



Incarcerated mothers' experience of adversity heard using participatory mixed-method research

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Introduction

This article is based on a mixed method participatory research study with incarcerated mothers in Ireland. This study, inclusive of all women who identified as mothers in prison at a particular point in time presents a unique contemporary reflection of their experiences of incarceration, trauma, addiction and mother-child separation. Similar to the declining overall prison population in Ireland, there has been recent reductions in the annual committals of women as well as the daily average of women in custody. In 2020, women represented 10 percent of the prison population a significant reduction from a high of 20.6 percent in 2015 (IRPT, 2021). However, taking a longer term view it is clear from the Irish Prison Service's data that in recent decades the daily average of women in prison has significantly increased, for example, there were 66 women in prison in 2007 and this had risen to 129 in 2019. As in other jurisdictions the majority of crime committed by women is non-violent or classed as 'minor', and as a result, women tend to receive relatively shorter sentences resulting in a higher turnover of women prisoners (Ministry of Justice, 2018; IRPT, 2021). However, despite these relatively small numbers there continues to be a general lack of information and research on the experience of women in the Irish criminal justice system (IRPT, 2021)

The article firstly presents an overview of relevant literature on motherhood, incarceration, and trauma and addiction in the context of incarceration. It then outlines and discusses the participatory processes used to design and implement this study. The findings of the study in relation to the participant profile, trauma, addiction, separation and motherhood are then discussed. The article also considers the process involved in the participatory research and reflects on participants involvement in the design and implementation of the research and dissemination of its findings. Finally, it concludes with a reflection on the key issues experienced by participants and considers how these might be responded to in the future.

Motherhood and Incarcerated Mothers

Although an abundance of research exists on motherhood it is difficult to capture the varied nuances of motherhood and what it means to become a mother (Laney et al., 2015). Mothering is a 'maternal practice' which includes the protection of the vulnerable child, nurturing the child's complex emotional, cognitive, and social development as well as teaching socially acceptable behaviours (Ruddick, 1995). Motherhood is often an intensive, lifelong relationship which increasingly continues as children develop into young adulthood.

The challenge of motherhood and mothering in adversity has been widely recognised (Wiig et al. 2017). Hayes (1996) discusses the often conflicting and unachievable demands placed on mothers and coined the ideological term "Intensive Mothering". Intensive mothering is anchored on being selfless; "the mother is the central caregiver", "mothering is more important than paid employment" and "requires lavishing copious amounts of time, energy and material resources on the child' (p. 8). Several scholars have applied the ideology of intensive mothering to their analysis of how incarcerated mothers are particularly oppressed. As Robison and Miller (2016) highlight mothers in prison must negotiate between the pressures of intensive mothering (accepted as the norm), and the actual maternal practices they can accomplish while incarcerated. Garcia (2016) emphasises how the intersection between the ideal motherhood and prison challenges traditional views of appropriate mothering. Offending mothers are viewed as undeserving and subsequently not supported to sustain relationships with their children. Mothers suffer more than fathers from the stigma of incarceration with a societal tendency to view incarcerated women as unfit and indifferent mothers (Mignon and Ransford, 2012). For incarcerated mothers and their children, maintaining a relationship is a particular challenge. Regardless of their individual circumstances, incarcerated mothers who wish to have contact with their children rely on the policies and practices within their particular prison to enable contact at any level (Robertson, 2007). Children and families of prisoners are considered the "hidden victims" of the criminal justice system as they are often punished through separation from their family members and/or the stigma associated with having a family member in prison (IRPT, 2021, p.68).

Childhood trauma, addiction, and incarcerated mothers

Ongoing trauma in adulthood and motherhood is often seen among offending women and mothers (Neale and Lopez 2017). Research shows that women in prison have already experienced significant trauma in their lives, with some estimates suggesting that as many as four in five have survived domestic or sexual abuse (Prison Reform Trust, 2017) and the overwhelming majority (in excess of 75%) report experiences of physical and sexual abuse, bullying, peer victimization, and witnessing violence in childhood (Kennedy, Mennicke, and Allen, 2020). A recent study in the United Kingdom has demonstrated that women in prison are more likely to present with mental health needs, substance misuse issues and reports of childhood and domestic abuse than men (Lockwood, 2020). Similarly, concern around the significant number of women with mental health and addiction needs in custody, with limited appropriate facilities to meet these needs was highlighted by the Dóchas Visiting Committee (2020)¹.

