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MOTHERS BEHIND BARS: THE LIVED EXPERIENCE

A Dissertation

Submitted to the School of Nursing

Duquesne University

In partial fulfillment of the requirements for  
the degree of Doctor of Philosophy

By

Annette M. Weiss

November 2010

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Annette M. Weiss

2010

MOTHERS BEHIND BARS: THE LIVED EXPERIENCE

By

Annette M. Weiss

Approved July 8, 2010

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## ABSTRACT

### MOTHERS BEHIND BARS: THE LIVED EXPERIENCE

By

Annette M. Weiss

November 2010

Dissertation supervised by Professor L. Kathleen Sekula, Ph.D., APRN

#### Purpose

Few research studies have been conducted by nurses that focus on incarcerated women. In fact, there are a limited number of research studies with a focus on the incarcerated female by any individual group of health professionals. The purpose of this qualitative study was to explore the lived experience of the incarcerated woman as a mother, and to obtain an increased understanding of the meaning of her experience.

#### Background

The United States has the highest per capita rate of incarcerated persons of all countries. Women are the fastest growing group of inmates and are being incarcerated at double the rate of men. Approximately 70% of incarcerated women across the nation are mothers to

a minor child, and at least 50% of the women had their children residing with them prior to incarceration.

### Research Design

The specific research design for this study was based on the Husserlian descriptive phenomenological method of inquiry, as interpreted by Kleiman.

### Conclusions and Implications

The lived experience of the incarcerated mother incorporates the essential themes of caring, hurting, addiction, hurtful past, faith, and a secondary essential theme of tension between caring and addiction. The incarcerated mothers experience hurting related to separation from their children. However, they maintain a sense of caring for their children, which is supported by their faith in God. The incarcerated mother identifies experiencing a hurtful past. She also reports experiencing current and/or past addictions. A tension exists between caring and addiction, whereby the mothers know they have an addiction that is overshadowing the way they demonstrate caring to their child.

Nurses serve as first line health care providers at correctional facilities. This study has generated new information on incarcerated mothers that may provide insight for nurses. This new description of the incarcerated mother may assist nurses in best formulating nursing interventions and providing appropriate nursing care. When helping incarcerated mothers plan for their future, nurses should use this knowledge, along with the knowledge that what the women experienced may have impacted past behaviors that possibly led to incarceration to help them make appropriate plans for their future.

## DEDICATION

To my husband, Michael, thank you for the “financial support only” and for listening to my endless babbling. To my daughters, Madison and Brooke, thank you for your patience and understanding as to why mommy was always doing work for school. I think it’s time to go to Disney! To my mom and dad, thank you for the countless hours of “having the girls over” for dinner and the countless pounds of pasta you had to consume. To my brother Mike, thank you for reminding me of what is really important, and giving me the inspiration to persevere.

## ACKNOWLEDGMENT

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I would also like to acknowledge the Duquesne University faculty and staff for their dedication to students; without you we could never reach our goals.

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# Chapter 1

## Introduction

### 1.1 Background

The United States has the highest per capita rate of incarcerated persons of all countries. With an incarceration rate of 738 per 100,000 people, the United States far exceeds the second ranked country of Russia with a rate of 611 per 100,000 persons (Walmsley, 2008). The number of incarcerated persons in the United States continues to climb annually, with an average annual growth rate of 1.9% from the year 2000 to 2005 (Bonzcar, 2003; Harrison & Beck, 2005). In 2006, the number of incarcerated persons in the United States increased by 2.8% (Harrison, Minton, & Sabol, 2007).

Women are the fastest growing group of inmates. Their numbers are climbing at double the rate of men. There has been an almost 500 percent increase in the number of incarcerated women across the United States since 1980 (Frost, Green, & Pranis, 2006). Approximately 70% of incarcerated women across the nation are mothers to a minor child. On average, each mother has approximately 2.38 children under the age of 18. Prior to incarceration, 66% of women residing in state facilities and 50% of women residing in federal facilities resided with their minor children (Greenfeld & Snell, 1999).

The Commonwealth of Pennsylvania has witnessed a 28.7% increase in the prisoner population from 1996 to 2006, with a 70% increase in admitted inmates during

that same time period. According to the Pennsylvania Department of Corrections (2006), the state female inmate population has grown 65%, from 1,502 in 1995 to 2,472 as of December 2007. The fastest growing group of inmates is women with children. A survey conducted by the Pennsylvania Department of Corrections (2004) revealed in 1999 that 70% of new female inmates had children under the age of 18, consistent with the national average. The statistics clearly show an increasing trend in the prisoner population, particularly mothers. Therefore, incarcerated mothers are a population that needs to be further studied.

