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Title	Motherhood, mothering and the Irish prison system
Author(s)	O'Malley, Sinead Mary
Publication Date	2018-10-16
Publisher	NUI Galway
Item record	<a href="http://hdl.handle.net/10379/14612">http://hdl.handle.net/10379/14612</a>

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**NUI Galway**  
**Motherhood, Mothering**  
**and the Irish Prison System**

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**National University of Ireland, Galway**

**Ph.D. 2018**

**Motherhood, Mothering  
and the Irish Prison System**

**A thesis presented  
in partial fulfilment of the requirements for the  
degree of  
Doctor of Philosophy  
in  
Political Science and Sociology  
National University of Ireland, Galway**

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National University of Ireland, Galway**

**October 2018**

## **Declaration**

I, the Candidate, certify that this thesis is all my own work and that I have not obtained a degree in this University or elsewhere on the basis of any of this work.

Signature: Sinead O'Malley

Date: October 2018

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## Acknowledgements

This PhD journey would not have been a success nor complete without the unwavering support of several special people. Firstly, my husband and my son – My Two Vinnys – and all the amazing women who I have been blessed with and surrounded by, especially my sister Trish, my aunt Martha and my mother-in-law Bernie; without you the men in my life wouldn't have survived these past few years; without those men, and ye women, I certainly wouldn't have survived.

To 'The Mothers Project' group and all the mothers incarcerated in the Dóchas Centre and Limerick Female Prison who participated. Thank you for your integrity, your energy and your personal investment; I am proud to have met you and humbled by your strength.

To my principle supervisor Dr Carmel Devaney and co-supervisor Dr Michelle Miller – My Academic Mothers – for your persistent and clear direction throughout this personal and turbulent PhD journey. You made a flawless team. I have benefited and learnt so much from your wisdom and work ethic, and for this I will be forever grateful.

To all my colleagues and friends in the Master of Arts Programme in Social Work (NUIG) and UNESCO Child and Family Research Centre. For believing in me from the outset and presenting me with ample opportunities to grow as a person and professional; especially, Professor Caroline McGreogor, Marguerita McGovern and Dr Declan Coogan.

To Lucy Baldwin for sharing this learning journey with me. To Professor Andrea O'Reilly for bringing me into the 'inner circle' and giving the world MIRCI and to her amazing daughter Casey for making the introductions which has produced everlasting friendships.

To the Irish Prison Service for embracing and supporting this challenging, unique and brave project; in particular Prison Officers Robbie Cosgrave, John Conway and Marcella Daly for their support on the ground, and Prison Governors Mary O'Connor, Richie Roche, Pat Dawson, Mark Kennedy for their managerial support.

To all in the Centre for Human Rights and Criminal Justice in UCC, and the Collaborating Centre for Prison Health and Education in Vancouver BC, for supporting my research placements where I learnt so much; with a particular thanks to Dr Fiona Donson, Dr Aisling Parkes and Professor Ruth Elwood Martin.

To prison researcher, Sarah Lawrence (QUB) (and her daughter for lending me her mother for two days) - who voluntarily offered her time during the ACASI data collection in the Dóchas Centre. Your overall support and valuable input were immeasurable.



## **Dedication**

For 'Mi Julie' – My Othermother

*Born 6<sup>th</sup> April 1951 – Died 21st October 2015*

This thesis is also dedicated to all poor and working-class mothers who return to education, who have experienced trauma in childhood, adulthood or motherhood. May you use your newfound knowledge to grow in strength and inspire other vulnerable and marginalised mothers, and to affect change for our future mothers and the future of our children.

## **Believe**

by 'Rebecca'  
(from The Mother's Project)

A lot of people don't know what prison  
is like  
They might think we do nothing all day  
Maybe they think we sit and pray  
Pray for the people who can't be saved

Prison is what you make of it  
Read a book, find something new  
You never know, it could be good for  
you

Prison can be a lonely place  
But you can find yourself again  
You can embrace  
Embrace each other, give a helping hand

I understand you can feel trapped  
Feeling all on your own with no contact  
Everyone in prison is different  
We all have a different point of view  
But if you really look inside yourself  
It's hard to judge the people we choose

No one should speak ill of each other  
A lot of us have children and are a  
mother  
We all miss our kids and wish we were  
there  
There to show them how much we care  
But as we can't the best thing to do  
Is to work hard and learn something new

Something you can pass onto your child  
So when they have kids they'll be so full  
of pride

Proud of the parent you have become  
Proud to say you've been a great mum  
A person I'd be proud to call my mother  
Because for the world I wouldn't want  
another

So when people think we do nothing  
inside  
I'd like them to think that we really tried  
And be proud of being a better person  
That can lift their head up high

A person that you look up to and ask for  
advice  
For someone to say thanks a million, I  
think you're really nice  
I think you gave me just what I needed  
You gave me great advice

So don't put yourself down,  
Don't think it's all over, look inside  
yourself  
We all deserve happiness, we all deserve  
love  
Whether it comes from another person  
Or it comes straight from above

## **Abstract**

While there have been some recent reflections on the Irish experience of supporting mothers facing adversity, there remains a dearth in research exposing the voices of vulnerable and marginalised mothers. This is undoubtedly the case for incarcerated mothers in Ireland. While there has been some recent scholarly and advocacy attention regarding imprisoned women, which by default recognises the challenges faced by imprisoned mothers and their children, this well-intentioned discourse is often based on outdated, estimated or international research. Moreover, it is frequently without the involvement of the mothers themselves nor does it place the maternal voice as central to the journey through the various criminal and social justice systems. Finally, Ireland's unique catholic history, its representation of Irish motherhood and its distinct child welfare system has not been examined in conjunction with the current formal prison system. Considering this, the aim of this research is to explore the experience of motherhood and mothering for imprisonment mothers in Ireland and in doing so to give visibility to their children and support systems.

This study is theoretically situated within the interdisciplinary school of motherhood scholarship and is informed by convict criminology and matricentric feminist social work theories and methodologies. A mixed-method approach was applied which included aspects of participatory research; the primary phase collected profiling data on imprisoned mothers and their children, and the second phase gave voice to the experience of motherhood and mothering for imprisoned mothers in Ireland.

Key findings indicated that incarcerated mothers in Ireland lead complex lives, often charred by extensive trauma and substance dependency all which have impacted on their maternal experience and practice. The experience of motherhood is a not lineal or a progressive journey, it is often disrupted and dependent on presenting challenges at a given moment in time. Separation, loss and sustained relationships run as concurrent maternal experiences, and the confined experience of imprisonment fosters painful reflections on mothering yet equally provokes maternal transitions and personal progression. All mothering and non-mothering imprisoned mothers held and managed maternal emotions and their identity as mothers remained central to their sense of selves and post release plans. The involvement of formal and informal supports was extensive, however the overall lack of collaboration between systems, particularly social work and family support services and the Irish prison system, during imprisonment was disconcerting, presenting most often a lost opportunity to harness and support positive change and future mother-child relationships. A primary recommendation from the research is that the criminal and social justice systems should work collaboratively. Moreover, that practice and training across such state systems ought to be trauma-informed if we are to be serious about addressing the intergenerational nature of trauma, substance misuse, offending and institutionalisation experienced by this group of mothers and their children.

# **Chapter One: Introduction**

## **1.1 Introduction**

This study is an exploratory study into the experiences of motherhood and mothering for imprisoned mothers in Ireland. Through a mixed method participatory research approach, this study explores and exposes the profile and experiences of incarcerated mothers in Ireland. The study was inclusive of all mothers, regardless of the age of their children. Using a narrative inducing interview method this study presents, for the first time, a platform from which imprisoned mothers voice the reality of their storied lives and hopes for the future regarding motherhood and mothering experiences and practices. The findings of the study present a unique contemporary Irish account of the reality of maternal imprisonment and provide recommendations for future research, policy and practice in working with mothers and their children who engage with the Irish criminal and social justice systems.

## **1.2 Background to the Study**

Motherhood is something that everyone is touched by in some shape or form; be it personally, socially, culturally, politically or economically (O'Reilly 2011, 2016). Moreover, mothers are bound by the construction of social, gendered and cultural norms, arguably more so than the woman (Hayes 1996). Likewise, female offenders have been described as 'doubly deviate' for the manner in which they transcend both social and gendered norms, while offending mothers are therefore labelled and stigmatised as 'triple deviate' for transcending not only ideals of 'good womanhood' but also 'good motherhood', rendering them judged and treated as underserving mothers (Carlen 1987).

Globally, there has been a rise in the number of female offenders being sent to prison, within which mothers nor Ireland managed to escape. Alongside this, the Irish prison, probation, child and family policy, legislation and services progressed in tandem with the wider European feminist movement. As a result, the distinct and gendered needs of the female prisoner began to gain both national and international scholarly attention (Carmody and McEvoy 1996, Quinlan 2006, Smart 2013). Additionally, how mothers manage, and are managed within and through the prison and wider criminal and social justice institutions has also gained international focus

by several feminist criminologist and sociologist (Carlen 1987, Enos 2001, Poehlmann 2005, Flynn 2008). As Everingham (1994) supports, the new wave of feminist writing focuses on the social institutions which control motherhood, as opposed to focusing on motherhood as a socially enforced and constructed concept. Therefore, the history, context and oppression of Irish motherhood, the countries unique relationship with the Catholic Church, and the Catholic Church's relationship with closed institutions has remained reoccurring and topical issue (Luddy 1997, 2001, Garrett 2016, Buckley and McGregor 2018).

As Buckley and McGregor (2018) note, in order to understand the present, it is useful to reflect on the past. From the 1920's onwards Irish women were continually oppressed<sup>1</sup>. Ireland's patriarchal Catholic system is prescribed within the Irish Constitution (1937) (Article 41) by providing special recognition of womanhood, motherhood and marriage and establishing the Irish mother as homemaker and Irish father as breadwinner. This confirms, as Hayes (1996) asserts, that the construction of Irish motherhood is produced and influenced by the States cultural Catholic infrastructure. During this time, Ireland became intolerant towards unmarried mothers (Rattigan 2012, Garrett 2012), and pregnant women and girls 'out of wedlock' were often rejected by their own families into religious institutions where approximately 10,000 women were confined between 1922 and 1996 (McAleese, 2013). In addition, the State was responsible for a quarter of all female referrals to the 'asylums for marginalised women and girls' equally ran by religious congregations (McAleese, 2013), used by the Irish courts in lieu of the formal prison system. Female and maternal deviance was controlled by patriarchal oppression and the vast infrastructure of religious institutions were used for coercive confinement (Quinlan 2006, O'Sullivan and O'Donnell 2012). The number of women held within the formal prison system was extremely low; at one point in 1979 there were only three women in prison in the country. Maternal crimes were often moral poor crimes (i.e. infanticide and stealing) and reflective of the times of social hostility and the lack of social welfare support for single unwed mothers (Carroll 1941, Quinlan 2006, Rattigan 2012).

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<sup>1</sup> Women were forbidden the sit on a jury, sit exams in the civil service, had to resign from civil service jobs once married and certain vocational occupations were not permitted. Divorce and contraceptives were banned and the right to abortion was deprived (Garrett 2012, Quinlan 2011)

However, in the 1980s the heroin epidemic reached Ireland and the Irish prison system subsequently experienced a relentless increase in the number of women being incarcerated (Lonergan 2010, Carroll 2011, 2012, Rogan 2011). As O'Toole (2013) reports, the oppressive past in which Ireland “locked up one in every 100 of its citizens in Magdalene laundries, industrial schools, mental hospitals or “mother and baby” homes’, has shaped our passive society today, concluding that Irish society still values “compliance and obedience over awkwardness and difference” (O'Toole 2013). Today, and in the face of the increase in female imprisonment, robust debates are voiced against the use of custodial sentences for women offenders in Ireland, advocating the need for gender-informed community-based alternatives to prison to tackle addiction issues for those convicted of non-violent crimes.

Much weight within these advocacy and policy debates is placed on the fact that many female offenders are mothers, and the potential damage caused to their children through mother-child separation and disrupted attachments. This argument for a gender-specific response for female offenders and prisoners was first considered by Ireland in 1985 following the publication of the *Whittaker Report*. Whittaker (1985) outlined solid observations and reasons for the lack of reform for females who pass through the Irish formal prison system (structured and managed by and for men), making numerous recommendations for policy and practice, including the use of alternative sanctions for female and mother offenders. However, this discourse and debate remains live today through the advocacy work of the Irish Penal Reform Trust and an array of independent yet likeminded Irish scholars and penal policy activists (Quinlan 2006, Carroll 2011, Costello 2013, Mulcahy and Quinlan 2013, Working Group on Penal Policy 2014). Nonetheless, the numbers of female, and therefore mother prisoners, continues to rise in Ireland while a bigger female prison is currently being built to accommodate this trend.

### **1.3 Contribution to Knowledge in the Field**

Although there is a breath of research in field of motherhood studies, which are continually growing and expanding since the rise in feminist theory, yet O'Reilly (2007) notes the overall lack in focus on marginalized and disadvantaged mothers. This is particularly true in relation to incarcerated mothers in Ireland. This topic was

first explored by the researcher through a minor dissertation as part of their Master of Arts in Social Work at NUI, Galway. Through this research it became clear that mother prisoners in Ireland had remained muted and invisible; not only were there no Irish studies recognising mothers as a distinct subgroup of prisoners, but their voices as mothers (rather than as prisoners) had never been heard.

When female prison committals reached unprecedented numbers, the first substantive study was commissioned and by the State and published by Carmody and McEvoy in 1996, entitled; *A Study of Irish Female Prisoners*. This study was produced in the anticipation of the build of the Dóchas Centre, Ireland's only female only prison. This was followed by Quinlan (2006) who published her doctorate study, *Discourse and Identity: A Study of Women in Prison in Ireland*<sup>2</sup>. By extracting information on incarcerated mothers from these broader studies on female prisoners, it became apparent that statistics regarding the sociodemographic profile of incarcerated mothers and their children, and caregivers also remained outdated.

As a result of the increasing number of women being imprisoned in Ireland scholarly and advocacy attention on female and mother prisoners is gaining ground (Quinlan 2006, IPRT 2010, 2017, Reilly 2011, Mulcahy and Quinlan 2013). However, due to the overall lack in Irish empirical contemporary research on mothers in prison, Irish literature and publications in this area have tended to borrow heavily from UK and American (US) research. Not only is Ireland's history and representation of motherhood, and its penal policy progression unique, the researcher – as a trained and qualified social worker in Ireland – is also aware of the distinct differences in child protection, welfare, legislation, policy and practice between these jurisdictions, thus querying the applicability of UK and US theory and research within the Irish context regarding incarcerated mothers (and the children they are separated from).

Therefore, this study addresses these aforementioned gaps in knowledge and research, providing a unique contribution to prison, sociological, child welfare and motherhood studies, and overall, providing a matricentric (feminist) social work perspective on the situation for mothers in prison in Ireland.

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<sup>2</sup> In the same year, Coniskey *et al.* (2006) published a HSE commissioned study, *Positive outcomes and negative risks associated with the care pathway before, during and after an admittance to The Dóchas Centre*. However, this study only included mothers of children under 18 years within the broader study of female prisoners so remain statistically less relevant to this study – albeit it is referenced to again at various points within this thesis.

## **1.4 Aims and Objectives**

The overall aim of this research is to explore the experience of the informal institution of motherhood, and the performance of mothering for in imprisoned mothers in Ireland and by doing so, to give visibility to their children and supports.

The objectives of the study are to;

1. To give voice to the incarcerated mothers experiences of motherhood and mothering.
2. To profile imprisoned mothers and identify the number of children affected by maternal imprisonment.
3. To examine the supports available to imprisoned mothers and for mother-child contact.
4. To make recommendations for future policy, practice and research.

To answer these four objectives, the researcher invited the mother prisoner population in Ireland to be involved in the study and allowed for natural filtering to occur. Profiling information was obtained through questionnaires, followed by face-to-face interviews with the researcher which gave voice to the storied lives and maternal narratives of incarcerated mothers in Ireland. A primary strength in this study is its applied participatory approach and philosophy. Aside from being the first participatory research study conducted within the Irish prison system, by supporting incarcerated mothers to be part of the process any political or practice changes that may follow is not only empowering for the imprisoned mothers but is a practical approach to affective and positive change.

## **1.5 Dissertation Outline**

This current chapter is the first of ten chapters within the thesis. This chapter outlines the context, focus, aims and objectives of the research in providing an overall introduction to the study. In addition, it has clearly presented the studies contribution to broader knowledge.

The study is then framed, situated and explained within the following Chapters Two, Three and Four. Chapter Two provides a comprehensive review of international literature across three principle areas, namely; Motherhood, Trauma and Addiction,



and Mothers in Prison. The following chapter, Chapter Three, presents the context of the study. This chapter begins by presenting Irish research, policy and legislation related to the historical context of Irish motherhood and maternal imprisonment, and policy and cultural transitions pertinent to the study. This context chapter also presents the current and topical policy and legislation regarding incarcerated mothers in Ireland and alternative child care. Finally, this chapter also outlines the profile, statistics and general adversities relative to the mother prisoner population in Ireland. Chapter Four, the methodology chapter, provides comprehensive reflections of the researcher's position within the study, including their paradigms and theoretical approaches. This methodology chapter outlines in detail the ethical processes of access, recruitment, consent, duty of care, and the variety of data collection methods and tools used throughout this study.

The following four chapters present the study's findings. The primary findings chapter, Chapter Five, presents the profile and statistical data related to the mothers in the study, their children, their children's caregivers and mother-child prison contact. The following three chapters present themes which naturally emerged from the interviews, which are: Chapter Six: Trauma and Addiction; Chapter Seven: Separation and Reunification; and, Chapter Eight: Formal and Informal Support.

The findings chapters are followed by an in-depth discussion chapter, Chapter Nine. This chapter address the overarching aims and objectives of the study by discussing the findings with reference to the literature review, context, policy and practice. Chapter Nine has three overarching sections; Profile, Mothering and Childcare and Mother-Child Contact. The final conclusion chapter, Chapter Ten, presents a brief overview of the research study, some concluding thoughts, and recommendations for future research, policy and practice.

## 1.6 Chapter summary

While the historical context of maternal institutionalisation, confinement and imprisonment in Ireland has been researched and studied by numerous child and welfare scholars and historians alike, the present-day representation of incarcerated mothers in Ireland has remained under the radar. In response to the growing number of female prisoners in Ireland, a few ground-breaking contemporary studies on

female prisoners have emerged, within which mothers are considered among the broader experience of female incarceration. However, this study aims to give the maternal voice a central focus, highlighting the distinctive experience of imprisonment as linked to maternal identity and experience. Moreover, this study exposes the Irish experience of maternal imprisonment as uniquely connected to the country's social and cultural (Catholic) institutions which have controlled and shaped Irish motherhood, child welfare, and prison policy and legislation.

This introductory chapter has set the scene for the entire study, including the objectives and background to the research, and the structure of the dissertation. The next chapter, Chapter Two, will present the relevant literature in the area and examine the theoretical underpinning of the research study.

## **Chapter Two: Literature Review**

### **1.7 Introduction**

The subject of motherhood and has been widely studied across disciplines and from a variety of theoretical perspectives, and maternal imprisonment has certainly begun to gain international scholarly attention. The majority of research in this area recognises the hardship mothers in prison are challenged with throughout their lives, their motherhood careers and while incarcerated and separated from their children. However, as noted by Shamai and Kockal (2008) and Flynn (2012), culture has not been well explored among international literature on mothers in prison. In response, the primary section of this literature review awards focus on the cultural construction and ideologies of motherhood and mothering. This is followed by research and literature on how Adverse Childhood Experiences (ACEs), trauma, mental health and addiction (the latter in particular) impact on the experience of motherhood, mothering and maternal imprisonment. The final section presents research and literature on mothers in prison with regard to mother-child separation, maternal stigma and what international research has found to be the primary differences between maternal and paternal imprisonment. Within this, a review of the literature regarding mother-child visitation and contact during imprisonment is presented, including an overview of research on the influence of child welfare and protection services for mothers and their children engaged with the criminal and social justice systems.

### **1.8 Section One: Motherhood**

This section of the chapter presents various theories of motherhood and mothering, such as the culturally constructed institution of motherhood, intensive mothering and mother-blaming and how this international literature reflects the experience of mothering in Ireland and from prison. It also details the changing role of motherhood and how mothering can continue for adult children. This is achieved through the two primary subsections, namely; Motherhood and Mothering as Culturally Constructed and Maternal Practice and Intensive Mothering. Together these sections provide an overall representation of Motherhood pertinent to this study.

### 1.8.1 Motherhood and Mothering as Culturally Constructed

Adriene Rich's renowned book, *Of Women Born: Motherhood as experience and Institution* (1976), is one of the first feminist texts on motherhood and mothering. In this text, Rich distinguishes between the two terms motherhood and mothering; 'motherhood' is a patriarchal institution which controls and oppresses women, while 'mothering' is the practice and experience of performing and engaging in motherwork and mothering, and if freed from patriarchy mothering can be empowering and a site of social change. However, as Rich (1976) explains, patriarchal motherhood is a culturally and socially constructed practice which has a history and ideology of its own.

This notion that motherhood is constructed is certainly echoed through Irish motherhood scholarship. Kennedy's (2004) edited collection, *Motherhood in Ireland: Creation and Context*, highlights how the symbolic representation of the good Irish mother rests upon the cultural construction of Catholicism. Quinlan (2011) and Rhattigan (2012) highlight how the establishment of the Irish Free State in 1922 cemented several legislative mechanisms which framed the role motherhood in an Irish Catholic society. Many commentators on Irish Motherhood (Bradley 2014, Crosse 2015) confirmed Quinlan (2011) and Rhattigan's (2012) position in highlighting how Bunreacht na hÉireann (1937) (the Irish Constitution) further cemented such Catholic ideologies. For example, Crosse (2015) reports how Eamon de Valera, the first Taoiseach (prime minister) of Ireland "had a utopian vision of creating a Catholic State for Catholic people" (p.9), within this motherhood is only recognised as legitimate by the Irish Constitution within the institution of marriage. Kennedy (2004) and Inglis (2007) discuss, that for good or evil, the institutionalised role of motherhood and mothering as outlined within Irish Constitution, presents Irish motherhood as a political, social and cultural symbol in a way, as McKeown (2001) argues, that Irish fatherhood was not.

According to Inglis (2007), motherwork in Ireland was provided and preformed through religious devotion. For instance, Inglis (2007) argued that Irish mothers were more religiously committed than Irish men by the way they were dedicated to socialising their children into Catholicism and summarises Irish catholic motherhood in the 1980s in the following way:

“Identification with the Church was particularly important to mothers. When their children rebelled about going to Mass on Sunday, it was a source of scandal. The identity of mothers, what it was to be a good mother, would seem to have been closely linked to identification with the Catholic Church” (Inglis 2007, p. 211).

Returning to the issue of patriarchy, Chodorow (1999), in *The Reproduction of Mothering*, argues that female mothering produces gender identity which ultimately results in a lack of autonomy for women and causes gender dominance and patriarchy. O’Reilly (2016) asserts that patriarchal motherhood ‘polices all women’s mothering and results in the pathologizing of those who do not or cannot perform normative motherhood’ (p. 19). In applying this analysis to the Irish context, Irish motherhood, according to Earner-Byrne (2007) and Garrett (2016), was pathologized, scrutinised and criminalised through the birth of illegitimate children, born to ‘immoral unwed mothers’; pre-marital sex was viewed as a sin in the eyes of the Catholic Church, and pregnancy and motherhood outside of marriage provided a public, shameful and embodied display of such deviance (also see Quinlan 2006, Rhattigan 2012, Bradley 2014, Crosse 2015).

Additionally, feminist criminologist Quinlan (2006), in her unique empirical research on female prisoners in Ireland, asserts that patriarchy is the element in understanding the experiences of women in prison in Ireland. Quinlan’s research concludes, that the state’s increasing willingness to imprison women is related to Ireland’s need to maintain patriarchal order which is managed and implemented through the relentless ‘war on drugs’. Drawing from sociologist and criminologists such as Walby (1990), Chesney-Lind (1991) and Mahon (1994), Quinlan (2006) argues the significance of the Catholic Church in forming Ireland’s ‘cultural superstructure’ in how Catholicism has maintained patriarchy (p.25). O’Malley and Baldwin (2018) develop this by defining how the incarcerated mother is specifically symbolic of non-conformity due to the added layer of Ireland’s cultural and religious oppression specific to Irish motherhood (p. 4), which Baldwin (2015b, 2017a) argues is evermore magnified if the imprisoned mother is also a grandmother.

### **1.8.2 Maternal Practice and Intensive Mothering**

In understanding mothering as a practice, Ruddick (1995) developed upon Rich’s (1976) work by clearly defining the practice of mothering in *Maternal Thinking*:

*Towards a Politics of Peace* (Ruddick 1995). Ruddick (1995) explains that mothering is a ‘maternal practice’ which is complete by engaging in three mothering demands; protection/preservation, nurturance and training - and such activities are an integral part of ‘maternal thinking’. The first duty of maternal practice, according to Ruddick (1995), is to protect and preserve the vulnerable and valuable life of, and in, the child; to respond to the child’s vulnerability with care rather than indifference. This second duty is to nurture the child’s complex and gradual emotional, cognitive, sexual and social development and spirit. The third duty is to train your child to be socially acceptable, a demand placed upon mothers via their social group rather than the child’s needs (as in the other two)<sup>3</sup>. Finally, Ruddick (1995) asserts that mothering ought to be understood as a verb rather than be tied down to the biological mother, or even women. True mothering is a voluntary commitment; it is not dictated by nature or social imperative, confirming and asserting that men can and do perform motherwork.

However, Chodorow’s (1999) seminal psychoanalytical work sought to answer the pivotal question then, why is that women rather than men come to mother? Or, as Ward *et al.* (2014) and Valera *et al.* (2015) highlight, that women are often the ‘kinships carers’ who express stronger family obligations and who are most often involved in caregiving. In addressing this question, Chodorow (1999) argues that mothering is the work of the ‘rational self’ and is fundamental to the process of gender formation and feminine personality. Chodorow (1999) asserts that mother-daughter attachments are distinct from mother-son attachments and as a result, daughters are psychologically prepared for mothering through being mothered.

Contemporary research and literature on Irish motherhood and mothering would appear to be in agreeance with this theory as outlined by Chodorow (1999). For instance, *Today’s Mum* (Amarach 2017), a recently published study entitled, *Today’s Mum: A Research Report on the Lives of Irish Mothers Today*, which included over 800 mothers and grandmothers, found Irish mothers receive most their child-rearing information from their own mothers. In fact, grandmothers felt their daughters are

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<sup>3</sup> Ruddick (1995) acknowledges however, that these three demands or duties of mothering are intertwined and are often in conflict; for example, what is socially acceptable may be what the child requires to be protected from or what is unaccepted may be exactly what the child requires to be nurtured in.

more dependent on them today than they were in the past with their own mothers. Complementary research by Merrill (2011) found that the benefit of ‘shared motherhood’ can potentially bring mothers and daughters closer together (in Ward *et al.* 2014). Likewise, Ward *et al.* (2014) report that while becoming a grandparent stimulates contact with the adult child, overall however, adult daughters tend to have more contact with their parents compared to adult sons, and mothers tended to have more contact with their adult children compared to fathers. In challenging this however, international work compiled by Arber and Timonen (2012) on 21<sup>st</sup> grandparenting explore men's changing roles as grandfathers and how grandparents today face conflicting norms and expectations about their roles.

Schroeder *et al.* (2010) point out that young adults in western developed worlds (such as Ireland) do not tend to develop into adulthood until they reach their twenties. Schroeder *et al.* (2010) make the case that during this time of emerging adulthood, parenting is extremely important due to the ongoing social and emotional developments of the young adult. Likewise, Pillemer *et al.*'s (2017) work on the psychological well-being of mothers, exposes that mothering adult children facing adversity is distressing regardless of which child it is. Valera *et al.* (2015) and Baldwin's (2017a) research with grandmothers who engage with the criminal justice system (either through their own imprisonment or by providing childcare, or both) emphasises the importance of mothering that continues for adult offspring. For instance, Baldwin (2017a) examples an imprisoned mother in her research who was permitted to leave prison to be her daughters birthing partner. Joyce and Maschi's (2016) irish study on older prisoners highlights the struggles grandparents have in attempting to maintain contact with the grandchildren while incarcerated. Interestingly, Dallaire *et al.* (2015) found a significant link between the experience of a grandmother's incarceration and their grandchild's externalizing behavioural problems.

Reverting to motherhood scholarship, Rich (1967), in *Of Women Born* also discusses the mother-daughter relationship but brings attention to flip side of this attachment, i.e. mother-daughter estrangement and loss; asserting that the severing of such attachments is essentially a ‘female tragedy’. Bailly (2006) explains that a mother who is not ‘available’ to her child can be a source of direct (rather than transferred)

trauma to her child (in Feldman *et al.* 2017). Rich (1967) also uses the term ‘matrophobia’ to explain and discuss instances where a daughter is fearful of *becoming* her mother in later life (p. 237). Attachment and psychology literature alike, frequently discuss the detrimental effects of early experiences of poor attachment on the life-course, often resulting in poor later life outcomes (NICHD Early Child Care Research Network 2006, Loper *et al.* 2008, Golding 2008, Poehlmann *et al.* 2010, Byrne 2010). Ainsworth and Eichberg’s (1991) empirical studies affirmed that mothers who experienced loss and trauma, specifically where that loss or trauma had remained unresolved, a cross-generational effect occurs in that most of their infants presented with insecure/disorganised/disorientated attachments (also see: Brown *et al.* 1999, Howe 2011). Similarly, Winnicott (1939) and others (Spitz, 1945; Freud and Burlington, 1970) theorised the concept of the transmission of trauma from mother to child, and then its further impact and transmission of trauma onto their children – the third generation (see: Feldman *et al.* 2017).

Many scholars recognise the struggles of motherhood and mothering under adversity (Boden *et al.* 2008, Felitti and Anda 2010, Crosse and Millar 2017, Wiig *et al.* 2017). Hayes (1996) specifically confronts and anatomises the often-conflicting and unachievable demands placed on mothers and coins the ideological term “Intensive Mothering”. Intensive mothering, according to Hayes (1996) has three fundamentals which are totally anchored on being selfless; first, “the mother is the central caregiver”, second, “mothering is more important to paid employment” and third, “mothering requires lavishing copious amounts of time, energy and material resources on the child’ (p. 8). O’Reilly (2016) elaborates on this list, stating that the oppressive nature of intensive mothering also dictates that;

‘1) children can only be properly cared for by their biological mother, 2) this mothering must be provided 24/7, 3) the mother must always put the child’s needs before her own, 4) mothers must turn to the experts for instruction, 5) mothers must be fully satisfied, fulfilled, completed and composed in motherhood and finally, 6) mothers must lavish excessive amounts of time, energy and money in the rearing of their children’ (p. 48)

The rise of intensive mothering, as discussed by Hayes (1996) Ennis (2014) and O’Reilly (2016), is as a response to Bowlby and other psychological theorists who



voiced a need for mother-child attachment (see: NICHD Early Child Care Research Network 2006) and second, as a response to new scientific evidence that stresses the importance of the first five years of a child's life for positive psychosocial and environmental child development. The premise of intensive mothering, as expressed throughout the edited collection by Ennis (2014) is therefore to produce children who succeed, consequent to the mothering they receive, giving no recognition to individual, to child resilience, or the mothers own needs independent of her child.

Equally, intensive mothering ideologies are, according to its commentators, the result of the growth in the neoliberal agenda which champions the free market and individual responsibility (Hayes 1996, Arendell 2000, Ennis 2014, O'Reilly 2016). Therefore, O'Reilly (2016) argues, neoliberalism has created the 'perfect storm' for twenty-first century motherhood'; 'if children do not succeed, the blame rests solely with the mother' (p. 57). This description of mothering certainly resonates with the conflictual demands of Irish mothers. For example, *Today's Mum* (Amarach 2017) found that nearly half of mothers in Ireland feel guilty for not dedicating all their time to their children, even though a third of them said they never get a lie-in and 60 percent said they couldn't continue with their hobbies once they had children. Intensive mothering ideologies provides the bedrock for the 'mother-blame' phenomenon, particularly for marginalised and vulnerable mothers who are "othered". As Reimer and Sahagian (2015) explore in their edited collection, *The Mother-Blame Game*, mothers are demonised, criticised, shamed and characterised by societal mother-blaming for all that goes wrong in their children's lives. Moreover, according to 'mother-blame' theory, what constitutes a good mother in the 21<sup>st</sup> century is continually being scrutinised and restricted.

While *Today's Mum* (Amarach 2017) did not mention Catholicism, it references Ireland's enormous cultural and social-economic changes, echoing Inglis's (2007) analysis of the accepted diminishing role of the Catholic Church over the State. For instance, according to *Today's Mum* (Amarach 2017), working mothers reported feeling more valued by society than stay-at-home mothers, and grandmothers were three times more likely to state they felt appreciated by Irish society for performing motherwork when they were rearing their children, compared to current mothers today. This would concur with Bradley (2014) and Crosse's (2015) contemporary

analysis that Articles 41.2.1 and 41.2.2 of the Irish Constitution which outlines the role of motherhood within the home, as oppressive to Irish mothers, presenting their civil function as confined to bearing children and providing sanctuary in the home. However, McKeown (2001) made the point that the constitutional position of Irish motherhood, and the lack of mention of fatherhood, in fact provides “a greater social value to the ideology of motherhood” and “symbolically strengthens motherhood over fatherhood” (p. 20). Moreover, when asked, two thirds of working mothers today stated they would in fact prefer to stay at home and perform motherwork if it was financially possible (Amarach 2017).

O'Reilly (2016) explains, the expert's instruction that mothers' ought to spend 'quality time' with their children, measured by 'good mothering in accordance with the amount of time, money and energy a mother spends on childrearing' (p. 53), is in effect a marker of middle-class mothering and places working class mothers at a distinct disadvantage in their ability to achieve 'good mothering' status. Therefore, the premise of the theory is to emphasise that intensive mothering describes an ideology which is impossible to achieve – even for middle class mothers - mothers are deliberately made feel shame and guilt for their perceived failure as a mother (Ennis 2014, Granja *et al.* 2015, O'Reilly 2016), therefore, intensive mothering 'serves as a backlash discourse to undue the achievements of feminism through the re-domestication of women' (O'Reilly 2016, p. 58).

Several scholars have applied the ideology of intensive mothering to their analysis of how incarcerated mothers are particularly stigmatised and oppressed as mothers. As Garcia (2016) supports, the intersection between ideal motherhood and prison challenges traditional views of appropriate mothering stereotypes, which Schram (1991) suggests are not projected upon father prisoners. As a response, academics point out how offending mothers are viewed as undeserving and subsequently not supported to sustain relationships with their children (Schram 1991, Garcia 2016). Furthermore, as Granja (2015) and Robison and Millier (2016) found, deviant mothers (in prison or on parole) must negotiate between the pressures of intensive mothering (accepted as the norm), and the actual maternal practices they can accomplish while undermined by penal and state policies which ultimately restrict them and their maternal role. Garcia (2016) and Robison and Millier (2016) discuss

post release housing as a specific challenge. For instance, while Irish literature reports imprisonment is a route homelessness, typically occurring for women within 42 days (IPRT and KHF 2007, Reilly 2011), Garcia (2016) found that mothers judged by constructed definitions of motherhood are neglected by housing services if their children are not in their custody at the point of leaving prison.

## **1.9 Section Two: Trauma and Addiction**

This section presents international literature on trauma and adversity in childhood, adulthood and motherhood, and related research on how trauma impacts on maternal well-being, mental health, life outcomes and behaviours. In particular, research and literature on how trauma directly correlates with addiction behaviours and substance dependencies is presented. This is achieved through two subsections, the first is Adverse Childhood Experiences (ACEs), Trauma and Mental Health, and the second focuses on Addiction.

### **1.9.1 Adverse Childhood Experiences (ACEs), Trauma and Mental Health**

The imprisoned population, mothers and non-mothers alike, often derive from the poorest socio-economic communities, and as a result are often exposed to additional risk factors such as social and educational barriers (Freudenberg *et al.* 2005, Michalsen and Flavin 2014). Imprisoned women are often also victims of ACEs and have experience of the state care system themselves as children (Brown *et al.* 1999). The Penal Reform Trust (2013) found that imprisoned girls are nearly twice as likely to have experienced foster care compared to male offenders. In Scotland, over one third of female prisoners reported they had been in care as a child (Gardiner *et al.* 2016). There are no such statistics in Ireland, however, the Irish Penal Reform Trust (IPRT), Barnardos and Irish Association of Young People in Care (IAYPC) published a joint paper, *Shifting Focus: From Criminal Justice to Social Justice Building Better and Safer Communities* (Murphy and CMAAdvice Ltd. 2010). This publication highlighted anecdotal evidence of the overrepresentation of children who had experienced residential and State care and end up in the adult prison and mental health institutional populations.

Many feminist criminologists recognise that trauma has had a huge a part to play in the life-course of the many women and mothers who end up in the prison system (Carlen 1987, Arditti 2003, Smart 2013). The theoretical link made between trauma and childhood adversity is now confirmed by the topical influx of studies on ACEs. The first ground-breaking longitudinal study on ACEs began in 1995, included over 17,000 participants and examined the impact of having experienced up to ten categories of abuse, neglect and household dysfunction. The recent Welsh ACEs study which involved 2,000 adults, found those affected by four or more ACEs in childhood were twenty times more likely to experience incarceration compared those who had not experienced any ACEs (Ashton *et al.* 2016). As mentioned above, it has been acknowledged that children who have experienced residential care, often placed there for their protection from ACEs, are over-represented in the adult prison population (Murphy and CMAAdvice Ltd. 2010).

Much literature also discusses the ongoing trauma in adulthood and motherhood which is often acute among offending women and mothers (Brown *et al.*, 1999, Neale and Lopez 2017). Corston (2007) reported that nearly half of women in prison are victims of domestic abuse and the prevalence of gender-based violence is a consistent feature in research literature on female prisoners (Smart 2013, Brown *et al.*, 1999, Arditti and Few 2008, Zust 2009) and of feminist criminology (Carlen 1987, Moore and Scraton 2014, Chamberlen 2016). Similarly, Chesney-Lind and Pasko (2003) found that 43 percent of female prisoners were being abused directly before their current admission into prison, compared to 12.2 percent of men (Chesney-Lind and Pasko 2003, p. 149). Similarly, the Dóchas Visiting Committee (2012) noted the extreme suffering among the female prisoner population in Ireland directly related to their histories and experiences of domestic, sexual and psychological violence.

Regarding incarcerated mothers specifically however, a number of studies have drawn out the multivariate traumas they experienced throughout their life-course in comparison to other offending groups (Shamai and Kochal 2008, Cain and Gross 2010, Elwood Martin *et al.* 2014, Neale and Lopez 2017). For example, while McGee *et al.* (2002) highlighted the reality of sexual violence in Irish Society, prison studies such as that by Brown *et al.* (1999) demonstrate that the lifetime prevalence

rates of severe violence in childhood by child carers, and in adulthood by intimate partners, far exceeds all those acts of abuse reported by women in the general public. Quantitative data with 15,587 incarcerated parents in US found four times as many incarcerated mothers reported being raped compared to imprisoned fathers (Burgess-Proctor *et al.* 2016). Likewise, empirical research on imprisoned mothers presents the particular challenges mothers face pre and post their incarceration due to situations of domestic violence (Minson *et al.* 2015, Baldwin and Epstein 2017, Neale and Lopez 2017). Research by Lapierre (2010) and Holt (2016) focus on the experience of mothering in situations of domestic violence. Holt's Irish based research argues that the power of idealised motherhood to which "mothers are held, and indeed hold themselves" renders mothers "responsible for the welfare and protection of their children, whilst simultaneously being blamed, and indeed blaming themselves" for the abuse they are being subjected to (Holt 2016, p. 13). Interestingly however, Baldwin and Epstein (2017) found that some incarcerated mothers in their study were able to access support for domestic abuse, sometimes for the first time, during their custodial sentence.

Mental health, suicide and deliberate self-harm is of huge concern within the female prison population. Prison Reform Trust (UK) report that 46 percent of women in prison in the UK have previously attempted suicide (Prison Reform Trust 2013). Indeed, UK research reports that women in prison are four times more likely to self-harm than their male counterparts (Ministry of Justice 2012). However, Epstein (2014) found that approximately one in five female prisoners self-harmed while serving their custodial sentence, which is in fact 30 times higher than rates of self-harm in the general population (in Chamberlen 2016). Kelly (2006) discusses how deliberate self-harm is used as a coping strategy for past and ongoing traumas, including, what is referred to in the literature (Crewe 2011, Chamberlen 2016) as 'the pains of imprisonment'. Chamberlen's (2016) qualitative study found that most self-harming behaviours among the females in her study began, for the first time, while in prison. Chamberlen's (2016) analyses that the "practices of self-injury highlighted a complex process of 'emotion work' in which, while in prison, they [female prisoners] articulated and framed their emotions by enacting them upon their bodies" (p. 214). Baldwin's (2015a, 2017b) and Loper and Tuerk (2011) suggest a direct link between what Sykes (1958) termed the 'pains of imprisonment', the

prevalence of deliberate self-harm, suicide ideation and suicide to the emotional pain incarcerated mothers feel as a result of their separation from her children. Certainly, Robert Plutchik's (2001) key conception of emotion theory recognises the range of complex and often conflicting emotions experienced within and across one day, confirming the likelihood of trauma and mothering being relevant to emotions related to poor mental and maternal well-being, suicide and suicide ideation and deliberate self-harm.

Optimistically however, Finkelhor (2017) alludes to the many proven interventions that have been shown to help adults suffering from the effects of ACEs, and experts in trauma treatment, including those working with men, outline the valuable possibilities of gender specific responses to trauma (Covington *et al.* 2011). Kawam and Martinez (2018) explain trauma-informed care requires a shift in thinking about how we view people and social problems. Trauma-informed care is a preventative, strengths-based approach aimed at treating past trauma and preventing future trauma by viewing the person as unique and able to become a healthy functioning being. As social workers, Kawam and Martinez (2018) assert that trauma-informed care:

“often requires a degree of practice and training that extends past the social worker-client relationship. TIC requires that all persons, regardless of job duty, must be educated on trauma. They must understand what trauma symptoms look like and how they may be triggered, even if they do not work directly with clients, to minimize any chance of re-traumatization during service provision”

(Kawam and Martinez 2018)

In applying this approach to case of the incarcerated mother, the *Guidelines for The Implementation of Mother-Child Units in Canadian Correctional Facilities* (CCPHE and UBC 2015) makes specific endorsements for trauma-informed care sensitive to the needs of incarcerated mothers recovering from past trauma, but also the applied use of trauma-informed practice to address the substance use challenges imprisoned mothers face. The guidelines also recommend pregnant incarcerated women should be given the option of services which include trauma informed care and counselling. Finally, that prison education personnel should include training in trauma-informed care to develop an awareness on the impact of the physical, psychological and/or sexual violence in many female prisoner's lives.

O'Malley and Devaney's (2015) research on maternal imprisonment in Ireland, does however highlight some advances in training initiatives within the IPS, such as the Women Awareness Staff Programme (WASP). Yet, literature consistently reports on the lack of training and awareness among prison staff regarding the vulnerabilities and specific mental health needs of the female prisoner population (Schram 1999, Zust 2009). Moreover, Moore and Scraton (2014) found in their Northern Irish study, that the women who self-harmed or disclosed suicidal ideation, were exposed to penal strategies, such as being segregated and placed into solitary confinement, that added to their vulnerabilities.

## **1.9.2 Addiction**

This section pertains to national and international literature which specifically relates to addiction on the following subthemes relevant to this study, namely: Motherhood and Mothering, Pregnancy, Family and ACEs, and finally Imprisonment.

### ***1.9.2.1 Motherhood and Mothering***

Literature suggests that substance-dependent women are challenged by stigma and exclusion even before motherhood is factored in. Gunn and Canada (2015) discuss how stereotypes of addicted women invite derogatory images such as the 'crack-whore', an image which directly conflicts with the 'good women' construct of sexual purity, innocence and often racialized ideals of whiteness and trustworthiness. 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 good mothering ideals (Ennis 2014, Hayes 1996) is the epitome of bad mothering; 'good mothers' as the literature on intensive mothering asserts, must 'always' put their children first (Rich 1977, Hayes 1996, O'Reilly 2016). And, as found by Sander's (2014) many mothers challenged with addictions acknowledge that they are viewed and judged by society as 'dishonest' "bad mothers" (Gunn and Canada 2015).

Related literature discusses the complexities in managing and balancing motherhood while substance dependent (Silva *et al.* 2012, Espinet *et al.* 2016, Suchman and

Suchmen 2016). Silva *et al.* (2012) focuses on how drug dependency affects mothering, and questions the mother's capacity to parent while she is actively abusing substances. Research shows that during periods of heightened drug use mothers often assert they are meeting their child's immediate needs, and studies concur that the child's materialistic and basic needs are indeed often met (Silva *et al.* 2012, Suchman and Suchmen 2016). However, research also demonstrates that mothers managing addictions are frequently unable to meet their child's social and emotional needs (Silva *et al.* 2012, Espinet *et al.* 2016, Suchman and Suchmen 2016). For example, Suchman *et al.* (2017) found that mothers challenged with substance dependencies demonstrate lower levels of sensitivity and responsiveness to their infant's cues. Likewise, the mothers themselves in Wiig *et al.*'s (2017) research asserted that they did not believe they could parent properly while simultaneously consuming drugs.

Wiig *et al.* (2017) looked at how mothers in an inpatient addiction clinic with their babies, who had experienced childhoods with parents who also had addiction issues, understood their own motherhood. Wiig *et al.* (2017) found that whatever the mother felt her childhood was most charred by; if this was abuse, neglect, abandonment, or violence, they focused on protecting their child from that experience. Nevertheless, Espinet *et al.* (2016) found that mothers in addiction often demonstrate emotional irregularity, overshadowing their child's general needs and again showing a limited capacity to respond to their child's emotional needs. Likewise, literature on mothering while substance dependent suggests dysfunctional parenting and inconsistent parenting styles, in that mothers are either too harsh or too lenient (Suchman *et al.* 2017, Wiig *et al.* 2017). Moreover, Silva *et al.* (2012) states that children of substance-dependent mothers are often exposed to the mother's multiple psychosocial and environmental challenges which have the potential to negatively impact on their child's development, and as Espinet *et al.* (2016) allaborates, children of substance dependent mothers often exhibit increased levels of challenging behaviours as a result.

Research certainly demonstrates that mothers who present with histories of chronic substance misuse are at greater risk of their children being involved with child welfare services and losing custody of their children (Suchman and Suchmen 2016,



Neale and Lopez 2017, Wiig *et al.* 2017). Silva *et al.* (2012) suggests this is partly because substance dependent mothers tend to spend less time with their children due to their addictions, which increases the likelihood of neglect and therefore child welfare involvement. However, Silva *et al.* (2012) found that where social support and drug rehabilitation work in tandem, then the mother's journey in drug rehabilitation, of 'becoming a mother', of overcoming difficulties in the mother-child relationship and of managing challenging child behaviours are often improved.

Despite this, research has shown that mothers struggling with addictions and parenting often avoid seeking support due to feelings of shame and guilt related to the impending exposure of their substance misuse, and the stigma associated with mothering while addicted (Gunn and Canada 2015, Espinet *et al.* 2016). Stigma within the literature appears to be something mothers rarely escape, even from each other. Gunn and Canada (2015) found intra-group stigma among ex-convict mothers in a community-based addiction treatment centre; 'hard users' (i.e. heroin and crack cocaine users) considered soft users (i.e. alcohol and marijuana users) as undeserving of treatment. Hard users also judged other hard users as 'bad' drug-users if they crossed the line of good womanhood and motherhood ideals by stealing from their own mothers or harming their unborn child and by 'choosing' to consume certain 'harder' drugs while pregnant, such as crack cocaine. Soft users within the same treatment group also stigmatised 'hard users' as underserving mothers, who 'choose' hard drugs over mothering (Gunn and Canada 2015).

Nevertheless, recent developments in neuro-science has found that addiction can neurologically overpower the will and ability to parent (Espinet *et al.* 2016, Suchman and Suchmen 2016). According to new emerging research, drug abuse uses the same dopamine neuron pathways which are used during parenting activities, this actually decreases the reward sensitivity of parenting, heightening stress levels, and potentially increases the vulnerability to relapse and consume substances during caregiving activities (Suchman *et al.* 2017). However, empirical evidence from the attachment and neuro-physiological literatures also shows that fostering the mother-child bond in an addiction treatment intervention programme can support the dopamine pathways to shift away from substance use and toward maternal care (Espinet *et al.* 2016). Therefore, according to this new field of research, it is proven

difficult for mothers challenged with substance dependencies to enjoy mothering and to bond with their child in the same way that mothers usually so, unless they receive appropriate tailored intervention to support them to overcome their addiction (Espinet *et al.* 2016, Suchman and Suchmen 2016).

### **1.9.2.2 Pregnancy**

The research and literature which explores the intersection between addiction and conception suggests that women rarely choose motherhood while managing chronic addictions (Woods 2007, Wiig *et al.* 2017). For instance, it is recognised in research that mothers with substance dependencies often abuse substances to block memories of multiple ACEs (Wiig *et al.* 2017), and likewise, women who experience four or ACEs are six times more likely to experience an 'unintended' pregnancy (Bellis *et al.* 2015). Moreover, as Silva *et al.* 2012) supports, most drug addicted mothers do not believe they can get pregnant because their menstrual cycles are either irregular or non-existent due to drug abuse. Consequently, conception is often a surprise, usually detected late and most mothers are ill prepared for motherhood (Woods 2007, Silva *et al.* 2012). While abortion is discussed in the literature (Wood 2007), all mothers in Silva *et al.*'s (2012) study grew to accept their pregnancy and became mothers; while others instantly welcomed their pregnancy from the moment of discovery. Therefore, while pregnancy is often unintended for women challenged with addictions, as Woods (2007) also found, this does not necessary equate to an unwanted pregnancy. However, while not focused on addiction, the feminist text *Interrogating Pregnancy Loss* by Lind and Deveau (2017), reminds us that selective abortions, even where they are not regretted, are not always celebrated either. In this same way, there is a new emerging field of motherhood scholarship and research which unpacks the reality of those mothers who have chosen motherhood but actually later regret it (Donath 2015, Kingston 2018).

Literature on pregnancy and the impending arrival of a new born baby are often associated with a joyous transition into motherhood, independence and maternal identity (Chodorow 1978, O'Reilly 2016). However, literature on pregnancy, birth and motherhood while substance dependent describes a distinct experience. Concerns arise for the safety of the unborn child, the women's capacity to mother

and societies subsequent moral role to protect the foetus and baby (Kilty and Dej 2012, Söderström 2012). Woods (2007) lists a range of past publications which demonstrate extensive interest in women drug users' pregnancies and mothering, focusing on medical, nursing and psychological issues such as antenatal and neonatal health and drug exposure, and pregnancy outcomes. The potential impact of drug use during pregnancy is that babies are often born premature, with low birth weight, suffer neonatal abstinence syndrome and have a higher risk of mortality (Abrahams *et al.* 2007).

However, as Woods (2007) asserts, much of the earlier research in this area was revoked by its own authors, and hypotheses of hopelessness for mother and baby has been proven not to be a universal experience (Woods 2007, Abrahams *et al.* 2007). Recent research by Abbott and Scott's (2017) for example, shows how many babies are born healthy to drug addicted mothers, and contrary to common belief many such mothers successfully breastfeed even while on a methadone programme. Abrahams *et al.* (2007) found supporting babies with neonatal abstinence syndrome to remain with their mother (i.e. 'rooming-in'), rather than separating them for treatment following birth, resulted in babies requiring less medical treatment and intervention, that mothers and babies were better able to bond and develop healthy attachments, and both were more likely to leave the hospital early and together as a unit (rather than into child protection services), when compared to a similar cohort of drug dependent mothers and their babies who were not supported to 'room in' (i.e. stay together).

Many commentators also highlight how drug addicted mothers experience their pregnancy as transformative and as a result want to stop using substances: it is during this time that women welcome and engage well with drug treatment and interventions (Woods 2007, Silva *et al.* 2012, Espinet *et al.* 2016, Wiig *et al.* 2017). Espinet *et al.* (2016) describe this as a 'window of opportunity', a point when drug treatment and interventions can promote positive mother-child relationships and support women to positively transition into motherhood while making encouraging life changes. However, Woods (2007) interestingly found that while nearly all the mothers in her study altered their drug use when they found out they were pregnant (many stopped their drug use entirely, while others decreased their use and some

accessed treatment), heroin appeared to be the only concern for the mothers in her study. Legal substances such as alcohol, smoking, diet and prescription pills were not considered by mothers as a risk to their health, or that of their unborn child's.

### ***1.9.2.3 Family and Adverse Childhood Experiences (ACEs)***

Research suggests that where social support exists, mothering through addiction is better managed (Silva *et al.* 2012). Wiig *et al.* (2016) highlight that all mothers and children require some level of social support, but mothers challenged with substance dependencies are typically lone mothers with limited support networks and the child therefore often has no abstinent caregiver (also see: Silva *et al.* 2012, Espinet *et al.* 2016, Taylor *et al.* 2016). Likewise, Wiig *et al.* (2016) also found that children of substance-dependent mothers are more vulnerable than children in families where the father is addicted, as children in families where the father is addicted are less exposed to the psychosocial and environmental dangers associated with addiction as they are often protected by the mother or other caregivers.

However, much research has pointed to the fact that mothers challenged with addictions have significant family histories of substance abuse and have family members actively using illicit substances, including key family support figures such as the child's father and grandmother (Taylor *et al.* 2016, Wiig *et al.* 2016, Suchman *et al.* 2017). Likewise, many such mothers come from communities with high levels of drug addiction and incarceration (Alleyne 2007, Suchman and Suchmen 2016). Therefore, related research often concludes that while substance dependent mothers with good social support have better success rates with drug recovery programmes (Silva *et al.* 2013), it is equally acknowledged that not all family support is health-promoting. Interesting, Wiig *et al.*'s (2017) research found that while peer support from other mothers in addiction treatment rehabilitation programmes is complex, it can often produce more positive methods of informal and social support than biological families. Indeed, many mothers in Wiig *et al.*'s (2017) study considered the need to distance themselves from their families in order to abstain and improve.

Mothers in Wiig *et al.*'s (2017) study began using drugs at approximately 14 years of age and viewed this as a natural adolescent process. While this may be attributed to

the fact that they were brought up by parents who were also substance dependent, most mothers explained that they were excited to participate in drug use and marked this as a form of coming of age. However, all mothers in this study also described severe and multiple ACEs and substances were specifically used in adulthood to escape these difficult memories. Likewise, Bellis *et al.* (2015) found that adults with increased exposure to ACEs in childhood are statistically more likely to develop health-harming and anti-social behaviours, often during adolescence, such as binge drinking, smoking and drug use (also see: Ashton *et al.* 2016).

The interconnectedness between trauma and addiction has long since been recognised and confirmed (Woods 2007, Ashton *et al.* 2016). For example, over 50 percent of women in substance abuse programmes in US report histories of incest (Cain and Gross, 2010). The original ACE study (Felitti and Anda 2010) found that a person exposed to any four of the ten ACE categories, was 1350% more likely to become an injection drug user. This rises to 4600% for someone exposed to any six of the ACE categories. Vincent Felitti, the co-principle investigator of the original ACE study explains that the epidemiologists involved in the study recognise that such statistics are of extraordinary magnitude (Felitti and Anda 2010, Cain and Gross 2010). Likewise, Bellis *et al.*'s (2015) found that adults who had experienced four or more ACEs were eleven times more likely to smoke cannabis, sixteen times more likely to have used crack-cocaine or heroin and as mentioned, were twenty times more likely to be incarcerated.

#### **1.9.2.4 Imprisonment**

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 (Schram 1999, Gunn and Canada 2015). Most studies concerning maternal imprisonment, regardless of the research aims and objectives, will at least acknowledge substance abuse among this group, if not explicitly report its prevalence (Poehlmann 2005a, Kilty and Dej 2012, Bachman *et al.* 2016).

The rise in female imprisonment is a global phenomenon (Walmsley 2015) and international literature discusses the various ways in which the consumption and sale of illicit drugs has affected mothers across the globe (Giacomello 2014, Silva-Segovia 2016). However, the high levels of substance dependencies among mothers in prison is not always common outside western developed countries. The variety of international literature which mentions drug use often does so to differentiate between mothering types - i.e. mothering in the developed versus the underdeveloped worlds, mothers who traffic drugs or mothers who are substance dependent. In Iran for example, research on imprisoned mothers described how most imprisoned mothers choose a divorce due their husband's drug addiction and criminality (Rahimipour Anaraki and Boostani 2014). Due to limited support for women who dissolve marriages in Iran their divorce exasperated their economic crisis and is often the reason for their own criminality (i.e. stealing), invoked as a method of survival; the Iranian imprisoned mothers rarely consumed drugs themselves (Forooeddin Adl *et al.* 2007). Likewise, the primary reason for female imprisonment in Latin America is drug trafficking based on economic necessity; only a small percentage of imprisoned mothers in Latin America actually consume drugs (Silva-Segovia 2016). Nonetheless, as Silva-Segovia (2016) supports, the institution of motherhood is always challenged when it is a mother is criminalised and incarcerated, regardless if she is a consumer, a vender or challenged by adversity and poverty.

Research in Western developed countries argue that the rise of female incarceration is due to social policies which seek to punish those challenged with drug addiction, as opposed to promote drug treatment and rehabilitation (Alleyne 2007, Gunn and Canada 2015). In countries such as the US, Canada, the UK and Ireland for example, it is well recognised that incarcerated women, and therefore mothers, exhibit high levels of acute drug dependencies (Gunn and Canada 2015, Clarke and Eustace 2016), which is often an underline cause for their criminality and imprisonment (Quinlan 2006, Cain and Gross 2010, Kilty and Dej 2012, Elwood Martin *et al.* 2014). Moreover, and again in direct contrast to undeveloped countries, female/mother prisoners in developed countries exhibit significantly higher levels of substance dependences (Kjellstrand *et al.* 2012) and are more likely to have family members in also prison compared to incarcerated male/father prisoners (Dallaire

2007), who often rely on relative child caregivers who also have addiction issues of their own (Schroeder *et al.* 2010, Hissel *et al.* 2011).

As a result of the recognised drug epidemic across penitentiaries in developed countries, most prisons provide a range of in-reach and prison-based addiction services that support mothers as they move through their custodial sentence (Clarke and Eustace 2016). Aiello's (2016) research on addiction therapy for imprisoned mothers notes that most prison based parenting programmes have a starting point that mothers have extensive histories with drug or alcohol addiction which have impacted on their ability to mother. Also, several studies (Aiello 2016, Cartwright 2016, Baldwin and Epstein 2017) found (sometimes within their broader study) that prison can often provide substance dependent mothers with 'much needed clean-time and a chance to restore communication with children and caregivers' (Aiello 2016, p.5). Indeed, Cartwright (2016) found that the mothers in their study used prison in their favour as a space of 'respite and repair' to overcome long-term problematic drug use. Similarly, research has shown that given the opportunity to mother while in prison, can potentially invite positive change (Kauffman 2001, Shamaï and Kochal 2008). For example, Abbott and Scott (2017) discussed how the mother-baby bonding experienced through breastfeeding was described as life saving for some mothers.

### **1.10 Section Three: Mothers in Prison**

"Throughout my research, I was struck by the contradictory ways in which women talk about the role that prison plays in their lives and relationships with their children. On the one hand, they describe prison as oppressive, belittling, deprivational, and destructive of mother-child bonds. On the other hand, many women say that prison saved them, that their relationships with their children were jeopardized long before they came to prison, and that they have been able to understand themselves and improve their relationships with their children while in prison. It seems that both are true". (Clark, 1995 in Block and Potthast, 1998)

This final section of literature review presents international research and literature which specifically focuses on maternal imprisonment. It does this by citing research on the three most substantial themes covered within and across the current bank of literature available on the topic of maternal imprisonment. First, literature on the experience of 'Separation and Stigma' is outlined - not only by imprisonment

mothers themselves - but also her children and caregivers. Secondly, research on the distinction between maternal and paternal incarceration is provided. Finally, the complex nature of literature and research which highlights and discusses the board range of experiences and types of prison visitation and contact between mother and child is outlined.

### **1.10.1 Separation and Stigma**

A UK study revealed that 66 percent of female prisoners are mothers, one third of whom are single parents prior to incarceration (Caddle *et al.* 1997). Several studies report most imprisoned mothers are frequently primary carers and single mothers, and separation via maternal imprisonment is therefore damaging and disruptive for both mother and child (Minson *et al.* 2015, Gardiner *et al.* 2016, Martyn 2017).

Studies which discuss poor outcomes for children of incarcerated parents are plentiful (Fritsch and Burkhead 1981, Hanlon *et al.* 2007, Philbrick *et al.* 2014, Flynn *et al.* 2016), others focus on the detrimental outcomes for children of imprisoned mothers specifically (Poehlmann 2005a, Walsh and Crough 2013, Friestad 2016). However, considering children of imprisoned mothers are often exposed to both poverty, as well as being mothered by a traumatised mother as outlined above (See: Chapter Two, Section 2.2.2), Murray and Farrington (2008) and Poehlmann *et al.* (2010) raise the debate that it is unclear whether maternal imprisonment is in fact the direct cause of such negative outcomes for these children. They suggest parental incarceration is itself a risk marker within a broader range of detrimental and risky circumstances experienced by this vulnerable group of children. However, Dallaire *et al.* (2015) addressed this gap, and their findings indeed confirm that incarceration specific experiences related to maternal incarceration places children at a higher risk for maladjustment than their exposure to general environmental risk factors.

As asserted by Loper and Tuerk (2011), the literature discusses the ways in which separation via imprisonment is distinct for the mother from other types of mother-child separation, as it is often enforced and therefore results in poor maternal emotional regulation under specific confined circumstances and heightened



surveillance. Literature on the pain and emotional turmoil associated with the imprisoned mothers separation from her children is often discussed as the most difficult aspect of her time in prison (Hairston 1991, Arditti and Few 2008). Berry and Smith-Mahdi (2006) found what mothers missed most was the physical presence of their children, along with performing mothering. Shortt *et al.* (2014) suggest that the emotional journey of reconnecting with children is just a challenging. Shortt *et al.* (2014) proposes an Emotion Programme to assist and support mothers as they are released from prison and attempt to transition back into their children's lives in the community.

In addition, as Hissel *et al.* (2011) point out, children's experiences of separation from their imprisoned mother often results in a sudden change in caregiver and parenting styles and that many children feel a sense of grief expressed through nightmares, worries, loneliness, sad thoughts and most want their mother to be released from prison. Contrary to above however, Giordano's (2010) longitudinal study of 125 young offenders revealed that children were not always traumatized by the separation, some mentioned that the period their mother was incarcerated was in fact one of relative stability (in Hissel *et al.* 2011). Likewise, Burgess-Proctor *et al.* (2016) report that maternal incarceration served to alleviate some of chaos brought into children's lives due to their mother's addictions. A smaller body of research has found the reasons children of imprisoned mothers are living in alternative care arrangements is not always related to the mothers imprisonment (Hissel *et al.* 2011) and that separation has frequently occurred long before the mother's committal into prison (Garcia 2016). Or, as Mumola (2000) found, even where imprisoned mothers were living with their children before their imprisonment, most did not have a care-giving role in their children's lives at that time, that someone else in the household was in fact the primary carer and performing most of the mothering duties (in Hissel *et al.* 2011).

Nonetheless, the complex circumstance of separation which involves maternal imprisonment means, as Burgess-Proctor *et al.* (2016) report, most adults and caregivers cannot find the right words to explain the mothers location and situation in a child friendly way, and therefore adults often attempt to protect the child from the truth. Burgess-Proctor *et al.* (2016) equally explain, this can ultimately lead to

additional layers of confusion and distress for the child. Indeed, additional studies have shown that children often already know the truth, but for fear of upsetting adults they do not disclose their 'secret' (Hissel *et al.* 2011, Philbrick *et al.* 2014). However, as Gill and Deegan (2013) assert, improvements and better outcomes for children can only be achieved by talking directly to children about how their parent's incarceration has directly impacted them and on their world. Flynn's (2008, 2013) research on maternal imprisonment notes the little supports to assist caregivers in this communication task.

Moreover, Flynn (2013) found that people do not want to be judged for the mistakes of their loved ones and reaching out to services or social support networks can expose their secret about their loved one in prison and as Gill and Deegan (2013) also assert, the related and heightened shame regarding maternal imprisonment specifically. While the research suggests mothers and children suffer and experience similar emotions as other forms of separation, Burgess-Proctor *et al.* (2016) remind us that the harmful stigma attached to parental incarceration is specific. Much literature discusses how this stigma is intensified in cases of maternal incarceration as imprisoned mothers are seen to not only transgress social norms and gendered norms, but also to also conflict with what it constitutes to be a good mother (Enos 2001, Minson *et al.* 2015). Such stigma, they and others such as Schram (1999) argue, exasperates an already delicate mother-child separation experience. Likewise, as Hissel *et al.* (2011) found, children who are aware of their mother's imprisonment find it equally difficult to seek social and peer support. Research has shown that it is common for children of imprisoned mothers to feel stigma and isolation from their peers (Hissel *et al.* 2011, Mc Cormick *et al.* 2014). Younger children are often exposed to peer bullying (Bradshaw and Muldoon 2017) which many argue is less likely if a parent had died or their parents had separated, which also results in one parent leaving the family home (Enos 2001, Martyn 2012, Burgess-Proctor *et al.* 2016).

### **1.10.2 Maternal versus Paternal Incarceration**

Studies exist which expose the distinct differences between outcomes for children of imprisoned mothers compared to children of imprisoned fathers. For example,

Dallaire and Wilson (2010) found children of incarcerated mothers were more often exposed to parental criminal activity, arrest and sentencing and as a result exert higher levels of behavioural problems in comparison to children of incarcerated fathers. Similarly, maternal incarceration has been linked to the likelihood of youth offending (Tasca *et al.* 2011), and children of incarcerated mothers were found to be two and a half times more likely to be incarcerated themselves as adults (Dallaire 2007) when compared to children who experience paternal incarceration. Likewise, incarcerated mothers are more likely to experience intergenerational and inter-familial incarceration compared to incarcerated fathers (Dallaire 2007), and imprisonment has been identified as a route to lone motherhood (IPRT and KHF 2007, Reilly 2011).

Often cited and discussed in the literature is that while it is true more men are incarcerated than women, children of imprisoned fathers are more frequently cared for in their own homes by their mothers (Dallaire 2007a, Minson *et al.* 2015). In contrast, when a mother sentenced to a custodial sentence most children are required to live out of home - either with their grandparents or other family members, while some are placed into state foster care and many experience sibling separation (Caddle and Crisp 1997, Caddle and Eaton 1997, Cecil *et al.* 2008, Martyn 2012). Contrary to this however, Flynn (2012) asserts that overall primary caring fathers have received very little focus. Indeed, a small body of international (Australian, Iranian and UK) research is beginning to emerge regarding the prominent role fathers play in the lives of their children when a mother is incarcerated (Flynn 2012, Rahimipour *et al.* 2014, Baldwin and Epstein 2017). For instance, seven of the 17 mothers involved Baldwin and Epstein's (2017) recent UK study mentioned fathers who were primary caregivers for some, if not all, of their children; some were co-parenting while others were lone-parenting. Mothers reported it to be a positive transition, as father-child relationships developed for the better due to the child living with their father as a direct result of their mother's imprisonment.

However, a study by Glaze and Maruschak (2008) with over 18,000 prisoners in the US, found that children of imprisoned mothers were five times more likely to experience foster care (10.9%), compared or children of imprisoned fathers (2.2%). Subsequent research suggests that imprisoned mothers often rely on relative

caregivers who reside in marginalised communities, have employment issues and are also substance dependent, and therefore do not always provide ideal living situations for their children, adding to the challenges and risks faced by this vulnerable group of children (Freudenberg *et al.* 2005, Schroeder *et al.* 2010, Hissel *et al.* 2011). Likewise, Winter (2014) draws attentions to the harm caused when children in foster care experience are multiple child care transitions.

Additional studies have shown that children of incarcerated mothers exert higher stress levels and risks factors (Johnson and Waldfogel 2002, Turanovic and Rodriguez 2017), increased levels of poor mental and physical health, and a higher risk of homelessness (Miller *et al.* 2013), when compared to children of imprisoned fathers (Glaze and Maruschak 2008). Miller *et al.* (2013) and Turanovic and Rodriguez (2017) make a specific case for the mental health needs of children of imprisoned mothers, noting issues such as anxiety, depression and internalizing problems. Yet, it was found that most children from minority groups involved in the study conducted by Turanovic and Rodriguez (2017) were in fact those less likely to receive mental health services.

Contrary to above, some studies have focused on the impact of social support on resilience processes of adult college students who had experienced parental incarceration in childhood, considering that obtaining a college degree is considered a positive life-course trajectory (Murray *et al.* 2009, Luther 2015). Luther (2015) found the that many of the college students in their study who had initially engaged in delinquent behaviour as adolescents had experienced a turning point which was often instigated by a key adult in their lives. An analysis of these findings concluded that interpersonal relationships are a form of social support which can promote resilience processes in young people effected by parental incarceration (Luther 2015).

### **1.10.3 Visits and Contact**

This section depicts international literature relating to mother-child prison visitation and contact and specifically addresses the five following subthemes relevant to this

study, namely: Prison Visitation and Contact, Child's Age and Agency, Letters and Telephone calls, Babies in Prison, and finally, Child Welfare and Protection.

#### ***1.10.3.1 Prison Visitation and Contact***

Drawing on numerous children's rights articles from within the United Nation Convention of the Right of the Child (UNCRC, 2010), the child's right to have contact with their imprisonment mother has provided a strong advocacy basis for mother-child prison contact (Unnasch 2011, Martyn 2012, Donson and Parkes 2012, Ventura *et al.* 2015) Additionally, arguments put forward in favour of mother-child prison visitation have been made by drawing from Article 8 in the *European Convention on Human Rights* (2010), and the right to family life (Philbrick *et al.* 2014, Bachman *et al.* 2016, Neale and Lopez 2017). In protecting such rights, related literature provides several examples where countries permit older children to reside with their mothers in prison or special mother and child units. For example, Portugal guarantees a child will be located with a parent until the child is at least three years of age, but it can be up to five years in some cases. This is also true for children up to the age of five years in Turkey and Sri Lanka, and six years in Mexico. In Italy, mothers with children under ten years of age can (in certain circumstances) serve their sentence in their home or an alternative residential settings (Philbrick *et al.* 2014, Library of Congress 2015). However, according to the research, separation and particularly with older children, is the most likely scenario for most imprisoned mothers and their children.

Research by Celinska and Siegel (2010) into the experience of separation resulting from maternal imprisonment has shown that shorter sentences mean women experience less role strain as mothers, than their counterparts who receive longer periods of incarceration. Nonetheless, research on mother-child contact via imprisonment is contentious. Moral and rights based debates occur regarding whether children should have contact with their incarcerated mother, and if so, for who's benefit (Matsika *et al.* 2013, Ryan-Mangan 2014). These initial debates are not independent of an additional layer of complex questions which tend to be the focus of most contemporary research and literature, for instance; how is contact managed? who supports dependent children to visit? how often is enough or too

little? what are the conditions within which visits take place? (Arditti 2003, Tewksbury 2005, Mignon and Ransford 2012, Flynn 2014). While this is not an exhaustive list of relevant questions of enquiry explored in the research, a smaller body of research reminds us that no matter what the conditions - or indeed if the perfect prison policy recipe exists - outcomes of mother-child prison visitation and contact is contingent on the context of individual mother-child relationships (Poehlmann 2005) and the mothers formal and informal supports prior to, during and post her imprisonment (Hunter 2005, Barnes and Stringer 2014).

Prison visits and parenting programmes are utilised as a method to sustain meaningful contact between incarcerated mothers and their children living in the community (Laughlin *et al.* 2008, McLaughlin *et al.* 2016). Where unique interventions are designed to increase the quality and frequency of prison visitation and mother-child contact (as in MBUs/PNPs - See: Chapter Two, Section 2.4.3.4 below) it is difficult to source literature other than those that demonstrate overall positive outcomes of empirical research. An example of this is Girl Scouts Beyond Bars (GSBB). GSBB was designed to support daughters exerting emotional and behavioural problems as a direct result of being separated from their imprisoned mothers. The girls undertook Girl Scouts activities in the community and in the prison with their mothers, while incarcerated mothers also met independently to discuss concerns related to mothering. Block and Potthast (1998) found that the programme not only increased mother-daughter contact in an age appropriate manner, but caregivers also reported a decrease in the problems exerted by the girls as a result of their increased and positive contact with their incarcerated mothers.

Luther's (2015) qualitative research also found conventional activities such as athletics, day camps, religious activities and community programs, provided and encouraged by key caring adults, promoted resilient trajectories in the children affected by parental imprisonment. Regarding the mothers, increased mother-child prison visitation have shown to improve maternal depressive symptoms (Poehlmann 2005a). Similarly, Thompson and Harm (2000) found improved empathy and parenting attitudes among imprisonment mothers, when – as also exemplified Loper and Tuerk (2011) - mother-child visitation was experienced and supported alongside an additional focused intervention. Several studies discuss the potential of prison

visits to support children and family attachments which ultimately work towards reducing offending (Bradshaw and Muldoon 2017). Travis *et al.* (2005) highlight a study in which 90 percent of former prisoners who felt that their families had supported them had more success in finding a job and staying off drugs once released, and fostered positive prisoner reintegration (also see: Kelly 2006, Bradshaw and Muldoon 2017).

However, the research suggests that prison visitation is complex and not always possible. For example, Caddle and Crisp (1997) found that at least 50 percent of mothers in the UK who lived with their children prior to their imprisonment had not received a visit from her children during her incarceration. A large scale US study by Glaze and Maruschak (2008) found that visits were in fact the least common way mothers sustained contact with their children. Interestingly, Poehlmann *et al.* (2008) found mothers who were young, single, socio-economically disadvantaged and with poor educational attainment were less likely to receive child visits. Additionally, research shows that the type of visit available can ultimately determine the potential benefits or negative outcomes of the contact. Some prison settings facilitate full physical contact (exemplified by visiting intervention programmes), others permit limited contact at the beginning and/or end of the visits, others facilitate and permit screened visits only (i.e. behind glass), all of which dictate the types of interactions mothers and children can have during visits (Poehlmann *et al.* 2010).

Much literature exists regarding the harmful nature of prison visitation where environments are not child-friendly, and research exposes that mothers are often reluctant pursue or encourage their child to visit under such circumstances (Hairston 1999, Arditti 2012). Arditti (2012) draws attention to the harsh and disrespectful treatment by prison officers which directly impacts on the visiting experience. Visits are also found to be too short to emotionally connect with children or resolve any complex issues (Arditti 2006) and the child's journey to the prison is often too long and costly (Hairston 1991, Poehlmann *et al.* 2010, Martyn 2017). Regardless that literature often asserts that mother-child separation is the most emotionally challenging aspect of serving a custodial sentence (Hairston 1991, Arditti and Few 2008), research equally suggests that all the practical challenges associated with visitation can have an overwhelmingly negative impact, and as Hairston (1991) and

others have found (Arditti and Few 2008, Loper and Tuerk 2011) mothers are left to consider if child visits are worth the huge emotional turmoil for all involved.

Additionally, Bales and Mears (2008) looked at the visitation records of 7,000 inmates in Florida alongside prison re-entry and found no link between child visits and recidivism. In fact, Bales and Mears (2008) found where increased child visits existed offending also increased and the negative affect of mother-child prison visits has also been linked to the mother's poor conduct in prison. Siennick *et al.* (2013) examined the same 7,000 visitation records for the same prison setting, focusing on the coloration between prison visitation and the probability of an in-prison infraction and found that prisoner misconduct in fact increased immediately following visits. Likewise, contrary to their own hypothesis Casey-Acevedo *et al.* (2004) found that mothers who received child visits were more likely to engage in serious or violent incidents of misconduct during their custodial sentence compared to those mothers who did not receive child visits. Overall, Bales and Mears (2008) called for better scrutiny into the quality of the visitation environment, and in accordance with Arditti and Few's (2008) findings, they argued that the mothers distress following child visits is a genuine concern.

Many commentators describe mother-child prison visitation as 'bittersweet' (Hairston 1991, Casey-Acevedo *et al.* 2004, Arditti and Few 2008). Although mothers long to see their children and visits can be a joyous occasion, Hairston (1991) and Arditti and Few (2008) found that mothers were concerned about the effect on their children and all the practical issues and challenges (i.e the journey, security, the uncomfortable and unfriendly conditions, limited opportunity for meaningful contact). Arditti and Few (2008) and Casey-Acevedo *et al.* (2004) also found that visits were a reminder to the mother of her lack of parental control and involvement in her children's lives while imprisoned. This lack of control and its related anger is what Casey-Acevedo *et al.* (2004) attribute to higher rates of prison misconduct incidents among mothers who receive child visits. Therefore, some research shows that visits under the wrong conditions have the potential to induce immediate and long-term detrimental effects, rather than be supportive.



While there is a noted deficit in both quantitative research and research seeking the direct voices of children in foster care and children of prisoners (Winter 2010, IPRT 2017, Donson and Parkes 2018), some research has nonetheless shown that where visiting programmes and interventions are absent that outcomes for children can also be harmful (Poehlmann *et al.* 2010). For example, children involved in research by Shlafer and Poehlmann (2010) described negative experiences of parental visitation and when asked directly many were unsure if wanted to return. The search process, being patted down, the security dogs and the long waits have been reported in the literature as frightening for children (Arditti 2012, Philbrick *et al.* 2014, Dallaire *et al.* 2015b). Children themselves report attention difficulties following increased prison visitations (Dallaire and Wilson 2010b), and teachers report increased displays of challenging behaviours in school following weekends when children had increased parent contact via prison visitation (Dallaire *et al.* 2010). Arditti and Few (2006) found that some children are so distressed at the process that they present with behavioural and emotional difficulties to their incarcerated mother from the outset of the prison visit. This intensifies what is already a difficult contact arrangement and impacts on the quality of the interaction otherwise possible during the visit.

Poehlmann (2005b) and Dallaire *et al.* (2010) found associations between child visits, poor quality of visiting settings (i.e. where visits were not child friendly), and representations of insecure attachment. Like Arditti and Few (2006), Poehlmann *et al.* (2010) suggests negative visiting environments are distressing and elicit anxiety in children, but Poehlmann *et al.* (2010) link this to the potential threatening of the child's sense of attachment security. Poehlmann (2005b) also suggests that the setting does not provide an opportunity for the parent to support the frightened child to work through the visiting experience or the child's feelings of insecurity before mother-child separation is once again enforced at the end of the visit; ultimately causing further damage and harmful experiences of mother-child separation.

#### ***1.10.3.2 Child's Age and Agency***

Flynn (2013) reports that a child's age has the potential to affect their experience of contact with their imprisoned mother. Younger children are certainly reliant on at

least one adult to support contact via imprisonment and this is oftentimes quite complex (Enos 2001, Poehlmann *et al.* 2008, Arditti 2012). Studies have demonstrated the many ways in which adults and caregivers function as gatekeepers of children's contact with their incarcerated mother and the factors which influence these decisions (Enos 2001). For instance, research shows how caregivers are concerned about the poor visiting conditions, how the child experiences visitation (particularly in non-contact visits), the impact of un-child-friendly prison staff (Arditti 2012) and they are often unsure how to manage the child's behavioural problems before and after visits (Poehlmann *et al.* 2008).

Valera *et al.* (2015) highlight how incarcerated mothers rely substantially on their mothers, grandmothers and female friends to provide childcare and caregiving, which is a key aspect of social support. However, research with caregivers find they are often financially and emotionally burdened with the extra childrearing responsibilities or parenting alone and many also have poor health (Arditti *et al.* 2003). Grandmothers have been noted as a particular form of informal family support for children of imprisoned mothers (Gill 2013, Raikes 2016) However, research has shown that some grandmothers feel physically unable to attend prison visits with children (Gill and Deegan 2013). Similarly, while not prison research, many contributors in the edited collection by Arber and Timonen (2010) analyse how grandparenting can be dependent on state welfare. Likewise, international and national research and literature has shown that the added financial burden of travelling to visits has also been found to create barriers in terms of their general willingness or ability to arrange and facilitate visits (Roy and Dyson 2005, Arditti 2012, Martyn 2012).

The literature suggests that gatekeeping also occurs where relationships between the imprisoned mothers and their children's caregiver has broken down (Flynn 2012, Wales *et al.* 2015). Contrary to this, research has shown that the frequency of visits and types of contact are increased when the imprisoned mother has a close and loyal relationship with their child's caregiver (Poehlmann, *et al.* 2008, Barnes and Stringer 2014). Equally, interventions designed to support communication between the mother, their children and their caregiver also present promising findings. For instance, Loper and Tuerk (2011) compared a waitlist control group with a group of

imprisoned mothers on a short parenting programme which had a specific focus on relations with child caregivers. Loper and Tuerk (2011) found mothers who engaged with the intervention reported a decrease in general maternal distress, less stress related to child visits specifically, improved alliances with caregivers and increased letter writing. Considering positive alliances between caregivers and the imprisoned mother has potential for all stakeholders, Poehlmann *et al.* (2010) suggest that prison interventions and programmes ought to also focus in on assisting caregivers with their stress, their concerns with visitations, and support methods of positive communication and co-parenting skills with the mother in prison.

Research has shown that older children, such as adolescents can bypass adult involvement in maintaining contact with their imprisoned parent (Shlafer and Poehlmann 2010, Flynn 2013). Shlafer and Poehlmann (2010) found that some older children had contact with their imprisoned parents without their caregivers knowledge. As Flynn's (2013) research reports, adolescents are more able to write letters, obtain their own stamps, have their own mobile phones and can receive telephone calls if they wish. Moreover, research on adolescents has found that that increased contact of any kind was not only associated with lower rates of maternal distress for the incarcerated mother (Loper *et al.* 2009), but also lower rates of early school dropout and school suspensions for the teenage child (Trice and Brewster 2004).

There is however, a dearth in research on older mothers and their experience of visitation with their adult children. Developing upon the work of Wahidin and Tate (2005) which focuses on older women in prison, Baldwin (2015b, 2017a) goes on to highlight the distinct needs of older imprisoned mothers which is ignored in discourse and literature on mothering from prison. Baldwin (2017a) did find that some older mothers were a source of embarrassment to their adult children and as a result some chose not to visit, and yet older mothers are often excluded from any prison-based interventions and supports available to incarcerated mothers which are often focused on contact and relationships with younger dependent children. While Ward *et al.* (2014) were not focusing on the context of prison visitation, their research examined how in-person visiting, i.e. 'associational solidarity', between parents and adult children is associated with residential changes. They found that

mothers and daughters generally have more contact with each other than any other parent-child dyad, however, residential changes which increased distance resulted in adult daughters in particular seeing less of their parents. Meaning mother-daughter relationships and their ‘associational solidarity’ is most adversely affected by residential changes where geographical distance is increased. In this regard, the recognition that female prisons are more geographically dispersed by the fact that there are fewer female prisons (Martyn 2017), means mother prisoners are often located far further from their children (Murray and Farrington 2008). Therefore, research by Ward *et al.* (2014) discursively suggests, that maternal imprisonment has the potential to strain or distance mother-adult daughter relationships in particular which can potentially also impact on relationships with grandchildren.

#### ***1.10.3.3 Letters and Telephone Calls***

Increased contact during imprisonment (i.e. a combination of visits and letter writing) has been proven to support increased parental involvement post release (Kubiak *et al.* 2010). Shlafer and Poehlmann (2010) found that children who had some contact, regardless if it was visits, telephone calls or mail, reported less feelings of alienation from their imprisoned mothers when compared to children who had no contact. Glaze and Marushak (2008) found that the longer a parent is in prison the less likely weekly child contact is sustained. Therefore, as Cassidy *et al.* (2010) discuss, alternative methods of contact or methods used in addition to visits, such as mail correspondence and telephone calls are explored in the literature as viable options to support alternative and sustainable positive mother-child contact during (particularly prolonged) maternal imprisonment.

A US national survey found that mothers had more phone and mail contact with their children compared to imprisoned fathers, and between mail, telephone and visitation, mail correspondence was the most common - followed by telephone contact and lastly visits (Glaze and Maruschak 2008). Snyder *et al.* (2002), Poehlmann (2005b) and Loper *et al.* (2009) found that increased levels of telephone calls and letter writing between imprisoned mothers and their children provided a stronger alliance between the mother and the child’s caregiver in the community, and was related to positive maternal perceptions of the mother-child relationship.

However, while the attractiveness of telephone calls is evident, calls can burden families already living in poverty. In the US for example, collect calls rates have been found to be priced at a higher rate than those made from the community and many struggle to accept collect-calls from their loved ones in prison (Poehlmann *et al.* 2010). Moreover, children and imprisoned mothers do not always find calling over the phone easy (Hissel *et al.* 2011), a challenge which can be made more difficult when opportunities for calling are limited and times to use the phone which studies by Hissel *et al.* (2011) and Baldwin (2017b) found coincide when children are in school.

Yet, the many benefits in letter writing between children and their incarcerated mothers is evident across research and literature. More mail correspondence has been associated with less depressive and somatic symptoms in children (Dallaire *et al.* 2015b) and lower parenting stress for the imprisoned mothers (Houck and Loper 2002). Interestingly, Tuerk and Loper (2006) found that increased mother-child mail correspondence - rather than visits or telephone calls – was linked to mothers feeling less distressed about their competence in mothering.

There has been a recent focus on the role schools, and school homework clubs can play in supporting children of prisoners (Gill and Deegan 2013, Parkes and Donson 2018). Qualitative data with 30 teachers found negative behaviour following prison visits, but teachers reported positive observations regarding mail correspondence between the child and their imprisoned mother (Dallaire *et al.* 2010). Teachers in the study commented on the thought and intention behind the child's process of writing the letter, drawing pictures and sending photos to their imprisoned mothers. Return mail from the mother provided the child with something tangible to hold on to, which provided comfort to the child in difficult times, particularly when the child was missing their mother (Dallaire *et al.* 2010). Likewise, as Poehlmann *et al.* (2010) highlight, imprisoned mothers have control over the content of the letter, writing supportive and comforting words they think their child may like to hear, a sense of control that they may be lacking in unhospitable and noisy visiting environments.

‘Storybook moms’ is an example of a child-friendly intervention, which the literature suggests is an important means of communication in maintaining mother-child relationships (Solinger 2010, Martyn 2012). In ‘storybook moms’ mothers are recorded reading their child a children’s story, and this is posted to the child for them to listen to (Martyn 2012). Solinger (2010) explains that the objective of this type of alternative communication is to “strengthen parent–child attachments” (p. 98). However, Solinger (2010) also found ‘storybook moms’ is not only comforting and reassuring for the child, it provides something child-focused for mother and child to discuss at visits or over the phone and also assists in developing the imprisoned mother’s literacy skills. This is important considering the recognition that writing letters can be a challenge for some mothers as research shows (Costello 2014, Quinlan 2006) many of whom struggle immensely to read and write.

#### ***1.10.3.4 Babies in Prison***

While McLaughlin *et al.* (2016) report that 7 percent of women who go into prison in the UK are pregnant, Kubiak *et al.’s.* (2010) US research estimates that the figure could be as high as 25 percent if those who have recently given birth are also considered. Library of Congress (2015) exhibit several international practices which support imprisoned mothers and babies to remain together, much of which is provided for via legislation to support of breastfeeding, often for children up to two to three years. Examples of this include countries such as Ireland, Canada, Zimbabwe, Botswana and Chile among many others (Matsika *et al.* 2013, CCPHE and UBC 2015, O’Malley and Devaney, 2015). In the UK, children may remain with their mother for up to 18months (Abbott, 2015). In Ireland, babies can stay with their mothers in prison up to 12 months (O’Malley and Devaney, 2016). Policy in both the UK and Ireland provide some degree of flexibility on a case by case basis, with the time limit within which babies can remain in prison with their mothers (Sikand 2015, O’Malley and Devaney 2016).

Programmes where incarcerated mothers are supported to keep their babies are commonly referred to as Mother and Baby Units (MBUs) or Prison Nursery Programmes (PNP) (Byrne *et al.* 2010, Abbott 2015). The overarching benefits of MBUs/PNP have been advocated for and outlined by a number of commentators in

the area (Baradon *et al.* 2008, Slead *et al.* 2013, Abbott 2015). Primary benefits include an opportunity for a positive mother-child bonding experience (Byrne 2010), which, as reported by Davis (2012), Abbott and Scott (2017) and Gilad and Gat (2012) can be otherwise impossible in the community due to the mother's chaotic lifestyles, strained or violent inter-partner relationships, challenges with substance misuse and poverty.

The long-term positive outcomes due to early secure attachments between mother and child has long since been the focus of scholarly attention (Bowlby 1969, Ainsworth *et al.* 1978, Byrne 2010, Howe 2011). Attachments which, as Golding (2008) outlines, can be disrupted or require (re)building in alternative childcare interventions, such as foster-care for adoption. Howe (2011) specifically draws attention to the impact of attachment by charting it from childhood on into adult behaviour. Several criminological psychologists have applied attachment theory to the mother-child prison experience (Baradon *et al.*, 2008, Murray and Murray, 2010, Cassidy *et al.* 2010). Powell *et al.* (2017) conducted a systematic review on attachment-focused policy and government publications related to women in prison in the UK with babies under two years. Powell *et al.* (2017) found that attachment theory infiltrated most political publications and current discourse, however nearly all references to the theory were child-focused and hinged on the 'best interest of the child'. While the trauma of separation is very much recognised, the strong and moral child-focused argument frequently overshadowed any positives for the equal need for mothers to have healthy balanced attachments with their child (Powell *et al.*, 2017).

Desistance theory also surfaces in literature on maternal imprisonment (Kreager *et al.* 2010, Bachman *et al.* 2016). In regards to MBUs/PNPs specifically, Kubiak *et al.* (2010) Byrne (2010) and O'Malley and Devaney (2015) list and discuss custodial programmes focused on child-rearing that not only have positive outcomes for the mother-baby relationship and the mother's wellbeing, but also assist in lowering recidivism. Similar to findings by Carlson's (1998), Kubiak *et al.*'s (2010) longitudinal study found that imprisoned mothers transferred to a MBU and supported to keep their babies were substantially less likely to reoffend when compared to a control group of incarcerated mothers who were separated from their

babies soon after birth. Additionally, Kubiak *et al.*'s (2010) results found that 100 percent of the mothers transferred to the MBU had contact with their children ten years after their release from prison. This compared to 57 percent of the control group – in fact, most of the comparable group of mothers did not have custody of their children at all during the ten-year follow up period.

Longitudinal research conducted by Goshin *et al.* (2014) examined the mental health outcomes among children who had spent up to 18 months in a US prison nursery with their mothers, comparing them to children who had been separated from their mothers following birth. Goshin *et al.* (2014) found that separated babies scored higher for anxiety and depression when they were older, compared to the babies who remained with their mothers who tended to show greater resilience and were less anxious as older children.

On the whole, findings consistently confirm the many positive outcomes for MBUs/PNPs (Carlson 1998, Byrne *et al.* 2010, Campbell and Carlson 2012). However, research and literature show many countries, such as the UK, Canada and Scotland, do not universally or automatically support all mothers and babies to remain together (McCormick *et al.* 2014, Gardiner *et al.* 2016, Abbott and Scott 2017). For example, Powell *et al.* (2017) estimate that approximately 500 postnatal imprisoned mothers are separated from their babies annually in the UK. Gardiner *et al.* (2016) found that one in every five babies are removed from their imprisoned mothers in Scotland.

The trauma of mother-child separation under such circumstances is highlighted by feminist criminologists and midwifery academics alike (Abbott 2015, Baldwin 2017c). Research has shown that imprisoned mothers who are separated from their babies can endure poor mental health and well-being (Byrne *et al.* 2010). Moreover, Abbott (2015) and Powell *et al.* (2017) outline literature and research on how maternal depressive and mental health difficulties already present in the mothers can be exasperated as a direct result of the mother-baby separation via imprisonment, particularly when separation is soon after giving birth. This is exemplified by the well-known situation in the UK where in 2015 a lady called Michelle Barnes took her own life after learning she was to be separated from her baby (The Guardian 2016).