The connection between trauma and addiction has long since been recognised and confirmed (Woods 2007; Ashton et al. 2016). In their study with women who struggled with substance use during pregnancy and early motherhood Torchalla et al., (2015) highlighted how participants had experienced multiple and continuing forms of adversities and trauma, often in form of gender-based violence, in a variety of contexts, from a variety of offenders and on multiple levels (p.7).

Ashton et al., found that adults who had experienced childhood trauma were eleven times more likely to smoke cannabis, sixteen times more likely to have used crack-cocaine or heroin and twenty times more likely to be incarcerated (2016).

Substance-dependent women are challenged by stigma and exclusion even before motherhood is factored in. As Wood (2006) explains, the stigma is magnified when the added ideological layer of the 'good mother' is also considered. Research shows how substance dependent mothers are viewed as putting their own needs before their children (Woods 2007), which according to good mothering ideals (Hayes 1996) is the epitome of bad mothering; 'good mothers' as the literature on intensive mothering asserts, must 'always' put

¹ The Prison Visiting Committees visit prisons at frequent intervals and **hears complaints made to them by prisoners**. They report to the Irish Minister for Justice, Equality and Defence. **Dóchas is one of the two prisons for women in Ireland.**

their children first (O'Reilly 2016). Many mothers challenged with addictions acknowledge that they are viewed and judged by society as 'dishonest' "bad mothers" (Gunn and Canada 2015)

Mothers challenged with addictions and imprisonment face multiple intersecting stigmas as their circumstance transcends social, gendered and motherhood norms, tarnishing both ideals of the 'good woman' and the 'good mother' on multiple levels (Gunn and Canada 2015). Most studies concerning maternal imprisonment will at a minimum acknowledge substance abuse among this group, if not explicitly report its prevalence (Bachman et al., 2016).

Participatory Research with incarcerated mothers

In Ireland, women are contained in two closed prisons. The Dóchas Centre has capacity for 146 women, while Limerick prison (a mixed gender setting) has capacity for 28 women (IPS, 2022). In both settings, women on remand, women awaiting sentencing, sentenced prisoners, and women detained under immigration legislation are all accommodated together. Both regularly operate at an overcrowded capacity (Limerick Prison Visiting Committee, 2019; Dóchas Centre Visiting Committee, 2020). At the time of the research (2018) women who are sentenced were entitled to one 30-minute visit with three people per week, while those on remand were entitled to six 15-minute visits per week. Women were allowed one telephone call per day and an unrestricted number of letters (Irish Prison Rules, 2007). There is no distinction made in terms of children visiting, however discretion can be applied by the Prison Governor (Author 1 and 2, 2016). Babies under 12 months were allowed reside with their mother. The data on which this article is based is taken from a broader doctoral research study completed in 2018 into the experiences of mothers in both prisons.

As noted in the introduction this research represents a unique participatory process of hearing from incarcerated mothers in Ireland. Green (2003) defines participatory research "as systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change" (cited in Minkler and Wallerstein 2003, p. 420). In terms of participatory research in prison, Fine (2013) reminds us that

inmates are often the objects of social policy and social research but rarely the architects of either (p. 688). This study aimed to address this issue, including incarcerated mothers in a range of design and implementation aspects of the research. While examples are limited, there have been some international studies which have taken a participatory approach to research with female prisoners (Fine 2013; Ward and Bailey 2013; Fine and Forre 2006), however there are none in the Irish context.

Participatory research design and implementation

The first stage in this participatory process involved establishing a consultative group of female prisoners which became known in both prisons as The Mothers Project (TMP). This group was established at the outset of the study by the researcher who invited all women in prison at the time to participate. The researcher was granted access and provided with general support by both prison Governors. During introductory visits to the prisons the researcher explained the overall purpose of the consultative group and welcomed all to join. TMP had an open policy meaning women could come and go as required thus accommodating the transient nature of prison populations. Overall, there was a core group of about twenty women who participated in a number of specific tasks throughout the various phases of the research. Their role included advising and supporting the research team, advertising the project through a poster project, piloting the questionnaire, adding and revising questions, changing the content and format of the questionnaire, participating in the study, and disseminating the research findings.

