resource environments, and resilience. Lastly, we integrate the findings of the studies in our discussion of implications for policy and practice.

Attachment, Separation, Loss, and Reunion in Context

As presented in our introductory chapter (see chapter “Introduction to Incarcerated Mothers and Their Children: Separation, Loss, and Reunification”, this volume), we use an intergenerational attachment perspective within a developmental ecological model (Poehlmann, Dallaire, Loper, & Shear, 2010). This perspective is grounded

in the idea that children's early attachment relationships are important for their development and that experiences of disrupted attachments—including separation and loss resulting from a parent's incarceration or criminal justice involvement—can have profound implications for children's social emotional outcomes and future developmental trajectories. This perspective also emphasizes the quality of care that children receive during their parent's incarceration and how ongoing contexts of development, whether supportive or stressful, safe or traumatic, nurturing or callous, can ameliorate or exacerbate challenges that arise because of a parent's criminal justice involvement (Poehlmann, 2010; Poehlmann-Tynan & Arditti, 2017). Although we tend to emphasize proximal processes that are seen as drivers of development (Bronfenbrenner & Ceci, 1994), all layers of the ecology of human development are important for children in the context of parental criminal justice involvement, from law enforcement procedures that children may witness to policies about cash bail that lead to pretrial detention of parents, to visiting spaces in corrections environments, to stigma and practices affecting parental post-release employment or housing, and to criminal justice policies that determine length of sentences, parole, probation, and revocations (e.g., Eddy & Poehlmann-Tynan, 2019).

Despite the commonly made point about the importance of taking an intergenerational attachment perspective when parents are involved in the criminal justice system (e.g., Makariev & Shaver, 2010; Murray & Murray, 2010), measuring attachment relationships—either children's or parents' behaviors or their cognitive and emotional expectations of attachments (also called internal working models)—has not been as common in the literature as one might expect. This has occurred for a number of reasons, including measurement challenges, the multidisciplinary nature of research conducted in this area, and the reliance on secondary analysis of large datasets that do not measure attachment (e.g., see Turney & Haskins, 2019). Attachment theory, as conceptualized in this Brief, arose out of developmental psychiatry and psychology, whereas much of the research on children with incarcerated parents comes out of sociology or criminology. In sociology and criminology, attachment is typically conceptualized in the context of Hirschi's (1969) social control theory: a person's emotional bonds or attachments to prosocial institutions like schools, workplaces, religious organizations, and prosocial others, such as supportive parents, help keep individual criminal behavior in check.

In contrast, in developmental psychology and child psychiatry, attachment is seen as a universal phenomenon that occurs in human and non-human primate juveniles and across the life span, developed via natural selection over millennia to protect the survival of young and the reproduction of genes in a species (Bowlby, 1982). Attachments in infants and young children, formed with adults serving as attachment figures, provide a safe haven for the child when actual danger, threat, or fear arises and a secure base from which the child can confidently explore their environment to facilitate learning and social development (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982). Given that attachment theory arose amidst the ashes of World War II, when separation of children from their parents was all too pervasive, attachment theory has also had a clinical bent that aims to understand the quality of children's attachments; the internal and external sequelae of children's

experiences of separation, loss, and other forms of disrupted caregiving; and how to help children and adults develop positive relationships and mental health despite such disruptions (Bowlby, 1973, 1980). Attachment theory also predicts both continuity and discontinuity in intergenerational transmission of attachment, based on parental resolution of problematic attachment issues or trauma, corrective experiences or interventions, how parents treat their children, and other protective factors in contexts of development (e.g., Ammaniti, van IJzendoorn, Speranza, & Tambelli, 2000; Weinfield, Sroufe, & Egeland, 2000). Thus, intergenerational attachment models naturally suggest heterogeneity in the effects of separation, loss, and reunion on child outcomes, similar to what sociologists focusing on intergenerational implications of maternal incarceration have recently found (e.g., Turney & Wildeman, 2015; Wildeman & Turney, 2014).

Attachment theory specifies that when a disruption occurs between a child and a primary attachment figure because of prolonged separation or other type of loss or significant interruption in care, children typically become intensely distressed and initially search for the absent attachment figure (Bowlby, 1973). They may resist care from substitute caregivers while searching and may mourn before they are ready to reattach to a new figure or turn to a secondary attachment figure for comfort. Consistent with Bowlby's conceptions of children's reactions to attachment disruptions, young children with incarcerated parents have been reported to express worry, sadness, confusion, anger, loneliness, developmental regression, and sleep problems following their parent's departure (e.g., Poehlmann, 2005c; Poehlmann-Tynan, Burnson, Runion, & Weymouth, 2017). Elaborating on the attachment concept of loss, some scholars have referred to a child's (and adult's) experience of separation resulting from parental incarceration as ambiguous loss (e.g., Arditti, 2005), which is described as the most challenging loss that can be experienced because it is surrounded by uncertainty, anxiety, and stigma (e.g., Boss, 2007). It is challenging for the child (or adult) to understand or process the loss, especially when few facts are known or told to the child or because of children's developmental limitations in cognitive or language skills and emotion regulation (Poehlmann-Tynan et al., 2018; Zeman, Dallaire, Folk, & Thrash, 2018).

One component of attachment theory that is increasingly explored in the literature focusing on incarcerated mothers and their families involves the caregiving system—or the adult system or bond that supports children's attachment relationships (Bowlby, 1982). Studies have examined effects of enforced separation from children on mothers because of maternal incarceration, including intense emotional pain, heartbreaking and sometimes traumatic feelings of loss that do not subside, depression, self-harm, and negative institutional behaviors (see Powell, Ciclitira, & Marzano, 2017, for a review). Some caregiving research in this area has also examined parenting of children with incarcerated parents, parental working models of children (including parental reflective functioning), as well as the experiences of substitute caregivers such as grandmothers, other relatives, and foster parents and children's relationships with them during maternal incarceration. However, it is also important to keep in mind that some scholars, such as those who have observed triadic interactions, such as children interacting with their formerly incarcerated

mothers and co-parenting grandmothers (e.g., McHale et al., 2013), suggest that an attachment perspective alone is inadequate for understanding children with incarcerated mothers because their relationships often occur in a triadic or wider family context. The idea is that children have multiple caregiving relationships and that dyadic interactions may change in quality or quantity with the presence of another caregiver. Attachment theory focuses on the development, maintenance, disruption, and loss of dyadic relationships—albeit in the family context—and it is possible that this perspective may limit our understanding of and measurement of wider interactional contexts for children with incarcerated parents. For example, visits between incarcerated parents and their children often occur in a triadic context because most correction facilities require that a caregiving adult or parent bring the child to the facility and remain with the child during the visit (Poehlmann-Tynan & Pritzl, 2019). Some of these factors have been taken into account when developing new measures of children's attachment behaviors in the context of parental corrections involvement (e.g., Poehlmann, 2012) as well as interventions (Kerr et al., 2021). These factors are also why we choose to integrate an attachment perspective with life course ecological systems models.