Moreover, research has shown that the sequence of events which follows compulsory separation from babies often lead mothers to experience an overwhelming need to replace the baby she has lost to the care system, conceiving again quickly, where the cycle of removal and separation is repeated (Barnes in Baldwin 2015, Windham Stewart, 2016).

#### ***1.10.3.5 Child Welfare and Protection Services***

Research shows that an array of professionals are often already engaged in the lives of children of incarcerated mothers (Dallaire 2007, Glaze and Maruschak 2008). Barnes (2015) and Neale and Lopez (2017) among others argue that children caught up in child protection services and removed from mothers involved in criminal and social justice settings are targeted by policies and practices which are discriminatory towards mothers who, in reality, lack in a whole range of services and resources that would ordinarily support successful mothering (Freudenberg *et al.* 2005, Michalsen and Flavin 2014). Moreover, those who are mothering through adversity have been implicitly blamed and labelled as bad mothers, accused by social services of not achieving the best for their children against all odds regardless of the explicit challenges they face (Lapierre 2010, Holt 2016, Neale and Lopez 2017). But, as Miller *et al.* (2013) argue, the challenges faced by children with child welfare involvement whose mothers are engaged with the criminal justice system extend beyond issues of related to maternal criminal justice involvement alone – these challenges, Miller *et al.* (2013) and Neale and Lopez (2017) and others argue are in fact significant for both criminal justice and child welfare practice and policy.

Some studies on postpartum imprisoned mothers highlight how incarcerated mothers are often separated from their babies soon after birth due to child protection concerns (Abbott and Scott 2017, Powell *et al.* 2017b). The Collaborating Centre for Prison Health and Education published best practice guidelines for prison settings regarding support for mother and infant relationships and contact. The guidelines highlight that child protection thresholds for determining if a baby can remain with their mother in prison should be the same as applied to situations in the community. The guidelines also argue that a mother's criminal charges are rarely related to child protection concerns, asserting that child protection authorities' involvement in mother-child

care in prison should be reviewed on a case by case basis and interventions to occur only where appropriate (CCPHE and UBC 2015).

Processes of mother-child separation via child protection interventions are also found to have occurred as a result of negative life events before the mother enters prison (Hissel *et al.* 2011). What is clear from the literature is that children of imprisoned mothers are more likely to be engaged with child protection and welfare services compared the general population (Miller *et al.* 2013, Raikes 2016), and in comparison the children of imprisoned fathers (Dallaire 2007, Glaze and Maruschak 2008, Kjellstrand *et al.* 2012).

A number of studies have highlighted the lack of collaboration between child protection systems and services and the criminal justice systems (Gill 2013), making the point that this vulnerable group of children often fall between scarce policy interest and statutory welfare systems (Sheehan 2001, McCormick *et al.* 2014, Flynn *et al.* 2016). Nonetheless, social services are charged with overseeing access between children in foster care and their imprisoned mothers (Sheehan 2001, Mignon and Ransford 2012). While good policy and practice requires practitioners to listen to children's view and support reasonable access with the parent they are separated from, research suggests that such access is reliant on whether the child protection practitioner believes contact is in the child's best interest (Poehlmann *et al.* 2010, Winter 2011). Poehlmann *et al.* (2010) argues, determining the 'best interest' of children visiting incarcerated mothers is inherently the subjective opinion of individual social workers and other gatekeepers. Similarly, as Winter (2011) explains:

“Social workers’ knowledge and experience of the best interests’ principle is often related to the tension between what adults determine to be in the best interests of the child ([UNCRC] article 3) as compared with children’s own divergent wishes and feelings ([UNCRC] article 12). It is also mistakenly thought of as being what adults determine to be best for children without consultation with the child.” (Winter 2011, p. 401)

Several researchers, such as Beckerman (1998), Poehlmann *et al.* (2010) and Flynn *et al.* (2016), also raise the issue of permanency planning legislation, drawing attention to the lack of consideration given to the difficulties imprisoned mothers are

faced with in sustaining meaningful bonds and parenting roles with their children during their custodial sentence. Poehlmann *et al.* (2010b) specifically discusses US child protection legislation which automatically begins permanency planning for children who are in foster care placements for more than two years, and how this unjustly impacts on children of incarcerated mothers. McCormick *et al.* (2014) state that child protection legislation advocates the best place for children is to be cared for within their family and entitles children to protection, particularly when parents are not willing or able to provide their care. However, McCormick *et al.* (2014) and others (Sheehan 2001, O'Malley and Devaney 2015, 2016) argue that no direct child protection and welfare protocol exists to support children who are separated from their mothers due to imprisonment, who are exposed to acute challenges and long-term detrimental disadvantage as a direct result of this situation which they have no control or choice over.

Child advocates such Sheehan (2001), Poehlmann *et al.* (2010) and O'Malley and Devaney (2016) make the case that certain professionals have a role to play in supporting meaningful contact between the child, their imprisoned mother and the child's caregiver. However, Gill and Deegan (2013) remind us that all work must begin with talking directly to the child affected by maternal incarceration, and warns against services tipped towards family support which often overshadow the direct work with children which should focus on what it means for them to have a mother in prison. Likewise, Winter (2010, 2014) highlights the importance of acknowledging children's lived experiences in informing social work practice. Findings by Winter *et al.* (2016) in the Talking and Listening to Children (TLC) project highlights how attention to the contextual issues faced by children and families (i.e. like mother-child prison-based contact for instance) is of pivotal concern when communicating with children and young people, and they helpfully provide a model of practice for social work practitioners to incorporate context and achieve meaningful communication in practice.

Likewise, Barnardos (UK) initiated a campaign called i-Hop, providing a one-stop knowledge hub to support all professionals who work with offenders' children and their families. Within this, *Developing pathways into children and family services for mothers involved in the criminal justice system* (Gill 2013) was published. This

document advocates the importance for social worker and other services to engage with mothers in custody so that a continuum of support for mothers and child can be realised and sustained right up until the mother is released back into the community.

Gill (2013) also showcase examples of good practice provided by ‘in reach’ services that support mothers with emerging and ongoing challenges. Gill (2013) and Anawim (2015) outline the Re-Unite programme, an intervention which aims to support mothers whose children are in foster care by providing housing and support after release. This housing initiative includes parenting classes, one-to-one support, advocacy in case conferences and court hearings regarding stability and permanency planning, and offers supervised mother-child contact during the mother custodial sentence (Anawim 2015). This collaborative approach between the support agencies, the local housing authority and child protection and welfare practitioners targets the common scenario that mothers in custody are often provided with inappropriate post-release accommodation which does not consider their children’s needs and therefore prolongs, if not totally prevents, child access or re-gaining custody of their children upon their release from prison (Gill 2013, Anawim, 2015).

### 1.11 Chapter Summary

To conclude, this chapter has reviewed literature on motherhood with a particular focus on the cultural and ideological construction of motherhood and theories underpinning maternal experience and practice. The author was most influenced by international motherhood scholars such as O’Reilly, Ruddick, Rich and Chodorow, and Irish literature on culture and motherhood by authors such as Kennedy, Inglis, McKeown, Crosse and others. The chapter then went on to explore literature and research on maternal trauma and addiction, and maternal imprisonment and literature which links these experiences to the welfare and protection of children of imprisoned mothers.

Maternal imprisonment has certainly begun to gain scholarly attention and has predominantly focused on the challenges faced by incarcerated mothers such as multiple ACEs, intergenerational institutionalisation, mental ill health, domestic violence, addiction and mothering alone. While some literature does suggest

incarceration as a space of maternal progression, most report on how mother and child are more adversely affected by maternal imprisonment compared to paternal imprisonment for instance. Studies show that where prison-based interventions exist to support mothers to mother and to connect with their children then outcomes can be positive and effective. Nonetheless, research suggests that mothers in prison encounter numerous challenges in their motherhood journeys and maternal practices, and stigma related to their deviant identities and substance dependencies is something they rarely escape, even from each other. Much research also highlights the extensive service involvement in the lives of imprisoned mothers and their children. This research reports how policies, practices and childcare permanency planning legislation can be discriminatory towards mothers involved in criminal and social justice settings, as many such mothers lack an array of conventional resources which would usually support successful mothering. Overall, this chapter has presented relevant literature in the area of maternal imprisonment and examined the theoretical underpinnings of the study. The next chapter, Chapter Three, will provide the context of the study by bringing together Irish research, policy, practice and legislation on mothers in prison and the Irish child welfare system.

## Chapter Three: Context

“It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

- Nelson Mandela (1994) *Long Walk to Freedom*

### 1.12 Introduction

While there has been some (albeit limited) research on the Irish female prisoner, the focus on maternal incarceration has received less specified attention. This context chapter merges the two institutions; the informal institution of Irish motherhood and formal institution of the IPS. It achieves this by weaving their respective key legal, criminological, sociological, cultural and political moments to present an overview of the context of maternal incarceration in Ireland. In doing so, the chapter provides the story of Ireland’s social construction of crime and deviance for mothers and how they have been and are currently managed within the Irish criminal justice system.

The chapter consists of three primary subsections. The first presents a brief overview of the history, foundations and journey of Irish motherhood and the story of the criminalisation and incarceration of mothers in Ireland. The second presents current policy, practice and legislation on the IPS, the criminal justice system and formal alternative State child care support, pertinent to situation of imprisoned mothers in Ireland. The final section presents topical political and advocacy debates on incarcerated mothers, in particular the relentless and increasing number of mothers being imprisoned, in addition to the context of the adversities faced by imprisoned mothers in Ireland and related policy responses.

### **1.13 Section One: Historical Context of Irish Motherhood and Maternal Imprisonment**

This section begins with an introduction to Ireland’s prison infrastructure and two influential penal reformers, Elizabeth Fry (1780-1845), and Sir Walton Crofton’s (1815-1897). The subsequent section describes how formal imprisonment and informal confinement was used to incarcerate ‘immoral mothers’ (among many others) for deviating from the social and moral code enshrined in Ireland’s ‘Catholic’ Constitution. The third moves on to outline how Ireland’s political shift in child welfare the financial provision for single mothers positively affected the numbers of

poor mothers being imprisoned. The final section however, summarises the sudden and relentless rise in female and maternal incarceration in Ireland, related policies, and the eventual opening of the Dóchas Centre, the primary penitentiary for women in prison in Ireland today.

### **1.13.1 Penal Reformers and the Female Prison Infrastructure**

Elizabeth Fry (1780-1845), an English Quaker and Christian philanthropist is one of the most prolific international advocates for female prison reform. Fry's philosophy was to better understand the gendered needs of offending females and treat them with care, so they would "cheerfully" submit to the rules and "willingly" cooperate to their own reform (Zedner 1998, in Carroll 2011, p. 8). Among several changes for female prisoners advocated for by Fry, one of which was separate facilities for woman and for them to be staffed by female officers only (Zedner 1998, Clear *et al.* 2012). The first prison built solely for the confinement of women in Ireland was Richmond Female Penitentiary in 1837, and its superintendent, Mrs Marian Rawlins was appointed by Mrs Fry. Gender segregation, proposed by Fry in 1827, was formally enforced in Irish prisons from 1839 (Quinlan 2011, p. 26). Beforehand, women were managed by male staff and the female prisoners were subjected to obvious abuses of power (Carey 2000, p. 24). In 1852, the *Inspectorate of Prisons* stated, "no branch of the prison discipline has advanced more than that of the female class" (Quinlan 2011, p. 29). Two years later in 1858, Mountjoy Women's Prison was opened to accommodate 450 women, adding to the expanding prison infrastructure at the time. This prison was, and remains so, the most significant female prison in the country.

Sir Walter Crofton (1815-1897) was also an influential figure in Irish penal reform during this time as female prisoners served their sentences in Mountjoy through the Crofton system, the same as the men. This system meant that prisoners progressed through promotional stages, or classes, whilst incarcerated. The first stage of the prisoner's sentence was a four-month solitary confinement period to promote personal reflection. The second stage of sentence management meant that prisoner's cell doors were opened. In the final and third stage prisoners could work (Heffernan 2005, Quinlan 2011).

However, the Crofton system differed for women in Ireland in two ways. First, as the men progressed through different classes they were transferred to different prisons with more privileges, while women remained in the same prison for their entire sentence (Heffernan 2005, Quinlan 2011). Second, near the end of a male prisoner's sentence they were released on licence into the community, while women were transferred to a convent to complete their sentence. This, as Mason (2004) explains, "was to prepare women to go back into the community as wives and mothers" (p. 23). Quinlan (2011) notes that female prisoners welcomed this transition as a shelter from the circumstance of their lives - considering the noted harsh disciplinary nature of convent 'refuges' this provides evidence of the destitute lives of many women and mothers at the time (p. 31-33). Nonetheless, Curtin (2001) provides an example where a female offender, having had previous experience in a Magdalen asylum, refused to return and opted for a harsher and longer custodial sentence in its stead (p. 85).

The Crofton and Fry systems were internationally recognised and replicated because they were considered to positively reduce recidivism. In relation to female offenders, the *Annual Report for the Directors of Convict Prisons* (1860) recorded that less than 5 percent of women who passed through the 'refuges' were re-committed (Quinlan 2011, p. 39). Components of the Crofton system and policies advocated for by Fry have become integral parts of today's Irish correctional policy, practice and legislation (Heffernan 2005, Quinlan 2011, Roche 2016). For instance, Roche (2016) reminds us how the Crofton system remains embedded today with Ireland's use of 'temporary release', 'incentivised regimes' and 'community return' schemes. Moreover, prisoners in Ireland have since remained segregated by gender as first introduced by Fry.

During Elizabeth Fry (1780-1845) and Sir Walton Crofton's (1815-1897) era, every town in Ireland had a prison and large towns had female prisons (Quinlan 2011, p. 40). After the Great Famine, the general population in Ireland declined through death or immigration, and the strength of the Roman Catholic Church grew strong (Quinlan 2011, p. 14). These numerous prisons, as O'Sullivan and O'Donnell (2012) explain, later became the physical infrastructure for the vast and varied use of "coercive confinement" by the Irish catholic state in the following century.



As Quinlan (2006) explains, “in response to the dreadful conditions prevailing in the country” Ireland “underwent a devotional revolution” (p. 89) within which women had to conform to a specific catholic ideology of womanhood and motherhood projected upon them; any deviation risked punishment (Quinlan 2011, p. 21). Subsequently, and before the turn of the century, 41 Magdalen Laundries were already in operation in Ireland. Their use was referenced as “Asylums, Refuges and Penitentiaries” with a primary focus on women in (or in danger of) prostitution and unmarried mothers. After the establishment of the Free State in 1922, their remit widened to also include all categories of offending and deviant women and girls (McAleese 2013, p. 16).

With the establishment of the Free State, as Earner-Byrne (2007) supports, Ireland began to consider its newly found independence and embarked on a “cultural introspection”, reflecting on the country’s social and moral order. Womanhood and motherhood were awarded focus due to the perceived high numbers of illegitimate children being born to ‘immoral unwed mothers’ (p.173). Garrett (2016) asserts that the language and tone of the time marked a move towards the criminalisation of women in the Irish Free State. In 1941, Evelyne Carroll - one of the first probation officers to ever to be appointed by the State - wrote a memorandum to the Department for Justice discussing the rise in maternal crimes such infanticide and concealment of birth, which were impacting on the formal prison system at the time (also see: Ramblado-Minero and Perez-Vides 2006).

“The girl, as one of them declared to me, may have no knowledge of her real condition for a considerable time, and having discovered it becomes bewildered, even desperate. Fearing instant dismissal if her condition becomes known, she says nothing and just carries on until the baby is born. Then in the frenzy of a moment and still trying to cover up her shame, she kills her child (Carroll 1941, p. 197)

Carroll (1941) went on to explain how many imprisoned women are from Industrial schools who have had no sex education and have no form of support, many are first time ‘offenders’ yet they exit prison hardened criminals. Carroll (1941) expressed her concern with the lack of alternative sentencing options available to Judges for

these women at the time<sup>4</sup>, and advocates several innovative recommendations for penal reform which could be considered before its time. Namely, a ‘Remand Home’ as an alternative option to custody - not ran by the religious order and subject to government inspection (which the religious order managed to avoid at the time); ‘Specialised Treatment’ which includes a gendered focus on training and education and appropriate medical treatment where required; and finally a period of detention of no less than one year and no more than three years, with a probationary period thereafter of between three to six months; there is no evidence that the Department of Justice responded to her ambitious proposals.

### **1.13.2 The ‘Catholic’ Constitution and Institutionalisation**

Bunreacht na hÉireann (1937) The Irish Constitution, provides the foundation of Irish law and represents Ireland’s cultural, political and moral life. Within the Constitution the family is recognised as a “moral institution” with “imprescriptible rights”, “superior to all positive law” (Article 41.1.1). Within this the family provides the “basis of social order” and is “indispensable” to the welfare of the state (Article 41.2). The Constitution pledges to protect marriage (and therefore the family) from “attack” (Article 41.3.1) and until very recently<sup>5</sup> adoption was only possible under extremely restrictive conditions and within the institution of marriage<sup>6</sup>.

While fathers had a clear historical role as protector and economic provider and Ireland was culturally and politically patriarchal (McKeown 2001, Quinlan 2006), fathers have nonetheless remained absent from the Constitution, while the role of women and mothers are awarded special recognition. The Constitution states that:

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<sup>4</sup> County Homes at that time did provide an aftercare programme which is lacking in the prison system and in the Magdalen Home. However, County Homes would not accept females from the Court with a criminal conviction; and refuse girls who have spent time in a “Magdalen Asylum” or the Industrial Schools (Carroll, 1941).

<sup>5</sup> Recent constitutional and legislative amendments mean that the category of marriage, adoption and children’s rights have now widened and gained ground (See: Chapter Three, Section 3.3.5.1).

<sup>6</sup> Adoption Act (1952) meant children born to married parents (irrelevant if they are in foster care or not) were not eligible for adoption. Secondly, married parents could not voluntarily place their children for adoption. Third, children’s rights were not strong on the agenda and their opinions in law proceedings did not historically feature. It appears the first piece of adoption legislation was enacted to primarily support the adoption of ‘illegitimate’ children. Divorce was finally legalised in Ireland in 1996, but if a person re-married and their new spouse wished to adopt their child, the birth parent must also adopt their own child as married people must adopt as a married couple. Single people could adopt, but two unmarried people (i.e. cohabitating couple) could not adopt together.

“In particular, the state recognises that by her life within the home, woman gives to the state a support without which the common good cannot be achieved” (Article 41.2.1);

“The state shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home” (Article 41.2.2).

In addition, the Irish Constitution views parents as “the primary and natural educator of the child” within which the State respects “the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children” (Article 42.1). However, where parents, irrespective of their marital status, are seen to fail in their parental duty to the effect of the “safety and welfare” of their children, the State will supply the place of such parents (Article 42.1.1). For most of the 20<sup>th</sup> century the only child protection and welfare legislation that existed was the Children’s Act 1908 (which predated the foundation of the state), giving judges power to remand children in industrial and reformatory schools. During this time, when preventative measures to support poor unmarried mothers did not exist, State funded institutional provision was widely used and was provided by the Catholic Church. As Devaney and McGregor (2016) support:

“From the foundation of the Irish State (in 1922) onwards, the provision of support services was primarily provided by the Churches, particularly the Catholic Church, with an overriding view that families and communities should generally service themselves” (p. 4)

Indeed, Ireland’s unique historical tradition is that the Catholic Church was the most significant provider of social policy and this interrelated with high rates of institutional confinement (O’Donnell and O’Sullivan 2012). On the whole, the Catholic Church was equally embedded within the formal and informal criminal justice system (Quinlan 2011). Industrial and Reformatory Schools, Workhouses, County Homes (the successors of Workhouses); mother and baby homes, Magdalen Laundries and psychiatric hospitals were routinely used. O’Donnell and O’Sullivan (2012) report that at one point in Ireland’s history, one in every ten people were ‘locked up’ in some sort of closed institution. While institutional confinement was increasingly commonplace to informally segregate and confine various groups of ‘vulnerable social outcasts’, the formal prisons were closing and being restructured

(O'Donnell and O'Sullivan 2012). There was a particularly declining number of women being incarcerated within the formal prison system.

“With the exception of subversive crime, the prison system was not required to control deviant populations to any great extent. They could be taken care of far more effectively through these other institutions. This is particularly true in the case of women. These institutions aimed to manage, control, ‘reclaim’, and neutralise the threat posed by individuals and groups who were considered a threat to the state’s social order” (Rogan 2011, p. 50).

Prison numbers continued to fall, female prisons continued to close and in 1956, the dozen or so incarcerated women in the country were moved into the ‘basement’ of St Patrick’s Institute for Young Offenders where they were contained in substandard conditions as a forgotten and neglected ‘sub-class’ for the following 43 years (Lonergan 2010, Quinlan, 2011, Carroll 2011). Lonergan (2010) described the conditions as “awful, with no integral sanitation and no washing facilities in the cells. Worse still was the fact that the women were often four or five to a cell; it was so bad that one cell was known as ‘the black hole’” (p. 422).

### **1.13.3 Irish Culture, Policy and Institutions**

In 1960, The Criminal Justice Act 1960 explicitly and formally instructed Irish Courts to use Magdalen Laundries and other similar religiously ran institutions to remand female offenders under 21, as an alternative to the formal prison system (Sections 9-11). By 1960, there were only four prisons in Ireland of which Mountjoy and Limerick were the only two accommodating an average of 20 women between them (Quinlan 2011). However, from the 1970s onwards, huge political and cultural shifts took place in Ireland; prisons began to fill, religious institutions began to close, and the representation of Irish motherhood experienced transition. As Inglis (2007) affirms;

“Declining institutional involvement has been linked to the changing position of women, particularly mothers, who with increasing access to other forms of capital throughout the last half of the twentieth century became less dependent on religious capital” (Inglis 2007, p. 206)

First, how Ireland supported vulnerable children and families categorically changed following the publication of *The Kennedy Report* in 1970. *The Kennedy Report* (1970) advised the closure of industrial schools and argued contrary to common policy and practice; children were not better cared for in isolation, but within their own families (Devaney 2011, Devaney and McGregor 2016). The Report proposed practical supports (i.e. home help and nurseries) to better support families in adversity to remain together (p. 131-132). *The Kennedy Report* (1970) followed a marked change in Irish children and family public policy, as O’Sullivan (2009) confirms: “the report brought about a remarkable shift in emphasis - from punitive to caring, from controlling to understanding, from custodial to educative...” (p. 310).

The subsequent enactment of the 1991 Child Care Act then marked the first childcare legislation since the foundation of the State to focus on child protection, welfare and family support. The Child Care Act (1991) brought together the Constitutional focus on the family which anchored the rights and duties of parents (see Section 3(b) and Section 24), while echoing the position of *The Kennedy Report* (1970) that “it is generally in the best interests of a child to be brought up in his own family” (Section 3(c)). According to this legislation, children were only to be removed from their families in exceptional cases (Devaney and McGregor 2016).

Finally, in 1972, the year following the publication of *The Kennedy Report*, Ireland entered the EEC. This moved Ireland into the broader feminist agenda and mounted pressure for the financial provision for women and mothers (Bradley 2013, Crosse 2015). In 1973, the Unmarried Mothers Allowance was introduced, marking the first social welfare payment for women bringing up children on their own, this was £8.50 per week (One Family 2018). Crosse (2015) asserts this was a “ground-breaking” acknowledgment by the Irish government that single mothers were not able to provide for their children without financial support (2015, p. 18). This reform, as O’Donnell and O’Sullivan (2012) assert, had an interestingly diminishing effect on the use of religiously ran alternatives to imprisonment. As Joan Burton TD confirms: “almost overnight, women who received some social welfare income support could keep their children, and the bulk of the laundries and the institutions lost their supply of captives” (IPRT and KHF 2007, p. 44)<sup>7</sup>.

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<sup>7</sup> By 1980 women’s rights were strongly on the political agenda through the efforts of The Irish Women’s Liberation Movement, the Commission on the Status of Women among and others (Crosse,

Previously fathers had sole rights to decisions regarding their children and on childrearing issues (Cross 2015, p. 79). Then, in 1967 the Guardian of Infants Act was passed - the first piece of legislation to give mothers rights and a voice in childcare procedures. This was followed by the introduction of the unmarried mother's allowance (now referred to as the one-parent-family payment). Thereafter a paradoxical shift in mother's rights occurred. This is not to deny, as discussed by Cross (2015), Bradley (2013) and others<sup>8</sup>, Ireland's noted poor performance in gender equality. However, the traditional view was the dominate ideology that parenting was "synonymous with mothering" (McKeown 2001, p. 174). Unmarried mothers were recognised as automatic parental rights holders equal to those of married parents, while unmarried fathers had to prove their biological tie to their child and 'apply' for guardianship rights. Where marriage and relationships broke down, separated and divorced mothers were often favoured in the legal arena as the 'natural' caregiver in custody cases and the family law system was viewed as a mother's resource (McKeown et al, 2001)<sup>9</sup>. Likewise, the mother's unquestionable rights and her 'natural' mothering responsibilities did not bypass what Carroll (2011) describes as the IPS's "paternalistic" arena of 80s and 90s. As McKeown (2001) contends, the parenting status of those imprisoned during the latter years of the 20<sup>th</sup> Century were viewed accordingly:

"According to the Governor of Mountjoy Prison, John Lonergan, the parenting status of men tends to be treated as irrelevant... by contrast, prison authorities explicitly take the parenting status of women into account and every effort is made to sustain links between mothers and their children" (McKeown 2001, p. 20)

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2015). In 1980 the ban on contraception was lifted. Both the Unmarried Mothers Allowance the availability of contraceptives also had a marked diminishing effect on adoption and adoption has remained a very rare in Ireland.

<sup>8</sup> Mandel (2011) compared a wide range of country-level indicators of gender inequality in relation to the economic position of women in different class positions and found that Ireland had the lowest score in terms of indicators of female participation rates, amongst the countries studied (Cross, 2015, p. 62)

<sup>9</sup> The *Commission on the Family* (1996), was an instrumental publication recommending the advancement of family policy (Devaney, 2011; Cross, 2015). McKeown et al. (2001) highlights how concerns for mothers seeking maintenance were awarded specific and detailed attention in the *Commission on the Family* (1996), yet guardianship; custody and access - i.e. predominately father's issues - were not addressed at all (p. 13). Moreover, such was the presumption that childrearing and childcare was the mother's domain there was a "virtual absence of men" in childcare discourse and practice (McKeown et al., 2001).

#### **1.13.4 The Rise, Transformation and Policy Progression of Maternal Imprisonment**

While crime rates were generally low in the 1960 and 70s, Irish research conducted at that time found that gender bias in judicial sentencing meant women were frequently judged more leniently than men and were less likely to be imprisoned; marriage, family and motherhood featured as mitigating factors (O'Mahony 2002, p. 145). Nonetheless, the female prisoner population began to rise, and dramatically. In 1979 there were only three women in prison at one point. By the following year (1980) the bed capacity for females was full at twenty. The year after that, in 1981, bunk-beds had to be installed to manage the increasing number of committals (Quinlan 2006, p. 121). Female prison committals have never since ceased to increase, and the nature of offending changed from perceived 'domestic deviance' to drug related crimes; the scale of heroin addiction within the female prisoner subgroup was noted as "huge" (Lonergan 2010, p. 142). The Assistant Governor at the time recalled:

"The number of women started to reduce as the stealing issue went away, the women had social welfare and it was some support... B-wing [the only female dedicated section in Mountjoy Prison at the time] couldn't accommodate more than twenty women... we didn't need to accommodate any more. When I joined in 1976 there were on average 16 to 20 women in custody every day. In 1979 that number dropped to three... women were coming in for prostitution and shoplifting... one or two in for more serious crimes, embezzlement or fraud, membership of an illegal organisation... Then in 1980, 1981, the drug situation exploded in the city and we went from an average of 16-20 women to 30-40 women in that small area. We had to put bunk beds in the cells" (Quinlan 2006, p. 121)

The entire prison population was expanding and there was a noted increase in crime<sup>10</sup>. Ireland experienced the most rapid growth in prisoner population among the Council of Europe countries between 1970 until 1987 (O'Mahony 2000, p. 12). Overcrowding led to deteriorating conditions and women protested through deliberate self-harm and setting fire to their cells (Lonergan 2010, Quinlan 2011).

In 1984, John Lonergan was appointed Governor of Mountjoy Prison and set about "civilising" the "hellhole" that was the section of St Patrick's Institute for Young Offenders occupied by the females (Lonergan 2010, p. 143). Unlike in some of the

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<sup>10</sup> Between 1950-1998 there was a 212% increase in crime rates, with a specific rise in Public Order Offences (National Crime Council, 2002)

men's prisons, women were only allowed one bath per week and had to wear a "one size fits all" dress (Carroll 2011, p. 19). Lonergan (2010) authorised female prisoners to wear their own clothes and make-up. A hairdresser, knitting machines and training was provided, and he replaced the male doctor with a female doctor to minimise women's concerns regarding past abuses they had experienced with men (p. 143). While Carroll (2011) suggests this is paternalistic stereotyping, Lonergan (2010) remarked; "to feel good, to feel like a woman again. There is no way anyone could ever measure the value of that" (p. 143). In 1986 male officers began working in the female prisons again, reversing gender policies first advocated for by Elizabeth Fry in the 19<sup>th</sup> Century. While initially controversial, Lonergan (2010) explained female prisoners "benefited hugely" from the variety of supportive and positive roles that the male officers provided (Lonergan 2010, p. 101).

While small changes took place in Mountjoy, the overall conditions for female prisoners was recognised as the worse in the entire prison estate, additionally, as a minority group they were politically neglected (Quinlan 2006, 2011, Lonergan 2010, Carroll 2011). The section for females in Mountjoy was overlooked by St Patrick's Young Offenders Institute and the women were constantly verbally abused by the young male prisoners. Women were injecting themselves with heroin in their cells and because cells were overcrowded others were pressured into taking drugs for the first time while in prison. Sexual abuse and coercion with cell mates was also a big problem among the female prisoner population, which was not the case in the men's prison (Lonergan 2010, Carroll 2011, Quinlan 2011).

As the female prisoner population expanded more women entered the formal prison system pregnant, and contrary to policy and practice in the UK and elsewhere, Ireland advocated progressive practice in many regards, first women were not shackled while giving birth, as Lonergan contends:

"To shackle a young mother during childbirth is nothing short of an abuse of power. I've been around a long time and I've worked with women prisoners for many years, but so far I've never heard of a woman escaping from custody while giving birth" (2010, p. 154).

Second, Lonergan (2010) described a policy that kept mothers and babies out of the formal prison system; a policy which was generally not challenged by the Department of Justice. Civil servants recalled that while penal legislation supported



mothers to keep babies, and that babies often had a positive influence on the mood of the women in prison, the environment wasn't conducive for babies (Carroll 2011, p. 19). It appeared that rather than separating mothers and babies (as was common in other European countries) mothers were either supported to keep their babies in the prison with them, or both avoided being imprisoned altogether (Lonergan 2010, Carroll 2011).

In response to rising crime and prison overcrowding the government set up the Committee of Inquiry into the Penal System. In 1985 the Committee published what is widely referred to as *The Whitaker Report*. At that time there was an average of 37 women in prison in Ireland of which 30 percent were mothers (p. 73). The report recommended a multitude of changes for female prisoners, asserting that advances made for male prisoners had not been realised for females and published photos of the inside of the female prisons, as Rogan (2011) suggests, to bring their conditions to the fore (p. 168), condemning the accommodation and advocating its complete replacement.

The *Whitaker Report* (1985) commented on the non-violent nature of female offences, and the subsequent overuse of custodial sanctions as opposed to treatment centres or community-based alternatives and the lack of an open prison. It highlighted the cost of prison and its invaluable methods to correct, deter or protect the prisoner. The report commented on the lack of adequate facilities, education, training, work for female prisoners and the lack any therapeutic response to their needs such as medical, psychiatric, counselling, drug and alcohol treatment programmes, highlighting the need for a "full welfare service programme". The report discussed, on numerous occasions, the need for improved visiting conditions to sustain contact with children and families and was the first State report to mention required support for pregnant prisoners and childcare for babies born to women in prison.

Carroll (2011) explains that due to an overall lack of political will at the time the *Whitaker Report* (1985) initially fell on deaf ears. However, in 1995 Mountjoy experienced its first female death by suicide which was followed by the appointment of a female Minister for Justice in 1993, both which seemed to turn the political tide. Finally, the subsequent 'Celtic Tiger' years of economic development involved an

expansion in the prison estate and in 1994 the *Management of Offenders* affirmed a purpose-built facility for women to be built within five years. In 1996, the State Commissioned *Study of Irish Female Prisoners* was published (Carmody and McEvoy 1996), uncovering the family dynamics, health, psychiatric history and substance misuse profile of the female prisoner population aimed to inform the design of the new female prison. Carmody and McEvoy (1996) interviewed 100 female committals as they entered Mountjoy Prison over a six-week period; 57 percent had used opiates and 62 percent of whom were mothers. Carmody and McEvoy (1996) summarised that the female prisoner profile in Ireland is that;

“they are more likely to be from poor social backgrounds, have an average of 2 or 3 children, are less likely to be in a relationship and tend to have had prior psychiatric treatment. They are more likely to have abused drugs from a young age and are resistant to drug treatment” (Carmody and McEvoy 1996, p. 23)

## **1.14 Section Two: Placement, Policy and Legislation**

This section begins with an overview of the prison system, focusing on the role and function of prison inspection and a contextual overview of two female prisons and their distinct differences. It then provides a contemporary picture of policy, practice and legislation applicable to the research study, specifically; Temporary Release, the Incentives Regime Policy, the pertinent Prison Rules 2007, and finally, Alternative State Childcare.

### **1.14.1 The Irish Prison System (IPS)**

There are twelve prisons in the IPS; 10 closed prison and two open centres. Five of these prisons are Dublin based; Wheatfield, Cloverhill, Mountjoy, the Training Unit and the Dóchas Centre. While the remaining seven are located around Ireland; Loughan House, Castlerea, Limerick, the Midlands, Shelton Abbey, Cork, and Portlaoise. Portlaoise is the only high security prison in the country. The prison estate holds males and females from 18 years or over (IPS 2017). Ireland has resisted the privatised prison model like neighbouring UK and elsewhere, and remains State owned and managed (Council of Europe *et al.* (2017).

The Dóchas Centre, located within the Mountjoy complex, is the only dedicated female prison population in Ireland and is where the majority of female prisoners are held. Limerick Prison is the only mixed gender prison in Ireland, though males and females are accommodated in separate sections of the prison. Only a small number of females are accommodated in Limerick Female Prison, who account for a minority within the overall population within Limerick Prison (IPS 2016). Both female prisons are closed prisons, meaning women on remand, women awaiting sentencing, sentenced prisoners, and women detained under immigration legislation are all accommodated together.

While the *Strategic Review for Penal Policy* (Working Group on Penal Policy 2014)<sup>11</sup> made clear recommendations for the establishment of an open prison for female prisoners, which was endorsed by the Department for Justice and Equality in their *Strategic Statement 2015-2017* (Department of Justice and Equality 2015, p. 11), it remains that women offenders do not have the same varying levels of security or open prison options that are available to male offenders in Ireland. Also, Ireland does not have (as in some other European countries) an alternative to prison in the guise of educational institutions or institutions for drug addiction (Council of Europe *et al.* 2017). According to the newly published *SPACE I – Council of Europe Annual Penal Statistics*, of the total 127 female prisoners in Ireland on the 1<sup>st</sup> September 2015 (including pre-trial prisoners);

- 19 were foreign nationals: accounting for 15% of female prisoners, compared to 12% of male prisoners.
- 27 were pre-trial prisoners: accounting for 21% of female prisoners, compared to 15% of male prisoners.

(Council of Europe *et al.* 2017)

The average age of the Irish Prisoner is 34 years, however, there is a larger percentage of younger male prisoners aged between 17-25 years than females of the same age (Council of Europe *et al.* 2017, IPS 2016, p. 28). Therefore, female prisoners are more likely to be foreign nationals, on remand and older when

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<sup>11</sup> In response to the damning Thornton Hall Project Review Group, the Minister for Justice and Equality established a group to conduct an all-encompassing strategic review of penal policy. This included an examination and analysis of crime prevention, sentencing policies, alternatives to custody, accommodation and regimes, support for reintegration and the issue of female prisoners. The need for a sustainable penal system cognisant of resource implications, constitutional imperatives and international obligations were realised (Rogan 2014).

compared to the male prisoner population in Ireland<sup>12</sup>. The Irish Prison Service (IPS) (2016) report that over a quarter of all prisoners in Ireland declare they are from Dublin, accounting for the largest group, followed by Cork (12.6%), then Limerick (8.1%) and finally Galway (5.3%). The rest are presumably from various counties around the country or other countries.

#### ***1.14.1.1 Inspector of Prisons and Visiting Committees***

Following pressures from the Council of Europe Committee for the Prevention of Torture and the IPRT<sup>13</sup>, the Office of Inspector of Prisons (a statutory, independent office established under the Department of Justice in 2002), was finally placed on a statutory footing in 2007 under the Prisons Act<sup>14</sup> (Herrick 2009, p. 329). In 2008 Judge Michael Reilly took on the role as Inspector of Prisons, until his untimely death November 2016. His successor, Ms Patricia Gilheaney, was appointed by the Minister for Justice in May 2018. The Inspector of Prisons key role is to inspect all fourteen prisons regularly and to present related reports to the Minister for Justice and Equality for publication. As per the Prisons Act 2007, the Inspector of Prisons may enter any prison at any time and per Prison Rules 2007, Governors and Prison staff must comply with any request for information by the Inspector of Prisons. The Prisons Act 2007 guarantees in law the Inspectors total independence to critic the system. International human rights treaties, and the *Irish Human Rights and Equality Act 2014*, provides the backbone to the Inspectors function and related publications. In addition, Section 31 of the Prisons Act (2007) established a prisoner complaints mechanism the first time and accordingly, the Inspectorate of Prisons oversees the management and resolution of such complaints. Several reports published by the Inspector of prisons hold relevance to this study:

- *Interim report on the Dóchas Centre* (2013)
- *First follow up Inspection of Limerick Prison* (2012)
- *Report on an Inspection of Limerick Prison* (2011)

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<sup>12</sup> Of those 3,746 prisoners in 2015, a total of 56 were young offenders, 44 persons were sectioned in psychiatric institutions (not criminally liable), six were Asylum seekers or illegal aliens held for administrative reasons, and four were under electronic surveillance. The age of criminal responsibility is 12 years old, except for cases of murder, manslaughter, rape or serious sexual assault. For these charges the age limit is lowered to 10 years old (Council of Europe *et al.* 2017).

<sup>13</sup> The Irish Penal Reform Trust (IPRT), Ireland's leading campaign organisation for the rights and needs of prisoners

<sup>14</sup> The Prisons Act (2007) has a primary focus on disciplinary action however, as (Rogan (2014) asserts, it also "unhelpfully" (p. 8) overlaps somewhat with Prison Rules (2007).

- *Standards for the Inspection of Prisons – Women Prisoners’ Supplement* (2011)
- *Healthcare in Prison* (2016)

The Prison Visiting Committees perform an additional layer of independent prison monitoring. The Visiting Committees carry out their duties under the *Prisons (Visiting Committees) Act* (1925), are appointed by the Minister for Justice, Equality and Defence for a term not exceeding three years and report to the same Minister. Each prison, including the Irish female prisons, has its own Committee, which is made up of various individuals from around the country who visit their respective prisons (either collectively, or individually) at regular intervals throughout the year. Committee members talk to prisoners, listen to complaints, and assess accommodation, facilities and services available to prisoners. Each Committee prepares an annual report on their findings to the Minister for Justice, Equality and Defence outlining any abuses observed or prison repairs required (IPS 2018). Like the reports produced by the Inspector of Prisons, annual and interim reports produced by the Dóchas Centre Visiting Committee and Limerick Prison are referred to at various points throughout this study.

#### ***1.14.1.2 The Dóchas Centre***

The Dóchas centre opened its doors in 1999 and was initially celebrated as a progressive prison regime. It is the only facility in Ireland to accommodate babies their alongside incarcerated mothers. The Dóchas centre opened to accommodate 79 women, twice the number accommodated in the old female prison - a wing in the basement of a young offender’s institute (See: Chapter Three, Context, for further references to the functioning of St Patrick’s Institute for Young Offenders for female offenders) (Quinlan 2006, p, 126), but operational capacity soon increased to 85 (Carroll 2012, p. 26), and again to its current official maximum capacity of 105 (IPS 2017). In 2017 the daily average number in custody was 116 (IPS 2017). While it is acknowledged that the Centre is operating at overcrowding levels, this is a notable reduction from the daily average of 158 female prisoners in 2012 for example (IPS 2012).

During the recent recession the Dóchas Centre experienced severe challenges operating at double capacity with up to six babies at one point, while simultaneously

riddled with illicit drugs (Dóchas Visiting Committee 2010, O’Keeffe 2011). In 2010, the *Visiting Committee*, “regrettably” noted the Centre as a “greatly deteriorated prison environment”. Bunk beds were installed in rooms designed for single occupancy which was the final catalyst to the resignation of the previous Governor. The Government Justice spokesman stated the resignation of the Governor was “further confirmation that the prison system is falling apart with death and serious injury to prisoners and staff becoming an inevitability” (Flanagan cited in O’Keeffe, 2010). In the same year, the Dóchas Centre experienced its first death by suicide, and an incident of excessive force representing “a serious violation of human rights” (Dóchas Visiting Committee 2010). Finally, it was also reported women were subjected to unnecessary strip searching in front of male officers<sup>15</sup> (Dóchas Visiting Committee, 2010). The ethos upon which the Centre was built and the facilities it provided were undermined due to the overcrowding conditions, and as Rogan (2010) and IPRT (Martyn 2011) remark, a more punitive regime had begun to emerge.

The new and current Governor was appointed in 2010 when overcrowding, drugs entering the prison and an embargo on recruitment were all significant concerns on the ground (Visiting Committee 2011)<sup>16</sup>. In 2011, the *Visiting Committee* welcomed the introduction of nets covering the outdoor spaces of the Centre, hindering access of drugs thrown in from friends and relatives on the outside (Visiting Committee, 2011). The nets are still necessary, but such is the prevalence of addiction among the female prisoner population<sup>17</sup> that new innovative ways of getting drugs into the prison campus remains a persistent challenge to prison management (Clarke and Eustace 2016). Indeed, both female prisons are situated in the heart of their respective cities, which is relevant to the accessibility of drugs entering each prison.

With the appointment of the new Governor a surge of training became available for prison officers in the Dóchas Centre, enabling them to better support the women and

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<sup>15</sup> A practice contrary to Prison Rules (2007) which states “no stage shall a prisoner be left in a state of complete undress” and searches must in the presence of prison officers of the same gender only (Rule 6). The BOSS chair scans a person’s body for contraband in a non-intrusive manner when a person sits on it; it does not necessitate a prisoner to be unclothed.

<sup>16</sup> During this time, overcrowding and low staffing had serious practical implications as sections of the prison were on ‘lock down’, so educational and training courses were prevented, which had an overall negative impact on morale within the prison community (Dóchas Visiting Committee 2011).

<sup>17</sup> Governor O’Conner reported that 80% of the female prisoner population are addicted to drugs or alcohol (Today FM 2014)

their children. Surprisingly, the embargo on prison officer recruitment at the time of the economic downturn also had an unintended positive impact. Senior prison staff in O'Malley and Devaney's (2016) research reported that because there were no new recruits or officer transfers, investments in gender specific training remained 'in house'. Staff became more experienced and attuned to the specific needs of female prisoners, resulting in less power struggles between staff and prisoners. Indeed, research by Roche (2016), the Governor of Limerick prison at the time of this study, found that nearly all the officers involved in his extensive Irish doctoral research applied to be a prison officer because it's pensionable opportunities, not because they cared or understood much about the complexities of the prison population. Additionally, most prison officers derive from opposite socio-demographic and economic environments and communities compared to that of the general prisoner population. However, a primary finding by Roche (2016) was that most prison officers were 'changed' by the nature of the what they learned while 'on the job'.

In 2012 Children First<sup>18</sup> training began across the prison estate for first time, which had specific benefits for the female prisons as it equipped officers with some knowledge to support mothers with babies and child visitors (particularly those with children in foster families or visiting with social workers). Also, adult retrospective disclosure of child sexual abuse and trauma has been noted as prevalent among the female prisoner population as they have time to reflect on their past (O'Malley and Devaney 2015). While there does appear to be a disconnect in how Irish policy, legislation and practice process retrospective disclosures (Mooney 2017), it was recognised that Children First training would at least assist prison staff in how to initially process this information (O'Malley and Devaney 2015, 2016).

Likewise, staff in the Dóchas Centre participated in 'Marte Meo', a strengths-based intervention which promotes and supports positive interactions between mothers and their children (O'Malley and Devaney 2015). Additionally, prison officers with an interest in child care and child welfare were being invited to train and specialise in the area. During this time, prison staff also participated in Women Awareness Staff Programme (WASP) training. WASP aims to raise awareness of gender-specific issues such as abuse, trauma and self-harm, providing officers with the knowledge

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<sup>18</sup> *Children First National Guidance for the Protection and Welfare of Children* (DCYA 2017) provides the guidelines on responding to and reporting child abuse in the Republic of Ireland.

and skills to identify, cope with and manage such issues more prevalent among the female prison population (Dóchas Visiting Committee 2014, O'Malley and Devaney 2015).

#### **1.14.1.2.1 Dóchas Campus**

The Dóchas Centre consists of seven cottage style houses (Quinlan 2008) where the women have a key to their own room. There is additional accommodation provided in a building block where the cooking and computer training takes place. Each house has a communal kitchen with a kettle, a washing machine, a tumble dryer, and a communal phone. Breakfast is provided in the communal eating halls; the women can eat there or bring the food back to their respective 'houses'. There are two principle sections in the Dóchas Centre campus which are commonly referred to as the 'Big Yard' and the 'Small Yard'. There are four houses in the Big Yard, as well as the Willows (the additional accommodation block) and three houses in the 'Small Yard'. Female prisoners in each yard are separated, and only mix in more public areas such as the school or health care area.

#### **The 'Small Yard'**

The three houses in this yard are named Rowan, Maple and Hazel. They have approximately eight to ten rooms in each house, most of which are double capacity. The Small Yard predominately accommodates the most chaotic women, often chronically addicted and unable to take up paid prison employment (although most do participate in jobs within their yard). Many women in the 'Small Yard' are completing a 'life sentence by instalments'; i.e. consistent repeat offenders serving ongoing short sentences. Female prisoners can also often start their sentence here and 'progress' into the Big Yard once they have settled into the regime. Conformity is proven through, for instance, providing clean random drug tests, participating in cleaning, attending school, and no P19's (the form used to log disciplinary action for prisoner misconduct). In the Small Yard', the women are locked in their rooms at 7:30pm until 8am the following morning. The three houses surround a communal garden which is shared by the women detained within those three houses.

#### **The 'Big Yard'**



There are four houses in this section of the Dóchas Centre, namely; Phoenix, Cedar, Laurel and Elm. The Willows is also located here. All four houses and the Willows also surround a communal garden which is shared by all the women accommodated in the 'Big Yard'.

### ***Phoenix House***

This would be classed as a privileged house which has self-contained apartments and bedsits within the building. This is where the Mother and Baby Unit is located. Rooms for pregnant women and babies are usually single occupancy, have a cot and a comfortable mattress. There is a communal kitchen which is fully kitted with the all necessary amenities (i.e. microwave, cooker, washing machine etc...), a phone, and direct access to a private patio garden separate from the rest of the general prisoner population. There is a TV room upstairs with child friendly murals on the walls. All the equipment for babies is made available and is visible here (i.e. sterilisers, prams, bouncers, walkers, toys etc.). Only the women who are accommodated here (and their supporting house prison officer on the day) have a key to access Phoenix House; other prisoners will be reprimanded for entering. Other women housed in bedsits in Phoenix House who are not pregnant or with their babies are usually long-term settled prisoners in paid prison employment. Phoenix house is locked up from 7:30pm but the women can move around freely inside until doors are unlocked at 8am.

### ***Cedar House***

This is also classed as a privileged house. Only women who have a room here (and the supporting house prison officer) have a key to access Cedar House, other prisoners are forbidden to enter. This house is locked from 7:30pm but the women are free to move around inside thereafter. This house has about 20 rooms, many of which are single occupancy.

### ***Laurel and Elm***

These houses have approximately ten rooms each, most of which are doubled occupancy. Women are locked in their rooms in these houses from 7:30pm until 8am the following morning.

### ***The Willows***

The Willows has several self-contained bedsits, but these are very spacious, decorated to an extremely high standard and have good quality beds, furniture and kitchenettes. Most are single occupancy for long-term prisoners who are engaging in prison or community employment and/or training. Women are free to move around in this block in the evening and throughout the day. And again, only those living in The Willows and a select number of prison officers have access to this building. Access to this building is through an electronic swipe card.

### **The Dóchas Centre School**

The school is open from 9.30 till 4.00pm between Monday to Friday and subjects provided include wide extensive and wide-ranging curriculum<sup>19</sup>. Most educational programmes are accredited<sup>20</sup> (Adapted from Committal Brochure for Dóchas Centre). At the time of the research several women were participating in higher education and Open University degrees, one woman was completing her PhD.

#### **1.14.1.3 Limerick Female Prison**

Limerick prison is the oldest operating prison in Ireland and a radically different penal establishment to the Dóchas Centre. It is a male prison where imprisoned women are accommodated in a small wing called E Wing, which consists of a small corridor of prison cells accommodated on two levels (Quinlan 2006, p. 126). The structure of the building does not facilitate babies to stay with their mother. The operational capacity of Limerick Female Prison is 28, in 2017 the daily average number in custody was 28, and while this is at full capacity, similar to the Dóchas Centre, Limerick Female Prison often exceeds maximum capacity however this is so in a substandard facility.

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<sup>19</sup> Photography, Home Economics, Media Studies, English, Maths, Computers, Intercultural awareness, Card Making, Music, Parenting, Jewellery, ESOL (English for foreign women prisoners), Wood work, Pyrography, leatherwork, Pottery Leatherwork, Stained Glass, Beauty, Art, Gym, Industrial cleaning, Arts & Crafts (Framing shop), Computers (ECDL), Training Kitchen, Gym; Sewing, Hairdressing.

<sup>20</sup> FETAC accredited or City and Guilds level 3

Limerick prison has not been without its own problems. In 2009, it was noted as the most overcrowded prison in Ireland (IPRT 2011a). There are 24 cells in Limerick's female prison which are designed for one person; at least half are being used for double occupancy (Reilly 2011, IPRT 2011a). In 2011, the Inspector of Prisons reported that Limerick Female prison could not be said "to comply with international best practice and that certain areas of the prison were not fit for purpose" (p. 7) and seriously questioned whether Limerick prison was a safe environment for staff to work in (Reilly 2011). The Committee for Prevention of Torture and Inhuman or Degrading Treatment condemned the conditions for Limerick's female prisoners but the Director General of the IPS at the time explained that they would close it only that the women incarcerated there prefer to be nearer their children and families (Quinlan 2011, p. 64).

The Visiting Committee noted an improvement in prisoner services due to a reduction in overcrowding and improved management of prisoner's sentences (*Limerick Prison Visiting Committee* 2012). However, Limerick Prison is commonly referred to as 'the punishment prison' as female prisoners being reprimanded for poor conduct in the Dóchas Centre are sent to Limerick Female Prison on 'punishment'. Additionally, Limerick Prison is consumed by a male focus on sentence management and services, therefore women do not receive the same level support and facilities as what is available to women in the Dóchas (Reilly 2011a, 2011b). Furthermore, the restricted contact between male and female prisoners in Limerick prison means that when recreational activities are required to be cancelled, often due to staff shortages for instance, then this happens for the minority group, i.e. the female prisoners.

The most recent government investment plan, *Building on Recovery: Infrastructure and Capital Investment 2016-2021*, placed a state commitment to significant development work in Limerick Prison (Department of Public Expenditure and Reform 2016, p. 39). There is an approved plan to build a new prison facility in Limerick which will have a dedicated section for females (Department of Justice and Equality 2015). The provision of new a female unit consisting of 50 cells and 8 transition units is due to open in 2019 (IPS 2016). However, the Inspector of Prisons has warned that female prison overcrowding - and short sentences and early release for female offenders - will not dissolve by building more prisons. The late Justice

Reilly argued that the issue is complex as should be the response, deserving of nothing less than a multiagency (statutory and non-statutory) approach to attempt to tackle homelessness and the “lack of diversionary options” (Reilly, 2012, p.7).

### **Limerick Female Prison School**

Female prisoners have a distinct experience in Limerick Prison regarding opportunities for training and education, for example, they can go to the main school one and half days a week (compared to five full days in the Dóchas Centre). The rest of their classes are delivered in the basement of E Wing (the wing where the females are accommodated within Limerick Prison). Second, the variety of courses and subjects provided are slim in comparison<sup>21</sup>. Finally, while most educational programme are accredited in the Dóchas Centre, there is no obligation for accreditation for any educational courses undertaken by the women in Limerick Prison (accreditation is available if requested). At the time of writing one female prisoner was finishing her final year of an Open University Degree.

Overall, and as previously discussed by Quinlan (2008), women experience prison very differently depending on whether they are detained in the Dóchas Centre in Dublin or Limerick (E Wing) Female Prison. The following Table 3.1 presents some of the main differences between the two prisons.

**Table 3.1: Comparison between Limerick and Dóchas**

	<b>Dóchas</b>	<b>Limerick</b>
<b>Accommodation</b>	Cottage style houses, with varying levels of comfort, occupancy and free time association. All ‘houses’ have a kitchenette with washing facilities, and all ‘rooms’ are en-suite. Has a MBU.	Cells are located along a thin corridor, some in the basement. Most are double occupancy. Cells have toilets and sink but no showers. A Landry room is available on the wing. No MBU.
<b>Recreation Space</b>	Nice well-kept communal gardens (plants and grass), with benches and seating. An onsite school, a big gym and	Small concrete patio – no grass or plants - one bench. Limited access to: small gym, computer room, hairdressers, main school

<sup>21</sup> **Main School:** Home Economics, Art, Pottery. Card Crafts, Yarn Skills (Knitting Crochet), Yoga. **E Wing Classes:** Classes Everyday: English (Basic to Advanced), Health Education (includes modules on Parenting, Addiction Studies, Drug Awareness), Physical Education, Music, Mathematics, Computers, History, Hairdressing.

	recreation hall, an outdoor sports court.	in the men's prison. Cells in basement used for various classes. Recreation room with sofa and TV. Women are locked in to the recreation room or the patio – the group cannot be split.
<b>Visiting Conditions</b>	Visits are with female prisoners only. Most visits take place in a communal visiting hall inside the prison. On Sunday's, Enhanced prisoners can have visits in the visiting area outside; a child focused setting with less intrusive security.	Female prisoners attend visits mixed with the male prisoners (O'Malley and Devaney, 2016). Limerick prison has a family room inside the prison which can be used for sensitive family visits and Enhanced prisoner visits. This is separated from the main visiting hall by glass, therefore limiting privacy. The same security measure applies for all visits.
<b>Visit Regime</b>	Ordinary visits <sup>22</sup> every day except for Tuesday. Professional visits every weekday except for Tuesday.	Ordinary visits every Wednesday, Friday and Saturday. No Visits; Sunday, Monday, Tuesday, Thursday  Professional visits Tuesday
<b>Regime</b>	Unlock at 8.00am;  Locked up 7.30pm.  Lunch and Dinner served daily at 12.30 and 4:30.  Women eat lunch in the two communal eating halls -or they can bring food back to their houses. Women are escorted to school, visits or services but can move around freely all day within their yards.	8.10 am - unlock collect breakfast - return to cell – locked up.  9.05 am Unlocked for daily activities  12.20 pm – Collect Lunch – eat in cell – Locked up  14.05 pm - Unlocked for continuation of daily activities  16.20 pm – Collect meal – eat in cell – Locked up  17.20 pm - Unlocked for evening recreation – <i>Professional Visits Happen at This Time</i>  19.30 pm - Locked back in cell until following morning

<sup>22</sup> As per Prison Rules 2007, 'Ordinary Visits' are with relatives or friends (Rule 35).

### 1.14.2 Temporary Release

Temporary Release was first provided for through the Criminal Justice Act (1960) as an innovative piece of legislation. As Rogan (2011) explains, prison authorities often engaged in “humanitarian” (p. 93) acts, supporting people to leave prison to be with loved ones during difficult times. Prisoners always returned but legislation did not exist to invoke their return. Temporary Release was therefore initially designed as a preventative measure to avoid future misdemeanour, rather than crisis driven like in England and Wales where similar legislation was enacted to relieve overcrowding (prisons in Ireland were in fact closing at the time when the Criminal Justice Act (1960) was enacted).

However, by the turn of the millennium the Irish prison landscape had changed dramatically so did the use of Temporary Release. In 2000 Irish courts had the highest usage of imprisonment in Europe<sup>23</sup> and similar to the UK and elsewhere Temporary Release was being used to release prisoners early as a measure to relieve overcrowding (O'Mahony 2000, p. 13-19). The use of Temporary Release became so familiar - with no affect in lowering recidivism - its use was commonly referred to as “shedding” or the “revolving door” (O'Mahony 2000, Rogan 2011). In response, the *Temporary Release of Prisoners Act* (2003) was introduced to replace the Criminal Justice Act 1960 and provide clear criteria for Temporary Release to be used for community reintegration and sentence planning rather than exiting prisoners (O'Mahony 2000, Rogan 2011).

The *Temporary Release of Prisoners Act* (2003) is the legislative mechanism applied when female prisoners request leave from prison to spend time in the community with their children. Incarcerated mothers in Ireland (assessed on an individual basis) can avail of weekend leave, escorted visits out, child care leave and extended or special family visits under ‘humanitarian grounds’ as per Section 1(b)(ii) of the Act. As per the Section 2 (1) of the same 2003 Act, Temporary Release is subject to

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<sup>23</sup> Committal Trends were distinct in that 75% were for non-violent crimes, sentences were short, and prisons were becoming seriously overcrowded. In response to overcrowding the Human Rights Committee (2000) requested that all Irish “prisons and detention centres are brought up to the minimum standards required to ensure respect for the human dignity of detainees and to avoid overcrowding” (Office of the United Nations High Commissioner for Human Rights, 2000). This recommendation was aimed at bringing practice into line with the International Covenant on Civil and Political Rights (ICCPR), which was already ratified by Ireland in 1989 (Hamilton and Kilkelly 2008, p. 65).

conditions, this can vary depending on each person and their family circumstance. For example, access out visits can be restricted to the family home – while others can include family days out at the zoo (O’Malley and Devaney 2015). Some are merely escorted by a support worker, while others are strictly supervised - some neither.

Similarly, the Criminal Justice Act (1960), the Temporary Release of Prisoners Act (2003) also included a focus on preparing long term prisoners for release and employment (Rogan 2011, p. 93). Additionally, Section 2(h)(iii) of the Temporary Release of Prisoners Act (2003) finally and formally named the Probation Service as the primary agency to work with IPS in relation to supporting structured use of Temporary Release<sup>24</sup>. Accordingly, mothers nearing the end of the sentence can apply for Temporary Release to permit them to go home once a month for the weekend which can increase in frequency and duration with time and good conduct. However, while this is often awarded, particularly for long term prisoners, as per Prison Rules (2007) all related decisions are finalised on a case by case basis at the Governor’s decision.

During the recent economic downturn and another period of overcrowding, Temporary Release came under scrutiny once again. The report, *‘It’s like stepping on a landmine... Reintegration of Prisoners in Ireland’* (IPRT 2011a) highlighted how Temporary Release was once again being used to free bed space rather than as an instrument for reintegration, and by doing so the positive work done during a person’s incarceration was often undermined (IPRT 2011a)<sup>25</sup>. Subsequently, the Community Return Programme was rolled out across the prison estate in another attempt to invoke a more structured form of Temporary Release, i.e. to support housing, medical care, substance abuse and training needs (Houses of Oireachtas, 2013), and as Rogan (2014) suggests, to tackle overcrowding and recidivism levels of short term prisoners (p. 2).

Under the Community Return Programme, mothers sentenced to between 1-8 years who have completed half their sentence can participate in community service and

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<sup>24</sup> Such reform also brought Ireland into practice with Rules 6 and 7 of the European Prison Rules (2006), (and while not legally binding Ireland does take account of these Rules), which recommends the preparation of prisoners for release and to establish contacts with services in the community (See: IPS 2016, p. 12).

<sup>25</sup> A month after this report was published, the Irish Times reported on the aforementioned case of a homeless drug addicted women with mental health needs being who was arrested attempting to break back into the Dóchas Centre as she had nowhere to go upon her untimely early release (IPRT 2010).

community-based courses (Probation Service 2017). While the number of prisoners on Temporary Release near halved between 2012 to 2015 (IPS 2016, p. 10), IPS has noted in their *Strategy Plan (2016-2018)* that they aim to make greater use of structured Temporary Release; this is yet to be realised.

### 1.14.3 Incentivised Regime

The Incentivised Regime, a prison policy which rewards ‘privileges’ for compliance in the guise of visits, calls and money, was implemented across the prison estate in 2012. Incentivised Regime “provides for a differentiation of privileges between prisoners per their level of engagement with services and quality of behaviour” (IPS, 2012).

The policy is mandatory for all prisons and prisoners, and while there exists a standard set of core privileges, incentives can vary between prisons to reflect the reality of local opportunity (IPS 2012). For example, women in Limerick Prison find it difficult to progress through the incentive regime scheme because education, training and employment activities are limited for them (See: Chapter Three, Section 3.3.1.3). The following Table (Table 3.2) presents the various levels of ‘rewards’, called ‘Basic, Standard and Enhanced’.

**Table 3.2: Incentivised Regime: ‘privileges’ rewarded for compliance**

<b>Standard</b>	<b>Enhanced</b>	<b>Basic</b>
Visits 1 per week	Visits 2 per week	Visits 1 per week
Calls 1 per day	Calls 2 per day	Calls 3 calls per week
Gratuity €1.70 per day	Gratuity €2.20 per day	Gratuity €0.95 per day.

(Adopted from Committal Brochure, Dóchas Centre, 2017)

All newly committed prisoners arrive into ‘Standard’ grade. Women are required to attend school and engage in programmes and training where they receive stamps for positive engagement in the activities they participate in. The women must produce the Incentivised Regime card weekly with the correct number of stamps to be considered for ‘Enhanced’ grade. Upgrading to ‘Enhanced’ normally occurs within 6-8 weeks of being in prison. To remain on ‘Enhanced’, prisoners are required to produce the Incentivised Regime card on weekly basis and evidence their consistent



compliance. Non-compliance with the regime can result in a drop down in grade and disciplinary issues result in being placed on 'Basic' grade (IPS 2012). Senior staff in the Dóchas Centre reported that a female prisoner would need to be extremely non-compliant to be placed in Basic grade (O'Malley 2013).

When the Incentivised Regime was first introduced it was heavily criticised by Kevin Warner, the former national co-ordinator of Irish prison education. Warner (2012) stated that the regime is misleading, in that rather than rewarding prisoners for compliance, prisoners – already financially stretched – now receive an overall reduced gratuity payment of up to 28% from what was already a “pathetically low” payment. Warner (2012) argued that if the Regime was aimed at incentivising more prisoners to engage in education (which he said from his experience prisoners do not require anyway), it was difficult to understand why prisoners who worked - as opposed to participating in education or treatment programmes - receive an extra €1 euro per day in accordance with the regime. Warner (2012) commented that “the philosophy of rehabilitation and reintegration has been replaced by the philosophy of the workhouse”.

Contrary to this however, Enright *et al.* (2007) published their research prior to implementation of the new incentivised regime policy and noted how foreign national female prisoners were much more likely to avail of the educational facilities in the Dóchas Centre, compared to the notably small number of Irish female prisoners who engaged with the prison school at that time (Enright *et al.* 2007). While research following the implementation of the Incentivised Regimes Policy found that there is now a waiting list to get into the school in the Dóchas Centre and kitchen staff are predominately prisoners who embrace learning while earning (O'Malley 2013).

#### **1.14.4 Prison Rules (2007)**

In 2007 the long-awaited Prison Rules was enacted, replacing the Rules for the Government of Prison, 1947. *Prison Rules* (2007) is extensive and is the primary piece of legislation relating to prison administration, discipline, and the rules for prison governors and staff in Ireland (Herrick 2009, p. 326-7). This section discusses relative provisions within Prison Rules 2007 for incarcerated mothers in Ireland and

their children regarding communication, contact and reintegration back into the family life and the community, namely; Probation and Welfare Service, Prison Visits, Telephone Calls, Letters and Video-link, and Babies in Prison. Many of these subsections also discuss related policy and practice progression relevant to their respective area.

#### ***1.14.4.1 Probation and Welfare***

The Probation Service, like the Prison Service, is an agency of the Department of Justice and Equality and under the direction of the Prisons-Probation Policy Division of the same department. However, the Probation Service is a single national agency based in the community, and in all fourteen prisons (Geiran 2012).

From the 1970s onwards, the Irish Probation Service evolved from just a handful of officers in Dublin to over 500 employees nationwide (Cotter and Halton 2015, Carr 2016). The Irish Probation Service developed as a service, and its practice and power streamlined as it became a vital artery within the criminal justice system for sentence management (Cotter and Halton 2015, Carr 2016). One of the principle mandated duties of the Irish Probation Officers is to provide pre-sentence reports to Judges outlining mitigating factors for a custodial sentence; i.e. reason why the Judge should not send the offender to prison in conjunction with how they may be managed in the community<sup>26</sup>. Therefore, Ireland's judicial sentencing is structured in such a way that individual circumstances are considered (Conway *et al.* 2011, Donson and Parkes 2016). Within this, mothering can be considered, and a community-based sanction can be argued for under these circumstances. While Judge's are the sole arbiter of sentencing under the *Irish Constitution* (Article 34.1), but they are not dictated to or obliged to enact a probation report; nonetheless it is common for recommendations put forward in probation pre-sentencing reports are seriously considered and nearly always sanctioned and enforced (Nolan 2014).

There certainly remains a lack of empirical research assessing the role probation play in the sentencing of mothers in Ireland and as highlight by Flynn *et al.* (2016) research related to the degree the judiciary allow for childcare planning in cases of

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<sup>26</sup> According to the Criminal Justice (Community Service) Amendment Act (2011) Judges are now obligated 'to consider' probation in cases where is it likely the convicted person will receive a sentence of less than a year.

parental imprisonment is rare<sup>27</sup>. Moreover, pre-sentencing reports are not mandatory or necessary where community-based sanctions are inappropriate. However, Ireland's unique judicial discretion, under the *Irish Constitution* (Article 34.1), can still be applied. This was recently invoked when a mother convicted for her involvement in a crime which resulted in the death of a young man, was given a week to organise child care prior to beginning her custodial sentence (*Irish Examiner*, 2017). The reality is, as many commentators have referred, female offenders tend not to abscond (Corston 2007, Lonergan 2010).

Regarding the Prison-based Probationary role, Rule 109 of the Prison Rules (2007) outlines the role and responsibility of the Probation Service within the prison setting specifically. Under this legislation Probation and Welfare Officers must work within a multi-disciplinary and interdisciplinary framework with an overarching aim to reduce recidivism and provide reports and advice to influence sentence management. Prison Rules (2007) stipulates that probation officers must assist prisoners to adjust to life in prison and maintain family and community ties. Additionally, probation officers must work with prisoner's family, their social support, community-based NGO's, and State agencies to prepare prisoners for release with targeted programmes and interventions to support their reintegration.

In 1985, when Whitaker advocated for increased Probation and Welfare Service to support a smooth transition from prison back into the community (p. 16), probation only provided a periphery service inside prisons. Cotter and Halton (2015) explained how, over the last 30 years, the prison-based probation service has developed a strong professional identity the IPS. Geiran (2012), the director of the Probation Service, explained that in 2005, 'welfare' was dropped from the title of the agency in an 'unapologetic' move towards providing greater clarity and understanding regarding Probation's 'core business' (Geiran, 2012). Therefore, while Rule 109 of Prison Rules (2007) asserts that *all* prisoners are entitled to avail of probation and welfare services, the current reality is that probation services primarily provide interventions for prisoners who are subject to a probation Supervision Order (as directed by the Court) upon their release. Therefore, as analysed by O'Malley and

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<sup>27</sup> Likewise, judicial decisions made in the District Court are 'ex tempore', i.e. 'off the cuff'; so no judicial guidelines or judicial decisions are written down nor made publicly available (Conway *et al.* 2011, Nolan 2014).

Devaney (2016), the prevalence of probation support for female prisoners is that approximately 60% do not receive a prison-based probation service (O'Malley and Devaney 2016, p. 10-11).

Overall however, there has been a targeted effort in recent years by IPS and the Probation Service to work more collaboratively together and to engage better with other criminal justice service providers. Today, the Probation Service and the Prison Service jointly provide advice to the Minister for Justice on penal matters, liaise with the Inspector of Prisons, and are responsible for Ministerial appointments to following relevant entities:

- Parole Board (who review the early release of prisoners),
- The Mental Health (Criminal Law) Review Board (who review the detention of persons held in in the Central Mental Hospital under criminal law)
- Prison Visiting Committees

In achieving their collaborative working ethos, the Probation and Prison Service have commissioned and jointly published several reports, reviews and policy initiatives. One such research publication, a *Review of Drug and Alcohol Treatment Services for Adult Offenders in Prison and in the Community*, was published in 2016. The aim of this commissioned review was to optimise on the fact that prison presents an opportunistic moment to seek addiction treatment, but there requires a continuum of care from prison into the community. The review acknowledged that both agencies are concerned with how female prisoners are more likely to be chaotically addicted to substances compared to male prisoners and how this poses challenges for their specific drug treatment (Clarke and Eustace 2016). The review also noted how repeat reoffending and prison readmissions equally poses significant challenges to effective drug treatment (Clarke and Eustace 2016, p. 24).

Another joint initiative, and arguably the most significant for this research study, is the *Joint Probation Service – Irish Prison Service Strategy 2014–2016: An Effective Response to Women Who Offend* published in 2014, widely known as the '*Women's Strategy*'. Although nearly 30 years post the Whitaker Report, the '*Women's Strategy*' is it the first formal attempt by Government to identify and develop a gender informed response to the specific needs of women offenders, acknowledging that until now services have been designed with men in mind (p. 7). The '*Women's Strategy*' highlights women's distinct pathways into crime, their higher level of

need, and how the nature and range of their offences pose little risk to the public exemplifying that prison is only necessary in a minority of cases (p. 4). The aim of the '*Women's Strategy*' is to rehabilitate women offenders, reduce offending and custodial sentences, have fewer victims and to achieve safer communities. The '*Women's Strategy*' puts forward four Strategic Actions in achieving this aim:

- 1) 'Gendered Informed Approach', achieved by fostering evidence-led policy development and service delivery
- 2) 'Connecting the dots', focuses on challenging intergenerational offending and the impact of the imprisonment of a woman on her family and children through a holistic approach delivered through multi-agency coordination both in prison and the community
- 3) 'Female centred options', achieved by building on initiatives in the community
- 4) 'Working better together', achieved by raising awareness in the benefits of community-based alternatives to custody.

(O'Malley and Devaney 2016)

In response to recommendations laid out in the '*Women's Strategy*', Abigail Women's Centre was opened by Tus Nua (Probation Service 2014). The Abigail Women's Centre provides the only gender-specific residential service for women leaving prison and on Temporary Release. Through the Centre the Probation Service, alongside other community-based agencies provide individually tailored supportive services for each woman (Probation Service 2014). The Centre does not accommodate children. While the Centre provides some level of transition from prison it is not an 'open prison' available to the courts as an alternative to custody for female prisoners in the same manner low level male offenders can be detained in Loughan House Open Prison. Ashleigh House, part of the Coolmine Therapeutic Community (in Dublin) is also jointly funded by the Probation and Prison Service and provides the only service which accommodates children 'in-house' alongside their mothers. However, Ashleigh House provides a limited service in that it only accepts referrals (and has a waiting list) from prisons for incarcerated mothers and pregnant women who are also requesting addiction treatment (Baldwin *et al.* 2015). Therefore, there is no 'step-down' facility for non-addicted mothers who wish for their children to be accommodated with them.

In 2014, the *Strategic Review of Penal Policy* (hereafter ‘*Strategic Review*’) was published, and the Probation and the Prison Service have joint responsibility for driving its implementations forward. The ‘*Strategic Review*’ (Working Group on Penal Policy 2014) recognised the complexities and vulnerabilities of the female prisoner population, noting the effect on children ‘deprived the company and guardianship of a mother’ (p. 67). The ‘*Strategic Review*’ (Working Group on Penal Policy 2014) welcomed the commitment of the ‘*Woman’s Strategy*’ to a new step-down facility and its supportive approach to gender-specific community-based alternatives to custody (Working Group on Penal Policy 2014, p. 66–74), but noted the need to better support and promote contact between offenders and their families.

According to the Irish Probation Service, there exists a further 60 (at last count) community-based services in receipt of funding from Probation (Probation Service 2017), many of whom provide a variety of ‘in-reach’ but ‘ad hoc’ services to the women detained in Limerick Prison and the Dóchas Centre. Women in both prisons have access to Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). Mothers from the Travelling Community can access Exchange House. There are two ‘in house’ drug counselors from Merchants Quay in the Dóchas Centre and EPIC and WRENS visit the Dóchas Centre once a month. PALS and Bedford Row Family Support Services provide services to the mothers in Limerick Prison. There are also many other agencies such as Care After Prison (CAP) and SAOL, who are linked in with Integrated Sentence Management (ISM)<sup>28</sup>— and are part funded by the Probation Service (Committal Brochure for Dóchas Centre n.d, Probation 2017).

#### ***1.14.4.2 Prison Visits***

As per Rule 35 of the 2007 Prison Rules, a mother can be visited by up to three persons, without any distinction made between adult and child, all visits are supervised within view and hearing of a prison officer, no articles are to be exchanged and all visits are to take place in a designated area. Some prison visits are where the incarcerated mother and her visitor can talk and see each other, but not touch (i.e. screened visits). However, physical contact is permitted where the Governor is satisfied the smuggling of prohibited items is not taking place. Entry to

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<sup>28</sup> The *National Development Plan* (2007-2013), targeted the social exclusion of prisoners through the integrated sentence management (ISM) programme, which focuses on reintegration and rehabilitation, while in custody.

visits is permitted at the Governor's discretion. As child visitors have not been given any specific recognition within Prison Rules (2007), this legislation is equally applicable to them. Research on maintaining the mother-child relationship within the IPS reports on the reality of the experience of prison visits for children in Ireland asserts;

“time restrictions, hard-to-reach prison locations, restricted physical contact, visits behind glass, sniffer dogs, unfriendly staff and more generally the non-child friendly physical environment’ provides for an uninviting experience for children’

(O'Malley and Devaney 2016, p. 22).

Most mothers experience mother-child visitation as a public affair in communally managed visiting halls, on rigid fixed tables and seating. Visits are managed differently in the Dóchas Centre Compared to Limerick Prison (See: Chapter Three, Table 3.1). Irish commentators have highlighted how the European Court on Human Rights has ruled on the States obligation to assist incarcerated mothers in maintaining meaningful contact with their children through appropriate family visitation (Donson and Parkes 2012). Many commentators and advocates refer to *European Prison Rules* (24.4) which states prison visits should ‘allow prisoners to maintain and develop family relationships in as normal a manner as possible’, and specifically referring to various articles within United Nations Convention on the Rights of the Child (UNCRC). The UNCRC, ratified by Ireland in 1992, promotes the protection children's rights and their legal status to maintain personal relationships and direct contact with their mother, irrespective of her prisoner status (Donson and Parkes 2012, Mangan-Ryan 2014, Martyn 2012, 2015).

Several national and prison policy publications have begun to recognise the needs of these visiting children (Parkes and Donson 2018). For instance, St Nicolas Trust (no date), a family support group for families of prisoners in Cork, recently published the first child friendly Irish resource for child visitors visiting a parent in prison. The National Policy Framework for children and young people, *Better Outcomes Brighter Futures (2014–2020)*, places a statutory commitment, for the first time, to adequate access by children to their imprisoned mother in a child-friendly setting (DCYA 2014, p.82). Furthermore, the recent *Strategic Plan 2016-2018*, published by IPS, asserts a commitment to improve visits to make them more family friendly and to amend times to better facilitate school going children (IPS 2016, p. 32).

In response to this recent focus on how poor visiting experiences provided within the Irish prison system can impede on positive contact and children and family rights, IPS piloted the *Family Links* programme in Limerick Prison; a new visiting scheme designed to permit more father-child physical contact. *Family Links* was evaluated by Bradshaw and Muldoon (2017) who acknowledged the complexity of delivering such a programme in a closed prison. But, reported on the several benefits regarding strengthening family bonds and communication skills. It is proposed that *Family Links* will be rolled out across the prison estate, including the female prisons.

However, regardless of facilities, interventions or the physical construction of any prison in Ireland, as Rogan (2014) highlights, the Governor has a great deal of discretionary powers under numerous sections of Prison Rules (2007) in how they manage their individual prison; including flexibility in how they manage prison visitation. For instance, Rule 35 of Prison Rules (2007) renders all sentenced mothers entitled to one 30 minute visit per week, while those on remand are entitled to five 15 minute visits per week. In reality however, all mothers (on remand or sentenced) experience the same levels of visits. Equally, it is not uncommon to facilitate a second visit in the same week, not only to mothers on ‘Enhanced’, but to those who may require specific support; as reported by a senior member of prison staff in the Dóchas Centre; “We facilitate what we can, particularly if someone is coming from the country - they need extra time, a morning or an afternoon or both” (O’Malley and Devaney 2016, p. 25).

Special family visits are also facilitated and occur for several reasons (i.e. family breakdown, children visiting with a social worker, mothers on ‘Enhanced’ etc.). These are managed differently in each prison (See: Chapter Three, Table 3.1) and are dependent on the prisoner’s compliance with the incentivised regime policy (See: Chapter Three, Section 3.3.3) rather than the child’s right to meaningful contact with their imprisoned parent (Parkes and Donson 2018). Moreover, any visitation policy advancements for mothers and children are subject to the practicing Governor and classed as a privilege not a right. These can be reverted to basic provisions as outlined within Prison Rules (2007) by the appointment of a new Governor encompassing hardened punitive ideologies, as articulating here by one Irish prison Governor in research conducted by Parkes and Donson (2018) on a child’s rights to effective contact with their imprisoned father in Ireland:



“anything that we’ve achieved here is because I’m here. And that shouldn’t be the way. It shouldn’t depend on me. I always say that about the job. It shouldn’t be about ... [Individual personalities and their own ethos]. ... Because when I walk away from here, that should continue. It shouldn’t roll back and say, well, look, thank god that lunatic’s gone, because now we can get it back to a secure prison and put the eggshell paint back on the walls. (Governor 1, County C)” (Parkes and Donson 2018, p. 159)

#### ***1.14.4.3 Telephone Calls, Letters and Video Link***

Rule 46 of Prison Rules 2007 provides that non-convicted prisoners are entitled to five telephone calls per week, convicted prisoners are entitled to one telephone call per week, and where a visit to a foreign national cannot take place an additional telephone call can be facilitated. However, as per other visitation policy, Governors exercise their discretion and an alternative policy prevails over legislation in that all mothers (sentenced or not) in both prisons are provided with one six-minute telephone call every day. As per the Incentivised Regime, mothers on ‘Enhanced’ can make two six-minute telephone calls per day (See: Chapter Three, Section 3.3.3); particularly important for mothers who have more than one child in various care arrangements as they may need to talk to their children, their caregivers, their solicitor, and possibly a social worker. In contrast however, mothers on ‘Basic’ are restricted to three phone calls per week. All imprisoned mothers submit a maximum of six telephone numbers (one of which must be their solicitor) for approval to call.

In accordance with Rule 44 of Prison Rules (2007) mothers can receive an unlimited number of letters but the cost of postage and writing materials exceeding seven letters in one week may be charged to imprisoned mother. In reality however, as reported by O’Malley and Devaney (2016), all national and international phone calls and postage are provided free of charge by the prison service, a particularly ‘vital method’ of communication between mother and child (p. 30). Rule 42 outlines the use of video-link in situations where ‘in person’ visitation is impractical, for instance incarcerated mothers who are foreign nationals. However, if such a device does not already exist the Minister of Justice is not obligated to install it, and the cost of the service is incurred by the prisoner. In reality, video-link is now installed in all prisons, but their primary function is to service the courts (IPS, 2012), not to substitute family visitation.

#### **1.14.4.4 Babies in Prison**

Rule 17 within Prison Rules (2007) facilities mothers and babies to be accommodated together within the prison system until the child reaches 12 months of age to support breastfeeding. As with other areas, Governor discretion applies and mothers who are not breastfeeding are not discriminated against – all mothers are supported by IPS to keep their baby with them or enter the prison with their baby if this is their wish. When asked her views on facilitating babies within the prison alongside their mothers, the Governor stated:

“I am 100 per cent behind it. It is where the baby should be - the only time I question that is where there are child protection issues...no case is the same. And we will be guided by the [then] HSE<sup>29</sup>...I think it is so important for the child to be with the mother; full stop. And I will do all I can under the guidance of our child protection agency” (O’Malley and Devaney 2015, p. 26).

Unlike many other European countries, Ireland does not facilitate conjugal visits<sup>30</sup>. This is noteworthy as women either enter prison pregnant or have just had their baby prior to their committal. Women who become pregnant during Temporary Release are usually nearing the end of the sentence anyway, and therefore mother-child separation during imprisonment is unlikely for such mothers.

According to an analysis of the literature available, babies have always been accommodated with their mothers within the IPS, including in the old D Wing of St Patrick’s Institute for Young Offenders, prior to the opening of the Dóchas Centre (Lonergan 2010, Carroll 2011). However, the separate Mother and Baby Unit was not planned in the build of Dóchas Centre, it was a response to a need at a particular time - high numbers and high drug use. Prior to this, babies lived with their mothers in any room and Phoenix House (the subsection in the Dóchas Centre campus where pregnant women and mothers and babies currently reside – See: Chapter Three, Section 3.3.1.2.1) was originally designed and used as a ‘step down’ facility mirroring accommodation in the community to support women nearing the end of their sentence and transiting back into the community. Occasionally, as Enright *et al.*

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<sup>29</sup> The HSE refers to the statutory child protection and welfare service in the Republic of Ireland. This service is now an independent agency called Tusla, the Child and Family Agency.

<sup>30</sup> In 1991 a case was taken to the Irish courts where a married couple, both of whom were serving a life sentences, sought their constitutional right to have children, but this was refuted. Furthermore, the European Court of Human has also held that a ban on conjugal visits does violate ECHR Art 8 the right to family life (Rogan, 2014, p. 99).

(2007) explained, children up to 14 years could visit and have overnights visits with their mother there. However, increased numbers meant deteriorating overcrowding conditions and double occupancy in rooms, so older children were no longer supported to visit or stay with their mothers (O'Malley 2013).

In 2010, when the Dóchas Centre officially reached double capacity with six babies (Dóchas Visiting Committee 2010), the Inspectorate of Prisons raised child protection concerns regarding babies intermingling with the rest of the population in an overcrowded drug tainted environment (O'Keeffe 2011). The *Standards for the Inspection of Prisons in Ireland – Women Prisoner's Supplement* (Reilly 2011) instructed “a clear and comprehensive child protection policy shall be in place in all women's prison where mothers and babies are accommodated” (p. 11). Following this and further consultation with the Inspector of Prisons, Governor O'Connor considered Phoenix House the best option for a separate Mother and Baby Unit. In Phoenix House it was possible for the mothers to keep themselves out of the general prison population if they wished as the Phoenix House also includes its own isolated patio, while still having access to classes and all other facilities and services within the general population if/when required. However, while Phoenix House has heightened privacy and security, it is unavoidable that mothers, babies and pregnant woman move among the general female prison population to attend services. Some convicted female prisoners have committed crimes against children, thus child protection concerns are still relevant (O'Keeffe 2013). IPS recently published its *Strategic Plan 2016-2018*, asserting its commitment to “finalise and implement a Child Protection Policy” (p. 32).

#### **1.14.5 Alternative Care**

This section brings together relevant child care policy and legislation on adoption, foster care, social work and the Children and Family Relationship Act (2015), relating them to the case of the incarcerated mother in Ireland. In doing so, this section also draws out recent legislative and constitutional milestones which have the potential to alter long-term relationships between incarcerated mothers and their children in alternative care in the community.

#### *1.14.5.1 The Changing Face of Alternative Care*

While most mothers in prison are separated from their children, adoption as McCaughren and Lovett (2014) outline and Tusla (2017) records confirm, is not widely experienced or practice in Ireland. This rarity relates to Ireland's Constitution (Article 41.1.1) which has historically awarded the family based on marriage as superior to all positive law, rendering adoption only possible under very strict circumstances<sup>31</sup>. In 2016, a total of 177 adoptions took place, most of which were approved for the child's birth parent and their spouse<sup>32</sup>. Of the 177 successful adoptions in 2016, 55 were related to children in foster care (Tusla 2017). Until the enactment of the Children and Family Relationships Act (2015) last year and the more recent Adoption (Amendment) Act 2017, adoption from foster care was only considered if total abandonment from the birth mother (or both parents if they are married) was proven (O'Brien, 2014). Total abandonment was generally only recognised as abandonment when as the child nears their eightieth birthday, rendering adoption an untimely and senseless exercise for most foster children (O'Brien 2014). Thus, many children have remained in long-term foster care in Ireland for several years; in 2016 one-third of all children in foster care had been there for three or more years (Tusla, 2017).

However, the Children and Family Relationship Act 2015 was enacted in 2016 and more recently in the Adoption (Amendment) Act 2017. Children and Family Relationship Act 2015 provides that the incarcerated mother can appoint a 'temporary guardian' if prevented from exercising her own guardianship responsibilities. However, the same Act also provides guardianship, custody and access rights to unmarried fathers, non-biological fathers and grandparents under certain circumstances, for the first time since the foundation of the state. These pieces of legislation broaden the category of people who can apply for access, guardianship, custody and adoption, extending also to non-marital families, for the

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<sup>31</sup> There has been some recent broadening in this regard. Last year the 34<sup>th</sup> Constitutional Amendment recognised marriage between two people of the same sex; same sex married couples are now provided the same superior rights as a heterosexual married couple and therefore recognising other family forms available for adoption. The Adoption Act 2010 positively placed more scrutiny on intercountry adoption and the management of adoption, a welcomed move considering Ireland's recent history of illegal adoption practices managed by religious orders. However, the Adoption Act 2010 did not address the legalities pertaining to the entangled relationship between marriage and adoptive parents or children.

<sup>32</sup> Additionally, in 2013 there were 116 adoption orders of which an overwhelming 86 were adoptions by a birth parent and their spouse (Citizens Information Board, 2015)

first time. In addition, applications for all types of alternative care can begin much sooner, often between one and three years of providing continual child care (Citizens Information Board 2015). This would reflect, in many senses, adoption legislation already in place in the England and US as referred in the literature review (See: Chapter Two, Section 2.4.3.5.).

Furthermore, on 24<sup>th</sup> April 2014, the 31<sup>st</sup> Amendment of the Constitution of Ireland inserted Article 42A; a historic amendment which enshrined children rights independent of the family. These legal changes represent the most important reforms in Irish family law for a generation and mark a time in Irish history where children's rights have gained ground over the historically unquestioned rights of the family.

These influential constitutional and legislative milestones in Irish history and culture have legal relevance and implications in addressing the discrimination previously faced by children cared for in diverse families forms and outside of marriage. Therefore, this will no doubt impact on the lives of children separated from their imprisoned mothers. For incarcerated mothers, is it difficult say how they, obviously impaired in their ability to perform mothering or to sustain contact children in alternative care (including foster care), will be impacted.

On the whole, while important to acknowledge these key legislative and constitutional moments are yet to trickle down into the prison system at the time of writing, and incarcerated mothers in Ireland separated from children in the Irish foster care system are managed through ongoing social work support until their child reaches eighteen, or twenty-one if they are still in education.

#### ***1.14.5.2 Social Work Support***

No statistics exist on how many children of imprisoned mothers are in foster care, but it is nonetheless recognised that foster care is a reality for many such children (Martyn 2015, 2017, IPRT 2017). Ireland's preferred foster care model is based on general and relative foster care; only 5% of children in foster care are in residential settings, while 25% are in relative foster carers arrangements, with the rest in general foster care (i.e. non-relative) (Tusla 2017). Social work practitioners operate in many areas, but Tusla is specifically mandated under the Child Care Act 1991. In

accordance with the Child and Family Agency Act (2013), social workers manage the care of children in foster care under Tusla, Ireland's Child and Family Agency, which provides frontline social workers and services to children and families.

In accordance with the Child Care Act (1991) and the Child and Family Agency Act (2013), the statutory duty of Tusla is to identify and promote the welfare of children who are not receiving adequate care and protection. Social workers must achieve this by awarding primary consideration to the child's welfare, while having due regard to incarcerated mother's rights. As Ferguson and Kenny (1995) clarify, the overall aim of the 1991 Act "is for the State to support the role of parents in a humane way, rather than supplanting it" (in Devaney 2011, p. 136). In applying the Child Care Act (1991), and indeed the Child Care (Placement of Children in Foster Care) Regulations 1995, to the case of the incarcerated mother, they stipulate that reasonable access is facilitated when mother and child are separated unless to do so is in contrary to the safeguarding or promotion of the child's welfare. As contended O'Malley and Devaney (2016), the fact that a mother is in prison does not negate her maternal rights, regardless that her child is in foster care.

Moreover, *Children First: National Guidance for the Protection and Welfare of Children* (DCYA 2017) and the *Child Protection and Welfare Practice Handbook* (HSE 2011), provide statutory and policy guidelines for frontline social workers. These practitioner guidelines reiterate that 'a proper balance must be struck between protecting children and respecting the rights and needs of [the mother]' - where there is conflict, the child's welfare must take precedence (DCYA 2011, p. 4). Furthermore, mother-child separation should only occur as a last resort; 're-union should be considered in the context of planning for the child's future' (HSE 2011, p. 4). In applying this to the case of the imprisoned mothers, both publications are reflective of the Child Care Act (1991) in seeking the child's views independent of their imprisoned mother, but that the imprisoned mother has a right to be consulted on matters affecting her children. However, as incarcerated mother 'Gaby' (2015) alludes, rather than being included in the process, imprisoned mothers regularly receive letters from Tusla regarding the 'outcome' of their child's case conferences<sup>33</sup>

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<sup>33</sup> Meeting to share and evaluate information between professionals and parents/carers, to decide whether a child should have a formal Child Protection Plan.

or child protection plans<sup>34</sup>. Moreover, some imprisoned mothers cannot read or write and are therefore unable to fully understand the contents of such letters or respond appropriately ('Gaby' 2015).

Irish research by Enright *et al.* (2007) reported on a previous social worker role in the Dóchas Centre, who provided parenting courses, supervised overnight visits, and assisted in the discharge of babies into the community regardless of the noted lack in any formalised policy between prison and community care services at the time of their research. When the journey of this current research study began in 2012, there were no social workers operating within either of the female prisons in Ireland. It was later noted that Tusla and IPS do however collaborate to support mother–child relationships, but this is on a case by case basis and often only if the social worker makes themselves known to the prison (O'Malley and Devaney 2015, 2016).

During the final stages of this research study sparing social work services eventually became available to incarcerated mothers in Ireland from external agencies. A nun and social worker from Bedford Road Family Support Services visits the mothers in Limerick Prison once a week. Her primary role is to provide interactive group therapy (i.e. art therapy), facilitate religious events, support external visits with children if approved by the child's social worker and provide some advocacy and support work to the mothers inside. In the Dóchas Centre, social work services are somewhat more limited. A social worker from Empowering Young People in Care (EPIC), a national agency which supports young people in care, visits the mothers in the Dóchas Centre once a month to support them with issues pertaining to their children in foster care only. In this instance, the focus remains is on the child in care, rather than the mother in prison. Neither, of these roles provide any support around Family Court, as outlined by 'Gaby' (2015);

“I've had family law court hearings [regarding maintaining contact with my children in foster care], but I have had no-one to come to court to be a 'voice' for me. Even though I was able to get letters to show my progress to the judge, it wasn't the same as having a social worker speaking up for me.... the judge and H.S.E are not going to just take my word for it - especially if I had a bad track record... just seen as a 'drug user'... The [Prison] Probation Service are

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<sup>34</sup> A Child Protection Plan is an interagency plan that sets out what changes need to happen to make sure that the child or young person is safe and that their needs are met. The aim is to reduce or remove the identified risks, by providing support to the family and outlining what the family is expected to do to make the required changes.