Phase one; Introducing the research

TMP designed a poster advertising the research project and information sessions which they planned and delivered in both prisons six months after the initial participatory group work began. Participation at the information sessions was voluntary with all women (mothers and non-mothers) welcome and encouraged to attend. A detailed overview of the project's objectives, timeline, members roles and responsibilities were presented. The objectives included profiling imprisoned mothers, **hearing** their experience of motherhood and mothering, and examining the supports available to imprisoned mothers.

The research methods and question types, purpose and process of consent, anonymity, data storage, and the limitations and expectations of the research findings were also explained and discussed. Full ethical approval for this study was granted by the researchers University and by the Irish Prison Service. Consent was gathered from participating mothers at each phase of the project with full assurance given that they could withdraw at any time and that all data collected would be reported anonymously. Relevant support personnel were informed of the project and the phases and times of data collection and were available to participants if they required additional support following fieldwork sessions. Practitioners from external support agencies and from the prisons were invited to the Information Session to raise awareness about the project, and to reiterate the offer of support for participants as required. The researchers University 'Distressed Person Protocol' and 'Child Protection Protocol' were explained to participants and applied where necessary.

Following the information session all members of TMP were presented with a signed certificate of appreciation from their respective Prison Governor and from the researchers University to acknowledge their efforts and continued involvement.

Phase two: data collection and analysis

This mixed method project consisted of three types of sequential data collection. Stage one involved a single-question screening survey which was administered to all female prisoners to ascertain if they were mothers. Once this subgroup of mothers was identified a more detailed questionnaire was administered through Audio Computer Assisted Self-Interviews (ACASI). ACASI has been used successfully to collect rich data on 'sensitive and stigmatising subjects' (Morgan and Fraser 2009, p. 2) and often used in studies with vulnerable and often hard to reach populations such as young offenders in a secure prison and children in state care (Morgan and Fraser 2009; Viewpoint 2009). ACASI was suited for use in this study as it is administered privately providing a less pressurised experience for participants, is relatively quick and requires minimal supervision and support to use. It offers a voiceover option which is extremely beneficial for participants with low levels of literacy. It also incorporates a well-known computer game into the interview to foster a less intense experience while answering

sensitive questions. Where qualitative data was required a text-speak format was included to answer these questions, again reducing any literacy issues.

An initial set of questions for the ACASI informed by the literature and the research focus were suggested by the researchers and then revised by TMP members. Notable additions included a section on deceased children and a question on visitation. TMP wished to record their own voices for the voice over and insert their own choice of computer game. The researchers negotiated this request with the producers of the ACASI software. Both requests were facilitated thus producing a bespoke Irish version of the software.

Piloting ACASI

TMP supported a pilot of ACASI in both prisons, with a number of changes made following the pilot. The final ACASI questionnaire had two overarching sections. The first included a total of thirteen profile questions, followed by nine questions on each child's profile, visiting and childcare arrangements. The final question asked each mother if she wanted the opportunity to tell her story in a face-to-face interview. The ACASI was conducted in both sites within a one-week period, presenting a reasonable point-in-time picture of participating mothers in prison in Ireland (n = 62).

Face-to-face interviews

The third stage of data collection invited participants to tell their story in an open narrative inducing face-to-face interview (Wengraf, 2001). **All interviews were conducted privately (albeit overseen, but not heard by prison officers via camera)** and participants could avail of refreshments. Initial interviews were conducted with members of TMP with whom the researcher already had established rapport. This effectively acted as a pilot process with the wording of questions changed as necessary during the interviews.

Data analysis

All interviews (n = 34) were audio recorded, transcribed verbatim and imported into NVivo software (version 11). Thematic analysis was used to identify predominant themes which emerged. Immersion in the data was achieved by transcribing the interviews and making initial notes. All interviews were listened to again and transcriptions re-read and cross

referenced to ensure accuracy with further notes and reflections made. Each of the transcripts were coded line-by-line. The transcripts were then re-read, and the initial codes reviewed. Codes were then amalgamated and grouped into themes. The researchers took fieldnotes and recorded observations in diaries which were read and re-read throughout the process of thematic analysis.