## 1.2 Rationale for Conducting the Study

Few research studies have been conducted by nurses that focus on incarcerated women. In fact, there are a limited number of research studies with a focus on the incarcerated female by any individual group of health professionals. There is statistical data available on incarcerated women by the U.S. Department of Justice (Mumola, 2000). Approximately 40% of women held a full time job prior to incarceration, earning on average \$600 per month. Incarcerated women have a median age in their early thirties, and have completed a high school education only 60% of the time. They are more likely than the general population to remain unmarried. The largest percentage of incarcerated women are African-American. It is reported that 60% of women in prisons have experienced physical or sexual abuse, with the same percentage reporting the use of illegal substances in the month prior to incarceration. Out of every three women incarcerated in a state facility, two have at least one family member who was also incarcerated, and 12% of all incarcerated women have an incarcerated child.

According to the U.S. Department of Justice (Mumola, 2000), it is known that women are being incarcerated at nearly double the rate of men, with the fastest growing group of inmates being women with minor children. Prior to incarceration, these women most often were the custodial parent (Greenfeld & Snell, 1999). In state prisons, the average woman has 2.38 children under the age of 18, resulting in 1 in every 359 children with an incarcerated mother (Greenfeld & Snell, 1999). Half of all female inmates are housed greater than 100 miles from their home, which may be in part the reason that 38% of women are not ever visited by their children while incarcerated. When asked in a study by Fogel (1993) what the most bothersome thing about incarceration was, 64% of women reported being away from their children and/or family was what bothered them the most.

According to the U.S. Department of Justice (Bonzcar, 2003), educational programs exist in all federal prisons, 90% of state and private prisons, and 60% of local jails. There are a wide range of programs offered in each facility, however, many focus on preparing the incarcerated inmate to take the General Education Development (GED) examination. Vocational training, college courses, English as a second language and basic programs are also included in the educational programs offered. Approximately half of all federal and state inmates take advantage of the educational programs while incarcerated; however only 14% of those housed in a jail participated in a program. Women are most often (70% of the time) incarcerated for nonviolent crimes, including drugs, property theft, and prostitution. Nonviolent criminals are more likely to be housed in a local, private or state facility, where education programs are offered and utilized less often.

Forensic nursing, a relatively new specialization, works to combine the forensic aspects of health care with the bio-psycho-social education of the registered nurse in the treatment of victims and perpetrators of abuse, violence, and criminal activity (International Association of Forensic Nurses, 2006). The International Association of Forensic Nurses (2006) organizational goals include the incorporation of primary prevention strategies in the work of the forensic nurse at every level in an attempt to create a world without violence. According to the U.S. Department of Justice (Mumola, 2000), 66% of women residing in state facilities have at least one incarcerated family member, and 12% have an incarcerated child. It is clear that there are family cycles of violence leading to incarceration. The forensic nurse is therefore tasked with determining ways to prevent mothers from entering the prison system, establishing effective programs for them while in prison, identifying ways to reestablish connections with their children upon their release, and identifying ways to prevent recidivism.

The United States has the highest per capita incarceration rate of any other country, and it continues to climb annually (Walmsley, 2008). According to the U.S. Department of Justice (Mumola, 2000), the fastest growing group of incarcerated person is women, and 70% of them are mothers. These mothers are generally of lower socioeconomic status, unemployed, undereducated, unmarried, suffering from abuse and drug use. They are the custodial parent of minor children, whom they frequently do not get to see while they are incarcerated. These mothers commonly have incarcerated family members, including their own children. Educational programs are available in federal prisons, but not always available in private, state or local prisons. Even when available, the programs are infrequently utilized by the incarcerated.

Few research studies have been conducted in populations of incarcerated mothers resulting in an inadequate knowledge base on incarcerated mothers. Research on incarcerated women has been conducted primarily by psychology and social work professionals. It is important that research with incarcerated women be conducted by both nursing and other professionals. Correctional nurses, a forensic nursing specialty area, provide daily staffing to the medical and forensic units in correctional facilities. This places the forensic nurse in a unique position to provide both entry and ongoing physical and psychological treatment to the female inmate population. In order to best help the incarcerated mother and subsequently her child and the greater population, greater insight into her being by the nursing professional is an essential first step.

