



# Mothering Behind Bars: Psychological Implications and Alternative-to-Incarceration Programs

Gelan Hesham Abdou Ahmed\*

Indiana University Bloomington, USA

\*Corresponding author: Gelan Hesham Abdou Ahmed, Indiana University Bloomington, USA

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## Abstract

Incarcerated mothers are a vulnerable population that constitutes more than half of the inmates in U.S. state and federal jails. As a consequence, the aim of this narrative literature review paper was twofold: (a) summarize the information available in scholarly journals about the demographics of incarcerated mothers, the characteristics of incarcerated mothers, the mother-child contact during incarceration, and alternative-to-incarceration programs; and (b) identify gaps in the literature and propose recommendations for future research. Green et al.'s three-stage framework for conducting narrative literature reviews guided this paper. An electronic search was initiated using PsycINFO, EBSCO, and Google Scholar. The search was narrowed down to peer-reviewed articles, published in English from 2000 to 2022. Articles were screened at the title and abstract level, and at full-text level by the author. A total of 41 articles were included in this paper. Results revealed that mothers, who are held in U.S. state and federal prisons, have unique demographic characteristics and suffer from an array of psychiatric disorders. The symptomology of these psychiatric disorders is further exacerbated by sporadic mother-child contact. Several alternative-to-incarceration programs have been developed to promote mother-child contact and bring about positive mental health outcomes for them. Recommendations for future research have been proposed so as to provide more in-depth understanding of this vulnerable population.

**Keywords:** Incarcerated Mothers; Demographics; Psychiatric Disorders; ATI Programs; Narrative Literature Review

## Introduction

In comparison to other developed nations, the United States (U.S.) has the highest rates of incarceration [2-5]. With a rate of 358 per 100,000 individuals, the U.S. detained 1,215,800 persons in state and federal prisons in 2020 [6]. To operate these overcrowded state and federal correctional facilities, the U.S. spends approximately \$81.5 billion annually [7]. The women population in state and federal prisons is surging at a fast rate [8,9].

The number of incarcerated women in state and federal prisons rose from 12,331 in 1980 to 83,054 in 2020 [6]. This marked surge in women's incarceration rates is due to the correctional policy change, which was instigated in the 1980s as a response to the War on Drugs. To prevent drug-related crimes, the new correctional policy highly emphasized severe punishments, including lengthy sentences [10].

In fact, more than half of the women in state and federal prisons are mothers [11]. Incarcerated mothers have unique demographic characteristics; they are young and racially diverse, have low educational attainment, were unemployed, are mostly single and have a familial history of incarceration, have disabilities, and assign surrogate parenting roles to their grandparents or extended family members [12]. Also, incarcerated mothers suffer from a wide range of psychiatric disorders [13], which have been found to correlate with trauma exposure and sexually-transmitted diseases [14], and criminality [13].

During imprisonment, mother-child contact often diminishes [14]. This is due to a wide range of factors, including correctional facilities' policies and practices [14,8], prisons' distant location from residential areas [15], and incarcerated mothers' relationship

with their children's current caregivers [14]. Limited mother-child contact has been documented to precipitate severe mental health outcomes for mothers [16] and their children [10].

Alternative-to-incarceration programs, such as ReMerge and WIND, have been developed with the aim of augmenting mother-child contact, and promoting positive mental health outcomes for incarcerated mothers and their children [17]. Thus, the aim of this narrative literature review was twofold: (a) summarize the information available in scholarly journals about the demographics of incarcerated mothers, the characteristics of incarcerated mothers, the mother-child contact during incarceration, and alternative-to-incarceration programs; and (b) identify gaps in the literature and propose recommendations for future research.

## Methods

As a narrative literature review aims at identifying gaps in the knowledge base and offering recommendations for future research [18], it was chosen as the most suitable approach to guide this paper. A narrative literature review "attempts to summarize and synthesize what has been written on a topic, but does not seek generalization from what is reviewed" (p. 161). Green et al. 's [1] framework for launching narrative literature reviews guided this paper. It has three stages: (a) specify research question(s), (b) select relevant articles, and (c) identify inclusion and exclusion criteria.

### Specify Research Question(s)

The following research questions guided this narrative literature review paper:

- What are the demographics of incarcerated mothers in the U.S.?
- What are the psychiatric disorders that are prevalent among incarcerated mothers in the U.S.?
- How is mother-child contact affected by maternal incarceration?
- What are examples of alternative-to-incarceration programs for mothers in the U.S.?