Profile of participants

At the initial stage of this research there was 126 females in prison in Ireland. Of these, 97% (n = 122) participated in the screening survey with 78% (n = 98) reporting they were mothers of both young and adult children. This included women across a wide age range, women who were also grandmothers and mothers from ethnic minority groups. 24 women confirmed they were not mothers (19%) and four (3%) did not answer this question. Of the 98 participants who were mothers, 62 (63%) went on to participate in the ACASI. They ranged from 20 to 56 years of age, with an average age of 35 years. 53 were Irish nationals (85.5%); the remainder were British (n = 5), Brazilian (n=1) or Eastern European (n=3). 13% stated they were members of the Irish Travelling Community. Of the 62 mothers, they had a total of 148 children, of which 108 (73%) were under 18 years of age and 40 (27%) were aged 18 years or over. Just over half of these mothers (n = 34) participated in an in-depth face-to-face interview.

Trauma and addiction among incarcerated mothers

All participants² spoke about past trauma and/or their histories of addiction prior to entering prison, with almost all addicted to drugs and/or alcohol. Past trauma predominately included sexual abuse and neglect, domestic violence, traumatic pregnancy and births, and the trauma of loss and separation from their children. Participants insightfully linked their trauma, addictions, and criminality. They highlighted how their deviant behaviour and drug and

² Pseudonyms are used for all participants

alcohol abuse was a medium of coping, as they struggled to manage their emotions related to past trauma(s). Mothering through addiction was complex; with participants describing the various ways they attempted to protect their children from their substances abuse and their perceived inability to care for their children while managing drug addiction and poor mental health.

Several participants recalled traumatic childhoods in which they were subjected to physical abuse by their parents, relatives and non-relative foster carers.

“If I drank [alcohol] they’d hold me down in a cold bath, beating me with rocks and stones, beating me with walking sticks. I used to have horse’s whips all over me. I often heard the social worker knocking on the door and I’d hear [my aunt] say ‘no she’s gone away with me daughter’; I’d be upstairs covered in black eyes, bruises, locked in a room, windows nailed down, they were after trying breaking my legs, the son was, he was jumping on my legs, to break them so I wouldn’t be able to run away again” (Tara)

A number of participants recalled traumatic experiences of the mothering they received. For example, Kelly highlighted how as a child, her mother broke her leg on one occasion and pushed her and her sister into a fire on another. Like many participants who experienced ‘absent’ mothers, Claire talked about spending most her childhood in her grandmother’s house, and how shortly after the death of her grandmother at age 13 she was raped. Following the rape, Claire recalled:

“I stayed out at my nans grave for two days and two nights and no one missed me. There was no such thing as get the police or anything; Thirteen! [My aunts] washed me in the bath. I always remember it - freezing cold water. And d’ya know my mother blamed me, she said it was my eyes. That’s what she said. ‘You’ve the devil’s eyes. I never wanted ya” (Claire)

There were several examples proffered where participants did not receive what they perceived to be an appropriate 'protective' response from their mother at traumatic moments in their lives. This was often described then as having long-term negative implications for their mother-daughter adult relationships.

"Your mum's there to protect you like. They see something wrong happening they're meant to step in and say, 'that's my child'. But it wasn't like that; she always chose other people. And she could see it [childhood abuse] with her own two eyes. When you go to her a few years later and say it to her; 'I don't remember that'; but you do remember, you walked in, you seen it like. So we've no relationship" (Olivia)

A number of participants described how they were over-compensated by mothers who were emotionally unattached to them, or mentally unable to attend to their needs. However, participants were often empathetic towards their mothers, describing them as *'not normal mothers. I know now that's her sickness, she's not well; she can't be'* (Beth).

Many participants with similar experiences articulated how they craved their mothers love:

"She [mother] gave us everything. We never were short of food, we were always dressed in the best of clothes, but she never knew how to show her love, you know in other ways, like a cuddle or a kiss. I hated her for it. Because I was like 'why can't you be a proper mother, a normal mother like'? But I didn't realise what she went through in her life" (Rebecca)

Some participants who described childhoods which lacked appropriate love and affection spoke about how they sought it elsewhere in adulthood and filled this void by having children:

"I often wonder why did I crave so much to have kids, ya know, when I was so busy with my life? I think I had them because I just wanted, someone to love me [starts

crying]. *I know that now. But I adore them. The love you get from children, I just wanted to feel that. I know deep down in my heart that I substituted. I reached out for that love that I didn't have (Mags)*

Participants described distorted and destructive relationships, however also noted perceived positive aspects of their relationships. Lauren who was sexually abused by her grandfather for 10 years explained:

"I was the one that went to him a lot of the time, even though it was for money, but deep down I think it was for affection as well. I know how sad that sounds but I didn't know the difference when I was a kid. Because I wasn't getting that from home, I was getting beatings and being told to do like two massive baskets of ironing" (Lauren)

Lauren, went on to explain:

"I really resent my dad. Whatever my granddad did to me it wasn't out of hate. Yeah, it's disgusting, and I'll never forget it, but I forgive him because he never ever beat me". '

Laura explained how her (now deceased) husband *"was killing [her] even up until the day he died"*, she nonetheless described herself as his *"saviour"* and emphasised that *"all the beatings aside, all the rapes aside, he was my life and I loved him"*.

Addiction

Of the 34 interviewees, 28 (82%) spoke about problematic substance misuse with nine describing abusing multiple substances. Of the remaining six participants, one did not consume drugs or alcohol but disclosed mothering a son addicted to heroin; three described recreational drug use, and two were convicted of international drug trafficking offences. Just one of the 34 mothers said she did not take drugs and did not mention any personal or familial association with problematic substance misuse.

Most mothers reflected on when they began consuming drugs, asserting they had made an autonomous decision to consume illegal drugs regardless of warnings not to do so and prior knowledge of their negative effects.

"I went on drugs when I was fourteen and I had my first son when I was eighteen. I took the drug myself, I wanted to. I can't blame anyone. I never forget the first time I took the heroin. I remember [my friend] saying no don't, please don't take it! Of course, me, I had to take it" (Sarah)

"I was seeing my brother going through heroin, I seen my family going through that with my brother. I don't know what came over me, I just started taking it and they warned me, but I wouldn't listen. It's my own fault" (Jade)

As with drug abuse, participants explained they started drinking alcohol to fill a void in their lives, or to help them cope with their emotions:

"I drank because my husband was murdered in front of me. It was never about the drink with me, it was about getting angry, lashing out" (Laura)

Another participant stated she started drinking excessively when her youngest child began primary school describing how she *"felt isolated", "bored" and "lonely"* as her children grew older and she felt they needed her less, so she began *"drinking heavy just to pass through the days"* (Louise).

Many explained how they stopped taking drugs when they became pregnant. Although participants described how they were drug free, this did not always include abstaining from prescription drugs, which in many cases were obtained illegally.

“I went to the drugs stabilisation programme, I was going there every day and doing great. Clean again, having my baby. Now, I was taking the odd zimovane³, but towards heroin or anything - I never used a needle or anything” (Tara)

However, several participants described long histories of addiction and multiple admissions into prison and rehabilitation programmes. Many complex factors were mentioned in relation to addiction relapses. ‘Louise’ for example, explained that every time she returned home from a residential programme, *“nothing would change”* in her mothering routine and she would *“easily slip back into old habits”*. A number of participants spoke about *“slipping again”* because they *“couldn’t handle being a mother”* (Kelly). However, most participants described relapses as they could not cope well with trauma and associated emotions, including the loss of their children to the care system.

Trauma, Addiction and Criminality

A number of participants highlighted how traumatic childhood experiences contributed to their addiction and/or their subsequent offending.

“I was raped when I was fourteen, and to this day still I think that’s why I went off the rails. I know I can’t blame [the rape] on [my addiction and offending] but I’d be sitting down, and I’d be thinking about that, and I’d go off the rails” (Anna)

“I would never have got into trouble if I hadn’t been raped at nine and if I hadn’t seen what I seen gone on in the home; and this place was supposed to be run by the health board - where is the justice in that?” (Laura)

³ A prescribed medication called a non-benzodiazepine hypnotic used to treat insomnia in the short term

Most participants who mentioned their criminal activity connected this to their addiction:

“I wasn’t sent out robbing. I went out robbing myself to feed my habit. It’s no one’s fault, only my own” (Sarah).

Others explained how their criminal behaviours were as a means of giving material items to their children.

“Money was bad, and you know food wise and clothes it’s very expensive to get perfumes and every girl wants things like that, don’t they? I wanted to treat [daughter] special. I used to love waiting for her to come home and say ‘[name] I have this present in your room for you’. She’d run in and say oh thanks ma. I was out there shoplifting because I wanted to give [daughter] things that I couldn’t afford” (Nicole)

Most participants stated they were ‘acting out of character’ while engaging in offending behaviour while under the influence of drugs, alcohol or both.