‘snowed under’... they cannot support us 100% when it comes to our children. (‘Gaby’ 2015, p. 6).

However, the origins of the Irish Probation Service - who have a strong operational and practical role within both female prisons in Ireland (see section) - are deeply rooted in a social work ethos. Indeed, most probation officers are trained and qualified social workers (Probation Service 2007), and in accordance with the Criminal Justice (Community Sanctions) Bill (2014) probation officers must be registered with the Social Work Registration Board (See: Subhead 3). However, it has been argued that the original social work and welfare philosophy underpinning prison-based probation services was somewhat sacrificed when the probation service re-structured itself and term ‘welfare’ was eventually dropped from its title (Probation Service 2007, O’Malley and Devaney 2016, Cotter and Halton, 2015).

O’Malley and Devaney (2016) specifically highlight this deficit in welfare provision within the prison system for incarcerated mothers, their children and the babies inside the Dóchas Centre, by emphasising the absence of a strong social work presence within the female prisons to advocate for imprisoned mothers. Most imprisoned mothers engage with social work services through their children’s social worker, whose professional role is focused on the child; the needs of the mother therefore remain secondary if at all relevant. While some staff training initiatives have been realised (O’Malley and Devaney 2015) and IPS recently asserted its commitment to finally implementing a Child Protection Policy (*Strategic Plan 2016-2018*, p. 32), there remains no social workers employed by IPS, and current child protection policy and practice is recognised as loose at best (O’Malley and Devaney 2016). Nevertheless, in the meantime the ‘good will’ exercised by various prison-based professionals is evident, and O’Malley and Devaney (2015, 2016) found that such professional altruism is crucial in supporting mothers to maintain meaningful relationships with their children.



## **1.15 Section Three: Context and Profile of Incarcerated Mothers in Ireland**

“I’m the first to admit it, but I have a soft spot for the women in the prison. Why? Because most of them are mothers, and I apologize to nobody when I say my ultimate admiration is for mothers. There is something distressing about seeing mothers locked up in prison and their children outside”

(Lonergan 2010, p. 142)

- John Lonergan, Governor of Mountjoy Prison for 22 years,  
Retired 2010

This section discusses three primary themes which provide the context and profile of mothers in prison in Ireland today. First is the growing number of women and mothers being imprisoned. This is followed by policy and advocacy discourses of the rights and needs of imprisoned mothers, and finally, the specific challenges and mental health profile of imprisoned mothers in Ireland, and their respective local and broader topical and current policy responses.

### **1.15.1 Rise in Female and Maternal Imprisonment**

National crime rates have been consistently declining for the past few years (CSO, 2016a). The newly published *SPACE I – Council of Europe Annual Penal Statistics* demonstrated that in 2015 Ireland’s prison population had also declined and was now slightly lower than the European average (Council of Europe *et al.* 2017). Moreover, recent recidivism rates demonstrate that while still an issue for concern, female reoffending has in fact reduced; 57% of women who had completed a prison sentence in 2007 reoffended within three years (IPS 2013), this reduced to 41% for the cohort of female offenders who were released from prison in 2009 (CSO 2016a).

However, the quantity of women being sent to prison has consistently increased. In just 15 years (from 2001-2015) the number of female committals in Ireland more than trebled from 923 to 2,918 (IPS 2008, p.17, IPS 2015, p. 54), presenting an increase of 216 percent in female committals within a decade and a half. Unlike the male prisons, the two female prisons, the Dóchas Centre and Limerick Female Prison, have been noted for many years as the most overcrowded prisons in the country (Working Group on Penal Policy 2014, Rogan 2014, p. 2). The Dóchas

Centre had reached two times its maximum capacity within the first decade of opening its doors. The Inspector of Prisons, Judge Michael Reilly, declared that overcrowding is the ‘single greatest problem’ inside the Dóchas Centre (Reilly 2013, p.6). The rise in female imprisonment is not unique to Ireland however, this global phenomenon is evidenced by statistics provided by the World Prison Brief (Walmsley 2015). Since 2000 the world prison population has risen by 20 percent, while the number of incarcerated females has increased by over 50 percent globally within that same timeframe (Walmsley 2015).

Regarding maternal incarceration specifically, when statistics are extracted from various studies and brought together for the first time, a picture begins to emerge suggesting that while the numbers of female prisoners in Ireland has continued to rise since the 1980s onwards (Lonergan, 2010), there has been a disproportionate rise alongside that, of the number of mothers being incarcerated within the IPS. For example, the infamous Whittaker report noted that 30 percent of the female prison population were mothers (Whitaker, 1985), within 10 years this had doubled to 62 percent (Carmody and McEvoy 1996), a decade later this had risen to 75 percent (Quinlan 2006).

It is difficult however to compare Irish statistics on the proportion of incarcerated mothers to international research on the same subgroup. Firstly, the two primary Irish studies (Carmody and McEvoy 1996, Quinlan 2006) on women in prison in Ireland, while not focused on mothers per se, reported on the number of *all* incarcerated mothers within their participant group and not just mothers of children under 18 years, as often cited in international studies (Caddle and Eaton 1997, Mignon and Ransford 2012). Additionally, some international statistics are inconsistent. In the UK for example, the Penal Reform Trust’s often cited discussion paper presents three figures ranging from 30 to 85 percent when discussing the number of mothers in prison there (Minson *et al.* 2015). US research would suggest 62 percent of the female prisoner population are mothers (Glaze and Maruschak 2008), which is similar to a recent Scottish study which states that approximately two-thirds of incarcerated women are mothers (Gardiner *et al.* 2016). However, Helensburgh and Lomond (2017) report that 50 percent of women in prison in Scotland are mothers, of which only 30 percent are actually primary carers.

Overall however Baldwin (2015) asserts that international statistics on the percentage of mothers in prison usually ranges between 60-70%. It would appear therefore, that 75 percent as found by Quinlan (2006) in Ireland, would be on the higher end of that international scale. Additionally, it's interesting to note that recent research with incarcerated Traveller women in Ireland found that all of those involved in the study by Doyle (2017) were in fact mothers. Again, while Doyle's research was not intended to be representative, nor was the focus on mothering (its focus was on imprisoned women from the Travelling community), the overrepresentation of the Travelling community in the prison population is nonetheless significant (Costello 2014), moreover that Traveller women tend to have more children, and begin child bearing at a much younger age when compared to the settled community (CSO 2016b, Doyle 2017).

#### ***1.15.1.1 Sentencing and Fines***

The daily average number of female offenders in custody in Ireland was 144 in 2016 (IPS 2016, p. 5). Female prisoners account for 3.9 percent of the entire prison population, slightly lower than the European average of 5.2 percent (Council of Europe *et al.* 2017, p. 2). However, as Herrick (2009) asserts, these figures mask the rate and nature of Irish female committals. In 2016, there were 12,579 committals into prison, of which 20 percent were women (2,516 female committals). The huge disparity between the daily average number (i.e. 140) and the total number who come into custody during the year (i.e. 2,516) is according to Herrick (2009), IPRT (2017), Reilly (2013) and others reflective of the high turnover of women who are either held on remand or have received very short custodial sentences. Reilly (2013) reports that Irish courts are noted for their over-use of short-term sentences for women, the average being three months compared to an overall EU average of ten months (O'Keeffe 2013). Also noteworthy is that Ireland is fourth highest in the EU for the rate it sends people to prison and is the second highest in the rate it releases people from prison, which O'Keeffe (2013) reports is causing a major administrative burden on an already stretched service.

Interestingly, when committals for non-payment of court ordered fines are removed as a category of offense then the percentage of women committed into prison for other offenses falls dramatically from 21 to 8 percent (IPS 2015, p. 28). *The National*

*Development Plan 2011-2014*, acknowledged the substantial numbers of people sent to prison for non-payment of fines, and referred to the Fines Act 2010, which came into effect in 2011. Fines Act 2010 instructs the Court to consider the ability of a person to pay a fine before deciding the amount to impose, how to pay it, and if indeed a fine can be imposed at all. The objective of this legislative reform is - in theory – that no one should be sent to prison because they cannot afford to pay a fine (*The National Recovery Plan 2011-2014*, p. 70-71). However, 2015 witnessed a 10% increase of overall committals for non-payment of court ordered fines compared to the previous year, of which females accounted for 27% of the total 9,883 committals (IPS 2015 p. 23, 31).

In relation to numbers in custody for non-payment of fines, the *Irish Prison Service Annual Report (2015)* helpfully provides a snapshot of the prison population. On the 30<sup>th</sup> of November 2015, seven people were in custody for non-payment of fines. There were 411 prisoners out on Temporary Release of which 160 were serving less than 3 months for fines (IPS 2015, p. 24). This presents a picture that the prison service is unlikely to hold people in custody for any extensive length of time for non-payment of fines. However, the high turnover of female committals is noted as a huge administrative burden and counterproductive in that it separates mother and child for any potential and avoidable time.

#### ***1.15.1.2 Non-violent drug related crimes***

The crimes of mother offenders (and most female offenders internationally) are recorded as predominately non-violent and often drug related (Carmody and McEvoy 1996). In 2009, the IPRT reported that 82% of the women imprisoned were for non-violent offences (IPRT 2011b). In the same year, 2,933 random drug tests were carried out in the Dóchas Centre, of those 2,433 were positive for methadone (Long 2009). No more than three or four women have been committed to prison for murder or manslaughter in any year since 1930 (Quinlan 2008). Today there is a total of 352 prisoners currently serving life sentences, of those ten (2.8%) are women (O'Halloran 2017). Also, drug-related offences (possession, production, cultivation, import, export, or sale and supply of drugs) only became a recorded crime committed by female offenders from 1985 onwards (Quinlan 2008). Table 3.3

presents the numbers of male and female committals in 2010 which clearly presents the different types of crimes committed depending on gender.

*Table 3.3: Male versus Female Prisoners by Offence Group (adapted from IPS 2010)*

<b>Offence group</b>	<b>Men</b>	<b>Women</b>	<b>% Woman</b>
Homicide offences	51	2	<b>3.8</b>
Attempts/threats to murder, assaults, harassment and related offences	123	0	<b>0.0</b>
Dangerous or negligent acts	1,127	98	<b>8.0</b>
Kidnapping and related offences	15	0	<b>0.0</b>
Robbery, extortion and hijacking offences	63	2	<b>3.1</b>
Burglary and related offences	463	17	<b>3.5</b>
Theft and related offences	1,193	257	<b>17.7</b>
Fraud, deception and related offences	343	22	<b>6.0</b>
Controlled drug offences	904	56	<b>5.8</b>
Weapons and explosives offences	284	6	<b>2.1</b>
Damage to property and to the environment	423	48	<b>10.2</b>
Public order and other social code offences	1,493	117	<b>7.3</b>
Road traffic offences	2,749	523	<b>16.0</b>
Offences against government, justice procedures and organisation of crime	768	149	<b>16.2</b>
Offences not elsewhere classified	304	143	<b>32.0</b>
<b>Total</b>	<b>10,990</b>	<b>1,1497</b>	<b>12.0</b>

As per IPS (2010) above, over a third of female prisoners commit 'Offences not elsewhere classified'. A list of 'Offences not elsewhere classified' is provided below, noteworthy is 'debtor offences' (i.e. fines).

- Threatening/Abusive/Insulting Behaviour in a Public Place;
  - Debtor Offences (Debtor/Fail to pay Maintenance);
  - Intoxication in a Public Place;
  - Failure to Comply with Direction of a Garda (Resisting Arrest/Obstruction);
  - Possession of Knives and Other Articles;
  - Failing to Appear (Remand Date/Date Originally Set);
  - Breach of Barring Order (Interim/Protection/Safety Order);
  - Failed to make Income Tax Returns; Breach of the Peace;
  - Other Offences in this Category.
- (IPS, 2010)

Theft and related offences, road and traffic offenses, damage to property and the environment together account for a further 44% of crimes committed by female offenders under custodial sentence. A substantial number of offences (16.2%) are classed as ‘offences against Government, justice procedures and organisation of crime’, these include:

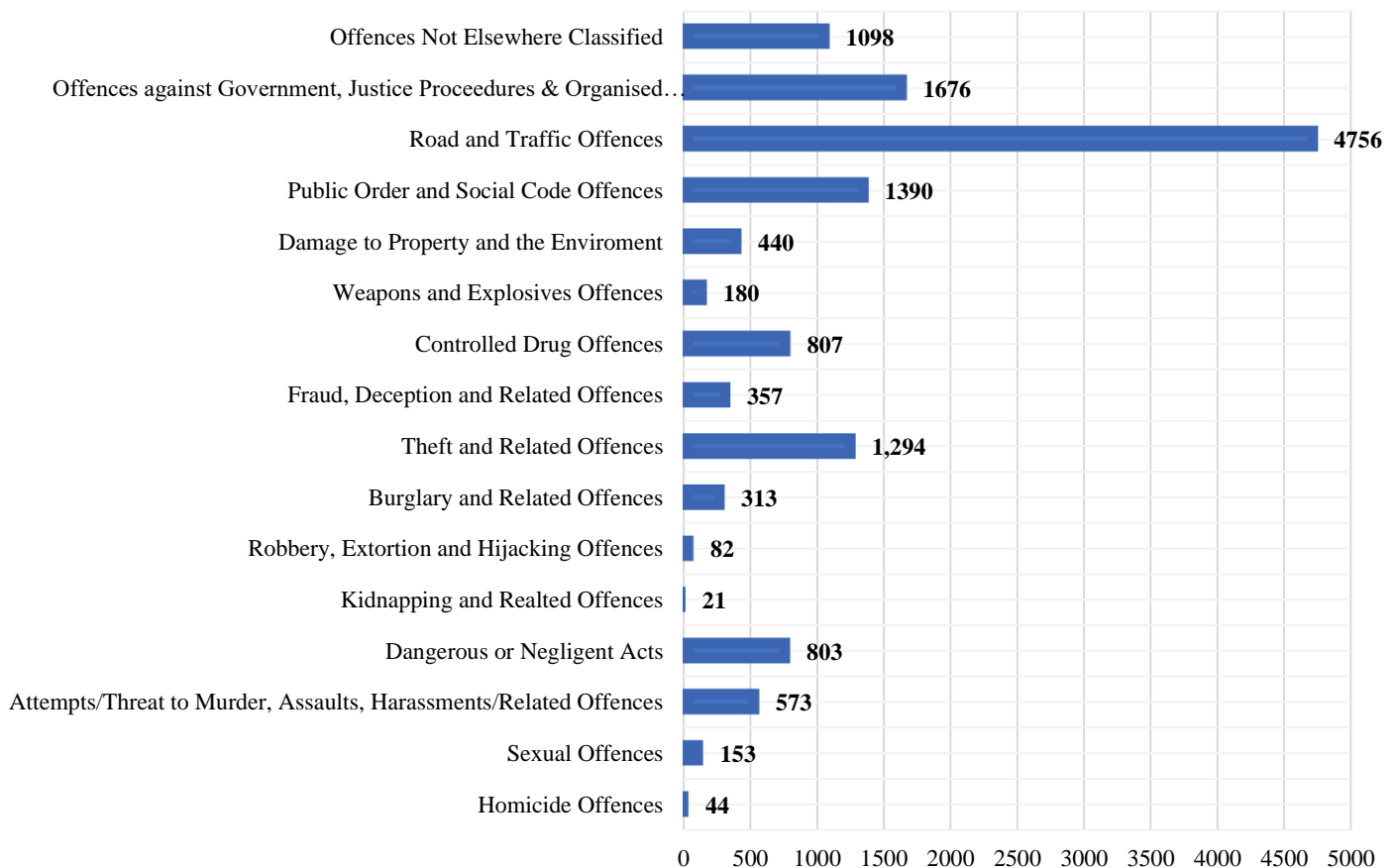
- Offences against government and its agents
- Organisation of crime and conspiracy to commit crime
- Perverting the course of justice
- Offences while in custody, breach of court orders

(CSO 2016a)

However, information on which crimes are more common among female prisoners within these ‘catch all’ categories are not clarified. IPS annual reports have not presented category of offence by gender since the new Director General was appointed in 2010. Instead Figure 3.1 below presents the categories of offences committed by *all* prisoners.

**1.15.1.3 Figure 3.1: Overall Prisoner Numbers by Offence Group**

Total Sentenced Prisoners = 13,987 (Adapted from IPS 2015)



This demonstrates the problematic misrepresentation of offences presented IPS, where ‘Road Traffic’ offences are by far the highest category when offences are amalgamated into one graph and gender is not considered. Overall, imprisoned mothers are therefore more likely to have committed non-violent crimes less likely to ‘fit in’ to the categories of crimes which most men ascribe to.

The case for managing non-violent drug related crimes via alternatives to custody has been a reoccurring discourse. It was first strongly recommended by Whittaker (in 1985) and again by the previous Governor of the Dóchas Centre who stressed in her resignation letter that “large numbers of women were so low a risk to the public they should never be jailed” (O’Keeffe 2010). Similarly, in March 2017, The *Third Report* from the *Strategic Review of Penal Policy*, noted its concern for the lack of an open prison for female offenders to reflect the security required for their low-level crimes (Department of Justice and Equality 2017, p. 13).

In Ireland, the cost of detaining a prisoner for a year is approximately €65,542. A community-based alternative, such as a supervision order managed by the Probation Service, costs is €5000 (Probation Service 2014, p.37). Irish commentators have consistently highlighted the attractive nature of community sanctions which could serve to alleviate the severe overcrowding issue in Irish prisons (O’Hara and Rogan 2015, Carr 2016). In 2011, the *Criminal Justice (Community Service) Act 2011* was enacted, which obligating judges to consider a Community Service Order in lieu of a sentence of up to 12 months of imprisonment (section 3(1)(a)). However, statistics revealed in the 2012 the IPS and Probation Service annual reports stated that this did not have the desired effect on reducing the use of imprisonment for less serious offences (IPRT 2017). In fact, imprisonment is used more than community-based sanctions in Ireland at a rate of two to one. This is not the case elsewhere; in Northern Ireland for example the use of imprisonment compared to community sanction is practically on par. In the UK, community-based sanction sizably outweighs the use of imprisonment (Carr 2016). Ireland is recognised as one of the most punitive criminal justice systems in Europe (IPRT 2017). Overall, Ireland has twice as many female committals compared to the UK (21% compared to 10% respectively) (Ministry of Justice *et al.* 2017, IPS 2016).

### 1.15.2 Rights and needs of Imprisoned Mothers

In response to the recent increase in female prisoners, fresh international attention has been drawn towards gendered penal policy, practice and legislation. This focus frequently emphasises and hinges on the fact that a large proportion of female offenders are mothers of dependent children. For instance, The United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders, otherwise referred to as ‘Bangkok Rules’, was introduced and adopted in 2010 by the United Nations. ‘Bangkok Rules’ provides the first set of UN rules geared specifically towards the needs of women offenders/prisoners. Ireland is a member state of the United Nations (UN) and therefore subject to ‘Bangkok Rules’, which covers a range of issues<sup>35</sup> including children who accompany their mothers into prison and provides guidance on the reduction of imprisonment by recommending non-custodial sentences for mothers of dependent children only as an absolute last resort.

The Irish Penal Reform Trust (IPRT), Ireland’s leading campaign organisation for the rights and needs of prisoners, have been sincere drivers behind a several publications regarding the rights and needs of the growing population of incarcerated mothers. The *IPRT Briefing: Women in Detention* (IPRT 2011b) highlighted (as did ‘Bangkok Rules’) how maternal imprisonment is proven as a major disruption to the mother-child relationship. Additionally, the *IPRT Position Paper 10 Women in the Criminal Justice System: Towards a non-custodial approach* (Costello 2013) outlines Ireland’s specific issues with overcrowding within the female prisons, within which incarcerated mothers are unable to fulfil their caregiving responsibilities due to their imprisonment, again advocating for community-based alternatives as outlined in ‘Bangkok Rules’. The subsequent, *IPRT Submission The needs of women in the criminal justice system: proposals for reform* (Mulcahy and Quinlan 2013) and *IPRT Briefing on Women in Prison in Ireland* (Martyn 2017) echoes above while making specific reference to short sentences mothers often serve which have no benefit to society or recidivism, but instead invoke a social, emotional, maternal, societal and state cost.

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<sup>35</sup> Such as issues of humane treatment, admission procedures, healthcare and search procedures.



In their recent submission to The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), IPRT's submission, *IPRT Submission in Advance of the Examination of Ireland's combined sixth and seventh periodic reports under CEDAW January 2017* (IPRT 2017), highlighted the deficit in mental health provisions and supports for pregnant women and mothers and the various facilities available to male prisoners/offenders but not available to women. The submission reiterated the need for alternative, diversionary and community-based options and supports be made available to Irish Courts and prisons for low level crimes committed by women, to address their multifaceted needs and ensure mothers are not separated from their children unnecessarily. Where prison is necessary, contact with children should be encouraged and facilitated (where it is in the best interests of the child).

While 'Bangkok Rules' is not mentioned in any IPS annual report, the 2016 annual report does state that IPS endeavours to implement recommendations put forward in the statutory Reports of the Inspector of Prison. And, the '*Women Prisoners Supplement*' by the late Justice O'Reilly Inspector of Prisons makes specific reference to 'Bangkok Rules' in his Report (2011, p. 6). IPS (2016) also declares its commitment to international human rights treaties and standards for best practice, within which the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, and the *European Prison Rules* (Council of Europe 2006) are both listed and recognised.

Regarding the *European Prison Rules* (Council of Europe 2006) Rule 34 has a dedicated section on women prisoners recognising their specific gendered needs, stating "women prisoners are particularly likely to have suffered physical, mental or sexual abuse prior to imprisonment (Council of Europe 2006). European Prison Rules (2006) stipulates provisions required for dealing with pregnancy, childbirth and facilities for children. Likewise, Rule 19 outlines the sanitation requirements for pregnant and breastfeeding mothers. Rule 36 asserts that where a parent's imprisonment is unavoidable, infants should be supported to stay with them in prison for as long as it is determined in the child's best interest. However, in cases where separation must occur then "the parental authority of the mother, if it has not been removed, should be recognised" (p. 61). Rule 36 also states that in cases where a baby can remain with their mother special accommodation should be set aside and

there must be a nursery and trained staff to care for the infant while the parent participates in other activities.

#### ***1.15.2.1 Electronic Surveillance***

While electronic surveillance has been widely used in neighbouring UK as an alternative to prison, and Irish Legislation (Criminal Justice Act 2006) did provide for electronic monitoring, the reality is the use of electronic ‘tagging’ is still rare in Ireland. In 2015 only four people were monitored by electronic tagging (Council of Europe *et al.* 2017). However, the *Strategic Review* (Working Group on Penal Policy 2014) recommended the use of electronic surveillance to reduce prison overcrowding, to support offenders in employment and education, and in particular to manage convicted sex offenders in the community. Additionally, *A Programme for a Partnership Government* (2016) asserted that Ireland will be introducing electronic tagging for those on bail to attempt to reduce the risk of reoffending. However, the *Strategic Review* (Working Group on Penal Policy 2014) also warned ‘tagging’ is not suitable for longer than six months’, or in isolation from a probation supervision or intervention, and is not effective for very chaotic and transient offenders (Working Group on Penal Policy 2014, p. 50) (i.e. such as the female prisoner population).

Research by Holdsworth and Hucklesbury (2014) found that electronic surveillance can appear as an attractive sentencing option, particularly for women considering their predominately low security and low-level category of crimes, and very attractive for mothers with dependent children to avoid mother-child separation due to imprisonment. However, the women in their study explained that the inflexibility of the monitoring system does not take account of domestic responsibilities (i.e. taking out the bins) and mothers parenting alone (i.e. calling children in from playing outside or a late-night run to the shops for nappies). Holdsworth and Hucklesbury (2014) conclude that this is why more women are ‘noncompliant’ and breach electronic monitoring orders than men do. While it is important to recognise new and innovative methods and research on supporting offending mothers to remain with their children, it is nonetheless still too early to opinion on how this new drive towards ‘tagging’ will impact on imprisoned mothers and their children within the Irish context.

### 1.15.3 Adversity and Mental Health

In 2007, the Irish High Court Judge publicly acknowledged that most the prison population are the victims of society (Rogan 2011 p. 200). While currently no Irish statistics exist on the percentage or prevalence of prisoners who have experienced foster care, the Irish Penal Reform Trust (IPRT), Barnardos and Irish Association of Young People in Care (IAYPC) (Murphy and CMAAdvice Ltd 2010) did publish anecdotal evidence of the overrepresentation of children who pass through the State care system and end up the Irish prison system or other mental health institutions. The cyclical nature of foster care and imprisonment was also noted by UNESCO Child and Family Research Centre who reported that young people aging out of foster care were more likely to experience incarceration (Moran, Garrity and McGregor 2016).

The Dóchas Visiting Committee have emphasized the multifaceted needs and criminogenic pathways specific to female prisoners. Their reports stressed that women in prison in Ireland have often suffered childhood and adult domestic, sexual and psychological violence (Dóchas Visiting Committee 2012). Similarly, the Sexual Abuse and Violence in Ireland (SAVI) report states that sexual violence is often a precursor to criminality (McGee *et al.* 2002). Irish research by Holt (2016) discusses the connection between childhood and adulthood trauma, domestic abuse and poor maternal mental health. Additional factors such as weak social ties, social exclusion, difficult family relationships, substance misuse, low educational attainments, accommodation problems, low income, welfare dependency, and the stress of child-rearing responsibilities have all also been noted by the Dóchas Visiting Committee (2012) as specific adversities faced by women in prison in Ireland.

Likewise, the *'Women's Strategy'* (IPS/PS 2014) acknowledges female prisoner's heightened vulnerabilities due to their mothering responsibilities, and their higher levels of addiction and mental ill-health when compared to their male counterparts (p. 66). In 2016, Judge Michael Reilly's report, *Healthcare in Irish Prisons*, was published. This report highlighted the "ad hoc" provision of healthcare provided across the prison estate. The point was made that there was no formal acknowledgement of the distinct health needs of female prisoners which are different

to the general prison population (Reilly 2016, p. 17). The Inspector of Prisons goes on to state;

“additional steps may have to be taken to secure “the right to the enjoyment of the highest attainable standard of health” for vulnerable groups such as women, babies and children, elderly people and people with mental health difficulties and to ensure they are not discriminated against” (Reilly 2016, p. 10)

The context of poor mental health among the female prisoner population is not a new concept to Ireland however. In 1996, Carmody and McEvoy exposed the high level of psychiatric treatment, suicide attempts and self-harm common to incarcerated females in Ireland. This was confirmed again by Hannon *et al.* (2000) who suggested that approximately 75 percent of the female prisoner population have unmet psychiatric needs and are 1.5 times more likely to require psychiatric treatment compared to male prisoners (in Dillon 2001, p. 115). In the first ever large scale national study on mental health in Irish prison, Kennedy *et al.* (2005) found that nearly 40 percent of female committals had self-harmed. Moreover, most female prisoners were recurrent self-harmers (those who had five previous incidents of self-harm) who had self-harmed within the past six months. Kennedy *et al.* (2005) also found the most frequent methods of self-harm among female prisoners were overdoses (24%), self-lacerations (23%) and attempted hangings (12%). Kelly (2006), published on the prevalence of self-harm among the female prisoner population in Ireland, reporting that while women only comprised 3.1% of the overall prisoner population (at that time) they accounted for 22% of overall recorded self-harm incidents in prison in one year.

In 2017, *Improving Surveillance and Monitoring of Self-harm in Irish Prisons Project Scope Document* (NSRF, NOSP and IPS 2017) was published. This document recognises that self-harm in prison is a risk factor for prison suicide. The document outlines IPS’s long-awaited work plan to ensure the availability of more meaningful and robust data on self-harm to help inform policy and practice in and across the prison service. While the Inspector of Prisoners did highlight just prior to the publication of this document that the health needs of female prisoners differ from male prisoners (Reilly 2016), the work plan itself is not gendered. However, it does recognise the need to record specific influencing/motivating and contributing factors

for incidences of self-injury such as gender, relational, personal and mental health factors - among others.

On the whole, the multi-layered psychiatric needs of the female prisoner population also raise concerns regarding the appropriateness, legitimacy and context of female incarceration (Bacik in IPRT and KFH 2007, p.112). For instance, the *Strategic Review* (Working Group on Penal Policy 2014) warned that the distinct needs of women and mother offenders compared to their male counterparts cannot be met within a male dominated prisoner population (p. 66). The Dóchas Visiting Committee also commented:

“The Visiting Committee has direct experience of meeting with women in the Dóchas Centre who are in need of treatment for addiction or mental health issues. These women are sent to the Dóchas Centre from the courts when non-custodial, medical or therapeutic intervention could deal with their needs more appropriately and effectively” (Dóchas Visiting Committee 2014 p. 4)

Justice Michael Reilly argued that supporting rehabilitation is inhibited by short sentences and early releases, which results in most mothers not being able to immerse in any worthwhile programme of rehabilitation or reparation, therefore leaving prison to immerse in the same cycle of offending, homelessness and addictions from which they left (Reilly 2011). Interestingly however, the female prisoners themselves who were involved as advisors through focus groups in the *Strategic Review* (Working Group on Penal Policy 2014), described how personal progress made while incarcerated is often impossible in the community due to their chaotic lifestyles, poor mental and physical well-being, and their addictions.

Homelessness and lone-mothering is also a noted adverse consequence of imprisonment. Maternal incarceration in Ireland has been identified as a route to lone-motherhood and homelessness, frequently occurring for female prisoners six weeks of their committal into prison (IPRT and KHF 2007, Reilly 2011, p. 5). In addition, IPRT (2017) found that female prisoners are 4.6 times more likely to experience difficulties in accessing accommodation post release compared to male prisoners. Research conducted by the Health Service Executive has highlighted that despite individual efforts, there is a noted lack of collaboration between state agencies to support women as they leave the Dóchas Centre (Comiskey *et al.* 2006). Many women who engaged in research with Mayock and Sheridan (2012) on

women's journeys, patterns and triggers into homelessness in Ireland had also spent time in prison. These women spoke about being released from prison into "emergency hostel and unsuitable accommodation which most often served to further entrench them in a cycle of housing instability, drug use, and repeat offending" (Mayock and Sheridan 2012, p. 12). The spirit behind the pertinent '*Women's Strategy*' (IPS/PS 2014) proposes that supporting offending mothers in their journey to reparation, their post release into community and family reintegration, and their contact with their children cannot be realised independent of the overwhelming challenges they face with 'mental health, addiction, accommodation, education, training and employment' (p. 12). However, the recent IPRT (2017) submission to The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) emphasis that most of the '*Women's Strategy*' (IPS/PS 2014) remains to be realised.

### 1.16 Chapter Summary

This Context Chapter has provided a representation of the journey of maternal imprisonment in Ireland through an analysis of historical and contemporary policy, legislation and practice. In doing this, the chapter has brought to the fore several relevant and political debates, much of which were first initiated in the 19<sup>th</sup> Century and remain relevant and topical today, i.e. the call for a gendered response to offending mothers and alternatives to custody for those who have committed low level crimes. Additional topical and contemporary political debates recognise that the rapid prison turnover of large numbers of mothers who pass through the 'revolving prison door' can provoke long-term harm for them and their children, and does not address their adverse circumstance, mental health, addiction and housing challenges which is often the root cause of their criminal behaviour. However, the autonomy of Irish prison Governors who provide a variety of policy responses are available to support mothers to maintain contact with their children which extend beyond the legislative remit is noted. Nonetheless, social work and probation services provide a scare yet formalised child protection and welfare policy and legislative response to the needs of this marginalised group of mothers and children.

Overall, this chapter has provided contextual information for the research, including Irish research, policy, practice and legislation on mothers in prison and the Irish child welfare system. The next chapter, Chapter Four, outlines the methodology designed and implemented in order to answer the overarching aim and objectives of the research study.

## Chapter Four: Methodology Chapter

“Those who speak largely of the human condition are usually those most exempt from its oppressions - whether of sex, race, or servitude.”

Rich (1976)

### 1.17 Introduction

In response to Rich’s (1979) quote above, taken from *Of Women Born: Motherhood as experience and Institution*, this chapter sets out how this research project is unique in addressing the concerns that motherhood is often explored through the voice of the other. The research project’s applied methodology, used to explore the experience of the informal institution of motherhood, and how maternal practice is performed by imprisoned mothers in Ireland, is outlined within. The chapter does this by first situating the study and the researcher, followed by providing the rationale, aims and objectives for the study, the paradigms for research design, the theoretical approaches and issues of reflexivity. The second section presents data collection methods and analysis and the limitations of the study. The third and final section discusses the ethical considerations in involving the direct involvement of the imprisoned mothers, such as access, recruitment, consent and duty of care.

### 1.18 Section One: Situating the Study and the Researcher

This section outlines the study’s overall rationale, aims and objectives and situates the researcher’s epistemological and ontological position within the study. It outlines the theoretical frameworks which have influenced the researcher. Finally, researcher reflexivity, its importance and the methods used to explore reflexivity and ensure non-bias are all outlined.

#### 1.18.1 Rational, Aim and Objectives

“But I did not choose this subject; it had long ago chosen me” - Rich (1976)

The researcher is both a mother and an ex-prisoner and while these are not defining characteristics, both did provoke the initial interest in the topic being studied. Motherhood happened shortly after the researcher was released to Ireland from a three-year custodial prison sentence served in Spain (See Chapter Four, Section 4.2.4.1 for further detail in relation to this). The profound and unanticipated maternal



bond and the trajectory into motherhood provoked reflection on the mothers (and babies) who were incarcerated alongside the researcher during her time in prison.

Supported by the Access Programme for Mature Students in the National University of Ireland, Galway (NUIG) and the Irish Probation Service, the researcher embarked on an educational journey upon her release which led on to the successful completion of the Master of Arts in Social Work Programme in 2013. As part of this Master of Arts in Social Work Programme, the researcher was enabled to academically explore the topic of maternal incarceration for the first time by conducting a minor dissertation investigating how motherhood is supported within the Irish prison system. This small-scale study included a small but inimitable group of senior members of IPS, and family support and social work practitioners who worked directly with incarcerated mothers in Ireland. Overall, the study exposed the deficit in Irish research and knowledge in this area; no national statistics existed on incarcerated mothers, their children or their children's caregivers. Moreover, the maternal voice and story of motherhood and mothering for imprisoned mothers in Ireland was completely absent. This lack in statistical data on children of prisoners has been equally noted in other countries (Flynn 2013, Minson *et al.* 2015). Likewise, the story of motherhood and mothering has generally been historically silenced, as quoted by the infamous mother scholar Adrienne Rich (1967); "we know more about the air we breathe, the sea we travel, than the nature and meaning of motherhood" (p. 11). Thus, it is not that Ireland is unique in its lack of knowledge on this topic; the proposal is that Ireland has a unique story of its own to tell about this topic.

As the female prisoner population has increased from a near non-existent group at the beginning of the Irish State to overcrowding capacities in recent decades, research and political attention has begun to gain national and international ground. Such attention frequently focuses on the effects of maternal incarceration on children. In recognizing Ireland's deficit in applied knowledge in the area, Irish policy and research advocates alike have borrowed particularly well from the bank of developing international literature on maternal incarceration in the UK, US, Scotland, Australia and Canada for example. However, the historical, cultural and catholic influence on the story of Irish motherhood proposes that the experience of

mothering in Ireland is quite unique. This became apparent to the researcher not only through her experience observing mothers in a Spanish setting, but also by being mothered by an Irish mother in England; such experiences provide a personal awareness of distinction and difference. Additionally, the researcher's Irish social work training further illuminated her understanding on how Ireland's history has shaped its child protection and welfare policy and legislation; a political and legislative infrastructure which impacts on the daily lives of mothers and children affected by maternal imprisonment in ways that are unfamiliar to international jurisdictions and influenced by Ireland's own particular culture and history.

Based on this rationale, the overarching aim of the research study is to give visibility and voice to incarcerated mothers in Ireland by exploring their experience of the informal institution of motherhood, and their practice of mothering. By doing this, the study also aims to give visibility to their children and the supports available to them and for mother-child contact. The objectives of the study are to;

1. To explore the experience of motherhood and mothering for incarcerated mothers in Ireland.
2. To profile imprisoned mothers and identify the number of children affected by maternal imprisonment.
3. To examine the supports available to imprisoned mothers and for mother-child contact.
4. To make recommendations for future policy, practice and research.

### **1.18.2 Paradigms for Research Design**

The researcher's worldview or paradigm is influenced by a personal set of beliefs, values and assumptions which determine how research enquiries are approached. Guba and Lincoln (2005) define a paradigm as containing three categories of assumptions that guide our investigations: ontology, epistemology and methodology. Creswell (2013) explains that the researcher's positioning on the nature of reality (their ontological perspective) and how they believe knowledge is gained (their epistemological perspective) is a pivotal concern in the early stages of any investigative inquiry as this will influence the project's methodologies. Therefore, it is important to clarify the paradigm of the researcher when considering the research

design and application. The paradigm holds specific importance in this study, as it is framed by the researcher as a trained and qualified social worker, a mother and an ex-prisoner, or otherwise known as a female convict criminologist (See: Chapter Four, Section 1.18.3.1).

The understanding of reality (the ontological positioning of the researcher) lies along a continuum of social realities between realism and relativism (Willig 2013). As Hughes and Sharrock (1997) explain, realism claims there is one interpretation of reality and the goal is to achieve an objective understanding of that reality. In contrast, relativism embraces divergent or multiple realities which depend on subjective interpretation, therefore stressing the multiple ways in which a single phenomenon can be understood.

In view of epistemology, our understanding of how we generate knowledge, a spectrum also exists from positivist and interpretivist (also referred to as constructionism) (Willig 2013). Positivism is an epistemological philosophy concerned with producing knowledge through the gathering of facts (Bryman 2012). Interpretivist, otherwise also referred to as constructionism, contrasts to positivism in that it is concerned with how we generate knowledge from our own social, cultural, linguistic and historical experiences (Willig 2013).

As Creswell (2013) states, the ontological and epistemological perspective of the researcher will determine their chosen methodologies. Historically, researchers have been placed in two often competing methodological camps (Sandelowski 2001), frequently referred to as the quantitative versus qualitative ‘paradigm wars’ of the 1970s and 1980s (Maxwell 2010, p. 475). Bryman (2008) tells us that quantitative and qualitative methodologies differ in many ways – the most obvious being that quantitative research is concerned with numbers while qualitative research is concerned with words. As argued by Hartley and Muhit (2003), quantitative methods identify universalities, make statistical generalisations and determine the relationship between two measurable phenomena, while qualitative methods are better for investigating subjective meanings, attitudes, beliefs and untangling the complexities of wider social contexts.

Regarding ontology, a realist who believes in one interpretation of reality would be placed in the epistemological positivist camp as they seek to create knowledge through facts; a philosophy which applies quantitative methodologies. On the other hand, an ontological relativist who believes in multiple interpretations of reality would be placed in the epistemological interpretative/constructivist camp as they seek to generate knowledge from social, cultural, linguistic and historical experiences, and would therefore apply qualitative methods (Denzin and Lincoln 1994, Lincoln and Guba 2005). However, as Humphries (2008) asserts “the debate on methodology is incomplete if it is pitched only in terms of the qualitative/quantitative divide” (p. 9). Likewise, rather than definitively separate, both methodological paradigms are in fact suitable in answering the research questions under investigation.

The rationale for mixing both methods in a single study assumes the fact that neither position is independently sufficient to capture the unique nature of the subject being examined. Thus, concluding that a combination will capitalize the strengths and offset some of the weaknesses that each possesses (Patton 2002, Ivankova *et al.* 2006, Bryman 2008). While researchers have been collecting data from both methods for the same study for some time, to implement them as a distinct combined methodology in itself is a fairly new approach in research (Tashakkori and Teddlie 2003, Creswell 2009). It is useful at this stage to define mixed method research. Creswell and Plano Clark (2007) encapsulate both its strategy and epistemological assumptions;

*Mixed methods research* is research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone. (Creswell and Plano Clark 2007, p. 5)

Regarding epistemology, the rationale for choosing a mixed method approach to address this research area is largely centred upon a pragmatic philosophical position (Tashakkori and Teddlie 2003, Creswell 2009). Pragmatism originally derived from

the works of Charles Pierce and Williams James in the late nineteenth century and more recent contributions from Rorty (1990), Murphy (1990) and Cherryholmes (1992). Pragmatism immerses itself in the ‘*what works*’ in research application and problem solving. Rossman and Wilson (1985) emphasise that it is the research problem itself that takes focal importance, not the methods, and that any appropriate approach can be utilized to gain better understandings of the problem (in Creswell 2009). Thus, pragmatism encompasses different worldviews or paradigms, multiple methods and different assumptions behind data collection and analysis (Lincoln and Guba 2005).

In this sense, pragmatism caters for the presentation of both numerical and textual data. Furthermore, pragmatists agree that research is always subject to its social, historical and political context, permitting a pluralistic approach to gaining knowledge in research. Thus, mixed methods support a postmodern turn which can be reflective of issues such as social justice and political aims (Creswell 2009), and therefore fits well in addressing the aims and objectives of this research study. This mixed method approach has been used before in prison research. For instance, Buchanan *et al.* (2011) investigated female prisoners understanding of substance misuse by using a demographic questionnaire followed by an qualitative open ended face-to-face interview. Similarly, this current study with incarcerated mothers in Ireland also employed a computer-based demographic questionnaire followed by a qualitative open ended face-to-face interview. Mixed method research can provide a pragmatic foundation for knowledge. For instance, Hissel *et al.* (2011) used mixed method for their study on children of incarcerated mothers in the Netherlands. Hissel *et al.* (2011) demonstrated that while the quantitative findings found that many children were residing in various caregiving situations, the additional qualitative analysis found a large proportion were already living apart from their mothers when maternal incarceration started.

### **1.18.3 Theoretical Approaches**

As mentioned above, the paradigm of this study is specifically framed by the researcher as a trained and qualified social worker, a mother and an ex-prisoner. Therefore, this study is underpinned by three overarching theoretical approaches. To

articulate their belonging to the researcher, their place within in this study, their relationships with one another and their similarities regarding participatory methodologies, each theoretical approach is discussed in turn. Firstly, Convict Criminology is outlined and discussed, this is then followed by Matricentric Feminism and Social Work which are both brought together under one subsection - all of which are grounded in the importance of subjective voice and experience, and favour participatory methods and the emancipation of the vulnerable, stigmatised and oppressed groups. These frameworks are brought together in this space to address the plight of muted and incarcerated mothers in Ireland, for the first time.

#### ***1.18.3.1 Convict Criminology***

The new and developing field of ‘Convict Criminology’ is a branch of former prisoners turned academics and researchers – i.e. ex-prisoner scholars, who contribute fresh conversations on crime, desistance and voice the experiences of prison and prisoners. Convict Criminology began as a response to the frustrations and discomfort many ex-convict academic professors felt when engaging with literature on offending, penal policy and the criminal justice system (Richards *et al.* 2009). Earle (2016) explains that a fundamental of Convict Criminology is to encourage ex-prisoner academics to develop a criminological imagination to challenge the relentless growth of prisons. Admittedly, while NUIG has an internationally renowned law school and centre for human rights, criminology is not its strong suit; no specific degree programme or focused module on criminology exists on campus. Therefore, the personal discovery of Convict Criminology has provided the author with a sense of belonging during their extensive and often lonely educational journey and doctoral studies.

Convict Criminology provides a scholarly space for prisoners and ex-prisoners alike and consists of various publications by prisoners and ex-prisoners often studying or in possession of a PhD (Richards *et al.* 2009). Convict Criminology is committed to giving voice to prisoners and has a passionate belief in the profound difference this can make. The academically oriented and peer reviewed, non-profit Journal of Prisoners on Prison (*JPP*) has for the past few decades provided an output for prisoner’s written work. The JPP brings together knowledge produced by prison

writers with academic arguments to enlighten public discourse about the current state of prisons, penal policy and legislation. As the esteemed criminologist and ‘non-con’ Shadd Maruna (2016) writes;

“Without Convict Criminology... would be to imagine the subject of African American studies with no African American scholars, or LGBTQ studies consisting exclusively of heterosexuals about gay desires and identities. Such a thing would seem an absurdity today, but of course, both existed not that long ago in modern universities” (in Earle 2016, p. xiii).

This is not to suggest that scholars, such as Maruna for instance, who have no incarceration experience cannot contribute to the sociology of crime, or equally that non-mothers for instance cannot contribute to motherhood scholarship, the contrary has been proven in both instances. But without first-person perspectives, as Earle (2016) highlights, there is a danger of othering which can lead to catastrophic policy decisions. To combat othering and to identify, explain and critique class-based inequalities is exactly the reason why, as Richards *et al.* (2009) point out, some ex-convicts and academics passionately self-identify as ‘convict criminologists’ (p. 356). In addition, Convict Criminology recognises the often uphill administrative and financial obstacles unique to ex-prisoners who embark on an educational and academic journey (Richards *et al.* 2009, Earle 2016); a hurdle magnified for this researcher due to the (merited) scrutiny placed on social work students during their studies and while seeking field practice placements. However, as Earle (2016) explains, it is an objective of Convict Criminology to support and overcome these difficulties for ex-prisoners with social science ambitions.

Convict Criminology is committed to providing a platform for prisoners and ex-prisoners to provide new theoretical, empirical and reflective development to the way criminal justice problems are usually viewed by researchers, policymakers and politicians (Richards *et al.* 2009). Critical ontology and ethnographic methodologies are awarded special value in Convict Criminology as they appreciate subjective experience and insider perspectives (Lilly *et al.* 2007, Earle 2016). Convict Criminology research methods therefore emphasize direct observation and real-life experience and include “correspondences with prisoners, face-to-face interviews, retrospective interpretations of past experiences, and direct observation inside correctional facilities” (Richards *et al.* 2009 p. 360). Richards *et al.* (2009) go on to

highlight how convict criminologists are particularly skilled in gaining research access into prisons settings, designing research questions and questionnaires in language that is applicable to prisoners and analysing prison records and statistics. The objective of applied and empirical convict criminological prison research is to improve conditions for prisoners and translate findings into policy and practice recommendations (Richards *et al.* 2009). The foundation of convict criminological research therefore speaks directly to the researcher and aims and objectives of the study undertaken.

Moreover, feminist criminologists assert that male and female offenders have different life circumstances, histories, behaviours and pathways in crime (Chesney-Lind and Pasko 2003, Smart 2013). However, Earle (2016) states that feminist academics are near absent from the group of convicted scholars and have a smaller, slower growing contribution to Convict Criminology due to the low numbers of female prisoners and the less serious crimes they are often convicted for (p. 55). This current research study therefore responds to the call from Earle (2016) and others to address this shortfall and develop upon the budding body of gendered voices within convict criminological research. This, as Earle (2016) strongly argues, is important to ensure robust gender specific analysis becomes more commonplace to avoid men's experiences of prison life being generalised and projected onto women, and to avoid polarisation in the field as it develops.

#### ***1.18.3.2 Matricentric Feminism and Social Work***

Matricentric feminism was coined by O'Reilly (2011, 2016) as a new branch of a mother-centred feminism in theory, practice and activism and politic specifically for mothers. Not limited to biological mothers however, but all those who engage in 'motherwork' or as Ruddick (1990) theorized 'maternal practice', as a central part of her/his life. Matricentric feminism is an autonomous social movement distinct from the larger feminist movement in that is it specifically concerned with the empowerment of mothers and empowered mothering (O'Reilly 2011). Matricentric feminism is also specific to its 21st century context, which responds to the discrimination, devaluation, and dissatisfaction mothers often experience, making possible an organized movement to challenge and change the same (O'Reilly 2011).



Matricentric feminist research is accommodated within the Motherhood Initiative for Research and Community Involvement (MIRCI), its associate journal, the Journal of the Mother Initiative (JMI), and associate press, Demeter Press. MIRCI and its accompanying publications are the first and remain the only feminist press devoted specifically to motherhood scholarship. O'Reilly (2011), founder of MIRCI, explains the purpose of MIRCI is "to provide a forum for the discussion and dissemination of research on motherhood and to establish a community of individuals and institutions working and researching in the area of mothering and motherhood" (p. 797). The MIRCI community consists of academic and grassroots motherhood scholar activists, guided by overarching principles which promote motherhood scholarship and the empowerment of mothers. The principles of MIRCI are specifically applicable to realising the matricentric feminist research approach in this study as it includes a commitment to;

- "Research and activism that examines mothering-motherhood as experience, institution, and identity, from the perspective of mothers"
- "Social change and social justice and [a] regard [to] mothering as a socially engaged enterprise and a site of power wherein mothers can effect social change"
- The realisation of research which includes all mothers, including marginalised mothers.
- The link between 'lived mothering' to 'examined motherhood' – i.e. the inclusion of scholars and community workers alike to bridge the gap between academe and activism.

(O'Reilly, 2011, p. 797-799)

Similar to Matricentric Feminism, empowerment and social change are routed within social work, a practice which aims to support vulnerable, discriminated and devalued groups and individuals in society through theory, practice, activism and politics (Parton and Kirk in Shaw *et al.* 2010). Feminist social work moreover, recognises the gendered nature of the profession's history and practice as predominately woman-centric (White 2006, Parton and Kirk in Shaw *et al.* 2010). Not only was it frequently middle-class philanthropic women who provided social work 'services' prior its professionalisation (White 2006, Buckley and McGregor 2018), but it remains so that it is predominately women who perform the profession (White 2006, Holt 2016), often engaging with vulnerable mothers challenged with child protection and welfare issues and addiction (Baldwin 2015a), and domestic and gendered based violence (Holt 2015, 2016, Coogan 2018). For the author of this study, 'Matricentric

Feminist Social Work' research provides the perfect term to acknowledge the reality of this academic 'motherwork' within the broader discipline of (feminist) social work research. Additionally, McNeill *et al.* (2010) helpfully outlines the interconnected nature of feminist social work practice and criminal justice social work. For instance, how feminist social work concerns with family violence, sexual offending, child protection, intimate partner abuse and more broadly social work's interrelated role with offenders and child and adult victims.

In the same way that matricentric feminist research is distinct from feminist research, social work research is distinct from social research in that it specifically understands socio-political and economical structures, contexts and constraints. Social work research is embedded within a social work ethic and value base of inclusion and participation and rather than its methods of research being observational, it is often concerned with action orientated research (D'Cruz and Jones 2004, Alston and Bolwes 2012). As Alston and Bolwes (2012) define, "social work research implies action, pursues social justice and collects systematic information in order to make a difference in people's lives" (p. 9).

Similarly, McNeill *et al.* (2010) outline that Criminal Justice Social Work (CJSW) research is in the business of 'what works?', i.e. evaluation research that feeds into evidence-based practice and influences policy and practice with those engaged with the criminal justice system, speaking directly to the researcher's pragmatic philosophical position as asserted above. McNeill *et al.* (2010) goes on to argue that CJSW research does more than just feed into evidence based practice and policy, that CJSW research also "seeks to explain and understand the problems it exists to address and the processes it exists to support" (p. 450) and, to do so discourse between the academic disciplines of social work and criminology is imperative to acknowledge if attempting to address issues of offending and desistance. An argument that neatly links the researcher's position as a convict criminologist and matricentric feminist social work researcher.

### ***1.18.3.3 Participatory Research***

As outlined above, Convict Criminology, and ‘Matricentric Feminist Social Work’ research clearly advocate the use of voice-centred and participatory research methodologies. Participatory research involving the Irish prison system is difficult to come by, however, *the Strategic Review of Penal Policy* (Working Group on Penal Policy 2014) engaged in prisoner participation through the use of focus groups which the final report affirmed informed and legitimised its recommendations. Likewise, the *Joint Probation Service – Irish Prison Service Strategy 2014-2016: An Effective Response to Women Who Offend* (PS/IPS 2014), specifically states that ‘input from women who have been or are currently involved in the Irish criminal justice system is vital to informing our knowledge (PS/IPS 2014, p. 13). This certainly affirms that IPS are at least willing to engage with female prisoner’s voices. However, a study most aligned with this research is *‘Discourse and Identity: A Study of Women in Prison in Ireland’* (Quinlan 2006). While Quinlan’s study was ethnographic rather than participatory, the immersion in prison life fuelled conversations with female prisoners and professionals working with the women which Quinlan (2006) described as ‘essential’ to informing all data collection methods (p. 66).

Like Quinlan’s (2006) study, Convict Criminology favours ethnographic prison research as a methodology above all else (Richards *et al.* 2009, Earle 2016). However, while ethnographic research methodologies are appealing, the author of this study specifically chose participatory rather than ethnographic methodologies. The purpose for immersing in the prison setting in this study was to engage the mothers as active agents with voice, experience and opinion that would contribute directly to the research process. As Hatton and Fisher (2011) assert ‘participatory research methods offer one strategy for the bringing women prisoner’s voices into this discourse’ (p. 123). Likewise, Fine (2013), a well-rehearsed researcher in prison based participatory action research, reminds us that “the women, men and children who have paid the greatest price for the structural realignment are often the objects of social policy and research but rarely the architects of either’ (p. 688). Using a participatory approach in this current study aims to address this gap.

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” (in Minkler and Wallerstein 2003, p. 420). Therefore, participatory methods as an approach speaks directly to Convict Criminology, and Matricentric Feminist Social Work research. Fine (2013) provides a helpful framework to conceptualize participatory policy research placed upon two axes, (a) who owns the research and (b) the diversity within the research team.

**Table 4.1: Framework to Conceptualize Participatory Policy Research**

	<b>Whose knowledge and experience constitute expertise?</b>	
<b>Who owns the evidence?</b>	<i>Traditionally trained researchers</i>	<i>Intentionally diverse research teams</i>
Research is exclusively held as university property	<b>Research About:</b> No participation	<b>Research On:</b> Strategic participation/ Partnerships
Research is designed as open-access, public evidence shared by community, social movements, and university	<b>Research For:</b> Participation/contracts characterized by shared interest convergence	<b>Research With:</b> Participation for justice, redistribution and human rights movements, and policymakers

(Fine 2013, p. 696)

This research study is situated in the ‘research with’ camp meaning, as explained by Fine (2013) it is cultivated by an ethic of participation built over time which ultimately acts to strengthens its power and advance its policy and practice agenda. The ‘participatory’ steps engaged in for this research included the establishment of a consultative group called The Mothers Project group (See: Chapter Four, Section 4.4.3.3). The enthusiasm of the mothers was noted in that at approximately one fifth of the entire female prisoner population in Ireland engaged at nearly every prison visit for the consultative group in each prison. In Ward and Bailey's (2013) prison research at least 90 percent of those invited participated which they ascribed to the women’s “willingness to engage in PAR [Participatory Action Research] and to be involved in change” (p. 312). O’Gorman *et al.* (2012) describe their work with ex-

prisoners as “continually changing and dynamic, requiring flexibility in project design, management and participation” (p. 381), a description which aptly fits the approach required in working with the female prisoner population in this project. The method to maintaining engagement in this project was an organic approach and open-door policy specific to the challenges in the setting (See: Chapter Four: 4.4). There are several models in the application of participatory research methods and Patton (2002) summarises many of those undertaken by social scientists.

**Table 4.2: Models of Participatory Research Methods**

<b>Participatory Method</b>	<b>Developed by</b>	<b>Requirements</b>
Humanistic Research and Hueristic Inquiry	Douglas and Moustakas (1985)	Collaboration with research participants
Co-operative Inquiry	Heron (1996)	Collaboration with research participants
Participatory Action Research	Wadsworth (1993a; 1993b) King and Lonnquist (1994a; 1994b)	Joint collaboration within a mutually acceptable ethical programme
Feminist Methods	Reinharz (1992)	Members of the research setting invited to help create study
Empowerment Evaluations	Fetterman, Kaftarian and Wandersman (1996) Fetterman (2000a)	Fosters self-determination of participants
Empowerment Partnerships	Weiss and Greene (1992)	Partnerships formed between researchers and participants
Participants as Researchers	Wadsworth (1984)	Participants are taught to become researchers and carry out the research themselves

This study is most aligned with feminist methods (Reinharz 1992), where members of the research setting, i.e. incarcerated mothers, are invited to assist in the creation of the study. While examples are limited, there have been some international studies which have taken a participatory approach to research with female prisoners (Fine 2013, Sherwood and Kendall 2013, Ward and Bailey 2013, Fine and Forre 2006). As outlined within the rationale for those studies, the participatory phase of this study also aimed to tick all the standard boxes which initially attract researchers to participatory methods, namely;

- To be guided by the experts – i.e. the participants themselves
- To provide a participatory platform which supports the right to be heard
- To increase the likelihood of affecting change
- To reflect service user involvement as advocated for in policy
- To raise awareness among participants and staff of the study
- To assist in the recruitment process of the project
- To break down power dynamics between researcher and participants
- To combat ethical issues around voluntary consent
- Support ethical duty of care via a deeper understanding of the project.

The various participatory methodological approaches consider the context and needs of those who are the focus of the study, alongside the institution's ethical and practical obligations and adapt the participatory approach accordingly. For instance, Biggs (1989) outlined a continuum of participation which includes four modes; contractual, consultative, collaborative and collegiate. The continuum upon which the four modes are placed spans from *contractual*, whereby participants are simply contracted in to provide information, similar to the method applied in *the Strategic Review of Penal Policy* (Working Group on Penal Policy 2014) where prisoners were asked to be involved in focused groups. This was not an attractive approach, nor inclusive enough, for the researcher in this study particular study. The second mode is *consultative*, where participants are consulted prior to implementation; the third is *collaborative*, where researchers and participants work together in the process, and finally *collegiate*, a fully consultative and inclusive participatory research project from beginning to end (Aldridge 2016, p. 20).

However, this study was most influenced by Lansdown's (2010) three degrees of participation as outlined in the recent participatory study with children conducted by Kelly (2017). Lansdown's (2010) three degrees of participation does not include the *contractual* as mentioned by Biggs (1989). Much like the mothers in this study, the children involved in Kelly's (2017) research were also considered a vulnerable and hard to reach population. Lansdown's three stages are as follows:

1. **Consultative participation** – seeking the participants views to build knowledge and understanding of their lives. This does not involve sharing decision making but recognises the value of their perspectives.

2. **Collaborative participation** – 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
3. **Participant led participation** – allowing participants to identify issues of concern and to initiate action with others acting as facilitators, not as leaders.

(adapted from Kelly 2017, p. 88)

Much like Kelly's (2017) doctoral study, this project straddled between all three degrees of participation. Due to the ethical protocol ascribed by both NUIG and IPS, and the researchers own agenda to address a deficit in research, policy and practice, some aspects of this study were predetermined. For instance, the researcher presented the study idea to The Mothers Project group, 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 to identify, by and with the women prisoners, the health concerns that needed to be researched and addressed within their own prison community. Additionally, rather than being designed by the mothers themselves the researcher used predesigned consent forms provided by the IPS Ethics Committee as instructed (see: Appendix 1), and premeditated information sheets and thereafter '*consultative participation*' (Degree 1) was sought from The Mothers Group on these materials for language, style and content. '*Collaborative participation*' (Degree 2) was applied in areas of question design and delivery, certainly several questions used in the Audio Computer Assisted Self Interview (ACASI) derived directly from The Mothers Project group's own concerns. While other aspects such as the information event, poster and computer game were completely '*participant led*' (Degree 3).

Aspects of participatory research which were applied by Elwood Martin *et al.* (2009) in their participatory research, such as training the female prisoners 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 female prisoners, 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) is

complex and considers the magnified nature of power sharing within the prison setting, the sensitivity of the topic being studied (i.e. self-harm) and the culture of suspicion among the prison community (p. 314). These considerations put forward by Ward and Bailey (2013) reflect well the concerns raised by The Mothers Group in this study: considering the small population of female prisoners, many of the mothers know each other outside as well as inside the prison setting (some were related) and they were concerned about the prison communities ability to secure confidentiality and anonymity. Moreover, training the prisoners in transcribing for example would have required serious consultation between academic support, the female prisoners and prison staff and neither the time or resources existed to ethically consider and realise this course of action within this study.

#### **1.18.4 Reflexivity**

Acknowledging the researcher's subjective positioning, the limits to their objectivity of the topic of enquiry and how reflectively was managed within the research process is pertinent to understanding the researcher's analysis of the findings. To present this, it is imperative to first outline how and which life experiences have shaped the researcher's thoughts and position within this specific study. And secondly, the reflective methods used to ensure self-awareness and critical management of self. As Gringeri *et al.* (2013) asserts;

“critical awareness helps researchers shine a light on the diversity and complexity of social locations and relationships we bring to knowledge production and the ways in which our own biographies shape the process and outcomes of research and the interactions with participants” (p. 2).

Peshkin (2000) explains that engaging in reflexivity is important because the researcher learns more about their own qualities as a direct consequence to contact with their research and each project can invoke additional qualities within the researcher. Nevertheless, while each project forces the researcher to consider their personal histories it is not a full biography, in that every investigation is related to the relationship between the researcher and the participant or participant group, which enviably alters with each project. Therefore, it is helpful to first present some selected auto-biographical details called out as pertinent for the researcher during this specific research study (in Roulston 2010, p. 120).



In doing so, the author has chosen to humanize themselves, or as Buber (1929) affirms, confirm that it is ‘a human being [that] is the instrument of [this] qualitative research’ (in Patton 2002, p. 64). Buber (1929) and Brown (1996) describe the difference between traditional academia and the personal voice in qualitative research. Brown (1996), in *The I in science: training to utilize subjectivity in research*, discusses this use of I as ‘the domain of experimental self-knowledge’ (pg. 1) and the ways voice both reveals and communicates this domain (in Patton 2002, p. 65). Mairs (1997) and O’Reilly (2016) discuss the importance of asserting gender and motherhood in becoming a women writer and mother scholar. In doing so, the researcher adopts ‘the reflective account’ as laid out by Crosse (2016) and like Crosse, this following section will use the pronoun ‘I’ instead of the third person.

#### ***1.18.4.1 My Reflexive Account***

The full personal story has been edited down and all identifying information has been removed prior to the PhD becoming publicly available. However, as a convict criminologist I do have a personal appreciation that when a person arrives at the prison gates they usually do so with layers of complex present and past, carrying with them what Lambert (2018) describes as their “Backpack of Trauma”. To explain this, a brief account of my life still merits a place here. On the whole I have undertaken this PhD as survivor of sexual and gender-based violence in childhood and in womanhood and I am not unfamiliar with issues of substance misuse and mental ill-health both personally and across the wider family. In addition, as O’Reilly (2007) asserts, motherhood is often written from the perspective of the ‘other’, the third person, of which female academics (often mothers) are particularly guilty of. I want to combat this issue by claiming my space as a mother scholar, with my own journey of motherhood and mothering that has influenced me to take on this project.

I was born in London in 1982 to Irish married parents and have four siblings, three older and one younger. I remember we didn’t have much money, but both our parents loved us, and each other, very much. I felt particularly close to my mother because my only sister was – as she would describe herself - a ‘proud tomboy’. Therefore, I got to enjoy all the ‘girlie’ things in childhood with my mother by myself while they relished in the likes of ladies’ Gaelic, which I had no interest. However, our mother was diagnosed with

cancer while she pregnant with our youngest brother and died when I was 13 years of age, a year and a half after he was born. By this stage I was already challenged with a variety of other additional childhood adversities. When I was 14 we moved from London to be closer our mum's sister in the west of Ireland for extra family support; an amazing woman who ultimately became my othermother. But looking back this was probably the point when our family felt to me, for many reasons, at its most fragmented.

Two weeks after my 17<sup>th</sup> birthday I went back to London and this is when I began to consume harder drugs, not excluding heroin and craic cocaine, and began selling drugs. The consumption and sale of illicit drugs was a method of escapism and a means to end to support my habit. I was first arrested in London when I was 19 and again in Spain when I was 21 – both arrests resulted in a total of five drug related charges; one of which was a three years custodial sentence. At the time I was arrested in London I was involved in an extremely violent and abusive relationship, one which has had a deep-seated and long-lasting effect on me. I went from being a strong outgoing young woman to being socially, financially and sexually controlled. I left for Spain in to attempt to escape that relationship but ultimately ended up in prison there.

I served nearly all the three years of my sentence and being in prison was difficult, but now I believe it saved me. The first-year of the sentence I didn't speak a word of Spanish and I experienced periods of deep depression. As my body cleared itself from all the toxins, reality became a difficult place to live in. The language barrier meant I was locked inside my mind more so than ever and for someone who thrived on sociability and escapism I became deeply troubled by my own company, thoughts and memories. However, I eventually began to settle, made friends, began running and learnt to speak Spanish. While in prison I met someone, and as neither of us received any external visits this companionship was a genuine lifeline for us both. Within a few months we were recognised as a formal couple and granted internal screened visits then conjugal visiting rights. Between using all our screened, family and conjugal visits with one another, plus spending all day together in gardening and other courses, and a continual stream of letter writing, I remember having more contact with him in prison than I did with any other boyfriend I ever had. This was an intense, passionate and kind relationship, a beautiful way to pass the time and the first time I had ever experienced intimacy that was genuine, without coercion, or without substances in my system. Overall, the turbulent years in prison were certainly challenging, but the experience gave

me the space to pause, to breathe, to find myself, to be comfortable in my own skin, to appreciate my own company and to understand my worth. I was released from prison in 2007 and have remained arrest free since.

When I was released, I was mandated to go to Ireland (and not back to London) which I now realise was the catalysed to a new and positive life. I was linked in with a Probation Officer upon my arrival, who, over the weeks that followed planted a seed about the Access Course for Mature Students in NUI, Galway (NUIG). The decision to start the Access Course at that time was honestly driven by financial gain and a desire for something better<sup>36</sup>. While on the Access Programme, a Social Work Masters student and a past Access student gave a talk on her educational journey and from that point I knew I would pursue a career in Social Work. All my electives throughout my degree in sociology and political studies were specifically focused towards the discipline of social work. Through the screening process in the Access programme I was diagnosed with some common learning difficulties and thereafter was supported by the disability department in several ways to overcome any educational barriers. I would class the Access Course and my journey in NUIG to date as my first genuine educational experience, for which I am extremely grateful and in which I have excelled. Prior to this I had been to four schools between England and Ireland and left school at a young age with no formal leaving certificate and no interest further education.

As a student, my eyes were widely opened to the socio-political influences in which I experienced my family and my life. I found a new, less resentful lens through which to view my own experiences and began to understand the manifold of life events which can often lead a vulnerable person to substance misuse, offending and ultimately prison. Notwithstanding this, as a social work student I became particularly challenged by some of my childhood experiences, which was when I embarked on an extensive counselling process provided by NUIG counselling service.

As a mother, my learning continued, as it is for all mothers. My husband comes from a very traditional Irish family and was eager to start a family when we first met. Although I didn't feel maternal and often said I wouldn't have children, this was important to him

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<sup>36</sup> the probation officer explained that students who went through the Access Course kept all their housing and social welfare payments, got an additional annual grant (of approx. 6,500 euro) and book allowance.

and I knew he would be a dedicated father. We got engaged and planned our first child, and our son was born in 2009. While I acknowledge the cliché, I can honestly say no one in the world could have prepared me for the immediate love I felt for my son; it was a physical bond so intense – I was encapsulated by it. I began to realise I didn't understand life at all until I became a mother. The bond continues to surprise me to this day. I recently went on a funded research trip to Canada and the for first three weeks I was separated from my son; I honestly never expected to miss him the way I did, I thought I was immune from such maternal needs, but truth is the separation was physically painful and something I will never do for that length again.

While motherhood transformed me inside and out, I was equally challenged by the experience. In a practical sense, I'd no mother to turn to when I was pregnant or beyond. All I knew was what I didn't want to do and what I needed to protect my child from. And, while motherhood affected me profoundly and in unimaginable ways I still could not conform to the Irish traditional stay at home mother, similar to what my husband had experienced, and I feel he expected from me. It took several years of renegotiating the motherwork within our home, but we now share mothering. Yet there have been many periods over the past nine years of our son's life when my husband has performed the majority of the motherwork as I pursued this educational journey; something I know he did not envision when he first proposed the idea of having children. I have no regrets however, as I sincerely appreciate motherhood as a subjective experience within which we shouldn't be boxed into gendered constructed roles. On the other hand, the emotionality of motherhood and mothering has brought up a lot for me. I appreciate how important it is to protect my child's innocence all the while developing a strong feminist son, who has the experience of being mothered by a feminist mother and feminist father alike. In this sense, motherhood and mothering has been a journey for us all. Not least because during this PhD journey focused on motherhood, my aunt and othermother passed away, but also because I was pregnant and gave birth to our second son the day after this study was submitted to the exams office and prior to the PhD Viva.

On a final note, while I am still close with some mothers I was in prison with, and I witnessed women becoming pregnant and having their babies in prison - I was not a mother while I was incarcerated. It was when I became a mother I began to wonder how and if such a life changing trajectory could support desistance from offending and substance misuse. Additionally, my life also changed because I was released from prison

with the opportunity to start afresh; a brand-new life in a brand-new city as a brand-new person (following three years of what was ultimately the rediscovery of myself). An opportunity that is not always possible, and I suspect less possible for a mother whose desires for release are often centred around being near her children wherever *they* are. Most of all, I do recognise my privilege. I went back inside the prison to conduct this study as an educated mother with a wonderful family of my own, and a supportive husband who has shown me an unconditional love and who tries to make me laugh every day.

### **1.18.5 Reflexivity in practice in this study**

“When first I was sent to prison some people advised me to try and forget who I was. It was ruinous advice. It is only by realising what I am that I have found comfort of any kind. Now I am advised by others to try on my release to forget that I have ever been in prison at all. I know that would be equally fatal. It would mean that I would always be haunted by an intolerable sense of disgrace, and that those things that are meant for me as much for anybody else – the beauty of the sun and moon, the pageant of the seasons, the music of the daybreak and the silence of great nights, the rain falling through the leaves, or the dew creeping over the grass and making it silver – would all be tainted for me, and lose their healing power, and their power of communicating joy. To regret one’s own experiences is to arrest one’s own development. To deny one’s own experiences is to put a lie into the lips of one’s own life. It is no less than a denial of the soul.”

Oscar Wilde (1897) - *De Profundis*

In response to Oscar Wilde’s (1897) quote and in an attempt not to regret one’s experiences, this section lays out the reflective methods used to ensure self-awareness and critical management of self. Reflexivity and subjectivity, the terms used when discussing the topic of knowing oneself as a researcher, are debates about what it means to be an ‘insider’ or an ‘outsider’ and how other people’s voices are made visible within the text (Roulston 2010, p. 116). However, Convict Criminologists assert that the position of the researcher with first-hand experience of incarceration is unlike that of “outsiders” and that the emotions they experience are valuable for their distinct difference (Jewkes 2014). Jewkes (2014) encourages prison researchers to explore such nuances. In the Changing Minds participatory project with females in college-in-prison the researchers reflected, “we came to understand the ways in which our lives overlapped with those of the prisoners and where they parted ... we grew ashamed at our collective and cultivated ignorance”

(Fine 2013, p. 694). O’Gorman *et al.* (2012) in their community-based project with ex-prisoners talk about the wisdom of individuals with incarceration experience in developing related research projects. Therefore, the researchers lived experiences of offending, substance abuse and incarceration are noteworthy. Likewise, matricentric feminist research regards an awareness of mother-centric issues that utilises self-awareness, subjective experience and reflexivity (O’Reilly 2011, 2016). As Knox (2001) affirms; ‘the literature reflects the notion that, being human involves emotions that can be deeply attached to memories, histories and events both negative and positive’ (in Colbert 2013, p. 43).

Eiser and van der Pligt (1988) and Schön (1992, 1994) recognize the interplay between past experiences, formal evidence and the central role of feelings (in Kenny 2007, p.25). Izard (1997, p. 74) speculates that emotion ‘or patterns of emotions’ possess the power to affect every part of one’s life, ‘work, home, study and play’ (in Colbert 2013, p. 26). However, as argued by Doucet and Mauthner (2002), vigorous reflexivity goes beyond the usual calls for researcher position, it includes reflecting on social, political and institutional positioning and involves transparency in all that influences the construction of knowledge. In this regard, Finlay (2002) helpfully provides five forms of reflexivity:

**Reflective introspection:** This is based on self-discovery through reflexivity; however this form of reflection can possibly mute the participant’s voices.

**Intersubjective reflection:** This discusses how we produce meanings as they emerge through interactions with others. While realists question how a researcher can gain access to unconscious motivations, this form of reflexivity is best suited to social scientists who are also trained therapists.

**Mutual Collaboration:** This is mainly used by feminist researchers and involves co-operative inquiry and participants in reflexive dialogue, data analysis and possible co-authorship. However, the compromise and negotiation can lead to watered-down findings which disguise unequal power relations.

**Social Critique:** This form awards attention to power imbalances within research relationships and the multiple positions held by stakeholders. However, it may lead to greater authority in text by certain stakeholders.

**Discursive Deconstruction:** This explores the meanings in language.

(adapted from Roulston 2010)

Considering the researcher as a pragmatist and trained in counselling as a core practical social work skill, 'Intersubjective Reflection' was recognised as the most appropriate form of reflexivity for this study. Intersubjective reflection was specifically managed through two practical reflective tools: Subjectivity Statements and Researcher Journals. Both Subjectivity Statements and Researcher Journals were then reinforced by two additional layers of reflexive strategies made available through the university (NUIG): one to one counselling sessions to explicitly support the research process, complimented by ongoing consistent research supervision with two academic supervisors. While the four strategic reflective tools undoubtedly influenced one another, each provision was used for a specific purpose and in specific way; these will be discussed in turn.

#### ***1.18.5.1 Academic Supervision***

The overarching source of reflexivity was primarily provoked by the academic supervisory process which supported the entire PhD process, and encouraged and exposed the researcher to various methods, ideas and literature along the journey. Bachkirova *et al.* (2011) proclaim that the role of supervision is to support, educate, and provide a professional balance between the needs, rights and obligations of the supervisee and other stakeholders; all of which is not necessarily offered or required in every session; however a good balance should be established. Additionally, to achieve the desired outcome from supervision and ultimately produce quality scholarship and contribution to knowledge, as Caspi and Reid (2002) affirm, task-centred supervision practices have been widely utilised. In this regard, the principle supervisor Dr Devaney suggested supervision sessions were recorded, and supervision templates provided by Dr Devaney were regularly used to record completed and ongoing tasks, possible obstacles and challenges in completing tasks, and basic thought processes behind possible future tasks (See: Appendix 4). This supervisory relationship was supported by a second academic supervisor Dr Millar, who complemented Dr Devaney's structured supervisory approach and aided the researcher by attending the Information Events held in each prison and speaking on the reality of transferring research into policy and practice (See: Appendix 8) while the principle supervisor was on maternity leave.

In addition to academic supervision, all social science research students in the NUIG are required to have a General Research Council (GRC). The role of the GRC is to ensure quality and best practice in research, and to provide meditation and advice to the researcher and their supervisor(s) (NUIG 2018). As per GRC Guidelines (NUIG 2018), this study had three GRC members which comprised of a researcher from the Global Women's Studies Centre, and two researchers from UNESCO Child and Family Research Centre, one of whom is the Chair of the NUIG Research Ethic Committee. At each formal GRC annual meeting, the researcher presented their complete, ongoing and future PhD work and had the opportunity to talk alone with the GRC regarding their academic supervisory experience. Apart from providing an additional layer of objective accountability for the academic supervisory relationship, the researcher also used this opportunity to welcome reflective feedback on the theoretical frameworks and analysis of the research study.

In addition to the formulae of the supervisory process, both supervisors are mothers situated in complementary academic roles in policy and practice within social science and family support, therefore both were apt to oversee this study. As Martin (2015) argues;

“The social understanding of academic motherhood [...] strategies possible solutions to women's struggle to reconcile their lives as mothers with their work as academics by positing, in particular, the value and applicability of maternal intelligence, such as empathy and innovation, beyond the domestic sphere. Ultimately, [considering] maternal ways of knowing as site of wisdom and experiential knowledge that transcends prescriptive notions of academic productivity and attempts to heal the disjunction between women's maternal and academic labours by affirming the connect between who they are and what they do.” (Martin 2015, p. 9)

Likewise, Fannin and Perrier (2017) discuss the importance of acknowledging parallels between 'with-woman' care and academic supervision from a feminist perspective regarding feminised labour, care work and the production of knowledge. For instance, a feminist pedagogical approach which models itself on principles of empowerment rather than constraint (Caspi and Reid 2002) was received in the guidance component of the supervisory experience and relationship within this project. Overall, both supervisors provided excellent critically empowering commentary within and across all chapters, urging and at times demanding reflective



research in all stages of the research process. In line with the caring spirit of the academic supervision, supervisors supported the researcher to seek funding for counselling to specifically assist the research process. Once secured, encouraging the counselling process and reiterating its purpose was revisited on a number of occasions during academic supervision sessions.

#### ***1.18.5.2 Research Counselling***

The therapeutic research counselling worked in conjunction with the academic supervision to enable the exploration of what Pillow (2003) termed the ‘reflexivity of discomfort’ (in Roulston 2010, p. 118). The reflexivity of discomfort is the ‘messiness’ of the researcher’s emotions, uncertainty and personal contradictions as they are initially drawn-out and verbalised often for the first time within the private safe space; otherwise impossible to unearth through academic supervision alone. Transcribing is just one example where the inadequacy of academic supervision is complemented through counselling in supporting the researcher through this project. The slow process involved in transcribing qualitative audio taped interviews, where the researcher must repetitively listen to often distressing and emotional stories can, as acknowledged by Kiyimba and O’Reilly (2016), provoke traumatic stress and have an emotional impact for the transcriber. However, due to the ethical approach to researcher wellbeing applied in this study this was safely managed through counselling in ways that would be impossible and probably inappropriate within limited academic supervisory relationship and setting.

Attending and participating in therapeutic counselling as part of the research had two principal aims. First to provide a safe space for the researcher to exhaust personal reflections (i.e. feelings about going back inside a prison, working with the prison staff rather than being cared for/supervised by them, exploring interview content reflective of personal experiences and so forth). Second, the therapeutic research counselling also provided space to debrief on the general vulnerable nature of the research topic and the emotional contents of interviews and fieldwork (i.e. working and researching within a highly charged and emotional space, with heightened levels of trauma, or mothers possibly responsible for varying levels of hardship upon their children, etc.).

Emotional reflexivity and boundaries are intrinsic to social work practice (Caspi and Reid 2002). Likewise, Kiyimba and O'Reilly (2016) outline an increased literature interest in researcher wellbeing, particularly during the collection of sensitive data, with sensitive topics and vulnerable populations. However, the actual management of emotional risk in research communities has been noted as altogether lacking (Kiyimba and O'Reilly 2016). Therefore, it is important to acknowledge UNESCO Child and Family Research Centre, the centre within which the researcher is situated, which indisputably financed this endeavour to seek reflexivity through research counselling, and therefore supported the minimising of researcher emotional risk during this research process.

#### ***1.18.5.3 Subjectivity Statements***

The following layer of reflexivity was Subjectivity Statements, and these were strategically linked to each therapeutic research counselling session. As Roulston (2010) explains, Subjectivity Statements critically examine one's theoretical perspectives, personal hypothesis concerning the findings and positioning with research participants. Subjectively Statements force the researcher to consider the drive behind the study, and ultimately why particular theories and methods are selected above others. There exists various methods and models in using Subjectivity Statements. For instance, Cole and Knowles (2001) designed the 'biological life history subjectivity statement', Villenas (1996) adopted 'statements drawing from field-notes and reflective narratives' and Krieger (1985) advocate 'subjectivity investigation post data collection and prior to analysis' (in Roulston 2010). However, Subjectivity Statements can be written at the beginning of the project and re-visited throughout; are 'flexible and reflective documents' which allow for contradictory, complex and multi-faceted accounts' (Roulston 2010), they complemented the 'reflexivity of discomfort' explored through the author's counselling process. Therefore, the author applied a method unique to this study which involved a protocol whereby the researcher took the time to write a subjectivity statement directly following research counselling sessions. This method applied was designed and implemented for this study as it functioned well in encapsulating both the personal and research processes achieved within the research counselling sessions.

As Peshkin (1988) proclaims, rather than eradicating the researcher's subjectivities, it can be sought out and openly acknowledged. The absence of subjectivity statements on part of the researcher can be a cause for suspicion for the reader – 'who is this person and what is their position in this?' (in Roulston 2010).

#### ***1.18.5.4 Researcher Journals***

Researcher Journals are a record of thoughts, feelings, ideas, commentaries and reflections throughout the research journey which are kept in addition to field notes (Roulston 2010). In caring professions such as social work and nursing, reflective practice and/or journal recording has been incorporated into supervision; both of which are aimed at increasing autonomy, self-awareness and professional self-governance (Kenny 2007). In research, there are various models in how to best use researcher journals, Bradbury-Jones (2007) recorded personal thoughts throughout the entire research project while Peshkin (1988) used index cards to specifically note the emergence of positive and negative feelings, circumstances/experiences he actively avoided, those he sought out and at times acted upon even in instances which fell outside of the researcher remit (in Roulston 2010). In this study, researcher journaling was used for an array of reasons and as an added umbrella tool for reflexivity which followed qualitative interviews, prison visits and GRC meetings. Researcher journals provided 'personal respite for contemplation' (Roulston 2010) and worked in addition to fieldnotes which were used to log the facts and procedures associated with the research fieldwork journey.

#### **Section Summary**

This section has presented the studies overall aims and objectives of this study, has situated the researcher within the study and outlined the author's and the study's theoretical foundations. Researcher reflexivity was also discussed. The following section will now address the ethical concerns within the research study.

## **1.19 Section Two: Data Collection and Analysis**

This mixed method project consisted of two phases. Phase one is predominately quantitative in nature and aimed at collecting data on the profile of imprisoned mothers and the number of children affected by imprisonment (i.e. how many women are mothers, how many children they have, and the care and visiting arrangements of their children etc...). Two interview methods are applied to achieve this; a 'one question' face-to-face survey and an Audio Computer Assisted Self Interview (ACASI). Phase two is qualitative in nature where mothers were invited to tell their story of motherhood and mothering in a face-to-face interview with the researcher, applying a 'single question used to induce narrative' (SQUIN) (Wengraf 2001.). The design, application and analysis of all data sources and their interpretations are discussed in turn, primarily pitched under the Explanatory Design model which maps out the chosen order of methods and why.

### **1.19.1 The Explanatory Design**

As Tashakkori and Teddlie (2003) document, by its very definition, the integration of both qualitative and quantitative methods ultimately presents the researcher with the choice of approximately forty different types of research designs. Creswell and Plano Clark (2007) very usefully created four functional typologies based upon the similarities and differences used in mixed methods research, namely; Triangulation Design, the Embedded Design, the Explanatory Design and the Exploratory Design. Of these the most appropriate form of collecting and analysing data for this research enquiry is the Explanatory Design.

Explanatory Design enables the researcher to draw upon qualitative data to help explain and/or build upon initial quantitative results (Creswell and Plano Clark 2007). The Explanatory Design, also known as the Explanatory Sequential Design, has a two-phase structure which begins with the collection and analysis of quantitative data. The second qualitative phase is specifically designed so that it connects to the quantitative results to enhance the quality of the findings (Ivankova 2006, Creswell and Plano Clark 2007). Holt (2016) provides an example of this in her Irish research with mothers who were victims of domestic abuse and their decisions regarding post separation father-child contact. In Phase One, 219

quantitative surveys were conducted with mothers capturing socio-demographic familial and contextual details of post-separation father-child contact. This quantitative data was analysed and subsequently informed the following phase. Phase Two then used qualitative data to seek out in-depth subjective and narrative experiences on the issues of post separation father-child contact. Similar to Holt (2016) and others (Buchanan *et al.* 2011, Hissel *et al.* 2011) the researcher's rationale for using a mixed method approach is to expand and elucidate on the initial quantitative findings.

In addition, the *participant selection model* was also applied. The *participant selection model* is used when a researcher uses the quantitative information to identify and purposefully select participants for a follow-up, in-depth, qualitative study. In this model the emphasis of the study is usually on the subsequent qualitative phase rather than the initial quantitative phase (Creswell 2006). In the methodological application, quantitative methods are useful in offering a snapshot in time (as in this study), but also adopting a qualitative approach provides three-dimensional depth to unilateral statistical data. In essence, the researcher's position as a pragmatist and social scientist is that the statistical data in this study has limited value without the story behind their subjective meaning and complex social contexts.

### **1.19.2 Phase One: Quantitative Data Collection and Analysis**

As outlined earlier, quantitative methods identify universalities through statistical generalisations and create knowledge through facts and numerical data (Denzin and Lincoln 1994, Hartley and Muhit 2003). Applying quantitative methods in this study specifically responds to the research aim to address the national statistical deficit in data related to the mothers (and their children) affected by maternal imprisonment in Ireland. To achieve a full picture of the number of mothers in prison a survey was first applied to entire population of female prisoners, thereafter a subgroup of mothers participated in ACASI. This first phase of data collection was predominately quantitative in nature and specifically addressed objectives Two and Three of the research study, providing a 'point in time' record, or as Humphries (2008) describes; "captures a still picture" (p. 7) of incarcerated mothers, their children, caregivers and mother-child contact.

### *1.19.2.1 One Question Survey*

The initial quantitative phase of the study had two stages. In the first stage was a one question quantitative survey which was administered to the entire population of female prisoners in Ireland to identify how many women in prison in Ireland are mothers. This involved a closed question, asking women in prison (face-to-face) if they had children or not. With closed questions, the respondents are given a limited choice of possible answers. In this case only one question was asked, and the choice included three possible responses: 1. *yes*, 2. *no*, and 3. *don't want to answer*. The advantage to this method, as Bryman (2008) supports, is that it does not require any lengthy responses to be written down and eliminates qualitative misinterpretation. A quick one question survey is less intrusive, meaning a high response rate is likely and the method is applicable to the entire population rather than a subgroup within the population. The one question survey was managed much like a public survey in that the researcher made herself available in 'public spaces' in each of the prisons and spoke directly with the women, logging their responses. However, it must be noted that prisoners are not a static population, and the female prisoner population has been particularly noted for its transient nature (IPRT 2017). Therefore, this type of closed question survey provides a snapshot or 'point in time' statistic only. Results here would certainly benefit from further longitudinal research.

This exercise was complete on the morning of the Information Event in Limerick Female Prison and took about in about half an hour as there were only 20 women in prison that day - quite reflective of the average number of female prisoners usually in Limerick Female Prison (IPS 2016). In Limerick Female Prison all women are accommodated in one area, all were present at the Information Event and all swiftly approached the researcher to provide their response at that time.

In Dóchas Centre, this exercise was also conducted around the same time as the Information Event in that prison. However, in this setting the survey took two days to complete, required the support of another prison researcher and snowballing sampling was also applied which was not required in Limerick Female Prison. Snowballing is where the researcher's initial participants are used to make contact with the wider population (Bryman 2008); as female prisoners participated in the one

question survey they encouraged others to also get involved. The slight difference in methodological approach was necessary due to the difference in size, number and infrastructure of each prison. The Dóchas Centre has two segregated accommodation settings, within this there are an additional number of separated buildings and then the school and segregation block. In addition, the Dóchas Centre provides a suite of activities and training opportunities for the prisoners and therefore prisoners are often dispersed around the campus, which is not the case in Limerick Female Prison.

A pilot did not take place for this one question survey as it worked well the first time and the relevant information was easily obtained with minimal participant stress. As mentioned above and supported by Bryman (2008) the advantage to this method was that it eliminates misinterpretation. The researcher used the list of names provided by the prison officers in each setting and simply added up all the 'yes', 'no' and 'don't want to answer' responses to get the required information to part answer research objective two, specifically the profile of imprisoned mothers in Ireland

#### ***1.19.2.2 ACASI***

The initial stage of quantitative data collection was followed by a more extensive quantitative questionnaire to a subgroup of mothers only, which aimed to identify some socio-demographic information on imprisoned mothers, their children, their children's caregivers and included questions on mother-child contact. This was facilitated through Audio Computer Assisted Self-Interviews (ACASI). ACASI does what its title suggests in that it is a computer-based questionnaire where participants ultimately interview themselves through engaging with a computer interface rather than another human being (Viewpoint 2009). ACASI has been used in large scale national (ISPPC 2012) and international studies (Viewpoint 2008, Garsed and Davis 2011) and is diverse in its applicability, for instance Morgan and Fraser (2009) report on the potential of social work practitioners using ACASI in their practice settings for individual care planning and relationship building.

Regarding the use of ACASI as a research tool, it is a fairly new innovative method which is gaining ground among social science researchers due to its ability to collect large amounts of rich data (Viewpoint 2009) on 'sensitive and stigmatising subjects'

(Morgan and Fraser 2009, p. 2). For example, The Irish Society for the Prevention of Cruelty to Children conducted a study with children on the impact of social support and family relationships on their mental health (ISPCC 2012). Similarly, ACASI is commonly applied to studies with vulnerable and often hard to reach populations such as children in state care (Viewpoint 2009, Morgan and Fraser 2009, Garsed and Davies 2011) and has been previously used within a secure prison setting with young offenders (Viewpoint n. d.). Moreover, in evaluating the use of ACASI Morgan and Fraser (2009) found that the young vulnerable people in their study were in fact ‘enthused’ about engaging with what is effectively a digital and innovative research tool. ACASI was however, primarily attractive in this study for following ethical and practical reasons:

- ACASI is not face-to-face; consequently a more private experience is fostered whereby the mothers are less likely to feel pressurised or judged and are more likely to answer honestly.
- ACASI offers a voiceover option which reads the questions and options as they appear on the screen. This is extremely beneficial for participants with low levels of literacy, such as is often found among the prison population.
- ACASI offers a range of between 20 and 120 questions: Being conscious not to overburden the mothers the target in this study is a maximum of 12 minutes which will cover 40 questions and a short game. Answering questions for 12 minutes in ACASI has been reported to feel more like five minutes and is therefore attractive because it potentially extracts a lot of data while minimising participant burden.
- ACASI can incorporate simple well-known games into the interview to foster a less intense experience on sensitive questionnaires, while maintaining attention span. Offering a game at the end of the interview provided the women with an opportunity to unwind before leaving the room and was applied as an ethical approach to limiting participant distress.
- In instances where further qualitative data may be required, ACASI can also incorporate a comment box option. Participants largely labelled as illiterate still offer surprisingly high quantities of additional rich written responses in these boxes (mainly in text speak format).



- ACASI as a tool is quick and requires minimal supervision and manpower. In this study it was overseen by the researcher alone in Limerick Prison and one other prison researcher was recruited to support this process in the Dóchas Centre.

(see: Viewpoint 2004, 2009, n.d., Morgan and Fraser 2010, Garsed and Davis 2011)

### **ACASI Design**

The design of the ACASI questionnaire was a collaborative effort. An original set of questions was informed by gaps in research and knowledge which emerged from the findings of the researcher's primary small-scale study conducted as part of their dissertation for the Master of Arts Degree in Social Work. However, these questions were in draft form and were put to The Mothers Project group to be edited and adapted as required, following which some interesting questions were redesigned and inserted from The Mothers Project group, and some examples of these are as follows:

1. Several mothers in The Mother Project group had experienced the death of a child. Discussions emerged within the group sessions about how the mothers had not discussed this experience much prior to becoming involved in The Mothers Project. As a result, the group designed and inserted the question on deceased children into ACASI to see if the prevalence of child death among this group was reflective of the experience of the entire population of incarcerated mothers.
2. The Mothers Project designed and inserted all questions in ACASI related to child visitors – i.e. do your children visit? If so how, if not why not? As they felt this was important to find out.

Additionally, the researcher negotiated with the Department of Public Health and Community Medicine in Tufts University (who produced ACASI software for this project) on behalf of The Mothers Group. The mothers wished to record their own voices for the voice over (rather than use an American accent) and insert their own computer game. Both wishes were granted and inserted into the ACASI software, proving this as an exclusively Irish and grassroots questionnaire design and tool.

The ACASI questionnaire has two overarching sections. The first includes a total of thirteen focused questions specific to the mother's age, nationality, childhood and adult relationships, accommodation, offending, and the number of children they had (living and deceased). This was followed by nine child-focused questions specific to each child's age, sex, living, visiting and childcare arrangements. While all mothers answered all thirteen questions about themselves, the number of question they answered regarding their children depended on how many children they had. While this initial phase was primarily quantitative, a small number of questions merited further in-depth clarification and to support this qualitative text boxes were inserted into the questionnaire. Adhering to the *participant selection model* within the *explanatory design*, the final ACASI question asked each mother if she wanted the opportunity to tell her story of motherhood and mothering in a face-to-face interview with the researcher.