### Select Relevant Articles

An electronic literature search was initiated using three databases: PsycINFO, EBSCO, and Google Scholar. The literature search was restricted to peer-reviewed articles, published in English from 2000 to 2022. The following keywords were used to search for articles:

- Imprisoned mothers OR Incarcerated mothers AND Demographics.
- Imprisoned mothers OR Incarcerated mothers AND Mental health OR Psychiatric disorders.
- Imprisoned mothers OR Incarcerated mothers AND Contact with their children; and

- Imprisoned mothers OR Incarcerated mothers AND Alternative-to-incarceration programs.

### Identify Inclusion and Exclusion Criteria

Articles were included in this narrative literature review paper if they were meta-analyses, systematic reviews, literature reviews, or original research (i.e., empirical research); if they probed the demographics of incarcerated mothers (e.g., age, race, education, past employment and income, marital status, familial history of incarceration, disabilities, and custody of children) in the U.S.; if they examined the prevalence of psychiatric disorders (e.g., posttraumatic stress disorder, anxiety, depression, etc.) among incarcerated mothers in the U.S.; if they explored the mother-child contact (e.g., visits, letters, telephone calls, etc.) after their admission to U.S. prisons; and if they discussed examples of alternative-to-incarceration (ATI) programs for incarcerated mothers in the U.S.

Articles were excluded if they were editorials or commentaries; if they were carried out in any geographical location, other than the U.S.; if they investigated the challenges facing surrogate parents in maintaining custody over children; if they probed the effects of interventions (i.e., other than ATI programs) on child outcomes (e.g., achievement, physical and mental health, behavioral, etc.); if they entailed fathers or women (non-mothers) as research participants; and if they explored the effects of interventions (i.e., other than ATI programs) on maternal outcomes (e.g., recidivism, physical and mental health, employment, education, delinquency, etc.).

## Results

A total of 41 articles met the inclusion criteria and were included in this narrative literature review paper. The author read through the articles, and took notes on each one using a spreadsheet (e.g., aim of the article, research design, sample, and results). Then, the author organized common themes together, and constructed the synthesis.

## Discussion

### Demographics of Incarcerated Mothers

In 2020, the U.S. detained 1,215,800 persons in state and federal prisons, of which 83,054 were women [6]. The majority of women in state and federal prisons are mothers [11]. In fact, 65% of mothers in state and 59% in federal prisons reported having a child under the age of 18. Also, around 6% of women were pregnant during their admission to prisons [12]. Incarcerated mothers are young and racially diverse, have weak levels of educational attainment, were unemployed, are mostly single and have a familial history of incarceration, have disabilities, and assign surrogate parenting duties to their grandparents or extended family members.

First, mothers in state prisons are slightly younger than those in federal prisons [19]. In state prisons, 78% of mothers are aged between 25 to 44 years. In federal prisons, 76% of mothers are aged between 25 to 44 years [15]. In regard to their racial composition, 49% of mothers in state prisons are Black, 29% are White, and 19%

are Hispanic. Nevertheless, 44% of mothers in federal prisons are Black, 22% are White, and 30% are Hispanic.

Second, the majority of mothers in state and federal prisons have low levels of educational attainment [19]. According to the U.S. Bureau of Justice Statistics [12], 70% of mothers in state and 55% in federal prisons do not have a high school diploma, 16% in state and 20% in federal prisons have graduated from high schools, and 12% in state and federal prisons are not educated past 8th grade. Given the fact that their low educational attainment lessened their odds of being employed, 18% of mothers in state and 5% in federal prisons asserted being homeless one year prior to their incarceration.

Third, unemployment rates are relatively higher among mothers in state prisons than those in federal ones [12]. In fact, 50% of mothers in state and 38% in federal prisons were unemployed one month before their arrest. Moreover, mothers in state and federal prisons are socio-economically disadvantaged [19]. Prior to their arrest, 70% of mothers in state and 66% in federal prisons reported obtaining an income of \$1,000 [12].

Fourth, more than half of mothers in state and federal prisons are single [3]. To demonstrate, 48% of mothers in state and 38% in federal prisons are single, 28% in state and 25% in federal prisons are divorced, and 23% in state and 36% in federal prisons are married [15]. Furthermore, incarcerated mothers have a familial history of incarceration [12]. In state prisons, 58% of mothers reported having a sister (13%) or a spouse (8%) who were previously incarcerated. Unfortunately, statistical data about the familial history of incarceration of mothers in federal prisons were not found.