“[Alcohol] messed me up. I blamed it on the mother-in-law ruining my life and everything not going right, but at that time [I] was doing bad things. I was mixing alcohol with tablets, trying to overdose myself... with alcohol in my system I drove a knife through my arm. In there, out there [pointing to the scars]” (Jennifer)

In many instances participants connected their crimes to problematic prescription drug use. One participant described this journey:

“About 20 years ago, I had everything you could want for; a great job, a lovely apartment and I was suffering from depression. I was put on Prozac⁴ by the GP. I had no idea about addiction or anything like that. It all kind of went from there, I

⁴ Prozac: a prescribed antidepressant

was even forging prescriptions to get tablets. That kind of led into this [imprisonment]" (Aisling)

In many of the participants experiences, there are clear associations highlighted between the trauma suffered, addiction and crime. Participants did not try to excuse or minimise their crimes, or the effects on their victims, but rather tried to contextualise and explain their incarceration and difficulties in mothering.

Motherhood and Incarceration

Participants discussed their experience of motherhood with an emphasis on the separations from their children. Many separations were due to the current period of incarceration; however, others had separated (either temporarily or permanently) prior to this. In all instances the reasons for these separations were multifaceted. Drug addiction and an associated chaotic lifestyle which conflicted with the needs of child(ren) featured in many descriptions. Participants discussed the struggles and challenges in maintaining and performing their mothering roles and described how they often sought out and/or welcomed the supports offered and provided by family and non-relative foster carers.

"I ended up getting bad on heroin, so I said I have to do something, or my child is going to be took into care. I'm going to do what's best for the child. So, I signed her over to full custody to my Ma. I'd rather my family had her and I didn't drag her through hostel to hostel. I put her into a loving family that cared for her" (Anna)

Many participants described how they voluntarily and formally transferred full parental responsibility of some, if not all, of their children to family or formal care settings. In the main, this was to protect their children from their unstable lifestyle:

"My kids are in care since they were born. I gave them up to my sister because I was a drug addict, and I didn't want to drag them from one place to the next" (Niamh).

Other factors such as domestic violence, mental ill-health, parental separation, alcoholism, child neglect and previous prison committals also factored as reasons provided for mother-child separation. For example, Michelle described the circumstances of her separation as a result of domestic violence:

“I wanted to bring the kids, but he wouldn't let me, he put a knife to my throat and thrown me out the front door by the head - told me go but I couldn't take the kids!” (Michelle)

Mental ill-health featured as a direct factor in many separations. For example, participants explained how they found mothering difficult to manage and how motherhood made them feel depressed. Anna for example, stated that one day she decided she *“just couldn't handle”* motherhood anymore and *“walked out”* on her daughter. Anna linked this with not taking her lithium medication which is she prescribed for bipolar disorder as she thought she didn't need it at the time, but she later acknowledged *“[she] thought wrong”*. Mental health rarely featured as an isolated factor in relation to mother-child separation, however, a complex mix of mental ill-health and addiction emerged in several interviews:

“I just was going through baby blues, and I just thought to myself I can't do this [motherhood]. So, my ex now, his mother told me that, she'd take the child until I got myself better. Knowing you're a mother now and you don't really know what to do and put drugs on top of that it's a bad mixture. I just kept doing it. I didn't know how to cope” (Rebecca)

Participants who were performing mothering roles prior to their current committal expressed sadness and frustration at being separated from their children.

“To be in here for something that happened long before [my baby] was born and to come so far like in the last two years and to get a kick in the teeth like this. I know it's only a few weeks I am doing but you know something, those few weeks like feel like years away from my son” (Laura)

Participants described how they missed not being able to perform mothering roles.

“I think for the first week, maybe more, I was heartbroken, I had never been away from the children. Just their routines, not been able to bring them to school, put them to bed or see them in the morning. The simple little things like just making breakfast in the morning, not to have that anymore. For the first week I was just crying all the time” (Ellen)

Many mothers said they felt their relationships with their children had changed since they were incarcerated. Hannah, who explained that her mother began caring for her children because of her custodial sentence, asserted; *“sometimes it feels like I gave birth to them kids but I don’t own them anymore”*. Megan who was also mothering her two children prior to her imprisonment explained that she was always *“extremely close”* to her 11year old son and described him as her *“little boy”*, but went on to explain:

“When I first came into prison, I was kind of, I was losing him. The thought of it nearly killed me” (Megan)

Many participants mentioned a reduced level of contact and access with their children while in prison. As Kate, who lived with her daughter prior to entering prison explained; *“when I added it up, I was seeing my daughter 12 hours a year, that’s horrible”*. Participants spoke about losing their relationships with their children, often resulting from the influence of non-relative foster carers and prolonged lack of contact. Participants described how their children’s likes and dislikes were becoming less familiar over time, as Sophie explains.