### **Piloting ACASI**

ACASI was piloted first in Limerick Prison and then again in the Dóchas Centre and feedback from The Mothers Project groups in each prison within this process was vital. There were examples where language was simplified to suit the participant group, for instance the word 'sound' was used instead of 'audio' and 'marital status' was replaced with 'are you...?' followed by list of a selectable options. The group made suggestions to minimise confusion, for instance to start the voiceover and tutorial automatically rather than asking for participants to select them to start. Some categories were inserted which were not previously thought of, such as 'treatment centre' and putting mother, father, grandmother, grandfather as separate options as well as parents and grandparents. The Mothers Project group also wanted the word 'ethnicity' deleted and to use 'nationality' as an umbrella term to include 'Irish Traveller' as they said most would understand 'ethnicity' and 'nationality' to mean the same thing. Finally, The Mothers Project group also suggested changes with the interface and layout of some of the questions to make the questionnaire less disorientating and user friendly for the mother participants.

## **Delivering ACASI**

In total 72 mothers - 73% of the entire subgroup of imprisoned mothers in Ireland - consented to be involved in the ACASI at the information event, of which 64 went on to take part (i.e. 65% of incarcerated mothers in Ireland) (See: Chapter Four, Section 1.20.4 – Informed Consent Phase 2 – ACASI). ACASI was delivered in the computer suites inside each prison. In Limerick Female Prison computers are situated in the school which is inside the section of the prison where all women are accommodated. In the Dóchas Centre the computer suite is situated in The Willows accommodation and training block which required someone to escort the women through the various security doors. ACASI was complete in a couple of hours in Limerick Prison due the accessibility of the room and the smaller number of mother prisoners but took two days to complete in the Dóchas Centre. Again, data collection in the Dóchas Centre was supported by an additional prison researcher. However, data collection in both sites was complete within the same week, presenting a reasonable ‘point in time’ statistical picture of mothers in prison in Ireland at that time. The duration of the ACASI’s lasted between 07:33 minutes and 17:29 minutes, and the length of time often depended on how many children the mother had. Nonetheless, the average time it took to complete an ACASI was approximately 12 minutes; achieving the desired target time as proposed from the outset (See: Chapter Four, Section 1.19.2.2)

## **ACASI Analysis and Presentation**

The purpose of the quantitative questionnaire (i.e. ACASI) was to generate basic socio-demographic information on the mothers, their children and caregivers. Therefore, the level of statistical analysis used was descriptive, simply presenting the data in its raw numerical form. ACASI is designed so that data entered in its software is easily transported into an excel spreadsheet. Excel enabled the numerical data to be summarised, calculated and written up by the researcher. Some of the more complex data was presented in charts (labelled as figures) to present the findings in an accessible and reader/user friendly format. Colour coded charts were also used to present differences within the findings, for instance, gender,

single/relationship status, kinship care versus State care, accommodation before/after prison, child contact before/during prison and so on.

One section of ACASI, 'Figure 5.10: Reasons Visits Do Not Occur', required a slightly deeper level of analysis. Figure 5.10 presents the qualitative text box data provided by mothers answering the question: '*If visits with your child do not occur, why not?*'. All qualitative text responses were first thematically grouped according to their responses. Thereafter, the Figure 5.10 was coloured coded to represent the level of agency and choice expressed by the mothers in their text responses, i.e. whether it was the mother's choice not to receive visits from her child(ren), if the child did not visit, or if external factors were inhibiting child visits from taking place.

In line with *explanatory design* and the *participant selection model* applied in this study, the quantitative data played a subsidiary role in this exploratory enquiry into maternal imprisonment. However, the potential for further analysis with this data is certainly acknowledged.

### **1.19.3 Phase Two: Qualitative Data Collection and Analysis**

Of the 62 mothers who completed an ACASI, 44 consented to do an interview with the researcher, of which 34 mothers went on to complete the narrative interview (See: Chapter Four, Section 1.20.4 – Informed Consent Phase 3 – Face-to-face Interviews).

Hartley and Muhit (2003) and Bryman (2008) advise that qualitative research is concerned with words and is the preferred approach if investigating subjective meanings, attitudes, beliefs and complex social contexts. Adhering to mixed method *explanatory design* as outlined by Creswell and Plano Clark (2007), the second phase of the investigative enquiry employed a qualitative methodology to provide additional depth and meaning to the 'point in time' statistics retrieved in Phase One - i.e. to profiling information (objective two), to give voice, context, meaning to the story behind the supports available to imprisoned mothers and mother-child contact (objective three). Phase Two aimed to do this by eliciting the storied lives of motherhood and mothering (objective one) through an interview with the researcher.

Finally, by providing a platform by which mothers are supported to talk about their experience would advance the debates and recommendations on policy, practice and research in the case of incarcerated mothers in Ireland (objective four). Therefore, in accordance with the *participant selection model* applied, quantitative methods were employed to address some research questions regarding the statistical and profiling deficit in knowledge, but the second qualitative phase had potential to address all research objectives and is therefore awarded primacy as it overshadows the quantitative data in content, data and analysis.

#### ***1.19.3.1 Narrative Inducing Question***

The specific qualitative method applied in this study was face-to-face interviews using one narrative inducing question to elicit the storied lives of motherhood and mothering for imprisoned mothers in Ireland.

Consideration was given to the researchers own lived experience as a mother and ex-prisoner and she was mindful not to introduce personal views and responses through a structured interview. As James (2014) explains, “the narratives of what it means to be convicted and condemned by the criminal justice system can be transformed by our proximity to the situation” (p. F16). This meant an unstructured qualitative interview was more attractive than semi-structured interviews as the style of the unstructured interview is hinged on listening with minimal interviewer intervention (Wengraf 2001). Moreover, Schensul *et al.* (1999, p. 149) and Wengraf (2001) explain that semi-structured interviews offer the duality of a flexible unstructured interview that explores thoughts and feelings, or as Wengraf (2001) asserts they have the flexibility to ask the interviewee to ‘tell their story’ (p. 5), all the while retrieving factual data (p. 149). However, the focus of the previous quantitative phase was apt in addressing the objectives of the research study regarding statistical gaps in knowledge, so there was no justifiable reason to further burden the mothers in this regard. In any case, according to Wengraf (2001) unstructured interviewing can provide a greater breadth of data than other types of interviewing and therefore has the potential to broaden and deepen any statistical information retrieved in the initial quantitative phase without having to ask multiple burdensome questions. As outlined

by Greenhalgh *et al.* (2005), narrative inducing methods lends itself well to the research questions for the following reasons:

- It is board in context
- It depicts what people did and how that action shaped the future
- It bridges the gap between codified information (i.e. mother-child contact and access) and unmodified information (i.e. mother-child/caregiver relationships)
- It offers insight into what might have been, allowing consideration for gaps in service delivery (i.e. supporting objective four; to make recommendations for future policy, practice and research)

(adapted from Devaney 2011, p. 99)

The interview method applied was a single question, developed by Wengraf (2001) within his framework of Biographical Narrative Interview Methodology (BNIM) which he termed a ‘single question [used] to induce narrative’ (SQUIN). According to Wengraf (2001), a narrative-seeking question aims to induce a narrative response. When structuring the SQUIN question Wengraf (2001) instructs the researcher to maintain deliberate vagueness ‘to allow for, and require the participant to, impose their own ‘systems of relevance’ to their experiences (p. 122). Moreover, as Corbally and O’Neill (2014) reports; “the nature of the SQUIN uncovers what participants want to say, not what the researcher wants them to say as is often the case in semi-structured and structured interview schedules” (p. 7) as already alluded to above. Therefore, the deliberate board nature of the SQUIN question was attractive as it permitted the researcher, who’s familiarity with to the topic is acknowledged, a certain distance from this stage of the data collection. In the instance, the SQUIN was as follows:

*“As you know this research project is about mothers in prison. This is your opportunity to tell your story about your experience of motherhood and mothering. Start whenever you’re ready. I’ll listen first and won’t interrupt. I’ll just take some notes in case I have any questions for you after you’ve finished. Please take your time and begin wherever you like and finish wherever/whenever you like”.*

As outlined by Wengraf (2001), the interview structure is that the SQUIN question is asked and the interviewee responds talking for as long as they wish. When the interviewee has nothing else to say the interviewer then works through a list of questions, in the order that they arose within the narrative and using the interviewees own exact words, asking them the elaborate on elements of their narrative which

were relevant to the overall research aims and objectives. While the use of a SQUIN question was particularly attractive for reasons just outlined, applying the full BNIM methodology as described in (complex) detail by Wengraf (2001) was not. This thesis encouraged all mothers who wanted the opportunity to voice their experience of motherhood and mothering to come forward, and as a result the researcher had no clear picture from the outset how many mothers would ultimately become involved. However, considering the attractive nature of participatory research there was a suspicion that the numbers of participants would be significant. When used to its full capacity BNIM applies nine stages of analysis on each interview and as result BNIM studies typically use a small number of participants (often less than ten) (Wengraf 2001; Corbally *et al.* 2014). So, it was recognised from the outset that using BNIM to its full potential was probably not going to be appropriate in this study. Sure enough, nearly 70% (n=44) of the mothers who took part in the ACASI wanted the opportunity to tell their story of motherhood and mothering with the researcher, of which a substantial 53% (n=34) went on to take part in the BNIM interview (See: Chapter Four, Table 4.5: Process of Consent and Participation for all stages of Data Collection).

Moreover, in addition to the nine stages of analysis, BNIM also uses up to three Interpretative Panels for each interview. This is where ‘chucks’ of texts are extracted from interviews to be initially analysed by of group independent people. Wengraf (2004) reports the benefits of this process ‘is to overcome the blindspots and defended subjectivity of an individual researcher’ (p. 15). In view of the author’s closeness to the subject matter under inquiry, this process could have been welcomed indeed. However, interviews used for research panels are often discarded after (see: Bradly 2013); this was discomforting as the premise of this project was built around inclusion and the power of the collective voice rather than any imposed restraints. Moreover, as Bradly (2013) found, developing research panels for BNIM is labour and resource intensive. Considering the huge work already undertaken within this participatory project by the researcher on her own, it would be difficult to justify any additional layers of complex labour, without jeopardising the time and energy dedicated to other areas of the project which were felt necessary to the success and uniqueness of this particular project. Therefore, the four extensive and strategic

reflective tools applied within study were viewed as proportionate in overseeing researcher bias, subjectivity and objectivity (See: Chapter Four, Section 1.18.5).

Moreover, in applying the author's pragmatist approach, it was important for the author to select methods which suited this study's aims and objectives, rather than making the study fit within any particular methodology. Within this, the choice to marry BNIM with Thematic Analysis is celebrated. Indeed, Wengraf himself uses a form of thematic analysis within the BNIM process, called Thematic Field Analysis (TFA) (See: Corbally *et al.* 2014 and Flynn 2018). Using a SQUIN alongside thematic analysis is acknowledged as working well together because they are both broad in nature – they have no prescribed formulas per se – which allows for a unlimited range of participants to talk about what is important to them, and their systems of relevance to form the themes within the findings, rather than searching for specifics within the story or wanting the breathe of stories to fit into any particular model. This connect between BNIM and Thematic Analysis has been successfully applied elsewhere, indeed the author was first drawn towards this framework by the work of Devaney (2011). A further example more aligned with this study however is that of Buchanan *et al.* (2011) in their participatory study on 'Understanding Incarcerated Women's Perspectives on Substance Use: Catalysts, Reasons for Use, Consequences, and Desire for Change'. Buchanan *et al.* (2011) asked one narrative inducing question and similar to this project, the question was designed with incarcerated women and then analysed by previously incarcerated women using Thematic Analysis. Thematic Analysis applies well when a SQUIN is used with large groups of participants because using a SQUIN can elicit large amounts of qualitative data and Thematic Analysis can analyse large amounts of qualitative data. However, the overall benefits and limitations of Thematic Analysis is discussed in further detail in section 1.19.3.3 below.

### ***1.19.3.2 Conducting the Face-to-Face Interviews***

All interviews were conducted in privacy (but watched via security camera by prison officers) in each prison. In Limerick, the researcher used either the school or a counselling room situated within the same accommodation block where the female prisoners are housed. In the Dóchas Centre the researcher was provided with a key to



the prison library and this was used for all interviews. Considering voice was central to the philosophy of the study, initial interviews were treated as pilots but were not discarded in the same manner as ACASI pilot questionnaires. Instead, initial interviews were conducted with members of The Mothers Project group with whom the researcher already had an established rapport, facilitating a comfortable environment from which the researcher could learn and adopt their approach when/if necessary. This model worked well and being able to provide comforts such as tea, coffee, chocolates and tissue were confirmed as vital. This fostered an environment whereby researcher and interviewee could settle into the interview while the structure of the interview and consent was discussed and processed again.

Interviews lasted between 19 minutes and 1 hour and 30min, with the average interview being approximately 40 minutes (See: Chapter Four, Table 4.3 – Characteristics of the Participants). However, as discussed later (See: Chapter Four, Section Three – Duty of Care), 40 minutes was not reflective of the entire time spent in the interview scenario, this was merely the amount of time recorded. Likewise, there were also three interviews (‘Niamh’, ‘Leah’ and ‘Zophia’) which were paused but did not recommence. All interviews were recorded and transcribed verbatim. Only the information that was recorded was used for the findings and analysis as it was acknowledged that this is what the mothers had agreed and understood was being used. None of the mothers requested for their interview to be withdrawn from the study, not even those whose interviews which were stopped prematurely. However, due to some initial uncertainty, these three interviews and another one which required a translator, were not used in the initial open coding process in NVivo. However, they were later referred to, to confirm saturation in the coding process was indeed achieved.

### ***1.19.3.3 Qualitative Analysis and Presentation***

“analysis is not a linear process where you simply move from one phase to the next. Instead, it is more recursive process, where you move back and forth as needed, throughout the phases. It is also a process that develops over time (Ely et al. 1997) and should not be rushed”

(Braun and Clark 2006 p. 16)

Often the main difficulty in conducting qualitative analysis is the management and interpretation of large cumbersome amounts of rich qualitative data (Byrman 2008). The framework and strategy that guides the analysis of the qualitative data in this study is thematic analysis. Thematic analysis was selected because of its flexible approach yet it's ability to support the analysis and presentation of rich data description, as outlined here by Braun and Clarke (2006), "through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can provide a rich and detailed, yet complex account of data" (p. 5).

Thematic analysis was used to provide an in-depth yet concise description of the entire qualitative data set, by presenting the predominant and important themes which emerged across interviews. Thematic analysis is easily adapted to the researcher's pragmatic constructivist epistemological position, in that as a strategy for analysis in can support a process whereby themes are data-driven rather than preconceived or predetermined. This involves inductive analysis, a process of coding the data without trying to fit it into a pre-existing framework; it was important for the researcher not to enter the interviews with a prescribed analysis in mind. As Braun and Clarke (2006) explain, "thematic analysis involves the searching across a data set – be that a number of interviews or focus groups, or a range of texts – to find repeated patterns of meaning" (p. 15). This approach is useful in the current study considering the dearth of literature exposing the maternal voice and experience of incarcerated mothers in Ireland.

In managing the data, (nearly) all completed interview transcriptions were imported into NVivo software (version 11). NVivo is a computer software programme tool that assists in organising the data. NVivo assisted the researcher in storing the data in a clear and ordered fashion which was easily accessible; this included all correspondence with the IPS, subjectivity statements following counselling sessions and field notes etc... (See: Appendix 11 - NVivo used as an Organising Tool). But as Byrman (2008) reminds us, the core task and starting point for most forms of qualitative analysis is coding. Coding is a fundamental subjective and interpretive process undertaken by the researcher and therefore the utilisation of NVivo is only justified as means of data management (Creswell 2006). As Patton (2002) points out, "the analysis of qualitative data involves creativity, intellectual discipline, analytical

rigor and a great deal of hard work” (p. 442). Therefore, ACASI was merely used at the beginning of the process to support the organisation of the data, but once a strong sense of the main themes emerged, analysis then moved away using NVivo and more into an interactive and discursive writing process between the author and her academic supervisors.

Braun and Clarke (2006) and Bryman (2008) highlight how thematic analysis has been criticised as a strategy for its vague history, lack of distinctive techniques and clear protocol compared to that outlined within other qualitative analysis frameworks (i.e. grounded theory, discourse analysis etc...). However, as Braun and Clarke (2006) argue, clarity around the exact practice and process of analysis is important to evaluate and certify rigour within any research investigation. Braun and Clarke (2006) have helpfully provided a guide for using thematic analysis that involves six phases of analysis: Phase 1: Familiarising Yourself with Your Data; Phase 2: Generating Initial Codes; Phase 3: Searching for Themes; Phase 4: Reviewing Themes; Phase 5: Defining and Naming Themes; Phase 6: Producing the Report.

However, Braun and Clarke (2006) equally emphasise a key advantage to thematic analysis is its flexibility in how such phases are applied. Therefore, the six phases of analysis in this study do not adhere *perfectly* to six phases of as stipulated above by Braun and Clarke (2006). The six phases applied in this study are outlined below to demonstrate how the analysis has managed to strike a balance between prescribing to a strict formula and total flexibility (i.e. the critique that ‘anything goes’ in qualitative research analysis (Braun and Clarke 2006) and above all demonstrate applied scientific and analytical rigour. The six phases of qualitative data analysis, adapted from Braun and Clark (2006), which applied in this study are as follows:

**Phase 1: Familiarising Yourself with Your Data:** Immersion in the data was achieved by personally transcribing two thirds of the interviews and making initial notes and Subjectivity Statements along the way. Twelve interviews were transcribed professionally, these were checked back against the original audio file to ensure accuracy and more initial notes and reflections were made. All data was entered into NVivo data management software, all interviews were listened to again and transcriptions re-read.

**Phase 2: Generating Initial Codes:** Once imported into NVivo, 30 of the 34 interview transcriptions were initially open coded (more or less line by line coding) in order to generate initial data driven codes. This extremely laborious task fostered another deeper level of emersion into the data and produced of a total of 119 data driven codes (See: Appendix 12 – Initial 119 Open Codes).

**Phase 3: Searching for Themes:** After re-reading the transcripts and reviewing the first level of data driven codes in NVivo, the process of amalgamating codes and grouping initial codes into overarching themes began. During this stage several of the codes were grouped under more than one overarching theme, but five main themes did emerge, namely; Motherhood, Policy and Practice, Profile, Children, and Prison Story (See: Appendix 13 - Searching for Themes). The amount of data generated through the interview process was vast and decisions had to be made about how best to present the data. Deliberation between the researcher and her academic supervisors where vital at this stage. Considering the overarching aim of study was focused on motherhood, this theme was brought forward to the following phase (Reviewing Themes) for further analysis for the purposes of this PhD, where it was further broken down into five subthemes, namely; Addiction, Mother-Child Separation, Motherhood, Stability and Trauma. This is also the point when the realisation of the narratives as ‘stories told’ became vivid. White boards were initially used (See: Appendix 14 - Whiteboard) to tease out some of the overarching themes and were coloured coded to present situations which occurred for the mothers before (green), during (blue) and after (black) imprisonment. Reflective of this thought process, each subtheme was broken down in NVivo into before, during and after imprisonment and subthemes refined and re-coded (Appendix 15 – NVivo Before, During and After). From here a structured write up process began.

**Phase 4: Reviewing Themes:** Writing was an integral part of the analysis process, however, at this point draft findings chapters were submitted to both academic supervisors and academic supervision was used for critical discussion on themes as they continued to refine themselves through the writing process. During this stage, ‘stability’ was initially re-named ‘Formal and Informal Support’, and then ‘Support’ following a recognition of the engrained nature of how formal and informal support

was experienced for these mothers. Furthermore, in supervision the interlinked nature of Trauma and Addiction was highlighted, so it was recognised that these would present better as one concise chapter. Likewise, 'Separation' rarely occurred as an isolated event; many mothers had contact with and provided primary caring roles for their children at various points before and (hopefully) after their imprisonment. To better encapsulate this process the theme was renamed 'Separation and Reunification'. Likewise, subthemes were streamlined to tease out the codes less relevant and codes were re-named to be more reflective of the content and overarching aims and objectives of the study. To conclude, during this stage the broader themes were identified, under which the original codes and themes and subthemes were combined and/or refined/renamed forming three overarching candidate themes. 1. Trauma and Addiction, 2. Support, 3. Separation and Reunification.

**Phase 5: Defining and Naming Themes:** With key themes now identified, findings chapters began to formulate into final drafts. While this phase of the analysis was focused on writing, refining themes, re-writing and re-refining, it's still very evident how the laborious initial coding process deeply influenced the formation of the final codes used within the three qualitative findings chapters (See: Appendix 16 - Map of Initial Codes into Final Chapters). However, only aspects of those initial codes that were relevant to motherhood and mothering, as outlined above in 'Phase 3', were brought forward. Finally, these subthemes provided the basis for a deeper analysis within the discussion chapter.

**Phase 6: Producing the Report:** The findings and discussion are presented as distinct chapters. The discussion chapter therefore incorporates findings from all three (quantitative and qualitative) data sources, but also the profile chapter derived from ACASI. This final phase, the production of the discussion chapter, included many re-drafts and academic deliberations with both supervisors on direction and meaning, which were always influenced by the initial coding process (See: Appendix 16 - Map of Initial Codes into Final Chapters) which had reference to the experience of motherhood and findings derived from the ACASI data collection.

#### **1.19.4 Presentation of Findings and Discussion**

The process of analysis and interpretation is built using data from the all three sources of data over two phases, using quantitative and qualitative approaches to address different objectives to answer the research question in full. Primary reason for the qualitative phase was to address the experience of mothering and motherhood; however, by the very nature of the vagueness of the SQUIN and its method of enquiry, what emerged from the qualitative interviews also provided rich data and depth to all other research objectives. Overall, all three sources of data collection, their findings and analysis, fed directly into the final objective to make future recommendations for research, policy and practice.

##### ***1.19.4.1 'Stories Told'***

Ricoeur (1992) explains a narrative's function

“is to mediate between the “manifold of events and the temporal unity of the story recounted; between the disparate components of action – intentions, causes, and chance occurrences – and the sequence of the story” (in Ritivoi 2007, p. 33).

The presentation of the findings, particularly the lens through which the sequence of the maternal narratives was viewed and arranged in this research study, was influenced by the work of Crosse (2015). Crosse (2015) completed an exploratory narrative doctoral study on Irish mothers' experiences of separation and divorce and presented her findings as 'stories told' (a beginning, a middle and an end) – through an applied structure of before, during and after separation. The manner in which Crosse (2015) ordered and presented the data findings was appealing as it became immediately apparent that nearly all mothers who engaged in the face-to-face interviews in this study also narrated their 'stories told'. The imprisoned mothers reflected on their histories and their lives prior to their imprisonment, commented on their current circumstances of incarceration and discussed and described their hopes and dreams for their future once released. As a result, the presentation of the findings in this study was adapted from that of Crosse (2015) and the presentation of the qualitative findings applied the structure of before, during and after maternal imprisonment.

#### *1.19.4.2 Using Numbers in Qualitative Research*

The use of numbers in qualitative research has been controversial (Sandelowski 2001, Maxwell 2010). Sandelowski (2001) sets about debunking the myths that qualitative researchers ‘cannot count’, arguing for the importance of using numbers in primarily qualitative research, as they inevitably enable researchers to extract more meaning from the qualitative data (Sandelowski, 2001). There are various conventions for representing prevalence in qualitative analysis, for instance: “some”, “usually”, “most”, “the majority of participants”, “many participants” or “a number of participants” (Braun and Clark 2006, Maxwell 2010). However, Sandelowski (2001) contends these descriptors already imply frequency and Braun and Clark (2006) make the point that:

“Such descriptors work rhetorically to suggest a theme really existed in the data, and to convince us they are reporting truthfully about the data. But do they tell us much? This is perhaps one area where more debate needs to occur about *how* and why we might represent the prevalence of themes in the data, and, indeed, whether, if, and why prevalence is particularly important” (emphasis added, Braun and Clark 2006, p. 11).

The author of this study decided to use some numerical descriptions, or what Becker termed ‘quasi-statistics’ (Maxwell 2010) to represent the prevalence of themes in the qualitative data. For instance, 30 percent of mothers spoke about experiences of domestic abuse; 31 percent of mothers mentioned at least one child cared for via formalised family fostering arrangements; 20 percent of the mothers spoke about being grandmothers. In response to Braun and Clarks (2006) questions in the above quote, the purpose and use of ‘quasi-statistics’ in this study was to elaborate on quantitative findings, in particular where ACASI questions fell short in profiling information. By having a clear reason for using ‘quasi-statistics’ the researcher combats issues of called out as ‘overcounting’ in qualitative research (Sandelowski 2001).

The researcher also acknowledges the use and purpose of the SQUIN question and its purposeful vagueness that imposes the participants own systems of relevance (Wengraf 2001 p. 122). Therefore, the use of ‘quasi-statistic’ are not meant to be viewed as deterministic frequencies or truly representative, but that experiences of domestic abuse, family fostering and being a grandmother for instance, were relevant

to the experience of motherhood and mothering for a substantive number of mothers. One clear example of this is that all mothers who spoke about domestic violence in motherhood mentioned perpetrators who were the fathers to at least one of their children. The author is not suggesting that the mothers had children with all the men that were violent towards them, or that these experiences of domestic violence were the only experiences they encountered in adulthood. What this in fact suggests is that the prevalence of domestic violence is likely to be much higher than 30 percent, and experiences of domestic abuse with men who had also fathered their children were more relevant to their story and experience of motherhood and mothering within the context of this exploratory study.

### 1.19.5 The Participants

The following Table 4.3 presents the characteristics of the entire group of participants involved in the study who completed an ACASI. In addition, participants 1-34 are mothers who went on to participate in the narrative interview. Finally, those in pink are mothers who were involved, either consistently or intermittently, in The Mothers Project. As Table 4.3 demonstrates, not all mothers who were involved in The Mothers Project wanted to do a one-to-one interview with the researcher.

**Table 4.3: Characteristics of the Participants**

	I.D.	Pseudonym	BNIM Length	AGE	Nationality /Ethnicity	Context of Sentence	No. Of Living & Deceased Children
1.	1001	'Clare'	53.55	53	White Irish	Life Sentence; Served 4 Years; 1st time in Prison	4 Adult Children Aged 35, 29, 28 And 25 Years (+1 Deceased)
2.	1002	'Sarah'	34.12	47	White Irish	2 Years Sentence; Served 1 Year; 8 Previous Committals	2 Adult Children Aged 28 And 26 Years (+1 Deceased)
3.	1003	'Mary'	29.59	29	White Irish	On Remand; Served 1 Month; 10 Previous Committals	2 Children Aged 11 And 10 Years
4.	1004	'Niamh'	4.21	38	White Irish	8 Months Sentence; Served 2 Years; (Got Additional Charge	2 Children Aged 13 And 18 Years



						While Serving Another Sentence) 10 Previous Committals	
5.	1006	'Michelle'	38.31	29	White Irish	On Remand; Served 2 Months; 1 <sup>st</sup> time in Prison	4 Children Aged 13, 7, 5 And 2 Years (+1 Deceased)
6.	1007	'Olivia'	26.01	20	White Irish	26 Months Sentence; Served 8 Months; 3 Previous Committals	1 Child Aged 3 Years
7.	1010	'Rebecca'	26.34	32	White Irish	On Remand; Served 5 Months; 4 Previous Committals	1 Child Aged 8 Years
8.	1011	'Lauren'	55.58	29	British	2 Years Sentence; Served 10 Weeks; 1 <sup>st</sup> time in Prison	1 Child Aged 16 Months
9.	1012	'Kelly'	23.21	21	White Irish	6 Months Sentence; Served 4 Months; 4 Previous Committals	1 Child Aged 2 Years
10.	2001	'Louise'	30.20	40	White Irish	On Remand; Served 2 Weeks; 1 Previous Committal	2 Children Aged 17 And 11 Years
11.	2002	'Laura'	55.29	42	Irish Traveller	4 Months Sentence; Served 3 Weeks; 3 Previous Committals	1 Adult Child Aged 22 Years, 3 Children Aged 15, 13, And 11 Years 1 Child Aged 20 Months
12.	2003	'Fiona'	40.31	42	White Irish	9 Months Sentence; Served 3 Weeks; 2 Previous Committals	4 Adult Children Aged 26, 23, 19 And 18 Years
13.	2004	'Aoife'	21.38	30	Irish Traveller	5 Years Sentence; Served 6 Months; 20 Previous Committals	1 Child Aged 10 Years
14.	2007	'Shauna'	44.05	43	White Irish	15 Months Sentence; Served 5 Weeks; 8 Previous Committals	1 Child Aged 14 Years
15.	2018	'Nicole'	48.38	39	White Irish	On Remand; Served 1 Week; 1 Previous Committal	1 Adult Child Aged 19 Years (+ 1 Deceased)
16.	2223	'Roisin'	47.39	30	White Irish	6 Years Sentence; Served 6 Months; 1 <sup>st</sup> time in Prison	4 Children Aged 9, 7, 5 And 3 Years
17.	3004	'Sophie'	26.02	39	White Irish	15 Months Sentence; Served 4 Months; 10 Previous Committals	2 Adult Children Aged 23 And 18 Years; 3 Children Aged 15, 6 And 4 Years (+ 1 Deceased)
18.	3010		40.06	32	White	6 Years Sentence;	1 Child Aged 9 Years

		'Kate'			Irish	Served 3 Yrs. & 2 Mth. 1 <sup>st</sup> time in Prison	
19.	3012	'Catarina'	48.28	25	Brazilian	4 Years Sentence; Served 18 Months; 1 <sup>st</sup> time in Prison	1 Child Aged 8 Years (+1 Deceased)
20.	4006	'Hannah'	56.05	36	White Irish	7 Years Sentence; Served 3 Years; 1 <sup>st</sup> time in Prison	3 Children Aged 16, 10 And 9 Years (+1 Deceased) Pregnant At The Time Of Interview
21.	4007	'Zophia'	15.49	29	Polish	5 Years Sentence; Served 19 Months; 1 <sup>st</sup> time in Prison	1 Child Aged 9 Years (+1 Deceased)
22.	4011	'Alison'	24.08	50	White Irish	Life Sentence; Served 11 Years; 1 <sup>st</sup> time in Prison	1 Adult Child Aged 30 Years
23.	5003	'Ellen'	49.24	41	White Irish	18 Months Sentence; Served 5 Months; 1 <sup>st</sup> time in Prison	1 Adult Child Aged 21 Years; 2 Children 16 And 2 Years; Pregnant At The Time Of Interviewing
24.	6001	'Aisling'	32.19	45	White Irish	18 Months Sentence; Served 6 Months; 3 Previous Committals	1 Child Aged 9 Years
25.	6007	'Eva'	56.13	41	White Irish	4 Months Sentence; Served 2 Weeks 3 Previous Committals	1 Adult Child Aged 18; 4 Children Aged 16, 14, 12 And 9 Years
26.	7002	'Leah'	5.03	39	Irish/ British	5 Years Sentence; Served 15 Months; 1 <sup>st</sup> time in Prison	2 Children Aged 13 And 10 Years
27.	7011	'Anna'	45.37	22	White Irish	On Remand; Served 3 Months 3 Previous Committals	1 Child Aged 3 Years
28.	7012	'Tara'	1.30.33	27	Irish Traveller	2 Years Sentence; Served 14 Months; 1 <sup>st</sup> time in Prison	3 Children Aged 7, 5 And 4 Years
29.	7013	'Grace'	19.11	42	White Irish	25 Months Sentence; Served 13 Months; 24 Previous Committals	3 Adult Children Aged 29, 21, And 19 Years; 1 Child Aged 14 Years
30.	7014	'Saoirse'	30.47	31	White Irish	18 Months Sentence; Served 4 Months 5 Previous Committals	5 Children Aged 13, 11, 10, 5 And 2 Years
31.	7015	'Áine'	31.18	27	White Irish	On Remand; Served 5 Months; 3 Previous Committals	1 Child Aged 7 Years
32.	8013	'Jennifer'	45.47	49	White Irish	7 Years Sentence; Served 13 Months; 1 <sup>st</sup> time in Prison	3 Children Aged 23, 16 And 14 Years (+1 Deceased)

33.	9007	'Jade'	21.36	27	Irish Traveller	4 Years Sentence; Served 3 Months; 1 Previous Committal	1 Child Aged 5 Months (Living In Prison With Mother)
34.	9008	'Eimear'	36.06	45	White Irish	5 Years Sentence; Served 7 Months; 1 <sup>st</sup> time in Prison	1 Child Aged 16 Years
35.	1005	'Anne'	0	30	White Irish	11 Months Sentence; Served 9 Months; 15 Previous Committals	1 Child Aged 9 Years
36.	1008	'Bernie'	0	31	White Irish	2 Years Sentence; Served 9 Months; 12 Previous Committals	3 Children Aged 2, 3 And 14 Years
37.	1009	'Una'	0	24	White Irish	On Remand; Served 2 Months; 3 Previous Committals	2 Children Aged 2 And 7 Years
38.	1013	'Rosemary'	0	27	White Irish	2 Years Sentence; Served 16 Months; 14 Previous Committals	2 Children Both Aged 13 Years
39.	1015	'Margaret'	0	28	Irish Traveller	On Remand; Served 1 Week 5 Previous Committals	2 Children Aged 8 And 5 Years (+ 1 Deceased)
40.	2011	'Cheryl'	0	38	White Irish	4 Months Sentence; Served 2 Months 7 Previous Committals	2 Adult Children Aged 19 And 18 Years 2 Children Aged 13 And 3 Years
41.	2222	'Joanne'	0	29	Irish Traveller	1 Year Sentence; Served 6 Months; 13 Previous Committals	1 Child Aged 11 Years
42.	3005	'Carol'	0	37	White Irish	5 Years Sentence; Served 1 Year; 1 <sup>st</sup> time in Prison	3 Children Aged 15, 14 And 12 Years (+1 Deceased)
43.	3007	'Debbie'	0	29	White Irish	7 Months Sentence; Served 3 Months; 6 Previous Committals	4 Children Aged 10, 8, 7 And 6 Years
44.	3009	'Leva'	0	37	Lithuanian	12 Years Sentence; Served 4 Years 1 <sup>st</sup> time in Prison	1 Child Aged 8 Years
45.	3017	'Zane'	0	39	African/ British	21 Months Sentence; Served 3 Weeks; 1 <sup>st</sup> time in Prison	1 Adult Child Aged 19 Years 1 Child 17 Years
46.	4002	'Delia'	0	39	White Irish	Life Sentence; Served 16 Years 1 <sup>st</sup> time in Prison	1 Child Aged 4 Years
47.	4003	'Carmel'	0	32	White Irish	4 Years Sentence; Served 4 Years; 1 <sup>st</sup> time in Prison	3 Children Aged 12, 7 And 5 Years
48.	4004	'Joan'	0	40	White Irish	15 Years Sentence; Served 9 Years	3 Adults Aged 22, 21, 20

						1 <sup>st</sup> time in Prison	1 Child Aged 16 Years
49.	4005	'Shelta'	0	38	Irish Traveller	4 Years Sentence; Served 5 Months; 1 <sup>st</sup> time in Prison	2 Adult Children Aged 19 And 18 Years; 4 Children Aged 14, 12, 8 years, and 2 Months
50.	4008	'Colleen'	0	31	Scottish	9 Years Sentence; Served 5 Years 1 <sup>st</sup> time in Prison	1 Child Aged 11 Years
51.	4012	'Julie'	0	49	White Irish	10 Years Sentence; Served 5 Years; 3 Previous Committals	3 Adult Children Aged 25, 21 And 19 Years (+3 Deceased)
52.	5004	'Katrina'	0	46	British	2 Years Sentence; Served 3 Months; 1 <sup>st</sup> time in Prison	2 Adult Children Aged 20 And 18 Years
53.	5008	'Sonia'	0	35	White Irish	18 Months Sentence; Served 9 Months 3 Previous Committals	2 Children Aged 16 And 10 Years
54.	5009	'Monika'	0	25	Lithuanian	5 Years Sentence; Served 3 Years 1 <sup>st</sup> time in Prison	1 Child Aged 9 Years
55.	6002	'Kerry'	0	32	White Irish	Life Sentence; Served 9 Years; 1 <sup>st</sup> time in Prison	1 Child 9 Years
56.	6005	'Trisha'	0	33	White Irish	8 Months Sentence; Served 4 Weeks 1 <sup>st</sup> time in Prison	3 Children Aged 14, 7 And 3 Years
57.	7001	'Lisa'	0	34	White Irish	12 Months Sentence; Served 2 Months 5 Previous Committals	1 Adult Child Aged 18 Years 2 Children Aged 13 And 3 Years
58.	7008	'Martha'	0	31	White Irish	9 Months Sentence; Served 3 Months; 8 Previous Committals	2 Children Aged 14 And 8 Years 1 Child 18 Months (+1 Deceased)
59.	7017	'Nicola'	0	56	Irish Traveller	1 Month Sentence; Served 2 Weeks 1 <sup>st</sup> time in Prison	3 Adult Children Aged 32, 22 And 20 Years (+1 Deceased)
60.	8002	'Sue'	0	36	White Irish	9 Months Sentence; Served 7 Months; 2 Previous Committals	2 Children Aged 10 And 11 Years (+2 Deceased)
61.	8005	'Toni'	0	29	White Irish	18 Months Sentence; Served 6 Weeks 6 Previous Committals	4 Children Aged 8, 7, 4 And 3 Years (+ 1 Deceased)
62.	9010	'Tracey'	0	31	White Irish	4 Months Sentence; Served 8 Weeks; 1 <sup>st</sup> time in Prison	1 Child Aged 9 Years (+4 Deceased)

### **1.19.6 Limitations of this research study**

As with any research this study had a number of limitations. This section presents the limitations of the study, namely: the exclusion of children, and the challenges in facilitating participatory research. Suggestions are proffered on how to overcome comparable limitations in future similar or related research projects.

A primary limitation of this study is that children were not included. An original objective of the study did envision the inclusion of children – however, following a month long reflective research placement in the Centre for Criminal Justice and Human Right in University College Cork, teamed up with academic experts on children’s rights such as Professor Ursula Kilkelly, Dr Fiona Donson and Dr Aisling Parkes, it became evident that in order to include children of imprisoned mothers, and their varied experiences and stories, there had to be strong understanding of the population composition of mothers first. Prior to this, any attempt to include children in the study would have provided a singular story, possibly of children who are in contact and on good terms with their incarcerated mothers, and those who knew their mothers were in prison. This would ultimately exclude most of the children, and certainly gaining access to children in the state care would be problematic, who it could be argued are in fact the most vulnerable and most in need of their voices being heard. Moreover, much like that outlined by child’s rights expert and social work academic Winter (2010), a more complex multidimensional consent process would have to be applied to include young children in foster-care. Considering the already multi-layered consent process applied within the study, the researcher felt that it may not be possible to realise this in a just manner within the scope of this PhD. However, hearing the voices of the children of imprisoned mothers is extremely important to this debate and in particular, as Winter (2010) strongly argued, in informing direct social work practice, assessments, plans and decision-making processes. Therefore, further research to include the direct voices and experiences of children is certainly encouraged.

However, following further deliberations with the academic supervisors of the study, it was decided to keep the objective aimed at identifying the number of children affected by maternal imprisonment. It was recognised that this information would be

extracted while ascertaining the profile of the imprisoned mothers during the ACASI questionnaire. Realising this objective would provide foundations in giving visibility to children of incarcerated mothers and lead the way towards addressing the overall deficit in statistical data regarding the number of children affected by imprisonment in Ireland.

The time and financial constraints in overseeing this participatory project was noted. An initial limitation in this was the inability to involve mothers in the transcription task and analysis phase. Some mothers were clear that they did not want their transcriptions to be read by other prisoners due to the heightened level of suspicion among the mother prisoner community. However, had the project had additional supports and time to manage this piece well, as exemplified by a comparable cohort of female prisoners in Canada (see Elwood Martin *et al.* 2009), then possibly some of those concerns could have been put to rest.

Additionally, to sustain the mother's connection to the research, they were sent periodical letters and photos updating them on community activities linked with the project (See: Appendix 5). As mothers left prison many remained in contact. However, while they were all invited to at least attend, and or indeed participate in talks the researcher was invited to give - so to disseminate and discuss the project in line with the inclusive spirit and philosophy of participatory research - the researcher could not offer any financial assistance for their travel or time. Also, to support the mothers to participate in publicising the project and to ensure this was a positive experience for them is noted as a laborious and time-consuming task, not least because very few women lived in Galway City where the researcher is based. Therefore, while the mothers were invited, invitations were superficial in that they lacked any supportive aspect regarding how this could be genuinely realised. And while mothers have remained in contact with the researcher and the research project, none of those now released have been able to get involved in the process of publicising the project although a number have expressed an interest to do so. Instead, the researcher sought the voices The Mothers Project group via written publication (see: The Mothers Project 2017 (Appendix 10), and 'Gaby' 2015).

Finally, the responsibility of the researcher to sustain contact with the mothers in prison and after their release was a time consuming and emotionally laborious task. And while the necessity of this very much outweighed that burden, and even the personal financial costs incurred in travel etc. these constraints associated with the PhD did impact on the researcher. However, a vital method used by the researcher to voice some of these concerns was through the therapeutic research counselling sessions funded by the UNESCO Child and Family Research Centre. Considering this is noted as a unique approach to supporting researcher's well-being, emotional risk and burn-out, it is suggested that future similar projects factor in their financial budget to oversee the additional and often unforeseeable financial burdens regularly incurred in participatory research projects. Above all, it is vital to be able to deliver on promises and reciprocate to the personal commitment communities and people give in such participatory projects, which are ultimately a personal investment.

### **1.20 Section Three: Ethics**

The research ethics committees in IPS and NUIG granted approval for the study. As a population, female prisoners' mental health is recognised as more challenging and complex compared to their male counterparts (Herrick 2009, UNODC 2008). The researcher was acutely aware that the study may bring to the fore past and present questions of around mothering, as incarcerated mothers are most often separated from their children due to their imprisonment or chaotic lifestyles. Therefore, the research may pose a risk to maternal and prisoners well-being if this topic was to cause distress. This was considered throughout the entire research recruitment process, during the multiple opportunities to consent and withdraw consent, and the engrained elements of support and safeguarding – all of which played a crucial role throughout this project and are discussed in detail in this section. To set the foundations of the study however, access and the timeline for the participatory phase with The Mother Group is primarily outlined.

#### **1.20.1 Access**

As Pease (2017) admits, “methodologies will also be influenced by the political realities and social pressures of sponsoring organisations and funding bodies (p. 104

in Shaw *et al.* 2017). While IPS did not fund this doctoral study, they were supporting the researcher to enter both prisons and conduct an intense and vulnerable participatory study over a long period of time which has never been realised within the Irish prison system before. Previous research conducted by the author with key stakeholders in IPS meant the researcher was aware of the growing scholarly interest and political pressure being such that unearthing statistical data in this area would be attractive and welcomed by the IPS. The hope being that in identifying the population and their needs, this would enable future funding applications for interventions and provisions for the population being studied. However, Kubiak *et al.* (2010) outline critical lessons from their own quantitative study on the long-term outcomes of an intervention designed for pregnant incarcerated women. Kubiak *et al.* (2010) cautioned that the overreliance on state administrative data as often the easiest and most cost-efficient research methods can lead to flawed conclusions. Kubiak *et al.* (2010) warned that;

“The complexity of these lived lives [incarcerated mothers] is incredibly difficult to capture through a single lens or research method. Multiple methods, enlisting quantitative as well as qualitative approaches, are helpful in providing a richer and more contextualized appraisal.”  
(Kubiak *et al.* 2010, p. 534)

Considering the researchers pragmatic epistemological positioning and pluralistic approach to gaining knowledge in that research is always subject to its social, historical and political context, it was imperative that statistics were not delivered independent of subjective and contextual considerations. In a sense, the statistics were an important buy-in for the study, which enabled the researcher gain access to unearth the stories of mothering and motherhood for incarcerated mothers in Ireland.

### **1.20.2 Timeline of Research Design**

The researcher worked with The Mothers Project Group every second weekend, which was one weekend a month in each prison for six months, from January to June 2015. Each visit seen the realisation of ongoing tasks regarding the design and delivery of the study. These tasks are presented within the following table.



**Table 4.4: Timeline and Tasks of Research with The Mothers Project**

1.	<b>Research Poster</b>	Posters were designed, printed and made available in both prisons by March 2015.
2.	<b>Narrative question</b>	Discussed and designed the narrative question to be used in the face-to-face interview with the researcher.
3.	<b>ACASI</b>	Consult on, add and edit questions used in the computer-based questionnaire.
4.	<b>Voice Over</b>	Record all questions used in ACASI, recordings were then inserted into the computer-based questionnaire to provide a local accent voiceover option for those with low literacy skills.
5.	<b>Information Sheet and Consent Form</b>	Consult on each, amend and as required.
6.	<b>Fun Game</b>	Design, consult, and liaise with a PULSE College on the development on a fun computer game. Write the game narrative, record the game sound effects and consult on the visuals and graphics of the game. The game was used as an ethical method of debriefing; each mother played the game directly following the sensitive ACASI questionnaire.
7.	<b>Pilot study of ACASI</b>	Conducted in May 2015
8.	<b>Information Event</b>	Discuss, design, organise and rehearse this event to verbalise all research related information and deliver research information packs – events took place in each prison June 2015

### **1.20.3 The Recruitment Process**

There was a multi-layer recruitment process applied in this study. This section outlines the selection process, how Prison Officers in each setting supported the realisation of the project on the ground, the aims and objective of the consultative

group i.e. 'The Mothers Project' group. This section also discusses in turn how a research poster, an information event, a computer game and how the researcher fostered an ethical method of recruitment, through the overall management of informed consent and duty of care.

#### *1.20.3.1 The Selection Process*

There are two prisons in Ireland which accommodate female prisoners and this study included both sites. Given that the overarching theoretical frameworks of Convict Criminology, and Matricentric Feminist Social Work research are founded on the premise of voice and participation (See: Chapter Four: Section 4.2.3), this was a fully inclusive project in that the only selection process which applied in the initial stages were that they participants were incarcerated women in Ireland, and in the later phases that they were specifically mothers.

All female prisoners were invited to get involved in the participatory tasks involved in the project and in the initial one question survey in phase one (the first stage of the quantitative data collection). Thereafter, the entire subgroup of imprisoned mothers were invited to participate in ACASI (the second stage of the quantitative data collection), all those participants were then invited to participate in a one to one interview with the researcher (the second phase of the research project). This philosophy of inclusion was matched in the data collection tools and analysis applied (i.e. One Question Survey, ACASI, BNIM and Thematic Analysis), which were all purposely selected and designed to be broad in nature and therefore fully applicable and inclusive. However, it is noteworthy that this comprehensive approach was viewed as possible from the outset because Ireland's female prisoner population is relatively small with on average 140 female prisoners in total on any given day (IPS, 2016).

Exclusion criteria applied in three instances; to be involved in ACASI and the narrative interview, mothers had to have attended the information event and this was verified by signing a consent form on the day. Also, if any member of the multidisciplinary team working in either prison advised the researcher that any woman should not participate for their own safety and/or wellbeing or the safety

and/or wellbeing of others then they were also excluded. Finally, women residing in health centres were automatically excluded due the evidence of circumstantial vulnerability due to their location.

### ***1.20.3.2 Prison Officers***

Subsequent to ethical approval from NUIG and IPS and ongoing discussions between the researcher and the Governors of each prison, it was agreed best practice to allocate a prison staff member as a of point contact for the researcher. One prison officer was assigned from the Dóchas Centre and two from Limerick Prison, who supported the researcher's ongoing access into the prison and facilitated a continual line of communication between the women in prison and the researcher. Testament to this was a radio interview given by Assistant Chief Officer (ACO) Conway from Limerick prison, the supportive Prison Officer allocated to the project in Limerick Prison (Flirt FM2015, 43min).

### ***1.20.3.3 The Mothers Project Participatory Group***

In line with the participatory nature of the project, a cohort of female prisoners made up a consultative group, or what became to be referred to in both prisons as The Mothers Project group. The group was initially recruited through word of mouth via the supporting prison officers in each prison. During the first prison visit, the researcher was escorted around each prison to talk the women in person reiterating the overall purpose of the participatory consultative group and to welcome all to attend. Apart from participatory research being embedded in a rights-based paradigm (Kelly 2017), participatory methods are also known to assist in recruitment as the those involved advertise the research among their peers, to ensure language and design are relevant, comprehensible and attractive for the target group and to assist in developing relations between the researcher and the women (Fine and Forre 2006, Elwood Martin *et al.* 2009, Hatton and Fisher 2011, Sherwood and Kendall 2013, Aldridge 2016).

The Mothers Project group had an open-door policy meaning the women could to come and go as they pleased. This policy accommodated the lack of control female

prisoners had over their final, temporary or early release dates, family visits, or heightened or unregulated emotions on any given day. Some women decided not to stay in the group, some women left prison, some of whom returned. Some women moved from one prison to the other and re-joined the group in the other prison. Overall, there was a core group of about twenty women who sustained involvement throughout, but new recruits were joining The Mothers Project right until the very last session. While twenty Certificates of Participation (See: Appendix 9) were presented at the end of the project to all the mothers who were involved in The Mothers Project group at that point, in reality, many more were involved throughout the duration of six months of the participatory phase. Some left the prison, while others withdrew from their involvement (see: Chapter Four, Table 4.3 for an overview of all the mothers who were involved in The Mothers Project, either consistently, or at irregular points throughout participatory phase).

#### *1.20.3.4 Poster*

A research poster was designed by those in The Mothers Project group (see: Appendix 3). The poster had a dual purpose; first it was used to develop awareness in both prisons of the ongoing research project. The second purpose was so the women could internally communicate and advertise the date and times of The Mothers Project group sessions and the final Information Event. The poster was an interesting piece of work in that it achieved its first aim but not the second and yet had an additional unintended positive effect. The poster developed awareness in both prisons of The Mothers Project sessions, women became familiar with who the researcher was, and that there was an ongoing project on incarcerated mothers taking place and some did women attend the group because they had seen the poster.

However, due to the vague nature of the poster some women didn't have a clear understanding of what The Mothers Project was. At nearly every session the researcher spent the first few minutes clarifying it was a research project, what research was, the purpose of the participatory group and why the group was important to the project's design and delivery. Women were supported to leave at any point, however, this seldom happened. Through a GRC session, it was brought to the researcher's attention that the poster did not mention the word 'research' at all

and could account for some of the confusion. The poster also failed in its second objective as it did not function well as a noticeboard, as one mother remarked; *“sure we’ve already seen that poster, why would the girls go looking at it again”*. However, what did transpire - unexpectedly - is that the poster provided the first tangible piece of evidence of the efforts in The Mothers Group and when the women seen their prototype in clean glossy print some became visibly emotional. Many of the smaller versions of the poster did not make it onto the prison walls as mothers posted them out to their loved ones as evidence of their participation, efforts and pride of The Mother Project and the research they were involved in.

#### ***1.20.3.5 Information Event***

The information sessions were delivered in both prisons about six months after the initial participatory group work began and lasted the full morning in each prison. The entire event programme was designed and delivered by The Mothers Project group. While all prisoners (mothers and non-mothers) were welcomed and encouraged to attend, attendance was voluntary. The information event provided a verbal overview of the Information Sheet (see: Appendix 2) which was hand delivered to all rooms by The Mothers Project groups in each prison a few days before the Information Event took place. Additionally, the information event specifically provided a full overview of the project’s aims, objectives and timeline, who was involved and what was their roles, it explained the purpose and process of voluntary consent, anonymity, where and for how long data will be stored, and the limitations and expectations of the research findings. The narrative question was read out and a description of ACASI was provided. The ethical issues of self-care and how external and internal agencies were supporting the event were explained. External agencies, internal staff and practitioners were also invited to attend to raise awareness about the project, its sensitivity and to request they support the mothers throughout.

All women were provided with an information pack which included the event programme, the poems and input from The Mothers Project group who designed and delivered the event, the research information sheet (See: Appendix 2), and a children’s book published by St Nicolas Trust on supporting children to visit their parent in prison. The purpose of this was to further develop awareness around the

project's aims and objectives, to encourage the women to consider and discuss the research project among themselves in their own time and space after the event and finally, to allow more time to further consider their consent and participation. The Information Event ended with an interactive Q&A where any concerns were aired and discussed, the supporting prison officers and prison listening scheme made themselves known to all, and consent forms were signed and collected.

This event also provided an opportunity for members of The Mothers Project and supporting Prison Officers to be presented with a signed 'Certificate of Appreciation' from the Governor of each prison and Dr Michelle Miller for all their efforts and sustained involvement (see: Appendix 9). These certificates were visibly displayed on the walls of some prison rooms and were used to support evidence of positive engagement regarding the incentivised regime programme and in one instance to support Family Court proceedings (See: Chapter Eight, Section 8.3.3).

#### **1.20.4 Consent**

As Baker and Weller (2003) wrote "informed consent is not a one off but an ongoing process" (p. 38). Therefore, while all those interested in participating signed a consent form at the Information Event, consent and participation were consistently revisited at several points and at every stage throughout the data collection process. Moser *et al.* (2004) comment on the consent process of their research with prisoners receiving psychiatric care and found that when additional attention is awarded to how information on research is delivered, even prisoners with the additional stressors (such as those in their research study, and this research study) can exercise agency and demonstrate full capacity to consent, decline or withdraw consent. Such capacity was certainly found to be true in this study as some women who had consented to participate in ACASI or the face-to-face interview later decided to withdraw consent, and this was respected by the researcher. The filtering process of consent and actual participation is outlined within the following three phases of consent.

## **Informed Consent Phase 1 - One Question Survey**

The One Question Survey was conducted around the same time as the information event was held in each prison, so most prisoners and staff were already aware of the presence of the researcher (who had been visiting both prisons for about 6 months at this stage) and the overarching aims and objectives of the study. This face to face survey was supported in a couple of ways which assisted in its recruitment and consent process. First, the designated prison officer supporting the project in each prison provided the researcher with a list of names of all female prisoners at that time, this meant names could be crossed off to ensure the same person did not answer twice and the researcher could make notes of women not available to be involved in that moment (i.e. those in the school or in visits, those out on temporary release or in court, for example) so they could be given a later opportunity to be involved if they wished. At this point all names were given a case code, and once this task was complete all names were deleted from the document and this document then developed to become the basis of additional fieldnotes focused on the consent processes throughout the entire project (See: Chapter Four, Table 4.5: Process of Consent and Participation for all stages of Data Collection).

Considering the layout and distinct regime in the Dóchas Centre compared to Limerick Female Prison, assistance from The Mothers Project group in explaining the purpose and process of this one question survey played a crucial role in the Dóchas Centre, in particular (See: Chapter Three, Section 4.3.2.1 – One Question Survey). The Mothers Project group supported this process of consent by accompanying the researcher in ‘public spaces’ in the Dóchas Centre as prisoner’s responses were logged. The Mothers Project notified/reminded each prisoner who approached the researcher of the aims and objectives of the research and assisted to explain the following in local language and terms:

- 1) Responses are given directly to the researcher only, in private and were totally confidential
- 2) Responses are not kept on record alongside names or shared with prison officials
- 3) It was completely voluntary to answer

All information explained by The Mothers Project group was then reiterated by the researcher prior to responses being logged, therefore participation itself was considered as informed consent rather than the use of an additional signed consent form for each person in this survey. Overall, the method applied was highly successful in that 97 percent of entire female prison population in the Ireland participated, none of whom selected 'do not want to answer' suggesting the simplistic process applied reduced any emotional onerousness on the question being asked. The few outstanding mothers (3%) were those presuming residing in the healthcare unit at the time. Much like Hissel *et al.* (2011) research with incarcerated mothers in the Netherlands, women residing in these health units were excluded from in the study for obvious ethical reasons.

### **Informed Consent Phase 2 – ACASI**

At the information event, all women were provided with an information pack to take away and informed that while consent was sought that day, the ACASI questionnaires would not start for seven days. During this seven-day 'cooling off period', as it was referred to by IPS Research Ethics Committee, the mothers could reconsider and withdraw their participation. In total, 72 mothers signed consent forms at the information events held in each prison. On the days ACASI took place in each prison, mothers were first asked to reconfirm their consent, the researcher made the decision not to peruse the involvement of one mother (See: Table 4.5, CASE CODE 3011), and a further seven mothers withdrew their consent. At this point, all mothers were reminded that their information could still be withdrawn at any point from the ACASI data set until 2018, after which point the research would be published and placed in the public domain. Mothers were also reminded that they could contact me with any concerns around consent, either directly or via the appointed prison officer supporting the research project in each prison.

### **Informed Consent Phase 3 – Face-to-face Interview**

The final question of the ACASI questionnaire asked participant mothers if they wanted the opportunity to tell their story of motherhood in a face-to-face interview with the researcher. Similar to the consent process realised with the ACASI



questionnaire, face-to-face interviews did not begin until seven days after the ACASI questionnaire was complete in each prison in order to provide mothers with another ‘cooling off period’.

The process by which mothers participated in the face-to-face interviews was quite fluid in nature and incorporated a continued renegotiation of consent. In total 44 mothers consented to be involved in the interview with the researcher, and their consent was logged on the document alongside their corresponding case code (see: Chapter Four, Table 4.5). The researcher approached those who had consented and asked if they were ready to participate. Some mothers choose to postpone because it was a difficult time or day, emotionally or practically or both – while others wanted more time to think about their participation. Some mothers ultimately withdrew their consent, some of whom still wanted to remain linked in with future activities involved in the research process. In total, two of the 44 mothers were released prior to their participation and a further eight later withdrew their consent.

At the outset of each face-to-face interview the researcher revisited the consent form and the aims and objectives of the research study, reiterating the limitations and expectations of the study findings. Mothers were asked to sign another consent form at this point, providing contact details if they wanted to stay in contact with the research project and also providing contact details of a professional, staff member or agency they are linked in with, in the case they wanted me to contact them following the interview to let them know they have participated in the study, or in case they became distressed and required follow up emotional support (See: Appendix 17 – Consent Form – Phase 2). Many of the nominated individuals or agencies the mothers put on these consent forms the researcher was already in contact with, and if not, the researcher then logged them as a significant agent and made themselves and the project known to them; however most had attended the Information Event (See: Chapter Four, Section 1.20.6 - Duty of Care).

The following Table 4.5 is an example of how the process of consent and participation for all phases of the study was logged and managed. Table 4.5 is from Cedar House in the Dóchas Centre however the same process was used for each of the nine accommodation blocks in the Dóchas Centre and for Limerick Female

Prison. All these documents were continually updated throughout the data collection phase to ensure a clear log of all who consented to be involved was documented and managed accordingly.

The content of the example provided in Table 4.5 is as follows: 18 women lived in Cedar House, 13 confirmed themselves as mothers, all 13 attended the information event and consented to participate in ACASI. On the day of the ACASI, one mother was not pursued due to a questionable understanding of the project and two withdrew their consent. Therefore, nine mothers participated in ACASI from Cedar House. Of those nine, seven said they wanted to participate in the narrative interview, of which one was released before participating and two went on to later withdraw their consent, resulting in four mothers from Cedar House participating in the one-to-one interview with the researcher. Within the comment boxes, there is evidence of the complex nature of consent for this group. For instance, issues the researcher was faced with on how other mothers tried to influence who could participate or not (see ‘Carol’ – CODE 3005), where mothers exercised their agency and made informed decisions not to be involved or to withdraw their consent (CODE’s 3002, 3005, 3008, 3017, 5008), where the researcher used their own intuition regarding the questionable capacity of mother to consent (CODE 3011) and the ability of the researcher to involve a mother who may not have her voice heard had the researcher not learnt to speak Spanish while in prison in Spain (CODE 3012).

*Table 4.5: Process of Consent and Participation for all stages of Data Collection*

**DOCHAS CENTRE – CEDAR HOUSE**

No.	NAME	CODE	M	CP1	PP1	CP2	PP2	COMMENT
1.	██████	3001	Y	Y	D			Declined on the day
2.	██████	3002	Y	Y	D			She wanted to participate but was busy on the day with visits and schooling etc... when asked again, she had changed her mind.
3.	██████ 'Aoife'	3003	Y	Y	Y	Y	Y	
4.	██████ 'Sophie'	3004	Y	Y	Y	Y	Y	
5.	██████ 'Carol'	3005	Y	Y	Y	Y	D	Was warned she is a very violent woman?? And was asked not to interview her? Spoke to her initially about the project one day

									when we were in the yard and didn't realise who she was until I checked her name against my notes. She was in a bad place that day. Another day though she approached me and asked about the project and signed a consent form. <ul style="list-style-type: none"> <li>- I approached her later about doing to the one to one and she decided that she didn't want to take part at that stage.</li> </ul>
6.	██████	3006							Non-Mother
7.	██████ 'Debbie'	3007	Y	Y	Y	Y	R		Released
8.	██████	3008	Y	Y	D				Serving double life. Originally wanted to participate but was turned off by another prisoner. The worry was that her information about her high-profile case would be leaked and cause more harm to her family. I spend some time with her explaining confidentiality but in the end I was content that this just wasn't something she wanted to risk. I was happy with that.
9.	██████ 'Leva'	3009	Y	Y	Y	D			
10	██████ 'Kate'	3010	Y	Y	Y	Y	y		
11	██████	3011	Y	Y	D				I spoke to this lady about the questionnaire, but it became obvious to me within a few minutes of talking to her that she really didn't understand the research project and her mental capacity was questionable. I was happy not to pursue this any further.
12	██████ 'Catarina'	3012	Y	Y	Y	Y	Y		It was lovely talking to this young lady – she was from brazil but spoke some Spanish, so we talked in Spanish mostly. I heard she had a hard, being bullied from the other girls. You could see her face light up when she seen me approach her for the second time, she commented how nice it was to talk in Spanish with someone for the first time in years inside the prison. I can really relate to this! <ul style="list-style-type: none"> <li>- May need a Brazilian translator? (Melissa ILAS)</li> </ul>
13	██████	3013							Non-Mother
14	██████	3014							Non-Mother
15	██████	3015							Non-Mother
16	██████	3016							Non-Mother
17	██████ 'Zane'	3017	Y	Y	Y	D			Signed consent form for phase 2 but later declined
18	██████	5008	Y	Y	Y	Y	D		She is not sure if she wants to do it now. I will give her time to think it over. <ul style="list-style-type: none"> <li>- Since been released and didn't do</li> </ul>

								the one to one in the end but wants to remain linked in with the project.
Total:	18		13	13	9	7	4	

M = Mother	CP1 = Consent for Phase 1 (i.e. ACASI)
Y = Yes (Consent received)	PP1 = Participated in Phase 1 (i.e. ACASI)
D = Declined/Withdrew Consent	CP2 = Consent for Phase 2 (i.e. BNIM)
R = Released	PP2 = Participated in Phase 1 (i.e. BNIM)

### 1.20.5 The Computer Game

The design and implementation of the computer game was a fascinating piece of work within the overall research project (see: Appendix 7 for screenshots of the game). In the new emerging field of Technologies of Nonviolence, Treffry-Goatley *et al.* (2017) discuss their *'Ethical Participatory Visual Research with Girls'*, highlighting the rapid developments in digital technologies which have sparked revolutionary shifts in participatory research. The computer game within this participatory research project was designed and developed between the incarcerated mothers and two local game developers from Galway. The recordings in the game are by prisoners and prison staff in both the Dóchas Centre and Limerick Female prison and it was completely led by The Mothers Project, my role was merely to facilitate communication between the prisoners and the game developers.

Much like the participatory research advocated and realised by Treffry-Goatley *et al.* (2017) who used digital technologies to address sexual violence as an ethics of nonviolence, the primary use of the digital computer game in this project was also purely ethical in its function. The computer game was strategically placed at the end of the ACASI questionnaire, so that the mothers would have the opportunity to de-role following the sensitive questionnaire. Engaging with ACASI, particularly with headphones, invokes a private yet very intense interviewing experience between the participant and the question on the PC interface (Viewpoint 2009). In this particular instance, the questions within ACASI were extremely sensitive, not only about the mother's own experiences of childhood and relationships, but about their children – the vast majority of whom they are separated from for various reasons and various lengths of time. In addition, it included a question on deceased children. The ethical

and moral concern of the researcher was such that mothers would leave the computer room following the completion of ACASI with vivid thoughts and emotions about their children, and therefore something specific had to be implemented into the process to reduce that distress.

The game certainly accomplished its primary aim. The spouts of random laughter which filled the deadly quiet but busy room on the day of data collection were a joy for the researcher to witness and hear. However, the creation of the game did much more than its intended purpose; it brought the prisoners and officers together on a plain level field in creating something fun and new, and overall it added light hearted humour to the serious topic being studied. The Mothers Project led the design, process and narrative of the game and this experience transformed the research journey for all involved. While very little is researched or known about computer games in prison setting, Ribbens and Malliet (2015) did investigate if the well-established benefits of digital gaming, such as mood management and stress reduction, equally applied within a prison setting. Ribbens and Malliet (2015) found that digital game play provided specific gratification to the prisoner community. As well as assisting in passing the time and providing a sense of control and escapism - experiences which are extremely acute for prisoners by the fact that they are first contained and second for a specified period of time - digital game play also supported positive interactions between prisoners and invoked artistic and creative emotions and engagement. Findings by Ribbens and Malliet (2015) which confirm the positives of digital gaming in the prison setting certainly reflects of the experience of the use of the computer game in this study.

Liaising between The Mothers Project group and the game developers was an interesting task. Ultimately these are two opposite worlds which rarely have the opportunity to meet, and as a result some of the ideas which emerged were completely at odds with one another. For instance, a game developer initially believed the game idea of a prisoner attempting to escape<sup>37</sup>, and the use of foul

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<sup>37</sup> The game's narrative was very simple and based on an escaping prisoner who was hindered by various drugs ('dropsies') as they attempted to reach the end of the prison yard to disappear down a drain. The escaping prisoner got five lives in total, each could be lost by running into the drugs rather than jumping over them. Those who ran into the drugs were locked back for a couple of minutes

language in the audio would be inappropriate and unacceptable for IPS. However, The Mothers Project and the supporting prison staff were happy to pursue this believing that an escapee game was humorous and the use of swear words would be quite normal, creating a light-hearted and less scripted feel to the game. Likewise, a game developer then subsequently suggested the insertion of guns, needles and a fight between a prisoner and an officer, but again, these were contested by The Mothers Project for being too offensive and violent, who in turn suggested the use of pills and joints only as the ‘dropsies’ (drugs) for the game and no fighting at all. Overall, all those involved (The Mothers Project, the game developers, the prison officers and the researcher) had a positive experience working on this collaborative piece within the research project. However, the contrasting design ideas gently reminded the researcher of the predominant perception of prisoners held among the general population, but moreover, the importance and power in bringing such diverse and distinct worlds together in one neutral learning space. The prison officers’ involvement was testament to their commitment to the study and their willingness to support The Mothers Project in even the less serious aspects of the project. It was a pleasure to observe how the prisoners and the officers gelled and enjoyed each others company in completing this task, which no doubt directly and indirectly produced an additional layer of awareness and support for the overall project with those who were charged with the daily care and security of the mothers involved.

#### **1.20.6 Duty of Care**

At an overall level this project adapted several methods to ensure a duty of care was safeguarded for all mothers involved at any level in the project. A list of these safeguarding measures are as follows:

1. The researcher spoke directly to the medical teams, the multidisciplinary teams, and the prisoners who were trained Listeners in each prison. The researcher clearly explained the aims and objectives of the research to these key people, and how important their role was in being available to support the mothers involved. In addition, the researcher assisted these people

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while intoxicated from the drug and surrounded by psychedelic colours. Those who got to the drain without using all their lives reappeared on a pedestrian street and escaped to see their children.

develop a sense of awareness of the possible heightened emotional vulnerability of the prison campus during this time.

2. All members of the medical team, the multidisciplinary team and the Listeners were strongly encouraged to attend the information event – most of whom did - to demonstrate to the women their acknowledged involvement in the process and the willingness to support them if required.
3. The Mothers Project groups in each prison were asked to flag any services they had strong links with, who they felt should be informed of the research. These were contacted by the researcher and asked to support the mother prisoner community during this time. Both prison Governors of each prison then extended invitations to these external agencies to attend the Information Events in their respective prisons; most of whom accepted their invitation and attended the events.
4. While the content of the Information Event was designed and delivered by The Mothers Project, the researcher was adamant their role involved articulating the importance of self-care (See: Appendix 8). It was vital that this message was clear, so everyone knew how self-care can be managed and supported – from both a mirco to the marco perspective – and who to turn to for support, and how. The researcher flagged the many internal and external individuals and agencies who were in the room attending the event, to demonstrate their collective support for the project, and their individual availability to support any mother if required. Additionally, attention was also brought to the Listeners and the allocated prison officers in each prison as points of contact and for support during the research process.
5. Interviews strategically took place towards the end of the summer, as during this time the prison population is at its most static because Courts are closed. This was important as supports and all the work on consent and self-care would remain relevant with the same population (more or less) until data collection was over.
6. As mentioned above (See: Chapter Four, Section 1.20.4 - Informed Consent Phase 3 – Face-to-face Interview), before narrative interview began all mothers were asked to nominate a person for the researcher to contact if they became distressed during the interview. Individuals nominated by the

mothers were often professionals who had attended the Information Event in the prison (See: Appendix 17 – Consent Form – Phase 2).

7. While already mentioned above, the computer game added another layer of ethical care. Not only did the game play work perfectly in minimising distress for participants undertaking ACASI, the overall light hearted and fun experience of creating the game also minimised distress for The Mothers Project regarding the overall sensitivity of the research topic.

However, it cannot be underestimated the researcher's use of self as a tool in alleviating some distress for the participants. The researcher's openness with The Mothers Project and beyond, regarding personal issues of substance misuse, mental ill-health and imprisonment, no doubt provided some sense of a genuine and relative imperfect mother who is not in position to judge. Therefore, as mentioned earlier, the participatory nature of the study assisted the mothers in getting to know the researcher. Researchers are themselves recruitment tools, what they bring to the table, how that is managed, what makes them who they are, are all important parts of the success (or failure) of any study. Moreover, empathy and interview skills are core to social work practice, the profession which the author is trained and qualified in. Finally, convict criminologists are also better accepted by the prison community and regardless of their own story they nearly expect to listen to sensitive and personal stories due to their own experiences of prison and prisoners.

Following each interview, the researcher spent time with every mother allowing them space and time talk through their emotions and de-rolled from the topic before leaving the interview room. On the whole, the recorded time is only a small reflection of the amount of time and energy consumed with each interview. Often, it was when the recorder was off that another layer of rich data was provided, however, only data that was recorded with the consent of the mother was used in the findings and analysis in the study. Nonetheless, mothers often commented how good it felt to talk about their children and their experiences, and regardless of all the tears many mothers mentioned how they enjoyed the experience of the interview. On only one occasion did the researcher feel the need to contact the nominated person to follow up with the mother in prison after the interview, which is testament to the good technique used in closing each interview. Even so, following every interview the



researcher took the time to follow up with the imprisoned mothers in the hours and days that followed to check they were ok. This was a small gesture and quite easy to realise, but it was evident from the mothers it meant a lot to them and certainly assisted in putting the researchers mind somewhat at rest regarding any possible delayed distress.

Notwithstanding this, emotions were extremely high. While the level of trauma discussed within the mother's stories is the result of trust and familiarity with the researcher, that same trust facilitated the emergence of very sensitive memories, stories and reflections. These emotions had to be managed in the moment, in the interview situation, regardless of the multiple layers of safeguarding methods applied. As a result, some interviews were paused, during which time the researcher comforted the mother until such a time as she felt comfortable to continue. In three cases ('Niamh', 'Leah' and 'Zophia') a decision was reached not to continue with the interview. In one instance, the researcher made a referral to the prison medical team, with the mothers ('Anna') full acknowledgment, as her heightened mental wellbeing became concerning during the interview. Finally, considering the content of the interviews and the level of childhood trauma, the researcher checked to confirm that all accusation of childhood sexual abuse had been brought to the attention of the correct authorities. Nevertheless, there was an occasion where, with the support of the research supervisor Dr Devaney, and with acknowledgment of the mother concerned, a concern did result in a referral to Tusla Child and Family Agency.

### **Section Summary**

This section has discussed the ethical considerations pertinent to this study, specifically the timeline, access to the prison setting, the recruitment and consent processes, the safeguarding measures and duty of care, and the unique use of a computer game as an ethical approach to sensitive research.

## 1.21 Chapter Summary

As the researcher positions herself as an epistemological pragmatist, she acknowledges the lived experience and narrative of the incarcerated mother to better understand the topic under investigation. In this regard, statistics played a vital yet lesser role for the researcher in her quest for the subjective story of motherhood and mothering being studied. However, this chapter has demonstrated how all three data sources, using both quantitative and qualitative approaches, addressed different objectives to answer the research question in full. On the whole, data collection methods, such as ACASI and BNIM, were specifically chosen to support the mothers to be involved in the research process so that they could drive the project in the way they felt it best suited them.

It is accepted as impossible for researchers to be completely removed from their studies, in fact there is an onus on the researcher to accept, acknowledge and explore their position and influence within the topic under investigation. However, methods selected herein were attractive because they supported the maternal voice to be the central axis of the project in the hope that ‘their’ story of motherhood and mothering remained the key focus and the study’s findings dissemination here after. Nonetheless, in being personally aware of the adversities and vulnerabilities generally experienced by the female prisoner population, an ethical approach to how this research study was conducted remained a primary focus throughout. To ensure the study’s ethical focus was realised new innovative research tools were used. The participatory and creative methods applied within this study are recognised as truly original within empirical prison and criminological research; it is certainly a ground-breaking undertaking for Irish prison research and commendable for IPS to have supported this research throughout.

This chapter has outlined the methodology designed and implemented in order to answer the overarching aim and objectives of the research study. The next chapter, Chapter Five and following three chapters after that (Chapters Six, Seven and Eight) present the findings of this research based on the data collected in order to answer the overall aim and objectives of the study.

## **Chapter Five: Profile of Incarcerated Mothers and Their Children in Ireland**

### 1.22 Introduction

This chapter presents findings from the primary phase of the data collection, which focused on collecting profiling information on the mothers and their children. The first piece of data collection that was conducted consisted of a ‘one question’ survey in each prison aimed at finding out how many female prisoners in Ireland are mothers. Following this, 62 mothers participated in an Audio Computer Assisted Self-Interviews (ACASI). The first section of the ACASI questionnaire was focused on the mother’s profile and the second focused on the care and contact arrangements for each of their children. This chapter is therefore presented in two corresponding sections; the first focuses on the mother’s profile and the second focuses on their children.

### **1.23 Section One: A Profile of Incarcerated Mothers in Ireland**

#### 1.23.1 Introduction

The first phase of the data collection consisted of a ‘one question’ face to face survey in both female prisons in Ireland where prisoners were asked if they were a mother. In the following phase, 62 mothers took part in an ACASI questionnaire where they answered a range of specific questions relating to their past and current circumstances. Questions included who cared for them when they were young, their relationship and accommodation status, their age, their nationality and if they were an Irish Traveller. Mothers were asked about their experience of prison and sentencing; i.e. if they had been sentenced, if so the length of their sentence; if they had been in prison before, and if so how many times. Mothers were also asked how many children they had (living and deceased). This information is presented in this section. Some charts (labelled as figures) are colour coded to add extra clarity to the presentation of the data.

### **1.23.2 Incarcerated Mothers**

The first research question aimed to find out how many women in prison in Ireland were mothers. This question was answered by using a face-to-face ‘one question’ survey. On the 25<sup>th</sup> of June 2015 there was a total of 20 women in custody in Limerick. Of those 20 women, 16 were mothers (80%) and four were confirmed as not being mothers. Within two weeks, on the 8<sup>th</sup> of July 2015, there were 106 women in custody in the Dóchas Centre, of those 82 were mothers (77%), 20 women were confirmed as not being mothers, and four of the 106 female prisoners remained unresolved (3.7%). Overall, 97% of the entire 126 females in the prisoner population, got involved in this initial survey. Of those 78% were confirmed as mothers (n=98) of both young and adult children, 24 confirmed as non-mothers (19%) and four (3%) remained unresolved (in healthcare).

### **1.23.3 Profile of Mothers in Prison in Ireland**

Of the 98 female prisoners who stated they were mothers, 62 (63%) went on to participate in the following phase of the data collection. As mentioned above, the primary section of the ACASI questionnaire was used by the mothers to answer self-profiling questions such as their age, nationality, ethnicity, their past and current committals, their relationship and accommodation status, and how many children they have had (alive and deceased). While Table 4.3: Characteristics of the Participants (See: Chapter Four, Section Two: 1.19.4), provided some basic profiling information, a more detailed overview of these findings are presented here.

#### ***1.23.3.1 Age, Nationality and Ethnicity***

The mothers who participated in ACASI ranged from 20 to 56 years of age, with an average age of 35 years. Of the 62 mothers, 53 were Irish nationals (85.5%); two were Lithuanian (3.2%), two were Irish/British (3.2%), one was Brazilian (1.6%), one Polish (1.6%), one African/British (1.6%), one British (1.6%), and one Scottish (1.6%). Overall, 13% of group stated they were from Irish Travelling Community.

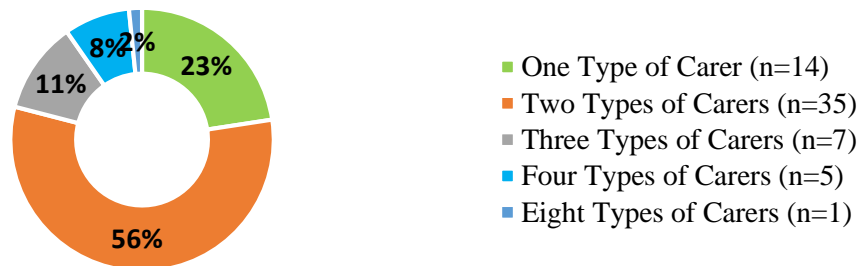
### *1.23.3.2 Experiences of Carers as Children*

All mothers were asked who reared them when they were children. Mothers could select as many categories of carers as required to demonstrate the variety of carers involved in rearing them over the course of their childhood. Overall, participants selected between one and eight different carers. Over half of the participants (n=35) selected two carers (56.5%), which was most often their mother and father (n=31). A further 22.6% had one carer only as a child. While fathers (n=2) and grandmothers (n=2) provided lone parenting to participants, the largest group of lone parenting was providing by the participants own mother (n=7).

In eleven cases, participants were cared for by their parents and a variety of additional carers, such as family members, foster carers and children's residential homes, ranging from one (n=4) two (n=3) and six (n=1) additional categories of carers alongside their parents. Three participants were cared for by their mothers (rather than their parents jointly) and additional family members, in these instances foster care or child care residential homes did not feature. Likewise, findings show that grandmothers, and grandparents jointly, were involved in a variety of parenting and child care arrangements for ten of the mothers in the study. Grandmothers featured as the mother's carer alongside other carers in six instances, but grandfathers did not feature independent of grandmothers in the rearing of participants when they were children.

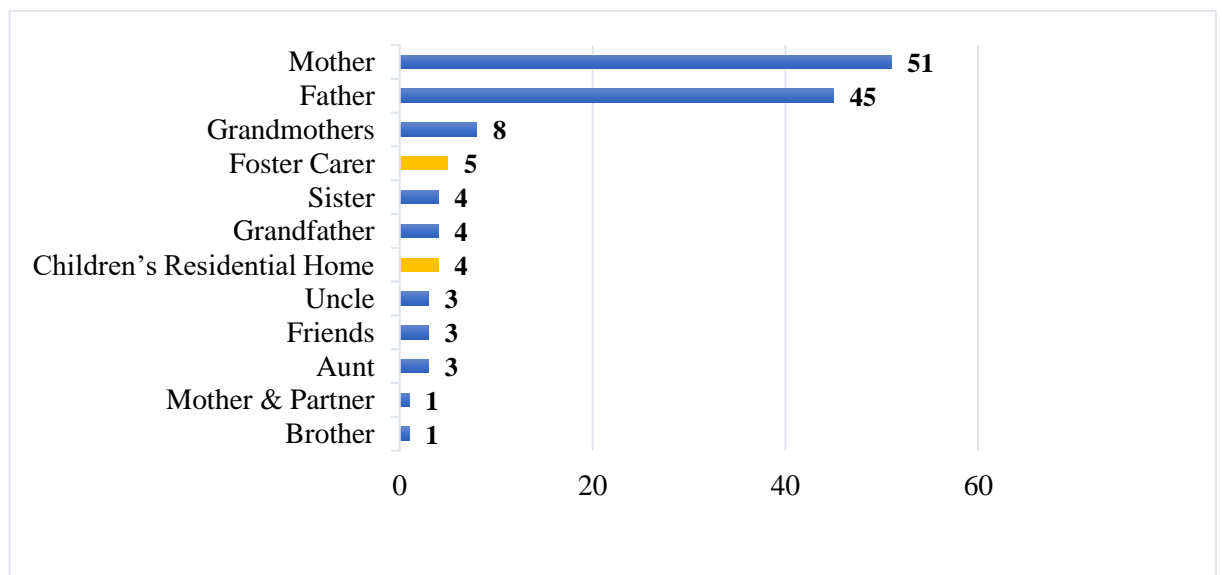
There were four instances where mothers did not select any family member as caring for them when they were a child. In these cases, one participant was cared for by a friend, one by foster carers, one in a children's residential home and one participant experienced both foster care and a children's residential home. In total, 11.2% of the mothers in this study had experienced 'out of home' state child care interventions as children (n=7); three were in foster care, three were in both foster care and a children's residential home and one mother was cared for within a children's residential home only. The questionnaire did not ascertain if any of the family care arrangements experienced by this group of mothers when they were children were in fact formalised fostering arrangements, however, this scenario is discussed by several mothers who participated in the following phase of face-to-face interviews.

Figure 5.1 presents the total number of carers experienced by the 62 mothers who participated in ACASI.



**Figure 5.1: Number of Carers Experienced as a Child**

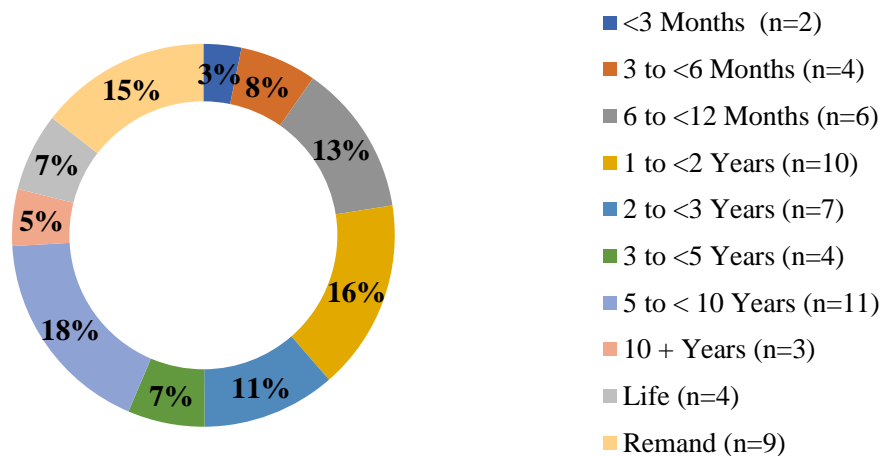
Figure 5.2 below presents the frequency in which each carer type was selected across the entire group of participants. While participants were often cared for by their own mothers, fathers followed shortly behind. As mentioned above, mothers and fathers (i.e. the participant's parents) made up most of the dual carers selected. Parents are followed by grandmothers and then foster carers. Children's residential homes, and the participant's sister and grandfather were selected an equal number of times by participants. However, when the number of times foster care (n=5) and children's residential homes (n=4) were selected and combined (see orange segments) then 'out of home' state care becomes the third most common form of childcare experienced by this group of mothers as children; shortly followed then by grandmother carers.



**Figure 5.2: Number and Types of Carers Selected**

### 1.23.3.3 Sentencing and Committals

Mothers were asked if they were sentenced and if they had been to prison before this current prison committal. Overall, 53 of the mothers had been sentenced (85%) and nine were on remand awaiting trial (15%). Four of the mothers had received a life sentence (7%), and therefore had no specified sentence length. Of the 49 mothers who had a specified length of sentence, sentences ranged from one month up to 15 years, with an average sentence of just over three years. A breakdown of the sentence length and type (i.e. those who had received a life sentence, and those on remand or those sentenced) for all 62 mothers is presented in Figure 5.3.

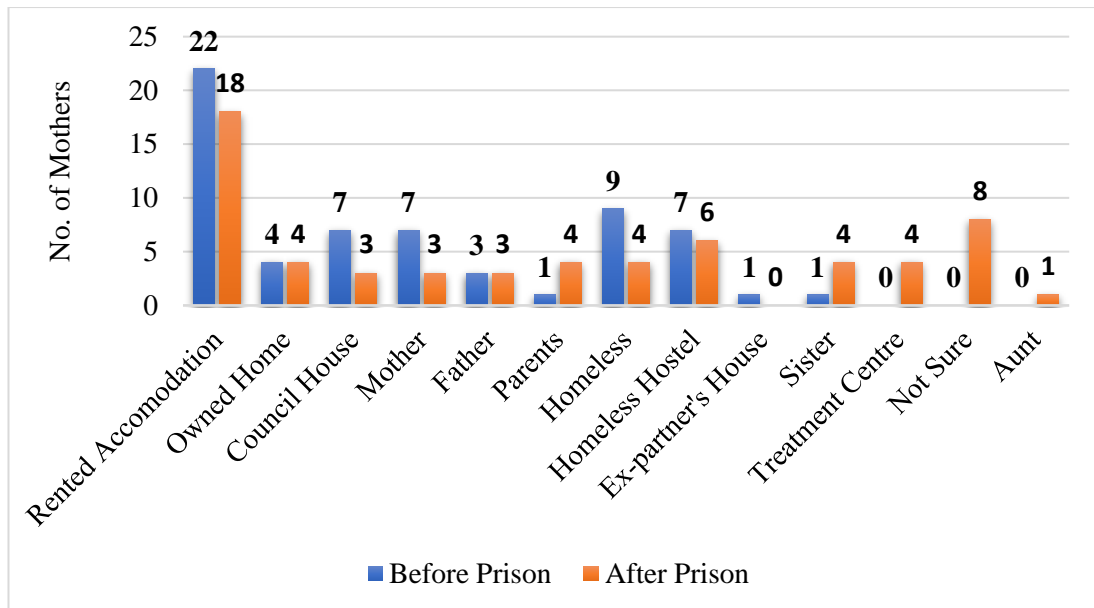


**Figure 5.3: Sentence Length and Type**

Mothers were asked if they had ever been to prison before and if so how many times. Of the 62 mothers, 28 said that this was their first time in prison (45%). Of the 34 mothers (55%) who had been in prison before, this ranged from one to 24 previous committals with an average of 3.7 previous prison committals overall.

### 1.23.3.4 Accommodation Before and After Prison

Mothers were asked about their accommodation prior to entering prison and where they think they will live when they are released from prison. A breakdown of the type of accommodation before and after prison is presented in Figure 5.4 below. Overall, findings show that many mothers will likely experience a change in accommodation between where they lived before their incarceration and where they hope to live when they are released.



**Figure 5.4: Accommodation Before and After Prison**

Overall, 35% of the mothers were in private rented accommodation (both houses and apartments) before their incarceration and this form of housing made up the most common form of accommodation for this group. The following most common form of housing status was homelessness at 25% - this is calculated by combining homeless hostels (n=16) and the more broader term of 'homeless' within which mothers selected either 'sleeping rough' or 'sleeping between friend's houses' in ACASI. These were then grouped together in Figure 5.4 for clarity and presentation purposes. The most static form of accommodation was those who owned their own home (n=4) or those who lived with their fathers (n=3). The most significant accommodation changes, where mothers were less likely return to once released, were those who lived in a council house, or with their own mothers.

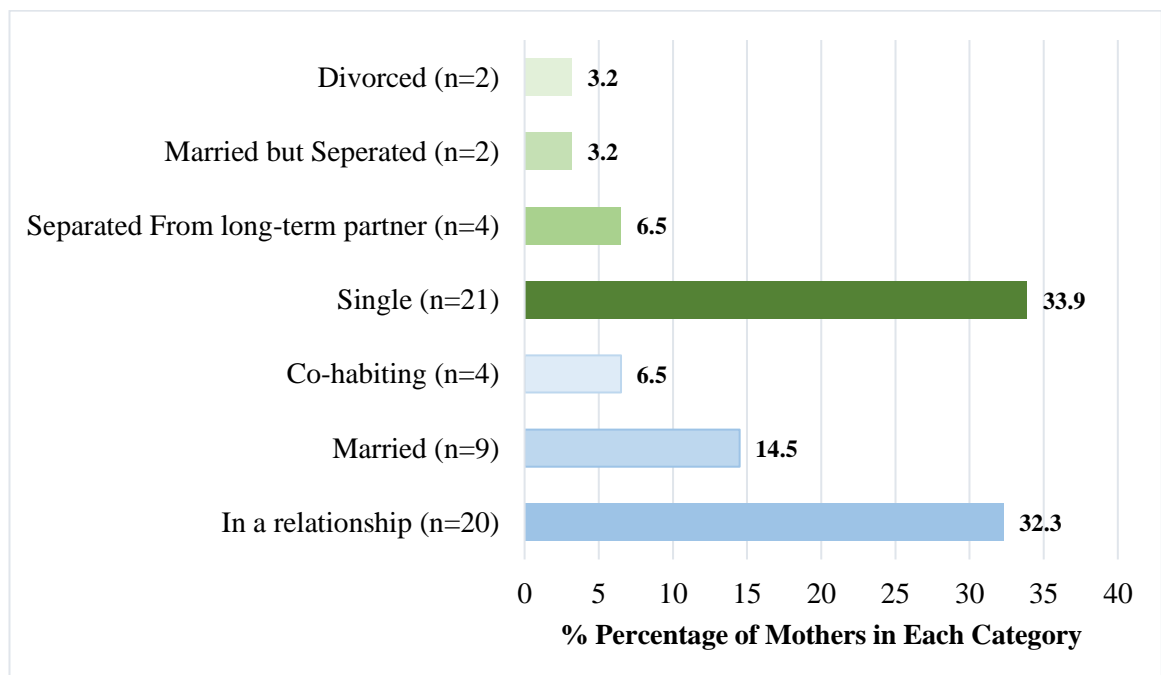
Private renting (n=18) and general uncertainty (n=8) were the most common forms of post release accommodation scenarios envisioned by the mothers in the study. When the number of mothers who selected 'homeless' (n=9) and 'hostel' (n=7) prior to imprisonment are combined (n=16) and then compared to the combined number of mothers who selected 'homeless' (n=4), 'hostel' (n=6) and 'not sure' (n=8) related to post release accommodation (total n=18), uncertainty and homelessness increases slightly from 26% prior to imprisonment, to 29% post release.



However, the number of mothers hoping to enter a residential treatment centre from prison (n=4) and those who selected that they were ‘unsure’ about their accommodation post released, emerged as new categories of post release accommodation scenarios. Finally, the mother’s parents (jointly) and their sisters presented as an increase in post release accommodation support which was not extensively used by the mothers before they entered prison.

### 1.23.3.5 Relationship Status

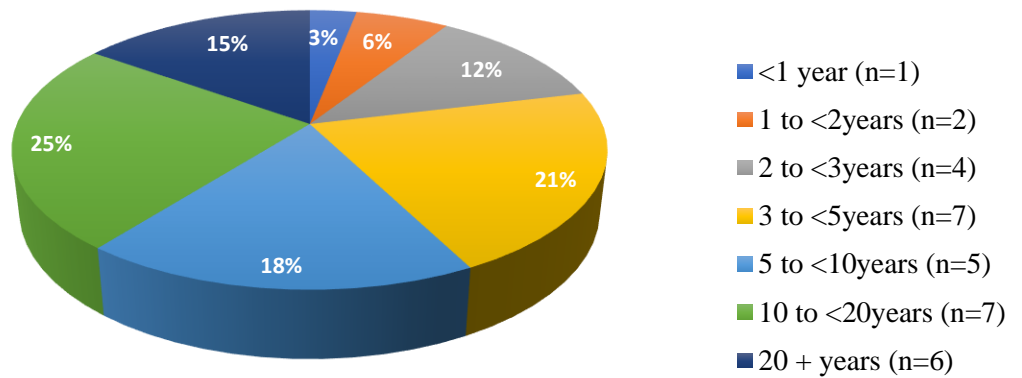
Mothers were asked about their relationship status. Two colours are used in Figure 5.5 below to visually represents mothers in a relationship at the time of interviewing (shades of blue) and those who were not in a relationship at the time of interviewing (shades of green). Overall, just over half of participants were in a relationship (53.2%), with at least one fifth of the group (20.9%) having experienced marriage or were still married at the time of interviewing.