### 1.3 Purpose

The purpose of this qualitative study is to explore the lived experience of the incarcerated woman as a mother, and to obtain an increased understanding of the meaning of her experience. The specific aims of this study are to: 1) describe the meaning that mothers attribute to their experience of incarceration; 2) gain an understanding of the experience of being an incarcerated mother; and 3) gain an understanding of her relationship with her child(ren). Understanding the experience of the incarcerated mother may provide insight into care of this population of women. Discovering the lived experience of the incarcerated mother has the potential to provide insight into their decision making and problem solving, relationship formation, mothering and being mothered. Studying the lived experience may also lead to an understanding of the motivation, fears, and concerns of the incarcerated mother. This knowledge can



support the rationale for decisions made by the forensic nurse in the care and treatment of female prisoners, and in the creation of educational and prevention programs.

#### 1.4 Research Question

The research question that will be explored in this qualitative study is:

What is the lived experience of the incarcerated woman as mother?

#### 1.5 Definition of Terms

For the purpose of this study, the following terms are defined:

1. Mother is a female who identifies herself as a parent to at least one minor child. Limiting the definition to a minor child focuses the intended population to a caregiver, versus any other type of relationship.
2. Minor child is a male or female who is under 18 years old, and is not limited by custody or living arrangements.

#### 1.6 Assumptions

The following assumptions are being made in relation to this study:

1. Participants in this study will be willing to truthfully discuss the experience of motherhood while incarcerated.
2. Participants are able to verbally express their experience of motherhood while incarcerated.

3. The experience of being an incarcerated mother is unique to each participant.
4. Past experiences of being an incarcerated mother may affect their current experience.

## 1.7 Limitations

The following limitations are noted as potentially affecting the outcome of this study:

1. Purposive sampling will be used to obtain study participants lived experience at that moment in time. Purposive sampling, as part of the Husserlian phenomenological methodology, is a non-probability sampling technique. The findings of this study will provide insight limited to the experience of those who participate in the study in this county prison at this point in time.
2. Participants may respond to questioning in a way reflective of their desire to please the researcher or the correctional facility.
3. The researcher may not be able to fully disregard any preexisting knowledge, attitudes or opinions about incarcerated women, resulting in data that is not completely objective.
4. Due to regulations at the cooperating county correctional facility, the data will need to be captured using a pen and paper, and not a digital recording device. This may cause data to be missed or inaccurately recorded by the nurse researcher.

## 1.8 Summary

The United States is a nation encountering a large number of incarcerated persons, and has the highest per capita incarceration rate of all countries. Women are being incarcerated at a rate double that of men; with a 500 percent increase in their number over the last 25 years. Of these women, about 70% are mothers to a minor child, leaving 1 out of 359 children with an incarcerated mother. Descriptive statistics are available to describe *who* the mother is in the prison system, but these lack insight into her experience (Frost, et al., 2006; Greenfeld & Snell, 1999; Mumola, 2000; Walmsley, 2008). Statistical data shows that the majority of women incarcerated in state facilities have an incarcerated family member, and greater than 10% have an incarcerated child. The family cycle of incarceration is undeniable.

The forensic nurse is in a unique position to develop prevention strategies and provide care for victims and perpetrators of abuse, violence, and criminal activity in an attempt to create a world without violence. There is no body of research available for nurses to develop holistic nursing interventions which would best address the needs of inmates and families. Interrupting the cycle of familial incarceration is urgent for nurses to be able to begin to create a world without violence, yet there are no established guidelines for correctional nurses to accomplish this task. Nurses learn to treat the physical, psychological, emotional and spiritual needs of patients while students. Correctional nurses have a high level of professional autonomy, but must still abide by the institutional policies to maintain the safety and security of the facility. They are specialists in health care and treatment of the individual patient, but face many challenges when they attempt to provide holistic care in the correctional setting.

One such challenge is maintaining professional boundaries while developing therapeutic nurse-patient relationships. Safety is paramount in correctional settings. The nurse-patient relationship may be perceived by security staff as providing opportunities for manipulation which has the potential to compromise security. Correctional nurses must collaborate with security staff to maintain secure relationships with their inmate patients (S. Smith, 2005).

Prior to being able to develop interventions, it is essential for the forensic nurse to understand the lived experience of the incarcerated mother. There is the potential that this research will provide insight into understanding the needs and desires of the incarcerated mother and children. This knowledge may be useful in order to provide the best care and treatment of female prisoners, and in the creation of educational and prevention programs.