Fifth, mothers in state and federal prisons have several disabilities [20]. One study, which examined the prevalence of disabilities among 426 incarcerated mothers in U.S. state and federal prisons and 12,276 non-incarcerated mothers, found that the prevalence of disabilities among incarcerated mothers was higher than that of their counterparts. On the one hand, 50.3% of incarcerated mothers have cognitive disabilities, 34% have visual impairment, 16% have physical disabilities, 10.8% have communication impairment, 6% have hearing impairment, and 3.1% have independent living disabilities (i.e., personal hygiene). On the other hand, 27% of non-incarcerated mothers have cognitive disabilities, 18% have visual impairment, 5.1% have physical disabilities, 4.6% have communication impairment, 4.2% have hearing impairment, and 2% have independent living disabilities.

Last, mothers in state and federal prisons assign surrogate parenting responsibilities to their grandparents or extended family members [19,3]. Having been incarcerated, 53% of mothers in state and 45% in federal prisons emphasized that the current caregiver of their children was their grandparents. Also, 26% of mothers in state and 34% in federal prisons reported that their extended family members were their children's current caregivers [15]. Most commonly, caregivers of children of incarcerated mothers face multiple obstacles, including economic strain and psychological

problems [10,21,22]. According to Hanlon et al. [10], these obstacles are further aggravated among Black grandparents because of their low socio-economic status, lack of preparation for their new roles, and low levels of educational attainment. Accordingly, they suffer from elevated levels of psychological distress, which incapacitates them from assuming long-term custody.

On the whole, incarcerated mothers are young and racially diverse, have weak educational attainment, were unemployed, are mostly single and have a familial history of incarceration, have disabilities, and assign surrogate parenting duties to grandparents or extended family members. In addition, these disadvantaging socio-demographic factors are further compounded by incarcerated mothers' history of psychiatric disorders.

### Characteristics of Incarcerated Mothers

Incarcerated mothers have a prolonged history of serious psychiatric disorders [13]. In fact, these psychiatric disorders are associated with trauma exposure and sexually-transmitted diseases [14], and criminality [13]. Posttraumatic stress disorder (PTSD) is one of the prevalent psychiatric disorders among mothers in U.S. prisons [13]. PTSD is a mental and behavioral disorder that is triggered by witnessing or experiencing a horrifying event [23]. Its symptoms mainly entail intrusive memories (e.g., dreams and nightmares about the horrifying event), changes in mood and thinking (e.g., hopelessness, lack of interest, and memory problems), avoidance (e.g., blocking any feelings about the horrifying event), and changes in emotional reactions (e.g., irritability, guilt, and trouble concentrating). No studies were found that reported estimates of PTSD among incarcerated mothers.

PTSD has been documented to be strongly associated with trauma exposure [24]. A study found that 80% of mothers, who were held in a U.S. state prison, met the diagnostic criteria of PTSD. Of which, 77% were subjected to physical assault by intimate partners, 70.3% to physical abuse, 68% to emotional abuse, and 46% to sexual abuse. Moreover, 57.1% experienced domestic violence, 51.4% witnessed the death of a partner or a child, and 28% experienced a life-threatening accident [13]. Another study, which probed the association between PTSD and trauma exposure among 102 incarcerated mothers, found that incarcerated mothers who experienced traumatic events (e.g., sexual abuse, physical assault, domestic violence, and robbery) met the diagnostic criteria of PTSD [24].

Substance Use Disorder (SUD) is another prevalent psychiatric disorder among incarcerated mothers [13]. For instance, one study, which scrutinized the prevalence of SUD among mothers in 22 U.S. urban state prisons and six county jails, found that 26.2% of mothers in urban state prisons and 14% in county jails met the diagnostic criteria of SUD [25]. Another study, which investigated the substance-using experiences of 30 mothers in U.S. state and federal prisons, reported that 86% used tobacco, 60% used alcohol, 56.7% used marijuana, 53.6% used prescription medications (e.g., Valium), and 46.7% used hallucinogens [26].

Incarcerated mothers, who have met the diagnostic criteria of SUD, are prone to contracting sexually-transmitted diseases, like HIV [27]. SUDs have been associated with unsafe sexual behaviors (e.g., having sexual intercourse without a condom or having multiple partners), thereby elevating their risk for HIV infection. In fact, HIV infection is remarkably linked to using certain substances, such as cocaine, tobacco, alcohol, cannabinoids, benzodiazepines, and methamphetamines. Generally, HIV symptoms include sore throat, rash, fever, weight loss, mouth sores, swollen glands, and joint aches. No studies were found that provided HIV estimates among incarcerated mothers.