Because of the limitations of carceral contexts and ongoing parent-child separation, it is difficult to measure attachment when a parent is incarcerated (e.g., Bretherton, 2010). Yet a number of studies have attempted to assess attachment in children affected by parental incarceration, as well as attachment in incarcerated parents, using a variety of methods, as summarized in Table 1. The diverse methods that have been used to assess attachment in children with incarcerated parents include (1) standard laboratory-based observational methods with infants; (2) naturalistic observations of infants or young children that are analyzed qualitatively or quantitatively; (3) newer observational methods designed for children with incarcerated parents; (4) structured interviews with young children; (5) self-report measures with school-age children and adolescents; and (6) coding of family drawings of preschoolers and elementary school children using an attachment-based system. Attachment and caregiving bonds have also been measured in incarcerated mothers and caregivers using a variety of methods such as interviews and self-report measures, including parental reflective functioning, states of mind with respect to attachment, and caregiver report of the caregiver-child relationship (Table 1).

Overall, it appears that young children with incarcerated parents show elevated attachment insecurity with their incarcerated parents and at-home caregivers at about the same rate as children in other clinical samples (e.g., Poehlmann-Tynan et al., 2017), although interventions in prison nurseries and jail diversion programs can improve rates of secure infant-mother attachment (Byrne, Goshin, & Joestl, 2010; Cassidy et al., 2010; Sled, Baradon, & Fonagy, 2013). Incarcerated mothers have especially high rates of disorganization and lack of resolution in their states of mind regarding attachment (Borelli, Goshin, Joestl, Clark, & Byrne, 2010; Harris, 2017) and low levels of reflective functioning (e.g., Sled et al., 2013), similar to that seen in other high-risk samples. Incarcerated mothers often have experienced trauma, mental health problems, and adverse childhood experiences (e.g., Dworsky et al., 2020; Friestad, Åse-Bente, & Kjelsberg, 2014) in addition to poverty, vio-

Table 1 Attachment and caregiving as assessed in previous studies of incarcerated parents and their children

Construct assessed	Measure	Subject	Sample description	Intervention study?	Citation
Infant-mother attachment during maternal imprisonment	Strange situation (Ainsworth et al., 1978)	Child	30 infant-mother dyads; 16 coresided with mothers for 12 months; 14 had briefer coresidence	Nursing intervention in a New York prison nursery	Byrne et al. (2010)
Infant-mother attachment during maternal jail time	Strange situation (Ainsworth et al., 1978)	Child	20 infant-mother dyads who coresided for 12 months	Circle of security intervention in a jail diversion program	Cassidy et al. (2010)
Infant-mother attachment during maternal imprisonment	Naturalistic observations of infants that were analyzed qualitatively	Dyad	17 mothers and infants; infants ranged from newborn to 29 months	Residential parenting program in Oregon that included early head start	Condon (2017)
Infant-mother dyadic interaction during maternal imprisonment	Coding interactive behavior (Feldman, 1998)	Dyad	75 infant-mother dyads residing in residential parenting program in UK prison	Manualized attachment intervention, RCT with New Beginnings Program in multiple prison nurseries	Sleed et al. (2013)
Child-caregiver attachment during parental incarceration in jail	Attachment Q-sort (Waters & Dean, 1985)	Child	77 children age 2–6 years; observed at home with their caregivers	No intervention	Poehlmann-Tynan et al. (2017)
Children's attachment behaviors to jailed parents and caregivers	Jail/prison observation checklist (Poehlmann, 2012)	Child	20 children aged 2–6 years with a parent in jail; observed visiting in a jail	No intervention	Poehlmann-Tynan et al. (2015)
Children's attachment behaviors toward jailed fathers and caregivers	Jail/prison observation checklist (Poehlmann, 2012)	Child	71 diverse children, aged 3–8 years, and their caregivers randomized to an educational outreach ($n = 32$) or wait list control ($n = 39$) group	Educational intervention; RCT using Sesame Workshop's (2013) <i>Little children, Big Challenges: Incarceration</i>	Poehlmann-Tynan et al. (2020)

(continued)

Table 1 (continued)

Construct assessed	Measure	Subject	Sample description	Intervention study?	Citation
Children’s internal working models of attachment to imprisoned mothers and caregivers	Attachment story completion task (Bretherton, Ridgeway, & Cassidy, 1990)	Child	54 children aged 2.5–7.5 years who had mother currently imprisoned	No intervention	Poehlmann (2005b)
Children’s internal working models of attachment to incarcerated parents and caregivers	Inventory of parent and peer attachment (Armsden & Greenberg, 1987)	Child	22 children aged 9–15 years, administered at intake and 6 months later	Mentoring children of incarcerated parents intervention	Shlafer and Poehlmann (2010)
Children’s internal working models of attachment to jailed fathers and caregivers	Family drawings of preschoolers using an attachment-based system (Fury, Carlson, & Sroufe, 1997)	Child	16 children aged 3–6 years with a jailed father; family drawings created at home and during a visit in the jail	No intervention	Runion (2017)
Children’s internal working models of attachment to jailed parents and caregivers	Family drawings of elementary school children using an attachment-based system (Fury et al., 1997)	Child	44 children aged 6–10 years; 24 separated from parent because of parental incarceration in jail; 20 separated because of other reasons	No intervention	Dallaire et al. (2012)
Maternal reflective functioning	Qualitative analysis of interviews; parent development interview (Slade et al., 2004)	Mother	27 infant-mother dyads coresiding in residential parenting program in UK prison	Pilot phase of the New Beginnings Program	Baradon et al. (2008)