**Figure 5.5: Mother's Relationship Status**

Of the 33 mothers who were in a relationship at the time of data collection, their relationships ranged from 8 months to 37 years, with the average relationship being nearly 10 years. Three-quarters of the mother’s relationships exceeded three years and 40% were in relationships which exceeded 10 years. Figure 5.6 below presents

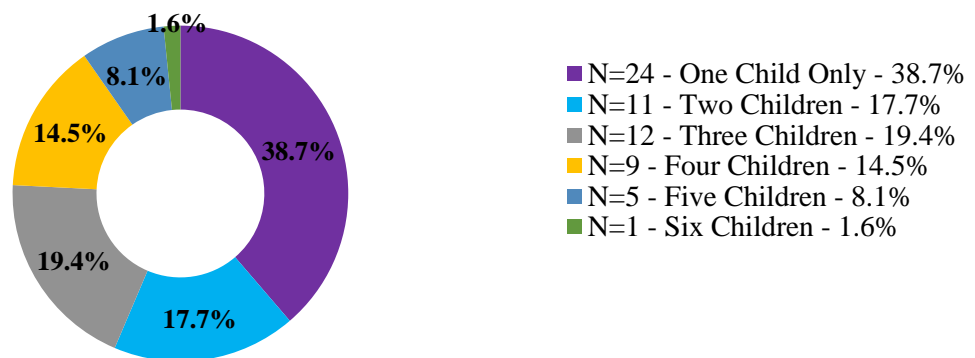
an overview of the length of the current intimate partner relationships for the 33 mothers who were in a relationship at the time of interviewing.



**Figure 5.6: Length of Relationship**

**1.23.3.6 Children - Living and Deceased**

Mothers answered questions about their living and deceased children. Of the 62 mothers who took part in ACASI, 22.6% had experienced the death of one child (n=14). Three additional mothers had individually experienced the death of two, three and four children respectively. In total, 25.8% of the mothers in this study had experienced the death of at least one or more children (n=17). Regarding living children, mothers had between one and six children, with the average number of 2.4 children each. Figure 5.7 presents a breakdown of the number of mothers who had one child only, up to the largest number of children, which was one mother who had six children. Mothers with one child only constituted the largest singular group of mothers (38.7%). Overall however, most mothers (61.3%) had more than one child.



**Figure 5.7: Number of Mothers with Number of Children**

## **Section Summary**

This section has focused on presenting findings on the mothers from the ACASI questionnaire. The following section will present findings from the second part of ACASI which focused on the children of the mothers in the study.

### **1.24 Section Two: Child Care and Visiting Arrangements**

#### **1.24.1 Introduction**

Section two of the ACASI questionnaire focused on the profile of the children involved in the study; specifically, their age, gender, their carers - both before and during their mother's current committal into prison - and their prison visiting arrangements. These findings are presented here. Like in the previous section, some Figures are colour coded to add extra clarity to the presentation of the data.

#### **1.24.2 Children's Age and Gender**

Of the 62 mothers, there was a total of 148 children, of which 108 (or 73%) were children under 18 years of age and 40 (or 27%) were children aged 18 years or over. There was a near equal number of sons (n=75) and daughters (n=72) and one child where the mother choose not to answer the question related to their child's gender.

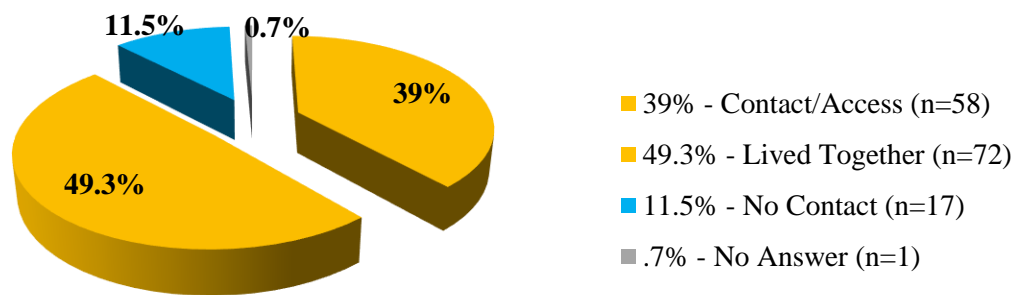
#### **1.24.3 Mother-Child Contact: Prior to and During Imprisonment**

Mother-child physical and face to face contact both before and during imprisonment was explored via ACASI by mothers answering questions about the contact they had with their children prior to imprisonment, and if children visited them in prison. Those mothers who did not receive visits from their children were asked why visits didn't occur. Mothers who received child visits were also asked about the adults who accompanied children under 18 years of age to attend visitation (as required by the IPS policy). This section therefore has the following four subsections:

- Mother-Child Contact Prior to Imprisonment
- Mother-Child Prison Visitation
- Why Visits Do Not Occur
- Accompanying Adults for Child Visitation

### 1.24.3.1 Mother-Child Contact Prior to Imprisonment

Mothers were asked if they lived with or had any level of contact or ‘access’ (i.e. ‘access’<sup>38</sup> - see Figure 5.8) with each of their children prior to their current experience of imprisonment. Of the 148 (young and adult) children, 50.7% did not live with their mothers prior to her current prison committal (n=58), of which 11.5% had no contact with their mothers at all (n=17). However, 88% of the children had some level of contact (see Figure 5.8); i.e. nearly half (49.3%) lived with their mothers directly prior to her current prison committal and a further 58 children (39%) had some level of contact or access. Figure 5.8 illustrates (in yellow) the percentage of children who had face-to-face contact with their mothers prior to her committal into prison.



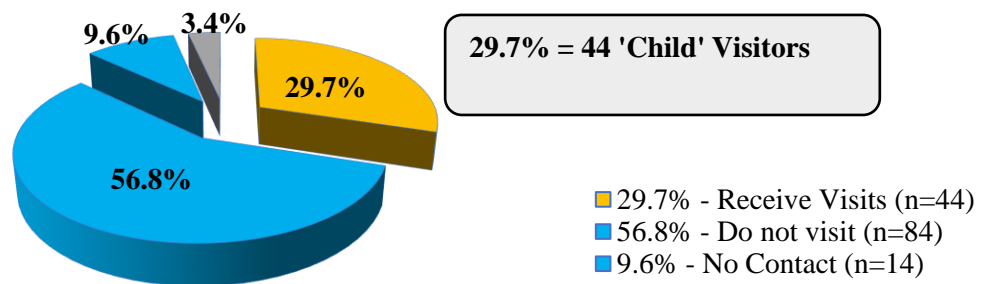
**Figure 5.8: Mother-Child Contact Prior to Imprisonment**

### 1.24.3.2 Mother-Child Prison Visitation

Mothers were asked if they received visits from their children while they are in prison. Findings presented in Figure 5.9 below show 44 children (29.7%) visited their mothers while she was serving her current sentence. Of the 44 children who visited their mothers in prison, 27 were children under 18 years of age which is 25% of the total 108 children who were under 18 years of age and involved in this study. 17 children were aged 18 years or over, therefore, adult child visitation constituted 39% of all child visits for this group of incarcerated mothers.

<sup>38</sup> The term ‘access’ is commonly used to describe situations where mother and child do not live together but they still have contact, for example, in cases where contact is negotiated through formal support services such as Tusla, the Child and Family Agency.

Figure 5.9 illustrates mother-child face-to-face contact (i.e. prison visits) during the mother's custodial sentence<sup>39</sup>.



**Figure 5.9: Mother-Child Prison Visits**

When Figure 5.8 and Figure 5.9 are compared, then a third of the number of children who had face-to-face contact with their mothers prior to her imprisonment go on to visit their mothers while they are serving their sentence. Also, the numbers of children who had no contact with their mothers prior to her committal decreased, meaning some children began to regain contact with their mothers during her current custodial sentence.

#### ***1.24.3.3 Reasons Visits Do Not Occur***

Mothers who were not receiving child visits were asked (via a qualitative text box in ACASI) why visits do not occur. The mothers typed responses, which were then thematically grouped and are presented in Figure 5.10. This question was answered by mothers regarding 76 children. The purple segments in Figure 5.10 (below) present the responses where mothers said it was their choice not to receive visits from their child; over half (56.5%) of the 76 children who did not visit their mothers were in this category. There were a range of reasons provided by the mothers explaining why they didn't want their children to visit them:

*“I don't want to put her through that. She wouldn't fully understand she would want me to go with her” (Joan)*

*“Don't want him to see me in prison” (Kelly)*

<sup>39</sup> In the narrative interviews in phase two of the data collection, mothers discussed alternative methods of mother-child contact which are not face to face, such as telephone calls, letter writing and exchanging gifts, therefore the distinction here is highlighted as face to face contact via visitation.

*“I haven’t told them I am in prison. I don’t want them to know” (Lisa)*

*“Because it’s not a place for kids” (Michelle)*

*“I had visits in the beginning. Wasn’t happy with the children coming to the prison so I worked really hard to get outside access. I see all four children while I am out” (Roisin)*

*“I don’t want my child up here” (Rebecca)*

*“Don’t want them to come in because of the searching at the gate” (Sophie)*

Figure 5.10 below shows responses from mothers whereby the child’s visitation is prevented by a third party, i.e. mother and child have no control or choice over visits; a third (34.2%) of the 76 children fell into this category. There were a range of reasons mothers provided why third parties did not support visits or actively prevented visits from happening, some examples of these are as follows:

*“Not allowed by judge not allowed for 2 to 3 years” (Jennifer)*

*“Social worker won’t allow my mother 2 bring him” (Tracy)*

*“Social workers haven’t bothered setting anything up. It’s taken me 2.5 mths 2 get my calls set up with the kids” (Jacqueline)*

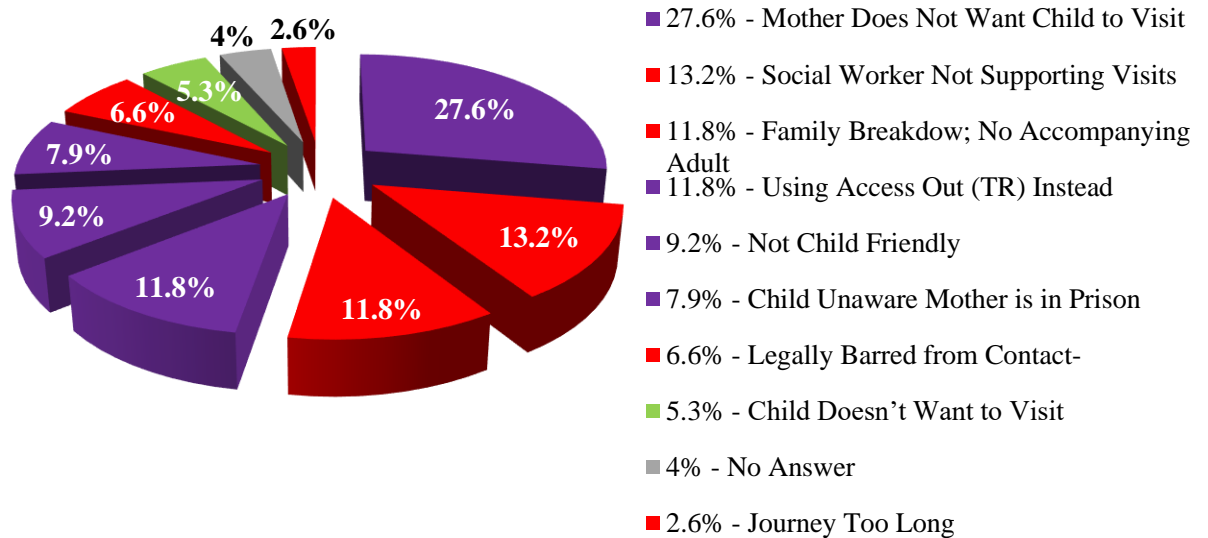
*“He is locked up. In prison” (Trish)*

*“Because his carer my aunt and his nan don’t think it’s fair” (Elizabeth)*

Figure 5.10 also presents responses from the mothers where visits do not occur because it is the child’s own choice, four of the 76 children fell within this category (5.3%). A couple of examples are as follows:

*“He came once and didn’t like so told him not to. he was heartbroken. crying. I didn’t want him come back again either” (Jes)*

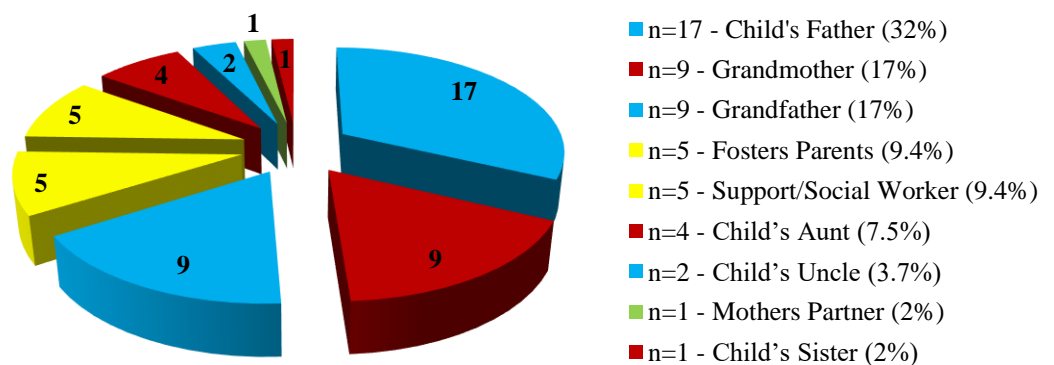
*“She doesn’t like this place” (Saoirse)*



**Figure 5.10: Reasons Visits Do Not Occur**

**1.24.3.4 Accompanying Adults for Child Visitation**

For the 27 children under 18 years of age who did attend prison visits, mothers were asked who accompanied them children to attend. A variety of 53 different adults were involved in accompanying the 27 children, signifying that most of the children had more than one adult to support visits with their prison. As presented below in Figure 5.11, the child's father provides the most supportive role in mother-child prison visitation and are present for a third of visits (n=17). Fathers are shortly followed by grandparents and then formal supports such as foster parents, social workers and support workers. Overall, families account for most accompanying adult roles, with formal supports accounting for the final 19% of adults who accompanied younger children. Friends or elder brothers did not feature as supportive in this role.



**Figure 5.11: Accompanying Adults**

Overall, twice as many adult male family members (n=29) accompanied children to visit their mothers in prison, compared to female family members (n=14). There were three types of males (blue segments) compared to two types of females (red segments) which accompanied children to visit their mothers. When the child's biological father and state child care supports are removed from the equation then female and male family members are equally as likely to provide an accompanying adult role for child visitation for the children of the mothers in the study.

#### 1.24.4 Child Carers

Mothers were asked who was caring for each of their children at the time of interview. This information is presented in Figure 5.12 below. A variety of 148 different adults (family and formal carers) were involved in the care of 122 children, meaning several children had more than one carer. Additionally, while 40 'children' were aged 18 years or over, mothers only classified 26 of those children as caring for themselves; mothers selected an adult carer for 14 'children' who were aged 18 years or over. Findings presented in Figure 5.12 show that children of imprisoned mothers are most likely to be cared for by their own fathers (27%). The mother's partner also emerged as a support group but to a lesser extent. Fathers were shortly followed by grandmothers (25%) and thereafter foster parents (13.5%). Grandfathers (11%) and the child's aunt (10%) also accounted for a notable percentage of child carers. However, older siblings and family friends did not feature.

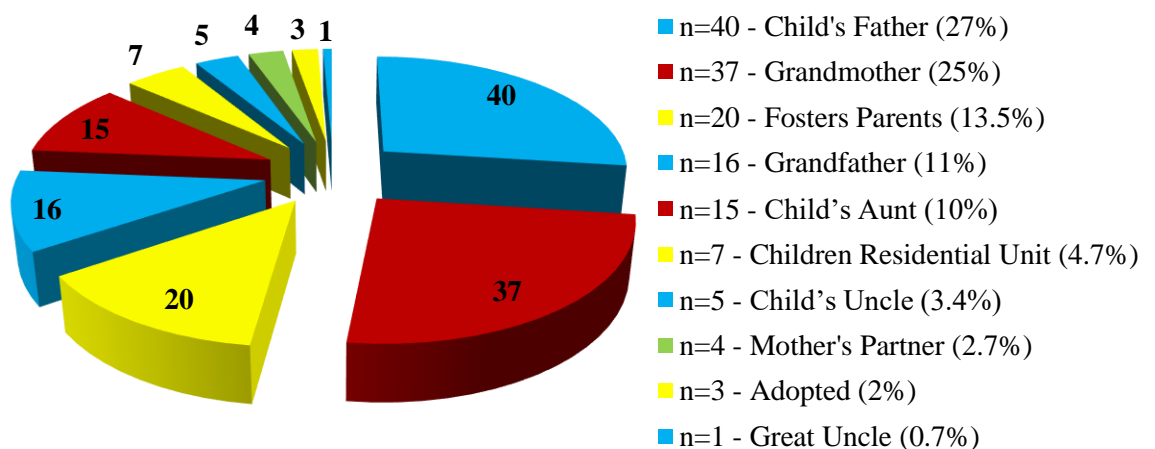


Figure 5.12: Children's Carers



As per these findings, children in this group were three times more likely to be cared for within a foster family (13.5%) than in a children's residential unit (4.7%). When numbers of children cared for in 'adoption', 'foster care' and a 'children's residential unit' are combined, then 20% of the 122 children in this group are cared for via state interventions outside the family unit.

Apart from the 30 carers (20%) who were State appointed (i.e. yellow segments), the rest of the carers were all family members (80%). The ACASI survey did not ascertain if family members were providing formalised family fostering arrangements; however, this scenario is explored and discussed by substantive 30% of mothers who took part in the following phase of the data collection.

Overall, 62 carers were male family members, and 52 carers were female family members. ACASI did not ascertain the gender of the mother's partners<sup>40</sup>. Other than the 'mother's partners', there were four confirmed categories of male carers; fathers', grandfathers, uncles and great uncle compared to two types of female carers; grandmothers and aunts. When the child's biological father and 'out of home' state child care interventions are removed from the equation then twice as many female family members provide childcare to the children of the imprisoned mothers in this study, when compared to male family members.

As mentioned above, mothers provided information on all the carers for each of their children. Of the mothers who had only one child (n=24), 75% of their children were cared for within their own families (n=18). These children were most often cared for by their own fathers on his own (n=6), or their grandmothers alongside another male family member (n=6) - such as their grandfather (n=4) or their father (n=2). Four children were cared for by their grandmothers on her own. Of the 24 lone children, 25% were cared for in foster families (n=6). One of these fostering arrangements was a dual caring arrangement between the foster family and the mother's uncle.

Regarding the 38 mothers who had between two and six children (i.e. more than one child as discussed above), mothers selected as many different categories of carers as

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<sup>40</sup> However, all intimate partners mentioned in narrative interviews in phase two, who played a parenting role, were male.

was required for each of their children. Findings demonstrated an intricate mix of supportive adults (formal, informal and state support) which often varied across siblings. For instance, mother of two 'Toni', selected foster parents as the carer for one child, and her partner (not the child's biological father) as the carer for her second child. 'Caroline' had three children; two of her children were cared for by their both their grandfather and their aunt together, and her third child is cared for within a foster family. Or 'Elizabeth's' four children for example, who had three children cared for by their grandmother alone, and one by their aunt.

However, the child's relationship with their carer and their siblings was not the focus of the questionnaire; the focus was on the carers that mothers relied on for each of their individual children to understand, for the first time, the variety of carers imprisoned mothers relied on and how. Thus, it cannot be assumed that in cases where mothers selected all the same category of carer - like 'Noreen' who selected foster carers for both of her two children, and 'Bernie', who selected the children's father and aunt as caring for all three of her children - that all children are born to the same father, or their aunt or fosters carers are one in the same person. The child's relationship with their carer and their siblings, and indeed if siblings are living together or apart, was however discussed by some of the 34 mothers who took part in the following narrative phase of the data collection.

### **Section Summary**

This section has focused on presenting findings on the children from the ACASI questionnaire.

### **1.25 Chapter Summary**

This chapter has presented the findings from the primary phase of data collection whereby a variety of information was gathered from the mothers, relating to themselves and their children. Findings show that eight out of every 10 women in prison in Ireland are mothers of on average two or three children, a quarter of whom have also experienced the death of a child. Most mothers are in their mid-30's, are Irish nationals and many are from the Irish Travelling Community. Many of mothers

are in a long-term relationship and have experienced marriage. Findings show that housing and accommodation was likely to change as a result of being incarcerated, and mothers generally moved in and out of a precarious cycle of prison, private rented accommodation and homelessness. Most mothers were already sentenced, with the average sentence of the mothers in this study was of three years (apart from those who have received a life sentence as they do not receive a specified sentence length) and over half had been to prison on average four previous times.

On the whole, most mothers in this study were reared within their own families by their parents or their mothers. However, many parents drew from the support of extended family and the state. Many of the mother's childhoods were therefore categorised by multiple carers, which included relative and non-relative foster homes and children's residential homes. In addition, while it is noteworthy that most children of imprisoned mothers are cared for within their families, this is not withstanding the fact that the children of the imprisoned mothers in this study were twice as likely to experience out of home state care compared to their own mothers (20 percent compared to 11 percent respectively).

Nearly three quarters of the children were under 18 years of age, however, mothers selected adult carers for 35 percent of children over 18 years. While half of the children did not live with their mothers, nearly all had some level of contact with their mothers prior to her imprisonment. However, only one third of the children involved in the study were visiting their incarcerated mothers at the time of interviewing with 40 percent of those being adult children. The most common reason for mother-child visitation not occurring is that mothers did not want their child to visit (for a variety of reasons). The second is that a third party was either preventing or not proactive in supporting mother-child visitation. The child's choice about whether they wanted to visit their mothers or not only featured for a small number of children. However, some children did experience increased contact with their mother during her current imprisonment.

Overall, biological fathers were found to be the largest group of child-carers and the most supportive in regards accompanying their children to visits their mothers in prison. Regarding child carers specifically, fathers are shortly followed by

grandmothers and then out of home state child care. There was a larger variety of adult male informal family supports compared to female family support. On the other hand, female family members are twice as likely to provide childcare roles in the absence of biological fathers and state care. However, female family support is not excessively reflected in the findings regarding mother-child prison visitation in the same way as for childcare provision; when biological fathers and state support is removed from the equation, male and female family members provide an accompanying adult role for child visitation in equal measures.

This first findings chapter has presented profiling information on the imprisoned mothers in the study and of their children which emerged from a face-to-face one question survey, and the use of an ACASI questionnaire. The next findings chapter, Chapter Six, presents findings which emerged from face-to-face interviews regarding maternal stories of trauma and addiction.

## Chapter Six: Trauma and Addiction

### 1.26 Introduction

The findings presented in this chapter stems from the final phase of the data collection, where 34 mothers engaged in a face-to-face interview with the researcher and discussed stories of trauma and addiction. It was typical for mothers to mention *both* trauma and addiction as personal experiences and/or familial processes; and certainly many explained that they abused substances to ‘block out’ the pains of past and ongoing trauma. Mothering through addiction was complex; mothers described the various ways they attempted to protect their children from their substance misuse and their perceived inability to care for their children while managing addiction and poor mental health. Some mother’s experienced prison as a traumatic space, however, most referred to prison as an opportunity for reparation and personal growth. Mothers often articulated a desire for a life post imprisonment, free from trauma and substance dependencies, however, this was evidentially difficult to realise of some more than others, some who didn’t view ‘that life’ as a possibility for them.

### Chapter Content

This chapter presents the theme of trauma and addiction in three primary sections - before, during and after imprisonment – as this best represents the structure of stories told by the mothers who were involved in the second phase of the research study. The content of these sections are as follows:

#### **Section One:** Histories of Trauma and Addiction Prior to Incarceration.

- Childhood Abuse and Trauma
- Context of Addiction
- Criminality, Trauma and Addiction
- Domestic and Sexual Violence and Mental Health
- Pregnancy, Child Birth and Loss
- Mothering through Addiction

#### **Section Two:** Trauma and Addiction During Incarceration.

- Addiction and Death Related Trauma
- The Trauma of Incarceration

#### **Section Three:** Trauma and Addiction Post Incarceration

- Remaining Drug Free?
- Managing Trauma

## **1.27 Section One: Histories of Trauma and Addiction Prior to Incarceration**

### **1.27.1 Introduction**

In the interviews all mothers spoke about past traumas and/or their histories of addiction prior to entering prison; these stories are presented in this primary section of the chapter. Almost all mothers were addicted to drugs and/or alcohol. Those few who weren't often mentioned recreational drugs use or family members and children who were substance dependent. Experiences and histories of past traumas predominately included sexual abuse and neglect, domestic violence, traumatic pregnancy and birthing stories and the trauma of the loss and separation from children and loved ones. Many mothers stated that they didn't blame anyone, other than themselves, for their addictions and deviant behaviour. However, mothers often spoke about how their deviant behaviour and drug and alcohol abuse was a medium of coping, as they struggled to manage their emotions related to past trauma(s). Likewise, there were many complex examples of histories of personal and familiar mental ill health among the mother's stories, which were often impacted by, or factored in tandem with addiction and trauma.

### **1.27.2 Abuse and Trauma**

This section presents findings from narrative interviews which focused on historical and traumatic childhoods, including traumatic experiences of being parented.

Experiences of child sexual abuse, rape, and physical and emotional abuse were quite common among the mother's stories. Of the 34 mothers who took part in the interviews, seven (20 percent) said they were raped when they were a minor. There were many more examples of sexual abuse. All accused perpetrators of sexual abuse and rape who were mentioned were male. Perpetrators included elder brothers, a grandfather, a foster father, a foster home child care worker, and family friends. A couple of mothers revealed childhood sexual abuse and rape perpetrated by more than one person; like 'Laura' for example who stated, *"I was raped there from the age of nine until I was seventeen by a childcare worker and my brother"*.

Four mothers (11 percent) spoke about being sexually abused or raped during the time they were in state foster care. These mothers detailed how they brought their accused to Court; none of whom were sent to prison. ‘Michelle’, for example, explained that her foster father “*admitted what he’d done*”, and this resulted in a Suspended Sentence<sup>41</sup>. Some victims expressed further trauma for what they perceived to be a lenient sentence: “*he got off with it... letting on to be handicapped and they let him walk... people were saying to me ‘it’s not your fault, you were only a child’; I still blamed myself*” (‘Aoife’). One mother expressed some solace that her accused would not work with children again: “*the jury knew he was guilty and he walked on a technicality. He literally walked. He will never work with children again; that is the only good thing*” (‘Laura’). Two participants were awarded a six-digit financial sum as compensation for the abuse endured while in foster care. Both respondents detailed of how friends and family “*made a fool out of*” them (Michelle) for the money and it was gone, presenting a further layer of trauma in their stories:

*“The three closest people to me was taking [the money] ... right from under my nose and I couldn’t even see it... my brother... my best friend... the other person was somebody who pretended to love me and somebody, who took me out of the darkest hours after [my husband was murdered]. I trusted him... It was never about the money for me... you don’t do that to another human being and be ok with it; you don’t hurt somebody else like that... and you don’t do it deliberately – and they did... they took my goodness for my weakness and my weakness for stupid-ness” ...*  
(‘Laura’)

Some participants recalled traumatic experiences of being mothered. ‘Clare’ is just one example of this, detailing that as a child, her mother broke her leg on one occasion and pushed her and her sister into the fire on another. Like many participants who described experiencing ‘absent’ mothers, ‘Claire’ talked about spending most her childhood in her grandmother’s house; ‘Claire’ explained that her grandmother died when she was 13 years of age and five days later she was raped. Following the rape, ‘Claire’ recalled,

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<sup>41</sup> Suspended Sentence: a legal term for delaying of a defendant custodial *sentence* after they have been found guilty, in order to allow the defendant to perform a period of probation in the community.

*“I stayed out at my nans grave for two days and two nights and no one missed me. There was no such thing get the police or anything; Thirteen! ... [My aunts] washed me in the bath. I always remember it - freezing cold water... I said no one will ever hurt me again. And despite my knowledge of weapons and everything else - it stopped me fearing anything - but it never took away the pain... 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)*

‘Claire’ went on to explain that when she was 15 years old her mother made her attend the wedding of the man who was accused of raping her. There were several examples 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] doing 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! You do! But na!... brushed over her shoulder there... so we’ve no relationship” ... (Olivia)*

Several mothers recalled childhoods in which they were subjected to physical abuse by their parents, relatives and non-relative foster carers. Some asserted that they (or they alongside another sibling) were singled out, while other siblings or foster siblings were not abused. Some respondents listed multiple instances of physical abuse and neglect:

*“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 my legs so I wouldn’t be able to run away again” ... (Tara)*

Some mothers spoke about being aware that their mothers didn’t want children, or didn’t want daughters, or more specifically, didn’t want them. Examples included ‘Lauren’, who stated, *“I don’t think my mum ever really liked me... I know she loved me but... my mum just hated me just being born to be fair”*. And ‘Eimear’ who



explained she was told how her mother “*took it very bad*” when she heard she was having her as she didn’t want any girls; which is why her aunt intervened and reared her from birth.

Several participants spoke about their mothers as alcoholics, some of whom were also dependent on prescription drugs. Details surrounding the circumstances which initiated their mothers’ alcoholism were predominately focused on trauma, coping and loss. Participants presented stories which were, for the most part, sympathetic towards the reasons their mothers managed their trauma through substance abuse.

*“I understand like... first she lost my father, then she loses her kids. I mean that would drive anyone crazy. Like I just lost my kids [to social services] and that drove me crazy... She was strapped to a bed in St Josephs and everything... she’s still an alcoholic to this day” ... (Mary)*

A few participants described how they were over-compensated by mothers who were emotionally unattached to them, or mentally unable to attend to their needs. Again, however, participants were often empathetic towards their mothers who were not “*normal mothers*”, as ‘Claire’ confirmed “*I know now that’s her sickness.... she’s not well; she can’t be*”. Many mothers in this situation 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... the best of everything, but she never knew how to show her love, you know in other ways, like a cuddle or a kiss... at the time 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)*

*“I know I’m a drug addict, but at one time she [mother/chronic alcoholic] was giving me and my sister so much money, I ended up saying, look, ‘we don’t want your money, put your money away’. We just wanted to be around her and that. Do you know what I mean?” ... (Mary)*

Some participants who described childhoods which lacked appropriate love and affection spoke about how they sought it elsewhere in adulthood, ‘Claire’ for example, said she 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? ...and I think I had them because I just wanted, erm, 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. And I know deep down in my heart that I substituted... I reached out for that love that I didn't have. Whereas if I had that, maybe my life would have been different ya know” ... (Claire)*

This mother described a reciprocal loving relationship with her children, *“a love I never felt from anyone else... it's real sincere, it's in their hearts”*. Other mothers described distorted and destructive relationships. ‘Lauren’ was abused by her grandfather for 10 years and 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 in a way. I know how sad that sounds but I didn't know the difference when I was a kid. You're looking at when I was eight years of age. Because I wasn't getting that from home, I was getting beatings and f\*\*king being told to do like two massive baskets of ironing at the age of nine” ... (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’ provides another example of distorted affection. ‘Laura’ explained her deceased husband had experienced some of the same traumas as her (i.e. childhood rape, abuse, neglect and abandonment). Although she stated he *“was killing [her] even up until the day he died”*, she nonetheless described herself as his *“saviour”*. ‘Laura’ said, *“all the beatings aside - all the rapes aside... he was my life and I loved him”*. However, there were also examples where mothers reflected on their personal experiences of domestic violence, describing how difficult it was for them to comprehend they and their children lived through that, considering it was the opposite to the good childhood memories and experiences they had had; As ‘Sophie’ asserts; *“domestic violence... that's one thing I never grew up in... I could only imagine what it would be like for the kids”*.

### **1.27.3 Context of Addiction**

Mothers spoke about the context and histories of their, and their loved one's addictions. Many mothers talked about witnessing addiction in their childhood and within their families. This mainly manifested itself in the interviews as parental alcoholism, but extended family members such as alcoholic aunts and drug addicted

siblings and cousins were also frequently mentioned. Many participants recalled childhoods where their mothers would support elder siblings and relatives through addiction and periods of incarceration. Similarly, some of the mothers involved in this study were related through blood or marriage. This mother, who described herself as an alcoholic, explains what it was like to be brought up in a household where addiction was prominent within the family.

*“When you come from a big family... and you’re the baby and your looking up for inspiration, your looking up for role models and I looked up to people that were on heroin - So that was my way of life, I didn’t know any other way” ... (Kate)*

Losing a family member or loved one due to a drug overdose featured many times in the mother’s stories. ‘Aoife’ for example, mentioned three members of her immediate family who had died through substance abuse, two of her siblings and her mother.

Many mothers who were substance dependent spoke about the cyclical and inter-generational nature of addiction, motherhood and worry. ‘Eva’ provides just one example, detailing how she started taking drugs at 14 years of age and expressed concern for her daughter; *“a child who has been born into that sort of life is always at much greater risk of becoming an addict”*. ‘Eva’ went onto explain that her daughter had been recently taken by ambulance after swallowing 14 codeine pain killers on the way to school, *“just for the buzz of it”*. Many mothers made statements like ‘Nicole’ below, who is an addict, reflecting on what they had put their own mothers through when they were young and began taking drugs, and how they now worried about their own children who had reached a vulnerable and susceptible age:

*“You find out then what your mam must have been thinking when we were growing up... because my daughter is 18 now and I’m thinking... with the drugs and all, saying I hope she’s not doing this and doing that, you know” ... (Nicole)*

Of the 34 face-to-face interviews, 28 mothers (82 percent) spoke about problematic substance misuse. Of the remaining six mothers, one did not consume drugs nor alcohol but disclosed mothering a son addicted to heroin; two (both non-Irish nationals) were convicted of international drug trafficking offences, one of whom disclosed recreational drug use; two mothers were convicted of non-drug related crimes but both disclosed recreational drug use; Contrary to common issues

pertaining to substance misuse, only one of the 34 mothers said she did not take drugs and did not mention any personal or familial association with problematic substance misuse throughout her interview; this mother is an outlier within the study.

Of the 28 mothers who stated they were addicts, nine (a third) described problematic misuse of more than one substance. Table 6.1 below provides an overview of the frequency in which mothers mentioned problematic substance misuse in each of the three following (often combined) categories; alcohol, illicit drugs, and prescription drugs. Only where the mothers described problematic substance abuse is it included in the table. For example, while “*smoking joints*” was often mentioned no one said they were addicted to marijuana. Likewise, prescription drugs were mentioned by many mothers – prescribed by a doctor, but often described as obtained illegally – however, most mothers did not state their prescription drug use was ‘problematic’ or abusive.

**Table 6.1: Frequency of Addiction Type Mentioned**

<b>Substance(s) Abused</b>	<b>Number of Mothers who mentioned Addiction type</b>
Alcohol ONLY	4
Illicit drugs ONLY	13
Prescription drugs ONLY	2
Illicit drugs & alcohol	3
Illicit drugs & prescription drugs	3
Alcohol & prescription drugs	3
Total	28

Under the umbrella term illicit drugs, heroin<sup>42</sup> was most frequently mentioned, but cocaine<sup>43</sup>, including crack cocaine<sup>44</sup>, crystal meth<sup>45</sup>, and ‘snow blow’<sup>46</sup>, were also mentioned.

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<sup>42</sup> Heroin: A narcotic powder derived from morphine

<sup>43</sup> Cocaine: A stimulant narcotic powder

<sup>44</sup> Crack Cocaine: A crystal form of cocaine (above) that offers a short but intense high

<sup>45</sup> Crystal Meth: *crystal methamphetamine*, a crystalline highly addictive stimulant

<sup>46</sup> ‘snow blow’, a synthetic stimulant drug, often consumed intravenously.

Most mothers reflected on when they began consuming drugs, asserting they had made an autonomous decision to consume illicit drugs regardless of the negative effects and warnings not to take them, including the death of a loved one.

*“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. So, it’s my own fault” ... (Jade)*

Eight mothers (24%) spoke about being addicted to prescription drugs, and mothers often described the how freely available they were. ‘Michelle’ for example spoke about how she was first introduced to, and became addicted to prescription drugs while living in a supportive homeless accommodation:

*“Never took drugs, didn’t like cocaine ... I despised the word heroin, my sister died of it. It was hard then in Thomond House they were all, all the junkies were up there. I ended up taking a few street tablets and things like that. So, that was my downfall - Thomond House<sup>47</sup>” ... (Michelle)*

Generally, the use and abuse of prescription drugs was ambivalent and conflicting in many of the mother’s stories:

*“What, because I am a drug user? I didn’t. I am not a drug user. As a matter of fact, it was the doctor that gave me the tablets... I became more addicted to Lyrica<sup>48</sup> than I have ever become addicted to anything in my whole life... The hospital were giving them to me when I was pregnant and [my son] was born with fluid in his brain and a line in his heart over them. And I was only put on them to come off benzo<sup>49</sup>s... [my doctor] never told me how addictive Lyrica was until I tried to come off them... I was going around stoned out of my head... I knew there was something wrong because I had too much energy for a woman who just had a baby” ... (Laura)*

Like drug abuse, mothers explained they started drinking alcohol to fill an empty void in their lives, or to help them cope with their emotions: *“I drank because my*

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<sup>47</sup> Thomond House Shelter provides emergency accommodation and support services for women over 18 years who are “at risk” and homeless.

<sup>48</sup> Lyrica: *Lyrica* is an anti-epileptic drug

<sup>49</sup> Benzos: Benzodiazepines - a type of medication known as tranquilizers

*husband was murdered in front of me... it was never about the drink with me, it was about getting angry, lashing out” ... (Laura).* Other examples included ‘Louise’ who stated she started drinking excessively when her youngest child began primary school. ‘Louise’ used words like “*feeling 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).

Most mothers revealed drug free and sober episodes, some of whom described how they voluntarily stopped their substance abuse: “*I stopped drinking four years ago... I find it hard enough to be in my head, without being out of my head*” ... (Laura). Many mothers said they stopped taking drugs when they became pregnant (See: Chapter Six, Section 6.2.6 – Pregnancy, Child Birth and Loss). While some stated they were “*clean*” this did not always include abstaining from prescription drugs, which in many cases were obtained illegally.

*“I went to the drugs stabilisation programme, which is called Coolmine<sup>50</sup>... I was going there every day and doing great. Doing great. Clean again, having my baby. Now, I was taking the odd zimovane<sup>51</sup>, but towards heroin or anything - I never used a needle or anything” ... (Tara)*

However, several mothers described long histories in addiction and multiple (re)admissions into prison, and addiction rehabilitation programmes (residential and non-residential). Multiple complex factors were mentioned in relation addiction relapses. ‘Louise’ for example, explained that every time she returned home from a residential treatment programme, “*nothing would change*” in her mothering routine and she would “*easily slip back into old habits*”. A few mothers spoke about “*slipping again*” because they “*couldn’t handle being a mother*” (‘Rebecca’; ‘Anna’; ‘Kelly’). Most reasons provided for relapses centred around not coping well with trauma and emotions, one example many mothers spoke about was not coping with the loss of their children to the care system (See: Chapter Seven, Section 7.2.3).

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<sup>50</sup> Coolmine: Therapeutic Residential Addiction Treatment Centre

<sup>51</sup> Zimovane: A medication called a non-benzodiazepine hypnotic abused by heroin addicts to aid sleep and numb pain

#### 1.27.4 Criminality, Trauma and Addiction

Mothers often spoke about how their addictions, their trauma and their criminal behaviour were interlinked. These findings are presented here.

Some mothers believed traumatic childhood experiences factored in becoming addicted 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 just - I 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)*

Most mothers, who mentioned their criminal activity, spoke about stealing to feed their drug addictions: *“I wasn’t sent out robbing. I went out robbing myself to feed my habit. So, it’s no one’s fault, only my own”* (Sarah). Contrary to this common thread however, ‘Nicole’, a heroin, crack cocaine addict and an alcoholic, said she stole to be able to give her daughter ‘things’ she could not afford:

*“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 [my daughter] special... that she’d always have that memory of me, say my ‘ma used to get me my Yankee Candles and my makeup’... 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... give me a big kiss.... I was out there shop lifting because I wanted to give [my daughter] things like that I couldn’t afford... So, I’d go out and I’d get them my way” ... (Nicole)*

Some participants stated they were ‘acting out of character’ while engaging in offending behaviour while under the influence of drugs or alcohol. ‘Hannah’, for example, convicted of a violent crime, stated: *“I noticed when I got on drugs it kind of brought an aggressive behaviour out of me”*. Likewise, ‘Aisling’ spoke about her criminal behaviour under the influence of prescription drugs:

*“The shop lifting wasn’t kind of selling things, it wasn’t for money... benzos<sup>52</sup> change the way a person is ya know, they are kind of mood altering drugs. Sorry [starts crying]” ... (Aisling)*

However, most examples where mothers described engaging in criminal activity when under the influence of a substance were of mothers who talked about committing crimes while intoxicated with alcohol.

*“I drank vodka, got drunk and ended up doing a street robbery... I don’t drink at all. Vodka wouldn’t have suited me like. I wish now I never drank the vodka because I’m going mad up here” ... (Michelle)*

‘Kate’ made a clear link between her violent crime and her alcoholism - ‘prior to becoming a mother’. ‘Kate’ explained that her daughter was three and a half when she stopped drinking, which is the point in her life she believed she first became a mother:

*“I know whatever I’ve done. I did commit the crime when I was on drink though, I didn’t commit it when I knew I was a mother. But my daughter was three and a half [when I stopped drinking] so I only found out three and a half years later [that I was a mother] ... So, I don’t blame myself... it wasn’t me as a mother, I would never do that sober for what I done” ... (Kate)*

‘Jennifer’, was convicted of crimes against her children and stated of her crimes: *“I had drink on me and I can’t remember”*. This participant said she was an alcoholic, and recalled committed various immoral and violent acts with a mixture of alcohol and ‘tablets’ in her system:

*“[Alcohol] did f\*\*k me up. I blamed it on the mother in law ruining my life and all 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 the scars]” ... (Jennifer)*

In contrast to the many accounts of crimes related to heroin and alcohol addiction, two participants stated they were convicted of crimes directly related to problematic prescription drug use. Both described how they were separated from their children due to being incarcerated, and both were initially prescribed these drugs by their

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<sup>52</sup> Benzos: Benzodiazepines - a type of medication known as tranquilizers



doctor. One mother provided an account of how her life transitioned from having a professional job, to becoming addicted and committing crimes.

*“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 Prozac<sup>53</sup>... I went to the GP... and she said, ‘do you need something to help you sleep?’ and she prescribed benzos... I had no idea about benzos or addiction or anything like that... it all kind of went from there... I was even forging... changing prescriptions and that to get tablets... that kind of led into this [imprisonment]” ... (Aisling)*

### **1.27.5 Domestic and Sexual Violence and Mental Health**

Mothers spoke about their traumatic experiences of domestic and sexual violence and mental ill health, often these experiences impacted on or were interlinked with their addictions. These findings are presented here.

A third of mothers spoke about abusive and violent intimate partner relationships in adulthood. Three mothers mentioned having children with men who were convicted of rape. All three mothers said they “*did not know*” about their ex-partner’s convictions at the time of their relationships. “*I got pregnant from a man who is doing life in [prison]. At the time, I didn’t know he was done for statutory rape, and then got out... and murdered somebody*” ... (Laura). ‘Saoirse’ explained how she relapsed into addiction after learning of her partner’s conviction. This participant expressed concern that she was only told the truth about her ex-partner’s convictions when they had their second child together:

*“I was told he was a rapist... locked up for raping some girl. So, I went off the head... [Social Services] came in to the hospital when I had [my son], he’s two... only that I had got pregnant again I wouldn’t have known exactly what he had done or who he was... like as a drug addict, when somebody tells you that the person you love is a rapist, what are you supposed to do except turn to drugs?” ... (Saoirse)*

Many of the mother’s stories of domestic violence, abuse and controlling partners impacted on their experience of motherhood and mothering. ‘Roisin’ for example, recalled how her violent ex-partner often made statements like, “*you’re a mother now, you’ve your partying done*” to prevent her from socialising and seeing friends and family. ‘Michelle’ also explained: “*I was like a prisoner in my own house; in the whole time minding the kids 24/7. Taking the beatings, I couldn’t take it anymore, I’d*

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<sup>53</sup> Prozac: a medication antidepressant

*either kill myself or he would have ended up killing me*". 'Tara' recalled an attack (because her ex-partner didn't want her meeting her sister on her birthday), which left her paralysed for several hours and meant she had to feed her baby on the floor where she lay. 'Alison' mentioned how she was "involved in" the death of her "very violent" ex-partner; the father of her child. Several mothers stated they used substances to "block out" the impact of living in a violent relationship:

*"[he] used to drink... I couldn't get him to leave. I didn't want him fighting - that used to break my heart us fighting in front of the kids... he'd be picking a fight, and I'd say [name] please, not in front of the kids ya know. I was kinda blocking it out by using drugs" ... (Sophie)*

*"I was very depressed through the pregnancy... we'd a beautiful house, we both had a car each, we were never stuck for money, do you know that was great. But [he] was just very controlling in the sense he didn't want me mixing with my family, he didn't want me having friends... it wasn't a nice experience... So, I kind of started self-medicating, and abusing my prescription through the pregnancy as well" ... (Roisin)*

Many mothers revealed histories, episodes and presentations of poor mental health. Diagnoses such as "depression" and "manic depression", "bi-polar disorder", "post-traumatic stress disorder", "panic attacks", and "schizophrenia" were mentioned<sup>54</sup>. Some mothers said they were given their diagnosis when they were under 18 years of age. Several mothers described poor experiences of managing their mental health, some of which included periods of institutionalisation. 'Shauna' for example was diagnosed with bipolar disorder at the age of 15 and was admitted for in-patient care as an adult. 'Shauna' explained how she couldn't manage the side effects of her medication and subsequently progressed into alcoholism.

*"I disappeared for three days and I just kept driving... my head just snapped... had to run away, panic attacks, the whole works... I ended up crashing into my mother's [house]... having fits and everything... then I went into hospital and I was like a vegetable, brain just seized... serious medication. When I came out... I couldn't drive... I was stoned all the time... dizzy... I stopped taking the medication... so I started drinking and apparently became an alcoholic when I was 35... drinking just to block out all this stuff" ... (Shauna)*

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<sup>54</sup> Other than mental illnesses, ADHD and various learning disabilities for example, were also mentioned by some mothers. The list of mental health, medical diagnoses and learning disabilities extends further when those of dependent children and family members which were mentioned are also considered, but this extends beyond the scope of this research study.

Another example, 'Tara', described her experience of being segregated in a young offender's institute due to her complex mental health needs:

*"They locked me in a room for 23 hours a day, wouldn't let me mix with anyone because I was a self-harmer - wrong way to deal with someone like that do ya know what I mean!?... All I was doing was taking my meds, eating, no exercise, taking my meds, eating and I went from a size 8 to an 18 in five and a half months" ... (Tara)*

'Tara' went on to explain how she turned to heroin at 17 years of age to lose the weight she had gained in the young offender's institute *"When I got out... I wanted to lose weight then; I was too big. I bumped into all my friends and I asked them 'how you's lose all the weight' and they told me heroin or cocaine, so I started taking [heroin] then"*.

#### **1.27.6 Pregnancy, Child Birth and Loss**

Mothers discussed their experiences of pregnancy, birth and becoming a mother which were often interwoven with stories of trauma and managing substance dependences. These findings are presented here.

Some mothers spoke about planning to be become pregnant for one or more of their children. For example, 'Ellen' explained that she planned her children young – and gave birth to her first child when she was 19 years old - so she could spend time with them in case she died young like her mother had. Many mothers recalled how happy they were about their pregnancies and excited about the imminent arrival of their new baby:

*"I was the happiest girl to walk this earth... I was delighted. Lying there every night feeling her kicking me and then I just kept saying aw I can't wait until she's here... My ma and da still say it to me to this day - Like look at the ['Anna'] you were when you were pregnant to look at the ['Anna'] now" .... (Anna)*

However, some mothers talked about their difficulties in conceiving or how they sought medical assistance and In-iVitro Fertilisation to get pregnant. 'Jade' the only woman from the Travelling Community who spoke about experiencing this, recalled what it was like for her:

*“Just all the pressure, thinking I have to get pregnant, and then like in the traveller community when you can’t have children, people often say ‘oh, you’ve no insight - you can’t have a child’ you know? They say awful evil things” ... (Jade)*

Several mothers also mentioned experiencing a miscarriage. Some mothers said they did not consider the miscarriage significant as it happened early in the pregnancy. Others were actively trying to have a baby, like ‘Shauna’ below, and miscarried. Shauna’s described a difficult experience, a time when she also found out she had cancer:

*“My first scan... they discovered there was no heartbeat... I got a private hospital then up in the city... cost me a fortune... they operated on me anyway and it was supposed to be only a day thing, but it wasn’t. They didn’t remove some of it... they had to operate on me again... then they discovered I had these cells that were gone cancerous” ... (Shauna)*

Some women who mentioned having had miscarried stated that due to that experience they particularly welcomed their subsequent pregnancy. ‘Roisin’ for example, explained she miscarried at five months pregnant due to domestic violence and “rushed” into her following relationship focused on getting pregnant; *“I had in my head I was going to have a baby... it was like meeting him on the rebound”*. ‘Roisin’ recalled she got *“her first black eye”* from her new partner at seven months pregnant, for which she *“blamed”* herself. However, the loss of children was not just experienced during pregnancy; ‘Claire’ and ‘Sarah’ mentioned adult sons who died, one from a drug overdose and the other in a road traffic accident. ‘Michelle’ spoke about the trauma of losing her daughter to sudden infant death syndrome: *“It was the hardest thing I ever had to do was to put my child into the ground... I was thinking if I woke up an hour earlier... if I had done this, if I’d done that... the doctor said there’s nothing”*.

One mother, ‘Kate’ mentioned drinking alcohol throughout her pregnancy, two others (‘Roisin’ and ‘Laura’) spoke about their prescription drug abuse during pregnancy. However, most mothers who discussed abusing substances during their pregnancy were focused on heroin use. Likewise, mother’s stories about birth complications due to substance abuse were primarily linked to their heroin addiction rather than any other type of substance abuse. Two mothers stated their babies contracted the Hepatitis C virus from them, and others described babies born with respiration problems and a variety of other health issues. Several mothers spoke

about babies being born premature, addicted to opiates and suffering opiate withdrawals. Many mothers recalled the experience of labour, birth and new motherhood under these traumatic circumstances:

*“The minute I seen her then she was pure red... I just started roaring crying... I said, ‘I was taking heroin - please help her’... from me smoking [cigarettes]... she had to be put in an incubator over that as well. I was crying my eyes out for days over that, because when I seen her like she was so tiny, she was only like 5.4... breaks my heart even thinking about it now ... I spent every day with her - I would not leave her side... I seen her then getting better every day and she was so tiny I was so frightened to hold her... then they weaned her off the Orimorph<sup>55</sup> and that was very hard to look at because she’d shake, she was going through the withdraws I go through - and to put your own child through that is terrible [cries]” ... (Rebecca)*

Many mothers spoke about having stronger bonds with the children they spent time with in hospital, who they supported back to health following a traumatic birth and health problem related to their addiction. However, not all babies born to addict mothers who mentioned taking drugs during their pregnancy were born with health complications, as ‘Tara’ asserts here; *“[my friends and family] started injecting me then, blowing my arms to bits and all and then I had [my daughter] - but she wasn’t sick thank god!”* Nonetheless, some mothers who spoke about being on a methadone maintenance programme<sup>56</sup> or said they had finished their programme whilst pregnant, explained how their babies were born addicted regardless of their perceived efforts. One example was a homelessness woman who entered prison during the final trimester of her pregnancy:

*“I was resting and I was getting fed... I was eating up... he was only going to be tiny because he was only 6. 8. born... imagine if I hadn’t been in [prison] for that [final] two months. He was very sick when he was born... he was on Phenobarbital<sup>57</sup> ... When I came in here I got clean and I stopped my methadone - so I thought oh well I’m clean now and two months to go. It doesn’t work like that... It’s a horrible feeling as well to know that you’re after putting your own child through that” ... (Jade)*

One mother, ‘Grace’, explained she gave birth only four weeks after she discovered she was pregnant. She spoke about the consequences of not being able to come off drugs while pregnant and how it influenced the way she managed her subsequent

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<sup>55</sup>Orimorph: a liquid morphine

<sup>56</sup> Methadone maintenance programme: the medical the use of methadone, administered over a prolonged period of time, as treatment for someone who is addicted to opioids such as heroin

<sup>57</sup> Phenobarbital: a medicine used to treat seizures in children.

pregnancies – periods in her life which transpired in the interview to be the only times she said voluntarily became drug free.

*“I was seven month pregnant when I found out I was pregnant...I was badly strung out<sup>58</sup> on heroin and cocaine so it was too late for me to get off it. I had [my son] four weeks after I found out I was pregnant... there was nothing I could do, so [he] was born strung out. They had to put him on Phenobarbital<sup>59</sup>... I used to be up in the baby ward and I was sobbing my heart out, I'd be saying 'if it wasn't for me taking powder he wouldn't be here' - and I swore I'd never put another child through that... after I had him I was still on drugs and I got pregnant five years later...but as soon as I found out...I stopped taking drugs” ... (Grace)*

Many mothers spoke about abstaining from substance abuse during pregnancy and recalling how they hoped to change their drug use and related behaviour once they became mothers. Many mothers did talk about managing to successfully abstain from drug and alcohol abuse for some time following the birth of their child, often years, however addiction relapses were nearly always mentioned.

*“When I was pregnant with her I came off the zimos<sup>60</sup> and never touched heroin and I said from the day I found out I was pregnant this child is going to be the making of me... I was great from then till [she] was two” ... (Anna)*

*“I never thought I'd be on gear<sup>61</sup>...I thought when I had the child I won't be drinking as much anymore - little did I know...I just thought a child would change, well they can change you but it's up to you as well...I just didn't want to be in the house the whole time. I had him when I was 19” ... (Kelly)*

Several mothers experienced the removal of their babies from the hospital soon after birth by social services. These mothers described feelings of despair and spoke about how they immersed themselves in substance abuse and experienced poor mental health following the event: *“I took it [involuntary child removal] very bad...ended up back on the gear, f\*\*king going mental, vodka, I was f\*\*king starting to cut myself up”* (Roisin). Or ‘Sophie’ for example who recalled: *“It was horrible, I remember like leaving the hospital and all I had was a ‘congratulations, it's a girl’ balloon ya know, I felt like throwing myself underneath a car I did. And then I kind of spiralled then [into addiction] again”*. Mothers – including some mothers who

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<sup>58</sup> ‘Strung out’: colloquial term used to describe being physically weak from long-term drug addiction

<sup>59</sup> Phenobarbital: a medicine used to treat seizures in children

<sup>60</sup> Zimovane: A medication called a non-benzodiazepine hypnotic abused by heroin addicts to aid sleep and numb pain

<sup>61</sup> Gear: Heroin

voluntarily signed their children into foster care – spoke about abusing drugs as a method ‘block out’ emotions and numb the pain related to the trauma of being separated from their children, and subsequently then blamed themselves for becoming drug addicts as a result:

*“When my kids went from me it was like a death, that’s why I was trying every drug and the heroin was the only one that was actually blocking stuff out; that I could cope with it. It was numbing everything. But I was sorry I even went that way... there were two ways I could have gone and I went head first down the wrong one” .... (Mary)*

*“I kind of blocked [my emotions] out by using drugs, but I realise that was just pushing me further and further away from [my children] ... I wasn’t dealing with anything... In the morning times ... I used to love those few little minutes before I would wake up, because I wouldn’t remember them being taken into care [start crying]” ... (Sophie)*

Overall, mothers spoke about the pain and trauma of being separated from their children, many asserting they’ll “never get over it” (Eva). ‘Laura’ stated: “as bad as living in care was, I can get over the part of being raped, but I can’t get over losing my children” [to state foster care] (Laura). ‘Mary’ explained that prior to coming into prison she attempted to write to her children and send them photos of when they were babies but: “the thought of having to go through the pictures was killing me... I just couldn’t open the pictures - so that didn’t happen” (Mary).

### **1.27.7 Mothering through Addiction**

Most mothers spoke about how they experienced or performed mothering while simultaneously managing their addictions. These findings are presented here.

Many mothers recalled methods of concealing their substance abuse activity, be it alcohol or illicit drugs use, from their children. The effectiveness of this often depended on the age of the child. Examples of this included ‘Hannah’ who recalled attempting to hide used tinfoil<sup>62</sup> behind the sofa cushion, but was caught and challenged by her teenage daughter; “I know what’s behind the cushion... I’m not stupid you know”. ‘Grace’ admitted to giving her children large sums of money to go to the shop for sweets; “to get rid of them to do a few lines”. ‘Anna’ explained

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<sup>62</sup> Tin foil: When opium is smoked, the user will inhale the opium vapour over heated *aluminium foil*.

she didn't smoke heroin during the day - she would remain *"dying sick all day"* and *"smoke"* at night when her baby was asleep.

Many mothers said that while they perceived they provided their children with basic needs such as clothes and food, they didn't believe they spent enough quality time with them because of their addictions:

*"I bought [my son] clothes like and runners... but the bond with [him] is playing with the toys with him on the ground... bringing him out for walks... going to see him and going away again is not like, and that's what I was doing... once I have him dropped back I'd go off then and take drugs; so, it's not worth it" ... (Kelly)*

*"You don't have a proper relationship with your kids when you are on drugs, don't care what anyone says... no matter what they wanted for I bought them, but I didn't give them what they mostly needed, was my time.... coming in and out of prison and my family having to rear them... I would do anything for them, I would kill for them, but I was still putting drugs in front of them... It's something I should never done... I was too blinded by drugs to see that" ... (Grace)*

Many mothers drew upon what was described as painful memories where they believed they choose drugs over their child. An example of this is 'Roisin' who described the guilt she felt as she recalled leaving her newly born baby in the hospital to smoke heroin without notifying anyone or organising adequate child care. More examples included how mothers recalled missing out on their child's developmental milestones such as their *"first day at school"*, *"birthdays"*, *"learning their numbers"* and important events in their child's lives:

*"I know it sounds really f\*\*ked up but I missed [my son's] communion as well... I was taking that crystal meth snow blow<sup>63</sup> chit... I hadn't a clue where I was. I remember having pictures, but I can't remember a thing like" ... (Mary)*

Several mothers (often those who were not providing primary caring roles) described how they would create a distance between themselves and their children during periods of chronic substance abuse, making statements like, *"I stayed away a lot so they wouldn't see using"* ('Niamh'). Some mothers said they choose not to attend arranged visits with their children, as 'Shauna' explains; *"[He] knows I drink but I never show up... in front of my child – never!"*. Reasons provided by mothers for distancing themselves from their children often centred around what they perceived

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<sup>63</sup> 'snow blow': A synthetic drug consumed intravenously



was in their child's best interest at that time; statements such as "*they don't deserve it*", "*they are too special*" and "*I didn't want them to worry*" were common. Some mothers mentioned long periods, in some cases years, without seeing their children because of their addictions and its (often parallel) transient lifestyle: "*I haven't seen him in about two years over drugs and leaving for England*" (Mary).

#### 1.27.8 Section Summary

This section has presented findings from the narrative interviews, where mothers discussed past experiences of trauma and addiction i.e. that which had occurred prior to them entering prison. The following section of this chapter focuses on the mother's stories of trauma and addiction *during* incarceration.

### **1.28 Section Two: Addiction and Trauma during Incarceration**

#### 1.28.1 Introduction

Most mothers discussed how they managed their addiction(s), and their emerging and ongoing trauma while in prison; these findings are presented in this section of the chapter. Managing addiction involved facing their own addiction issues alongside the availability of drugs in prison, and the concern for the health and welfare of their loved one's in the community – often also drug addicted. Indeed, it was common for mothers to experience the death of a loved one while in prison. Being incarcerated was certainly described as a traumatic experience; the loss of time, the treatment from other prisoners, the resurfacing of past traumas and managing the guilt and emotions related to their perceived poor mothering which all came to the fore, and was difficult to manage, while in prison. However, mothers commonly talked about how they used their time in prison to face past and ongoing traumas and their personal challenges with addiction. Mothers often described how they coped in prison and used this as an opportunistic moment for change; to detox off drugs, to work through their issues and to re-build their lives and sense of self.

### 1.28.2 Managing Addiction and Trauma in Prison

Mothers spoke about how prison can be a challenging yet transformative and reflective time in regards to addiction and trauma. These stories are presented here.

Mothers in both prisons talked about illicit drug use inside the prison, one mother also mentioned brewing ‘hooche’<sup>64</sup> at the time of interviewing. The most common reference to how drugs entered the prison illegally was through “*dropsies*”<sup>65</sup>. The availability of drugs in prison, and how mothers perceived and experienced this, was often discussed:

*“Drugs in here is unbelievable! [The prisoners] just can’t do their time - they can’t accept that they’re here; they have to take something to get through the day. But I always think of [my daughter], number one priority, do that [take drugs in prison] and you can’t be a mother” ...*  
(Kate)

*“When I’m out [drugs] don’t even enter my mind. Running off to f\*\*king Argos - getting whatever for the kids... running to the supermarket buying whatever for the picnic... that’s what I’m caught up in... You’re in here and you’re watching f\*\*king young ones run around picking up their dropsies, or young ones out of their heads falling around the yard... I’d be more tempted in [prison]... it’s tough... you’re trying to leave the old you behind... mature and grow from your old ways and your old attitudes - it’s hard when you’re looking at yourself at the other end of the yard every day” ...* (Roisin)

Some mothers talked about declining drugs offered to them by other prisoners, and how overcoming such challenges signalled their preparation for abstaining when released: “*I refused heroin in here three times already. So, if I refused in here I’ll refuse it out there*” (Anna). However, a couple of mothers stated they were introduced to certain drugs for the first time while in prison:

*“I tried heroin in here where I never had outside. Now I had come across cocaine, the solicitors where I used to work would do it recreationally, but not heroin... and I smoked hash<sup>66</sup> and as they call it gear, a joint. So, to try heroin in prison when you are in your 40s is crazy - it’s crazy!” ...* (Aisling)

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<sup>64</sup> A homemade alcoholic drink

<sup>65</sup> ‘Dropsies’ are small parcels of drugs attached to weights (a small coin or stone) to enable the package to fall through the nets covering the prison yards. ‘Dropsies’ are thrown in, over external prison walls by friends and family on the outside.

<sup>66</sup> Hash: (hashish) is the resin form of cannabis.

Some mothers spoke about being accused of taking drugs in prison by their adult children; certainly, the concern with drug use emerged as a continual renegotiation process within relationships: *“Somebody told her that I was taking drugs in here every day...I was sobbing over it... None of it was true... once she knows now I don’t care”* ... (Grace).

Contrary to above, it was also common for mothers to talk about how being in prison had helped them to minimise or stop their substance abuse, if even only for the time served in custody. Likewise, many mothers specifically talked about using their time in custody to reduce or stop their methadone programme. ‘Eva’ for example, stated that she requested to be incarcerated at her Court hearing as she felt she had a better chance of *“getting clean”* in prison. ‘Eva’ explained she needed to get support to get off drugs so she can support her daughter transition out of foster care and complete her Leaving Certificate. Eva asserted: *“It’s working... I came in on 40mls... I’m already back down to 20 now, I’m only in 4 weeks”*.

Prison was often described as a type refuge by many of the mothers who were immersed in addiction and homelessness in the community, as ‘Aoife’ asserts; *“being on the streets - taking drugs and drinking - it’s hard out there like. Prison saves a lot of people doesn’t it? It saves a lot of lives”*. Likewise, some mothers described managing better in prison compared to the community, as ‘Aisling’ (who was addicted to prescriptions drugs) verifies, *“I was kind of suffering from depression and when I think the way I am in here, I feel I am managing so well”*. Several mothers made personal statements like *“prison saved me”* and *“I was meant to be here”*, often describing how prison intervened during a time of chronic drug or alcohol abuse and how they and welcomed this time of harm reduction and abstinence.

*“I’d have never self-harmed myself or anything like that but I think we’re all here for a reason... I didn’t know whose [needle] I was picking up. I was getting really sloppy - I didn’t care about myself... being in here has made me realise that... I don’t know, I never tried to kill myself but I took that much drugs I don’t know how I am not dead”* ... (Saoirse)

The idea that prison saves lives was a consistent recurring theme. Reasons provided were not always related to addiction; for many mothers’ prison provided a space to think, to *“step outside”* (‘Roisin’) of one’s immediate environment and reflect on

what is important. 'Kate', for example, who described herself as an alcoholic, stopped drinking two years prior to starting her sentence, yet explained;

*"If I didn't come in here life would be completely different, it would be a lot worse for me. It wouldn't be good. I don't think I'd be here. Even though I had been two year in recovery before I came in. I think when you take a step back from the environment you live in - you have time to think in here... this happened for a reason.... But I use my time wisely"*  
... (Kate)

Many mothers talked about how their addictions had not only destroyed their relationships with their children, but also their self-esteem, their confidence and their self-respect. According to many mothers however, prison provided them with the time and space to re-build these relationships, their skills, and their confidence and ultimately re-build their lives.

*"Because of drugs [me and my daughter] fell out and she didn't want to know me, and then after I got clean she started to get the trust back... because this charge is the first time I have ever been clean...I was always strung out for all of my sentences, even when I done my seven year...I was strung out for my whole seven year...drugs were my life... but I'd be lost without [my daughter] now"* ... (Grace)

*"I've kept struggling with heroin all my life...and being in jail these five months I think I'm after finding a bit of peace in myself... I couldn't even look in the mirror... didn't like the person I was... slowly but gradually I found myself - my confidence building up and even that day I sang it was like a big thing to me<sup>67</sup>. And like writing poetry it just does something to me, it gives me the same high a drug would"* ... (Rebecca)

Many mothers expressed a sense of excitement and gratitude towards being able to develop new skills while in prison, often for the first time in their lives. Several mothers described how their newfound skills gave them the confidence to transition themselves out of past chaotic lifestyles and envision a new future;

*"I never went to the gym before... I'm addict already of doing exercise...and art, yeah its second thing... I have job here like design rooms... I painted Thomas and Friends... Mickey Mouse... Never [done art] before. I get from this place loads of skills - I get second language... [Prison] opened my eyes - I cut all my past life... my friends... my partner of seven years... the shite about the drugs... I am ready for new things"* ... (Zophia)

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<sup>67</sup> Rebecca was heavily involved in the preparation and advertising phase of The Mothers Project. She sang at the information event for the other prisoners and attendees.

Mothers often talked about how their sobriety, enforced by their imprisonment, made them embrace their motherhood emotions which were previously suppressed by substances, as 'Kate' explained; *"you get to feel like a mother's love and [I] can feel that I have a daughter"*. Many mothers said these thoughts made them think twice before taking drugs while in prison, and used their time in prison, while sober and drug free, as a time to better prepare themselves to be able to cope with challenging situations when they are eventually released.

*"I needed to be in here to sort my head out, to sort my life out, before I get back out there. Because if I do see the two youngest kids and [their father/convicted rapist] is there, I have to know how to control my reaction or what I'm going to do... I need to start talking about it, do you know what I mean?" ... (Saoirse)*

However, some mothers simultaneously acknowledged the suffering their children have had to endure for them to reach this point in their lives.

*"I am working in the kitchen here, and they are after getting me a catering course... I would still be out there drinking if I wasn't here but now I have a chance... a fantastic opportunity here. It's just, I'm hoping like the kids don't suffer with my drinking just for me to get to this stage in me life [starts crying]" ... (Louise)*

Several mothers talked about their personal growth while in prison and drug and alcohol free: *"I wasn't a mother... I wasn't anybody until I gave the drink up. I didn't have no identity... it was a blur... I grew up at 27 - so I'm only six years old (laughs)" ('Kate')*. For many mothers, this awakening often correlated with the realisation that they had lost time with their children while previously immersed in addiction, and they talked about time and memories which they felt could not be recuperated.

*I found I grew up in jail...becoming more of a woman... Time doesn't stop for no one and when I was on the drugs I never grew up - I was still the same age as when I started them... I came off [drugs] and realised Jesus I'm 32, you know?! I didn't realise how much of my life I lost. I can't even remember most of the years...that's the hardest part, just knowing that I lost out on a lot of things to do with my child" ... (Rebecca)*

However, the cycle of addiction relapses and prison re-entry was also mentioned.

*"People come in off the street and they're crying 'oh my kids'... I want to get out... you see them get the bit of help... get out to a treatment centre say and then you see them back in here 6 weeks later" ... (Roisin)*

The mother's own addiction was not their only concern however; mothers also often spoke about how they spent much of sentence worrying about their loved one's - particularly those who were also struggling with addictions and poor health - siblings, mothers and adult children were often mentioned in this regard. Some mothers were concerned that their alcoholic mothers would die while they are in prison: "*She is a drinker... and my worst fear is my mother passing away... because I know I'm going to be here for a long time*" (Aine). It was common for mothers to talk about loved ones who had in fact died while they were in prison. For example, three participants discussed their mothers who had died during their current prison committal. The reasons they mentioned for their mothers deaths were combinations of alcoholism and a prescription drug overdoses. Some mothers mentioned the death of their siblings which occurred while they were in prison. 'Roisin's' for example, spoke about her brother, a "*chronic epileptic*" and a drug addict, who died from a drug overdose while she was in prison. Contrary to the reoccurring death related trauma in interviews, 'Roisin' explained that she was "*glad in one sense*" that her brother had died because he "*escaped this world and he's at peace*" (Roisin).

Mothers mentioned being permitted various lengths of time on Temporary Release to attend funerals; some mothers mentioned being granted a few days' leave, others said they were only permitted to attend the morgue, a couple of mothers stated they had to attend the morgue on their own before their family had arrived. 'Aoife' explained that she was denied leave to attend the inquest for her mother's death as prison management, "*probably thought I'd get drugs*". Some mothers perceived prison staff were unresponsive to their needs related to death and trauma;

*"I'd lost a brother in here... and they wouldn't let my friend... into my room that night. So, I was locked up that night, they didn't ask me 'are you ok, do you want to talk to anyone'? No! Like they let me in for half an hour to the morgue" ... (Kate)*

One mother, 'Michelle', did outline support she received while in prison which assisted her in recovering from death related trauma. 'Michelle' stated she lost two siblings to drug overdoses, discovered the body of an additional sibling who committed suicide by hanging in her house, and suffered the death of her baby by Sudden Infant Death Syndrome. 'Michelle' said that her trauma, particularly the

trauma surrounding the death of her child, was never managed and yet while in prison she was beginning to talk more and cope better about it all:

*“I was still traumatised from that morning when I found her because she was pure dark.... I can’t get it out of my head... usually by the time I finish that story I’d be crying but I actually enjoyed that. I am getting used to it now after talking to [prison counsellor and psychologist]” ... (Michelle)*

Equally, a number of mothers spoke about reaching a realisation while in prison that they do in fact need support: *“I didn’t know how to ask for help... and I never liked asking... But now I know I need help, I need help with myself and I need help with everything at the moment.”* (Rebecca). Prison based counsellors were mentioned by several mothers. A counsellor in one of the prisons was described by a number of mothers as having a particularly effective approach in supporting and managing pain from past and ongoing emotional traumas:

*“I was at a loss, I really wanted to kill myself... But [counsellor] worked with me... I didn’t see the fifteen months as saving my life at the time, but it kept me out of trouble for the next six years... she is one of the only counsellors I have ever had in my life that actually made sense. I would get angry and most people would get frightened but [she] would sit there and say ‘stay with the anger’ - and I learnt how to” ... (Laura)*

However, a few respondents in one of the prisons said they weren’t aware of what supports were available or how to go about getting counselling if they needed it. ‘Megan’ for example, went on say, *“here, I just put everything to the back of my mind”*. Indeed, counselling was not desired by all, as ‘Aoife’ asserts; *“I think counselling and all makes you worse... speaking about it I end up cutting myself”*. Several mothers stated that they got a lot of support from the other prisoners, or a particular prisoner that they were close with. Relying on peer support for emotional trauma was complex however; a number of participants spoke about *“having a guard”* up and *“not wanting to show their emotions”*, for fear that they are perceived to be weak and may be taken advantage of.

### **1.28.3 The Trauma of Incarceration**

Mothers discussed the traumatic and emotional challenges they faced, many for the first time, while in prison. These findings are presented here.

Some mothers perceived the experience of being incarcerated as traumatising. Certainly, some mothers explained that they did not expect to receive a custodial sentence, and the initial settling period was described as particularly traumatising for some. ‘Ellen’ (primary carer of three children), is one example of this, and who also presented a distinct story in comparison to most of the mothers in the study. ‘Ellen’ explained how she was convicted of fraud by her employer but “*fought the case*” and whatever of outcome of the court she did not believe she would be sent to prison. ‘Ellen’s’ scenario was unique in that she had no previous experience of prison or any exposure to drug addiction, and on her first night in custody she discovered she was pregnant. She revealed how she cried “*continually*” for a week and described the committal process and learning of her unplanned pregnancy as a “*shock*”, “*scary*” and “*very hard*”. Other mothers described how they were managing pending criminal charges and spoke about waiting in prison ‘on remand’ as a mentally difficult and uncertain time. ‘Aisling’ for instance, compared her previous experiences of being in prison on remand, to her current committal where she had received a custodial sentence.

*In 2012, I was on remand for quite a while... there was always the hope I was going to get out... after 16 and a half months I should have been...getting weekends out...[but] I didn't have a job...I never really progressed... [the prison service] just couldn't coz I was in such a bad state. I spent months in healthcare...I was actually cutting myself and I am not at all like that... I cut myself quite seriously in the cooking class and ended up in hospital... Where this time I've come in and I got sentenced straight away... I knew what I was doing and I had to deal with it...I just prefer to get it out of the way” ... (Aisling)*

Physical and/or verbal abuse from other prisoners also factored as a reason why some mothers said they experienced prison as a traumatic space and time. In some cases, abuse was directly related their perceived poor mothering as ‘Anna’ described: “*[the prisoners] f\*\*k it in my face... ‘go away, doing that on your child, walking out on your baby’ - but no one knows what was going through my head at the time*”. Prisoners convicted of crimes against (their) children were described as a specific target in this regard. Most mothers were sympathetic towards one another for their crimes, their addictions and for the fact they were mothers, as ‘Kate’ asserts, “*no matter what crime you commit in here, I’m a mother, she’s a mother, we’re not our crime*”. However, this sympathy was not extended to convicted paedophiles or



mothers convicted of crimes committed against their children. These prisoners had a particularly difficult time in prison. ‘Jennifer’ is one example of this:

*“I couldn’t go down to the kitchen... I had to [wash clothes] in my own room and then when it dried it smelled. I was afraid... I got a belt of a dog’s iron bowl to the side of the head while I was talking to my mother [on the phone] ... three or four girls followed me in and gave me another beating... an awful doing... kicking and battering me. And it is not over... they still reckon they are going to give me an awful beating and kicking when the officers aren’t around... I wouldn’t go off and have walk around, I will stay confined to my room... I am far happier in the room. I go down for lunch at 12:30 but I don’t go down at 4:40pm. I’ve more of a fear at 4:30pm. I make toast for myself” ... (Jennifer)*

Many mothers talked about how they often reflected on their past performance of mothering and the guilt that surfaced while in prison due to their perceived failures towards their children. As ‘Claire’ asserts, *“it’s not about being a mother in prison, it’s about learning about all your mistakes being a mother, because you are in prison – that’s the hardest part”*.

Some mothers talked about how they reflected on their own ‘happy’ childhood’s (See: Chapter Eight, Section 8.2.2) and compared that to what they perceived to have exposed their children too. Factors which mothers said contributed to them feeling guilty while in prison were often interrelated; mothers described feeling guilty for being separated from their children because they are in prison, feeling guilty for being in prison for reasons related to their addiction, and feeling guilty for being substance dependent and not being able to mother their children. ‘Hannah’, for example explained that directly prior to her prison committal she experienced the death of her youngest baby and a subsequent period of chronic heroin addiction. ‘Hannah’ said that she and her partner were grieving during this time and *“it was easier not to have anyone around”*, but now carried guilt while serving her sentence for not spending more time with her children when she knew she had an impending long sentence. Participants expressed feelings of guilt concerned with how children were coping with their separation and their absence in the home. ‘Megan’ for example listed off reasons she was feeling guilty;

*“They don’t even eat properly, takeaways every night - they won’t even eat [my husband’s/ their father’s] cooking. [My son] is missing out on his Gaelic<sup>68</sup> and stuff and I am really guilty about the whole lot coz I was the one bringing him... plus now I am going to be a nanny as well, and I blame myself for that – not being there for [my teenage daughter] ... she is pregnant. So, it’s like the guilt I suppose, through the whole situation”*  
... (Megan)

‘Ellen’ explained that she felt guilty for “*not being there...and doing what you are supposed to do as a mother for your child*”, this mother also reflected on the cyclical nature of mother-child separation, as did many participants,

*“Because of what happened me and being left without a mother... it’s the one thing I never wanted for the children... and now here I am [starts crying] ... I know it’s not the same because they get to see me and I talk to them... but the fact that I am not around them”* ... (Ellen)

Several mothers also mentioned feeling guilty about their children who were suffering with ongoing medical and health issues resulting from their addictions and not being able to support them because they are in prison and separated from them. For many mothers, it was the first time they had considered how they had previously mothered their children and the direct effects of their addiction on their children, as ‘Hannah’ confirms, “*it’s only when you think back on it now... like what you’ve put them through*”. And while most personal reflections on past perceived failures towards children were related to mothering while substance dependent, this was not always the case, as ‘Claire’ articulates here;

*“I spent a year and a half on remand and challenges I faced. The guilt. I just thought, oh I am a great mother, I never take drugs, I don’t drink, so I assumed I was. But looking back...what I done was worse. They had no stability”* ... (Claire)

A couple of mothers found the guilt related to these retrospective reflections on past performances of their perceived poor mothering difficult to cope with during their imprisonment:

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<sup>68</sup> Gaelic Football: An Irish sport with fifteen team members where two teams play against each other on a rectangular grass pitch.

*“Some nights I do be terrified that I'm going to end up killing myself like. Just kind of not having my child and I look at programs on telly and I see kids with their mams and I'm saying oh... 'I would have been lovin for that to be me, me and my child'. Because she never done anything on me... she didn't ask to come into the world... why I went wrong... I really, really don't know... I feel really, really, really guilty... every night I was in here crying. Every day I'm writing letters out to the baby telling her how sorry I am for everything I've done on her... but at the time I wasn't thinking you know” ... (Anna)<sup>69</sup>*

This mother went on to describe the gravity of the suicidal emotions she was trying to manage while serving her sentence.

*“I even said to one of the girls... how would you hang yourself in these cells? ... Build it out of beds? ... I'm even asking them questions... I'm getting it in my head I am going to one of these nights. An officer is going to walk in and find me dead. But you know what would stop me... my child... she won't have a mammy for the rest of her life” ... (Anna)*

There were other examples where mothers (often not primary carers), who had described multiple traumas and challenges throughout their life-course, stated they are only living for their children: *“If I didn't have my daughter I'd probably kill myself because I don't like living this life. It's only my daughter that's keeping me alive”* (Aoife).

Many mothers spoke about how the excess time in prison made them think about traumatic experiences in childhood. Descriptions of flashbacks of childhood trauma were common. Some mothers said they only realised the level of abuse they had suffered when it came to the fore for the first time while in prison sober and drug free. ‘Lauren’ for example, said the night before the interview she recalled, for the time first, her father putting his hand over her face to try and stop her breathing. Many mothers spoke about recalling memories of childhood sexual abuse. ‘Kate’ for example, explained that while in prison she decided to press charges against her accused:

*“When I came in here I thought about it [child sexual abuse] a lot and I said right, I'm going to bring it to the court... my whole life I never gave an in-depth statement of what I gave that day, of what happened to me” ... (Kate)*

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<sup>69</sup> See: Chapter Four, Section Three – Duty of Care for a referral made to health care in respect of this participant

However, ‘Kate’ went on to explain how she felt she was further traumatised after making the statement: *“I went back to my room three hours later and there was a paedophile put on my landing... next door to me... [prison management were] trying to f\*\*king wreck my head... make me snap”* (Kate). Examples of insensitive professional practice were common; ‘Tara’ described how the physical prisoner restraints procedure provoked childhood trauma to come to the fore for her.

*“Two officers grabbed me... I just locked my two arms and I says, ‘the two of ye let go of me now or watch I’m going to hit ya with a wrap of mi head’... over things that happened to me in foster homes Sinead, I don’t like men grabbing me like that, just through abuse and stuff” ...* (Tara)

Several mothers who discussed child sexual abuse expressed concern for their own children in this regard. Mothers spoke about the “fear” and “worry” they had that their children may be abused in the community and their perceived inability to protect them while incarcerated.

*“I was abused when I was seven, and when she was seven that was my worry that was in my mind - I was dreaming about my daughter being abused... dreaming in here about [my daughter] out there.... he only lived up the road from her... that constant worry... it was driving me up the wall... I went crazy” ...* (Kate)

#### 1.28.4 Section Summary

This section of the findings chapter has presented the mothers stories which focused on trauma and addiction while in prison. The following section of this chapter will focus on how mothers envisioned managing their trauma and addiction issues when they leave prison.

### **1.29 Section Three: Addiction, Trauma and Mothering Post Incarceration**

#### 1.29.1 Introduction

Most mothers stated they hoped for an addiction free future, which was also often the focus of their future contact with their children. Mothers often articulated strategies to help them overcome trauma and addiction so they can hopefully move forward with their lives. Some mothers choose to focus on post release rehabilitative addiction programmes and support as a priority, prior to re-connecting with their children. However, many mothers said they were afraid they would relapse and

further damage their relationships with their children and family, while others did not envision a drug free future, many of whom believed their addictions would, literally, be the death of them. The section presents findings from narrative interviews whereby participants discussed their how they envision managing their addiction and trauma once release from prison.

### **1.29.2 Remaining drug free**

Many mothers spoke about wanting an addiction free life once released from prison, however, this was complex and challenging. These findings are presented here.

Most mothers said they hoped to ‘stay clean’ once released from prison. Mothers often talked about being ‘clean’ so they could be there for their children, to support and mother them. For instance, ‘Eva’ (a heroin addict), planned to live with her daughter once released to support her finish school. ‘Eva’ outlined the agreed ‘rules’ to make their arrangement successful:

*“It’s going to have to be a two-way street... if she brings anybody drinking around me like she’s putting me in danger then of relapsing... no parties, no people hanging around the house, don’t bring a joint anywhere near me and certainly don’t bring drink around... come straight home from school... have her dinner... study and then she can go out at the weekends. But that’s it. So, once we got through all those rules then it was alright!” ... (Eva)*

For some mother’s however, being clean wasn’t always about being able to perform mothering and being their children’s primary carer, it meant for example, simply being available to their children when their children needed them. Equally, mothers often spoke about not wanting to continue to upset their children through their substance abuse: *I don’t think I’d ever go on the drink again after that, honestly, I can’t put my daughter through it anymore; I just can’t - it’s not right!” ... (Nicole).* Many mothers articulated strategies on how they planned to manage post release abstinence. For example, mothers who were drug addicts often spoke about the need to reframe from drinking alcohol; *“I hope to god I never put drink to my mouth again. Because if I drink then the next thing is drugs you know, and people do stupid things when they are drinking” ... (Rebecca).* Another strategy mentioned by some

mothers was to remain occupied, primarily by engaging formal supports (See: Chapter Eight, Section 8.4).

Some mothers spoke about how their families were unsupportive of their intimate partner relationships, particularly fearful they would relapse back into addiction if they went back to their partners once released:

*“This is the first time we’ve been with each other clean... we’re actually more in love now than we were when we were on drugs... my kids were so close with him before we got locked up. And my mam doesn’t want him in their lives just in case he has a slip<sup>70</sup> and he drags me down and... in case me and him don’t stay together... and he’s back in [the children’s] lives” ... (Hannah)*

*“My father... he didn’t want me to go back to the family home, ‘you’ll be worse’ and all this. ‘Listen! You’s just have to step back. I am going back to my family, my husband, my kids, and my grandson on the way... don’t care who is best or pleased... I am sick of them interfering” ... (Megan)*

However, some mothers talked about their reluctance to re-enter their child’s lives in case they relapsed; afraid of the consequences that they may “lose their children for good” (Anna). ‘Aisling’ is one example who explained that initially she didn’t want to reconnect with her child, she wanted to primarily focus on managing her addiction:

*“I would feel all kind of emotional about her and I feel my that my priority was to be a mother to her. Where I think, my real priority would be to get out and to conquer the problems - coz when I had any problems before in work or whatever, other people might go home and take a glass of wine... I would go to drawer and take a handful of Valium<sup>71</sup> ... So, I actually feel my priority now is treatment. Then after treatment, its freedom” ... (Aisling)*

Many mothers talked about how hard it will be to get or stay clean when they are out. Particularly those who talked about the challenges they faced if they are released into a homeless hotel (See: Chapter Eight, Section 8.4). Equally, some mothers were challenged with internal struggles about their ability to transition out of addiction and back into motherhood:

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<sup>70</sup> ‘has a slip’: colloquial language to describe a relapse back into substance misuse and addiction

<sup>71</sup> Valium: (diazepam) is a benzodiazepine medicine used to treat anxiety disorders

*“I just hope to god that I get out of here and be a proper ma...that I once was... because I love her...she’s my child. But I just keep having nightmares and getting depressed that I’m just going to go back to the streets and do what I’m going to do. But then days when she comes up to me I do be looking at my little young one, and playing with her, and saying then no, I’m just going to go home and be a mother” ... (Anna)*

A few mothers stated they will continue to consume illicit drugs once released: *“I’ll never say I’ll never touch drugs again because I know that’s a bare faced lie”* (Sarah). Indeed, a couple of respondents stated that they did not see themselves surviving long more in addiction, as Aoife asserts, *“if I stay the way I am I’ll probably see myself in another few year dead”*.

### **1.29.3 Managing Trauma**

Mothers spoke about how they envisioned repairing some of the trauma they had suffered or that they had caused to their children. These findings are presented here.

Mothers articulated plans on how they would overcome past traumas to be able to move forward with their lives. Some mothers described distancing themselves from the trauma. For instance, mothers who were victims of domestic violence often spoke about having no immediate desire to be involved in another relationship; Like ‘Michelle’ for example who asserted; *“only boys I want is my three sons”*. Other mothers stated that in order to be able to move on they had to face their trauma, like ‘Claire’ a mother in her 50’s who said: *“I have to go. I think that is the first thing I will do when I get a day out, go over to the park where [I was raped at 13 years of age]”* (Claire). A few mothers said their children gave them a reason to be strong and survive. *“I couldn’t face life and then my brother drowned as well... [the trauma] just seems to just go on and on and on. But you just have to be strong... try and be strong now for [my daughter]”* (Nicole).

How mothers were viewed and understood by their children as they grew older was a reoccurring theme and concern: *“he’s going to grow up knowing like yeah I’m his mother” [but] ‘why didn’t you rear me?’”* (Kelly). Several mothers spoke about strategies to attempt to heal some of the trauma caused to their children; one of the most common ways mothers spoke about doing this was *“one day”*, when their

children are old enough to understand, having honest conversations with them about their past, the context of their addictions and subsequent offending:

*“I want to make things right.... I’ve kept all paper clippings of the first robbery and them saying I was in an abusive relationship... just to show them when they are older, look, this is how things went wrong. Encase they think – ‘you chose drugs!’; that wasn’t the case at all. I didn’t know anything about heroin when I had him. It was when everything was gone - that’s when it started” ... (Mary)*

Another mother believed, because of the level of drugs she was abusing, that she “will get to the point where [her] brain won’t be able to work” (Leah) and she would eventually die. This mother talked about writing letters to her daughters (before her brain stops) in an attempt to provide them with some explanation about their lives; “I have to get this down on paper for my daughters...I have to explain; that by not doing good for them in living that I did good for them by dying. I’m trying to do the best” ... (Leah). For ‘Jennifer’ however, there was no explanation or consolation to her children for the damage and trauma she had caused them:

*“I don’t think if [my daughter] came to ask me the questions about why I raped her I don’t think id face her, because I don’t know what I would say to her... I have a funny feeling she might. She is 16. But I myself I have an awful feeling I won’t be able to face her. Wouldn’t be able to face any of my daughters” ... (Jennifer)*

#### 1.29.4 Section Summary

The section has presented findings from the narrative interviews where mothers discussed addiction, trauma, mother-child relationships and rehabilitative journeys post imprisonment.

### 1.30 Chapter Conclusion

Trauma and addiction emerged across all narratives interviews. A few stories were laden by issues of addiction, others with trauma, however most were interwoven with both. Many mothers experienced multiple layers of trauma in childhood and in their adult lives, for which substance abuse was elicited as a coping mechanism. Yet, most mothers asserted that they did not blame anyone other than themselves for their substance misuse and offending behaviours. Most mothers welcomed their pregnancies and becoming a mother often meant a change in drug use and



behaviours. Unfortunately, efforts to stop consuming drugs did not always result in the birth of a healthy baby, and relapses were often imminent. Managing motherhood while in addiction was described as challenging and mothers often stated that they recognised their incapacity to perform mothering during their time. Yet, distancing themselves for their child's protection was still emotionally challenging and marked by self-loathing.

Mothers disclosed ongoing emotional trauma and regret for what their children have endured; including guilt and regret for the lack of mother-child quality time which cannot be recouped. However, prison provided an opportunity for most to change and many mothers stated that prison had saved their lives. Prison was also difficult, drugs in prison did present as a challenge, and many mothers described inescapable reflections on their past traumas and experiences of mothering. Likewise, the emotional pain of the death of a loved one and the separation from children was also evident. Some mothers did articulate plans and strategies to overcome their traumas and addictions once released so they could repair some of the damage caused put their past behind them. For many, a drug and alcohol-free future was primarily focused on being available, at any level, for their children. However, this was not possible for all; some mothers did not envision a future without substance abuse or stated that the only reprieve for their children would be their eventual death.

This second findings chapter has presented maternal stories of regarding trauma and addiction. The next findings chapter, Chapter Seven, presents findings regarding processes of mother-child separation and reunification which also emerged from face-to-face interviews.

## **Chapter Seven: Separation and Reunification**

### 1.31 Introduction

This chapter presents findings from final phase of data collection where 34 mothers participated in one to one narrative interviews. This chapter specifically focuses on mother-child separation and reunification and manifested in the data through a variety life events and processes before and during imprisonment. Mothers also discussed hopes and plans for reunification, or further envisioned separation, once released. An overall finding from the research is that these mother's lives and their relationships with their children is not static and many mothers adapt to, and withdraw from, mothering at several points throughout their mothering careers. Many mothers described different experiences and emotions related to mother-child separation depending on the context of individual relationships and the children's ages, or indeed if they were grandchildren.

### **Chapter Content**

This chapter is presented in three sections which represents before, during and after imprisonment. This structure best represents the processes and content of stories told by the mothers involved in narrative interviews within the study. The content of these sections are as follows:

#### **Section One:** Mother-Child Separation and Reunification Prior to Incarceration.

Four primary themes which emerged from the data are presented in this section.

- Complex Mother-Child Separation (s)
- Voluntary and Involuntary Mother-Child Separation
- Domestic Violence and Mental Health
- Processes of Separation and Reunification

#### **Section Two:** Separation and Reunification During Incarceration

Four main themes emerged from the data and are presented within this section.

- Separation via Imprisonment
- The Complexity of Prison Visitation
- Increased Contact and Access Out
- Mothering through Telephone Calls and Letters

#### **Section Three:** Reunification and Separation Post Incarceration

## **1.32 Section One: Mother-Child Separation and Reunification Prior to Incarceration**

### 1.32.1 Introduction

This section presents the mother's stories of mother-child separation and reunification processes prior to the mother's current committal into prison. Indeed, many mothers who participated in the narrative interviews were already separated from some, if not all, of their children prior to their imprisonment. This study found that mother-child separation in this context was multifaced, occurring for a variety of reasons which often varied for each child within the same family. Again, past experiences of trauma, domestic violence, mental-ill health, addiction and previous prison committals, as discussed in the previous chapter, had direct implications on mother-child separation processes for many of the mothers in this study. Indeed, many mothers discussed the struggles and challenges in maintaining their mothering roles under these circumstances. However, mothers also spoke about their past attempts, and the challenges they faced, in reconnecting or regaining custody of their children.