Besides being a health hazard, substance use is the leading reason for the imprisonment of mothers [3]. In fact, 35% of mothers in state and 73% in federal prisons were convicted for drug-related offences [15]. Furthermore, 65% of mothers in state and federal prisons reported using drugs one month before their incarceration, and 43% of mothers in state and federal prisons confessed committing their offences under the impact of cocaine (36.5%), marijuana (20.5%), opiates (15%), stimulants (7.6%), and hallucinogens (2%) [3,15].

In addition to PTSD and SUD, incarcerated mothers suffer from other types of psychiatric disorders (e.g., stress, depression, etc.) [13]. For example, a systematic review, which investigated the prevalence of psychiatric disorders among incarcerated mothers, found that 84.1% experienced depressive symptoms and 62% suffered from anxiety [28]. Another systematic review, which scrutinized the prevalence of mental illness among incarcerated mothers, reported that 79% had depression, 40% had anxiety, 14% had a history of self-mutilation, and 6.1% had suicidal ideation [13]. Last, a study, which probed the prevalence of mental health problems among incarcerated mothers, found that 28.1% had depressive disorder, 15% had bipolar disorder, and 4% had schizophrenia spectrum disorder [29].

In summary, incarcerated mothers suffer from PTSD, SUD, and other types of psychiatric disorders. Recent research has reported a rigorous association between PTSD and traumatic events, and between SUD and HIV infection. Substance use also serves as the leading reason for mothers' incarceration. Besides PTSD and SUD, incarcerated mothers exhibit symptoms of disparate types of psychiatric disorders. Unfortunately, the symptomology of these psychiatric disorders is further aggravated by limited mother-child contact.

### **Mother-Child Contact During Incarceration**

Incarceration limits the amount of contact between mothers and their children [3-5]. In effect, 54% of mothers in state and 40% in federal prisons had seldom been visited by their children [15]. Besides, 40% of mothers in state and 56% in federal prisons communicated with their children by telephone on a weekly basis, and 45.3% of mothers in state and 40.4% in federal prisons received weekly letters from their children.

There is a wide range of reasons for this limited mother-child

contact [8,14,30]. First of all, correctional facilities' policies and practices minimize the quality and frequency of mother-child contact [14]. These policies and practices include monitoring phone calls and letters, allowing in-person visits in overcrowded rooms through a see-through barrier that hinders physical touch, and limiting the number of individuals who visit or dispatch letters to prisoners. Second of all, state and federal prisons are exceedingly distant from residential areas [14]. Indeed, 62% of parents in state and 84% in federal prisons were more than 100 miles away from their place of residence [15]. Prisons' location, compounded by economic barriers and lack of transportation, hampers children from visiting their mothers [8]. Finally, incarcerated mothers' relationship with their children's caregivers is of crucial importance in facilitating contact with their children [14]. Incarcerated mothers, who have strained relationships with their children's caregivers, face massive hurdles in remaining in touch with their children.

Limited mother-child contact has been reported to trigger psychological distress in mothers [14]. A study found that incarcerated mothers, who were separated from their young children, exhibited elevated levels of depression and thought problems, like self-harming actions, hallucinations, and unusual thoughts [31]. Another study found that parenting stressors, like mother-child separation, heightened incarcerated mothers' depression and anxiety levels, and aggressive behaviors [16]. A third study concluded that incarcerated mothers, whose children sporadically communicated with them via telephone or mail, exhibited more anger than those, whose children were in frequent contact with them via telephone or mail [5].

Since mothers tend to be the primary caregivers of their children, children's lives are more likely to be disrupted by their mothers' than their fathers' imprisonment [10]. An empirical body of research has documented the detrimental effects of forced separation and limited mother-child contact, resulting from maternal incarceration, on children [32-34]. Because of forced separation and limited mother-child contact, children of incarcerated mothers exhibit internalizing problems, like anxiety, guilt, shame, low self-esteem, hypervigilance, PTSD, and depression, and externalizing problems, such as aggression, anger, hostility, substance use, and delinquent behaviors [35-37]. Further, they experience school problems, like suspension, weak academic performance, classroom behavior issues, and school drop-out [10]. Last, they are susceptible to a series of health problems, like HIV and AIDS, chromosome damage, asthma, cancer, and obesity [38-40].

All in all, mother-child contact is fraught with challenges. These challenges mainly include correctional facilities' policies and practices, prisons' remote location from residential places, and incarcerated mothers' relationships with their children's caregivers. Forced separation and limited mother-child contact have been documented to negatively impact the mental health of incarcerated mothers and their children. Therefore, many ATI programs have been developed to counteract the aforementioned

repercussions on mothers and their children.