(continued)

Table 1 (continued)

Construct assessed	Measure	Subject	Sample description	Intervention study?	Citation
Maternal reflective functioning	Parent development interview (Slade et al., 2004)	Mother	75 infant-mother dyads coresiding in residential parenting programs in UK prisons	Manualized attachment intervention, New Beginnings, with RCT design	Sleed et al. (2013)
Maternal state of mind regarding attachment	Adult attachment interview (George, Kaplan, & Main, 1996)	Mother	30 mothers coresiding with their infants in a prison nursery	Nursing intervention in a prison nursery	Byrne et al. (2010)
Maternal state of mind regarding attachment	Adult attachment interview (George et al., 1996)	Mother	69 mothers coresiding with the infants in a prison nursery program, assessed at entry into the program and at program completion	Nursing intervention in a prison nursery	Borelli et al. (2010)
Maternal state of mind regarding attachment	Adult attachment interview (George et al., 1996)	Mother	28 incarcerated mothers who were also involved in the child welfare system	Family reunification group	Harris (2017)
Paternal state of mind regarding attachment	Adult attachment interview (George et al., 1996)	Father	38 incarcerated fathers	Assessment during or immediately following completion of a 13-week parenting skills program	Fairchild (2009)
Maternal feelings of self-safety, self-trust, self-esteem, self-intimacy, and self-control	Trauma attachment and belief scale (Pearlman, 2003)	Mother	28 incarcerated mothers who were also involved in the child welfare system	Family reunification group	Harris (2017)

(continued)

Table 1 (continued)

Construct assessed	Measure	Subject	Sample description	Intervention study?	Citation
Maternal bonding with her infant during maternal incarceration	Qualitative analysis of interview data	Mother	12 incarcerated postpartum mothers who were anticipating separation from infant	No intervention	Chambers (2009)
Maternal history of attachment during incarceration	Adult parental acceptance rejection questionnaire (Rohner, 2005)	Mother	138 imprisoned mothers with minor children	No intervention	Loper and Clarke (2013)
Caregivers' feelings about caregiver-child relationship during parental incarceration	The revised inventory of parent attachment (Johnson, Ketring, & Abshire, 2003)	Caregiver	19 caregivers of children who were age 7–15 years completed the measure at intake and 6 months later	Mentoring children of incarcerated parents intervention	Shlafer and Poehlmann (2010)

Note: *RCT* randomized controlled trial

lence, and racial discrimination (e.g., Dworsky et al., 2020), and these experiences are likely to contribute to their attachment states of mind and reflective functioning. These factors are risks regarding the development of insecure and disorganized attachment relationships and less optimal outcomes for children, findings that help set the stage for the new studies presented in this Brief regarding separation, loss, and reunion between children and their mothers because of maternal criminal justice involvement.

Lessons from Six New Studies

In this Brief, six new studies focusing on maternal criminal justice involvement are presented. Here we review the new findings and draw out connections with our overarching theoretical lens. Although none of the studies specifically measured child or maternal attachment, the studies focus on issues related to separation, loss, and reunion that are highly relevant to our understanding of intergenerational attachment processes in children with mothers involved in the criminal justice system and help fill some of our knowledge gaps in this area.

Separation, Loss, Reunion, and Long-Term Implications for Children

The first empirical chapter provides a longitudinal overview of the intergenerational implications of maternal criminal justice involvement, highlighting individual children's stories through in-depth interviews with affected children at multiple time points. Siegel et al. (see chapter "Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration", this volume) draw on two phases of their qualitative study to examine immediate and longer-term implications of maternal incarceration for children. After reviewing findings from Siegel's (2011) *Disrupted Childhoods: Children of Women in Prison*, a study of 67 children with criminal justice-involved mothers, findings from follow-up interviews with 13 of the original child participants are presented. Now young adults ranging from 19 to 28 years of age, the youth discuss how their mother's incarceration and reentry affected them as children, often in poignant and painful ways. The young adults discuss how their perceptions of how their mother's incarceration and other family stressors affected their childhood and adolescence and continue to influence their transition to adulthood.

Although child-mother attachment was not directly assessed in the study, many of the themes that arose from the qualitative data analysis are consistent with a perspective of intergenerational attachment in developmental ecological contexts. One of the most striking themes to emerge focused on how frequently the young adults experienced separation from their mothers (and fathers), often because of maternal drug use in addition to the mother's criminal justice involvement. Sometimes children developed strong attachments to substitute caregivers such as their grandmothers while their mothers were gone, but these relationships were often disrupted when the mothers returned from prison. Yet the young adults reported acutely missing their mothers and experiencing pain because of the separation(s); they often longed for their mothers when they were away and wished that they could be together again, consistent with attachment theory. When mothers could not stay sober or free from drugs, children often interpreted these maternal behaviors as a lack of love and commitment, suggesting feelings of abandonment, rejection, and loss.

Other themes that emerged from Siegel et al.'s interviews reflected children's experiences of economic disadvantage and violence exposure in the home and neighborhood. About one-third of the young adults indicated that they had been arrested for violence-related offenses, indicating some continuity and discontinuity in offending patterns across generations. The youth also reported that they had to assume adult responsibilities sooner than they wished, often engaging in role reversal and other challenges prompted by their mother's absence and continued challenges.

Few longitudinal studies of children with incarcerated mothers have such depth or show the extent of children's complex feelings about their mothers as they move in and out of children's day-to-day lives because of criminal justice involvement

and challenges with addiction and mental health problems. The study helps illuminate some of the longer-term sequelae of attachment disruptions and multiple risks that keep reappearing in the lives of children with incarcerated mothers.

Following Siegel et al.'s overview of how child and adolescent development often unfolds in the context of maternal criminal justice involvement when interventions are not available or effective, the Brief turns to two studies focusing on gender-responsive interventions for incarcerated pregnant and postpartum women and their newborns. The studies provide insight into how corrections interventions can affect mothers' and children's experiences of maternal imprisonment, including separation and loss.