# Chapter 2

## Literature Review

### 2.1 Introduction

A cursory review of the literature using the search terms *incarcerated woman as a mother* was conducted to provide insight into the knowledge or gaps of knowledge that exist in this area. Several databases, including CINAHL, Medline, PsychInfo, and PsychArticles, were utilized between August 2008 and April 2009. Few research articles were identified specific to this topic. Therefore, search terms were expanded to include *mother, parent, inmate, prisoner, jail, and corrections*; searches were limited to the English language with no specific timeframe. Any articles identified as potentially pertinent were retrieved for further exploration. Articles selected for this review of literature were the most current, significant research and literature reviews on inmates and prison programs. The articles were placed into subcategories according to the primary concept; some had an overlap between categories but were placed into the most prominent category. The subcategories identified were *women in prison, mothers in prison, effects of incarceration and parenting from prison programs*.

## 2.2 Women in Prison

According to the U.S. Department of Justice (Mumola, 2000) incarcerated women in federal, state, private and local institutions are disproportionately women of color in their early to mid-thirties. The incarcerated woman is most likely to have been convicted of a nonviolent drug related offense than any other crime. Sixty percent of incarcerated women have completed a high school education and are more likely than non-incarcerated women to have never been married. Out of every three women incarcerated in a state facility, two have at least one family member who was also incarcerated, and 12% of all incarcerated women have an incarcerated child.

According to the U.S. Department of Justice (Mumola, 2000), the past history of the incarcerated woman generally includes a disjointed family with members who have also been incarcerated, a history of physical and/or sexual abuse, a history of significant substance abuse, and multiple physical and mental health problems. Approximately half of the women are unemployed at the time of their arrest, and nearly 30% were receiving welfare (Taylor, Williams, & Eliason, 2002). Average monthly income prior to incarceration on average is \$600 per month, placing the woman below the poverty level (Mumola, 2000; U.S. Department of Justice, 2007).

According to the U. S. Department of Justice (Mumola, 2000), female inmates frequently enter the correctional system in poor health because of poverty, poor nutrition, inadequate health care and extensive substance abuse. Women experience more frequent medical complaints related to their reproductive system than their male counterparts. Approximately five percent of women will enter prison pregnant. Female inmates are 50% more likely to be HIV positive than male inmates; and this number has increased

dramatically over the last 15 years. The general female population of the United States has an HIV infection rate of 0.3%. The rate of HIV in federal and states prisons for women is 3.6%; twelve times the national rate (Mumola, 2000). Incarcerated women are at an increased risk for cervical cancer as precancerous cervical lesions are found in abused women six times more often than in those not reporting abuse. One quarter of women have mental illnesses, with major diagnoses being substance abuse, depression, and post traumatic stress disorder (Mumola, 2000). Few women had received any regular healthcare prior to arrest (Schmallegger, 2008).

Taylor, et. al. (2002) conducted a review of the literature to examine the health and healthcare of incarcerated women, the social structures that influence incarceration and health status, and also to make recommendations to improve prison health services and education. Even though there are many identified health care needs of the female inmate, it is reported that the healthcare systems in female correctional facilities are often perceived to be inadequate, punitive, and dehumanizing. Taylor reported that female inmates receive inadequate treatment for drug problems, HIV or other health issues. For example, treatment or antiretroviral medications for HIV are frequently not provided while the woman is incarcerated and only 10% of prisons have HIV prevention or education programs (Chamberlin, 2001). The rate of miscarriage among inmates entering the correctional system, such as in California, can be as high as 33.7%, with only 44.5% of pregnancies resulting in live births (Barry, 1985). In addition, approximately 25% of incarcerated women report a loss of sexual interest or guilt over past sexual behaviors (Carroll, McGinley, & Mack, 2001) and few prisons offer sex education programs to

teach about contraception, condom use, sexual health, or establishing intimacy (Schilling, et al., 1994).

Taylor, et al. (2002) also revealed that the lack of services and programs for women in prison is being rationalized by the high cost. Because the number of women in prisons is overshadowed by the number of men, they are not the focus of health care funding. The health care system in women's prisons is characterized by severe shortages of personnel and financial resources. The majority of health care systems in correctional settings were created with a focus on male inmates. Women's prisons are often formerly men's facilities and little has been done to alter the building or services when the facility changes to all female. Additionally, large numbers of women are incarcerated in a facility that also houses male inmates. Housed on a separate floor but presented with the same health care providers and services as their male counterparts, there are serious signs of neglect in women's health care such as high rates of malnutrition, substance abuse, mental health issues and sexually transmitted infections.