### Alternative-to-Incarceration Programs

To achieve better mental health outcomes for incarcerated mothers and their children, many ATI programs have been developed [41]. In effect, ATI programs are those that offer rehabilitative services to non-violent offenders, instead of sending them to state or federal prisons. An example of an ATI program is ReMerge in Oklahoma County [42]. This program aims at offering mothers, who committed non-violent offences, and their children with an array of services, such as substance use and mental health treatment, parenting and communication courses, legal help, medical care, educational and work opportunities, and counseling [41]. To enroll in this program, incarcerated mothers are usually selected by court judges, lawyers, or public defenders. Having been selected, incarcerated mothers complete a series of assessments to identify evidence-based treatment methods that align with their needs. In tandem with their treatment plans, incarcerated mothers go through four phases: (a) personal goal development, (b) community work, (c) education, and (d) parenting training. During these phases, incarcerated mothers are supported by a team of therapists, health and wellness professionals, employment and education coordinators, and peer recovery support specialists.

Another example of an ATI program is Women Initiating New Directions (WIND) in East Tennessee. The Community Health of East Tennessee (CHET), in collaboration with the Campbell County Department of Children's Services (DCS), established WIND [17]. It is a nine-month program that aims at keeping families together and breaking the intergenerational cycles of incarceration. Mothers, who commit non-violent offences, are nominated to this program by prison staff, public defenders, or attorneys and are expected to complete a series of assessments, such as the Service Planning Instrument for Women and the Addiction Severity Index, to evaluate their needs. Having been evaluated, mothers complete four main phases: (a) responsibility towards self, (b) responsibility towards others, (c) responsibility towards self and others, and (d) promotion of legal lifestyle and strengthening family ties. Each phase is supplemented with parenting courses, educational opportunities, community work, and counseling.

Unlike the traditional incarceration models, ATI programs, like ReMerge and WIND, have key advantages to incarcerated mothers and their children [7,10,21]. For mothers, these programs have been shown to reduce recidivism rates [21]. A study found that offenders, who enrolled in an ATI program, were re-arrested at half the rate of the comparison group [43]. Furthermore, these programs have been documented to decrease SUD rates among incarcerated mothers, who are not separated from their children [21]. One study reported that 88% of incarcerated mothers who, along with their children, enrolled in a long-term residential treatment center of an ATI program were able to complete the treatment course, compared to 12% of incarcerated mothers who were separated from their children [44]. For children, ATI programs enable them to develop emotional attachments with their mothers [21]. These attachments

reinforce their intellectual, social, and psychological development [45], shield them against mental health problems and delinquent behaviors [21], promote feelings of safety [10], and equip them with better social skills [7].

In summary, ATI programs have been developed to counteract the severe repercussions of incarceration on mothers and their children. Such programs provide incarcerated mothers and their children with a plethora of services, such as medical care, educational opportunities, substance use and mental health treatment, courses about parenting and communication skills, and legal help, as a means of preparing them to become productive members of the society.

### Limitations

This narrative literature review paper has several limitations. First, the electronic literature search was initiated using three databases only, thereby limiting the number of articles included in this paper. Second, only articles, published in English, were included in this paper, thus excluding articles that are written in other languages and of relevance to the topic under investigation. Third, only peer-reviewed articles were included in this paper, thus eliminating the existing grey literature (i.e., theses, dissertations, etc.) on the topic under investigation.

### Recommendations for Future Research

Future research needs to consider the following gaps. First, an in-depth examination of the prevalence of PTSD among incarcerated mothers would be valuable. Second, a thorough scrutiny of the association of SUD with HIV among incarcerated mothers would be useful. Last, a detailed exploration of the familial history of incarceration of mothers in federal prisons would be helpful.

### Conclusion

Mothers who are held in state and federal prisons share unique demographic characteristics. Also, they experience an array of psychiatric disorders, such as PTSD, SUD, depression, anxiety, bipolar disorder, and schizophrenia spectrum disorder. Their mental health is further compounded by the sporadic contact with their children because of correctional facilities' policies and practices, prisons' remote location from any residential areas, and mothers' relationship with their children's caregivers. In order to achieve better mental health outcomes for mothers and their children, cease the intergenerational cycles of incarceration, and keep families together, many ATI programs have been developed. ATI programs provide a wide range of services to incarcerated mothers and their children, such as substance use and mental health treatment, parenting and communication courses, legal help, medical care, work and educational opportunities, and counseling.

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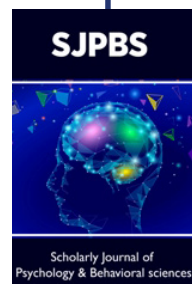
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