Separation, Loss, and Resilience in the Context of Doula Care

Because most incarcerated individuals are men, many correctional facilities are not equipped to meet the needs of women. As the incarceration of women continues to increase, especially in jails, facilities need gender-responsive programs and policies for mothers, especially for pregnant and postpartum mothers. Previous research has demonstrated the benefits of programs for pregnant women and their newborns (Dallaire, Forestell, Kelsey, Ptachick, & MacDonnell, 2017), as well as coresidential programs for mothers and their infants (i.e., prison nurseries; see Byrne, 2019, or Goshin & Byrne, 2009).

This Brief includes two new studies examining gender-responsive programming for pregnant women and mothers with infants that extends previous work to cover additional program content areas, expanded assessment of meaningful outcomes, and larger sample sizes. Shlafer and colleagues ("The Benefits of Doula Support for Women who are Pregnant in Prison and their Newborns", this volume) describe and evaluate a doula program for 67 women incarcerated in a state prison, and Pace and colleagues (see chapter "Maternal Pre- and Post-release Behaviors in a Residential Parenting Program (Prison Nursery)", this volume) examine the impact of a coresidential program in a sample of 117 mothers of infants incarcerated in a state prison. Program outcome and evaluation research studies such as these are critically needed in the field not only to document the successes of the programs but also to provide evidence-based support as critical first steps for making programming for women and mothers more accessible.

In the Brief's second empirical chapter, Shlafer and colleagues focus on an intervention that can support pregnant incarcerated mothers with gender-responsive care. Shlafer et al. examine the characteristics and perinatal outcomes of 67 women who were pregnant in Minnesota's only state prison for women and who received a unique intervention that is rarely available to incarcerated pregnant women: one-on-one doula support during pregnancy, labor, birth, and postpartum. Shlafer and colleagues analyze data from multiple sources using mixed methods, including quantitative analysis of maternal self-report questionnaires, qualitative analysis of written responses to questions by mothers and doulas, and doula reports of infant

birth outcomes. Pregnant incarcerated mothers reported on their demographic and incarceration-related characteristics; history of physical and mental health; and satisfaction with the doula program and time with their baby. Doulas recorded frequency and type of contact with mothers and their perceptions of the time mothers spent with their babies; and doula reported birth outcomes were examined.

Pregnant incarcerated women were disproportionately women of color and with limited educational attainment and high rates of physical and mental health problems, similar to previous studies of mothers who are incarcerated (Poehlmann, 2005a). Findings indicated that despite the many risks experienced by the pregnant incarcerated mothers, they had low rates of cesarean births (relative to the 30% of cesarean births reported for imprisoned women in 2016–2017; Sufrin, Beal, Clarke, Jones, & Mosher, 2019) and their newborns were generally healthy with respect to gestational age and birth weight. In addition, Shlafer et al. identify three themes from open-ended responses from mothers and doulas about mothers' time spent with their babies prior to separation: (1) mothers strongly felt that the time they had with their newborn infants was not long enough; (2) mothers savored every moment with their newborns prior to separation; and (3) doulas observed strong maternal-infant bonding in the hours that they were together. Although the new mothers reported being generally satisfied with the time spent with their babies given the typical context of birth in prison, they also reported intense emotional pain experienced because of separation from their newborn infants, consistent with attachment theory. They wished for more time with their infants prior to their inevitable separation because of their continued imprisonment and lack of a prison nursery program in Minnesota.

Overall, the findings indicate that doula care is an innovative, gender-responsive intervention that appears to benefit incarcerated pregnant women in prison, with preliminary findings pointing toward the potential for impact on newborn health, though more research on this aspect is needed.

Preventing Mother-Child Separation Through a Prison Nursery Program

In the third empirical chapter, Pace and colleagues focus on a different type of gender-responsive intervention for incarcerated mothers who gave birth during their prison stay: a Residential Parenting Program (RPP; often called a prison nursery) in Oregon. A very small proportion of infants with incarcerated mothers live with their mothers in prison nursery programs in the United States rather than being separated from their mothers and placed in the community during her incarceration. Only a handful of states have prison nurseries available to pregnant incarcerated women and their babies, and they differ dramatically in their approaches and policies.

Byrne and colleagues conducted a landmark longitudinal study on the development of the children during and following their prison nursery stay at Bedford Hills

Correctional Facility, which has the oldest prison nursery program in the United States (Byrne et al., 2010). While in the nursery, more infants developed secure attachments to their mothers than expected, given the mothers' high-risk status (Byrne et al., 2010). Mothers who had been in the nursery program had low rates of recidivism within 3 years after discharge, with only 4% of women returning to prison for new crimes (Goshin, Byrne, & Henninger, 2014). In addition, infants who were discharged into the community with their mothers fared well with respect to ongoing maternal care. About 59% of children were discharged with their mothers, and 83% of these remained with her at the end of the third reentry year (Byrne, Byrne et al., 2012). Of the 40% of children who began living in the community prior to their mother's prison release, most were with family caregivers at the end of the first reentry year. Although other studies focusing on prison nurseries exist, the majority of outcome variables focus on maternal recidivism.

In this volume, Pace and colleagues extend this literature by examining maternal behavior in prison and following release, including recidivism and other infractions; whether mothers and infants are discharged together; and whether or not the mother had visits from her other children or other loved ones during the RPP stay. Using a longitudinal dataset, several variables including length of sentence, level of risk and needs, and history of visits are examined as predictors of mothers' behavior during participation in the RPP and after release into the community. Maternal outcomes are defined in terms of institutional misconduct and field violations during community supervision in the community.

Mothers resided in the RPP between 20 and 987 days, and remarkably all mothers were discharged together with their infants. Only 17 of the 117 mothers had visits during their entire stay in the RPP though, and only 4% of the mothers were visited by their other children who were living in the community. Of the children who visited, 80% were less than 7 years old. Following maternal-baby discharge from the RPP, the rate of recidivism was 8.3%, which is about one-third the rate for the general population of imprisoned women released from the same correctional system in the same year (with the caveat that these statistics are not directly comparable because of bias related to selection characteristics into the program). Yet Pace et al. go beyond this recidivism statistic to examine additional maternal behaviors during and following incarceration. Analyses indicated that mothers reporting elevated needs related to coping skills engaged in more behavioral infractions during their RPP stay; following release into community supervision, higher overall risk levels and higher needs for education were associated with more maternal field violations (i.e., violations of rules that occurred during community supervision). Importantly, RPP participation in the form of keeping mothers with their infants in a supportive environment can be a protective factor for mothers involved in the criminal justice system regarding their stress and recidivism.