### **1.32.2 Complex Mother Child Separation(s)**

Mothers discussed and described the sequent of events which led up to the voluntary and involuntary removal of their children which are complex, multifaceted and often fluid in nature. These findings are presented here.

Many mothers attributed various factors and causes for separation from their children, or indeed, each child. For example, 'Michelle', mother of four, said she was separated from her children following 'parental separation' due to 'domestic violence'. 'Michelle' explained; *"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). 'Sophie', mother of five, is another example. 'Sophie' explained that following an arson attack on her home she became homeless, this was followed by what she described as a cycle of prison entry, release and re-entry. During this time her sister intervened and took on the care of her daughter. 'Sophie' recalled:

*I was after coming back from the shops one day and a little young fella turned around and he says, 'misses your house is on fire', and I looked up and smoke bellowing out the willow.... From there I was homeless for like six years and the rest. But, like mi sister - I came in and out of prison... done a couple of months here and there on remand - so my sister [...] minded [my daughter]" ... (Sophie)*

‘Sophie’ therefore attributed separation from her firstborn child to ‘homelessness’ and ‘previous prison committals’. ‘Sophie’ said she voluntarily signed her subsequent two children into foster care with their paternal grandmother during a period of chronic drug abuse (i.e. separation due to ‘drug abuse’). ‘Sophie’s’ fourth child was placed into foster care due to complaints from the child’s crèche of ‘child neglect’ and her fifth child was removed from the hospital by social workers soon after birth and placed directly into foster care (i.e. ‘Separation at Birth’). ‘Sophie’ describes varied levels of contact with all her children but has more frequent contact with children who are fostered within the family by their paternal grandmother. Indeed, her eldest child is now an adult and visits her in prison. Table 7.1 below presents the range of reasons mothers attributed to mother-child separation, and the frequency each category was mentioned across the group of mothers who took part in the narrative interviews.

**Table 7.1: Reasons for Mother-Child Separation**

<b>Reason for Separation</b>	<b>Number of Mothers</b>
Drug Abuse	12
Separation at Birth	8
Domestic Violence & Abuse	7
Mental Ill-Health	5
Parental Separation	4
Alcohol Abuse	3
Child Neglect	3
Involuntary Separation	3
Previous Prison Committal	3
Homelessness	2
Immigration	2

Like ‘Sophie’, nearly all respondents provided detailed stories, often in a chronological narrative, of the multiple life events which preceded the separation from each of their children. ‘Jennifer’, mother of three, was one exception however. ‘Jennifer’ said two of her children were taken into foster care, and one adult child was currently prohibited by a judge from visiting her in prison. Unlike the other participants, no reasons were provided for either scenario and therefore, all three of ‘Jennifer’s’ children are categorised in Table 7.1 under ‘involuntary separation’.

### 1.32.3 Voluntary and Involuntary Mother - Child Separation

Mothers discussed both voluntary and involuntary experiences of mother-child separation. These stories are presented here.

Many mothers said they voluntarily and formally transferred full parental responsibility of some, if not all, of their children to family or non-relative foster carers. Reasons provided were frequently focused on protecting their children from their addictions and its often-unstable lifestyle: *“I said no, this can’t go on. Like they’re just being dragged around... it’s not fair on them. That was when I asked them for social workers to intervene”* (Eva). Some mothers who were substance dependent did talk about their initial reluctance to formally sign their children over into foster care, but since perceived it was for the best. ‘Sophie’ for example, recalled how a social worker convinced her to sign a Voluntary Care Order<sup>72</sup> and to go to the hospital during the onset of a drug overdose:

*“it’s one of the hardest things Sinead I ever had to do was sign them over voluntary. Ya know I thought I was signing their lives away... Thank God, [their grandmother] took them - and she has them now to this day... The doctor told me that if I didn’t come in when I did I would have been dead within five days - got an infection on me heart which leaked onto my lungs from the [cocaine]. So, that was actually a blessing in disguise” ...* (Sophie)

Mothers explained how they welcomed the intervention and provided accounts of their inability to care for their children at that time, as ‘Niamh’ asserts: *“I wasn’t able to look after myself anyway, never mind two children”*. However, while most

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<sup>72</sup> Voluntary Care Order: Children may be placed in the care of the Child and Family Agency by way of a voluntary agreement (voluntary care) with the parent(s) and the Agency.

mothers who said they opted to place their children into voluntarily foster care said they did not regret their decision, yet acknowledged this as a difficult decision which required a certain level of strength, as ‘Nicole’ asserts; *“thank god I actually had the power to do that”*. Several mothers described being substance dependent, while simultaneously being homeless, stealing to feed their addiction(s) and experiencing cycles in and out of prison. Mothers explained that they chose to protect their children from this life by placing them into the care of others who were better able to provide them with the care and stability they needed at that time. ‘Anna’ clearly articulates this maternal thought process: *“I’m going to do what’s best for the child’ ... I signed her over to full custody to my Ma... I put her into a loving family that cared for her”* ... (Anna). While most stated they didn’t regret their decision to place their children into foster care, and they often talked about how well their children were being cared for, they nonetheless described an internal struggle, expressing traumatic and conflicting emotions related that decision and for being separated from their children.

*“Don’t get me wrong, I know I am going on like I don’t love them and all but like it was either, as I said to ya, been thrown from one flat to the next or to give em up so I done that ... [starts crying] ... giving them up, mothers don’t do that ... I am pure emotional now”* [cries] ... (Niamh)

This internal battle was very evident, for instance, ‘Anna’ recalled how she abducted her daughter who was three years old at the time, for two weeks until they were finally found and she was arrested. ‘Anna’ explained; *“I don’t know why I done it because my ma and da were so good to her”*.

Several mothers mentioned babies being removed from the hospital a few days after birth and placed directly into foster care (and in one case adoption). Contrary to above, one mother in fact requested this as an intervention for two of her new born babies to protect them from what was described as extreme levels of family violence. The remaining mothers described this as a third-party intervention and often against their will, sometimes with more than one child. Most mothers who described involuntary removals of their babies from hospital described poor mental health and chronic drug abuse following the removal (See: Chapter Three, Section Two, 1.27.6) Mothers who had experienced involuntary child removals expressed ongoing emotional issues, which in ‘Eva’s’ case (mother of five), affected her ability to care

for her other children.

*“The oldest... is 18 and the three in the middle... they were gone at two days old, six months and three years. So, I haven’t seen them since... I’ve always had to live with that. The eldest girl was with my mum at the time... it was up north... when I went back [to the Republic of Ireland] I was trying to look after [my eldest daughter], but obviously with what happened with the other kids it was just an impossible task... neither of us could really get over it... she was the eldest girl so she had lost her siblings too ... [My youngest child] came along then a few years later... so [the eldest] and [the youngest] were in my care... then a few years ago things really just got on top of us... If you lose a child at two days old that’s it - you just don’t get over it...it just stays so open... You start to lose faith in yourself ya know!? ‘They shouldn’t be with me!?’... That’s why it was so easy to be able to let [my eldest and youngest children] go live with somebody else. Because I was just used to it. It had gotten to the point where I couldn’t, couldn’t feel anything anymore” ...*  
(Eva)

All six mothers in the study who were also grandmothers shared a similar story of teenage pregnancy. All, apart from ‘Alison’, explained how their mothers or elder sisters took on the fulltime care of the children they gave birth to when they were teenagers. As Grace asserts: *“As you know I have a 29-year-old...I do say [my daughter] is the oldest, she’s 21, but really my oldest is 29 like. But I was only 13 when I had her so my sister reared her”*. ‘Claire’, recalled how she was not consulted in the decision-making process when her mother took on the care of her firstborn child: *“I had her when I was 17, but my mother was in for a second adoption and she was turned down... I was pregnant and she says ‘I’ll have that’. But that’s the way it’s happened”*.

#### **1.32.4 Domestic Violence and Mental Health**

Abusive and violent partners and poor mental well-being had direct implications on mother-child separation for several mothers in the study, in some instances these experiences were interlinked. These findings are presented here.

Mental ill-health featured as a direct factor in mother-child separation for several mothers. For example, some mothers 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<sup>73</sup> as she thought she didn't need it at the time, but she later acknowledged “[she] thought wrong”. Mental ill-health rarely featured as an isolated factor in relation to mother-child separation; however, a complex mix of mental ill-health and addiction which was experienced alongside the challenges associated with motherhood and mothering emerged in 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 if I wanted she'd take the child until I got myself better.... I guess like knowing you're a mother now and you don't really know what to do, but put drugs on top of that it's a bad mixture - a very bad mixture ... and I just kept doing it. I didn't know how to handle it; I didn't know how to cope”*  
... (Rebecca)

Mental ill-health was also mentioned in interviews where domestic violence also factored directly impacting in mother-child separation. ‘Roisin’ for example, explained that social services intervened when she was admitted to hospital after “*an unmerciful beating*” while pregnant. ‘Roisin’ stated she became depressed during the pregnancy and began abusing her prescription. Subsequently, a plan was made by child protection services to remove ‘Roisin’s’ unborn child at birth due to the domestic violence and drug abuse. ‘Roisin’ said the medical social worker in the hospital wanted to dispute the decision on the grounds that she was actually the victim, but ‘Roisin’ explained: *“I didn't put up the fight like, I wasn't able I don't think; emotionally, mentally I wasn't able, he had my head f\*\*ked”* ... (Roisin).

Indeed, some mothers spoke about voluntarily transferring parental responsibility of children to protect them from domestic violence. In all cases of domestic violence and sexual violence, the abuser was the biological father to at least one, if not all, of the participant’s children. Some mothers stated they were given an ultimatum by a social worker to distance themselves and their children from their abuser. For example, ‘Tara’ recalled when she learnt her partner (who was also violent towards her) was convicted of raping an elderly woman, which initiated social work intervention directing her to distance herself and her children from their father. In all such cases, contact with the perpetrator continued which led to the eventual removal

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<sup>73</sup> Bipolar Disorder (also known as manic depression) is a mental illness where that causes unusual shifts in mood, energy and activity levels from extreme low in mood, to period of extreme elevation.



of their children. A couple of mothers detailed situations where their abusive partner forced contact with them which eventually led to the removal of their children. 'Michelle's' story was distinct however, in that her children remained with their father (the abuser) as their primary carer, the rest of the participant's children were placed into relative and non-relative foster care.

### **1.32.5 Processes of Separation and Reunification**

Many mothers provided past accounts of complex separation and reconnection processes with their children due to complex family arrangements, domestic violence, and incarceration. These stories are presented here.

Some mothers who were living with their children prior to their imprisonment described how, although they were all under the one roof, they were not consistently performing mothering roles for their children. 'Saoirse', a mother of four, provides just one example of this. 'Saoirse' explained that while she has moved in and out of her mother's house many times over the years, her two eldest children have always lived with and been cared for by her mother, their grandmother, who they refer to as "Ma". 'Saoirse' was living with her mother and two eldest children prior to this current committal. 'Kelly', explained her two-year-old son was cared for by her mother (the child's grandmother), who was in fact her his formal guardian. However, Kelly described living between her mothers and grandmothers house (who lived on the same road) and she would see her son "*all the time...whenever she wants*".

On the whole, findings show that mother-child separation did not mean severed relationships; many mothers spoke about regaining custody of their children at various periods of time over many years. A few mothers talked about their children who had experienced periods in foster care as children, and described how they and their families are in contact with them now they are adults. Some mothers explained how they managed to regain custody of their children, for many however, this was not sustained. A few mothers spoke about fathers and partners who they perceived were unsupportive in their attempt to regain custody of their children:

*“When I was with [my children’s father/violent ex-partner], he’d be in my head ‘oh we’ll get him back together’ and this and that... But any time I was doing well... he’d do something to bring me back... and I ended up being manic depressed on the heroin and started selling drugs...He never actually wanted me to get my kids back. Any time I ever did get near... keeping structured with access and everything, he’d always plant a seed... Because if you think of it like, if I got on the straight and narrow he was f\*\*ked as well for his habit. Who was going to feed his habit the way I was feeding it, do you know what I mean” ... (Roisin)*

*“I had her on the Tuesday, they took her from me in the hospital on the Friday but I fought for her and got her back. I got a three-bedroom house [and] they were saying it was time for [my son] to come home because I was doing everything so well. But [my child’s father/violent ex-partner] got released from prison again. But they put him in the hotel across from me. It was like they wanted me to f\*\*k up by putting him right next door do you know what I mean? So, things went wrong” ... (Mary)*

A couple of mothers stated they were at the point of reconnecting with children just before their committal into prison. ‘Eva’ for example, said she had her first ever telephone conversation with two of her children - who were adopted from a young age – the day before she entered prison to start her current sentence.

Some mothers outlined how they prepared their children for their impending separation from one another due to an approaching prison sentence, like ‘Saoirse’ for example who explained; *“I told them for the year that I was out, when I was living with them, ‘mammy’s going to have to come back here”*. ‘Hannah’ also explained how her mother began to slowly take more care of her children so she *“didn’t just go into court one day and leave them”*. ‘Hannah’ went on to describe the difficulties involved in this process: *“Sometimes I would collect them from school... and put them to bed. But my mam said look [‘Hannah’], ... they can’t be depending on you... you’re not going to be here. And that kind of, you know, broke my heart” ... (Hannah).*

Some respondents explained that they had custody of their children prior to a previous prison committal point but did not manage to regain custody post release. ‘Aisling’ is one example of this: *“She’d been living with me until I came in ... when I came out and I lost my home and everything - I kind of never got back to the way I*

was pre-2012, so she has always stayed with [her father] since”. Additionally, some mothers described how their children ‘grew up’, matured or become adults while they served previous custodial sentences. Mothers recognised these developmental processes taking place while they served their sentence, and recalled how it felt when they realised their relationships with their children were becoming more distant. ‘Sarah’ for example, who is now a grandmother, detailed multiple previous prison re-entries over many years and explained the process and feeling of losing the relationships with her children over time:

*“They were just at that age... my Da lets them go down the flats on their own... on their bikes and that; they wanted to be out with their friends... ‘Ah Ma we’ll go up next week’, ‘I love you Ma but can we go up next week’... Maybe that was just me being selfish... It was horrible - ah stop! It’s like you’re losing them or something... It feels like ah they are getting old now they don’t want to know... even though they were only ten and eleven” ... (Sarah)*

Other mothers noted how their relationships with their children were distinct once they were released from prison. Mothers explained that their children did not depend on them in the same way, or to the same extent, that they had done prior to their imprisonment, as ‘Laura’ explains;

*“Last time I was in here, [he] was a boy when I was going into prison. And when I came out fifteen months later [he] was a man and he didn’t need me - and that was the hardest part... [he] didn’t know how to cook an egg and when I got out [he] was like ‘I have to make my dinner mam’... I was really upset by that because I had lost out on all that when I was in here”*

### **1.32.6 Section Summary**

Section one of this chapter has presented stories of separation and reunification between the mothers and their children prior to the mother’s current period of incarceration. The next section of this chapter, section two, will present the mother’s stories of mother-child separation which occurred *during* the mother’s custodial sentence.

## **1.33 Section Two: Separation and Reunification During Incarceration**

### **1.33.1 Introduction**

The second section of this chapter presents the main themes derived from interviews which related to mother-child separation and reunification during the mother's current prison committal. Overall, mothers provided intricate stories of separation, explaining that emotions related to separation very much depended on the context of their relationships prior to her committal into prison. Findings also show that separation from grandchildren emerged as equally relevant. Contact between some mothers and their children did increase during their prison sentence as incarceration served to stabilise chaotic lifestyles and therefore supported reunification processes. However, it was more common for mothers to experience a reduced level of contact, particularly with young children, while in prison and sustaining motherhood while in prison is complex. On the whole, visits were described as emotional, shameful and difficult for all involved, especially young children. Several mothers actively sought out visits in the community to supplant prison-based visitation. Likewise, phone-calls were too short to be worthwhile, particularly for those with more than one child, yet letter writing, where possible was found to be an all-round positive exercise.

### **1.33.2 Separation via Imprisonment**

The effect of imprisonment and mother-child separation during incarceration depended on the age of child and the context of their relationships prior to their imprisonment. These findings are presented here.

Mothers who were performing mothering roles for their children 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. And [he] hasn't a clue what's going on and 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)*

Primary caring mothers missed being able to perform mothering. The word ‘routine’ was mentioned by several mothers in this situation. These mothers, such as ‘Ellen’ below found this challenging while in prison.

*“I think for the first week, maybe more, I was heartbroken coz I had never been away from the children... I’ve always been around them. And just their routines, not been able to bring them to school, put them to bed or see them in the morning. Just the simple little things like just making breakfast in the morning, not to have that anymore. So erm, as I say, I suppose for the first week I was just crying all the time” ... (Ellen)*

Some mothers who were in prison for the first time echoed the experiences of other mothers with previous prison committals in regard to how their relationships had changed with their children during their current sentence. ‘Hannah’ 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 11 year 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 [starts crying] ... Yeah, over the last couple of weeks now, since I been here... it’s strange” ... (Megan)*

Many mothers mentioned a reduced level of contact and access with their children while they are in prison. As ‘Kate’, who was living 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!”* Mothers spoke about losing their relationships with their children, often resulting from the influence of non-relative fostering and prolonged lack of contact while in prison. Often this was articulated by the loss of bonds and attachments through listing their children’s likes and dislikes which they were becoming less familiar over time, as ‘Sophie’ explains here; *“the Judge actually said to me... ‘don’t worry [Sophie], you’ll always have that bond there with your kids’ - and it’s something that I feel that is slipping... [I’m forgetting] the little things – just their favourite foods, their favourite colour” [sobbing] ... (Sophie).*

Mothers who experienced other forms of separation as well as separation via incarceration, articulated the difference in these experiences. For example, ‘Laura’, mother of five, is separated from her eldest (adult) child and her youngest baby due

to imprisonment. She explained she voluntarily placed her three middle children into foster care. Laura described her frustration in being separated, particularly from her baby:

*“[My eldest child] and [my baby] would be the two most important children in my life, even though I love all my children... I would have loved to bonded with all my kids but I couldn’t they were gone... I had one month left of probation. Why didn’t [the probation officer] do it like six months before... when [he] was just a baby...why do it now when [he] knows exactly who I am and I have bonded with him - the first child I have reared ... in twenty-three years... I have missed four weeks with [him] and in those four weeks like he is actually climbing up on chairs and climbing up on tables and I have missed all that. I am not there like to hold him at night... to tuck him into bed... when I get up in the morning I tell him I love him and give him loads of kisses and loads of hugs. He is not getting that from this woman that has him” ... (Laura)*

This was the same for some of the participants who also mentioned being grandmothers. ‘Alison’ for example explained she had “*more of a bond*” and was “*closer*” to her granddaughter than her grandson. ‘Alison’ talked about being present for the birth of her granddaughter and how she helped raise her before she entered prison. Yet her grandson was born while she was in prison and while they talk regularly on the phone and she leaves prison to attend community-based access visits with them both on a monthly basis, she said; “*he doesn’t really know me, like you could be his f\*\*king nanny if you know what I mean?*”

Of the mothers who are separated from their adult children, many still described them as their ‘children’. Indeed, many adult children were under 18 years of age, young and dependent on their mothers, often living together, prior to her imprisonment and have grown into adults while their mothers serve out their current or past custodial sentences. “*She is not a little child anymore but ... I always do call her my child... I am away from her, eleven and a half years... she would be involved with drugs ... so I worry about her as if she was always small*” ... (Alison). Likewise, older mothers often of spoke about the effects of their imprisonment and separation from their adult children. For instance, one lone mother and lifer talked about how her daughter (who was 18 years at the time of sentencing) and her son who is an addict, 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. Coz I have a son now that's loves drugs... and he says 'oh since you went to jail mammy it's worse' ... (Claire)*

Mothers who voiced concerns related to the separation from adult children were focused on adult issues such addiction, education, pregnancy, grandchildren and grandchildren in foster care, and as 'Alison' articulates here, they often try to support them however they can; *"I was on drugs me self so I know... if I get a day out I buy the kids a few clothes ... that's all I feel like I can do... its hard"*. Of the mothers who had both young and adult children, concerns related to separation primarily focused on their younger children. 'Ellen', for example, was separated from a 22-year-old, a 15-year-old and a two-year-old due to her imprisonment.

*"[My eldest] is so much older too - he is able to help out. It would be different if all of them were very young. As I say, I worry about them all, but [my teenage daughter] I would worry about the most because of her age and the fact that she doesn't really talk so much. And then [my two-year-old] ... every-time I have had the weekend out, then she's, for that next couple of days she starts going back to crying and looking for mammy... when I do get out then she is clinging to me, coz well I presume in her little mind that she thinks well if mammy goes out, she's not coming back... [Adult Son] as I say I wouldn't so much worry about him" ... (Ellen)*

Six participants in phase two discussed being grandmothers and the significance of being separated from their grandchildren. As 'Claire' asserts, *"it's even tougher because I am not just a mother I am a grandmother, so I am missing out on the grandkids as well"*. Most grandmothers in the study discussed how they were involved in their grandchildren's lives while they served their prison sentence, which included access out, family days out and prison visitation with grandchildren. 'Sarah' said she felt that because she was absent for key milestones in her grandchildren's lives, this meant she was missing out on being part of her adult children's lives also: *"You ring the them... but you don't feel like you are part of them... [my grandchild's], first steps and her first day in school... they send me photographs... but still, you'd love to be there"* (Sarah).

### 1.33.3 The Complexity of Prison Visitation

Mothers discussed the overall challenges and maternal thinking processes behind prison-based child visitation. These stories are presented here.

Some mothers described years of intergenerational prison visits. ‘Grace’s’ daughter – now a mother herself - challenged her about this very issue; *“She and the baby were on the visit - she said ‘look Ma... I was one or something when I first visited you, and I am 21 and I am still visiting’... So, it’s not fair on her”*. ‘Sarah’ explained that she and her ex-partner met their son’s partner and grandchild for the first time in a prison visit. *“Imagine bringing your partner up to meet your mother in jail, horrible... You’d feel it for them... And then she had to go to Portlaoise and meet the daddy... The first time I seen my grandchild was in the prison ... The joke is over now”*.

For some grandmothers, visits with grandchildren were not an option. ‘Fiona’ for example, who described an involved grand-mothering role prior to her imprisonment, stated that while she recognised her grandchildren would miss her, her adult children could not afford the long journey to and from Dublin and therefore she didn’t receive visits from them or her grandchildren while in prison. However, some grandmothers said that their primary focus was on trying to maintain contact with their grandchildren, rather than their adult children: *“with my own kids if I got [visits] I got [visits], if I didn’t that was it - but then with the grandchild I was saying no, I’m not f\*\*kin losing out again ya know”* (Sarah).

Some mothers detailed how prison visitation with adult children was not always possible. For example, ‘Jennifer’ (convicted of crimes against her children) stated; *“when [my son] first asked would he be allowed to come and see me in prison, at the age of 23, the judge said no”*. No reason for the Judge’s decision was provided. ‘Claire’ explained that one of her adult children was *“ashamed”* and refused to visit. ‘Alison’s’ said her daughter refused to visit because she had been incarcerated in the same prison and became involved in *“conflict with the staff on the way in”*. Alison explained, *“I don’t blame her for not coming up do you know what I mean - but I do miss seeing her”*.



Some mothers recalled childhood memories of visiting their father in prison which made them consider the effects of intergenerational separation due to imprisonment. Like ‘Kelly’ who said; *“My father was in jail all of my life really so I know, I know what it’s like without a parent”*. Mothers who experienced visiting prisons as a child didn’t want their own children to think that child to parent prison visitation is a normal childhood experience.

*“I don’t want them to get used to coming up to prisons, because my dad and all was in jail and I used to go to the prisons a lot and I didn’t like it... They were coming for a while alright but I just put a stop to it then. It was hard like, but I had to do it... just didn’t want them around this life” ... (Niamh)*

Some mothers who said they wanted to see their children, perceived the visiting process to be too difficult on their children and described an internal struggle whether or not to pursue visits: As Áine describes here: *“Sometimes I don’t fight as much as I can, thinking of her coming up to the prison like but I really need to see her... but I know it’s my fault for being in prison”*. However, Mothers provided (often interlinked) reasons, for the lack of mother-child prison-based visits. Some mothers talked about having minimal to no supportive adult available in the community (neither a family member nor formal support) to facilitate and support their child(ren) to visit. This was particularly true for mothers who mentioned children in non-relative foster care, as mothers talked about struggling to get in contact with foster parents and social workers to organise visits:

*“It’s really hard to try and get to see her... I haven’t got an exact number...to her, to ring like the foster carers, like to say when are you coming up? and how is the child? ... I’d have to ring a solicitor and it’s whenever the solicitor gets back to me... I can’t get a hold of the social worker... I never get a chance to speak to anyone... in the seven months that I’m here all I’ve seen her is twice... Nearly three months now [since the last prison visit] and I’m just thinking all sorts, does the child think I don’t care about her? Three months like! That is just unreal - never ever been away from [my child] this much” ... (Áine).*

However, many mothers said they didn’t tell their children they were in prison, so visits were not always possible. Some mothers said they told lies about their true location to protect their children from the burden and the worry of having a mother in prison. Other mothers said they felt ashamed about being in prison. Many mothers

mentioned both these reasons and emotions for not telling or lying to their children about where they were. The most common lies mentioned in interviews regarding their whereabouts (to children and in many cases nieces and nephews as well), were that they were “*studying*”, or “*in hospital*”. Such stories were not always believable. ‘Michelle’ for example, explained that she had no formal education and told her children she was in school doing her Junior Certificate (state exam). However, she was exposed when her teenage son responded; “*there’s no more junior cert, they are called assessments now they are.* [‘Michelle’ explained...] *I was ashamed. My son knows more than me*”.

Some mothers, like ‘Kelly’ and ‘Laura’ for instance, talked about how their children were too young to understand what it meant to be in prison. Likewise, mothers often spoke about how their children wouldn’t understand why they couldn’t leave and go home with them at the end of the visit; that it would confuse and upset their child. Indeed ‘Anna’ explained that when her three-year-old daughter had to separate from her at the end of a recent prison visit she became so distressed “*she started crying and she stopped breathing*”.

Other mothers, like ‘Mary’, ‘Saoirse’ and ‘Laura’ for example, explained that they had very limited face to face contact with some (if not all) of their children prior to their imprisonment, so didn’t think it was appropriate to burden them. Many explained that their children would either worry about them, or dislike/judge them for being in prison ‘again’; certainly, many mothers spoke about being in prison before and they didn’t want their children to know they were “*back inside*”. However, those children who did not know their mothers were in prison, particularly the older children who could understand something of prison, could not visit. ‘Aoife’s’, whose daughter was nine years old, explains just this:

*“I don’t want her to come up because she thinks I’m in hospital. I don’t want her to know I’m in prison. I think that she won’t want to know me if she knows I’m in prison... I will tell her someday, but not right now... because she doesn’t know about drugs or, me being on drugs or anything. She just thinks I’m not well. That’s why she’s not living with me” ... (Aoife)*

Mothers often worried their children would somehow find out that they were in prison. For example, ‘Anna’s’ said she was worried her cousin (who she was on bad

terms with) would tell her daughter the truth about where she was to “*get her back [her]*”. ‘Eimear’ said that she wanted to tell the children in her family the truth. She explained that she wasn’t sure how long she would be able to keep up the lie about being in “*Fashion College*” and if she did tell them at least they would be able to learn from her mistakes. But ‘Eimear’ said her family were not supportive of her telling the children truth as they would worry about her and not really understand.

Many mothers spoke about not wanting their children to see them in prison. Face to face visits were associated with high emotions, guilt and shame, as Michelle asserts, “*it’s not a great thing ‘oh your mother is in prison’, you know - the shame of it!*” ‘Zophia’s’ son lives in their country of origin with ‘Zophia’s’ mother and she hadn’t seen him in twenty months. She explained, “*Yeah it’s hard, very hard. I miss him so much and I really want to see him, but I don’t want to see him here... and he sees me also here... maybe it’s selfish*”. Feelings of shame were coupled with concerns about the aftermath of emotions for both themselves and their children; heightening vulnerabilities and preventing or stalling rehabilitation journeys, as ‘Aisling’ explains regarding receiving a prison visit from her daughter... it “*would just divert me off the path that I am on.... I know for some people it helps, but other people I’ve seen come back from visits... an emotional wreck, and I feel I would be just like that*” ... (Aisling)

Several mothers talked about their children enduring arduous journeys to attend visits. ‘Ellen’ for instance, stated that her two-year-old child would vomit in the car because of the heat<sup>74</sup> and the long journey; it was two-and-a-half-hours each way. As well as that, children had another long wait in the prison waiting area once they arrived and mothers complained that this process was too difficult, particularly when compared to the short visiting time. Indeed, many mothers eventually stopped their children from visiting. “*my kids travel all the way from Cork [to the Dochas]... I stopped asking them to come up... they’d be wrecked... you were only getting like an hour or a half [hour], it wasn’t worth it!*” ... (Roisin)

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<sup>74</sup> It was summer at the time of interviewing.

The overwhelming search processes<sup>75</sup> children had to endure was also a concern; mothers explained that their children would only be beginning to relax and the visit would be called to an end. There were also examples, particularly among participants who had experienced previous prison entries, who said they didn't want their children to visit because, as 'Saoirse' explains, they "*didn't like it last time*" and "*it's not fair on them*", especially when they must say goodbye again at the end of the visit. Several mothers recalled negative experiences of prison visits with their children which impacted on future prison visits:

*"I was dragged off a visit ... [my daughter] said 'Mammy, can I sit on your lap'. And I lifted her up and gave her a hug and she sat on my lap and they ended my visit like. I still think of that... that killed me. My child... seeing me getting dragged out of the visiting area and my child looking and saying, 'don't be like that with my Mammy...Don't be doing that to my mammy' and 'let her go' - and for a three-year-old you know - like I was only hugging my child... I think she's scared to come in now... standing there... looking at me... saying 'Mammy are you okay? You know, over that with them pulling me off her... I hadn't seen her since and then on Tuesday I said 'come here and give us a hug' she was even afraid... She was like 'no Mammy you'll get into trouble'" (Anna)*

While some mothers explained that it was difficult for siblings cared for in separate foster homes to visit together, it did happen. 'Tara' for instance said that, because her children now to visit together, they are spending more time together as a family and she felt "*a lot closer*" to her daughter who would have previously visited alone and separate to her two brothers. However, most mothers said it was challenging when all their children visited at once. Mothers generally said how difficult it was to have "*enough time*" with each child in a such a short visit as they have different needs, as 'Ellen' aptly asserts;

*"It's quite hard to relax and enjoy being with them because you are trying to talk to [adult son] about his thing, your trying to talk to [teenage daughter], then you're trying to entertain [toddler]... in that half an hour... you're still not giving them enough attention" ... (Ellen)*

#### **1.33.4 Increased Contact and Access Out**

Several mothers spoke about increased contact and re-establishing relationships with their children while in prison. These findings are presented here.

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<sup>75</sup> Search Process: Before entering the prison, all visitors – including children - must pass through airport style x-ray security scanners, metal detectors, a handheld wand or by random pat down to screen all bags and personal belongings. Visitors may also be screened by the passive drug detection dogs.

As already mentioned, many mothers commented that some children did not like the visits and this impacted on them wanting to return. For this reason, some mothers and grandmothers were permitted external visits on a case by case basis: “*My grandkids used to come up here on a visit then the little fella didn’t want to come in anymore because of the... sniffer dogs<sup>76</sup> and so it’s arranged that I go out to see them a good few years now*” ... (Alison). Once ‘access out’<sup>77</sup> visits were granted, participants and the children involved tended to prefer this method of contact, which then often substituted prison visitation. As ‘Kate’ explains, “*she hasn’t been up here in about a year... she was happy with me going out to her... she never got used to [visiting the prison], never*”. However, monthly access visits did mean minimalizing contact for many mothers and their children but mothers detailed how access out with children could develop in length and frequency over time. ‘Hannah’, for example, explained she didn’t see much of her children directly prior to her imprisonment, and outlined her journey of attempting to reconnect with them during her prison sentence:

*“First... I was constantly fighting, constantly getting P19s<sup>78</sup> and putting it up to officers... so I wasn’t getting anything. But then when I came off the drugs and you know interacted with everybody in the prison, then... they did support me in a lot of things with the kids. Like the waiting room visits<sup>79</sup> and then because of how long my sentence was, then they started kind of giving me access in [Community Based Agency]. I only got I think two or three of them and then they started letting me go by myself on days out” ... (Hannah)*

There were examples where participants had day, overnight and weekend access out to spend time with their children in the community. Many mothers explained how this process of re-establishing relationships and attending community-based access

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<sup>76</sup> ‘Sniffer dogs’: This is a colloquial term for The IPS Canine Unit. The Canine Unit includes passive and active search dogs who operating for all staff and visitors entering prisons. The dogs are trained to detect firearms, drugs and mobile phones.

<sup>77</sup> Access out: Access out are visits which take place in the community and are granted by IPS on a case by case basis to substitute prison base visitation where necessary. Access out visits normally take place an access centre or social welfare office for example. Access out is normally heavily supervised at the outset but security and flexibility can relax over time for some.

<sup>78</sup> P19: The name of the form which prison officers use to log disciplinary offences committed by prisoners.

<sup>79</sup> Waiting room visits: female prisoners recognised for good behaviour through the Incentivised Regime Policy, can avail of visits in the Dóchas Centre waiting area. This space is very child friendly and visit are approximately an hour long.

with their children would often primarily begin with supervised access, and then would increase in duration and flexibility over time;

*“It kind of started off like in a Barnardo centre, which Sinead, oh my God it was brilliant... We had the full two hours and were able to run around and kept occupied with all different things...It developed then with the summer... I was able to get outside access, like go to [the] park and have a picnic and stuff like that. Play football and have a few games” ... (Roisin)*

‘Kate’, who was coming towards to the end of her sentence and getting out a few days every week, explained what this is like transitioning into motherhood every time: *“The minute I’m out that gate I’m a mother. Like even though I’ve been away, I’m still back into that mother mode... every single week I’m out for four days, yeah...a mother four days a week” ... (Kate)*. ‘Roisin’ went on to describe how she first began preparing for access out with her four children who were in foster care:

*“When I first started getting my access in here I’d get 4 Weetabix boxes... I’d cover the boxes with coloured papers. I was writing their names on them and all little designs. I was over making cushions and little bags and filling them up...it was like I was after winning the lotto going around with these 4 boxes out the gate... I’ve all that bottled up inside me, I just can’t wait to get out” ... (Roisin)*

Many participants described chaotic or transient lives prior to their current committal into prison and the perceived stability during incarceration meant many they could reconnect with their children. For instance, ‘Anna’ explained that she hadn’t seen her daughter for about a year before this current sentence due to drug addiction and homelessness. However, while in prison her mother *“travels up... brings the child... makes it up here to see me on a Wednesday and a Saturday”*. Likewise, some mothers described re-establishing access with their children who are in foster care. ‘Jade’ case is unique in that she regained full custody of her baby while in prison; She said she worked with the Governor and Tusla<sup>80</sup> to avoid her baby being transferred to second foster family. ‘Jade’ explained that her baby was slowly transitioned by first visiting her inside for a few hours every few days, then to full days, then overnights, and finally to fulltime custody. ‘Jade’ went on to explain: *“The rule is in here your baby can only wait till their twelve months<sup>81</sup>, but they’re*

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<sup>80</sup> Tusla: This is the statutory Child and Family Agency charged with Child Protection and Welfare Services. State Child Protection and Welfare social workers operate under the umbrella agency Tusla.

<sup>81</sup> According to Prison Rules (2007), babies can only remain in prison with their mother until their first birthday.

*getting an extension for [my baby] until treatment is ready for me... They've been very supportive" ... (Jade).*

Many mothers also described how they began to re-establish relationships with their adult children, particularly adult daughters, while in prison: “[My daughter] said to me the other night that she sees more of the mother in me whilst I’m in prison... I am not rushing in one door and going out the other... I am more settled. She can talk to me more now” ... (Claire). ‘Alison’, explained her daughter was in the same prison as her for a few years (on separate charges) and that they were both drug addicts. ‘Alison’ described how she got close to her daughter in prison and explained what that experience was like:

*“It was good that I was able to get close to her in here...without all the drugs...but yet there was drugs in here as well, and it was bad that the two of us was in jail. Yea, it was just mad. Like the only time I ever had a f\*\*king row in here would have been about her... I wouldn’t let anybody say anything to her or do anything on her; obviously - she’s me child!”*  
... (Alison)

### **1.33.5 Sustaining Motherhood through Telephone Calls and Letters**

Mothers talked about how and why they used telephone calls and letters as ways of sustaining contact, or reconnecting, with their children. These findings are discussed here.

Mothers spoke about the importance of prison telephone calls as a way of maintaining contact with their children and to manage mothering while incarcerated. Certainly, mothers who mentioned that they preferred not to receive prison visits stating that they sustained contact with their children regularly on the telephone instead. Participants said they used telephone calls as a method to sustain relationships with their children while in prison. ‘Laura’s’ youngest child was 18 months at the time of interviewing and she explained: “He would have a full-blown conversation with me on the phone - loves to hear my voice on it” (Laura). Most mothers explained however, that sustaining relationships over the telephone was extremely difficult, particularly where there were more than one child and mothers

also had to talk to child caregivers<sup>82</sup>, as ‘Hannah’ aptly asserts; *“It’s hard to even talk to three kids and then your mam on one six-minute phone call...”*. The six-minute duration for telephone calls emerged as an issue for most, as mothers found the timing difficult to manage:

*“Trying to have enough time in six minutes to talk to [my husband] and talk to the children was the hardest... a killer. That’s all you had contact with your children... and even though I know after six minutes it’s going to cut out, I still always seem to end up getting caught out and you’re in the middle of something and its gone” ... (Ellen)*

A majority of mothers regarded certain prison officers as strict in relation to policy<sup>83</sup> around telephone calls, and provided examples, like ‘Kate’ below, of being denied extra telephone calls on special occasions;

*“Christmas morning... an ACO [Assistant Chief Officer] was on... I told [my daughter] ... ‘I’ll phone you back at one... when you’re sitting down having your dinner’... I wasn’t allowed another phone call. My daughter was waiting from one o’clock till seven o’clock that night at home - waiting by the phone on Christmas Day for her Mammy to phone her. And the management in here prevented that happening on Christmas Day” ... (Kate)*

There were also examples where phoning children was not an option due to obstacles in the community. For example, some mothers explained that they had no direct line to talk to their children or their foster carers. The effects of this were evident; *“It’s hard enough doing prison - and not getting to hear your own child’s voice it makes it a hundred times harder. It’s just like living in hell twenty-four-seven it is”* (Áine). Some mothers outlined family breakdown and strained relationships, which ultimately prevented telephone contact between mothers and their children, such as ‘Michelle’, who was not on good terms the father of her children, and explained their father is ...

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<sup>82</sup> All telephone calls in all Irish prisons are six minutes in duration, after which point the phone line is cuts off.

<sup>83</sup> According to *Prison Rules* (2007), each prisoner in Ireland is permitted one telephone call per week. However, in practice prisoners are permitted one per day (or seven in a week). Those prisoners who demonstrate compliant behaviour and are rewarded by being placed on the ‘enhanced’ within the incentivised regime’ can make two telephone calls per day (or 14 in a week). Prisoners can use their telephone calls ‘back to back’ in the same day.



... “after getting a new number so I haven’t had contact with my kids... I didn’t get to wish [my daughter] a happy birthday... he wouldn’t turn on his phone... he’s being cruel to the kids, whatever about me... he’s always punishing me. But it’s them, he’s actually punishing the kids because they are saying ‘where’s mammy?’ ... I’m cracking up... from not talking to them, just to hear their voices” ... (Michelle)

However, some mothers who were separated from children prior to committal explained that they often initiated contact with their estranged children through letter writing while in prison, for some this progressed into other methods of contact, such as telephone calls and visits. Many mothers like ‘Nicola’ below expressed the joy they felt in receiving letters from their children, and most felt hopeful about impending re-connections;

“She wrote me a letter and all saying I’m so special and would I put her on the [phone] card and all this, so I did like and she’s coming to see me... she was saying in the letter, oh I’m sad to hear you’re back in Mountjoy<sup>84</sup> but I know you’re safe... But I can’t wait till she comes up to see me now, it will be great” ... (Nicole)

There were examples however, where the mother’s invitation to her children to write letters was not always successful in increasing mother-child contact during imprisonment. ‘Michelle’, for example asked her teenage son to write to her while she was “at school”<sup>85</sup> to which he responded, “go away Ma, it’s not the 19<sup>th</sup> century”. Equally, ‘Mary’ explained that she had letter correspondence with her daughter she was “was afraid to write [to her son] because knowing he won’t write back”.

### **1.33.6 Section Summary**

Section two of this chapter has focused on mother-child separation and reunification processes which emerged during the mother’s current custodial sentence. The following and final section of this chapter will now present future mother-child separation and reunification processes envisioned by mothers as they leave prison.

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<sup>84</sup> Mountjoy: Prior to the opening of the Dóchas Centre in 1999 women were accommodated in Mountjoy male prison which is located beside the Dóchas Centre. Some people still refer to Mountjoy in regards to the female prison.

<sup>85</sup> ‘At school’: This mother told her children she was at school rather than in prison.

## 1.34 Section Three: Reunification and Separation Post Incarceration

### 1.34.1 Introduction

This section presents post-release separation and reunification processes. Many mothers spoke about looking forward to being released so they could make up for all the lost time between them and their children while they were incarcerated. Several mothers, particularly those mothers who were providing primary caring roles for their children prior to their imprisonment, spoke about looking forward to doing “routine” mothering duties like “making the breakfast”, “taking their child to football”, and simple things like “brushing their daughter’s hair at night”. Some mothers like ‘Lauren’ and ‘Rebecca’ recited a list of activities they intended on doing with their children once released.

*“I’ve a whole list... taking her down to the park, baking with her because I like my cooking... little nights in then, like with your DVDs... I’d like to get her into swimming as well because I love swimming myself... A treat... McDonalds or pizza or something like once a month... I’ve loads of things written down, paintings, arts and crafts... Yeah, when I get her back... even if I didn’t have the money, that I’ve a list of things to do without it” ... (Lauren)*

Many mothers spoke about attempting to regain special moments and events missed in their children’s lives. For example, ‘Fiona’ said her son had graduated from college the week before the interview but he decided against a family photo on the day as she wouldn’t be in it. While ‘Fiona’ didn’t ask him to do this, she said she appreciated the gesture. Additionally, they planned that when she is home they would celebrate the occasion again, including getting dressed up in nice clothes, going for dinner and then taking the family photo to formally mark the occasion together as a family. ‘Clare’, on the other hand (who detailed an abusive and controlling mother), said she was waiting for mother to die so she could have a relationship with her adult daughter whom her mother reared from birth; *“I always say, one day we will be able to have a proper relationship. When she is gone. It’s a horrible thing but it’s the truth” ... (Clare).*

Many mothers said that while they did hope to get their children back, they believed it would be difficult, particularly with children who were in foster care. Some mothers explained that they had spent a significant length of time separated from

their children, both prior to and during incarceration, and worried their children would “*hate*” them for removing them from foster families. For instance, ‘Lauren’ explained that her only child was in a foster family which had other children and she would feel “*guilty*” for taking her away from that because she’d “*have no siblings or anything for her to play with*”, it would be just be the two of them.

Many mothers did not believe their children would be returned to their care when they are released from prison.

*“I don’t know if my relationship will ever be the same with [son] ... he was all for his Ma, but since I got this charge he lives with his Da and his Da kind of buys... he is 14/15... he is going to stay there for the money...I want him to move back with me where he always was... but I don’t think he’ll come back... he has it too handy in his Da’s” ... (Grace)*

Other mothers specifically blamed child protection and welfare social work services in creating barriers for reunification. “*The longer I am in here, the longer [son] is away from the me, the harder it is going to be to get him back. I am dealing with the Health Board<sup>86</sup> since I was four years old - I know them inside and out!*” ... (Laura).

Olivia explains how her prison sentence is only the beginning and presents as one obstacle among many in regaining custody of her child:

*“They are saying... I will be in here for two years... it will take another two years altogether to get her back... that’s a bit sick like isn’t it? I says to the social workers, ‘I am never going to go to college like, have a big house... that’s what ye’re expecting from me’. ‘Well you can do some course’ they says, ‘I won’t be doing a course’ I said, I would rather stay at home and look after the child, if I win back my child... Let the man do it do... that’s just the way I am... but they are looking for too much” ... (Olivia)*

However, not all mothers wished to remove their children from foster families, describing the ways in which their relationships had changed over time. Several mothers who have had limited or no access with their children for any extended length of time, years in some cases, believed they would not be able to reconnect with their children. Some mothers stated that their primary concern, rather than getting their children back, was that their children did not grow up to hate them. Many mothers spoke highly of fosters families and believed they could not provide their children with the same quality of life; i.e. the stability, multiple annual

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<sup>86</sup> Health Board: now operating under Tulsa, Child and Family Agency.

holidays, the high standard of education, extracurricular activities (i.e. music lessons and sustain expensive sport related interests and activities). Many mothers stated they did not want to “uproot” children from familiar surroundings but as ‘Roisin’ asserted, they wished “to have a good bond with them, a relationship and access” at best. However, most mothers in this situation did express a clear a desire to be recognised as their children’s birth mother, as ‘Sophie’ asserts: “They are starting to call me [Sophie] now, like when they are a little bit older I will let them know, look I am your mother, you were in my belly, I gave birth to you’s ya know” (Sophie).

#### 1.34.2 Section Summary

The final section of the chapter has focused on post release mother-child separation and reunification processes

### 1.35 Chapter Summary

Findings also show experiences of mother-child separation is oftentimes complicated; many mothers experienced multiple forms voluntary and involuntary separation from each of their children. Primary reasons for separation were not solely focused on imprisonment and were often interlinked with the challenges of performing motherhood with additional stressors. Overall, separation was not described as a static or one-off experience and many mothers mentioned periods of time when they were back in their children’s lives or living arrangements which meant they could be involved with, or at least near their children while othermothers performed daily mothering routines and duties. Therefore, each of the mothers children often had a different experience of being mothered depending on the challenges their mother was faced with at any given moment in time, which can and does change over time.

Most mothers had some level of contact with often all of their children. However, findings were strong in that the very nature of being incarcerated did serve to reduce contact between most mothers and their children. Prison visits and telephone calls were used to sustain contact but were not always possible or ideal. However, letter writing was often used a basic form of (re)connection with children. Those fortunate enough to secure ‘access out’ often substituted this for prison based visits. Certainly,

how separation affected mothers and their children depended on the contexts of their relationships. For example, mothers who were primary carers to their children prior to their imprisonment experienced sadness in not being able to perform 'routine' mothering, but routine mothering was not the case for all. Other mothers discussed how they used time in prison to (re)established more meaningful relationships with their children.

Almost all mothers expected to have some level of contact and with their children once they are released and they often articulated plans to reunite with children and to make up for lost time. Relationships were however impacted the separation and the mother's imprisonment, and while reunification was often desired, it was not always viewed as possible. Many mothers said they believed they would struggle to re-gain custody of their children post release; particularly those in non-relative foster care. Some children were in stable settings, so mothers didn't always want to disrupt that but to be acknowledged as their birth mother at least.

This third findings chapter has presented findings regarding processes of mother-child separation and reunification processes which emerged from face-to-face interviews. The following findings chapter, Chapter Eight, presents findings (which also emerged from face-to-face interviews) on the various form of formal and informal support most often received, by at times also provided by the imprisoned mothers in this study.

## Chapter Eight: Support

### 1.36 Introduction

This chapter presents findings from the narrative interviews where mothers in the study discussed their overall experiences of ‘support’. All mothers discussed various forms of supports throughout their life-course; from their childhood into adulthood and motherhood; prior to entering prison, during their custodial sentence, and most envisioned some level of support when they leave prison. Supports discussed by the mothers were varied and included both informal and formal supports. Informal supports were described through experiences of being in and belonging to a family - or not as the case was for some. Formal supports were discussed through experiences of formal education, housing and individual professionals both in the community and in the prison, who supported them – or where their specific lack of support hindered them through challenging times in childhood, adulthood and/or motherhood. Moreover, informal and formal supports were often intertwined as some mother’s experiences of family were provided by foster carers, and some formalised foster carers were family members. Likewise, experiences of prison and how mothers envisioned life after prison often depended on how mothers could engage with the various supports available to them.

### Chapter Content

This chapter has three primary sections which best represents the content of the stories told by the mothers who were involved in second phase of the study:

**Section One:** Support Prior to Incarceration. Five Subthemes are presented:

- Childhood and Family
- Othermothers and Motherwork
- Formal and Informal Family Carers
- Past Experiences with Formal Supports
- Homelessness and Education

**Section Two:** Support During Incarceration. Five Subthemes are presented:

- Fathers and Family Support
- Child Care, Contact and Babies in Prison
- Managing Child Visits
- Supportive Family Contact
- Positive Professional Support

**Section Three:** Support Post Incarceration

## **1.37 Section One: Supports Prior to Incarceration**

### **1.37.1 Introduction**

This primary section of the chapter presents past experiences of formal and informal supports prior to entering prison. Mothers described their historical experiences of family and family support in childhood, adulthood and motherhood which either assisted or hindered them in various ways. For instance, many mothers recalled a happy childhood in a loving and loyal family, with a mother figure mostly, but also a father, who was supportive and ever present. Nevertheless, many mothers equally described complex childhoods in dysfunctional families, often charred by instability. The mother's stories presented a picture of entanglement whereby family is experienced and remembered through both a natural family lens, while also entrenched in formal supports. Some supports became involved early on in motherhood, while others became involved at more advanced stages of motherhood and addiction. Some experiences of support were positive, however, detrimental past experiences with formal supports were often focused on engagement with child protection and welfare social work services. Similarly, while mothers often mentioned attempts to engage with education and housing, educational attainment was generally low and there were extensive examples of homelessness. These past experiences were frequently described as impacting on experiences of motherhood and mothering.

### **1.37.2 Childhood and Family**

Mothers spoke about either having a supportive family or a disrupted childhood. These findings are presented here.

Several mothers described their childhood as “*happy*” and “*loving*”. Mothers recalled fond childhood memories such as cycling bikes, playing in local fields and family holidays. Mothers frequently described their impoverished childhoods, many offset this with the love and nurturing they received from their parents.

*“We grew up with nothing... I remember getting books from St Vincent de Paul with other people's names scribbled off them for Christmas presents, ya know, and of course I would look at people with their shiny BMX's and I'd want that, but the love me mam and dad showed us, ya know, and I really appreciate it now when I look back” ... (Sophie)*

Likewise, some mothers who were substance dependent, stated that they experienced a good upbringing in a loving family, which had no bearing on their choices to consume drugs:

*“They’re lovely people but unfortunately we got involved with drugs which was very sad because my mother and father brought us up very well... gave us everything, everything we could possibly want... I ended up the way I did because of me... not because I didn’t have a good upbringing you know” ... (Nicole)*

Many mothers spoke about the support they, and others, received from their families during their childhood and adulthood, particularly from their own mothers. Like ‘Grace’ for instance who stated (and was quite a typical statement): *“No matter what they’re always there for you - like mine was! No matter what I done wrong my Ma was always there for me - I’ll never take that from her” ... (Grace)*. Some mothers described large families where their mothers cared for and accommodated additional extended family members as exemplified here by ‘Sarah’;

*“If anything happens they all run to me Ma and she just solves everything ... id be lost without her. You see I had five brothers and five sisters and my Ma she’s very laid back. She reared her sister’s kids and her brother’s kids that were on drugs” ... (Sarah)*.

However, there were several examples, like ‘Kate’s’ description below, of violent and dysfunctional families which often also lacked in love and affection: *“I grew up in a violent, very violent background. That was my way of communicating...I could never understand people hugging or telling each other they loved them...that was never, never in my family”*.

Some mothers mentioned they were in foster care when they were children. The various forms of foster care described were non-relative foster families, family fostering and residential care homes; there were a few examples where participants mentioned experiencing all three of these types of formal fostering and child care arrangements. Some mothers spoke about the reasons they were placed into foster care. Factors were often interlinked and included their mother’s or parent’s alcoholism, family mental health issues and as ‘Laura’ and ‘Mary’ and put it, the *“hard life”* their mothers had which meant they were unable to care for them. Some mothers didn’t discuss any specific reason for being in foster care, only as ‘Michelle’ puts it, *“I grew up without a mother”*. However, nearly all participants who



discussed being in foster care mentioned some level of current contact with their birth mothers and described the context of these relationships like; “*She was never our mother like, but I do love her*” (Mary).

Most mothers described an unstable childhood while in foster care, like ‘Tara’ for example, who stated; “*I’ve been in 23 different foster homes from when I was three weeks ‘til I was 12*” or ‘Michelle’ who explained: “*I was fostered from the age two to the age of sixteen, so I was kind of here, there and everywhere - I was never like settled*”. There were however, some examples of periods of stability. ‘Michelle’ went on to explain that the final few years she was in foster care was with the same foster mother. ‘Michelle’ remained there until she became pregnant at 16 years of age, at which point she transitioned into independent living and motherhood.

Some mothers, who were cared for by extended family members, commonly believed their relatives provided care in exchange for personal financial gain rather than for familial obligation to care and support them. ‘Tara’ described a difficult and abusive time in the care of her aunt and uncles family and explained; “*I kept running away... but [my aunt and uncle] are mad for money... they kept following me... for the money like! Kept bringing me back, giving me hiding*”<sup>87</sup>. ‘Ellen’ spoke about her experience of being reared by her aunt and uncle following the death of both her parents.

*“My father died when I was three and my mother died when I was fifteen, so I went to live with an aunt and uncle... They wanted the money from my claim, but I couldn’t get it until I was 18 so they looked after me; they became very controlling... cut me off from all my friends and family” ... (Ellen)*

### **1.37.3 Othermothers and Motherwork**

Participants discussed how they, and family members, performed and experienced othermothering and motherwork for children not born to them. These findings are presented here.

Participants mentioned a variety of othermothers, particularly aunts and grandmothers, who either supported or supplanted their birth mother in caring for

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<sup>87</sup> ‘Tara’ is referring to the foster care payment all foster carers in Ireland receive

them when they were children. Indeed, some participants spoke about their fathers performing most of the motherwork. For instance, 'Alison' recalled how her mother worked a lot and her father was "*around all the time*"; he did all the cooking, cleaning and the 'school runs' which she experienced as "*normal*". Many experiences of being fathered were described in a supportive and positive way. 'Rebecca' who was brought up by both her parents, stated: "*through everything I've been through my father has been my rock. And I don't really have a relationship with my mother*". However, most participants who described 'absent' birth mothers (in the broadest sense) did identify othermothers and family members who took on that mothering role and often remained supportive to them into adulthood. For instance, 'Kelly', who was in her early twenties at the time of interviewing, explained that she was recently taken in by her grandmother (again) after she was told to leave the family home for drinking alcohol while minding her son.

There were also examples where participants provided mothering roles for siblings and younger extended family members. Some participants said they provided motherwork for siblings from a young age. For instance, 'Jade', who was in her late 20's at the time of interviewing, explained that as a child she would organise herself and her younger siblings for school (which included making their breakfast) and after school she had "*all the chores to do*". 'Jade' said that when she left school at 13 years of age she had to do "*everything*" around the house. 'Lauren', expressed a level of resentment towards her parents for her assumed mothering role:

*"[My Parents] were nasty... getting me to do all the jobs, babysitting, cooking after school - while my older brother was left to do his homework.... growing up the amount of ironing and everything I had to do; look after [my youngest sister] straight away when she was born" ...*  
(Lauren)

Reasons provided for taking on this type of motherwork were often interlinked, and included factors such as parental alcoholism and mental ill-health, physical and emotional child abuse, or that the child's parents not always being available; some participants described parents that worked a lot for example. In 'Rebecca' case, she explained that, at 20 years of age, she took on the mothering role for her younger sibling who was conceived through an unwanted pregnancy. 'Rebecca' said she "*begged*" her mother (who often suffered with severe depressive episodes) to keep

the baby, that she would care for it. ‘Rebecca’ described the distinct bond between her and her sister, a bond which she felt she didn’t have with her own child:

*“Me and my sister are very, very close. She loves the bones of me and I put that down to rearing her for the first two years, that bond, you can’t break a bond like that... I didn’t have that bond with [my daughter] ... because the drugs were in the way and I’ll always regret that” ...*  
(Rebecca)

While most of these supportive family arrangements were managed informally, a couple of mothers did describe how they were formally supported by social services to provide family fostering for younger family members, like ‘Tara’ explains;

*“I was in town and I bumped into my niece - remember I was telling you my sister died... [my niece] was drunk and she is only fifteen. So, I goes ‘I have to bring her home’... if I don’t my sister would be thinking why...looking down on me like, I am very spiritual... I begged her to come home with me and I took her in. I fought for her with social workers and everything, done what I could and got her into my custody” ...*  
(Tara)

#### **1.37.4 Formal and Informal Family Carers**

Mothers discussed how fathers and other family members had been caring for their children for many years prior to them entering prison, some of whom provided formalised family fostering for their children. These findings are presented here.

Many mothers mentioned their child’s father as a primary carer and supportive adult for their children. In many instances, children were living with their fathers, or fathers were at least very involved, in their children’s lives long before the mother had entered prison. Some fathers lived in the same house as their own mothers (the child’s paternal grandmother), who was often the child’s formalised foster carer. Other mothers mentioned fathers who had various levels of supervised and unsupervised access, fathers who had full parental responsibility at weekends; indeed, some fathers were noted as having more contact with their child than the mothers themselves:

*“We’re not together but he takes the child the whole time - on the weekends as well... he’s grand with him; don’t really drink or nothing... he’s good to him. He’d take him more than me now if I was outside. I’d take the child but come Wednesday when I’d get paid I’d be off taking drugs” ...*  
(Kelly)

Many mothers discussed how family members, particularly the child's grandmothers, had been caring for their children for many years. Some of these arrangements were informal and most mothers expressed contentment that their children were cared for within their own families, as 'Sarah' aptly asserts: *'my poor kids would probably be in care if [my parents] hadn't got them'*. 'Zophia' explained what this informal family arrangement meant for her, as her child remained in her home country with her mother; *"He's safe... I trust my mam 100%... I am happy he's not with social worker or somebody like that... my family will say to him about me... they will repeat to him that I love him... he will never forget me. I'm so happy!"*.

Several mothers explained that they were young or living with their parents when they had their first child and recalled how their parents supported them in the early days of motherhood. As Sophie describes: *"I lived with my mam and dad for a few years... And we had nothing back then – [my baby] slept in a draw and everything like - until we got a cot ya know [laughs]. Ah but mi mam and da were a great support"*. Mothers often described a transition of child care to their own mothers as something that occurred naturally over time and often resulted from their problematic and escalating addiction issues, as 'Sarah' explained here; *"I was still on drugs... my Ma sort of took over - she reared [my first child] and then I had [my second child] when I was nineteen, and my Ma reared her"*. Additionally, many participants spoke about their sisters and mothers, who were not necessarily providing primary caring roles for their children, still being very involved in the children's lives. Like 'Kelly' for example, who explained that while her mother was her son's formal guardian, her son had *"more of a bond with [her] sister"*.

Access and contact with children was described as a few hours, to overnight or weekends. For instance, 'Eva' explained that her teenage daughter was in foster care but it had been arranged for several years that she would spend every second weekend at her grandmother's (Eva's Mother's) house, where her elder sister also lived. Other levels of less formalised support were mentioned and included aunts and grandmothers who would provide the child with a dinner after school, or where child(ren) would spend time, evenings or weekends at their grandmothers and aunts' houses, as and when they required and desired.

Ten mothers (31 percent) mentioned at least one child, but often more, who were cared for via formalised family fostering arrangements. Formalised family fostering was often performed by the participant's mother, parents or sister, but as already mentioned, paternal grandmothers also performed family fostering for some of the children involved in the study. Many mothers mentioned how they voluntarily transferred parental guardianship over to their mothers (or parents) through a court order: *"He's living with my mother since he was six weeks old... I'd to go to court... and [the Judge] asked me and the child's father did we want to hand him over to my mother, and I said yeah... he said yeah"* (Kelly). Some mothers mentioned grandparents as joint carers for their children, again, these were often described as long-term arrangements initiated before the mother began her current sentence.

While grandfathers were not mentioned as providing primary caring roles for their grandchild on their own, some mothers did describe grandfathers as having an involved role in their children's lives, mostly by maintaining contact and supporting the child's primary carer. Often, in cases where mothers had multiple children, grandmothers (and grandparents) did not always perform a primary caring role for all their children. As 'Eva' explains, her mother *"already had one and she wasn't able to take the rest of them"*.

Several mothers who had some children in family fostering compared this to their experiences of non-relative fostering and explained that they felt a *"stronger bond"* ('Saoirse') or *"more emotionally attached"* ('Roisin') to the children who are cared for within their own families. Mothers explained they believed that their names would be mentioned more frequently in the family home, and they knew there was more family photos around the house, and thus, children who were supported to stay within their own families would be *"more aware of the family situation"* (Roisin).

Certainly, some mothers struggled with the way their children were reared and cared for outside their families; mothers often felt this caused a distance between them and their children. As articulated here by 'Olivia':

*“[Her Foster parents] don’t even dress her right, they dress her like a hillbilly, like one out of the circus. She’s in sports that I would never put her in to; hurling. She talks weird... she is too open to people now... I don’t like that. Different rearing. I can’t rear my child the way I want to. And they cut away all her hair... a load of ringlets... they said they got too annoying. She don’t know me at all like. If I was to walk down the street she would walk straight past me. And I was close to her like”*  
... (Olivia)

However, this experience of disrupted bonds also occurred between mothers and children in different foster placements. For example, ‘Mary’ spoke about the contrasting maternal bond she has between her two children cared for in separate foster placements.

*“I don’t like [my sons] foster parents... Like one time...I was trying to get him to colour and sit down...he said “no, why should I? You’re not my mother, my mother cooks and cleans me up you’re only a skinny junkie” and he was only eight... So they’re talking about me obviously... He was using... his foster parent’s [sur]name... it was a bit head-wrecking. But [my daughter] is different, her foster parents are lovely. They keep pictures of me around the house so she doesn’t forget me and knows who I am...They’re different, you know what I mean? ... (Mary)*

Mothers frequently talked about feeling “*pushed away*” (Eva) or disconnected from their children at times. ‘Saoirse’; for example, said she felt “*more like a big sister*” to her children, than their mother. Mothers often illustrated their lack of maternal involvement through examples of how their children were disciplined and the little impact their opinion would have on resolving an issue, or in some cases where their authority was overruled, ‘Hannah’ provides just one example of this;

*“[My Son] gave my other son a dig in the head... I let a roar... ‘don’t be doing that to him’, and ‘I’m taking your tablet<sup>88</sup> off you for hitting him like that’ - and my Ma said, ‘ah leave him alone you’ - and - ‘I’m the one that has to chastise him because I’m the one that’s putting up with them, and blah, blah, blah’. I felt like I didn’t own the kids anymore .... like I can’t even give out to my own kids” ... (Hannah)*

Some mothers spoke about feelings, such as being “*hurt*” (‘Sophia’) for being excluded in disciplinary and decisions making processes. Most mothers asserted however, that they did not dispute their child’s carers had a right to discipline them in their absence. Moreover, while relationships between mothers, children and their caregivers were often described as complex, most mothers were generally satisfied

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<sup>88</sup> ‘Tablet’: a colloquial term used to describe a child’s toy computer.

with the support they and their children were receiving from fathers, foster families and othermothers.

### **1.37.5 Past Experiences with Formal Supports**

Mothers discussed historical experiences and challenges with formal supports and Child Protection and Welfare Services - both in childhood and in motherhood. These findings are presented here.

Several mothers spoke about past interactions with individual professionals or agencies which had a positive impact on them and their lives. For several mothers, engagement with formal supports began in young motherhood. Indeed, some participants explained that they first became mothers when they were teenagers and in foster care. For instance, 'Mary' explained that she met her ex-partner and the father of her second child when she pregnant with her first child. At the time, both 'Mary' and her ex-partner were in a State care. *"I met [my ex-partner] when I was about three weeks pregnant with [my son], but he is [my daughter's] father. I was in a secure unit for troubled teenagers and he was in a secure unit for male troubled teenagers and we met at an art exhibition"* 'Mary' went on to explain that she spent her first three months of motherhood in *"a mother and baby unit... for young mothers"* and commented how she *"liked"* the support she and her baby received while they were there.

Many mothers mentioned availing of a variety of residential settings such as women's refuge centres for domestic violence and residential addiction centres, which supported them, and their children, prior to their committal into prison. Overall, residential rehabilitative addiction centres, where mothering was supported alongside their treatment, was generally described in the most positive way.

*"I've been in treatment before for alcohol, and [my children] were allowed to stay with me... at the weekends... You have the counsellors, they're there 24/7.... it was fantastic - it's about how you feel... [my son] was nine and [my daughter] was fifteen - It was good to have the kids there!" ... (Megan)*

Mothers provided examples of a variety of professionals who had a positive impact on them, some of which was coincidental. 'Claire' for example, explained that she met a psychiatric nurse at "*the mothers one o'clock club*" who helped her confront the trauma of being raped at 13 years of age. 'Claire' explained: "*I believed for 14 years [being raped] was my fault until I met that psychiatric nurse*". 'Nicole' spoke about the positive impact her "*amazing*" doctor had on her and her problematic drug use injecting crack cocaine; "*he said to me I will save your leg if you don't use again... I could be in a wheelchair... that's why I'll never [inject] again, no way*" (Nicola). 'Tara' spoke about a key worker she had who supported her through a previous court case. At the time of sentencing 'Tara' was seven months pregnant, she was convicted and given a custodial sentence, but recalled how her key worker "*spoke up for [her]*" and "*gave [her] the best letters*" at the appeal Court hearing, which 'Tara' believed helped reduce the custodial sentence to a fine - and meant her baby was not born in prison.

However, several mothers provided examples of engaging with child protection and welfare services in the past which were not positive experiences. For example, some mothers recalled how, as children, they approached social services and requested to be moved foster homes but that their wishes were not responded to appropriately. Like 'Tara' for example, who described how she was frequently physically abused by her aunt and uncle who were fostering her. 'Tara' explained: "*I went into the social worker's offices...told them what's been happening... the social workers sent me home with them, even though I was covered in bruises from top to bottom*". 'Michelle' also said she "*begged*" social workers to move her and her sister from a non-relative foster family because of sexual and physical abuse. But 'Michelle' recalled how only her sister was moved and "*things got worse*" for her thereafter.

There were also examples where mothers said they felt services were not supported in adulthood or motherhood. 'Roisin' for example, explained that even though she felt she had made significant life changes, her baby was still placed into foster care because there were no formal supports available at the time. 'Roisin' recalled the events at the time:



*“I said I’ll do now what f\*\*kin any mother would do. So, I just broke away from anyone I had any connection with, with drug dealing... had to go stay in a hostel... I detoxed off methadone before I got into the third trimester of the pregnancy; like I done this plan with the doctor and all. I done everything, hospital appointments, everything. And there was a case conference in September and after me doing everything right that whole year the social worker said oh there’s no bed in the mother and baby unit for you, so your child is going into care... I took that very bad”*  
... (Roisin)

‘Roisin’ went on to describe a report that was written at the time, which she recalled as lacking in professional empathy towards how she coped with being denied motherhood:

*“I just detached from the child. I had to like. And would you believe on my report, do you know what it said, [‘Roisin’] visited [her baby] twice only in hospital. What the f\*\*k did they want me to do? They’re taking the child and putting him into care, do you know what I mean, to live with strangers but yet they wanted me to stay at the hospital and bond with him. What the f\*\*k? That is actually emotionally f\*\*ked up!”* ... (Roisin)

Several mothers described instances where they felt misunderstood or mistreated by child protection and welfare social workers. For example, some mothers said they had been honest with professionals regarding the challenges they were facing or mistakes they had made, and stated they later regretted it because they felt it was used against them in the removal of their children. Or, in prolonging the return of their children from foster care. Some respondents described feeling victimised by this experience:

*“It was very much a miscarriage of justice.... I had told [the social worker] that I had a past of using - they used it against me... I was clean when they took them kids and they had no reason to take [my baby]. I wasn’t doing anything, I was completely well, I had my own place - there was no reason!”* ... (Eva)

*“I knew how to work around them urines...I said it a couple of times... Like, ‘I’m telling ye I want my children back, and I’m telling you exactly what I did when I had them’...they’re not giving me any credit for being honest... I just come out the worst of it...I don’t know what to do!”* ... (Saoirse)

Likewise, many mothers said they reached out to social services in challenging times to seek support in motherhood, yet later regretted it. Several mothers also expressed a lack of trust with such professionals, particularly child protection and welfare social workers, as ‘Lauren’ clearly articulates here;

*“I ended up phoning the social; biggest mistake of my life! I just told them the problems. I says, me and [my partner] are arguing, he’s in treatment, I’m pregnant, I’ve been drinking up until now and I just want it all to stop. And of course, it didn’t stop...they’ve been on my back ever since ... they’ll do anything to keep her now - they’re very sneaky, sly” ... (Lauren)*

Some mothers provided examples where they perceived child protection and welfare social workers had coerced them into signing their children into state care:

*“One day my key worker went away, but he told me... don’t ever sign nothing. I couldn’t get in contact with him... social workers called me up to the office, said to me ‘sign this’ ... I didn’t read the thing and I signed it and it was voluntary care” ... (Tara)*

*“The social worker came in to the hospital and she said ‘well you know if you don’t sign this form you know we’ll have to bring the police in and you don’t really want that for the baby and all’. And obviously, I was only two days after having [my daughter], my head was all over the place and I signed this [adoption] form” ... (Eva).*

### **1.37.6 Homelessness and Education**

Several mothers in the study discussed their experiences of housing, homelessness and education.

Mothers spoke about how they negotiated their way through homelessness – alongside, or in contra to, their family and others support services. Experiences of homelessness stretched over many years and some experiences of homelessness were with their children, others were not, many mothers experienced both. Types of homeless housing accommodation mentioned by the mothers included homeless shelters, hostels and ‘bed and breakfast’ type accommodation. Most mothers who found themselves housed in these types of accommodation, still viewed themselves as being ‘homeless’ as ‘Sophie’ describes here; *“I was homeless on the [name] Road, in kind of a B&B”* (Sophie). Other mothers however, described a more stable and positive experience of being supported in homeless accommodation, particularly where other issues, such as unemployment and childcare were also being managed.

*“I had [my baby] ... and was doing great. Got a little job in Lifestyle Sports...and I used to love it... just getting up and going working - I used to think it was great... I just felt normal... [my ex-partner] used to mind [our baby]. At the time, we were in [Residential Support for Homeless Families] and they got us like... a little apartment B&B... we were in there for a good while” ... (Tara)*

Some mothers described a historical cycle of institutionalisation, and a dependency on homeless accommodation for support and protection:

*“when I lost my house and my kids I obviously had nowhere to go, so I went to the hostel and I just started getting too comfortable and too use to it... it reminded me of the units I was in when I was younger... I know that’s f\*\*ked up but I loved it and there’s always people around and there’s staff members, even at night if you get lonely, there’s someone up and they’re awake... They’d say to me ‘do you want your own place?’ and all, but I was half afraid at the time because I was doing a lot of crazy sh\*t” ... (Mary)*

Many mothers also mentioned experiences of sleeping on the streets and in derelict buildings. A few of mothers stated that their families knew that they were homeless. ‘Ellen’ explained how she became homeless when her aunt and uncle sold her parent’s home while she was living there. ‘Ellen’ recalled the impact this had on her:

*“I met [my husband] when I was 17, at 18 we moved into the family home together... I had [my son] when I was 19 and at 21 my uncle decided he was selling the house because there was no will made, and we were out on the streets then... that was devastating because it was the family home where I had grown up with my mum and I thought that was where I was going to spend the rest of my life... I had to leave a lot of the belongings behind... [our son] was only a year at the time...neither of us were working” ... (Ellen)*

‘Jade’ explained said that while she was homeless she never slept on the streets. In the beginning, she would phone her parent’s and “beg for money” for a B&B, but eventually she began stealing. ‘Lauren’, recalled how she showed her father where she was squatting but didn’t get reaction she hoped for;

*“[My father] knew I was out on the streets... I showed him the squat I was living in... I said... ‘if you look in there I bet you there’s a candle in a piece of wood and an air freshener’ and that. And in the other couple of squats, right beside it, there’s all needle injections... he looked down and he seen it and nothing from him” ... (Lauren)*

Many mothers mentioned several of their family members who had experienced homelessness and residential support services for the homeless. ‘Mary’ for example, described what it felt at times when her mother had somewhere which resembled ‘home’, even though this form of ‘home’ was also provided by a supportive agency and she was eventually asked to leave by staff:

*“One day I was down there [in supported housing] with my sister... we were happy while we were there with my mother and then [the staff] come along and tell us ‘get out, your barred’ ... It’s nice to know where your mother is; go in somewhere that’s like home - you see all the pictures around... without people telling me to go.... it hurt that night... I started roaring crying saying, ‘I was taking away all my life and now I’m been run again’ ... I just wish she’d have her own place, but I understand that part as well because I’m in a hostel for the last 11 years” ... (Mary)*

Several mothers spoke about their experiences of formal education and made direct links between education, family, motherhood and employment. A few mothers made statements like; *“we would have went to good schools, like me Ma would have sent us to the [A Convent School<sup>89</sup>]... to try and... make us better”* (‘Alison’). However, several mothers mentioned leaving school early and at a young age, and many said that they had not completed their Junior or Leaving Certificates<sup>90</sup>. A number of mothers made direct links between their lack of education, securing employment, providing for children and their experience of motherhood.

*“I left school every early coz my parents didn’t have a lot of money so you have to go to work... I was only 15, I walked straight into a job... Then I had [my daughter] and I left work and was a stay at home parent... I lost all mi confidence ... I wouldn’t even go for a job... sure where will I look, what will I do, sure I have no education, who is going to employ me?” ... (Megan)*

A few mothers provided past examples of engaging in education and training. ‘Ellen’ for example, explained that when her eldest child started primary school she went back to school to complete her Leaving Certificate. After this she did a book keeping and computer course. ‘Ellen’ explained that she had one pre-school child at the time and the training centre provided childcare. This all led onto fulltime employment. However, ‘Ellen’ explained that this was her first time working outside the home and on a few occasions, she talked about how *“guilty”* she felt for *“leaving”* her children to go to work. Some mothers spoke about completing education and training courses during previous prison committals and that this had helped them stay off drugs and away from offending for some time, as Nicole asserts; *“I got certificates for all the classes... in a sentence I done for four and a half years... I got out in ’04... and I stayed clean... then I was back in in ’15 - wasn’t too bad was it?”*

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<sup>89</sup> Convent School: A Catholic school, run by nuns.

<sup>90</sup> Junior and Leaving Certificates: The title for the examination awards given in the Irish secondary school system.

### 1.37.7 Section Summary

This section has presented the mothers stories of their histories, past experiences and challenges in engaging with various forms of family and formal supports prior to entering prison. The following section will present findings related to the mother's experiences with support *during* their custodial sentence.

## **1.38 Section Two: Supports During Incarceration**

### 1.38.1 Introduction

The second section of this chapter presents the mothers stories of support (or lack of) during their imprisonment. Findings show that incarcerated mothers are very reliant on an intricate mix of fathers, family, formal carers, welfare agencies and professionals, to care for and support them and their children while they are in prison. However, there was a noted lack of collaboration between the prison and community-based agencies - particularly child protection and welfare social services – in supporting the mothers with childcare issues. Issues such as unwell and aging carers, family fostering, children not being supported to sustain contact with their biological families, and a lack of support in receiving items of sentimental value were all a concerns for the imprisoned mothers. In addition, prison visitation was difficult as these visits were over-characterised by prison and social welfare personnel and child carers; professionals who the mothers felt judged and scrutinised by. Moreover, mothers explained that their ability to prepare for visits was often hindered by a lack of clarity around policy and practice. Mother's perceived this excessive professional presence and the conflicting management and regulations confusing and frustrating, which negatively impacted on their and their children's visiting experience; ultimately some mothers chose not to pursue more visits. Contrary to this however, positive examples of supports while in custody focused around family and community-based visits, supportive prison personnel, babies in prison and support for sick children. Overall, all mothers discussed how, why and when they engaged with various forms of support while incarcerated and the challenges they faced in doing so.

### **1.38.2 Fathers and Family Support**

Mothers discussed the involved and often complex roles fathers and other family members played in supporting them and their children while they were in prison. These findings are presented here.

Many mothers mentioned how childcare and general support was often provided by their child's father. Contrary to the dominant reference to biological fathers, 'Eimear's' situation was slightly different in that her only son, who was 17 years old, remained at home with her partner who was not her son's biological father. Like 'Eimear's' son however, most mothers who lived with and mothered their children prior to their imprisonment described situations where their children remained in the family home while they were in prison. The few mothers who mentioned children who experienced out of home care as direct result of their mother's imprisonment, described homes that their children were familiar with. For example, 'Grace' explained that her 14 year old son went to live his father when she began her current custodial sentence. 'Grace' explained that she was with her son's father for 20 years, that he lived in the same community and described a historically involved fathering with all their children.

This sense of familiarity with alternative homes and carers was also true for 'Laura' baby's, who was the only mother who mentioned a child who was placed into fulltime foster care as a direct response to maternal incarceration. 'Laura' outlined a formal care arrangement (through social services), where her baby would stay with a foster mother every second weekend since its birth to give 'Laura' a rest from lone mothering (Laura talked about how she struggled with mental health issues and she had no family around to support her). Therefore, while 'Laura' explained that her baby was in full-time fostering because of her imprisonment, she also described a care arrangement and carer who her child was already familiar with.

Where fathers were available and caring for their children, mothers often conveyed a level of satisfaction with the support they and their children were receiving from the child's father. A couple of mothers articulated how surprised they felt with how well fathers were coping while they were in prison, like 'Ellen' for example, who stated;

*"I didn't think [my husband] would've coped as good as he is"*. Even in some cases where the mother was no longer in a relationship the father, and relationships were often strained, statements like, *"he's a good dad; he's a great father, no, I won't take that away from him"* ('Kate'; 'Michelle') were quite common.

Mothers also often spoke about how their children's father and their children sporadically, temporarily or continually drew from the support of extended family members, particularly grandparents and aunts, when they were not coping well with practical day to day tasks. For example, Megan's spoke about her 11 year old son who would spend a lot of time in her parent's house because her *"husband's cooking was so bad"*. However, some of the respondent's children's fathers were also in prison. A few mothers spoke about how the children were visiting their father and mother in separate prisons, and how some fathers attempted to provide meaningful parental support from prison:

*"He got life... [our children] visit every week without fail. And its mad what he says goes... You know if they were messing I'd say... 'I'm ringing your Da, f\*\*kin joke is over now'. They say all, 'right Ma, we're sorry'. Mad isn't it... if they were messing he'd say well take the car off them, take this off them, take that off them you know, for a week or two"*  
... (Sarah)

However, not all mothers described fathers who provided supportive roles during imprisonment. 'Hannah' for example, expressed frustration because her teenage daughter was angry with her for being in prison, yet empathic towards her father, who according to 'Hannah' was not always available to support their child while she was incarcerated due to his drug addiction: *"He's strung out"<sup>91</sup> ... I says ... 'you give your dad chance after chance' - 'but he's always there for me because he's never been in prison' .... But sometimes she wouldn't see him for 2, 3 weeks. It's so hard"*

Some mothers stated that while in prison, they reflected on and began to be troubled by the care their children were receiving and questioned if non-relative fostering would be better. This was particularly true for a few mothers who specifically expressed concern for the care their children were receiving from their children's father's family while they were incarcerated:

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<sup>91</sup> 'Strung out': Colloquial term used to describe a person physically weak and/or visibly high from long-term drug addiction

*[their father's] on drugs... [prisoners are] coming in saying "I seen [their dad] out there. He's out of his face and he's hanging in the buggy and all". That's horrible to hear ... and [the social workers are] telling me he's not allowed to have the kids on his own - his mam has the kids!"* ... (Saoirse)

*"It's great I suppose they are with family but... their dad wasn't brought up with love... they don't get hugs - I feel they're not getting that... I want to be able to give them that and I tell them [I love them] all the time when I speak to them on the phone, but it's not the same... and she has an Auntie... she kinda blames [my daughter] for me being who I am... if she was making her dinner and she didn't like a certain sauce, she would cover the whole dinner in the sauce so she couldn't eat any... that's not nice... I'd nearly rather them be with a foster family. I've never thought... of saying that... ya know!?"* ... (Sophie)

Occasions such as birthdays, graduations and communions were commonly mentioned and discussed as challenging for mothers while in custody. Mothers spoke about how they relied on their child's father and their families to make sure such events were a success for their children in their absence:

*"I have five brothers and five sisters, they'd all give a tenner... to my Ma every Friday... I'll look after them when I'm out. Dressing my kids for communions, Christmas and whatever and weddings and everything... Even though they call me all the c\*\*s and whatever they call me, they never let me down. No they are good, I've always said that... they are family, that's what they are for"* ... (Sarah)

Mothers often talked about gifts they made for their children. However, some mothers were unsure if their children had received their gifts, a few mothers indeed mentioned fathers or family members who were unsupportive either in delivering such gifts or making an effort for the child on behalf of the participant:

*I knitted a hair band...put a flower on it - you know little girls love flowers. So, I sent it out to my daughter for her birthday with a birthday card and rosary beads...because up here I'm not getting the dole or anything you know...I don't even know if she got it...She'd love that more because I made it...of all the presents...For my son's birthday, I sent him out a card and rosary beads... I told you the way the post is here<sup>92</sup>. But he was on the phone to me the day of his birthday and he said 'mammy what did you get me for my birthday?' I nearly dropped. His father should have had the common sense... he could have just wrote from mammy and daddy" ... (Michelle)*

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<sup>92</sup> This mother explained that she had sent internal mail (to another prisoner) via the internal system and external mail (to her sister who lives "across the road" from the prison) via the external system several weeks prior to the interview and neither had received them yet, asserting "it's a disaster in this place" (Michelle).



Some mothers also spoke about children who didn't want support or didn't want to ask for support from others. 'Clare' for example, explained that people she associated with prior to her imprisonment, who she seen as "*another family*", tried to support her adult children when she was incarcerated but they were turned away, her children "*wanted nothing to do them*". Mothers spoke about how they worried about how their children (young and adult) were coping on the outside without them. Like 'Ellen' who explained that her teenage daughter didn't attend her school graduation because her father was working and her daughter was too timid to ask for support from extended family; "*I says 'why didn't you ask one of your aunts or uncles they would've went with ya' ... she goes, 'ah no, it's alright, I didn't mind', but I know she did mind*" [starts crying] ... (Ellen)

### **1.38.3 Child Care and Contact**

Mothers discussed their thoughts and experiences of childcare support and support in maintaining contact with their children while they are in prison – this included how babies were supported to remain in prison with their mothers. This finding is presented here.

It wasn't uncommon for participants to discuss how they began to consider and worry about their own mother's health – particularly where their mothers were providing childcare: "*I do be thinking is my Ma going to be dead when I get out... She's very sick... like with me in here if anything happens... who's going to take care of the child then?*" (Anna). Many mothers explained, that while their parents were very supportive they were getting older and were not physically nor mentally able to provide primary care for young, active and developing children. Equally, mothers wanted more access<sup>93</sup> in case their mothers didn't survive because, as Áine stated, she was worried about her "*[daughter] not really getting to know her*" mother.

Mothers were also particularly frustrated with Child Protection and Welfare Social Work services for not better supporting contact and access between siblings. For instance, 'Saoirse', mother of four, talked about how her two eldest children are

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<sup>93</sup> Access: A Care Plan for the child is drawn up which sets out the support to be provided to the child and the foster carers and the arrangements for access to the child in foster care by parents or relatives

“upset” and “confused” about why they do not see their two youngest siblings. ‘Eva’ detailed how her eldest daughter had an ongoing struggle to maintain contact with her younger siblings who were adopted and living in Northern Ireland. ‘Áine’ for example, expressed concern that her daughter had only one hour every fortnight with her siblings and she wanted access increased; “*even two hours – something!*” (Áine). Mothers spoke about continually attempting to (re)negotiate this issue throughout their sentence. In this regard, mothers spoke about the lack of integrated support and coordinated management between the prison and community in assisting them to address such concerns: “*Hardest part is having the children out there and being a mother in here and not getting the help in here that we need...I would love for some type of change...or plan in place to integrate more like*” ... (Kate)

Several mothers in one of the prisons stated that they were supported by a social worker from a Bedford Row Family Support Service, particularly in assisting with visits and general issues with children in foster care. However, this view wasn’t universal. One mother, ‘Olivia’ asserted ‘*there’s no help for women in prison with children, if they’re in foster care*’. ‘Olivia’ explained how she sought support to see her daughter, even though three months prior to the interview a family court judge had ordered external visits:

*“I am here over nine months and I only got one visit with my child... the more you ask them, the more they say yeah yeah yeah we’ll get back to ya...it’s like your thrown to one side... it’s not their lives ya know what I mean? ... I’m on probation and she’s meant to help me... it’s terrible... and the judge... he ordered the visits three months ago... and I still haven’t got it”* ... (Olivia)

Some mothers described strained relationships with their children’s child protection social worker. ‘Saoirse’ for example said she was “*terrified to ring the social worker*”, fearful that any negative contact would “*knock [her] back again*”. Several mothers in one prison highlighted their concern that there was no access to a prison based social worker to support them with general issues with children in foster care, as ‘Tara’ asserted, “*at least I could walk over and say... this is happening, that is happening, what can I do here? Where can I go for this?... Where there is none of them answers in here*” ... ‘Tara’ went on to explain that if you ask for support with children in foster care; “*they [prison staff] tell you, you need to get onto a solicitor*

... *but you can only ring your solicitor once a day. So, you have to choose - is it your criminal solicitor or is it family law*" (Tara).

Equally, some mothers expressed frustration with the lack of support from solicitors with issues related to the custody of their children, like 'Laura' for example who stated: *"every time I ring she seems to be in the office with a client - I am her f\*\*king her client too, like I have a child out there"*. Another mother, 'Michelle', explained how her solicitor forgot to collect her from prison to bring her to the family court hearing regarding the custody of children and expressed her dismay; *"How could they forget about you? You are nothing to them! She's supposed to be my solicitor - she's supposed know what she's doing... I should have been brought to the court. They are my kids!"*.

Likewise, mothers regularly discussed leaving prison to attend family court regarding the care and custody of their children while they were in custody. Some participants stated that they were using their certificate for *'The Mothers Project'*<sup>94</sup> (see: Appendix 9) alongside other certificates and activities, to demonstrate to family court judges their positive engagement while in prison, to support their case regarding their custody and access arrangements with their children: *"I'll keep fighting back. I'm going to the court next Monday for my kids, and I have my certificate from this project, I'm off the medication, I'm meeting with the counsellor and my psychologists, I know I'm locked up but still"* (Michelle). However, experiences in family court were generally described as emotional and highly charged. 'Jade' for example, described how she would get *"upset"* and feel *"lonely"* attending court on her own regarding the custody of her son. While in court mothers described how they were detained in a cell on their own in the courthouse where they waited for judicial decisions about the access and care arrangements of their children, where, as 'Jade' highlighted, *"sometimes you would receive good news, sometimes bad"* (Jade).

Photos were also a huge concern for many mothers who had children in non-relative foster care. Mothers spoke about wanting more photos, wanting to see their children

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<sup>94</sup> The Mother's Project: The title participants gave this PhD research during the participatory phase.

enjoying holidays, birthdays, their first day back at school and to be able to watch them growing up and developing. ‘Áine’ proposed that social workers should take a lead role in supporting mothers in prison and their children in foster care by taking and sending photographs regularly: *“Take photographs and let me see!... From my point of view if a child is in care, [the social worker] should be taking pictures of her every week showing how she’s growing you know, different things like that”*. ‘Olivia’ explained she had been sent some photos of her child from her child’s social worker, but expressed her disappointment as she couldn’t see her daughters face in any of them, so she couldn’t put any of them up on her cell walls to look at. ‘Áine’ expressed her frustration and anger because her daughter’s social worker had family photos, cards and paintings from her daughter left in her car:

*“[My daughter] said ‘I made you Mother’s Day cards, I made you St. Patrick’s Day card. I always colour pictures in school’... I haven’t seen them... the social worker would say ‘oh, I left them in the car’, like it wouldn’t kill her like to put them in an envelope and post them up... I have two big photo albums in my mothers and [my mother] said, ‘[the social worker] came in and took them so I can’t send you photos, I can’t take pictures of the child because she’s not here’... the social worker has them in the back of her car, just thrown there like they are nothing. They are pictures of my daughter, that I want, that I’d love!” ... (Áine)*

Mothers said they were eager to have things belonging to and from their children. For example, ‘Lauren’ said she requested a foot and hand print of her daughter multiple times (without any success) so she could make something in the pottery class with it for her daughter.

#### **1.38.4 Supports for Pregnancy and Babies in Prison**

On the whole, participants were generally supportive of new mothers keeping their babies while in custody:

*“It’s great the way they’re [IPS] helping girls now you know with their babies and all. I think that’s lovely, it really is, I mean did you see how good they treat them, the little cots... what more could you ask for... how special” ... (Nicole)*

Expectant mothers mentioned that prison management supported family members to be involved hospital and anti-natal appointments if they were available and wished to do so: *“[My husband] has come to the [anti-natal] hospital [appointment] with me... the first time I had to go with the officers...after that... they allow him to*

come” (Ellen). Some mothers also explained that they were permitted to leave prison to support their children through ongoing medical treatment and hospital appointments. “*IPS<sup>95</sup> let me go and be in the hospital with [my son]... for the next few months, the Thursday and the Friday... he was really really sick... I was grateful that they did let me do that*” (Hannah).

Pregnant women stated prison facilities were “good”, and they were happy to be able to keep children with them. However, ‘Ellen’ stated that the experience of being pregnant and having a baby in prison was symbolic of being a bad mother, asserting: “*Oh my god, I am going to have a baby in prison, how bad can you get*” (Ellen). Pregnant women and mothers also stated that the prison campus is not “*child friendly*”; fights and arguments “*kick off*” between prisoners, and between prisoners and staff. Additionally, ‘Jade’ stated that while she appreciated the opportunity to keep her baby, her experience of mothering while incarcerated was focused on risk and surveillance:

*“It’s very frightening...his two aunts is in here and his cousin and not one of them is allowed to pick him up... that I’ll lose my child... that’s very harsh...I would have [my baby] in the bed with me till he goes to sleep, because he knows then I’m there. And then I put him into his cot. And [prison officer] told me...a girl already lost her child for leaving the baby in the bed with her...They’ve been very supportive...but if I make one mistake he’s gone... I am on a risk list for six months, Tusla or something it is called, and social workers... it’s an awful lot of pressure... 24 hours a day... You can’t bring him up the way you want because you’re being watched and they’re telling you to do this and do that” ... (Jade)*

### **1.38.5 Managing Child Visits**

Mothers talked about the challenges they had with how child visitation was managed between IPS, the various formal support agencies and child carers.

Mothers described negative experiences of access visits with children in foster care which were managed via the Prison Service and external support agencies, and described a visiting procedure whereby multiple professionals would be in attendance. Mothers said these types of visits made them feel paranoid and that they

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<sup>95</sup> IPS – Irish Prison Service

were being watched and judged as mothers, that they felt uncomfortable and that everything they said was noted:

*“I was sitting there, the screws<sup>96</sup> were sitting there, the workers were sitting there, and I was like for f\*\*k sake I couldn’t be me own self with the kids... If he was bold I would have to be like now [name] that is not very good behaviour and all. Where I would have wanted to say you little s\*\*t, you know, and be me self” ... (Alison)*

*“Bad visit - too many people there looking at me, it’s like everything I done was wrong! The foster mother, this other worker that works with her, the social worker, the officers, and me and my child. And when I was talking to her, they would keep laughing and jumping in and just taking over the visit, do you that kind of way!?” ... (Olivia)*

There were many accounts of prison officers having an unwelcomed presence in visits between mothers and children. This was a specific issue for mothers in one of the prisons, where mothers described some child visits which took place in a small private room, called a ‘*visiting room*’. One mother, ‘Lauren’, made a distinction between a successful supervised access visit, where the social worker and a prison officer were present but observed only - and said nothing and compared this to a subsequent visit when a different officer was present, who she said openly conversed with the foster father and social worker throughout the visit. ‘Lauren’ explained this supervised access visit was “*awful*” and she “*burst into tears*” as soon she knew she out of her child’s view.