Schram (1999) conducted an exploratory study with four groups of participants residing or working at a maximum security women's facility in the Northeastern United States. Seventy four female inmates, 29 inmate peer counselors, 21 correctional officers, and 27 program staff members completed a four section questionnaire regarding stereotypes of female prisoners. Background information (demographics), social distance (interactions between organizational groups), attitudinal measures (stereotypes), and behavioral intention were measured. It was found that group membership was directly related to attitudinal measures and stereotyping of female inmates. Peer counselors, followed by inmates, had the most positive regard for the female inmates while prison



personnel had the most negative regard. Program staff members, followed by correctional officers, held the most negative regard for child visitation programs. Female inmates were identified as the group with the most sexist attitudes towards women. When the female inmate held a negative regard for women, these attitudes negatively affected the prisoner's desire to maintain ties with her children. The research suggested that individual factors such as organizational group membership may influence the effectiveness of the programs and policies being currently implemented in correctional facilities.

The psychological needs of the female prisoner were examined in a study by Byrne and Howells (2002). A meta-analysis was conducted to explore the psychiatric and psychological needs of the female prisoner as they relate to substance abuse, posttraumatic stress disorder, self-esteem issues, personality disorders, abuse, self-injury, and differences in male and female inmate management. The findings indicated that the principles of *Risk, Need and Responsivity* (adaptation of methods to address gender-specific needs of prisoners) should be central to the policies and educational plans instituted in correctional facilities. The decisions made for treatment and management of women in prison should result from appropriate research findings due to the female's unique gender based needs. Dietary, social, physical, health and specifically gynecological needs should all be taken into consideration when creating policies for prison systems.

Grella and Greenwell (2006) conducted a quasi experimental study of 483 substance abusing females eligible to participate in the California Department of Corrections' Female Offender Treatment and Employment Project (FOTEP). A two

group, pre and posttest design was utilized to examine those women who enrolled in the program compared to those who were unwilling or unable to participate in the program. Variables that were collected included demographics, background characteristics, history of drug use and criminal behaviors, childhood traumatic events and behavior problems, familial or social support, children and parental status, score results from the Texas Christian University - Client Evaluation of Self at Intake, and the Adult-Adolescent Parenting Inventory-2 (AAPI-2) instrument. The characteristics of women offenders were examined using multivariate analysis between those who had a loss of parental rights compared to those who had rights to all children. It was found that those women who lost parental rights had a need for or lack of access to resources. It was also determined that women who lost parental rights also experienced traumatic events during their own childhood. The authors concluded that this suggests a long history of problems beginning in childhood, possibly related to the current lack of stability and available resources. In terms of parental attitudes, there were no significant differences in the AAPI-2 score between participants versus non-participants; although non-white, less educated women suffering from depression demonstrated more risky parental attitudes than those with higher self-efficacy, good decision making skills and social conformity. The researchers suggested that addressing the psychosocial needs of female offenders (self-efficacy and decision-making ability) in a gender appropriate manner may result in more successful family integration.

Loper (2006) conducted a descriptive study exploring institutional adjustment of 516 incarcerated women (350 self-identified as a mother and 166 as a non-mother) in a maximum-security state correctional facility for women. The subjects completed several

self-report questionnaires, including the Brief Symptom Inventory, Prison Adjustment Questionnaire, Descriptive (demographic) information, and Parenting Stress Index for Incarcerated Women. Institutional misconduct information was collected by the researcher by examining the institutional records for recorded infractions. The groups were demographically similar, with the exception that non-mothers averaged longer sentences than mothers and non-mothers tended to have always been single. For comparison purposes, mothers were split into High Parenting Stress and Low Parenting Stress groups. There were significant differences between the High and Low Parenting Stress groups for parental status, Brief Symptom Inventory, Prison Adjustment Questionnaire, and the number of infractions recorded for the inmate. This study demonstrated that there was little difference in prison adjustment based simply on maternal status. However, when High and Low Parenting Stress groups were compared, Low Parenting Stress mothers had lower scores on the Brief Symptom Inventory, Prison Adjustment Questionnaire (conflict scale), and a lesser number of infractions than their High Parenting Stress counterparts. The results of this study suggest that it is not more difficult to be a mother versus a non-mother in prison. The results do support that when high parenting stress is present in the inmate, the woman has a poorer level of functioning and adjusting to the prison system. The results imply that while having a minor child at home could be a stabilizing and reassuring factor, it could also lead to separation anxiety and poorer adjustment. This study suggested that mothers' behavior is complex and depends largely on coping skills and stress management. It is vital to understand the mother as she experiences incarceration.