When the infants did not have to experience the separation from their mothers that usually occurs when a mother is in prison in the United States, their primary attachment relationships can be fostered, contributing to the child's and mother's resilience. However, if maternal recidivism occurs, and the mother needs to return to a corrections environment, prisons and jails in the United States do not have the

option for children to accompany their mother into the corrections facility, unlike many other countries in the world (Byrne, 2019). Although data regarding child outcomes were not available in the dataset used by Pace et al., the findings shed light on how new mothers function with respect to their misbehavior during incarceration and following release into the community.

Separation, Loss, and Reunion and Overlap with Foster Care

In the Brief's fourth empirical chapter, Gifford and colleagues examine the overlap between maternal imprisonment and children's foster care placement over time. Their study examines the timing of maternal incarceration in relation to children's involvement with child protective services and children going in and out of foster care, focusing on the 3 years prior to and following the mother's incarceration in state prison. The study is unique because it links administrative data from multiple systems in North Carolina: the state's Department of Corrections, Vital Statistics, and Division of Social Services. A large group of mothers were involved in the study: 5478 mothers who entered state prison between 2009 and 2012 and who had a minor child. Using these rich longitudinal data, Gifford et al.'s primary finding was that mothers were more likely to be imprisoned *following* a child's placement into foster care, similar to the Vera Institute of Justice's findings using data from New York City (Ross, Khashu, & Wamsley, 2004).

Child welfare systems and criminal justice systems serve many of the same families, often spanning a number of years. It is particularly important to examine the timing of such overlaps (even when the overlap does not occur at the same time). When a child is placed into foster care, it may be a significant risk marker for a mother's imprisonment. It is possible that if resources, treatment, and monitoring were provided to mothers, such as intensive intervention for trauma, addiction, and serious mental health problems, perhaps fewer mothers would end up in prison, which is often further traumatizing for both children and mothers. Given high rates of child welfare and criminal justice system engagement in the years prior to prison entry, enhanced efforts to provide preventive services may reduce maternal-child separation via preventing imprisonment and foster care placements. The high rates of parole, probation, and arrest prior to prison were also noted and seem to be additional potential intervention points. Once a child is placed in foster care and a mother goes to prison, a vicious cycle is often started (e.g., see chapter "Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration", this volume).

Separation, Reunion, and Separation Because of Recidivism from Jail

Studies focusing on maternal reentry into family life are rare. However, a number of studies have examined how incarcerated fathers adjust during reentry from prison. For example, findings from the Multisite Family Study on Incarceration, Parenting, and Partnering, a longitudinal study of 1482 incarcerated fathers and their women partners, suggest that community supervision policies and practices did not support incarcerated fathers' family ties, instead focusing on monitoring for infractions and removal for violations (McKay et al., 2019). Although there are no similar longitudinal studies on mothers returning from prison, the Returning Home study, conducted from 2001 to 2006 by the Urban Institute, focused on incarcerated men and women reintegrating into their communities following release from prisons in Illinois, Maryland, Texas, and Ohio. LaVigne, Brooks, and Shollenberger (2009) examined Returning Home data on women, most of whom were mothers. Although many mothers had family members to support them following return to the community, their family supports were not as strong as those reported by returning fathers. Moreover, reentering women were less likely to receive financial support from their own parents and more likely to receive financial support from their partners and their older children.

In the fifth empirical chapter in this Brief, Folk and colleagues contribute to the reentry literature on mothers by conducting a longitudinal examination of women who spent time in jail, rather than prison. Although the number of women going in and out of jails in the United States is rising, little is known about women's recidivism during the years following their release from jail. Folk and colleagues examine recidivism in the 7 years post-release from jail among 143 women, 77% of whom were mothers. They explored differences between mothers and non-mothers in recidivism rates, reasons for recidivism, and undetected crimes that did not result in recidivism to corrections. Rearrest rates in the 7 years post-incarceration were equally high for mothers and non-mothers—unfortunately with rates of more than 50%. For both detected and undetected crimes, mothers were more likely to reoffend than non-mothers for property offenses and violent crimes, but not drug-related or public order offenses. Violent reoffending was especially likely to occur within the context of domestic violence.

Folk et al.'s results suggest the need for interventions to address the material and economic needs of reentering mothers as well preventing domestic violence during the reentry period. Although child-level data were not available in the study, the family level variables such as domestic violence and economic well-being are critically important contexts for children's development and attachments. Moreover, low-resource environments also contribute to children's well-being for years to come, as was seen in the Siegel et al.'s chapter and many other studies (e.g., Nichols & Loper, 2012).

Disrupted Motherhood in the Context of Community Supervision

In the sixth and final empirical study presented in this Brief, Goshin and Sissko use qualitative methods to uncover how 23 mothers managed to take care of their (combined) 78 children during maternal experiences in a residential treatment facility in the community. It is noteworthy that of the 78 children, only 4 lived with the mother in the residential treatment facility. All mothers reported having past or current involvement with child welfare agencies, with most reporting a history of repeated custody losses. Mothers described how their child custody losses and justice involvement were connected, but they were sometimes confused about the directionality of the connection. Some mothers reported slipping into worsening drug use and criminal justice contact following loss of child custody, similar to that reported in Gifford et al. (see chapter “Maternal Imprisonment and the Timing of Children’s Foster Care Involvement”, this volume). Another important finding is that in a number of cases, mothers requested outpatient substance use treatment so that they could remain with their children at home, but community corrections officers forced them to go to a residential treatment facility, causing mother-child separation. Given these factors, Goshin and Sissko found that mothers had to redefine how they engaged in parenting over time based on their experiences of criminal justice involvement.