“I am forgetting what their colours are, I don’t want that to happen. The Judge actually said to me when he put them into care ‘don’t worry, you’ll always have

that bond with your kids' and it's something that I feel that is slipping. Little things, their favourite foods, colour"

Participants separated from their [now] adult children described how their children have matured into adults while their mothers serve out their current or past custodial sentences.

"She is not a little child anymore but yet she is my child. I always call her my child. I am here eleven and a half years... and she would be involved with drugs and all, so I worry about her as if she was small" (Alison)

The effects of their imprisonment and separation from their adult children was also emphasised. For instance, a lone mother serving a life sentence talked about how her daughter (who was 18 years at the time of sentencing) and son, experienced her sentence and being separated from her:

"I can remember the day after the sentence, [my daughter] said 'mammy I am now an orphan' and that was horrific for me, for someone that tried for seven years to have kids. I just wish I could go out and make things better from them. I have a son now that loves drugs and he says, 'oh since you went to jail mammy it's worse" (Claire)

Participants who received visits from their children described how they had to endure long journeys, long waiting times, intensive search processes and negative visiting experiences which often resulted in a reluctance to return. On a positive note, some participants discussed how they recently re-connected and re-established relationships with their children, particularly young children in foster care and adult daughters. Of note, participants described how support practitioners who attended the information session in Limerick prison subsequently increased their overall contact with the women and thereafter facilitated increased visits from family members.

Almost all participants hoped and expected to have some level of contact with their children once released from prison. Many, particularly those with primary caring responsibilities who were separated from their children as a direct result of imprisonment, listed plans and activities they hoped to do with children as they attempt to make up for lost time. They explained how this gave them a focus while in prison and motivated them to do well. However, participants were also cognisant of the potential negative impact of removing their children from their current carers with many stating they didn't want to cause further disruption and upset, but nonetheless hoped for a relationship with all of their children and to be acknowledged as their mother.

Discussion; participatory research methods with incarcerated mothers

Rich, personal and painful accounts of childhood, motherhood, trauma and addiction were provided by participants in this study. Varying levels of participation were achieved in different phases of the study as outlined. Lansdown's (2010) three degrees of participation can usefully describe these processes. The first involves a *consultative participation*; seeking the participants views to build knowledge and understanding of their lives. This does not involve shared decision making but recognises the value of their perspectives. Secondly, *collaborative participation*, involves providing a greater degree of partnership with the opportunity for active engagement at any stage and empowers participants to influence both the process and the outcomes. Finally, *participant led* allowing participants to identify issues of concern and to initiate action. In this study the researcher presented the research focus and questions to participants, it did not emerge from the prison population themselves. This is contrary to a prison health study conducted in Canada for instance, where Elwood Martin et al., (2009) show how they used participatory methods with the women prisoners to identify the health concerns they needed to address within their own prison community. Additionally, rather than being designed by participants, this study used predesigned consent forms and information sheets provided by the Prison Service Ethics Committee as required. Thereafter '*consultative participation*' was sought on the content and design of these materials in terms of language, style etc. '*Collaborative participation*' was however used in questionnaire design and delivery. Other aspects of the research such as the information event, poster and computer game were completely '*participant led*'.

Additional aspects of participatory research which were applied by Elwood Martin et al. (2009), such as training women in data collection, transcribing and data entry were not applied in this study. Ward and Bailey (2013), in their prison based participatory study which developed care pathways for self-harm for women, decided against training the prisoners as researchers. Instead, the women were involved in the design and delivery of awareness raising sessions. The argument put forward by Ward and Bailey (2013) that this process is complex and needs to consider the magnified nature of power sharing within the prison setting, the sensitivity of the topic being studied and the culture of suspicion among the prison community (p. 314). These concerns were also relevant in this study and to this group of participants and informed the decision not to train or engage participants in data collection, entry or analysis. Members of TMP highlighted how many of the participants knew each other outside as well as inside the prison setting (some were related), and their concerns about confidentiality and anonymity. Moreover, ensuring such training occurred in an ethical and appropriate manner would have required significant time and resource that was not available to the research team.