In summary, previous research on *women in prison* demonstrates that the average incarcerated woman is in her thirties, in an unstable environment, of lower socioeconomic status with limited available resources, in poor physical and psychological health and without regular healthcare. The prison systems do not have gender specific healthcare services established to provide appropriate physical and psychological care for the female prisoner. Policies need to be created and funding secured to provide for gender specific healthcare services for incarcerated women. Although these facts are known, the full description of women in prison is not clear. Statistical data has defined and described the incarcerated woman with numbers. What is lacking in this description is what the incarcerated woman feels, needs or wants. Providing gender specific services may satisfy the statistical data, but may not be what the incarcerated woman feels she needs. A more in depth description of this woman is necessary, and understanding the essence of the incarcerated woman may provide the details that are lacking.

### 2.3 Mothers in Prison

Bogart, Stevens, Hill and Estrada (2005) compared demographics, mobility, resources, drug use and legal involvement between drug using mothers with and without their biological children in their care. The sample of 154 criminally involved female drug users was obtained from a larger study sample of 727 drug involved women taking part in a Community Outreach Project on AIDS in Southern Arizona. Each participant underwent a 45 minute structured interview during which the data was collected. There was a disparity that was identified among ethnic and racial groups. Caucasian and

African American women had care of their biological children less often than their Hispanic, Native American or interracial counterparts. This finding was in conflict with other similar research conducted, however could be explained in relationship to age. As African American women were the oldest and Caucasian women the third oldest of five ethnic groups, it is possible that the children are not in their care due to their age or the amount of time the family has been involved with the criminal system. This study also suggested that with or without their children, the women who lived in poverty were at high risk for new or continued addiction and additional criminal involvement. The findings indicated that proactive measures, such as implementing community based interventions for the family at the time of arrest, providing education and mentoring for incarcerated women, and keeping women confined in a location to allow for contact with children, should be utilized as a rehabilitative method versus a punitive method. The promotion of healthy behaviors (reduced parenting stress, reduced substance abuse, improved mental and physical health status) in the mothers may disrupt the cycle of addiction, criminal behavior, and family disturbance.

Boudin (1998) examined the psychosocial group model for use in female inmates focusing on the role and their identity as a mother. Boudin facilitated sessions with female inmates in the Bedford Hills Correctional facility in New York to provide a context for incarcerated mothers to explore their experiences as a parent and to provide a means to parent from prison. Feminist theory, group psychotherapy and the trauma recovery process served as the basis for the formation of the group. An inmate herself at the time of her study, Boudin led the sessions over an intense three month time period, examining their own childhood experiences, assessing the needs of mothers to be

mothered, and discussing the issues related to the identification of the mother and the child in the relationship. The peer support model served as a means to offer a network of support, providing the missing element to the prison educational programs. The women utilized themselves as the most important resource, identifying what went wrong in their lives and attempting to learn how to do things differently. The Parenting from a Distance Program attempts to best utilize the resources of each individual for the benefit of themselves and of the group.

In a study of 362 incarcerated mothers in a maximum security prison, Houck and Loper (2002) examined the concept of parenting stress and adjustment. The relationship between the amount of stress the woman was feeling and her ability to adjust to her life in prison away from her children was evaluated in this correlational study. Prior to incarceration 76.5% mothers had daily contact with children. During the month prior to the study, 68% of the women had seen their children less than once per month and 24% had not seen them in the past year. The Parenting Stress Index for Incarcerated Women and the Brief Symptom Inventory were the instruments used to measure parenting stress and psychological symptom patterns respectively. Statistically significant higher amounts of stress were identified in relation to the perceived skill and competence of the inmate as a parent versus the normative group. However, the mothers' feeling of closeness was not negatively impacted by the separation of incarceration; Parental Attachment Subscale Scores were not significantly different. The subjects in this study demonstrated significantly higher than normative levels of psychological distress as evidenced by levels of anxiety, depression, and somatization. Those mothers reporting high levels of anxiety and depression also demonstrated institutional misconduct, feelings

of inadequacy and loss as a parent. This study suggests that the subjects do experience significant distress related to parenting while incarcerated, resulting in poorer adaptation to incarceration.