The authors identify seven strategies that mothers used, including conserving their limited resources to focus on supporting and living with their younger children, engaging in role reversal with some of their children to get family needs met, and breaking supervision rules to parent their children. Some mothers fought to regain custody of their children, whereas other mothers attempted to accommodate others’ wishes and engage in the “least upsetting” mothering role rather than following their own wishes. Some mothers focused on finding a caregiver who would safely raise their children, while others put their energy into mothering from a distance. Mothers used these strategies to navigate challenges at the personal level and at broader ecological systems levels, including accommodating the developmental needs of their children and creating the most physically and emotionally close maternal roles that they could, given multiple constraints.

These findings provide insight into the many struggles faced by mothers on community supervision. Although it is often seen as an alternative to incarceration, community supervision can prevent mothers from full participation in family life and parenting their children. Community supervision includes involvement with parole, probation, or specialized courts, each of which has specific rules and expectations regarding the parent’s conduct, which can be confusing and constrain parenting roles. Few prior studies have focused on how children in the United States fare when alternatives to parental incarceration are offered, and more work needs to be done in this area (e.g., Fry-Geier & Hellman, 2017).

We now turn our attention to current issues affecting parents involved with the criminal justice system and their families and conclude with recommendations for policy and practice.

Current Issues and Parental Incarceration

Current issues involving the worldwide novel coronavirus pandemic and the Black Lives Matter movement are closely related to the experiences of parents involved in the criminal justice system and their children, and thus we briefly touch on these topics here. As noted below, there have been clear challenges but also potential opportunities.

On the one hand, the coronavirus pandemic has had disproportionately negative effects on incarcerated individuals and their families, not only because of health disparities in rates of COVID-19 infections and related deaths. In addition to causing general anxiety in parents and children (e.g., Garcia de Avila et al., 2020; Stark, White, Rotter, & Basu, 2020), the pandemic has also impacted residents of corrections facilities, as people in jails and prisons are more likely to become infected with the virus than the general population (e.g., Hawks, Woolhandler, & McCormick, 2020). In addition, in an attempt to limit the spread of the novel coronavirus in jails and prisons, the Centers for Disease Control and Prevention (CDC, 2020) recommended limiting in-person visits to corrections facilities. Many facilities allowed only video visits, phone calls, or e-mail or paper mail during the pandemic, with some systems offering a limited number of free or reduced cost phone calls at the beginning of 2020 or other communications using tablets (Williams et al., 2020). Non-contact visits also have been recommended by the CDC (2020). Given these factors, it has been challenging for many incarcerated individuals to stay in contact with their family members, especially when families struggle with material resources that make paying for phone calls and video visits challenging if not impossible (Christian, 2005).

On the other hand, there have been some positive effects of the novel coronavirus on corrections systems, especially related to decarceration. In response to the pandemic, some corrections systems have released incarcerated individuals early—especially those deemed low risk or those close to completing their sentences (Abraham, Brown, & Thomas, 2020). In addition, some compassionate releases were allowed if an ill or aging incarcerated individual had a person to take care of them in the community. In other cases, signature bonds were allowed at the time of arrest instead of detainment. It is possible that such decarceration efforts could occur routinely without compromising public safety, rather than reserving such methods for use only during a worldwide health crisis (Abraham et al., 2020).

Another set of current events, triggered by the tragic murder of George Floyd in Minneapolis and the ensuing protests against police brutality and for racial justice by the Black Lives Matter movement, has important implications for individuals and families involved in the criminal justice system, including mothers and their

children. The criminal justice system, like other systems in the United States, has perpetuated institutional racism resulting in disproportional representation of people of color, especially Black men and women (Davis, 2017). For example, Black children in the United States are twice as likely to have an incarcerated parent compared to White children (Murphey & Cooper, 2015). It is also important to note that police brutality and its effects on the Black community include children who are witness to such violence. A growing body of research has found that witnessing a parent's arrest can be traumatic, with effects on subsequent development, including elevated behavior problems, less optimal health and developmental skills, and dysregulated stress processes (Dallaire & Wilson, 2010; Dallaire et al., 2015; Phillips & Zhao, 2010; Poehlmann-Tynan et al., 2020; Muentner et al., 2021).

Requiring law enforcement agents to use child-sensitive protocols during arrest is one way of improving this situation and decreasing trauma experienced by children, especially Black children (International Association of Chiefs of Police, 2014). Another option for improving the situation is diverting police funding to community-led organizations to improve community members' mental and physical health and access to resources and opportunities, as has been done successfully in some communities like Camden, New Jersey. Such models recognize the incredible breadth of expectations that exist for many law enforcement agencies, which can cause such systems to become overburdened and thus crisis-driven, instead of prevention-oriented.

Although the studies included in this volume were largely written prior to these current events, it is important to recognize the relevance of the current events for the recommendations that have emerged from this volume.

Recommendations for Policy and Practice

Each of the studies presented in this Brief makes significant contributions to our understanding of mothers involved in the criminal justice system in the United States and how family life and children's development unfolds within such contexts. Each study highlights the challenges that mothers and children face when the criminal justice system becomes a part of their lives, whether it is through incarceration or reentry from prison or jail, or spending time in a residential parenting program in a prison or residential treatment program in the community. Children and their justice-involved mothers typically experience separation and loss—repeatedly in far too many cases—and sometimes reunification, in addition to a host of other risks such as maternal addiction, mental health concerns, domestic and neighborhood violence, poverty, trauma, and early adversity. Despite these serious challenges, as well as glaring racial and economic disparities that are pervasive in the criminal justice system (Western & Wildeman, 2009), there is potential for prevention and intervention that can facilitate resilience processes in affected mothers and families. What follows are our suggestions for changes at multiple systems levels to better

support children and families when a mother becomes involved in the criminal justice system.