The negative impact prison staff had on how children experienced visitation was not unique to children in foster care or visits which took place in the ‘*visiting room*’ in one of the prisons. ‘Kate’ provides an example where her and her daughter were playing with a football that was available in the prison and an officer stopped them, so as ‘Kate’ commented that her daughter “*never got used to coming in here and the staff didn’t make it easier for her ... she never felt comfortable*”. Most mothers complained about inconsistent management of prison-based visitation with their children. One of the most reoccurring examples of conflictual practice was instances where one officer would permit an item to be taken in to a visit, and another would confiscate it. ‘Áine’ explained just one example of this and its subsequent impact:

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<sup>96</sup> ‘Screws’: this is a colloquial term for a prison officer.

*“I like bringing stuff out... so she’s got something to remember... it took me a while to get a colouring book... But a certain officer like snapped the colouring book and the pencils and called me a thief - that I stole it from the school like. But in the school, they wouldn’t provide that... a child’s colour book and pencils... so that was kind of shameful in front of the social worker and my child, she was kind of ‘look my mother is a thief like and she’s in prison’. It’s bad enough that you are in prison!” ... (Áine)*

Respondents also mentioned various gifts and objects confiscated from children either coming through security or during the actual visit in the communal hall. Objects such as, a homemade “mother’s day cup”, a “necklace”, “earrings”, “a gift of perfume” and “drawings and paintings”. A few mothers expressed concern about the process in the waiting room in the Dóchas Centre and coming through security:

*“In the waiting room... there’s one that... helps them make little cards or paintings... yet when they are coming in they are not allowed to give them... that’s stupid... what’s the f\*\*kin point? They take them off the kids and... they still have to go through you know all the searching and all that” ... (Sarah)*

Bringing food into visits also emerged as a contentious issue in both prison. Most mothers spoke about buying crisps and sweets prior to visits but not knowing if they would be allowed to bring them in or not; mothers complained that rules around bringing food into visits depended on prisoner favouritism or the attitude of a specific officer on the day. All items, including food, were confiscated from the mothers at the door on the way into the visiting room, putting a “damper on the visit”, as ‘Lauren’ put it, just as the mother entered the room and seen their child. There were also numerous complaints about the toys being broken and pieces of toys missing and that there wasn’t a great range of toys for all child ages. Without sweets and toys, many mothers explained how they found it challenging to entertain or settle their children during visits. ‘Tara’ proposed the following to improve the conditions and experiences for children who visited the prison:

*“There should be sweets in the fecking visiting room for the kids... every kid that comes in should be given a bar and a packet of crisps, something coming in... Even give them to them when they’re leaving?! There is no toys... they need games and proper colouring books, proper markers and crayons. You be lucky to get three or four crayons out there” ... (Tara)*

Many mothers expressed disappointment that non-relative foster carers and social workers attended prison visits ill equipped with basic information about their child. Mothers stated they were interested to know their child’s “shoe size” or “nappy

size” (‘Lauren’) for example, what their favourite foods, colours, pop stars or cartoons were, so they could stay up to date with their child’s interests as they grow and develop.

A few mothers with children in foster care described instances where they were not given the opportunity to properly prepare for the visits. It was not uncommon for mothers to be dissatisfied with social work support, claiming social workers did not make regular contact to organise and facilitate visits and assist them to maintain contact with their children. Mothers stated that calls to social workers were often transferred to an answer machine and visitation was often disorganised and sporadic.

*“[The social workers] don’t stick to the visits. The last meeting I attended they were saying every four weeks, and they don’t bring her to see me until every six-nine weeks... I leave messages for the social workers and they don’t get back to me. I just get called for a visit and there’s my kids. Sometimes I don’t know if they are coming... personally I have asked the social workers on a number of times to draw out an access plan with me so I know when they are coming, so I can have sweets for them, so I can have things ready – no - they won’t do it” ...*  
(Tara)

### **1.38.6 Supportive Family Contact**

Mothers discussed the various ways they and their families were supported by the prison service to sustain contact during their sentence. These findings are presented here.

Findings show that receiving visits from family was often viewed by incarcerated mothers as a form support which helped them cope with their custodial sentence. Adult children, daughters in particular, were described as providing significant levels of support for respondents while imprisoned, as ‘Grace’ articulates here; *“we’ve a great relationship... She does everything for me. She’s up twice a week... leaves me my money every week. Whatever I need she buys. I would be totally lost without her”*. There were also examples where adult children provided emotional support to participants:



*“My son came over from [Country] last week... coz he knew I was sad... on a visit he sat beside me, ‘oh mo mháthair<sup>97</sup>, mother, mam, everything will be alright now - you are half way there! You get out now and we’ll look after you’. I feel their love, that’s what keeps me alive” ... (Claire)*

In many interviews, it emerged that adult children played a key role in bringing grandchildren, which was viewed as important by the grandmothers in the group. A few mothers described how they offset prison-based support (i.e. visits and money) from adult children, against community-based family support. ‘Fiona’ for example, explained that she had asked her adult children to pay her rent instead of spending money on travelling to visits, so to prevent her becoming homeless while serving her sentence (an issue several mothers mentioned).

Some grandmothers spoke about the support they provide for grandchildren. ‘Sarah’ talked about how she would provide childcare for her grandchildren while she is out on Temporary Release<sup>98</sup>: *“What I never done with my own kids, I’ll collect her after school and then [my daughter] will come over about seven in the evening and take her - I’d have her the weekends”*. ‘Alison’ for example, explained she was supported with these external visits by the children’s fostering social workers and prison based probation officers because of *“how important”* she is to her grandchildren and that she *“the main person”* in their lives.

Most mothers who received visits welcomed them and described how they negotiated, divided and managed visits among immediate and extended family, like ‘Megan’ explains here; *“I’ve two visits a week, I ask [my husband and children] to come maybe on a Tuesday and then my father, his sister and the nephews and the kids, they come on Saturdays”*. However, some mothers spoke about how family visits can be challenging, particularly for elderly or unwell relatives. For example, ‘Eimear’ detailed how her elderly and unwell mother collapsed on the way through the security process and was subsequently taken to the nearby hospital. Additionally, not all mothers described positive family relations exemplified by family visitation while in prison. ‘Lauren’ for example, explained her father lived near Limerick

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<sup>97</sup> mo mháthair: my mother in Gaelic (Irish Language).

<sup>98</sup> Temporary Release: when a prison is granted permission by IPS to leave prison for a specified length of time and reason.

Prison and had visited the City but had not come to see her, and had never asked if she needed anything or left any money even though, she believed, he had it to offer.

Several mothers described a model of practice fostered by IPS which permitted families to support them with days out: *“I have two sisters and they come and collect me and it’s called collect and return... like... postman pat”* (Alison). This form of day release was often mentioned by longer term prisoners. While in custody, several mothers had successfully gained community-based access with children who were in foster care. Mothers explained that to be granted community-based access with their children, they had to demonstrate prosocial behaviour and conform, and be proactive and engage well with courses, programmes and services inside the prison:

*“I went to school I done as many courses, I worked with probation, I worked with the counsellors... started pushing to get outside access which I got... like I want to go see my kids... I was writing to the governor... ‘I keep to myself, I keep my head down, I’m not involved in cliques, I’m not taking drugs, my urines have been clean’. I listed whoever I’ve been working with... It was really hard... I’d be on to the social worker... getting letters off of her, getting letters off whoever - Just to prove how well I was doing...”* (Roisin)

*“I’d to give urines, behaviour, I’d to go to a privileged house, no arguments, no fights, mother and baby course I had to do, any courses that was in the jail I had to do...”* (Jade)

Mothers explained that once Temporary Release (TR) and community base access with children is granted, conformity and engaging well with services must be sustained. Many mothers mentioned that their access out and Temporary Release was stopped. Reasons mentioned for this, often involved positive drugs tests, poor attitude, or general poor conduct. Most mothers accepted their behaviour merited correction:

*“I do a lot for the prison you know, so when it suits them they let you out and do do stuff for you...last year I had a f\*\*king dirty urine and everything got took off me then for a whole year...So, I suppose when you are playing the game it’s handy, and when you are not, you f\*\*k up, it’s your own fault” ...* (Alison)

Contrary to above however, ‘Hannah’ who explained she became pregnant while out on Temporary Release, did not agree that her Temporary Release should have been stopped:

*“It’s not ideal... getting pregnant out on TR<sup>99</sup> ... it doesn’t look good. But... it doesn’t say on your TR form that you can’t have sexual relationships with someone that you’re actually married to... I kind of got into trouble for that, you’re supposed to be spending time with your children. Like my children were in school on some of these days...and then when the kids were in bed like... So yeah, days have been stopped, and I used to go hospital appointments on my own, now I’ve to go with two officers” ... (Hannah)*

Those who had their Temporary Release suspended had to comply and reengage with services and supports to get it back. This appeared possible in most cases. ‘Roisin’ described it like *“a little challenge... a roundabout... you get everything done and you hit a brick wall... end up losing everything and end up getting everything back again”*.

### **1.38.7 Positive Professional Support**

Mothers spoke about the prison and community-based professionals they engaged well with while in custody and why. These findings are presented here.

Some mothers spoke about positive relationships and engagement Child Protection and Welfare social workers. Comments were particularly positive where social workers were proactive and supported prison visits and contact between them and their children:

*“I would have a good relationship with the social worker... if I ring her up she always talks to me.... she’s very proactive... she sent a good letter to my probation person... She’s good. Like she brought [my grandchild] up here to see my room and all” ... (Alison)*

Prison based probation staff were often described in a positive way. ‘Nicole’ for example, expressed contentment with how probation were facilitating a *“three-way meeting”* to support her mend relationships with her family while she served her sentence. Additionally, mothers provided examples where practitioners adapted to roles outside of their own job description to support them while in prison:

*“There’s twelve modules... your kind of meant to start that with your psychologist and I didn’t really click with the psychologist and fair play, [probation officer] decided to do it with me... I think probation is good, yeah I can’t fault probation” ... (Roisin)*

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<sup>99</sup> TR - Temporary Release: being *released* from prison for a specified period of time for a specific purpose or reason

The Governor was mentioned in a few interviews for her compassionate approach. A couple of mothers said they were denied Temporary Release (TR) for their own safety, one of whom explained she was attacked and raped while on Temporary Release two years previous (during the interview she pointed to the scars on her face which were a result of the attack). This mother, 'Aoife', explained that she understood the Governor was worried about her and "*trying to do the right thing*" by not granting her TR. Another mother, 'Jade' spoke about when she was first refused TR and assaulted the Governor. However she said she was now grateful to the Governor because she was pregnant at the time and the extra time inside prison gave her baby time to "*grow inside her*" while she rested, got fed and weaned off heroin with the appropriate supports. A few participants expressed gratitude towards the Governor for supporting them to reconnect with their children in foster care. For example, 'Jade' explained how the Governor supported her to regain custody of her child, noting; "*this is the first time that a woman has won her child back in prison, from foster care*" (Jade). Additionally, granting access with children in the community had a positive impact on a number of mothers:

*"The compassion the governor showed...that made a big impact...a positive impact on me, the fact that someone believed I deserved it...[The Governor] gave me the chance like...to prove that I do really want to bond with my children, it's not about getting out and trying to get drugs or whatever" ... (Roisin)*

Mothers described the positive support received from pastoral visitors and religious institutions in general. 'Jennifer' for example, described how she was isolated from the general prison population, was often bullied by the other prisoners, and did not receive visits as her family were "*terrified to come to the prison in case they get the same bullying*". 'Jennifer; relied on church visitors for companionships and conversation. It also emerged that external visits could be facilitated by the Church. 'Alison' for example, was supported by pastors to leave the prison and meet her daughter in a nearby Church.

### **1.38.8 Section Summary**

This section of the findings chapter has presented findings from the narrative interviews which described the mother's experiences and challenges mothers have

with supports while in prison. The following and final section of the chapter will present the mothers hopes, and thoughts regards possible supports when the leave prison.

### **1.39 Section Three: Post-Release Support**

#### 1.39.1 Introduction

This section presents findings which emerged during narrative interviews related to engaging with supports once released from prison. A variety of formal support services were mentioned across interviews which mothers generally wished to voluntarily engage with once released. However, much of this was integrated with plans to draw form, but also to provide, support within their own families. Many mothers had long term plans to provide better, or more formalised support for their children (including children in foster care) once released. Some mothers however, spoke about the struggle to secure post imprisonment accommodation, and viewed this as an obstacle towards getting their children back. Being with family was frequently described as the focus of post release support and was often combined with plans to secure further training, education and future employment. However, not all mothers had families they felt they could return to when once released. These findings are presented here.

Some mothers, who stated they came from what ‘Eimear’ described as a “*close knit*” family, intended to return to their children and families once released. Certainly, many mother’s described post release plans which were focused on moving away from old chaotic and drug fuelled lifestyles. Mothers talked about trying to settle down, possible get a job, being with their children and reconnecting with family:

*“I want somewhere where I can actually like call it my own, you know?!... I’d like a job and then me and [my daughter]. That’s all I think I should be thinking about now, is just me and [my daughter] and my family, no one else...I mean you can be friendly and all like, but don’t really need anyone - only your family - do you?!... (Nicole)*

Other mothers discussed how their older children planned to help them resettle once released. As well as emotional support, mothers also spoke about how children and family would help with practical supports (i.e. cooking and cleaning) so they can attend addiction and recovery related activities, such as attending support groups,

counselling, courses or engage in employment, as ‘Megan’ examples; “*so I’ve told the three of them, [my husband] included, they all have to give a dig out at home... I’m going to be doing a job now*”. However, some mothers explained that they had not lived with, or spoke to their children and families for some time and that living with them post release was not always an option. ‘Lauren’ spoke about how the perceived lack of family support could negatively impact on her long-term goals to regain custody of her children: “*if I don’t have nothing to do with my family, the social workers see it as, ‘ah, she’s got no family support... then that would be another thing for them to play off on!’*”.

Many mothers spoke about a general wish to be more present in their children’s lives, going on to outline how they specifically planned to better support their young and adult children. For example, ‘Alison’, explained she is looking forward to getting out to support her daughter by taking on the care of her grandchildren as her daughter manages her addiction issues. Being available to support young dependent children was a primary focus for all participants who spoke about their unwell mothers caring for their children:

*“[My mother’s] in a wheelchair... she’s insulin dependent and she’s out there rearing my two kids as well - like that gives me the drive... God forbid my mam does get very unwell, imagine [my daughter] and [son] getting shipped somewhere... that would be my biggest fear. That’s another reason why I’m just so determined to get to treatment... So, if anything like that ever did happen I’m always there” ... (Roisin)*

Some participants discussed older children who were soon to transition out of foster care and how they hoped and planned to support them. ‘Eva’ for example, explained that her 18 year old daughter was asked to leave her foster home because, as ‘Eva’ believed, the foster carers were no longer receiving their fostering payment. These mothers spoke about the immediate and long-term challenges they faced in supporting children who are possibly returning to their care from foster care with a general lack of formal supports and services to support them in doing so.

*“What happens like when [my daughter] and [son] turn 16?... I know exactly what [social services] are going to do; I will be left with them - and that is not a problem! But get me a home, get me a corporation house; get off your holes and f\*\*king do something... care plan for my child - what is the care plan?... My child to remain in voluntary foster care till they decide they don’t want [them] anymore?” ... (Laura)*

Several mothers stated that they did not know where they will live when they leave prison and required support to secure housing. However, there was a consensus among most mothers that housing options were limited, particularly when trying to be rehoused with enough space to accommodate their children as well. *“It’s very hard... there’s no houses going... [a homeless service] were offering me one bedroom - that’s no good... it’s a house I need... a home for me and the kids” ...* (Michelle)

Many mothers spoke about being afraid that they would be provided with no alternative accommodation other than a homeless hostel, while a couple of mothers stated they were already barred from their local hostels. The primary reasons mothers provided for not wanting to be accommodated in a homeless hostel included not wanting to mix with people they had known from prison (many mothers spoke about wanting a fresh start when they get out), and many were also concerned about the availability of drugs; *“[Name of homeless service] is supposed to be very bad, people are protesting and all outside it. So, [prison officer] was saying to people not to go to there because there’s too much drugs”* (‘Aoife’). Hostels were viewed as detrimental for those attempting to abstain from drug use; *“every time I get out, I go back to the hostel and say ‘I won’t use drugs’. The minute I hit that hostel I’m back on everything, and I don’t want to be!”* (‘Mary’).

Several mothers mentioned wanting to move out of Dublin in particular, to *“move away from the all the drugs”* (as ‘Aoife’ put it) and hoped to move closer to their children and families, and start afresh once released from prison. As ‘Saoirse’ explains; *“I’m going to go back to me mams... Like I’m from [county] and I think that town, Dublin, it’s just, it’s dragging me down”* However, those dependent on housing welfare spoke about the difficulties in transitioning their payments:

*“I don’t like Galway, that’s where the girls are... But I can’t get the services. Like, I was passed for a deposit and rent allowance<sup>100</sup> but only in Dublin... I try to explain to [the housing welfare department] I can’t... ‘why can’t you just change it to another health board<sup>101</sup>?’ ... It just makes no sense to me, how they’ve got the right to tell somebody that they must stay up here” ...* (Eva)

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<sup>100</sup> Rent Allowance Scheme: Financial Support for housing payments

<sup>101</sup> Health Board

Overall, mothers generally expressed a desire to engage with formal supports once they leave the prison as ‘Rebecca’ expresses; *“I know I need help... there is a lot of help out there and I just have to grab it with both hands”*. Numerous support agencies were mentioned by the mothers, notably: Bedford Row Family Support Services<sup>102</sup>, Tus Nua,<sup>103</sup> Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) and others. Many mothers outlined a type of community reintegration plan that was mapped out with professionals while in prison, which focused on assisting a smooth transition back into the community and normally included some form education or training:

*“I’ll be doing [Service Name] ... getting employment... a flat... a course for baking... a counsellor... have it all in the one [agency]... [support worker] wants to see me when I get out within the twenty-four hours so I won’t be getting bored and ringing my friends... the counsellor has asked me will I go to NA<sup>104</sup>, I said I would... whatever they tell me do I’ll be doing... I’d rather like stay out of trouble and come off the drugs and drink if I can” ... (Kelly)*

Some mothers mentioned how they were mandated by courts to engage with several agencies who worked in collaboration with The Probation Service<sup>105</sup>, such as Coolmine TC<sup>106</sup> and CAP<sup>107</sup> for example. Several mothers spoke about their hopes to be released in to a drug rehabilitation treatment programme. ‘Aisling’ for example, said she sought out her post release residential treatment but also has *“two years’ probation which [she] got [herself]”*. Many mothers spoke about probation being supportive in reintegrating them back into the community after their release from prison and to support them to stay clean. A few mothers stated they were undertaking the Community Return Programme<sup>108</sup>, also managed by the Probation Service. While conditions of such programmes were often obligatory, mothers described a willingness to participate. ‘Megan’ provides an example of what this

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<sup>102</sup> Bedford Row Family Support Services: Limerick based service which support children and families of prisoners

<sup>103</sup> Tus Nua: Supportive Service for the homeless Community

<sup>104</sup> NA - Narcotics Anonymous: Support group for people addicted to drugs

<sup>105</sup> The Probation Service: lead statutory agency in the assessment and management of offenders in our community.

<sup>106</sup> Coolmine TC: Residential Drug Treatment Centre where children are supported to stay with the Mothers.

<sup>107</sup> CAP: Care After Prison: a peer led support service for people leaving prison.

<sup>108</sup> Community Return Programme: A Programme available to prisoners considered appropriate by IPS who are sentenced between 1-8 years. Under this scheme, prisoners participate in community service programmes and courses and can be released into the programme once they have served at least 50percent of their sentence.



*“opportunity”* meant for her: *“That’s the conditions... a counsellor, and I have to take the course, which I need both [starts crying] ... I wouldn’t even leave this prison without that course”* ... (Megan).

Several mothers stated that they were looking forward to training in something they discovered while in prison, ‘Zophia’ is just one example: *“I start to go here and I love the gym... I am going to try and go to college... Level 5 FETAC<sup>109</sup> for fitness instructor”*. Securing employment once released was perceived as important for many of the mothers. ‘Tara’ for example, reflected on the only employment she said she ever had and how she looked forward to that again, *“I loved it! Just working like - I want that life and I will get it!”* Contrary to above however, ‘Kate’, talked about being offered a job (organised through the prison training kitchen) for when she leaves prison because of her noted talent but she didn’t feel able to take up the offer as it would mean sacrificing the time she had to make up with her child:

*“I have this amazing opportunity, like at this time of my life, and I’m not going to take it because I’m going to show [my daughter] a different way of living. Like if I take this job, I won’t be a mother. You couldn’t be a mother. And I’ve been away four years, she needs me now - the effect on [her]! ... [the children] do suffer”* ... (Kate)

### 1.39.2 Section Summary

This section has presented the main themes from interviews where mothers discussed plans and challenges in engaging with supports once released.

## 1.40 Chapter Summary

All mothers described a continuum of experiences and engagement with formal and informal supports, which often supported, but in some cases disrupted, childhood and motherhood experiences. Many participants spoke favourably about their mothers and the othermothers in their and their children’s lives, who have often supported them throughout their life-course. Certainly, some fathers were noted as particularly strong forms of support. Regarding the care of their children specifically, most mothers expressed a level of relief and gratitude when children were cared for

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<sup>109</sup> FETAC: Further Education and Training Awards Council, a former statutory awards body for further education in Ireland

within their families. However, family care was not without its concerns; both for their children and for themselves as children and experiences with formal supports were often related to how well, or poorly they were supported with family issues and with their children. For instance, mothers welcomed any practice which supported contact access and relationships with their children and families. However, visitation and the lack of coordinated thinking between the prison and the community was a contentious issue; particularly those mothers with children foster care.

Mothers generally welcomed formal educational, training and probation support, particularly for when they get out of prison. Mothers spoke about wanting to be better able to support their children into the future and how they believed they will be reliant on these types of formal supports to be able do so. However, some mothers were challenged with housing and family issues and felt this could hinder any personal growth or regaining custody of their children; including teenage children transitioning out of foster care and returning to their care. Some mothers however, did have families to reunite with post-release and this was frequently described as their focus for life after their imprisonment. Others spoke about using formal supports while in prison to re-establish relationships and connections with their children and families so that they could hopefully have a future together. Overall, various family forms were described as the primary source of informal and formal support. However, most such families were very reliant or strongly linked in a variety of formal supports; these included both universal supports such as education and housing, and/or more specialised child protection, welfare and family support agencies.

This chapter is the last of four findings chapters and has presented findings from face-to-face interviews regarding the overarching theme of support. The next chapter, Chapter Nine, discusses the main themes within the research findings and considers them with reference to the literature on the area.

## Chapter Nine: Discussion Chapter

### 1.41 Introduction

Overall, mothers in prison in Ireland are a majority group with complex needs, extensive histories of trauma and adversity which directly and indirectly influences their maternal practice and experience. The irony of maternal incarceration however is that prison was experienced as both an extremely vulnerable space, yet equally a time of maternal transition and personal progression. Moreover, while the premise of prison is to foster and desistance from offending, there is a disconcerting disconnect between the transformative and introspective personal work mothers undertake in prison, and their resettlements processes evidenced by the vast number of mothers who ultimately end up re-entering the system.

The distinct Irish experience is that some mothers were married, and biological fathers played key roles in childcare support (followed by grandmothers and state carers). While most the children affected by the issue are under 18 years of age, incarcerated mothers are older and are therefore also challenged with the distinct needs of their adult children and their roles as grandmothers. Most mothers had contact with their children prior to imprisonment, while prison was also used to rebuild meaningful relationships. Indeed, the ways in which mother-child separation is experienced is contingent on relationships and contact prior to the mother's current imprisonment. However, regardless if mothers were primary carers or not, being a mother remained central to their sense of identity and all mothers in this study held and managed maternal emotions.

While most mothers contact with their children, many struggled with the general sense of loss of attachments and bonds consequent to ongoing adversities, substance dependencies and prison (re)admission. For most motherhood was not a consistent or lineal journey, as many stepped in and out of mothering depending on the challenges they faced at a given moment in time. Mothers often embraced additional support in mothering and there were certainly examples of protective mothering, which may appear to others contrary to the general and accepted notion of what protective mothering is. A substantial proportion of children were in state and family care and

mothers and children alike relied on an intricate and complex mix of formal and informal carers and support networks.

However, while this group of mothers were often reliant on support throughout their lives and motherhood careers, they were also frequently further damaged by the same support networks to which they were beholden, including the Irish prison system. Overall, mother-child prison visits were not common, particularly with younger children and children in foster care. While mothers frequently dictated whether or not they wanted their child to visit, the reality is that contact during imprisonment was hindered by the noted lack of collaboration between the various criminal and social justice ‘systems’, the poor visiting experience and how internal and external maternal judgement often prevented positive mother-child engagement during this time.

This chapter has three overarching sections which derived from the research findings, are informed by the studies political and legal context, published literature and published research on maternal incarceration. The three principal sections; Profile, Mothering and Childcare, and Prison Based Contact, directly address the aim of the research study – to explore the experience of the informal institution of motherhood, and the performance of mothering for in imprisoned mothers in Ireland and by doing so, to give visibility to their children and supports – and the objectives of the study, which are as follows:

1. To explore the experience of motherhood and mothering for incarcerated mothers in Ireland.
2. To profile imprisoned mothers and identify the number of children affected by maternal imprisonment.
3. To examine the supports available to imprisoned mothers and for mother-child contact.
4. To make recommendations for future policy, practice and research.

The first section, ‘Profile’, specifically addresses **objective two** of the study – however, related issues on motherhood and mothering (**objective one**) are also addressed within subsections. The second section, ‘Mothering and Childcare’ considers the interconnected relationship between childcare and maternal experience,

specifically addressing **objectives one and three**. The final section, ‘Prison Based Contact’ examines how mother-child contact is supported and specifically address **objective three**, but again, the experience of motherhood and mothering is also relevant (**objective one**) and discussed within. Therefore, all sections explore experiences of motherhood and mothering (**objective one**).

## **1.41 Section One: Profile**

### **1.41.1 Introduction**

This section outlines and discusses the demographic profile of the incarcerated mothers in this study, including their engagement with the criminal and social justice systems, and the number of children affected by maternal incarceration in Ireland. It also considers the various struggles mothers are challenged with in terms of their age, relationships, the association between past and ongoing trauma, addiction, mental health and (re)offending. This section addresses objectives one - *to explore the experience of motherhood and mothering for incarcerated mothers in Ireland*, and objective two - *to profile imprisoned mothers and identify the number of children affected by maternal imprisonment*.

### **1.41.2 Incarceration, Sentencing and Offending**

Considering the high participation rate in this study, it is safe to confirm that nearly four out of five female prisoners in Ireland are mothers (78%). This data maintains Ireland is at the higher end of international statistical scale relating to mothers in prison, which usually ranges between 60-70% (Baldwin 2015a). However, it has been equally argued that international statistics often underestimate the reality of the situation by consistently referring to outdated research and/or limiting its scope to mothers with children under 18 years only (Flynn 2012, Minson *et al.* 2015, Baldwin and Epstein 2017). Nonetheless, this finding does present the highest recorded number of incarcerated mothers in Ireland since the foundation of the State (see both Carmody and McEvoy 1996, Quinlan 2006), and demonstrates a 16 percent increase in the number of mothers being incarcerated in Ireland since the State commissioned study by Carmody and McEvoy (1996) - one of the most statistically substantial resources on female prisoners in Ireland. Being in a position to categorically assert,

for the first time, that so many women in prison are in fact mothers, provides much weight to the new current political will to at least discuss the gendered issues of incarcerated women. It is hoped therefore, that by acknowledging not only that the issues exist, but moreover how extensive it is, provides stronger base to argue for putting into action outstanding government strategies in this area (see: IPS/PS, 2015).

Additionally, the fact that over half of imprisoned mothers have been to prison on average four previous times is a stark realisation of the failure of our criminal and social justice systems. In fact, what this finding shows is a higher rate of reoffending among the subgroup mother prisoners compared to the general female prisoner population, which by contrast stand at 41 percent (CSO 2016a). On the whole, the findings of this and past studies (Quinlan 2006) suggest that once mothers begin to be imprisoned, a cycle of prison release and re-entry can become habitual (see also: Comiskey *et al.* 2006). Similar to other literature on mothering, offending and addiction (Cain and Gross 2010, Bachman *et al.* 2016, Suchman *et al.* 2017) the pervasive nature of substance dependencies appears to have an inescapable impact on offending. Notwithstanding how, as previous argued by McGee *et al.* (2002), experiences of sexual violence and abuse were also found to be a precursor to criminality; mothers who nonetheless made a direct link between their experiences of sexual abuse and criminality were almost all substance dependent. Therefore, what is clear is that an addiction endemic among these mothers, that is predominately rooted in trauma, both of which often remain unresolved, results in the readmission of many mothers back into the systems which they have already been failed by.

One of the most surprising findings of this study was that incarcerated mothers in Ireland have, on average, a three-year sentence. While Temporary Release is often used in female prisons to relieve overcrowding (see: Chapter Three, Section 3.3.2), an average three-year sentence nonetheless strongly conflicts with the late Inspector of Prisons Justice O'Reilly's widely reported statistic that 83 percent of Irish female prisoners are sentenced for less than three months (Reilly 2013 p.10). It may be interesting to analyse, as IPS (2016) now present in their annual reports, the disparity between prison committal numbers and sentencing length when convictions related

to fines are extracted from the debate. Nonetheless, it is hugely problematic to assume that most mothers are in prison for three months, as we have been doing until now, as there is a colossal difference between a mother who is in prison for a few months, compared to mothers who are in fact in prison for several years. Notwithstanding the distinct emotional journeys and battles with child contact, but also in terms of prison policy, planning and resourcing for the incarcerated mother, her children and beyond. In fact, overall little difference was evidenced between imprisoned mothers in this study and the general prisoner population (IPS 2016), regarding those who are sentenced to 12 months or less<sup>110</sup>. This finding also conflicts with previous Irish research studies (Quinlan 2006, Carmody and McEvoy 1996) and recent policy and advocacy arguments (Martynowicz and Quigley 2010, IPRT 2017) which consistently discuss the issues with short sentences most often served by female prisoners in comparison to male prisoners. Sentence length appears to be something we need to start engaging with more critically, in research policy and practice, if we are to genuinely address the issues these mothers and their children are faced with. For instance, Celinska and Siegel (2010) support the theory that longer sentences in fact invoke heightened levels of role strain for imprisoned mothers compared to mothers serving shorter sentences.

On the whole, and in agreeance with previous published Irish research and advocacy literature (Quinlan 2006, Comiskey *et al.* 2006, Martynowicz and Quigley 2010, Martyn 2012, 2017, Costello 2013, IPRT 2017) it was certainly common for imprisoned mothers to experience the collateral damage of incarceration regarding the loss of secure housing, disrupted mother-child attachments and persistent subsequent reoffending. However, the unaddressed areas; motherhood, mothering, addiction, trauma, education and housing appear to be central to the issue of reoffending, rather than the reoccurring argument related to short sentences put forward by Irish and international researchers (see: Mulcahy and Quinlan 2013, O'Reilly, 2013, Masson 2014, Baldwin and Epstein 2017).

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<sup>110</sup> When findings related to sentence length are placed alongside sentencing statistics published by IPS the *Irish Prison Services' Annual Report* (2016) several similarities and distinctions can be drawn between this subgroup of mother prisoners and the general prisoner population (male and female). For instance, this study found that imprisoned mothers are more likely to receive sentences of either 1-2 years or 5-10 years, and less likely to receive sentences between 3-5 years when compared to the general prison population (IPS 2016).

However, as already argued (IPRT and KHF 2007, Reilly 2011, Donson and Parkes 2012), post release probation, residential addiction services and housing in particular, were found to be mostly inaccessible. Moreover, in agreeance with the *IPRT Submission The needs of women in the criminal justice system: proposals for reform* (Mulchay and Quinlan 2013) and proven through past empirical research on female prisoners and homeless women more generally (Comiskey *et al.* 2006, Mayoock and Sheridan 2012) this study confirms that incarceration increases the likelihood of homelessness. Private renting (followed by general uncertainty) were the most common forms of post release accommodation envisioned in this study. In reality however, this is what the mothers hoped for when they are released but, especially considering the current housing crisis in Ireland, there is no guarantee. They could very likely be released into a homeless hostel or a treatment centre if anyway lucky. Where mothers who are not supported well to transition out of prison and in their post-release relationships with their children, all positive developments made while in prison, as already found by Comiskey *et al.* (2006) and IPRT (2010, 2011a) can be lost. Where there is no practical assistance in achieving any sense of an alternative or positive future, there is no hope. Where there is no hope, it is easy to comprehend then why and how traumad mothers often revert back to the ‘comfort’ and escapism of their chosen substances, substances which seem to play a genuine role in elevating the pain of loss and separation – ultimately initiating the cycle of reoffending and prison re-entry. Learning from international practice models and programmes - such as the Re-unite Programme in the UK (Gill 2012, Anawin 2015) and other US initiatives (Garcia 2016, Robison and Millier 2016) - which specifically address the housing issues incarcerated mothers and their children face on release from prison, would be well placed within the Irish context in attempting to address the cycle of release, relapse, re-offending and re-entry mothers in Ireland are adversely challenged with. It is important to address this gap, while prison was found to be transformative for mothers, hope and aspirations for the future are often lost once released. There is an urgent and moral need to optimise on the progressive, personal and introspective (hard) work mothers have done while in prison and transfer this, with the right practical supports, into positive and functioning lifestyles in the community for both mother and child(ren).



### 1.41.3 Number of Children Affected by Maternal Imprisonment

This study responds directly to national and international calls to address the deficit in statistical data on the number of children affected by of maternal incarceration (Martyn 2012, 2017, Burgess and Flynn 2013, Philbrick *et al.* 2014, Minson *et al.* 2015, Baldwin and Epstein 2017). While imprisoned mothers in Ireland today have on just marginally fewer than the 2.7 found in the commissioned by Carmody and McEvoy (1996)<sup>111</sup>, they do have at least one child more than the national average number of children per household in Ireland (currently standing at 1.4 (CSO 2016c)). While it is not uncommon for marginalised mothers, particularly mothers from the Irish Travelling Community for example (who were overrepresented within this study<sup>112</sup>) to have a higher number of children (Doyle 2017), this finding cannot be considered in a vacuum. This specific context of motherhood and mothering must be contextualised within the wider milieu of these mothers' lives and the heightened challenges they face. As evidenced by this and past studies, incarcerated mothers are not only confronted with extreme trauma in childhood and adulthood, much of which has remained emotionally unresolved; now as adults they are challenged with extreme addictions, mental ill-health, complex adult relationships and oftentimes poverty, and all this before you consider them as mothers. Yet, they are mothers, and moreover they are mothering more children than most. The average non-prisoner mother has less stressors in their lives, and also less children to consider. Notwithstanding this, the overall implications of being in prison on them and their many children, in the present and for their futures, is then an additional factor to consider.

In relation to the children specifically, statistical findings from this study permit a number of additional calculations. First, that on any given day approximately 269 children have a mother in prison in Ireland. This figures presents a 32 percent increase on the predicted figure of 204 children provided by Children of Prisoners Europe (COPE) (Philbrick *et al.* 2014). Second, that approximately 4,754 children

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<sup>111</sup> The slight decline in the number of children is in line with a national trend where until 2016 Ireland witnessed a consistent decline in family size (CSO 2016c). An analysis of women entering the work force, who often have children later and/or have fewer children, may be less applicable in this context as many of the mothers in this study had low levels of education and limited employment histories.

<sup>112</sup> The Traveling Community are also overrepresented within the general prison population (Costello 2014)

were affected by maternal imprisonment in Ireland in 2016<sup>113</sup>; of which, 3,470 (or 73%) were children under 18 years of age. In taking this analysis one step further and get a genuine sense of the issue from a comparative perspective, it is interesting to look at these figures and compare them with our neighbours in the UK. The 4,754 young and adult children estimated to have been affected by maternal imprisonment in 2016 equates to 0.1% of Ireland's overall (4.6 million) population. By comparison, UK research suggests that 18,000 children are affected by maternal incarceration annually (Powell *et al.* 2017), which is 0.03% of the country's (53 million) overall population. Thus, on the face of it children in Ireland appear to be three times more likely to be affected by maternal imprisonment compared to the UK. It's difficult to say whether this eye-opening calculation is more reflective of the fact that Ireland is much more likely to use imprisonment for female offenders in comparison to the UK<sup>114</sup>, or simple that the UK (much like most other jurisdictions), are seriously under representing the children in their State affected by this issue in their country; a mix of both is most likely the case.

The reality remains for Ireland however, that while children of prisoners may experience parental imprisonment somewhat akin to a bereavement or parental divorce (Gardiner *et al.* 2016). In 2015, 5,678 children were affected by separation and divorce in Ireland (CSO 2016c), a number nearly reflective of the number of children affected by maternal imprisonment – which does not include the majority population of children of incarcerated fathers. Various forms of specific support exist in Ireland for children and families affected by bereavement, separation and divorce. By comparison, Ireland has only one established community-based Family Support agency, Bedford Row based in Limerick city, whose sole purpose of work is with children and families affected by imprisonment<sup>115</sup>. The lack of political and societal

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<sup>113</sup> From the 2,540 women who were sent to prison in Ireland in 2016 (IPS 2016), 1,981 (or 78%) were mothers of 2.4 children.  $1,981 \times 2.4 = 4,754$

<sup>114</sup> Ireland's judiciary is more likely to use imprisonment over probation compared to the UK (O'Hara and Rogan 2015, Carr 2016) and Ireland has twice as many female committals compared to the UK (21% compared to 10% respectively) (Ministry of Justice *et al.* 2017, IPS 2016).

<sup>115</sup> St Nicolas Trust is a voluntary organisation in Cork City that provides information and an informal support group for families of prisoners only. Care After Prison (CAP) is based in Dublin and provides vocational support for ex-prisoners. In comparison, Bedford Row is the only fully funded Family Support Service which works with children of prisoners specifically and their families, hosting a number of children groups, a play therapist, a psychologist, a team of social workers and project workers, a child prison visiting accompanying service, and various group and training projects for families, prisoners and ex-prisoners alike, therefore working both inside and outside the prison.

will to recognise this vulnerable group of children and families and their unique needs requires urgent attention, including the development of nationwide service provision. i-Hop is just one example of a great resource hub which provides various models of practice, policy and research focusing on the needs of children of prisoners in the UK, from which Irish policy makers and practitioners alike could borrow and benefit from immensely. There is a need to adapt and develop national practice, in particular social work practice, in the area of working with children and families affected by the imprisonment of a loved one. To date, Ireland has no national strategy or work package in this regard.

#### **1.41.4 Deceased Children**

It is tremendously heart-breaking and unnerving to learn that a quarter of imprisoned mothers in Ireland have experienced the death of a child (born and unborn), which they considered a loss to them. Reasons for child deaths, and the ages of deceased children varied, as did the impact and relevance of the loss<sup>116</sup>. Only a small number of mothers spoke about this experience compared to the substantial finding from ACASI; possibly because it was too painful, or because it felt like a diversion from the perceived focus of the narrative question<sup>117</sup>. Therefore, while it is difficult to draw any deep conclusion it would be short sighted to suggest, as also argued by Lind and Deveau (2017), that experiences of abortion, miscarriage and stillbirth can be divided into two clearly divided camps; those who were emotionally attached to their pregnancies and those who were not. What was evident however, was the realisation for the mothers involved in The Mothers Project, that the pain they were suffering in relation to the loss of child (babies and adult children) they were not suffering alone, that many other mothers in prison had similar experiences. This had such a profound effect on The Mother Project group that they asked for this question to be inserted in ACASI which led to such a significant and unexpected finding.

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<sup>116</sup> Many mothers stated that they had miscarried in the early stages of the first trimester and they did not acknowledge the foetus as a baby. Therefore, the number of actual foetal deaths is not conclusively included in this study.

<sup>117</sup> While the use of one narrative inducing question was to encourage non-restrictive stories, most mothers nonetheless choose to focus on their experiences of being mothered and their current or active experiences of mothering.

### **1.41.5 Older Mothers and Grandmothers**

This study was, as advocated within matricentric feminism research, inclusive of all mothers. As a result, its findings verify that incarcerated mothers in Ireland are now older and present with distinct challenges as a result. For instance, the average age of the female prisoner has increased since Carmody and McEvoy's (1996) study, from 27 years (p. 4) to 35 years (IPS, 2016); equally to this this study (i.e. 35 years). However, only 3.2 percent of the children in Carmody and McEvoy's (1996) study were adult children, compared to 27 percent in this study; presenting a 744% increase in the daily number of adult children recorded to be affected by maternal imprisonment in Ireland in just over two decades.

Moreover, grandmothers - previously invisible - emerged as a predominant group. Nearly one in every five of the imprisoned mothers who participated in the interviews discussed their grandchildren and the importance of their grandmothering role. The distinct concerns voiced by older imprisoned mothers and grandmothers regarding their adult child's challenges with addiction, incarceration and parenting concurs with UK research by Wahidin (2004) and Baldwin (2017a) and to a lesser extent Irish research (Joyce and Maschi 2016) who have brought the voices of older imprisoned women, mothers and grandmothers to the fore. The engrained role grandmothers now play in the lives of their grandchildren is also relevant (Arber and Timonen 2012, Amarach 2017), as grandmothering (particularly those on longer sentences) frequently sustained their roles as grandmothers while in prison and/or out on Temporary Release.

Wahidin (2004) asserts that the silencing of older female prisoner's voices is a blatant form of ageism and another layer of institutional punishment and suppression in these women's lives. Older imprisoned women have only been given scant recent focus in Irish research (Joyce and Maschi 2016), while grandmothers specifically have been internationally noted as an overlooked cohort within feminist criminology and prison sociological studies (Wahidin 2004, Baldwin 2017a). However, reflecting on past research with imprisoned women in Ireland, Carmody and McEvoy (1996)

did not mentioned any grandmothers<sup>118</sup> and Quinlan (2006) only mentioned two grandmothers (2.5 percent) from a participant group of 80 incarcerated women. Therefore, it may be possible grandmothers did not previously exist as a subgroup, or they were indeed an overlooked group within the female prisoner population. Regardless, this study is the first piece of research in Ireland that takes account of grandmother's experiences.

Whatever the case, all services and individual practitioners on the ground ought to be reflective of this maternal journey, and therefore be mindful not to ignore the specific needs of older mothers of adult children; relationships which are oftentimes more complex. Otherwise, a clear message of hopelessness is articulated to those who have reached 18 years or beyond. Moreover, their children, the grandchildren of the imprisoned mothers, become an automatic oversight and neglected within and across supportive services. The picture must remain wholesome and inclusive. Grandmothers in the study were often focused on their grandchildren in particularly positive ways; these relationships are vital and can be empowering and constructive for both the grandmother and the grandchild and if supported can certainly begin to heal some of the intergenerational nature of maternal trauma found within the study.

#### **1.41.6 Emerging Adults**

In relation to the emerging adult, it was interesting that mothers assigned 'current' child carers to over a third of the adult children (see Appendix 6). This suggests that mothers do not always view 'older' children as totally independent. The findings herein echo the argument put forward by Schroeder *et al.* (2010) in their work on adult-parent bonds and life-course criminality, regarding the delayed initiation of adulthood in contemporary societies and the importance of parenting during this period of emerging adulthood; an assertion specifically relevant to the imprisoned mothers in this study and their young adult children. Moreover, maternal narratives revealed how some of adult children included in this study were less than 18 years old when their mothers first entered prison, and have grown into adulthood during their mother's custodial sentence(s). Had this study not been inclusive of all mothers

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<sup>118</sup> Only two of the 62 mother prisoners in Carmody and McEvoy's (1996) study of 100 women had grown children.

(for example, like the Irish HSE commissioned study conducted by Comiskey *et al.* (2006)), it would have rendered these ‘children’s’ journey into adulthood otherwise invisible. This analysis demonstrates that regardless of age, all mothers and children require support and merit visibility and voice in this debate. There is often a divide in academia between child focused research and research with families. However, this lacks that these mothers were once children themselves, often visiting their own parents in prison. These extensive and intergenerational journeys and involvement within and across the criminal and social justice system is such that this particular group of ‘children’ have something quite unique and worthwhile to contribute towards developing policy and practice in this area. Much like the older mothers and grandmothers who emerged in this study, this group of adult children should not be neglected in this discourse, as a value cannot be placed on their level of expertise.

#### **1.41.7 Marriage and Relationships**

The fact that one fifth of the mothers in this study experienced marriage appears to be uniquely Irish. It contrasts with US research for instance, where it is found that most incarcerated mothers were never married (Barnes and Stringers 2014, Valera *et al.* 2015) and UK where research which usually does not mention marriage at all (see: Minson *et al.* 2015, Gardinar *et al.* 2016, Baldwin and Epstein 2017). Ireland’s Catholic, historical, cultural and constitutional focus on the institution of marriage as central to Irish family life is noteworthy in this regard (Earner-Byrne, 2007). However, it was surprising that a downward trend in marriage was not witnessed considering the overall diminishing role of the Catholic Church within the State infrastructure (Inglis 2007). Interestingly though, twice as many mothers were married compared to both previous Irish studies on female prisoners (Quinlan 2006, Carmody and McEvoy 1996). Nevertheless, as already mentioned, mothers in this current study were older, which may have some influence on the number of married mothers. Also, being the only Irish study on incarcerated mothers, incarcerated mothers are, according to findings by Michalsen and Flavin (2014) and Tuerk and Loper (2006), more likely to be married compared to incarcerated non-mothers. Finally, the overrepresentation of mothers from the Irish travelling community within this study, who are more likely to marry may also be noteworthy in this regard (CSO 2016b, Doyle 2017).

Nonetheless, it was surprising to find that over half of mothers in this study were in a long-term relationship, with the average relationships being 10 years. This finding seemed at complete odds with the often published ‘fact’ that mothers in prison are most often single (Minson *et al.* 2015, Gardiner *et al.* 2016, Martyn 2017). What wasn’t surprising, and concurs with much research in the area, was that many past and present intimate partner relationships were characterised by domestic violence and addiction (Baldwin and Epstein 2017, Neale and Lopez 2017), often to the extremity, including examples herein of murder and the rape for instance. Interestingly however, all perpetrators of intimate partner abuse had fathered at least one, if not all of the mothers’ children. Overall, the many intricate roles biological fathers played (as opposed to partners in general) is quite unique; abuser, caregiver, protector, friend (and are explored in more details in their individual contexts below). It’s important to be cognisant of this and the tremendous impact fathers have on the lives of these mothers and their children; for better or worse they are a huge part of the story.

Finally, stories of domestic violence emerged when mothers volunteered information relevant to their experience of motherhood and mothering (i.e. where pregnancies miscarried due to domestic violence, or where children witnessed domestic violence and/or were removed from their mother’s care as a direct result). Therefore, it may seem that domestic violence is not as prevalent among imprisoned mothers in Ireland, 30 percent comparison to 50 percent in the UK for instance (Corston 2007). However, the relationship between the abuser as a father to the mother’s child(ren) appeared to be relative to the context of this ‘motherhood study’, as opposed to it being a true reflection of all experiences of domestic violence.

#### **1.41.8 Adverse Childhood Experiences (ACEs), Trauma and Institutionalisation**

The pervasive nature of trauma in childhood, adulthood and motherhood was striking, especially to those approaching this topic with limited prior exposure. As a female convict criminologist however, which according to one of the founders of convict criminology (Earle 2016) we are few, the level of trauma (while hard hitting

and emotional to bare witness to) was not altogether surprising. What is evident, is that as a feminist convict criminologist, mothers in the study found a common space to talk about their experiences in ways that may not have been otherwise possible. This often led to extreme levels of details within and across life stories.

In grounding these findings to past and ongoing research, conclusions certainly correlate with new emerging research on how ACEs impacts later life. The ten categories of abuse, neglect and household dysfunction in the ACE study (Felitti and Anda 2010, Wiig *et al.* 2017) all feature in the findings of this research; indeed several incarcerated mothers experienced all ten ACEs. More specifically, Bellis *et al.*'s (2015) findings that adults who had experienced four or more ACEs are sixteen times more likely to have used crack-cocaine or heroin and twenty times more likely to be incarcerated undoubtedly resonates with the confirmed link between trauma, addiction and imprisonment found within this current study.

Overall, 17 percent of mothers who engaged in the narrative interviews mentioned personal experiences of child rape, three times the Irish national average for penetrative sexual abuse<sup>119</sup> (McGee *et al.* 2002, p. xxxii); yet many more mentioned childhood sexual abuse. The emotional, physical, sexual abuse and neglect in adulthood and motherhood emphasised in these findings is quite reflective of international research on imprisoned mothers (Carlen 1987, Corston 2007, Barnes and Stringer 2013, Burgess-Proctor *et al.* 2016). However, the atypical trauma exposed is more significant because the study did not explicitly ask about trauma. While volunteering this type of detail is not uncommon in similar research (Woods 2007), the Sexual Abuse and Violence in Ireland (SAVI) found that half of those who had experienced childhood sexual abuse had never previously disclosed before being asked the direct question (McGee *et al.* 2002, Mooney 2017 p. 121). Therefore, the multifaceted trauma disclosed herein is likely to only be what is referred to in the literature as the 'tip of the iceberg' (McGee *et al.* 2002) compared to if direct questions had been asked. This is equally true, as implied above, regarding the prevalence of domestic violence.

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<sup>119</sup> which compares for to 5.6% of Ireland's general female population (McGee, Garavan, de Barra, Byrne and Conroy, 2002, xxxii)



On the whole, 11 percent of imprisoned mothers experienced non-relative foster and institutional state care as children, which compares to 0.4% of children in Ireland today<sup>120</sup>. This finding statistically and empirically confirms the anecdotal argument put forward by Irish Penal Reform Trust (IPRT), Barnardos and Irish Association of Young People in Care (IAYPC) regarding the high number of children in care who move through the prison system (Murphy and CMAAdvice Ltd 2010). Noteworthy also is that imprisoned mothers hardly received solace or rescue from alternative care provisions or the judicial system. Foster homes, family fostering, mental health institutes, young offender institutes and court proceedings were often negatively described as places of emotional, physical and even sexual abuse and trauma. Engagement with social work services were often traumatic, as many experienced professional negligence at times of critical need, particularly as children but again in motherhood, when they reached out to services but were not adequately responded to or the intervention caused further damage. The long-lasting negative implications from such poor experiences within and across the various systems cannot be underestimated. Moreover, when you consider the context within which imprisoned mothers are now contained. It is incomprehensible how difficult it must be to sideline that indelible damage and once again reach out to the very systems that have you have been previously harmed and failed by. And yet, many imprisoned mothers do; indeed, they often have no other choice.

Findings also concur with a number of international studies which discuss the common nature of intergenerational and interfamilial offending for imprisoned mothers (Alleyne 2007, Suchman and Suchmen 2016). Noteworthy is that having a loved one in prison is too considered within the ten categories of ACEs. Mothers in Wiig *et al.*'s (2017) study suggested the need to distance themselves from their families in order to break the cycle of ACEs, addiction and ultimately imprisonment. The irony in this context however, is that families often provided hope for the future and were the mothers strongest sense of social and informal support networks within which their children were being cared for. This makes it difficult to suggest that they ought to distance themselves from their families and loved ones. Considering the engrained nature of offending and incarceration for this group of mothers, it is only

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<sup>120</sup> 4,534 children are currently in non-relative foster care in Ireland (Tusla 2017), from a national children's population of 1,220,907 (DCYA 2016)

imaginable the difficulties they must face regarding their own journeys to abstinence from substance misuse and desistence from offending.

Much like their own children, extended family and particularly othermothers (i.e. elder sisters, aunts, grandmothers and foster mothers) often cared for the mothers in this study during their childhood in instances where nuclear family members were not available. Interestingly, while grandmothers and extended families played a key role in rearing many of these mothers during childhood, statistical findings show that (contrary to the children of the mothers in the study) it was more common for imprisoned mothers to be reared in State care than by their grandmothers. This finding would highlight the relevance of Ireland's historical context, in which state institutional care (rather than in-family care) was more prevalent for those facing adversity compared to today (Devaney 2011, Buckley and McGregor 2018).

Descriptions of positive experiences of family and othermothering did exist however and resonates well with research by Valera *et al.* (2015) on the experience of being mothered for incarcerated mothers and additional research (Raikes 2017, Baldwin 2015b, 2017a) which highlights the engrained role of othermothers in supporting mothers in prison. However, a plethora of research and feminist criminological literature also supports this study's finding concerning the disrupted childhoods (Miller *et al.* 2013) childhood trauma (Kjellstrand *et al.* 2012) and experiences of dysfunctional families among the female prisoner population (also see: Carlen 1987, Prison Reform Trust 2013, Wiig *et al.* 2017). In reality however, many mothers in this study described both these conflicting experiences throughout their journeys of childhood and into their motherhood. Is it important, practically from a matricentric feminist framework, not to silence the nuanced experiences that these mothers have voiced; particularly where maternal stories do not neatly fit in one box or the other. It's only through accepting this messiness and the interwoven trauma alongside happy childhood memories that we can begin to really see the link between 'lived mothering' to 'examined motherhood' and bridge the gap between academe and activism as asserted by O'Reilly (2011). Notwithstanding this, the level of maternal (rather than paternal) maltreatment experienced by the mothers in this study is particularly harrowing. It cannot be ignored that the focus of this research is on mothering which may have resulted in more mothers reflecting specifically on their

experiences of being mothered rather than being fathered. Nonetheless, the noted prevalence of maternal maltreatment reflects research by Brown *et al.* (1999) and Loper *et al.*, (2008), who also found a noted higher level of maternal maltreatment (compared to paternal maltreatment) experienced among female prisoners.

Whether physical abuse took place or not, poor experiences of being mothered were categorised by mentally, emotionally and physically unavailable mothers. Memories of absent mothering often invoked painful and emotional reflections during interviews, verifying the long-term negative psychological impact of some mother-daughter relationships. This reflects, as Baily (2006) suggests, the direct trauma of 'unavailable' mothering. These findings also concur with attachment and psychology literature which discusses the detrimental effects of poor attachments on the life-course, often resulting in poor later life outcomes (NICHD Early Child Care Research Network 2006, Golding 2008, Loper *et al.* 2008, Poehlmann *et al.* 2010, Byrne 2010). Moreover, it was evident that many imprisoned mothers in this study were ill-equipped to perform mothering due to their own poor past, and often ongoing experiences of being mothered, lacking in what Chodorow (1999) suggests is the natural and rational preparation of women and girls to mother through being mothered. Moreover, reflective of studies by Ainsworth and Eichberg (1991) and the theorised concepts of the transmission of trauma by Winnicott (1939) and others (Spitz 1945, Freud and Burlington 1970), findings herein certainly evidence the intergenerational nature of mothering through a lens of unmanaged (maternal) trauma.

Nonetheless, there were only a few examples of what Rich (1967) termed the ultimate 'female tragedy' (p. 237), where imprisoned mothers had completely severed relationships with their mothers. Nearly all participants were empathic towards to their mothers regardless of the physical and emotional abuse endured under their care; they spoke about loving and understanding their mothers regardless of their inability to perform what this analysis suggests is the ideological view of 'intensively mothering' (Arendell 2000, Granja *et al.* 2015), and they often acknowledged their own mothers past and unresolved trauma as disabling them to do so. Yet, while sympathetic towards their mothers, many were evidently emotionally challenged with their mother-daughter relationships and there certainly existed

examples of what Rich (1967) termed ‘matrophobia’, the fear of becoming ones’ mother. On the whole, developments in trauma-informed care and practice in working with mother offenders, possibly adapted from the *Guidelines for The Implementation of Mother-Child Units in Canadian Correctional Facilities* (CCPHE 2015) could work towards addressing some of the intergenerational (maternal) trauma (Kawam and Martinez 2018), addiction, reoffending and institutionalisation which this group mothers and their children are commonly challenged with. However, it is wholeheartedly recognised that taking this approach would involve a whole new way of working not only within the prison system, but across the whole criminal and social justice system. It was encouraging to witness the recent conference “Toward a Trauma-Responsive Criminal Justice System: Why, How and What Next?”, a joint collaboration between the Irish Prison Service, the Irish Youth Justice Service (IYJS), the Department of Justice and Equality, An Garda Síochána, The Probation Service and the Association for Criminal Justice Research and Development (ACJRD). It would be more interesting to see how these discourses are played out in reality, following such events.

#### **1.41.9 Addiction and Mental Health**

It was startling that only one mother from the narrative interviews had no relationship with drugs, alcoholism or addiction. This alone provides sharp evidence of the addiction endemic within Irish prisons among the female prisoner population - as previously highlighted by Carmody and McEvoy (1996), Dillon (2001), Quinlan (2006) and recently confirmed and discussed again by IPS and the Irish Probation Service (Clarke and Eustace 2016). Moreover, the findings assert that substance use and abuse merit specific attention among the subgroup of incarcerated mothers. Likewise, and in common with other findings (Alleyne 2007, Suchman and Suchmen 2016), most imprisoned mothers, their adult children and family members were substance dependent and come from communities and environments where drug use is widespread (also see Taylor *et al.* 2016, Wiig *et al.* 2016, Suchman *et al.* 2017).

Similar to Woods (2007) and Wiig *et al.* (2017), mothers in this study were often excited about their initiation into their drug use and viewed it as a natural part of adolescence. However, like others who have explored motherhood, addiction and

offending (Alleyne 2007, Kilty and DeJ 2012), most mothers commonly used substances in adulthood and throughout motherhood to escape memories and emotions related to past and ongoing pain and trauma. Findings show that universal experiences of child and adult trauma which emerged in the mother's stories were often intertwined with poor maternal mental health, reflecting findings by Poehlmann (2005) Baldwin (2015a) and Holt (2016), who also highlight how trauma is associated with elevated maternal depressive symptoms and poor maternal well-being.

Self-laceration, suicide and substance abuse found as a method used by mothers and female prisoners alike to alleviate the pain of past and ongoing trauma (Kelly 2006, Woods 2007, Chamberlan 2016) was evident in this study. Again, similar to self-laceration, injection drug use often leaves visible bodily scars (Chamberlen 2016). Both types of self-inflicted scars and abuse were evident among the mother prisoner population and while drug overdoses did not feature as incidences of deliberate self-harm or attempted suicide, they did feature within the mother's descriptions of perilous substance abuse behaviours. Moreover, it was harrowing and yet so deterministic to learn that some drug using mothers did not have any expectations of surviving long after being released. Overall, this suggests that the use and abuse of drugs, is often in and of itself a form of self-harm and suicide in the case of the imprisoned mother in Ireland.

Any reasonable proposals to support reparation, post release community and family reintegration, and contact with children cannot – as inadvertently suggested in sections of the *Probation Service and Irish Prison Service Joint Strategy on Women Who Offend* (IPS/PS 2014) - be discussed independent of the overwhelming challenges regarding substance dependencies; addictions which are often interrelated with experiences of unmanaged trauma. While, European Prison Rules (Council of Europe 2006) recognises female prisoners gendered mental health needs, it lacks a political recognition and response to how such adversities are instrumentally linked to the maternal well-being, mental health and ultimately, maternal practice. However, it will be interesting to note the outcome of the new initiative, *Improving Surveillance and Monitoring of Self-harm in Irish Prisons Project Scope Document* (NSRF *et al.* 2017), while not gendered, the document does instruct the systematic

recording of specific influencing/motivating and contributing factors for incidences of self-injury.

#### 1.41.10 Section Summary

This section has discussed the demographic and criminogenic profile of imprisoned the mothers and the number of children affected maternal incarceration in Ireland. It also considered challenges regarding their age, relationships, and the association between past and ongoing trauma, addiction, mental health and (re)offending. The following section will discuss Mothering and Childcare.

### **1.42 Section Two: Mothering and Childcare**

#### 1.42.1 Introduction

This section discusses the various forms of childcare imprisoned mothers engage with throughout their motherhood journeys and journeys through imprisonment – specifically, childcare provided by biological fathers, grandmothers and alternative childcare. This section also considers how mothering and mother-child separation is experienced and managed and the internal and external maternal battles faced regarding embracing alternative childcare, while simultaneously challenged with addictions and adverse circumstances. This section finally considers how the painful and emotional incarceration experience equally provides a time of respite from chaotic lives and trauma; fostering reflection, reparation, restitution and a space where maternal transition and progression is also often realised.

This section addresses objectives one - *to explore the experience of motherhood and mothering for incarcerated mothers in Ireland*, and objective three - *to examine the supports available to imprisoned mothers and for mother-child contact*.

#### **1.42.2 Fathers and Grandmothers**

Contrary to the general perception, but in concurrence with smaller Australian and Iranian studies on imprisoned mothers (See: Flynn 2012, Rahimipour et al. 2014 respectively), biological fathers - but not the broader term ‘partner’ as referred by Carmody and McEvoy (1996) – constituted the largest group of child caregivers for

this group of children. Fathers were more likely to be primary carers compared to state care or extended family and therefore fathers were often found to perform what Ruddick (1995) describes as ‘true mothering’, the voluntary commitment of motherwork which is not dictated by social or gendered structures. This conflicts with US and UK research which report children of incarcerated mothers as being more likely to experience State care than to be cared for by their biological fathers (see Minson *et al.* 2015, Aiello 2016). Again, contrary to UK research which found it is more common for grandmothers to be the child’s caregiver compared to fathers (41% to 29% respectively, in Baldwin and Epstein, 2017); this current study found grandmothers fall just behind fathers as primary carers for the children of imprisoned mothers. The area of fathering for children of imprisoned mothers is unquestionably a unique finding in this Irish study and was certainly one of the most surprising findings overall. However, further desk-based research confirmed that the active role of fathering in this context is poorly investigated, altogether internationally undercelebrated and on the whole very little research or literature exists. As a result, it is difficult to draw any well-informed overarching analyse at this point. However, this does not suggest it merits minimal discussion, on the contrary; the conclusion is that this phenomenon is recognised a massively important in the story of imprisoned mothers in Ireland, and of their children, and certainly warrants further, more focused and in-depth exploration.

Unlike, Flynn (2012) who found that in most cases where the father was primary carer the mother and father were often separated, this study didn’t clarify for certain the context all mother-father relationships. Overall however, mothers were mostly grateful and satisfied with the care and support provided by the children’s fathers regardless of whether they were still in a relationship, concurring with similar findings by Baldwin and Epstein (2017). However, as found in many other international studies (Taylor *et al.* 2016, Wiig *et al.* 2016, Suchman *et al.* 2017), some fathers were also described as struggling with their own substance dependencies and this led some mothers to question abilities to perform childcare. In additional instances, fathers struggling with their own addictions were living with their own mothers (the child’s grandmother) who was often the appointed legal guardian, which, as also found by Flynn (2012) and Wiig *et al.* (2016) led some mothers to contemplate the benefits of non-relative foster care in lieu of family

fostering. On the whole, while in family care was often preferred it wasn't without its concerns.

In the absence of biological fathers, grandmothers were most likely to care for the children of the imprisoned mothers in this study. There has been a much literature celebrating the role grandmothers play in the lives of children of imprisoned mothers (Gill 2013, Raikes 2016). Raikes (2016) has called grandmothers out as the 'unsung heroes' of the criminal justice system for the important role they play not just for the children, but also for the imprisoned mother herself. Findings related to grandmother care are most interesting when considered against their changing roles over time and generations, for example how they played a somewhat lesser role in the childhoods of the imprisoned mothers themselves (See: Chapter Five, Section 5.2.3.2), which reflects Irish research that found mothers today are more reliant on their mothers than the generation before (Amárach 2017). However, as also noted by Gill (2013) and others, the health and well-being of aging and unwell grandparents again led some mothers to question the ability and sustainability of some such childcare arrangements and supports. What is evident is the need to better engage with this group of family carers; this study is proof that the roles of both grandmothers and fathers have indeed changed in contemporary Irish society in recent decades. If we are serious about securing the best ways to support the safety and well-being of children affected by this issue then policy, practice and research ought to play catch up exercise, and in doing so, recognise that the unique gendered and health needs of those who are caring for the children is central in the discussion.

### **1.42.3 Alternative Child Care**

Most children were cared for within their own families, and while family care was not always straightforward, most mothers did favour this option. Overall however, 20 percent of imprisoned mother's children are currently in non-relative State care (i.e. general foster care, adoption and institutional care). Considering this finding alongside published statistics by Tusla (2017) where 0.4% of Ireland's child population<sup>121</sup> are cared for in non-relative childcare placements; children of

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<sup>121</sup> According to Tusla (2017) 4,534 children are in non-relative foster care, this is from a national children's population of 1,220,907 (DCYA 2016)



imprisoned mothers therefore appear to be at least 50 times more likely to experience non-relative foster care compared to the general population of children in Ireland. This study did not include statistics on relative fostering, however it is noteworthy that a third of mothers discussed formalised family fostering arrangements for some, or all, of their children in the narrative interviews. On the whole, this provides stark evidence of the extensive state involvement in the lives of these children and their mothers.

Overall, complex stories of childcare demonstrated that formal and informal childcare supports were often quite fluid in nature, interlinked and co-reliant. For instance, childcare which often naturally transitioned from an informal family arrangement into formalised family fostering. However, as also found by Valera *et al.* (2015) Raikes (2016) and others, mothers relied heavily on extended family relationships and othermothers as caregivers for their children. Grandparents and aunts also voluntarily provided support to other caregivers, the imprisoned mother herself and her children, outside of any formal intervention. Along similar findings by Luther (2015) and Aiello (2016) caregiving was a key aspect of social support for the mothers in this study.

Experiences of involuntary separations which were predominantly found to be from birth instigated by social services were generally followed by periods of poor maternal well-being and chronic drug abuse. The general experience of mother-child separation and the extensive involvement with child welfare services found in this study concurs with numerous studies which explore the multiple adversities faced by mothers who engage with the criminal justice system (Beckerman 1998, Granja 2015, Garcia 2016, Miller *et al.* 2017). However, an anomaly in the study's findings is that in most instances children in this study were placed into voluntary foster care (some with family) because mothers frequently felt their children deserved more than they could provide them at moment in time.

Voluntarily placing children into foster care did not emerge as an action or decision which resulted in the permanent severance of maternal rights, as is often discussed in US and UK research findings (Barnes and Stringer 2014, Neale and Lopez 2017). The ways in which mothers were found to engage with voluntary fostering is

possibly due to Ireland's limited use of domestic adoption (McCaughren and Lovett 2014, Tusla 2017)<sup>122</sup> entangled in Ireland's Constitution<sup>123</sup>, and the manner in which children are supported to remain within their families (Devaney 2011). Those few who mentioned adoption said their children were adopted in Northern Ireland or the UK, often against their will. Ever changing and evolving mother-child access, contact and relationships existed, and is reflective of the work of Winter (2014) who considers the challenges and experiences of children who transition through state care; it wasn't uncommon for young adult children mentioned in this study to be transitioning out of foster care and returning to their mothers after prolonged contact.

However, the recently enacted Children and Family Relationship Act 2015 and the Adoption (Amendment) Act 2017, now renders various groups of children eligible for the adoption process for the first time. Thus, the situation whereby children have remained in foster care in Ireland for several years is changing (McCaughren and McGregor 2017). It is too early to provide any analysis on how this will eventually affect imprisoned mothers in Ireland whose children are in foster care. However, what is clear is that the case of the incarcerated mother, who could be viewed as not engaging with services, particularly where contact is not well supported (See: Chapter Seven, Section 7.3; Chapter Eight, Section 8.3), envisions specific challenges for this vulnerable group of mothers and their children. The issue with permanency planning legislation, which gives little thought to the specific challenges incarcerated mothers are faced with regarding sustaining meaningful parenting roles, has been highlighted in the US (Beckerman 1998, Poehlmann *et al.* 2010), Australia (Flynn *et al.* (2016), the UK (Neale, 2017) and many more. It would be shameful, especially considering the research that now exists warning against such detrimistic processes, to witness Ireland head down that same destructive path.

#### **1.42.4 Separation due to Imprisonment**

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<sup>122</sup> In 2016, a total of 177 adoptions took place (Tusla, 2017), 65 of which were adoptions approved for birth mothers to adopt their own child with their new spouse (Gartland 2017).

<sup>123</sup> Article 41.1.1 of the Irish constitutions provides that the 'family based on marriage' is superior to all positive law and until very recently children's rights were not strong on the agenda. Adoption was only possible under very strict circumstances; unmarried couples could not adopt as a couple and children born to married parents (irrelevant if they are in foster care or not) were not eligible for adoption. If a parent marries and their new spouse wished to adopt their child, the birth parent must also adopt their own child as they must adopt as a married couple.

Various Irish advocacy and children's rights based publications (Donson and Parkes 2012, 2016, Martyn 2012, 2017, Mulcahy and Quinlan 2013), recognise imprisonment as a factor in mother-child separation for incarcerated mothers in Ireland. Most children included in the study – whether they lived with their mothers or not - had some level of contact and access with their mothers prior to her imprisonment. The overall high levels of sustained mother-child contact within the Irish context could be attributed to Ireland's reluctance to engage with adoption practices, and the implications of *The Kennedy Report* (1970) and the Child Care Act (1991) which champions an approach which supports children to remain within their families where possible. In addition, half of the children involved in the research were living with their mothers prior to her committal into prison, which is slightly higher than the 30 percent in Scotland for example (Gardiner *et al.* 2016), or the 24-31 percent in the UK (Ministry of Justice 2012). Therefore, there is a considerable challenge in Ireland which we haven't even begun to address or acknowledge. Overall, mother-child relationships have a context, a past, and while many children were living apart from their mothers at the point of this committal into prison, nearly all had contact with one another. Therefore, the point remains that mother-child separation is still an unintended consequence of maternal incarceration.

Certainly however, the experience of separation for mothers who were providing primary caring roles for their children is somewhat distinct. From a basic perspective these mothers missed being around their children and hearing their children's voice, something they were used to everyday. They felt disabled by not being able to perform routine mothering while in prison and were concerned that those who were performing their motherwork were not able to fulfil their maternal roles to the same standard, and therefore leaving their children detrimentally affected by their absence. This concurs with the work of Minson (2015) and Epstein (2012) for instance, who discuss the long-lasting effects on children and incarcerated mothers alike, when it is the primary caring mother who is imprisoned. Maternal imprisonment was found to be unquestionably and instantly harmful to these types of mother-child relationships.

Notwithstanding above, while disrupted childcare resulting from maternal imprisonment certainly emerged in the findings, it was not noted to the extent or affect as previously argued in Irish policy and advocacy publications (Martyn 2012,

2017, Mulcahy and Quinlan 2013). In the first instance, it was common for primary caring mothers in this study to be given time at sentencing to consider childcare arrangements before beginning their sentence (see also *Irish Examiner* 2017<sup>124</sup>). So the general perception mothers and baby are separated at the court house just did not emerge in the Irish context. There is certainly a lack of Irish and international empirical research on the Judge's consideration of mothering at sentencing in Ireland (see: Chapter Three, Section Context 1.14.4.1 and Flynn *et al.* 2016). Nonetheless, Ireland's unique judicial discretion (Conway *et al.* 2011, Donson and Parkes 2016) which may consider mothering at its will, certainly contrasts to the UK (Minson 2015). For instance, Baldwin and Epstein (2017) found several incarcerated mothers in their UK study had left their child to school before arriving at court and not expecting a custodial sentence. Judges gave no consideration to the absence of immediate or long-term childcare before sending mothers directly to prison from Court. This did not emerge as an issue in this Irish study. Secondly, children who experienced a change in their home, caring and living circumstances as a direct result of their mother's imprisonment were all cared for by their fathers, close family members, or in homes they were very familiar with. Being placed into foster care or with foster carers they were unfamiliar with as a direct result of maternal imprisonment, as often cited and suggested in UK research (Minson *et al.* 2015, Neale and Lopez 2017) did not emerge as a strong finding for this group of imprisoned mothers.

Additionally, not unlike Dutch (Hissel *et al.* 2011) and Norwegian (Friestad 2016) studies on maternal incarceration, mother-child separation had also occurred for over half of the children prior to their mother's imprisonment (also see Flynn 2008, 2013). In this sense, some mothers explained they did not have as strong a maternal bond with children who were removed as babies, or with children who were being cared for in non-relative foster care families and from a young age. In many of these cases maternal imprisonment did not impact on the daily lives of these children. Certainly not in comparison to mothers who described rearing children for many years or those they had extensive contact with. The complex and varied experience

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<sup>124</sup> Likewise, a was mother recently convicted of a violent offense which resulted in the death of a young man, yet was given a week to organise the childcare for her son prior to beginning her custodial sentence (*Irish Examiner*, 2017)

of mother-child attachment and experiences of separation during maternal imprisonment became particularly evident in instances where siblings were split, and contact was more prevalent with children cared for by relatives compared to those in non-relative foster care arrangements for instance.

This presents a contrary narrative to most research and advocacy arguments on mothers in prison (Comiskey *et al.* 2006, IPRT 2011b, 2017, Donson and Parkes 2012, Walsh and Crough 2013), which often report that mothers are predominately primary and sole carers of their children prior to their imprisonment. Less than half of the mothers were indeed single and considering a quarter of families in Ireland are now lone parent families with most (85%) headed by mothers (One Family 2018), suggests incarcerated mothers are nearly twice as likely to be 'lone mothers' compared to the national average. However, the struggles of lone mothering, as often conveyed in other international studies (Barnes and Stringer 2013, Baldwin and Epstein 2017), and indeed Irish studies on the imprisonment of women (Carmody and McEvoy 1996, IPRT 2011b, 2017, Mulcahy and Quinlan 2013, Martyn 2017) did not emerge as a strong maternal narrative within this study.

Overall, while statistics show that the majority of children had contact with their mother, and indeed nearly half lived with them prior to her committal, stories of mothering show that many mothers were not the only, or primary person, providing care for their children. Findings here also reflect that by Mumola (2000) in that some mothers were living in the same house as their children but were not actively providing primary mothering roles (in Hissel *et al.* 2011). Maternal narratives did however expose how many mothers were mothering alone for several years or at several intervals, prior to embracing collective and/or alternative childcare. However, by the time many began to engage with the prison system, othermothers and childcare supports were frequently already in place. Therefore, this is not to say that mothers in prison have not experienced the struggles of lone mothering, on the contrary, it was obvious that many had. However, lone mothering was not central to current reflections on motherhood and mothering at the time of interviewing. However, this analysis makes sense considering the extensive influence of the Irish Probation Service in judicial proceeding (Cotter and Halton 2015, Carr 2016, Nolan 2014) who can advocate the personal circumstance of the mothers (See: Chapter

Three, Section 3.2.4), rendering it somewhat unlikely that primary caring mothers with no family or childcare support, would be incarcerated for a minor crime in the first place. However, as already mentioned, research focused on judicial practice regarding the role motherhood and mothering play in sentencing is certainly lacking in the Irish context, and this analysis undoubtedly merits more attention.

The needs of young, adolescent or young adult children and how they can sustain contact with their incarcerated mothers is distinctly related to their age and agency (Shlafer and Poehlmann 2010, Flynn 2013). As many of the children who were living with their mothers prior to her current imprisonment now constitute adult children within this study highlights how mother-child relationships are not static; children grew, developed and changed while their mothers served their sentence(s), and likewise their relationships with their mothers grew, developed and changed over time. As Shortt *et al.* (2014) asserts, the dynamics of such fluid, complex and vital human relationships and interactions are emotion led and therefore always open to the possibility of change throughout the life-course. It is important to be mindful of child development and life-course trajectories for the child as we think about supports for mother-child contact via imprisonment. As practitioners, we should always remain open to the fact that because relationships are closed today, they may not be tomorrow, and to invite and support the possibilities of reunification processes if this is where the child (mainly, but also the mother) is at and is their wish.

Finally, where mothers and children had varying levels of contact and relationships prior to imprisonment, or where family relations were strained, prison could serve to settle the mother's chaotic lifestyle and support the mother-child reconnection processes. Interestingly, Burgess-Proctor *et al.* (2016) also found that maternal incarceration served to alleviate some of chaos brought into children's lives due to their mother's addictions. It wasn't uncommon for mothers and adult daughter relationships to strengthen during maternal imprisonment for instance, and for some mothers to reconnect with their younger children during their custodial sentence. Overall, similar to assertions by Flynn (2008, 2012) Cassidy *et al.* (2010) and others (Houck and Loper 2002, Poehlmann *et al.* 2010), this analysis contends that the context and quality of the mother-child relationships and interactions prior to and

during maternal imprisonment is of primary consideration; particularly if/when mother-child contact during maternal imprisonment is being contemplated.

Nearly all mothers in the study looked towards future relationships with their children – in whatever guise that may be – for some this meant returning to primary caring roles, for others improved mothering meant being in a better position to provide support to their child and their child’s caregiver rather than to perform daily motherwork or primary care. Nevertheless, that fact that not all mothers wanted to return to be their child’s primary carer presented some reflective learning for the author who, upon initiating this study subconsciously assumed that all the mothers would be seeking a type of restitution which resulted in being reunited with their children and performing some level of routine motherwork. Following on from the reflective process it was realised that this pre-conceived notion was routed - not only by their own positive experience and connection with motherhood - but also by their closest friends from prison, both mothers, who sought to be reconnected with their children during and after their imprisonment. What came to realisation was, if mothers are to truly have a feminism of their own (the premise of matricentric feminism), then we must reflect and scrutinise our own motherhood identities first. Only after this can we can unequivocally open our minds to those maternal stories that do not fit into the dominate or personal worldview. The new area within motherhood scholarship which explores the reality that some mothers in fact regret motherhood is a perfect example (Donath 2015, Kingston 2018). It’s an awkward and uncomfortable space for mothers while nonetheless simultaneously being empowering for mothers. It is OK to want to look after yourself first and it is OK not to want to be the primary person in your child’s life, and as Donath (2015) and Kingston (2018) also found, this does not mean you do not love your children.

#### **1.42.5 Mothering through Addiction and Adversity**

Findings related to the experience of mothering while substance dependent concurred with other studies (Silva *et al.* 2012, Suchman and Suchmen 2016), that drug using mothers frequently meet their child’s immediate needs, but children are often materialistically overcompensated for the lack mother-child ‘quality time’ (also see: Wiig *et al.* 2017, Espinet *et al.* 2016). In applying Ruddick’s (1995) maternal

theoretical framework; to perform maternal nurturing (the second duty of maternal practice) the mother must nurture her child's emotional, cognitive, sexual and social development and spirit. However, incarcerated mothers in this study reported their inability to perform maternal nurturing while also substance dependent. However, as also found by others (Woods 2007, Silva *et al.* 2012), mothers carried a lot of guilt about this and for 'choosing' drugs or alcohol over their children (Woods 2007, Silva *et al.* 2012).

Similar to findings by Woods (2007), pregnancies while addicted to substances were not always described as planned (see also Bellis *et al.* 2015), indeed some mothers did not believe they could conceive (as also found by Silva *et al.* 2012). Similar to extensive research on how drug addicted mothers experience pregnancy (Woods 2007, Silva *et al.* 2012, Espinet *et al.* 2016, Wiig *et al.* 2017), this study also found that pregnancies frequently instigated a change in substance abuse behaviours, changes which were often sustained for some time, often years, after their child was born. However, where babies were born addicted to heroin or with medical problems, mothers were left traumatised by the guilt for what their babies had endured, and as discussed by Gunn and Canada (2015) the guilt for consuming drugs while pregnant. For most this guilt rarely faded with time, exemplified by one grandmother who spoke vividly about the sustaining guilt and emotions she feels about her adult child who was born addicted to heroin and cocaine more than 20 years previously.

The extreme levels of addiction, domestic violence, poor mental health and general adversity meant that many mothers who engaged with alternative child care often did not regret their decision; that interim childcare was best for all involved - most of all their children. Nevertheless, findings show how mothers struggled prior to, during and after engaging with alternative childcare processes. The emotional paradox of 'giving up' children, not because it was believed to be the wrong thing to do, but because by doing so, mothers did not feel they subscribed to the accepted and cultural norms of what it constitutes to be a 'good mother' (Rich 1995; O'Reilly, 2016) exasperating notions of 'mother-blaming' (Reimer and Sahagian 2015). Like in other studies on motherhood, domestic violence and addiction (Woods 2007, Aiello 2016, Holt 2016), imprisoned mothers were judged for poor mothering and



‘giving up their children’, echoing scholarly discourse which draws attention to difficult decisions made under adverse circumstances whereby vulnerable mothers are made feel, as the literature summarises, ‘damned if they do and damned if they don’t’ (Lapierre 2010, Holt 2016).

Therefore, the inability to sustain motherwork meant mothers who embraced alternative childcare often experienced conflictive maternal emotions such a grief, loss, self-loathing and were judged - by themselves and others - for not being able to perform mothering, yet relief and satisfaction as they knew their children were being better cared for. These findings resonate with what O’Reilly’s (2016) termed the ‘perform storm’, as vulnerable mothers - or as specifically discussed by others (Garcia 2016, Granja 2015, Robison and Millier 2016) in relation to maternal imprisonment - are subjected to feelings of guilt and shame for not being able to achieve and perform the impossible expectations of ‘intensive mothering’ protected upon mothers today by society (Hayes 1996).

Incarcerated mothers appeared engulfed by maternal judgement. Mothers not only judged themselves for their perceived failure as mothers, they felt judged by their children, by other prisoners, by prison staff, and as Holt (2016) specifically discusses by child protection and welfare workers. Mothers in prison also created their own hierarchy of accepted good motherhood ideals, for example, in the ways those anomalies guilty of crimes or neglect against children were physically and psychologically bullied by other mothers in the prison. Research by Schram (1991) and Gunn and Canada (2015) on stereotyping confirms that female prisoners and addicted mothers have in fact the most sexist attitudes towards themselves, which as Schram (1991) found, is shortly followed by prison officers.

However, the author asserts a contrary analysis to the accepted cultural norm, in that mothers who engaged with alternative childcare consequence of their addictions and adversity in fact performed maternal practice through their own unique version of ‘protective mothering’ (Ruddick 1995). Protective mothering, according to Ruddick’s (1995) theory, is the act of protecting and preserving the vulnerable and valuable life of the child. The collective work of Winnicott (1939), Spitz (1945) and Freud and Burlington (1970) is also relevant, as they supported a representation of

the mother as a shield who protects her child from trauma. Exerting such maternal agency is not simply ‘giving up your children’, it’s a display of maternal practice performed often in contra to the maternal makeup of a mother, in doing she is sacrificing her maternal need and identity for the protection and well-being of her children; a powerful and difficult decision, as evidenced by the maternal narratives within this study. Therefore, this discussion argues that imprisoned mothers in Ireland ought to be recognised for their ability to perform their own unique version of protective mothering strategies, rather than be judged for their inability to perform unattainable ‘good mothering’ ideals.

#### **1.42.6 The Dichotomy of Prison Pain, Emotions and Progress**

On the whole, mothers were mentally challenged with complex emotions of remorse, pain and sadness for not knowing when they would next see, hold or properly mother their children again. Yet, incarceration was equally welcomed as an opportunity for change and maternal progression. In the context of this study, and similar to findings by Quinlan (2006) and Comiskey *et al.* (2006), the women’s roles as mothers remained central to their sense of identity and as such their emotions, future hopes and aspirations were often related to their maternal experience and practice.

Prison was found to be a vulnerable time and space for all mothering and non-mothering mothers alike, and all mothers held and managed, as Baldwin (2017b) theorises, maternal emotions. However, as also argued by Barnes and Stringer (2014) maternal emotions are poorly explored or recognised. This study noted how, as mothers are physically extracted from their chaotic lives via imprisonment, reflexivity is provoked, and an array of inescapable mothering emotions rise to the surface because they are in prison. The guilt of perceived poor performances of mothering, which is often suppressed in the community through substance abuse and chaotic lifestyles, can become all-consuming for the imprisoned mother while sober and predominately drug free. These emotions coincide with the realisation of the loss and separation from children (and the death of loved ones) altogether confirm what Sykes (1958) termed the psychological ‘pains of imprisonment’ as pertinent the experience of maternal incarceration.

Likewise, and as previously noted by O'Malley and Devaney (2015) many mothers began reflecting on past experiences of child abuse, neglect and trauma. While there was an example where a mother processed legal charges for such experiences, the overall lack of any clear political or legislative guidance in how to support and manage adult retrospective disclosures of child sexual abuse in Ireland (Mooney, 2014) meant many mothers moved through their sentence(s) being emotionally challenged with this and related issues, but not addressing them. As a result, mothers were highly susceptible to self-harm, suicidal ideation and drug use during their custodial sentence. Likewise, as Chamberlen (2016) discusses, the embodiment of emotions and prison pain expressed through deliberate self-harm while in prison was evident and every present.

Specific to findings in this study however, and as explicitly or implicitly discussed by others (Carlen 1987, Enos 1997) is the acknowledgement of maternal emotional pain for incarcerated mothers regarding their separation from their children and their experience of and in mothering. Prison based counselling and interventions were found to be reliant on the serendipity of a successful therapeutic alliance and not all mothers felt ready, able or willing to engage in counselling. The smaller numbers in Limerick female prison, alongside the added (albeit sparing) support of a social worker, appeared to provide the distinct difference in support between the two sites.

However, as already mentioned, the dichotomy of the incarceration experience was that nearly all mothers also embraced their prison journey as a life-saving intervention. Similar to the female prisoners involved in the *Strategic Review of Penal Policy* (Working Group on Penal Policy 2014), mothers described how progress made in prison is often impossible in the community due to chaotic lifestyles, poor mental and physical well-being and their perilous drug abuse.

Resonating well with other studies on maternal imprisonment (Aiello 2016, Cartwright 2016), findings demonstrate the intricate ways which mothers used prison to minimise or stop their substance dependencies, to rebuild their lives, their confidence, and their relationships with their children. Much progress achieved during incarceration appeared to be a personal journey; which according the findings can only be embarked upon once mothers are extracted from their turbulent

environments ‘on the outside’. Similar to findings by Shamai and Kochal (2008), time ‘inside’ provided space to reflect and as a result improved mothering, or attempts to improve mothering, often began during the custodial journey. It seems that motherhood, with all its complex emotions and painful reflections, also provided something positive to think about and work towards while in prison (also see: Barnes and Stringer 2014). Overall, prison conditions also appeared to provide an improvement from the nature of insecure, unsafe, uncertain environments and hopelessness in the community. This is further exemplified by the imprisoned mothers in this study who sought out imprisonment and probation support in lieu of community sanctions or ‘total abandonment’ from the criminal justice system.

How female prisoners in Ireland seek out ‘temporary reprieve’ from the hardship of their lives has only been scantily noted within broader more abolition theorists’ texts (Quinlan 2006, Moore and Scraton 2014). Therefore, this analysis provided by a female convict criminologist, urges a deeper analysis, questioning the validity of penal abolition theorists and advocates alike (Mulcahy and Quinlan 2013, Martyn 2017) as discourse which often awards primacy to the ‘pains of imprisonment’ at the cost of overshadowing the voices and experiences of the prisoners themselves. The reality is that in fact concurrent emotional and transitional simultaneous journeys are embarked upon throughout the custodial sentence; both of which provide powerful narratives and trajectories which support change and neither of which should be muted nor ignored at the cost of the other. For to do so, would be to mute and silence, once again, some of the most vulnerable maternal voices in our society. What should be the focus of the argument however, is firstly, how better to support these transformative yet emotional and complex journeys in prison. Second, why is there such a disjoint between the hope garnered while incarcerated and the (lack of) hope once returned to the community - i.e. why do so many mothers revert to their addictions and keep coming back to prison? Drawn from the reflective process embarked on during this PhD journey, and echoing the words of the late Inspector of Prison, Justice O’Reilly (2012), many are certainly being released into the same communities from which they left, and ultimately facing the same adversities. This is a distinct experience from the author, firstly because they were in prison in another country (removed from their own cultural comforts) and secondly because they were then released this into another country, away from the community where most of

their offending took place; most of these mothers are from the same communities where they are also imprisoned; Dublin and Limerick. However, there were a couple of examples where mothers, after meeting the author and being involved in the study, did embark on an educational journey and enrolled in a Dublin based Access Course for Mature.

Regards to the first question just outlined, there does exist examples of programmes for incarcerated mothers which could apply in the Irish context to address the emotional dysregulation mothers often experience while in prison. The programme outlined by Aiello (2016) for instance, focused on providing a safe maternal space to address the entanglement and guilt over the conflicting experience of drug use and motherhood, supporting imprisoned mothers – regardless if they want to return to be a primary carer or not - to move forward with their lives. Programmes outlined by Loper and Tuerk (2011) and Shortt *et al.* (2014) aim to manage the poor maternal emotional regulation mothers experience when separated from their children via imprisonment. Interestingly, and in response to the second question regarding the disconnect between prison and the community, findings by Shortt *et al.* (2014) show that mothers who engaged in the Emotion Programme improved their emotional regulation, their socialization and their criminal behaviour compared to those who did not participate in the same programme. Similar adapted programmes could present promising outcomes for mothers and their children who engage with the criminal and social justice systems in Ireland and beyond.

#### 1.42.7 Section Summary

This section has discussed various forms of childcare, the complex experiences of mothering and mother-child separation through adversity and imprisonment and the contradictory prison experience for incarcerated mothers separated from their children. The following section will specifically explore and discuss prison-based mother-child contact.

## **1.43 Section Three: Prison-based Contact**

### **1.43.1 Introduction**

This section discusses how the various forms of prison-based mother-child contact – i.e. babies in prison, prison and community-based visits, letters and telephone calls – are managed within Irish prison system. It also considers that while some policy and practice, such as free postage and telephone calls and the unquestioned right of the mother to keep her baby, is commendable within in the Irish context, this is not without its challenges. Moreover, while prison-based probation and various other agencies and services are indeed admirable in their supportive approach, there remains a disconcerting void in practice between the how mothers in prison are supported to sustain contact with their children; this is particularly true regarding the lack of engagement between mothers in prison and community-based social workers working with children in foster care.

This section addresses objectives one - *to explore the experience of motherhood and mothering for incarcerated mothers in Ireland*, and objective three - *to examine the supports available to imprisoned mothers and for mother-child contact*.

### **1.43.2 Babies**

Contrary to Ireland's history in separating vulnerable mothers and babies through closed institutions (Quinlan 2006, Buckley and McGregor 2018), this study presents a contemporary picture of how the formal prison system, in accordance with Rule 17 of *Prison Rules* (2007), is fully supportive of pregnant women and mothers to keep their babies if deemed appropriate and that is their wish. The findings in this study therefore confirm that by O'Malley and Devaney (2015) who discuss the receptive and accommodating approach for babies coming into the care of Irish prison system. This practice appears to be more in line with practice in underdeveloped African countries (Matsika *et al.* 2013), rather than more developed countries such as the US, the UK and Canada. In the UK for instance mothers must first apply for a place on a MBU, yet 50 percent of imprisonment mothers are nonetheless separated from their new born babies following birth (Abbott 2016). Forcibly separating mothers from babies due to incarceration did not emerge in these findings.

Due to the autonomy and discretionary power awarded to Prison Governors (as outlined in *Prison Rules* (2007)), mothers can be granted Temporary Release as their child reaches the upper legal age limit of 12 months (as stipulated in *Prison Rules* (2007)). Or, as equally evidenced in this study, mothers and babies can be permitted to remain in the prison past the child's first birthday under particular circumstances, until such a time as suitable community supports become available. Such Irish policy and practice conflicts with UK and Canadian penal practices for instance, where incarcerated mothers and their babies are often separated because it is not viewed as 'in the best interest of the child' to remain with their mother (CCPHE and UBC 2015, Powell *et al.* 2017).

Moreover, a positive finding was how IPS policy permits the child's father, a family member or close friend to attend hospital appointments with the expectant or new mother. In this way, female prisoners are encouraged and supported to share and enjoy their pregnancy and maternal experience, rather than forced to go it alone like in the UK for instance, where expectant mothers must attend hospital appointment accompanied by prison officers only (Abbott 2015, 2016).