Since the completion of this research, both collaborative and participant led participation process informed the dissemination of its findings. TMP (supported by Author 1) have presented the findings in a range of fora. This has included for example, interviews on Irish national radio, a presentation to a political party (Labour Women) and to the Irish Prison Service, the Irish Penal Reform Trust, an Irish Probation Service Funded Community Project and a number of national conferences and events. TMP have also had material published in an edited collection on issues affecting parents who are in prison (Baldwin and Raikes, 2019). Author 1, in consultation with TMP has also presented the research to the Women, Family, Crime and Justice Network, and has published in edited collections (see Beyer and Roberston, 2019; Donson and Parkes, 2021). It was anticipated that the research would have a direct positive impact on prison policy, however unfortunately due to the global COVID-19 pandemic in 2020 potential opportunities to disseminate the findings further were lost. It is hoped that with less restrictive public health measures in relation to the pandemic in place this can now be revisited.

Discussion; childhood trauma, addiction, motherhood and incarceration

Childhood and adulthood trauma was common among participants with most describing themselves as drug addicts and/or alcoholics. Many explained how they abused substances to 'block out' the pains of past and ongoing trauma including the current separations from their children. The difficult early life of many incarcerated mothers, unresolved in many instances, coupled with their current circumstances, can have a negative impact on a woman's self-esteem (Mignon and Ransford, 2012). Participants described how mothering through addiction was complex and discussed the various ways they attempted to protect their children from their substance abuse and their perceived inability to care for their children while managing drug addiction and poor mental health.

The heightened levels of childhood, adulthood and motherhood trauma impacted on participants maternal experience and practice. Their mothering practices very much depended on the challenges faced at any given moment. At the time of this research a number of participants were not providing primary caring roles for their children, however, despite this separation motherhood was central to their sense of identity and all mothers held and managed intense emotions related to their maternal experiences. Adjusting to life without children is just one challenge of incarcerated mothers. They also may worry about the quality of care their children are receiving, whether they will be reunited as a family, and whether to share the reasons for their incarceration with their children (Mignon and Ransford, 2012). Moreover, incarceration tended to heighten maternal emotions, as experiences of mothering came to the fore while sober or on maintenance programmes. All this fostered imprisonment as a particularly vulnerable maternal space. However, incarceration can also provide mothers with a sense of clarity and something positive to work towards while in prison, an opportunity to think about a future with their children (Moe and Ferraro, 2007). Shamaï and Kochal outlined how incarcerated women in their study explained that motherhood offered them a "reason to get up in the morning", protected them against insanity, offered something positive to think about and provided a reason to plan for the future (2008, pp. 327– 339).

Conclusion

This research process resulted in a rich account of the lives of imprisoned mothers in Ireland. It also provided heretofore unavailable information on the numbers of mothers in Irish prisons. At an overall level the participatory methods used were successful in achieving this aim, while ensuring an ethical and sensitive approach was applied to the project. Undoubtedly there are limitations to this study. The prison population is transient, and it can be a challenge to maintain participants in the research process. In this study, participants moved in and out of the overall process depending on their circumstances. As discussed, there are also additional issues to consider when including incarcerated participants in the design and implementation of a research project with their fellow inmates who are also known to them outside the prison setting. Nonetheless the research resulted in a substantial sample in both the qualitative and quantitative aspects of the study and yielded valuable insight into their lived lives. TMP members were keen to participate in the research and to avail of any opportunity that arose to disseminate the findings. They also supported the researchers to represent them and their views in a variety of fora. It is clear that participants in this study have experienced significant adversity and trauma in their lives, which in the main has not been addressed and is unresolved. It is also clear that past and current trauma continues to impact negatively on their lives and in many instances has resulted in addiction. Their incarceration is a result of a varied and complex set of circumstances many of which are related to this trauma and addiction. This research, recognising that motherhood is a lifelong role, highlights a need for trauma-informed care in the prison context alongside other supportive measures with the ultimate aim of improving the relationship of incarcerated mothers with themselves and with their children, whatever guise that takes.

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