Gender-Responsive and Trauma-Informed Care

When a pregnant woman or mother becomes involved in the criminal justice system, gender-responsive and trauma-informed care should be the norm. The majority of mothers who have contact with the criminal justice system have experienced multiple adverse childhood experiences (e.g., Dworsky et al., 2020) and attachment-related trauma (Table 1). Often these factors are underlying causes of mental health problems and addiction that are entwined with criminal behavior, all too commonly seen in women who are arrested or enter jail or prison. Gender-responsive and trauma-informed care can help mothers heal and be less likely to recidivate and cause additional separation and loss for their children. Examples of gender-responsive and trauma-informed care are doula programs for pregnant incarcerated women (see chapter “The Benefits of Doula Support for Women who are Pregnant in Prison and their Newborns”, this volume) and residential parenting programs that provide intergenerational support and *allow mothers and babies to be discharged together* (see chapter “Maternal Pre- and Post-release Behaviors in a Residential Parenting Program (Prison Nursery)”, this volume). Discharging mothers and infants together is particularly important in preventing separation-related trauma for children and mothers that can have lasting effects. Residential parenting programs have particularly low rates of recidivism, which is better for mothers and their children.

When mothers and their infants are discharged from a residential parenting program, it is important to provide support and case management, including helping the mother develop coping skills in the community, continuing access to educational opportunities and parenting support, and ensuring adequate material well-being for the mother and her child(ren). These factors can make a substantial difference in preventing recidivism and helping families stay together.

When doula programs are implemented in corrections settings that do not have a prison nursery program available, it is particularly important to consider how and when to transition the baby to care in the community. Shlafer et al. report that mothers in the doula program engaged in positive bonding with their infants and the mothers wished for more time with their newborns. Infant-mother separation can cause pain and even trauma for mothers and should be implemented with care, perhaps gradually introducing the mother and newborn to the community caregiver.

Gender-responsive and trauma-informed care are also essential for substance abuse and mental health interventions. Studies have found different effects of alcohol and other substances on women compared to men and women often respond to treatment differently than men (see National Institute on Drug Abuse, 2020, for a review). In general, individuals who experience both substance abuse and other mental health diagnoses have symptoms that are more severe, persistent, and treatment-resistant compared to individuals who have either disorder alone (NIDA,

2020). In general, men are more likely than women to have both disorders, although the exception is incarcerated individuals; incarcerated women are more likely than incarcerated men to have mental health problems and addiction, as well as trauma experiences (NIDA, 2020). Women are also likely to use substances to self-treat their mental health symptoms or trauma sequelae (NIDA, 2020). Although much of the literature on mothers and addiction focus on pregnant and parturient addicted mothers, as well as infants with neonatal abstinence disorders, addiction in mothers with young children and older children should be included in research and intervention as well, especially mothers involved in the criminal justice system (e.g., Cassidy et al., 2010).

Poverty-Informed Care

In addition to trauma, experiencing family and community poverty, including housing instability and homelessness, food insecurity and food deserts, financial insecurity and limited economic opportunities, and insufficient basic material resources, is pervasive for mothers involved in the criminal justice system and their children (e.g., Poehlmann, 2005a). Ameliorating family and community poverty is an essential consideration when attempting to support maternal and child well-being and mothers' relationships with children during maternal incarceration and during community supervision or reentry (Noyes, Paul, & Berger, 2017). Adequate income, food, housing, healthcare, and access to help in finding the resources to get one's basic needs met are essential for mothers and their children (see Jonson-Reid, Drake, Kohl, & Auslander, 2019, for a review). Far too often, criminal justice-involved mothers who return to their communities are forced to choose between living with and supporting their youngest children over their older children who are already living with other caregivers or independently, or even just focusing on themselves despite their wishes to parent their children (e.g., see chapter "Redefining Motherhood: Mothering in Mandated Inpatient Substance Use Treatment", this volume). Too many children must assume parental roles and support their younger siblings or even their reentering mothers, which often delays or prevents their own educational opportunities or getting their own attachment needs met (e.g., see chapter "Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration", this volume). Role reversal can reflect relationship disruptions or disorganization in the family context and have negative implications for children's future social development and relationships as well (e.g., Macfie et al., 1999; Macfie, Houts, McElwain, & Cox, 2005). Importantly, poverty-informed care must be implemented at both the community and family levels so that enough resources are available for all (e.g., Noyes et al., 2017).

For example, Goshin and Sissoko (see chapter "Redefining Motherhood: Mothering in Mandated Inpatient Substance Use Treatment", this volume) reported

that mothers in residential treatment in the community adjusted how they mothered their children because of limited family and community resources. Sometimes mothers had to turn down requests for help from their adolescent and adult children, such as living together, so that they could focus on the youngest child's needs. Every mother that Goshin and Sisko interviewed (who was a primary caregiver) lived with her youngest child, even though many mothers had older children living in the community. Mothers described their youngest children as sources of strength, and they were often desperate to keep the youngest in their care in part because of prior custody losses and negative experiences with the child protective system. One recommendation is to support extended family members and members of the mother's community or church to help in these situations and alleviate some of the pressure on adult children or teens to "grow up too fast" (e.g., see chapter "Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration", this volume).

With adequate family and community resources and supports, it may be possible for reentering mothers to have enough to share with all of their children or to access on behalf of their children. Poverty-informed care may reduce future maltreatment of children, and it may be needed even more than parenting education in many cases (e.g., Jonson-Reid, Drake, Kohl, & Auslander, 2019). Indeed, some scholars argue that community and family poverty amelioration are needed instead of more individually focused parenting education to prevent maltreatment, especially for neglect and especially in Black families (e.g., Roberts, 2011).

Child Protective Services Involvement as an Opportunity for Intervention

Multiple previous studies (e.g., Brazzell, 2008; Ross et al., 2004), and new studies by Gifford et al. (see chapter "Maternal Imprisonment and the Timing of Children's Foster Care Involvement", this volume) and Goshin and Sisko (see chapter "Redefining Motherhood: Mothering in Mandated Inpatient Substance Use Treatment", this volume), have found that child protective service involvement often predates maternal incarceration. Thus, when children become involved with child protective services, it may be seen as a risk marker or predictor of their mother's future imprisonment, especially for poor Black women because of racial and economic disparities, racism, and structural discrimination at all systems levels (Roberts, 2011). Instead of letting the situation unfold in a way that escalates the distress and despondence of addicted, traumatized mothers, often leading to placement of children into foster care or termination of parental rights, more resources and intensive intervention should be provided to mothers at the time of first child protective involvement. Extensive family and community approaches to services could be preventive and lead to fewer separation-related traumas or multiple placements for children.