Findings show how the custodial sentence is used by pregnant and new mothers as an intervention and opportunistic time to wean off drugs and focus on their pregnancy, their future with their baby and her future as a mother. Similar to findings by Woods (2006), mothers tended to reduce their substance abuse behaviours upon the discovery of their pregnancies and providing support during this time, as Espinet *et al.* (2016) refers, presents a 'window of opportunity', harnessing such maternal efforts. Attachment and neuro-physiological empirical research shows that supporting mother-child bonds for substance dependent mothers can support the dopamine pathways to shift away from substance use and toward maternal care (Espinete *et al.* 2016). Considering many mothers lacked appropriate maternal care from their own mothers, which according to Chodorow (1999) should have equipped them with maternal readiness. Therefore supporting mothers and babies to have a positive bonding experience works towards tackling the poor life outcomes consequence of the intergenerational cycle of poor attachment and international maternal trauma which was experienced by some of the mothers in study

(Poehlmann 2005a, Baradon *et al.* 2008, Murray and Murray 2010).

On the whole, it is encouraging that imprisoned mothers are not challenged with the automatic separation from their babies. Or worse still, as experienced by imprisoned mothers in the UK and the US where mother-child separation via imprisonment can lead to child protection legislation which automatically initiates permanency and adoption planning for children in foster care (Poehlmann *et al.* 2010b, Abbott 2015, Powell *et al.* 2017). This study also acknowledges the general practical support provided to expectant and new mothers by providing all relevant, required and necessary mother-child equipment.

That being said, how mothers and babies are maternally and emotionally supported merits closer attention for the rights and needs of both mother and child. For instance, there was a genuine concern about the unpredictable, hostile and drug tainted environment, as also alluded to by Joyce and Maschi's (2016) in their Irish prison study, within which pregnant women, postpartum mothers and babies must live. Both female prisons in Ireland are located within cities, meaning the accessibility to drugs within those prisons is of particular concern for prison management (Reilly 2011, Clarke and Eustace 2016). Additionally, imprisoned mothers and their babies (born and unborn) faced heightened challenges related to maternal substance dependencies and poor maternal mental health, within what Baldwin (2017b, 2017c) described as an emotional maternal prison space.

This study found an overall lack of emotional and practical day to day maternal support, both during pregnancy and after babies are born. While Article 18 of the UNCRC asserts, mothers' ought to be supported in child-rearing through the development of institutions and facilities for their children, it seems curious that imprisoned mothers in Ireland are supported to keep their babies without any prison staff specific training, with no onsite or easily accessible midwifery support, where there are no pregnancy groups or support programmes, there is no crèche or any early childhood education and care available and no on-site social work (i.e. child protection) support. Instead, women are only supported to leave the prison to access basic healthcare in a nearby hospital (Deegan 2017) and provided with the required equipment. Considering the heightened and complex needs these mothers presents



with, now also pregnant or post-partum women, the basic off-site medical care they receive is frankly a far cry from what is genuinely required. What is clear from the literature is that children of imprisoned mothers are more likely to be engaged with child protection and welfare services compared the general population (Miller *et al.* 2013, Raikes 2016), therefore, if Tusla Child and Family Agency is serious about early intervention, how is it that there are no social work specific training or social worker practitioners working for and with mothers (and babies) in prison?

### **1.43.3 Prison Based Visits**

There were many examples of intergenerational prison visitation and how family visits were a form of support and comfort to the imprisoned mother. This concurs with much literature on the overall benefits of family prison visitation for the mental health and well-being of female prisoners (Travis *et al.* 2005, Kelly 2006). Also, as verified in these findings, family connections performed through prison visitation certainly provided mothers with hope for the future (Bachman *et al.* 2016, Barnes and Stringer 2014), which, imprisoned mothers felt would support their community reintegration processes (Bales and Mears 2008, Bradshaw and Muldoon 2017).

On the whole however, the low numbers of child visitors is striking in these findings, yet not totally uncommon for incarcerated mothers elsewhere (Flynn 2008, Siennick *et al.* 2013). Less than half of the adult children visited their mothers, and while 50 percent of children lived with their mothers prior to her imprisonment only quarter young children visited their mothers in prison. This finding resonates with the often-cited UK research by Caddle and Crisp (1997) who found that only 50 percent of children who lived with their mothers prior to her imprisonment visited them during their custodial sentence. On the whole, visitation is complex, and mothers are often charged with the difficult scenario of whether or not to peruse them even though they nearly always wanted to see their children in the flesh and embrace them. Firstly, and in line with similar research carried out by Barnes and Stringer (2014), incarcerated mothers often struggled to achieve child visitation, either due to complex ‘choices’ and/or the practical obstacles. Moreover, those who wanted visits struggled to get them and those who got visits questioned their validity due to how they detrimentally affected their children. What was interesting was that while the long journeys

children often endured to attend visits did not emerge massively in ACASI, it did among many mothers in the narrative interviews; therefore, had this study not embraced the mother's voices, this may not have been a significant finding.

Ordinary prison visits were undoubtedly found to be uncondusive to positive mother-child contact. Poehlmann *et al.* (2010) reminds us that acknowledging and assessing the context of the visiting environment is vital if prison-based visitation is to be beneficial, particularly for young children. In the two female prisons in Ireland, prison 'on-site' visitation options are limited, and policy often prevents extensive physical mother-child contact. The overall lack of any consistent policy or child friendly approach regarding the management of child visitors was a persistent concern.

Such visiting conditions are not considered child-centric; there was noted lack of age appropriate and functioning toys, one visiting hall in Limerick had no toys and was mixed with male prisoners – both of which discouraged mothers from perusing visits. The no food policy, it is argued here, prohibits and discourages the enjoyment of what should be a natural and calming family and maternal practice – for mother and child to eat together. When you consider Ruddick's (1995) framework of maternal practice, and moreover the first duty of maternal practice to protect and preserve the vulnerable and valuable life of, and in, the child, it becomes evident that imprisoned mothers were exercising such 'protective mothering' strategies. Incarcerated mothers protected their children from being exposed to the un-child-friendly visiting process, environment and experience; however, this was often to their own detriment and at the cost of not seeing or holding their children. There appears to be little doubt that incarcerated mothers are additionally punished by the separation from their children (who incidentally are also punished).

The study's findings also highlight how, in concurrence with Parkes and Donson (2018), the experience of prison visitation was contingent on the demeanour of particular prison officers. While the altruism of some prison personnel supported the visiting process (O'Malley and Devaney, 2016), this was often overshadowed by the unhelpful and damaging attitude and approach of other prison officers. In particular visits with children in foster care, already recognised as extremely vulnerable

children, were often excessively supervised compared to previous access with children in the community prior to imprisonment. This created a hostile atmosphere where mothers felt judged, patronised and scrutinised and again prevented positive mother-child prison-based contact. This negative disposition was found to be a genuine concern for mothers receiving visits and often prevented mothers pursuing further visits. Findings from this research, alike others (Arditti 2012) show poor visiting experiences also affect the child's willingness to return. Overall, it was disturbing to find that when visits do happen, they can be disrupted by poor unchild-friendly conduct and powerplay exerted by prison officers.

The issue found with unsupportive prison officers regarding mother-child prison visits resonates with research by Schram (1991), who found that because prison officers often judge imprisoned mothers as 'bad mothers' they were unhelpful towards their visits with children. This is possibly due to, as Roche (2016) points out, that most prison officers do not often come from the socio-economic disadvantage as most prisoners. More to the point, findings here concurs with Turanovic and Rodriguez (2017) and even arguably within the evaluation of the Irish *Family Links* visiting programme for imprisoned fathers (Bradshaw and Muldoon 2017), that prison staff do not have the right training, connections or relationships with prisoners or social service agencies to understand the complexities of such family or mothering dynamics. While alluded to by Parkes and Donson (2018), there remains a danger in advocacy and rights-based arguments favouring child visitation overriding the reality of the un hospitable and un-child-friendly setting within the Irish prison context. This is not to suggest that visits shouldn't happen, but moreover that the IPS and indeed across the spectrum of the criminal and social justice agencies as a collaborative state entity, must 'up their game' in supporting 'positive' prison visitations between imprisoned mothers and their children.

Programmes specifically designed to promote positive child contact present progressive research findings (Snyder *et al.* 2002, Kubiak *et al.* 2010, McLaughlin *et al.* 2016), however no such intervention exists within the prison setting for imprisoned mothers in Ireland. The mother's voice therefore merits much attention as their concerns are perfectly reflected in research which demonstrates how increased visitation under such strained conditions is linked poor outcomes for both

mother and child (Dallaire *et al.* 2009, Poehlmann *et al.*, 2010, Dallaire and Wilson 2010, Shlafer and Poehlmann 2010).

Imprisoned mothers should be commended for once again invoking ‘protective mothering’ strategies in preventing prison-based visitation which are not in their child’s best interests. However, it is unacceptable that mothers are forced to sacrifice their own well-being while in prison, and their future relationships with their children, by making such difficult decisions during this challenging time. For instance, findings herein also demonstrate that a lack of contact during imprisonment creates challenges in reconnecting and re-establishing relationships once released from prison, consequently leading to ongoing cycles of poor attachment, ‘unavailable’ mothering and therefore fostering intergenerational cycles of unmanaged maternal trauma (See: Chapter Two, Section 2.2.2).

The poor physical visiting environment and lack of child-friendly staff were not the only reason mothers prevented their children visiting. Some mothers choose not to engage in prison visits to protect themselves from the emotionally charged encounter, which – as also highlighted in research by Bales and Mears (2008) and Arditti and Few (2008) - often left mothers in prison, alone and mentally vulnerable following contact and further separation from their children. There appeared to be an overall lack of support for the mothers to prepare for prison-based child-visits or to discuss child visits afterwards.

An additional barrier was that mothers viewed imprisonment as symbolic of bad mothering and believed their children would judge them if they knew where they were. Engaging in mother-child prison visitation ultimately exposed the reality of their true location, and their perceived ‘bad motherhood’ and deviant identities. This barrier is in fact more complex and related to the maternal shame mothers feel for their sense of failed motherhood to their children, and sense of failed motherhood within society; a shame which derives from ideologies of intensive mothering and mother-blaming (Hayes 1995, Reimer and Sahagian 2015). Synergies between ‘bad mothering’ concepts and the imprisoned mother have been explored by many commentators (Enos 2001, Granja *et al.* 2015). Additionally, visits with children in foster care were often found to be excessively supervised compared to previous

access with children in the community prior to imprisonment. This created a hostile atmosphere where mothers felt judged, patronised and scrutinised and again prevented positive mother-child prison-based contact during the mother's custodial sentence. However, once again, if incarcerated mothers were provided with the supports and in this case which included training on appropriate language and approach in how to address the situation in a child-friendly and comprehensible manner it could help to stripping back some of the fear and shame they (and their child's caregivers) are faced with in approaching this issue with children.

Similarly, mothers often avoided telling their children the truth about their location which also prevented visits. Again, mothers wanted to protect their children from the burden of worrying about them in prison, or in some cases children were too young to fully comprehend the situation. However, this – as also argued and noted by others (Flynn 2008, 2013, Burgess-Proctor *et al.* 2016) - clearly is evidence of an overall lack of support to equip mothers and caregivers with the right child-friendly language to explain maternal incarceration. The only Irish child-friendly resource for visiting a parent was recently published by St Nicolas Trust (n.d.), which portrays a boy cared for by his mother, clearly inapplicable in the case where it is the mother who in fact incarcerated, and where caregivers are varied, as evidenced in this study (See: Chapter Five, Section 5.3). Children of Prison Europe (Philbrick *et al.* 2014, COPE 2017), the International Coalition for children with Incarcerated Parents (INCCIP 2017) and i-Hop (Barnardos 2017) all provide a number related examples on this topic, which should be culturally adapted within the Irish Context. Likewise, Winter (2010, 2011, 2016) explores the specific role of social workers can play in communicating with children in foster care.

The overall noted lack of engagement with children of imprisoned mothers is also noteworthy, even though as the literature suggests (Hissel *et al.* 2011, Philbrick *et al.* 2014), children often already know the truth but are afraid to expose it for fear of upsetting adults. As argued by Winter (2010), it is important - particularly for social workers working with children in care - to listen to children, seek out their direct views and engage them in matters affecting them. If not, it is argued here, this ultimately feeds into this notion of secrecy and mother-blaming, promoting limited alternatives options other than lying.

It's vital to note the persistent research findings (Poehlmann, *et al.* 2008, Poehlmann *et al.* 2010, Loper and Tuerk 2011, Barnes and Stringer 2014) which emphasise the power and importance of working in collaboration with the child's caregivers for achieving the best possible outcomes (for all involved) regarding mother-child contact and child visitation. Considering the IPS objective to progress the *Family Links* visiting programme across the prison estate, the dynamic roles of child carers for children of imprisoned mothers' merits closer attention. All partners and caregivers in *Family Links* were mothers (Bradshaw and Muldoon 2017), which contrasts the multifaceted group of child caregivers for children of imprisoned mothers; while fathers are a predominate group of carers, so are grandmothers and foster carers – often a mixture of various types of carers exist for the same child or within the same family; all of whom have their own distinct needs which incorporate their gender, age, relationship with the child and the imprisoned mother, and any legalities or obligations behind their caregiving role. For instance, findings show that biological fathers were consistent in providing caregiving and accompanying their children to visits their mothers in prison. This gendered role suggests a distinct and contradictory level of support compared to when it is the father who is incarcerated, as noted by Parkes and Donson (2018), whereby mothers in fact often prevent their child visiting their imprisoned father. Likewise, while othermothers provided most child caregiving in the absence of biological fathers or state care, they were not equally representative in supporting child prison visits in the way fathers did. Therefore, there is certainly evidence across the board of a gendered aspect – be right or wrong – of women 'protecting' children from prison visitation, which ultimately merits more attention, specifically for instance in seeking out the child's own voice regarding visiting.

Finally, in instances where mothers were seeking visits this study found a general inadequacy of available adults or professionals in an advocacy or supportive capacity to negotiate or accompany children to attend prison visits, particularly where relationships had broken down. The *Family Links* initiative only involved those fathers who were already receiving visits. Perusing this protocol for imprisoned mothers would automatically exclude the majority of imprisoned mothers and their children and arguably the most vulnerable in need of intervention and support. For

instance, research findings show that children who experience no contact with their imprisoned parent are associated with feelings of alienation (Shlafer and Poehlmann 2010), and a lack of parental contact has been found to ultimately lead on to additional poor outcomes in later life (Ashton *et al.* 2016, Mulcahy 2017).

#### **1.43.4 Letters and Telephone Calls**

The study evidences, as does other studies on mothers in prison (Poehlmann 2005b, Flynn 2008, Granja *et al.* 2015) how telephone calls and letter writing often substitute prison-based visits. Considering the poor state of prison visitation, this preferred option of telephone calls and letter writing is not necessarily considered an inferior method for mother-child contact during imprisonment. Literature on increased telephone calls and letter writing suggests children can feel less alienated and have a stronger sense of alliance with their imprisoned parents which they don't feel when engaging with unhospitable visiting environments (Shlafer and Poehlmann 2010). However, while non-physical methods of contact do have benefits, it does not substitute well enough the need for mothers and children to see, hug, smell and hear one another. As Berry and Smith-Mahdi (2006) found what imprisoned mothers missed most was the physical presence of their children. As humans we are relational beings and maternal bonds requires nurturing and support to thrive to their full potential. And as already argued and evidenced in this study, 'unavailable' mothering is detrimental to both mother and child and can have a long-lasting and potentially intergenerational negative effect (See: Chapter Two, Section 2.2.2). Therefore, phones calls and letter writing are not to be viewed as good substitutes for poor support for in-person visitation. Phone calls and letter writing should be provided alongside the menu of other genuine options, whereby both mother and child can choose what best suits the context of their ever-evolving relationships, to support contact at any given moment.

Notwithstanding this, receiving and writing letters were found to be a source of maternal support and happiness. Supporting these findings, Berry and Smith-Mahdi (2006) and Poehlmann *et al.* (2010) also discuss the therapeutic advantages to letter writing between incarcerated mothers and their child. Much like other similar research studies (Poehlmann *et al.* 2010) receiving drawings and photographs from

children provided comfort to the mothers in this study. Findings also concur with many other studies which discuss how incarcerated mothers often use letter writing to maintain mothering and/or remain part of their children's lives (Aiello 2016) or as a positive steppingstone to reconnecting with their children (Tuerk and Loper 2006). In situations where there is minimal mother-child contact and/or visits are presumed inappropriate and unreasonable (also see Hissel *et al.* 2011), letter writing is a perfect way begin the reunification processes and similar to Poehlmann *et al.*'s (2010) study some mothers in this study were encouraged by their child's social workers to write letters to their children in foster care in the first instance.

While mothers enjoyed receiving and exchanging items and telephones calls with their children, it was despairing when such correspondence was hindered or prevented. Gatekeeping exerted by third parties over how and when telephone calls and object exchanges took place was a contentious issue. Moreover, the six-minute time constraint on the telephone was frustrating. Globally however, incarcerated mothers or their families carry the financial burden for postage and telephone calls (Granja *et al.* 2015), in fact many states in US charge prisoners in excess of the average cost of telephone calls and postage charged in the community (Poehlmann *et al.* 2010). By contrast IPS provide free national and international postage and telephone to all prisoners. While the time constraints on the phone can be disheartening and tough for mothers to manage, it is difficult envision an improvement from what is in fact an internationally unique service. For instance, supplying telephone cards for purchase could ultimately disadvantage poorer mothers in being able to contact their children. However, O'Reilly (2012) the former Inspector of Prisons, argued that in cases where mothers are unable to receive visits then they should be granted extended or extra phone calls; this may work towards relieving some of the stress for some mothers.

#### **1.43.5 Community-Based Access**

Progression from ordinary prison visits into the waiting room (in Dóchas Centre) and the family room (in Limerick Female Prison), then onto more child-friendly community-based access were encouraging. This provided mothers with something positive and child-focused to work towards while serving their custodial sentence.



While community-based access is recognised as better-quality contact and once granted can increase in frequency and duration over time, initially however there is an extended period where mother-child contact is minimalistic as mothers ‘lucky enough’ to gain this type of (often monthly) child contact usually supplants all prison based weekly contact.

Moreover, community access appeared to be considered a privilege and something the mother must work towards rather than something she and her child would automatically receive. More worryingly is that community-based mother-child contact was predominately rewarded to more determined personalities who demonstrate a certain ability to pursue this course of action. This places more vulnerable mothers, for instance those with low levels of literacy or who have poor relationships with prison authorities and formal support services such as child protection and welfare services, at a genuine disadvantage. This disadvantage is heightened by the fact that there remains no clear or explicit policy outlining how and when mothers can embark on the process in applying for community-based access, in particular with children in foster care. The *Incentivised Regime Policy* (IPS 2012) does outline that all prisoners who positively engage with services and demonstrate good quality behaviour are rewarded with increased visits and telephone calls and are more likely to be considered for Temporary Release. However, this policy does not incorporate a gender informed response to the needs of mothers in prison, or how outside agencies such as social workers ought to work with incarcerated mothers to ensure contact between her and her child is sustained.

Considering European Prison Rules (24.4) states prison visits should ‘allow prisoners to maintain and develop family relationships in as normal a manner as possible’, the analysis of this study’s findings reflects on how the visiting process impacts on the lives of children. For instance, children who are accustomed to a certain level of contact with their mothers, be it daily, weekly, fortnightly or monthly, are reduced to sparing heavily supervised contact or minimalistic telephone calls and sporadic letters while the mother is in prison. The UNCRC clearly states that children’s rights ought to be protected irrespective of their parent’s status (Art. 2) and a child’s right to family life under article 8 of the ECHR is also therefore protected. The child protection social work practitioner has a role to play here, not

only as Winter (2011) argues in seeking out the child's opinion as per Art 12 UNCRC, but also in how, and if even, visits ought to take place. Additionally, to ensure - through whatever means (visits, telephone calls, letters, objective exchanges or community-based access) - the child's contact with their mothers is sustained to the level desired by the child (which could differ among siblings) and supported by social work professionals and beyond to ensure all contact is child focused and child led (Winter 2010, 2011).

#### **1.43.6 Supporting Mothering and Gaps between 'Systems'?**

Findings demonstrate how imprisoned mothers (and their children) engage with multiple formal support services throughout their life-course and motherhood careers. The study evidences some practical collaborative work where external agencies reached in to support incarcerated mothers. The example in this study where an incarcerated mother was supported to regain custody of child from foster care, demonstrates the range of supportive possibilities within the Irish prison system for mothers separated from their children prior to imprisonment.

Imprisoned mothers appeared keen to engage with formal supports and used prison as a gateway into education, housing and addiction treatment. Services which supported mothering alongside additional such challenges (i.e. addiction, homelessness, training and employment) were found to be the most positively received. Moreover, the Irish Probation Service was noted as particularly helpful towards incarcerated mothers, which is interesting considering the service's social work training and ethos (Probation Service 2007). However, as O'Malley and Devaney (2016) point out, approximately 60 percent of female prisoners do not receive a probation service. Reflective of this is that some mothers argued their case for probation support inside the prison, to ensure they would have appropriate supports when they are eventually released from prison.

Findings show how incarcerated mothers in Ireland engaged with visitation, family court, probation and social services in negotiating and renegotiating contact and access with their children. However, as also found by Parkes and Donson (2018) interventions were often risk focused, and as Baldwin (2015a) highlights, the

emotional roller coaster incarcerated mothers experience as they journey through the various ‘systems’ to seek contact with children is rarely considered nor appropriately supported or responded to. Moreover, findings expose how, as previously discussed by Comiskey *et al.* (2006), mothers in prison often feel they have lost, or are losing their child to a system which doesn’t support their continued contact or evolving dynamic mother-child relationships. Findings certainly demonstrated a specific lack collaborative work between the Irish prison system, child protection and welfare services and family court services. Mothers often had to attend court alone, with no one to advocate for them. Court can be intimidating for the best and most able of us, never mind an incarcerated mother, possibly with a history of addiction who with all that complexity is fighting for custody of her children with no support. It’s easy to see how mothers under such circumstances quickly fall short of the intensive mothering and neo-liberal ideologies which champion individual responsibility (See: Ennis 2014, O’Reilly 2016); presenting such mothers as undeserving and unable to mother rather than survivors against all odds still fighting for the children. Because there are no mother-specific supports provided for prisoners, it seems to the Court mothers are unwilling to engage – the representation of a bad mother in prison who doesn’t care about her children. As O’Reilly reminds us, mothers who don’t fit do not fulfil the profile of the good mother due to the choice of circumstance are deemed “bad” mothers in need societal regulation and correction’ (p. 14). In fact, imprisoned mothers don’t have the means to exercise their rights or wishes, and they don’t have an advocate to voice this important position they find themselves in while they are in prison.

In concurrence with similar research (Poehlmann *et al.* 2010, Sikand 2017) most child protection and welfare social workers did not engage well with imprisoned mothers regarding their child’s care plan or assisting mothers and children to maintain meaningful connections and during the mother’s imprisonment. Reflective of findings by Sikand (2017), social workers were frequently found to be a significant gatekeeper and the professional with the most weight in terms of mother-child contact – yet many did not attend the prison or meet with the mother during her custodial sentence. The deficit in support was particularly problematic for mothers hoping to reunite with children upon their release from prison (including young adults transitioning out of fostering and back to their mother’s care). Indeed,

regaining custody of children once released from prison was highlighted as a reoccurring issue and challenge; indeed, some of whom did not regain custody of their children following previous prison committals. Likewise, the lack of contact between children in care and their biological extended family and separated siblings was equally disconcerting. This deficit in practice presents obstacles to the possibilities during imprisonment, as argued by Kauffman (2001) and Shamai and Kochal (2008), to strengthen rather than disrupt mother-child relationships and bonds.

Findings therefore demonstrate a deficit in practice according to the framework and legislation for the social work profession (in the Child Care (Placement of Children in Foster Care) Regulations 1995, the *Children's Act 1991*, and child protection and welfare policy and practice guidelines (HSE 2011, DCYA 2017), which assert that while the child must remain the primary consideration, maternal rights must also be considered. As argued by Poehlmann *et al.* (2010), determining the 'best interest' of children in regards to being supported to have contact with an imprisoned mother is inherently a subjective opinion imposed by individual social work practitioners. Therefore, while very few mothers spoke about the severance of their maternal rights (i.e. via adoption for example), how maternal rights are 'managed' within and between the broader systems within which they are behold is completely relevant. As evidenced by Schram (1999), imprisoned mother's rights are often diminished because of their 'bad' mothering identity which is directly linked to their convict status, rather than any direct link to the ability to love or care for their child. Devaney and McGregor (2016) highlight the common tensions which occur often between risk and prevention which have meant child protection and family support services in Ireland have often operated within a fragmented way. Yet, the current possibilities under Ireland's new independent Child and Family Agency (Tusla) (established in 2014), has huge potential

“[Tusla's] intention is to reorientate the way in which child welfare services are delivered to maximize the preventative and early intervention capacity of the system. The opportunity to systematically interrogate the relationship between protective, preventative and support services at this moment of change in Ireland has relevance far beyond the national context” (Devaney and McGregor 2016, p. 1)

However, it remains that Tusla has no policy or practice guidelines to support practitioners or mothers faced with this specific circumstance. Likewise, incarcerated mothers in Ireland are beholden to child protection and welfare social workers, whose role and goal is to focus on the child, not the mother. Indeed, mothers in this study called out their need for an on-site social worker to support them to negotiate the space between prison and community-based child protection social work services.

#### 1.43.7 Section Summary

This section has discussed how prison-based mother-child contact is managed within Irish prison system. Moreover, while some prison-based practice and policy is indeed commendable, there remains a concerning lack of collaboration between community-based social workers and IPS in supporting mothering to sustain meaningful contact with their children, which has the potential for a long-term (even intergenerational) negative impact.

### **1.44 Chapter Summary**

This chapter has discussed the experience of motherhood and mothering for imprisoned mothers in Ireland in relation to the literature reviewed in previous chapters. The mother's age, relationships and heightened adversities have influenced their experiences of motherhood and mothering and their engagement with the criminal and social justice systems. Likewise, ACEs, poor mental health, addiction, childcare and imprisonment were also found to impact on the imprisoned mother's maternal experience and practice. Mothers managing substance dependencies encounter numerous structural, familial, parental and internal challenges in their motherhood identity and mothering practices. While prison-based addiction programmes and various interventions can achieve positive outcomes for mothers attempting to re-build their lives and motherhood identities, this is often because the stigma which exists in the community inhibits mothers from seeking the support they need which could ultimately prevent incarceration in the first instance.

Mothers who choose to embrace change are faced with acute challenges; those without positive role models must learn the basics of mothering, those wishing for a fresh start must consider separating themselves from social and family support

networks and communities, all the while attempting to manage the trauma of ACEs while possibly performing mothering. While imprisoned mothers in Ireland often invoke protective maternal strategies, these are not recognised as so and most remain judged by themselves and others for not fulfilling the impossible task of mothering under such circumstances. Most imprisoned mothers have been, and remain to be, failed by the systems within which they are beholden. This failure is also evident by the lack of support for mother-child contact during imprisonment, at a time when there is most potential for maternal progression and the fostering of positive future mother-child relationships.

Nonetheless, in line with matricentric feminist theory, mothers merit a voice of their own in the debate on feminist theories and criminology. Their experience of prison is unique because they are mothers, not because they are a female prisoner. There remains persistent failure to recognise the additional harm caused to mothers in prison - specifically, by failing to acknowledge the importance of supporting their mothering emotions and mothering role. Moreover, it is good to be cognisant of the hardship and multiple traumas many incarcerated mothers have endured and are currently managing, particularly the trauma and impact of incarceration and the disruption of mother-child bonds. Any hope for the future, and any proposal to harness the positive personal work done while in prison, cannot be taken seriously with first acknowledging the context of these mothers' lives.

Overall, this chapter has discussed the main research findings and considers them with reference to the literature on the area. The following chapter, Chapter Ten, provides an overall conclusion to the study by revisiting the primary aims and objectives of the research and providing some concluding thoughts of the study's findings.

## **Chapter Ten: Conclusion**

### **1.45 Introduction**

The purpose of this chapter is to provide a brief summary of the thesis as a whole. Firstly, a summary of the study's rationale alongside its aims and objectives are provided. It also revisits the theoretical areas which situated and provided academic reference for the study and the research methods used. The chapter then reiterates the key messages of the study and draws together the findings under the four objectives in order to make policy and practice recommendations.

### **1.46 Rationale, Aims and Objectives of the Thesis**

Through the completion of a minor dissertation submitted as part of a Master of Arts in Social Work several deficits in knowledge in the area of maternal imprisonment in Ireland became apparent. Firstly, no statistics existed on how many mothers or children are affected by the circumstance; what supports are available; or how mother-child contact is managed during maternal incarceration. Furthermore, while the experience of mothers in prison has begun to gain some international attention there nonetheless remains an absence of the maternal voice regarding personal experiences of motherhood and mothering for imprisoned mothers in Ireland. Therefore, the overarching aim of the research study is to give visibility and voice to incarcerated mothers in Ireland by exploring their experience of the informal institution of motherhood, and their practice of mothering. In doing so, the study also aimed to give visibility to their children and the wider supports available to imprisoned mothers. The objectives of the study are to;

1. To explore the experience of motherhood and mothering for incarcerated mothers in Ireland.
2. To profile imprisoned mothers and identify the number of children affected by maternal imprisonment.
3. To examine the supports available to imprisoned mothers and for mother-child contact.
4. To make recommendations for future policy, practice and research.

### **1.47 Theoretical Base and Research Methodologies**

This research is situated in the interdisciplinary school of motherhood scholarship. The researcher was influenced by various theoretical and methodological approaches in designing the study. Convict criminology, which provided the author with a safe academic space as an ex-prisoner and scholar and spoke directly to the researcher regarding research access, experience, and the validity of seeking prisoner's direct voice and involvement in the research process. The following methodological theoretical base is what the author has termed 'Matricentric Feminist Social Work Research', unites the attractiveness of participatory research methods applied in both matricentric feminism (i.e. applied research in Motherhood Scholarship) and social work research. Matricentric Feminist Social Work research therefore - similar to convict criminology but through a more specific maternal and social work lens - awards primacy to the maternal voice and supports the direct involvement of the mothers in the research process, with the overall aim to address social injustices faced by vulnerable, marginalised and criminalised mothers.

### **1.48 Key research findings**

A set of core findings were generated by this study and are discussed in full in Chapter Nine, with reference to past research on maternal imprisonment, the theoretical frameworks which underpinned the study and Irish research, policy and practice within the Irish prison and child welfare systems. However, to provide a robust conclusion to the study it is still helpful to revisit each individual research objective in turn.

#### **1.48.1 Objective One - Motherhood and Mothering**

The first objective of the study was to explore the experience of motherhood and mothering for incarcerated mothers in Ireland. Key findings and messages relating to this objective are as follows.

The heightened levels of childhood, adulthood and motherhood trauma (including maternal maltreatment specifically) has impacted on this group of mother's maternal experience and practice. The performance mothering very much depended on the adversities mothers were faced with at a given moment in time, as a result many



mothers dipped in and out of their mothering throughout their motherhood careers. At the time of interviewing some mothers were not providing primary caring roles for their children, however, motherhood was central to their sense of identity and all mothers held and managed emotions relevant to their maternal experience regardless of their mothering roles. Moreover, incarceration tended to heighten maternal emotions, as experiences of mothering came to the fore while sober and with limited access substances. All this fostered imprisonment as a particularly vulnerable 'maternal space' where deliberate self-harm and drug abuse (where possible) were used as methods to cope with (often intergenerational) unmanaged maternal trauma. However, it also transpired that motherhood simultaneously provided incarcerated mothers with a sense of clarity and something positive to work towards while in prison, which was otherwise unattainable or unimaginable while in the community immersed in chaos and addiction. Therefore, findings show that mothers had two concurrent emotional and simultaneous journeys to contend with while in prison; one was the difficult reality of past and present trauma and circumstance, and other was the power and possibilities of the present circumstance and a positive or hopeful future.

While challenges with younger children tended to take superiority, mothers were nonetheless challenged with the distinct maternal demands pertaining to their roles as mothers of adult children and as grandmothers. While all mothers suffered with painful reflections of mother-child separation, mothers who were providing daily mother work prior to incarceration had a distinct emotional experience compared to those who had embraced alternative childcare some time before their current committal into prison. For instance, those who were directly mothering struggled with not being able to perform daily mother work and were concerned their children were adversely affected by their absence. Other mothers were challenged with the sense of loss and attachment which was occurring over time, and the guilt related to that experienced of separation which often rose to the surface while in prison sober and predominately drug free. All mothers wished for a future with their children and hoped and wished to provide a positive and supportive maternal role within their children's lives. While some were returning to performing daily mothering, others did not always envision a primary or sole caring mothering role, for some a measured maternal role within their children's lives was envisioned. Overall

however, motherhood and mothering for this group of mothers can be not categorised as a stagnant experience of separation and loss, but rather an emotional journey of continual change and evolution within which imprisonment played its role in supporting maternal transition. And if harnessed, could have increased possibilities for the future of both mother and child.

#### **1.48.2 Objective Two – Profile of Mothers and the Number of Children affected by Maternal Imprisonment**

The second objective of the research study was to profile imprisoned mothers and identify the number of children affected by maternal imprisonment in Ireland. Key findings relating to this objective are outlined here.

Most women in prison in Ireland are mothers, who have on average one child more than the national average number of children per family in Ireland; at least one fifth of whom who have also experienced the death of a child. Uniquely Irish is that twenty percent of imprisoned mothers in Ireland have experienced marriage, over half are in a relationship (often long-term) and there is an over representation of mothers in prison from the Irish Travelling Community. Moreover, around half of imprisonment mothers have been to prison on average four previous times and contrary to common perception the average prison sentence was three years (not three months). Statistical findings are suggestive that the subgroup of mother prisoners are more likely to be readmitted into custody when compared to the general female prisoner population. Furthermore, the average age of the incarcerated mother is 35 years, providing evidence of the aging mother prisoner population when compared to previous Irish studies, confirming them as mothers of not only adult children, but also as grandmothers.

The study's findings verify the prevalence of intergenerational institutionalisation for this group of mothers, statistically confirming that more than one in every ten imprisoned mother in Ireland has experienced out-of-home State care as a child. Similar to international research, childhood, adulthood and motherhood trauma were extreme in nature and common across the board. Moreover, experiences of past and ongoing unmanaged trauma were found to be interlinked with mental ill-health and

substance dependencies. Additionally, the immediate challenges faced regarding homelessness were evident and while some mothers transitioned from prison into residential drug treatments centres, being incarcerated generally appears to exasperate post release homelessness and precarious housing accommodation and circumstances.

Overall, the numbers of children affected by maternal imprisonment has been underestimated, under-resourced and underreported. The extensive annual number of children affected by maternal imprisonment in Ireland falls just shortly behind the annual number of children affected by parental separation and divorce and is three times the number of children affected by the issue in the UK. Children of imprisoned mothers were fifty times more likely to experience non-relative foster care compared to the general population of children in Ireland and while intergenerational institutionalisation was therefore commonplace, this group of children were twice as likely to experience non-relative foster care compared to the imprisoned mothers in the study. Moreover, while approximately 70 percent of children were under 18 years of age, challenges for adult, and young adult children also emerged and were centred around childcare, addiction, imprisonment, education and transitioning out of foster care. Although statistically a third of children were over 18 years of age, this did not necessary mean all were considered independent adults; the case of the emerging adult separated from their imprisoned mother in need of support and an assigned adult caregiver also emerged for a substantial number (35 percent) of those 'adult' children. Likewise, many of the adult child subgroup were under 18 years of age when their mothers first entered prison; a group who would have been invisible of only mothers of children under 18 years were involved in the study.

### **1.48.3 Objective Three – Supports and Mother-Child Contact.**

The third objective of the research study was to examine the supports available to imprisoned mothers and for mother-child contact. Key messages and findings relating to this objective are as follows:

Eight out of ten children of imprisoned mothers in the study were supported within their own families. Contrary to most US and UK research most children were in fact

cared for by their biological father, which was shortly followed by (paternal and maternal) grandmothers and aunts; some of latter caregivers provided formalised family fostering arrangements. Engaging with alternative childcare was often voluntary rather than enforced (other than in cases where babies were removed shortly following birth), as mothers frequently invoked protective mothering strategies to safeguard their children from chaotic and often unstable environments. On the whole, mothers were mostly satisfied with the (relative and non-relative) childcare support their children were receiving. However, while mothers frequently preferred relative support as opposed to non-relative foster care, some imprisoned mothers had begun to question the validity and/or sustainability of such arrangements where caregivers were struggling with their own aging, health and addiction related issues.

While some mothers had only sparing contact with their children (often due to personal choices during periods of chronic substance abuse), nonetheless, nine out of ten children had ongoing contact and access with their mothers prior to her imprisonment, a circumstance which drastically alters when mothers become incarcerated. Only a quarter of children under 18 years of age, and less than half of the adult children, visited their mothers during her custodial sentence. Visits were a contentious issue as mothers were challenged with the overall lack of support in child friendly language and visiting conditions to seriously consider prison-based child visitation. Mothers therefore frequently engaged with alternative methods of contact such as letters, telephone calls and working toward community-based access to substitute prison visits. However, while alternative methods were shown to have benefits, they still resulted in an overall reduced level of mother-child contact during imprisonment. Moreover, while female child caregivers, prison officers and in particular child protection and welfare social workers tended to have the most power regarding the management and realisation of mother-child prison-based visits and alternative contact, most did not appear to engage well with the mothers or the prison system to ensure contact occurred or was child-led or child-focused.

#### **1.48.4 Objective Four - Future Policy, Practice and Research.**

The fourth and final objective and the research study was to make recommendations for future policy, practice and research. Each of these areas of recommendations are laid out in turn here.

##### ***1.48.4.1 Recommendations for Policy***

An explicit policy response which recognises the impact of trauma in the intergenerational cycle of addiction, mental health and offending for these mothers and their children is recommended. The apparent lack of societal will to recognise this as a vulnerable group and to recognise their unique needs requires urgent political attention if society is to seriously consider children's rights and the intergenerational cycle of institutionalisation and trauma experienced by this group of children and their families. Moreover, to truly understand and respond to what is beneficial to imprisoned mothers and their children in supporting change and transition, mothers and their children experiencing the criminal and social justice systems must be given a voice within all future policy and practice decisions and this must be explicitly laid out in policy.

Regarding mother-child contact during imprisonment, the lack of any child-friendly policies regarding the management of children visiting prison must be addressed and be drafted incorporating the voices of mothers and their children. A clear policy for all prison-based personnel outlining why child visitors are distinct to adult visitors, and how all parties (prisoner, staff, child, family carers, and professionals) can prepare and support child visitors is required. Likewise, this policy ought to clearly acknowledge and stipulate the role of prison officers, foster parents and all professionals involved and present in supervised access visits between imprisoned mothers and their children in foster care, so their presence is purposeful and informed – all of which should be appropriately communicated with the mother and her child (ren). Such a policy should clearly articulate what items are permitted on visits, providing clarity to mothers and removing some of the responsibility on prison officers supervising visits. Moreover, this policy should outline how and when mothers can embark on the process of applying for community-based access so

that discrimination does not occur. Clearly explaining how and when outside agencies, such as child protection and welfare social workers, can work with the incarcerated mother in pursuing such contact so access with children is sustained and children are not adversely affected by their mother's imprisonment. Finally, where mothers are unable to receive visits prison policy should be adapted to grant extended or extra phone calls with her children.

Finally, this study strongly argues for urgent political attention to be placed on how the recently enacted Children and Family Relationship Act 2015 and the Adoption (Amendment) Act 2017 will specifically impact on and in the lives of imprisoned mothers and their children in foster care.

#### ***1.48.4.2 Recommendations for Practice***

The application of trauma-informed care and practice within the female prison setting to work with mother offenders is recommended to address the nature of intergenerational trauma, addiction, reoffending and institutionalisation which this group mothers and their children are adversely challenged with. Any proposals for practice to support reparation, post release community and family reintegration, and mother-child contact cannot be discussed independent of the overwhelming challenges imprisoned mothers are faced with regarding their substance misuse. Such addictions are often interrelated with experiences of unmanaged trauma, which in turn negatively impacts on maternal mental health, well-being and practice. Additionally, programmes and interventions which support imprisoned mothers to manage poor maternal emotional regulation while separated from their children, which provide a safe maternal space to address the entanglement and guilt over drug use and motherhood is recommended within the Irish prison system. Such support would go some way to assist incarcerated mothers to harness the memento of transformative progression achieved in prison and to move on with their lives, while hopefully desisting from crime.

A clear focus on the context and quality of the mother-child relationship prior to and during maternal imprisonment during decision making processes and practice regarding mother-child contact is recommended. Chronic addiction and

homelessness prior to entering prison means that in some instances mothers begin to reconnect with their children during imprisonment. This presents a positive opportunity for the mother-child relationship and needs to be harnessed and supported. Mothers frequently want to engage with supports while in prison and following their release and there were some good examples of practice, but increased mother-child contact under these circumstances require much emotional, practical and nurturing support from professionals yet the practical gaps in how to realise this merits attention. Moreover, practitioners and prison personnel require training in how to work positively with mothers engaged in the criminal and social justice settings, this is particularly true regarding the complex decision-making processes mothers facing adversity are challenged with during and after embracing alternative childcare, nonetheless that mother-child relationships and separations are not terminal but ongoing and evolving.

The lack of any practice guidelines to support practitioners and incarcerated mothers separated from their children ought to be addressed so that imprisoned mothers are not denied their maternal rights, and child protection and welfare social workers in particular know how to engage with imprisoned mothers regarding access, care plans and case conferences. All mothers ought to be supported to maintain contact with their children regardless of their prisoner status, unless to do so is in contrary to the child's best interests. Therefore, to properly support and advocate for the welfare of imprisoned mothers and their children, a social work professional with an advocacy role for the imprisoned mother ought to have a strong role inside female prisons in Ireland, acting as a prison-based interface between IPS, community-based child protection and welfare social work, family Court, formal and informal caregivers, family support services and other support agencies. Such a role would ensure that maternal rights are not adversely affected by the incarceration experience and disjointed practice. This is particularly important in light of the huge changes taking place in family law in Ireland at this current time.

Innovative prison visiting programmes for incarcerated mothers is recognised as overdue within the Irish prison context. Within this, all visits should be a child-focused, with the provision of toys, games, food, within a child-centric and child-led focus and environment. Any prison visiting programmes must engage with child

caregivers, acknowledging the importance of their gender, age, the legalities behind their various caring roles and outlining best practice in this regard. Furthermore, the lack of any practitioner support for imprisoned mothers to prepare for and manage prison-based child-visits ought to be addressed to support any prison visiting programmes and to provide mothers with a safe space immediately following emotionally charged child visits and further separation from their children.

An appointed trained practitioner should be available to support and equip mothers and caregivers with child friendly and appropriate language to explain the circumstances behind the mother's imprisonment overcome the various communication, visiting and contact barriers. Social workers must play a specific role in communicating this with children in foster care. Moreover, where children are finding ordinary prison-based visits difficult, alternative options or arrangements are suggested.

In addition to mother-child physical contact, innovative, fun and child-centric ways to encourage letter writing and object exchanges would harness what is already found to be a beneficial, positive and rewarding practice. An advocacy or supportive practitioner should be available to negotiate mother-child phone calls and object exchanges, so all contact is supervised and supported particularly where relationships have broken down. This would help to settle care-givers worries as well as bridge the gap between contact and no contact, especially for mothers and children adamant not to pursue prison-based visitation or those attempting the journey in reconnecting with their children. This is particularly important for mothers with low literacy skills where writing letters is less of an option.

The findings of this study argue that pregnant, postpartum mothers and babies in prison merit more maternal care and targeted support than the 'routine' offsite maternity, ante and postnatal hospital appointments and relevant equipment provided. At the very least, a midwife should be made available on-site for pregnant, postpartum mothers and babies to advocate for and support the mother and baby and their individual and specific needs.



Finally, the development of a nationwide community-based support service for children and families of prisoners which works in tandem with the prison system is recognised as overdue. Such a service should incorporate models and programmes to specifically address the housing issues incarcerated mothers and their children face when a mother is released from prison, so mothers can be reunited with their children upon their release. This would also address the cycle of release, relapse, re-offending and prison re-entry imprisoned mothers are often challenged with.

#### ***1.48.4.3 Recommendations for Research***

Future research is recommended on how international models of best practice oversee and manage collaborative work between the various systems; in this case IPS, the Irish Probation Service, Family Court Service and Child and Family Support Service (i.e. Tusla) - so mothers and children affected by offending and imprisonment can be better supported as they move through the criminal and social justice systems. Likewise, all service provision must be continually evaluated with and by the mothers and children using their services.

Findings herein which highlight the prevalence of maternal imprisonment in Ireland suggest a need for further quantitative research. By doing so, related global challenges and evidenced based debates regarding maternal imprisonment and sentencing practices of mother offenders can be taken seriously and addressed appropriately. In this regard, a call for current Irish research on sentencing, particularly regarding how convictions related to fines are managed for female prisoners and how, when and if mothering is considered at sentencing, would advance debates on the genuine challenges female prisoners are faced with.

Future research investigating Ireland's uniqueness regarding marriage among the mother prisoner population would be particularly interesting and a distinct contribution to Irish and international feminist criminological and sociological studies. Likewise, a study focused on the experience of domestic and gendered based violence for imprisoned mothers in Ireland would further support any policy and practice recommendations made from the findings of this current study regarding the applicability of trauma-informed care and practice.

Research giving visibility and voice to older mothers and grandmothers is welcomed considered the confirmed prevalence of this subgroup of imprisoned mothers found within this study in the Irish prison system. Similarly, the emerging adult of older incarcerated mothers, and indeed incarcerated parents in Ireland in general, is certainly an area which would benefit further Irish research.

Relative fostering was not calculated in the ACASI Survey<sup>125</sup>, therefore subsequent more inclusive statistical research would likely find further disparities between the disadvantages faced by children of imprisoned mothers regarding their engagement with the state child care system. Additionally, the closed question survey used in this study provided a snapshot or ‘point in time’ statistic only; results would certainly benefit from further longitudinal research to examine related trends over time. Likewise, longitudinal research with the mothers involved in this study is also recommended to examine related trends over time, but also to focus on what worked best, or where mothers and children are struggling most with their lives and relationships post released.

Future research investigating the nature of fathering and grandmother care within the context of maternal imprisonment in Ireland would provide a unique contribution to prison and sociological studies. Moreover, such research would complement topical international research beginning to emerge regarding the prominent role fathering plays in the lives of children affected by maternal imprisonment and inform social work and family support services and practitioners in how to better engage with the gendered and complex needs in formal and informal caregiving roles. Furthermore, research focusing on reasons for the noted disengagement of female child caregivers in supporting child visits would assist in addressing and examining the overall low number of dependent child visits.

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<sup>125</sup> However, 30% of mothers discussing relative foster care appears to be quite reflective of the numbers presented by Tusla (2017) which confirms that 27% of children in state care are also in relative foster care placements.

Research involving incarcerated mothers and children affect by the issues, on how to adapt child-friendly resources for visiting children ought to be explored within an Irish context and once published made widely available across the prison estate.

While the area of child death among this subgroup of mothers may warrant further scholarly attention, the vulnerability of this population proposes that primary consideration ought to be awarded to who, why and how to address such a sensitive and emotionally charged topic (if at all).

Further research is welcome in responding to the call to address the deficit in gendered voices in Convict Criminological research. However, considering researcher well-being, emotional risk and burn-out, it is suggested that future similar participatory projects factor-in a financial budget to oversee the additional and often unforeseeable practical and emotional burdens regularly incurred in this type of research with vulnerable populations.

#### **1.49 Concluding Comments**

Overall, the findings of this study assert the importance of considering the socio-legal and cultural context within which imprisoned mothers are situated and supported. This Irish study for instance shows that contrary to much international research, fathers have a substantive caregiving role with their children, imprisoned mothers are rarely faced with the severing of maternal rights through adoption practices and there is a constitutional obligation to at least consider mothering at the point of sentencing. However, there was no doubt that this study's findings concur with international research on the extensive experiences of trauma and alternative care experienced by imprisoned mothers and beyond. Regardless of the distinct 'Irishness' relevant to other aspects of these mother's lives (such as being married or from the Irish Travelling community for example), globally all mothers are challenged with good and bad motherhood and mothering ideologies when they are incarcerated.

While there is no denying that maternal incarceration presents challenges for the mother-child relationship, there is an equal contradictory reality that prison can

present opportunities for transitional maternal practices and general personal growth. Such transitions are ultimately a personal journey, often enforced upon mothers due to the conditions of their confinement. Therefore, it is difficult to imagine how to replicate the conditions of prison so to invite such positive transitions without the hardship caused by the incarceration experience. Nonetheless, there are certainly concerns regarding mother-child contact and the lack of trauma-informed care which could address some of the challenges mothers face while in prison and once released which could at least lessen the ‘pains of imprisonment’ to some extent and reduce re-offending and therefore, prison re-entry.

It is imperative to remark that while trauma and adversity infiltrated the mother’s stories, the researcher was nonetheless humbled by the strength, wisdom and resilience of these same mothers. Imprisoned mothers are recognised and acknowledged as strong women and mothers, who have survived against all odds, as without a doubt these mothers voices have much to offer within matricentric feminist scholarship. Personally, there was no alternative to way to envision or realise this research project but with the direct involvement of the mothers; and their participation was indeed a personal investment. Many tears were shed, hugs shared, but within the confines of the prison The Mothers Project created a maternal space and fostered an environment whereby women supported each other throughout the process as mothers first and prisoners/offenders last. It was a powerful space of maternal unity and strength and something the author is extremely proud to have witnessed and been a part of. This study reiterates the empowerment experienced through participatory research, which is at the heart of matricentric social work research, regardless of the overall practical challenges, or if such stories are hard hearing and don’t ‘fit’ well within popular discourse, emphasising the value in listening to vulnerable and marginalised maternal voices.

Reflecting on the overall research project, it is the researcher’s sincere hope and anticipation that the knowledge garnered in this study will help advance practice and policy in how to work positively and emotionally with imprisoned mothers in Ireland and beyond. Vulnerable and marginalised mothers and their children require support and protection from the various formal and informal systems and institutions within

which they are bound and held, and this research will contribute to how this can be realised in practice and reality.

### **1.50 Chapter Summary**

This final chapter has fulfilled three primary functions. It has reminded the reader of the study's aims and objectives, it reiterated the theoretical underpinning of the study and its methodological approach and laid out key messages arising from this research, and recommendations for the future of working positively with mothers and their children who engage with the prison and broader criminal and social justice systems.

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## **Appendices**

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# Appendix 1 Consent Form

## Sample Consent Form

(Name) has explained to me what this research is about and why I was asked to be interviewed.

- I know what this research is about.
- I have had the chance to ask questions about the research.
- I know I don't have to be interviewed if I don't want to.
- I know that if I sign this form I agree to be asked questions and have my answers recorded/written down.
- If I change my mind during the interview and don't want to be involved, I know I can stop and anything that was recorded or written down will be destroyed.
- I know my real name will not be used at all during this research and that I will not be able to be identified in any research report.
- I know that my answers are confidential unless there is reason to believe that either I or someone else may be in danger<sup>[1]</sup>
- I know I can contact (Name) at a later date if I have any queries/concerns about the research or what I said, or if I decide I don't want my answers to be used.

Signed \_\_\_\_\_

\_\_\_\_\_ Date

Name in block letters \_\_\_\_\_



## Appendix 2 Information Sheet



NUI Galway  
OÉ Gaillimh

*UNESCO Child and Family Research  
Centre  
Institute for Lifecourse and Society  
Building,  
Corrib Village,  
National University of Ireland, Galway*

### INFORMATION SHEET

Hello,

My name is Sinead O'Malley and I am a student at the University in Galway. As part of my studies I am doing a research project focuses on:

### **Mothers in Prison in Ireland: What is their Story?**

#### **I AM INVITING ALL MOTHERS IN PRISON IN IRELAND TO TAKE PART IN A RESEARCH PROJECT**

Before you decide if you would like to be involved it is important for you to understand why the research is being done and what it will involve. This Information Sheet will tell you about this. If you are interested in taking part, you will be asked to sign a '**Consent Form**' (see attached). If there is anything you are not clear about please do not hesitate to ask me, (IPS staff name) or (IPS staff name), or any of the prison staff. Please take as much time as you need to read this Information Sheet. You should only consent to participate when you feel that you understand what is being asked of you, and when you have had enough time to think about your decision.

**Why is this research being done?** I am doing this study because I believe there is room for change in how mothers, children and people looking after children on the outside are supported when a mother is sent to prison in Ireland. Until now mothers in prison in Ireland have been an invisible and silent group. In order to make you, the imprisoned mother, be seen and heard we need to know who you are and listen to your voice about your own experiences and what is important to you.

**If I agree, what will it involve?** You are asked to come to a coffee morning which myself and a group of female prisoners are organising. At the coffee morning we will explain all this information again, I will answer any

questions and you will be asked to sign your consent forms if you wish to be involved. The research will start the following week. The research project has two stages, a computer interview and a face-to-face interview.

In the computer interview you will use the (school/library) computers to answer some questions about yourself and your children. You will have a headset on and the questions will be read out to you through the headsets, no one else will hear your interview questions/answers. You answer the questions by clicking on the correct box. This computer interview will last maximum of 15 minutes. The final question will ask if you would like to opportunity to tell your story. If you click yes this means you consent to being interviewed face-to-face. You can skip through any question you do not wish to answer. You can pause or stop the interview at any time. We will provide a demonstration of the computer interview at the coffee morning. A computer with a **SIMILAR** interview is available in the (school/gym) if you would like to try it out in your own time. It will take (2 days/1 day) for all mothers in (the Dóchas Centre/Limerick Female Prison) to complete their interviews.

The face to face interviews will take place a week after all computer interviews are over. Face to face interviews will be with me. I will ask you **one question only** and will allow you as much time as you would like to answer the question. The question I will ask is:

*“As you know this research project is about mothers in prison. This is your opportunity to tell your story about your experience of motherhood and mothering. Start whenever you’re ready”.*

I will not interrupt while you are speaking. I will take a few notes while you are talking so I can come back to you at the end and ask you to talk a little more about some topics you have discussed.

**Why should I get involved?** We don’t know how many women in prison are mothers, if most of you have support on the outside or not, how many children you have or who is caring for your children while you are in prison. Without knowing these things about you it is very hard to get the right help to the designed for just for you. Your involvement could help change this!

I am asking you to be involved because you are the experts on your own lives! Until now research in Ireland has been written about you without ever having spoken to you face to face. Being in prison and being a mother are extremely complex things and no one’s story is the same. It is important that people who make decisions about you and your lives know what it’s like for you.

I also hope you might enjoy talking to me about your experience – as an ex-prisoner and a mother I strongly believe it is very important that women like you can tell their story. I promise I will faithfully report what you have shared with me. Because I will not be finished writing about the study until 2017 you

may not benefit directly from talking to me, but women who have participated in research say that it is good to talk about their situation to the researcher and have their voices heard.

By hearing from women like you, it is hoped that things might change for other mothers in prison and possibly their children and the people who look after them on the outside. You will have helped to do this!

**Who will know what I have said?** What you say to me will be ‘confidential’ which means that I am not going to tell anyone else what you have said, unless you say something about you or someone else being hurt or hurting someone else. I will be writing about the research, but when I do I won’t use your real name or any identifying information. I will be the only person who will have access to any information that can identify you.

**What if I change my mind?** Once you have signed the consent form you will have seven days before the interviews start in case you want to change your mind. I will talk to you about consent before the computer interviews and again before face to face interviews and can change your mind then too. All interviews can be stopped/paused at any time. If you change your mind after the interview and tell me that you do not want me to include what you have said then I can extract your interview from the overall group until the point of the research being published.

**What will I do now if I am interested in getting involved?** Come along to the coffee morning on (date/time) at the gym/recreation room. In the meantime, you can find out more by talking to some of the women who have been involved in this project for a few months. All prison staff and some external agencies have been notified about in the project (list of agencies) so you can talk to any of these too. Also, please do not hesitate to contact me directly. If I am not around you can then ask (prison officer) and (prison officer) when I am due to come back into the prison and I will meet with you to answer any questions.

Thank you very much for taking the time to read this Information Sheet – I hope to see you at the coffee morning

*All the best – Sinead!*

## Appendix 3 Research Poster

# THE MOTHER'S PROJECT

## LIFE AFTER PRISON

Words	Strength	Inspiration & Laughter	Kindness	Voices
<p>Bling Bling It's a Mountjoy thing</p>	<p>Amy 2 years Dont judge me until you walk in my path. I will get stronger for my kids while I am in prison.</p>	<p>Mother to Mother</p>	<p>Shine bright like a diamond my beautiful star  CU soon love Mamma Lyndsey xx</p>	<p>Hi from the Best to the Best (Bettys)</p>
<p>Love  Loss</p>	<p>Hidden Hope &amp; Passion  Rose Lifer &amp; Mother</p>	<p>Mothers Supporting Mothers</p>	<p>Samantha 2015 Believe in Change and Hope for Happiness My Life My Soul My Daughter xxx</p>	<p>Mothers Mothering</p>
<p>Poems about Mothers in Prison</p>	<p>Ann 18 months While I am here I am working on myself <u>for once</u> ♥(Betty)</p>	<p>Jodie 6 months  Missing you Son</p>	<p>Freedom  Bird Openness</p>	<p>Angie ♥'s Kids  18 months</p>
<p>Trust</p>				<p>Hugs &amp; Cuddles</p>

## Appendix 4 Supervision Template

### Supervision Meeting Note

Date: 25<sup>th</sup> November 2015 with CD and MM

Tasks/Notes:

Action	Who	Date	Review/ Notes
1 Update on Project	MM/SOM  SOM SOM	JUNE 2015  MONTHLY 2016	Info sessions in each prison – went well. 34 - one to one interviews 62 – Participated in ACASI. Limitless field-notes Reflectivity supported through counselling sessions.  Initial prison feedback sessions after PhD
2 Funding	SOM		Secured – €1170.26 still available for participatory tasks
3 GRC	MM/SOM	23 <sup>RD</sup> JUNE	Successful
4 PHD WRITE UP	SOM	APP 2017	Last submission was context chapter Draft thesis to be submitted (@3.5 yr mark).
5 Tutorials	SOM MM	MAY 2016	Marking Essays – recommence delivering classes in Jan. Contact AB re scholarship/liability for final yr. Is SOM required to deliver module to 1 <sup>st</sup> yrs. in PhD final year considering new policy re early submission of draft thesis?
6 SPSS	SOM SOM MM	NOV FEB DEC	Contact Graduate studies office/Nuala re SPSS training Support from BB/CF for possible additional testing/something specific at latter stage (if required) If stuck, MM will show SOM how enter variables etc.
7 Transcribing	SOM	31 <sup>ST</sup> JAN	3 transcriptions complete – 30 to go! continue making notes throughout Put transcriptions into word first, coding after
8 NVivo	SOM	NOV	Contact Graduate studies office/Nuala re training for JAN/FEB
9 Additional work	MM/SOM /CD SOM  SOM  SOM	NOV  DEC  DEC	CONSULT SUPERVISORS PRIOR TO ACCEPTING ANYTHING! (WHO WILL SAY NO) Email SG – not able to provide additional hours for module in Early Childhood degree <a href="#">prog.</a> (CC: CD & MM) Contact DC – can provide 1 of 3 MSW lectures MSW. (CC: CD & MM) WRITE GENERIC EMAIL RESPONSE, CC: CD & MM - USE FOR ANY FUTHER REQUESTS
10 Dates	SOM	23 <sup>rd</sup> DEC-6 <sup>th</sup> JAN	Christmas holiday – as per instructed ☺

Date & time of next meeting: Wednesday 23<sup>rd</sup> Dec 2015

## Appendix 5 Update Letter (Sample)

UNESCO Child and Family Research Centre | Institute for lifecourse and Society Building | North Campus | National University of Ireland, Galway | Tel: 087 325 7162 | Facebook: <https://www.facebook.com/sinead.omalley.79>

21<sup>st</sup> December 2016

Hello Everyone

I hope those of you in prison are looking forward to Christmas as much as is possible! And those of you in the community are enjoying this festive time alongside loved ones. Its time enough for an update on the project and a few other bits and pieces.

1. **Final Year:** As you may remember The Mother Project is a four-year research project. It is due to finish at the end of 2017. Nearly all the tasks were done in the summer of 2015 – all that's left now is for me to finish up writing – which can take ages (especially with dyslexia!). Once it is finished I give it to NUIG to be approved for publication. So, we are coming in to the final stretch – YAY! ☺
2. **The Mothers Support Groups:** remember Lucy who went in to the prison to meet you all in September 2016 - looking at setting up the mother's support groups – Lucy is currently working on funding to manage the groups and for staff training. Following on from your advice on the day, Lucy is also looking at a more structured module for the groups, with certificates for women who attend. Once this is designed we will be asking for your expert advice on its content and delivery.
3. **Magazine Article:** During the summer, the mothers in Limerick prison put together an article for a magazine on community based research. The article spoke about what it meant for them to be involved in The Mothers Project. The magazine is currently in the final stages of print so the article should be available in January/February. I will post you out some copies once it is printed.
4. **Motherhood Event:** In July 2017 there is a conference on Motherhood in NUI Galway (in the building where I am based). If any of you (who are, or will be, out) would like to attend – or better still - would like to give a little talk about the project or the magazine article (which will be printed by then) do let me know and I will do all I can to support you.

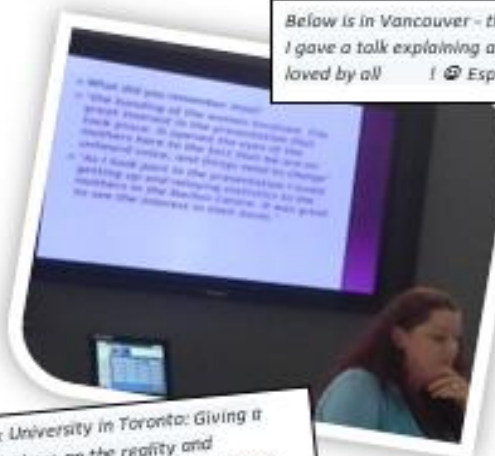
In Canada I was invited to speak at a few different events. I spoke a lot about your hard work and involvement during the preparation and advertising phase of The Mothers Project – and about all the mothers in prison who got involved in questionnaires and interviews. Everyone was amazed at your dedication and strength throughout, and loved all your work: the poster, the game, the voiceover for the questionnaire, the information events and prison staff involvement and support. It has really helped other people to think about ways of involving prisoners in prison based research. It was lovely to hear all the positive comments and I am really proud to be part of this with you all. As per usual, I got a few photos so you can see what's happening with the project in the community.





The lovely women in these 2 photos are ex-prisoners, mothers/grandmothers & 2 are recovering addicts. All 3 did participatory research while in prison in Canada. They now work supporting women as they leave prison, helping them resettle: beautiful women, inside and out.

Below is in Vancouver - the Collaborating Games for Prison Health & Education: Here I gave a talk explaining all your contributions to the research project. Your work was loved by all! Especially the game and the voiceover for the questionnaires



York University in Toronto: Giving a class there on the reality and difficulties of mothering from prison.



Myself, Lucy and others talking about mothering from prison, mothering in addiction and mothering while homeless - conference on motherhood in Toronto

That's all for now. Hope you are all keeping well and if this arrives after Christmas then I hope you had a good one. Christmas can be a difficult time inside prison and out, but it is also a time when we see a lot of good in people. Stay strong and catch up again in 2017.  
All the best, Sinead  
Ps. Feel free to contact me if you want to follow up on anything.

Appendix 6 ACASI Questionnaire (Screenshot)

ACASI DEMO - THE MOTHERS PROJECT

Stop Survey

I don't know the answer

I don't want to answer

Who is caring for CHILD 2 this minute?  
(Tick as many as you need.)

<input type="checkbox"/>	a	Grandmother	<input type="checkbox"/>	g	Their brother
<input type="checkbox"/>	b	Grandfather	<input type="checkbox"/>	h	Their sister
<input type="checkbox"/>	c	Their father	<input type="checkbox"/>	i	Foster carers
<input type="checkbox"/>	d	Your partner	<input type="checkbox"/>	j	Care home
<input type="checkbox"/>	e	Their aunt	<input type="checkbox"/>	k	Friends
<input type="checkbox"/>	f	Their uncle	<input type="checkbox"/>	l	Other
			<input type="checkbox"/>	m	Not sure



## Appendix 7 Computer Game (Screenshots)



# Appendix 8 Information Event Booklet

## THE MOTHER'S PROJECT: LIFE AFTER PRISON

All Children  
deserve to feel...



## Exploring maternal incarceration & childcare arrangements of children of imprisoned mothers

### NISSA

Nissa my girl, when you were small  
You reminded me of a porcelain doll  
You've made me very proud and happy man  
Just like how you were when you were born

You're my pride, you're my joy  
You're my beautiful, you're my joy  
I love you all my life, you're my joy  
And you're my pride, you're my joy

So I love you to know I love you so much  
And you're my pride, you're my joy  
You're my pride, you're my joy  
You're my pride, you're my joy

### NISSA

"I'm not my pride, you're my joy  
You're my pride, you're my joy  
You're my pride, you're my joy  
You're my pride, you're my joy

You know I love you and I love you too  
I love you, you're my pride, you're my joy  
I love you, you're my pride, you're my joy  
I love you, you're my pride, you're my joy

Written by [redacted]

## Information Event Dóchas Centre 1<sup>st</sup> July 2015

All contributions in this event have been compiled  
by  
The Mothers Project group

The Mothers Project is a participatory research  
Project based in  
The Dóchas Centre and Limerick Females

The Mothers Project started in February 2015 in  
both female prisons.

Since then the group have accomplished the  
following tasks:

- Designed The Mother Project poster
- Designed this information event for the female  
prisoner population & staff
- Consulted on the content and language of the  
computer questionnaire
- Provided voiceover for the computer game and the  
survey
- Consulted on the information sheets and consent  
forms

### PRISON GIRL

Prison girl, what to jail one day  
And then for what was there any  
When she sees the prison girl  
They all give her this reply

You're in trouble and we don't care why  
You're in trouble for your daddy  
We took your life in a flash of an eye  
We'll crash your life in a flash of an eye

"They said to me only be for a week  
Little did I know the weeks turned to years  
They said they would help me but they dragged  
Me down, wouldn't stop till I hit the ground

Prison girl, in going through hell  
When she sees a prison girl  
In jail she says that we all the crime  
And now she's in jail for the time

"There's one more thing I have to say  
It's all the mothers in jail today  
We live to fight another day

Written by [redacted]

### WELCOME

\*\*\*\*\*

### BLESSED

\*\*\*\*\*

What would you do?  
By City High

\*\*\*\*\*

Why should you get involved

\*\*\*\*\*

Thomas & Nicola

\*\*\*\*\*

What is Participatory Research?

Barack O'Malley

\*\*\*\*\*

Prison Girl

\*\*\*\*\*

Having got involved

\*\*\*\*\*

What is IPB supporting the Prison & Voluntary Consent

Governor O'Connor

### Wall of Tears Francis Black (1992)

\*\*\*\*\*

Children & the people who are coming for them

\*\*\*\*\*

My Children & I

\*\*\*\*\*

Transferring Research into Policy

Dr. Nicholas Miller

\*\*\*\*\*

Confidentiality

\*\*\*\*\*

Don't Beat Your Eggs

\*\*\*\*\*

Self-Care

Barack O'Malley

\*\*\*\*\*

Awards

Governor O'Connor & Dr. Nicholas Miller

### My Children & I

Have you ever left your children?  
Have you ever felt the pain?  
Have you ever felt those tears drop?  
That fell like falling rain,  
If you ever left your children,  
I pray you never do,  
Cos the day I left my children,  
My heart was broke in two

I'm in the docks for my crime,  
And my kids are also doing my time,  
Although they visit every week,  
The time we share is always less,  
I'm suffering now for my past,  
But my love for them will always last,  
No matter what they're always there,  
And that's because I'll always care!

Written by [redacted]

THANK YOU FOR  
ATTENDING TODAY'S  
EVENT

PLEASE DO NOT  
FORGET TO HAND UP  
YOUR CONSENT  
FORMS IF YOU WISH  
TO BE INVOLVED

# Appendix 9 Certificate of Appreciation



# THE MOTHER'S PROJECT

## THE FUTURE FOR MOTHERS IN PRISON 'MAKING A DIFFERENCE, ONE MOTHER AT A TIME'.



The Mother's Project is an ongoing participatory research project with mothers in prison in Ireland and is the doctoral research of Sinead O'Malley, BA, MA (Social Work) based in UNESCO Child and Family Research Centre. This piece is written in collaboration with mothers in prison in Ireland, where they describe their experiences of being involved in the design and advertising phase of the project prior to data collection. The Mother's Project doctoral research is due to finish in 2017.

“  
WE NO LONGER FEEL  
SILENCED AS MOTHERS  
”

*Being part of the preparation and advertising phase of The Mother's Project was a group effort, it was challenging at times but a worthwhile 'bonding experience'. The Project gave us a voice, even for the quieter mothers. We no longer feel silenced as mothers and are happy we are getting the word out there; there is no one better to talk about ourselves, than ourselves – this is our voice, our story! Being involved in that phase was emotional but made us feel important and recognised. Feeling useful, having a sense of purpose and knowing that you matter, are also important motives for remaining involved in ongoing activities.*

*As part of the advertising phase we delivered an information event in the prison for staff, external agencies and most importantly for the female prisoner population. The purpose of the event was to advertise and inform mothers about the research and to acquire informed consent for participation. Also, to inform prison staff and external agencies so they could support us throughout this research journey. Preparing and delivering this event gave us a sense of accomplishment and confidence that exceeded personal expectations; even though it was a group effort everybody stood out as individuals in their own right.*

*Following this event we noted an instant change in prison staff approach, in particular senior Irish Prison Service (IPS) staff. This change in practice made a genuine difference as we felt the Governor was taking note of our emotions and experiences related to our motherhood. This included an improvement in visits with our children. 'It is important for children to feel comfortable and happy when visiting us and separating from us at the end of visits'. More mothers are now supported around external visits and mothers are often permitted extra time with mother-child internal visits.*



*Governor Pat Dawson signing the certificates received by the mothers for their involvement in the participatory research. These certificates are symbolic of the first collaboration between the Irish Prison Service and a third level research institute in participatory research with prisoners. The certificates have been used by prisoners in formal arenas such as Family Court to demonstrate positive engagement during their incarceration period.*



*A display made by the mothers showing their expressions of motherhood through poems, crafts and handmade gifts for their children at the information event in Limerick Prison.*

“  
THIS IS OUR VOICE,  
OUR STORY  
”

*We are delighted to have the opportunity to influence thinking in the general population and that academia is taking an interest in getting our stories out there. Being involved throughout this research, as opposed to having research conducted on us, confirms that we are not just a number, nor a statistic. Being heard is very important, 'we all have to start somewhere and The Mother's Project is the pause for mothers in prison' in 'making a difference, one mother at a time'.*

*The Mother's Project  
(The Mothers of Limerick Prison)*

While it is noted and commended that the Irish Prison Service are fully supporting The Mother's Project nationally, only mothers who took part in the participatory phase in Limerick Prison contributed to this particular piece due to time constraints.

## Appendix 11 NVivo used as an Organising Tool

The screenshot displays the NVivo Pro software interface. At the top, the title bar reads "Motherhood Project 24 -07-2016.nvp - NVivo Pro". The ribbon menu includes FILE, HOME, CREATE, DATA, ANALYZE, QUERY, EXPLORE, LAYOUT, and VIEW. The main workspace is divided into several panes:

- Sources Pane:** Shows a tree view of data sources. The selected source is "Documents, Letters, Mtg.", which contains sub-items like "SINEAD\_Updated\_Questionnaire-2015-07-1", "Consent Form", "DOCHAS BOOKLET", "Letter to ladies in limerick with our Card and", "Song list sent to women in limerick after 3rd", "2nd letter to women in limerick - follow up f", "2nd song list for women in prison in limeric", "3rd letter to the women in Limerick prison -", "ACASI Mtg. - Dochas Centre", "ACASI Mtg. - Limerick Prison", "AIMS AND OBJECTIVES", "Consent Form (2)", "DOCHAS BOOKLET (2)", "First letter to women in Limerick Prison - 10", and "Information Sheet".
- Table Pane:** A table listing the documents from the selected source. The columns are Name, Nodes, References, Created On, Created By, Modified On, and Modified By.
 

Name	Nodes	References	Created On	Created By	Modified On	Modified By
SINEAD_Updated_Questionnaire-2015-07-1	0	0	29/02/2016	SOM	29/02/2016	SOM
Consent Form	0	0	29/02/2016	SOM	29/02/2016	SOM
DOCHAS BOOKLET	0	0	29/02/2016	SOM	29/02/2016	SOM
Letter to ladies in limerick with our Card and	0	0	29/02/2016	SOM	29/02/2016	SOM
Song list sent to women in limerick after 3rd	0	0	29/02/2016	SOM	29/02/2016	SOM
2nd letter to women in limerick - follow up f	0	0	01/03/2016	SOM	01/03/2016	SOM
2nd song list for women in prison in limeric	0	0	01/03/2016	SOM	01/03/2016	SOM
3rd letter to the women in Limerick prison -	0	0	01/03/2016	SOM	01/03/2016	SOM
ACASI Mtg. - Dochas Centre	0	0	01/03/2016	SOM	01/03/2016	SOM
ACASI Mtg. - Limerick Prison	0	0	01/03/2016	SOM	01/03/2016	SOM
AIMS AND OBJECTIVES	0	0	01/03/2016	SOM	01/03/2016	SOM
Consent Form (2)	0	0	01/03/2016	SOM	01/03/2016	SOM
DOCHAS BOOKLET (2)	0	0	01/03/2016	SOM	01/03/2016	SOM
First letter to women in Limerick Prison - 10	0	0	01/03/2016	SOM	01/03/2016	SOM
Information Sheet	0	0	01/03/2016	SOM	01/03/2016	SOM
- Nodes and Collections Pane:** Shows a list of nodes and collections. The "Sources" section is expanded, showing "Documents, Letters, Mtg." as a node. Below it, there are sections for "Nodes", "Classifications", and "Collections".
- Bottom Bar:** Shows the user profile "SOM" and the total number of items, "37 Items".

## Appendix 12 Initial 119 Open Codes

Motherhood Project24 -07-2016.nvp - NVivo Pro

**FILE** HOME CREATE DATA ANALYZE QUERY EXPLORE LAYOUT VIEW

Go Refresh Open Properties Edit Paste Cut Copy Merge Format Paragraph Styles

Reset Settings Editing Proofing

Look for  Search In  Phase 2 - Initial Find Now Clear Advanced Find X

**Phase 2 - Initial Codes**

Name	Sources	Refer	Created On	Created By	Modified O	Modified By
Family and Social Support	30	263	18/04/2016	SOM	08/09/2016	SOM
professional emotional and formal suppo	27	259	18/04/2016	SOM	08/09/2016	SOM
Family, personality and occupational Prof	28	239	18/04/2016	SOM	08/09/2016	SOM
Location, displacement, stability instabilit	30	236	19/04/2016	SOM	08/09/2016	SOM
Prison Journey	27	209	18/04/2016	SOM	08/09/2016	SOM
Drugs	25	200	18/04/2016	SOM	08/09/2016	SOM
Visits	27	198	18/04/2016	SOM	08/09/2016	SOM
Child outcomes	25	177	18/04/2016	SOM	08/09/2016	SOM
Crime and Sentence	28	176	18/04/2016	SOM	08/09/2016	SOM
Mother child seperation	26	168	19/04/2016	SOM	08/09/2016	SOM
Fathers	27	167	18/04/2016	SOM	08/09/2016	SOM
Aspirations, hopes and future plans	28	164	18/04/2016	SOM	08/09/2016	SOM
Pregnancy	26	162	18/04/2016	SOM	08/09/2016	SOM
Life and Calender Events	24	148	18/04/2016	SOM	08/09/2016	SOM
Being Mothered and Mother daughter re	28	145	18/04/2016	SOM	08/09/2016	SOM

**Nodes**

- Phase 2 - Initial Codes
- Phase 3 - Searching for Themes
- Phase 4 - Reviewing Themes
- Query Based Codes
- Cases
- Relationships
- Node Matrices

SOM 119 Items

## Appendix 13 Searching for Themes

Motherhood Project.24 -07-2016.nvp - NVivo Pro

FILE HOME CREATE DATA ANALYZE QUERY EXPLORE LAYOUT VIEW

Go Refresh Open Properties Edit Paste Cut Copy Merge Clipboard Format Paragraph Styles Editing Proofing

Reset Settings

Look for: Phase 3 - Searching

Search In: Phase 3 - Search Find Now Clear Advanced Find

### Phase 3 - Searching for Themes

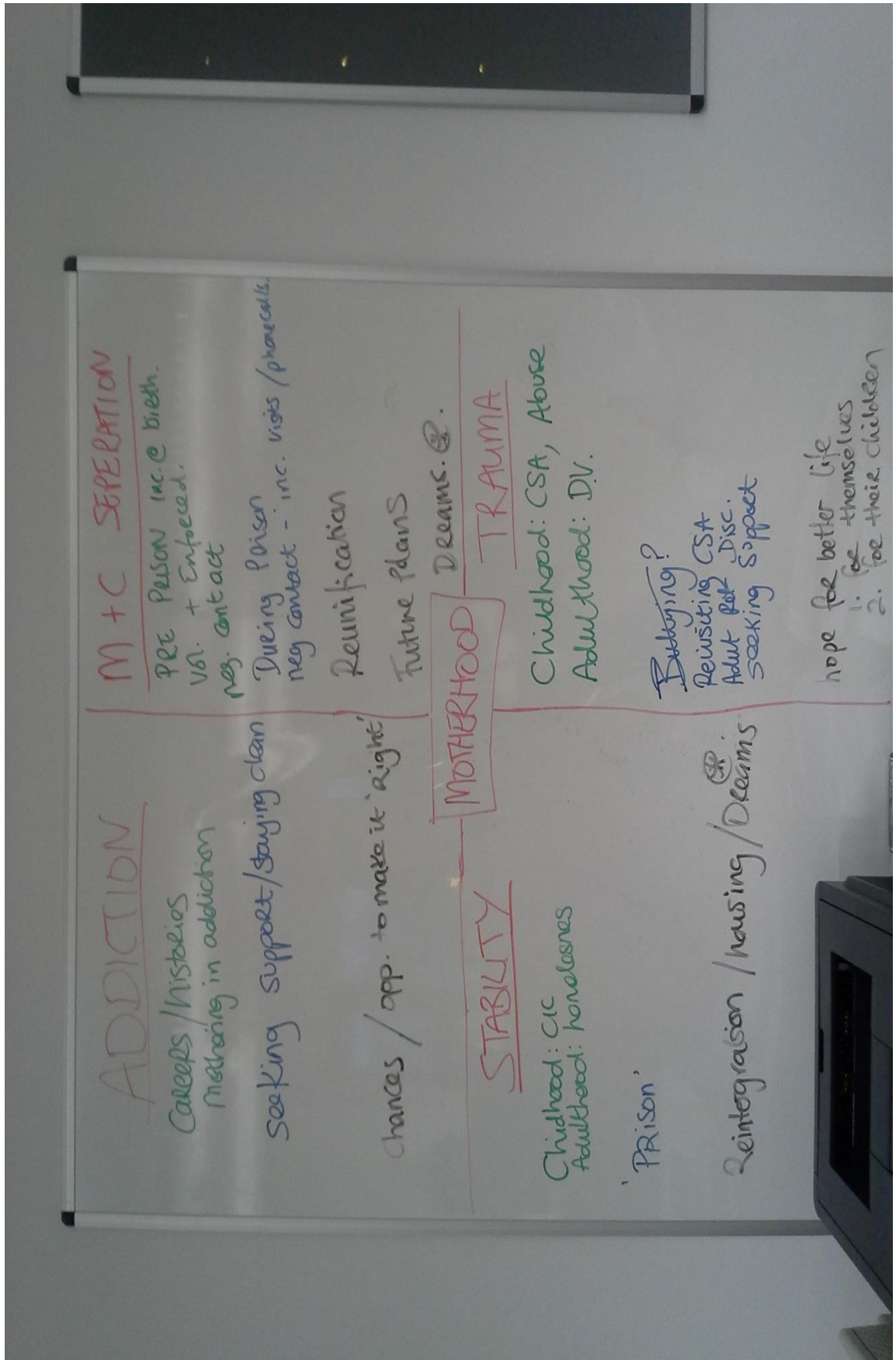
Name	Sources	References	Created On	Created By	Modified On	Modified By
Motherhood	30	3664	29/06/2016 09:42	SOM	25/07/2016 01:10	SOM
Policy & Practice	30	1821	29/06/2016 10:16	SOM	13/07/2016 14:49	SOM
Profile	30	4282	29/06/2016 10:19	SOM	13/07/2016 14:02	SOM
Children	30	1480	05/07/2016 12:14	SOM	13/07/2016 13:58	SOM
Prison Story	30	1377	05/07/2016 12:22	SOM	13/07/2016 13:58	SOM

**Nodes**

- Phase 2 - Initial Codes
- Phase 3 - Searching for Themes**
- Phase 4 - Reviewing Themes
  - Motherhood
  - Policy and Practice
  - Query Based Codes
- Cases
- Relationships
- Node Matrices

SOM 327 Items

Appendix 14 Whiteboard





# Appendix 15 NVivo Before, During and After

Motherhood Project 24 -07-2016.nvp - NVivo Pro

FILE HOME CREATE DATA ANALYZE QUERY EXPLORE LAYOUT VIEW

Go Refresh Open Properties Edit Workspace

Clipboard: Cut, Copy, Merge, Paste, Edit

Format: Bold (B), Italic (I), Underline (U), Text Color (A), Paragraph

Editing: Proofing, Reset Settings

Look for: Search In: 2 MCS - During Find Now Clear Advanced Find

### Nodes

- Phase 2 - Initial Codes
- Phase 3 - Searching for Themes
- Phase 4 - Reviewing Themes
  - Motherhood
    - Addiction
      - 1 A - Before
      - 2 A - During Prison
      - 3 A - After
    - Mother Child Separation
      - 1 MCS - Before
      - 2 MCS - During
      - 3 MCS - After
    - Motherhood
    - Stability
    - Trauma

### 2 MCS - During

Name	Sources	Reference	Created On	Created By	Modified On	Modified By
Concern for CIC	6	25	21/07/2016	SOM	08/09/2016	SOM
Court	5	20	27/07/2016	SOM	08/09/2016	SOM
Current Mothering Emotions	11	19	21/07/2016	SOM	08/09/2016	SOM
MC prison separation	9	19	22/07/2016	SOM	08/09/2016	SOM
Requesting & Considering TR	7	17	21/07/2016	SOM	08/09/2016	SOM
Grandmothers and Access	6	16	21/07/2016	SOM	26/07/2016	SOM
Experiencing Access out	5	14	21/07/2016	SOM	24/07/2016	SOM
Guilt	7	12	20/07/2016	SOM	08/09/2016	SOM
Phone contact	8	11	21/07/2016	SOM	26/07/2016	SOM
Losing Bonds during Prison	6	10	20/07/2016	SOM	08/09/2016	SOM
Need to see & talk to children	6	10	25/07/2016	SOM	08/09/2016	SOM
Letters	4	9	21/07/2016	SOM	26/07/2016	SOM
Dev Skills for Motherhood	6	9	22/07/2016	SOM	25/07/2016	SOM
Cycles of Mother Child Sep	9	9	22/07/2016	SOM	08/09/2016	SOM
Mummies in Hospital	3	9	23/07/2016	SOM	27/07/2016	SOM

Sources: 48 Items, 100%

## Appendix 16 Map of Initial Codes into Final Chapters

Initial Data Driven Codes	Subthemes with Findings Chapters
<ol style="list-style-type: none"> <li>1. Abuse</li> <li>2. Alcohol</li> <li>3. Benefits of motherhood</li> <li>4. Birth</li> <li>5. Confidence</li> <li>6. Crime and Sentence</li> <li>7. Cycles of Behaviour</li> <li>8. Death</li> <li>9. Detrimental mothering</li> <li>10. Drugs</li> <li>11. Family Offending</li> <li>12. Guilt</li> <li>13. Historical influences and impacts</li> <li>14. Honesty</li> <li>15. Life and Calendar Events</li> <li>16. Life story</li> <li>17. Motherhood transitions</li> <li>18. Pain</li> <li>19. Pregnancy</li> <li>20. Prison community</li> <li>21. Prison Journey</li> <li>22. Protective Mothering</li> <li>23. Regrets</li> <li>24. Survival</li> <li>25. The 'firsts'</li> <li>26. Trauma</li> <li>27. Unavailable Mothers</li> </ol>	<p style="text-align: center;"><b>TRUAMA AND ADDICTION</b></p> <p style="text-align: center;"><b>Section One:</b> Histories of Trauma and Addiction Prior to Incarceration.</p> <ol style="list-style-type: none"> <li>1. Childhood Abuse and Trauma</li> <li>2. Context of Addiction</li> <li>3. Criminality, Trauma and Addiction</li> <li>4. Domestic and Sexual Violence and Mental Health</li> <li>5. Pregnancy, Child Birth and Loss</li> <li>6. Mothering through Addiction</li> </ol> <p style="text-align: center;"><b>Section Two:</b> Trauma and Addiction During Incarceration.</p> <ol style="list-style-type: none"> <li>1. Managing Addiction and Trauma in Prison</li> <li>2. The Trauma of Incarceration</li> </ol> <p style="text-align: center;"><b>Section Three:</b> Trauma and Addiction Post Incarceration</p> <ol style="list-style-type: none"> <li>1. Remaining Drug Free?</li> <li>2. Managing Trauma</li> </ol>
<ol style="list-style-type: none"> <li>28. Abusive Relationships</li> <li>29. Access out</li> <li>30. Anticipated separation</li> <li>31. Being available</li> <li>32. Bonds and Attachments</li> <li>33. Choice, Agency and Blame</li> <li>34. Conflicting priorities</li> <li>35. Contradictions</li> <li>36. Daughters</li> <li>37. Difference between Dóchas and limerick</li> <li>38. Failing good mothering ideals</li> <li>39. Good enough mothering</li> <li>40. Honesty 2</li> <li>41. Internal battles</li> <li>42. Lies and promises</li> <li>43. Mental illness</li> <li>44. Missing and longing for children</li> <li>45. Missing mothering</li> <li>46. Mother-child separation</li> <li>47. Negotiating Contact</li> <li>48. Parental Stressors and Worries</li> <li>49. Performing good mothering ideals</li> <li>50. Phone and Letters</li> <li>51. Relationships</li> <li>52. Reunification</li> <li>53. Shame</li> <li>54. Siblings</li> <li>55. Non-inclusive mothering</li> <li>56. Titles</li> <li>57. Visits</li> <li>58. Voluntary non-mothering</li> <li>59. Loss</li> </ol>	<p style="text-align: center;"><b>SEPARATION AND REUNIFICATION</b></p> <p style="text-align: center;"><b>Section One:</b> Mother-Child Separation and Reunification Prior to Incarceration.</p> <ol style="list-style-type: none"> <li>1. Complex Mother-Child Separation (s)</li> <li>2. Voluntary and Involuntary Mother-Child Separation</li> <li>3. Domestic Violence and Mental Health</li> <li>4. Processes of Separation and Reunification</li> </ol> <p style="text-align: center;"><b>Section Two:</b> Separation and Reunification During Incarceration</p> <ol style="list-style-type: none"> <li>1. Separation via Imprisonment</li> <li>2. The Complexity of Prison Visitation</li> <li>3. Increased Contact and Access Out</li> <li>4. Sustaining Motherhood through Telephone Calls and Letters</li> </ol> <p style="text-align: center;"><b>Section Three:</b> Reunification and Separation Post Incarceration</p> <ol style="list-style-type: none"> <li>1. Reunification and Separation Post Incarceration</li> </ol>

<ul style="list-style-type: none"> <li>60. Babies in prison</li> <li>61. Being Judged</li> <li>62. Childhood</li> <li>63. Children in care</li> <li>64. Court</li> <li>65. Education</li> <li>66. Family</li> <li>67. Family and social support</li> <li>68. Family, Personality and Occupational Profile</li> <li>69. Fathers</li> <li>70. Fostering families and adoption</li> <li>71. Gifts and Photos – creating tangible memories</li> <li>72. Grandmothering</li> <li>73. Grandparents</li> <li>74. Location, displacement, stability and instability</li> <li>75. Micro managed mothering</li> <li>76. Negative professional interactions</li> <li>77. Non-voluntary mothering</li> <li>78. Obstacles to good mothering</li> <li>79. Others mothering</li> <li>80. Parents</li> <li>81. Personal awareness and development</li> <li>82. Positive professional interactions</li> <li>83. Prison policy and practice</li> <li>84. Prison Staff and practitioner support</li> <li>85. Professional, emotional and formal support</li> <li>86. Rehab and reintegration</li> <li>87. Seeking help and processes of awareness</li> <li>88. Social worker</li> <li>89. The Mothers Project</li> <li>90. Trust</li> <li>91. Upbringing and Culture</li> </ul>	<p style="text-align: center;"><b>SUPPORT</b></p> <p style="text-align: center;"><b>Section One:</b> Support Prior to Incarceration.</p> <ol style="list-style-type: none"> <li>1. Childhood and Family</li> <li>2. Othermothers and Motherwork</li> <li>3. Formal and Informal Family Carer</li> <li>4. Past Experiences with Formal Supports</li> <li>5. Homelessness and Education</li> </ol> <p style="text-align: center;"><b>Section Two:</b> Support During Incarceration.</p> <ol style="list-style-type: none"> <li>1. Fathers and Family Support</li> <li>2. Child Care, Contact and Babies in Prison</li> <li>3. Managing Child Visits</li> <li>4. Supportive Family Contact</li> <li>5. Positive Professional Support</li> </ol> <p style="text-align: center;"><b>Section Three:</b> Support Post Incarceration</p> <ol style="list-style-type: none"> <li>1. Support Post Incarceration</li> </ol>
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<ul style="list-style-type: none"> <li>92. Aspirations hopes and future plans</li> <li>93. Being mothered and mother daughter relationships</li> <li>94. Disputes</li> <li>95. Emotions</li> <li>96. Happiness, contentness and pride</li> <li>97. Love</li> <li>98. Memories of motherhood and mothering</li> <li>99. Motherhood</li> <li>100. Mothering</li> <li>101. Reflection on the past</li> <li>102. Societal confirmation and perception of good mothering</li> <li>103. Breastfeeding</li> <li>104. Forgiveness</li> <li>105. Gendered roles</li> <li>106. Learning disability</li> <li>107. Lone mothering</li> <li>108. Non-fathers fathering</li> <li>109. Past offences</li> <li>110. Procedure</li> <li>111. Sons</li> <li>112. Child Development</li> <li>113. Child Outcomes</li> <li>114. Effects of prison of babies</li> <li>115. Effects of prison on adult children</li> <li>116. Effects of prison on teenagers</li> <li>117. Effects of prison on young children</li> <li>118. Medical support</li> <li>119. Physical Health</li> </ul>	<p><b>Codes 92-102</b> These codes were generic in nature and were therefore grouped under more than one of the final overarching themes</p> <p><b>Codes 103-111</b> These codes represented themes which were only mentioned by some participants; they would represent the exceptional themes which emerged.</p> <p><b>Codes 112-119</b> These codes were side-lined for future analysis as they were focused on the child of the incarcerated mother rather than the mother herself and therefore we not the focus of this study.</p>
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## Appendix 17 Consent Form Phase 2

### Consent Form – Phase 2

(Name) has explained to me what this research is about and why I was asked to be interviewed.

- I know what this research is about.
- I have had the chance to ask questions about the research.
- I know I don't have to be interviewed if I don't want to.
- I know that if I sign this form I agree to be asked questions and have my answers recorded/written down.
- If I change my mind during the interview and don't want to be involved, I know I can stop and anything that was recorded or written down will be destroyed.
- I know my real name will not be used at all during this research and that I will not be able to be identified in any research report.
- I know that my answers are confidential unless there is reason to believe that either I or someone else may be in danger<sup>14</sup>
- I know I can contact (Name) at a later date if I have any queries/concerns about the research or what I said, or if I decide I don't want my answers to be used.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name in block letters \_\_\_\_\_

Contact Details and Consent to remain linked in with the project	Contact person/professional/agency to Support Mother during/after research
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