The youth.gov website features several resources that may be helpful for families and professionals in these situations. For example, there is a guide for incarcerated parents who have children in the child welfare system. There is also a new three-part series, available at <https://youth.gov/youth-topics/children-of-incarcerated-parents/tools-guides-resources>, which includes information for families about parental arrest and detention, parental incarceration, and reentry. Although many of these guides are helpful, they do not go far enough in linking how support and treatment for mothers following child protective involvement might possibly prevent maternal incarceration and future mother-child separation or custody loss.

In a white paper from the Urban Institute (Brazzell, 2008), researchers found that among children in foster care, children with incarcerated mothers were more likely to have “adoption as their ultimate placement goal” than children with no history of maternal incarceration. Moreover, children with incarcerated mothers were more likely to be placed in foster homes (78 versus 56 percent) and less likely to be placed in group homes (14 versus 31 percent) compared to children with no history of maternal incarceration, suggesting that foster care cases may be handled differently when mothers are involved in the criminal justice system. The white paper did not suggest policy changes to remedy the situation, however. Clearly, new approaches and interventions are needed; indeed, perhaps the careful work of Gifford and colleagues (see chapter “Maternal Imprisonment and the Timing of Children’s Foster Care Involvement”, this volume) can spur action in this area.

New approaches to consider, implemented in conjunction with family and community poverty amelioration and treatment for maternal addiction and trauma, include individual or group mindfulness and self-compassion and restorative justice approaches. A recent systematic review and meta-analysis suggests that mindfulness meditation and yoga can have positive effects on psychological well-being and behavior—albeit small average effects—on those in prison (Auty, Cope, & Liebling, 2017), although the studies reviewed did not focus on incarcerated parents. Such interventions may be important to consider for incarcerated and reentering parents, as Bögels, Lehtonen, and Restifo (2010) present mechanisms by which mindful parenting interventions can improve parent-child interactions in the context of parent or child mental health problems.

Another approach that could be particularly helpful, especially for parents of color involved in the criminal justice system, is a restorative justice approach implemented prior to release, during the reentry period, or during community supervision (e.g., Walker & Davidson, 2018). Although controversial, restorative and transformative justice interventions may be appropriate for some families in the context of domestic violence, cases need to be chosen with care (Kim, 2018). Such approaches may offer new options to prevent future violence and also may promote social justice for families of color (Kim, 2018) who are disproportionately affected by incarceration and its collateral consequences (Western & Wildeman, 2009).

Reentry Support

Although Folk et al. found that being a mother is not consistently related to rearrest or reoffending, except in the context of domestic violence or undetected crime (see chapter “A Longitudinal Examination of Women’s Criminal Behavior During the 7 Years After Release from Jail”, this volume), children may provide motivation for parents to succeed during their incarceration and reentry (Poehlmann, 2005b). Reentry support is particularly important for mothers and their children as repeated experiences of separation and loss can leave children feeling abandoned or unloved (e.g., see chapter “Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration”, this volume). In a recent paper, Poehlmann-Tynan (2020) suggested a number of ways to support reentering parents and prevent recidivism, and some of these recommendations are echoed in this volume in the following section. Reentry support is best initiated during incarceration and then continuing into the community.

Planning for Reentry

When planning assistance is provided, reentering individuals are more successful and have lower recidivism rates (La Vigne et al., 2008). Planning can include identifying supportive family members and community support systems, as well as assistance with basic needs such as finding employment, housing, healthcare, substance abuse treatment or counseling, and child care. So that reentry planning can begin as soon as possible, including involving the family, prisons and jails should inquire about parental status at intake and provide parenting support and reentry case management that has a family focus. Special care should be taken to honor and continue attachment relationships that children have formed with their caregivers during a mother’s absence, even during the mother-child reunion process (see chapter “Longitudinal Perspectives on Mother-Child Separation Resulting from Incarceration”, this volume).

Helping Children and Mothers Stay in Contact with Each Other

Studies have found that the contact that parents have with their children during incarceration affects the quality of the parent-child relationship following incarceration (e.g., La Vigne et al., 2006). Such contact can occur through visits, phone calls, or letters, with phone calls being the most common form of contact (Shlafer, Duwe, & Hindt, 2019). Although Pace et al. (see chapter “Maternal Pre- and Post-release Behaviors in a Residential Parenting Program (Prison Nursery), this volume) found that very few mothers in the residential parenting program in Oregon had visits from

their other children, it is possible that other forms of parent-child communication occurred. Barriers to parent-child connections during incarceration include the high cost of phone calls and video visits, travel time, unwelcoming carceral environments, and conflict with children's caregivers (see Dworsky et al., 2020, for a recent review). However, children benefit from child-friendly in-person visits, sending and receiving notes, letters, drawings, cards or emails, and video chats (Poehlmann-Tynan & Pritzl, 2019). Developmentally, it is difficult for young children to have meaningful telephone conversations, however.

Decreasing Reliance on Incarceration and Community Supervision

In addition to supporting children and families, it is also critical to decrease over-reliance on incarceration especially at the local level, where most incarceration occurs. Maternal incarceration in prison or jail has intergenerational consequences for children as well as high costs to society, meaning that it should be used sparingly. However, increasing community supervision is not always the best alternative either, especially when mothers are forced to live apart from their children (e.g., see chapter "A Longitudinal Examination of Women's Criminal Behavior During the 7 Years After Release from Jail", this volume). For the mothers involved in community supervision, refocusing from surveillance and sanctions to support and keeping mothers with their children if at all possible are imperative. Decreasing the length of community supervision is important as well, as the average length of parole and probation in the United States is about 2 years (Kaeble & Bonczar, 2016). Western (2018) recommends shortening community supervision periods to a maximum of 18 months, and even shorter periods are used in other countries. Finally, because racism, discrimination, and stigma are present throughout the criminal justice system, including longer sentences for people of color, it is also essential to combat these problems through social justice action, which may include protesting publicly and mindfully mediating privately as well as restorative justice, feminist action, anti-racism, and cultural humility approaches. Intergenerational perspectives are essential as well, because *children—through no fault of their own—frequently suffer the consequences of their parent's criminal justice involvement* and the often punitive societal treatment of them.

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