The literature on mothers in prison shows that mentoring for incarcerated women in a rehabilitative environment may be beneficial for the entire family in order to disrupt the cycle of incarceration. A reduction in parenting stress and substance abuse, and an improvement in mental and physical health status may also be beneficial. Peer support and parenting from prison programs may offer incarcerated mothers the support necessary to maintain ties with their children. Qualitative data, describing the essence of the incarcerated mother, is lacking. Insight into the experience of being an incarcerated mother may provide further direction for quantitative studies. At this time, variables are being chosen by researchers to determine what mothers in prison may be in need of or experiencing with little input from the participants. The qualitative insight of this mother would be invaluable to provide guidance and direction to future research.

## 2.4 Effects of Incarceration

Thompson and Harm (1995), conducted a review of the literature to explore the effects of maternal incarceration on the family. The authors reviewed 44 research articles and the research affirmed that incarcerated parents value their children and their role as a parent. With adequate educational programs, self-esteem scores for mothers in prison can be raised, maternal expectations of children are more appropriate, mothers are more empathetic to their children's feelings, positive discipline is utilized more frequently than

spanking or hitting, maternal attitudes improve in relation to their role in the family, there is an improved maternal-child relationship, along with an increased commitment to avoid drug and alcohol abuse and reincarceration.

The authors suggest that this review of the research has direct implications for pediatric nurses, specifically for anticipatory guidance. The pediatric nurse should recognize that a child with an incarcerated mother is at risk for peer and authority relationships difficulties, financial distress, emotional and stress related illnesses. Nurses should also support policies in prisons that augment maternal rehabilitation and improve parent-child relationships during the period of incarceration.

Luke (2002) conducted a review of the literature on maternal incarceration, children of incarcerated mothers, and the concerns of the prison mother. Mothers who were incarcerated were generally living in poverty, attempting to financially and emotionally support their child as a single parent. The impact of incarceration on the child is great, putting the child at risk for behavioral and psychosocial problems, along with issues in school and chemical dependency. The prison mother is most often concerned with losing custody of her child and knowing who will maintain custody of their child while they are incarcerated. This literature review demonstrated that both women and children are negatively impacted by maternal incarceration, and served as a backdrop for the exploration of the programs utilized at the Shakopee Women's Prison in Minnesota.

Luke (2002) then analyzed the Children's Program and Parenting Teens Programs, two extended visitation programs at the Shakopee Women's Prison. The Children's Program services mothers with children up until age 11. Children stay with



their mother from Friday evening through Saturday afternoon, attending meals and planned activities. The Parenting Teens Program is tailored for mothers with children ages 12 through 18. Mothers must attend weekly support group meetings in order for their teen to participate. Visitation occurs once a month for five hours on Saturday afternoon, and is an unstructured program. The goal of both programs is to maintain and promote relationships of mothers and children. Luke suggests that through coordinated efforts of communities, child welfare professionals and policymakers, the causes and consequences of maternal incarceration should be more fully explored, which may result in potential benefits for society.

A qualitative, grounded theory study was conducted by Smith and colleagues (2004) in a southern metropolitan county jail. Twenty five incarcerated men (n=5) and women (n=20) participated in a 39 question open-ended interview designed to examine parent child bonding, relationships with caregivers, and the impact of drug abuse and incarceration on the family unit. The participants demonstrated a desire to have personal contact with their children, although 72% of them had not seen their children since being incarcerated. Just over half of the inmates had spoken by phone or in letters and one third reported contact by both by phone and letter with their children, with 83% reporting less contact with their children than they had wanted. The participants reported that they were thankful that family members were caring for their children, and understood the importance of this kinship care. Participants reported concern for their children and belief that their own substance abuse was negatively affecting the children. Finances and health were concerns expressed by the participants in relation to the caregivers of their children. There was a desire for physical contact with the children during visitation, and

although not possible, the participants reported that they maintain a connectedness with their children during this time of incarceration through perceived shared experiences. Many participants reported knowing of the difficulties that lie ahead upon release, including employment and housing issues, as well as difficulties building trust with and reintegration into their families. No differences between mothers and fathers were identified. The researchers suggested that kinship care and family support should be fostered among incarcerated mothers and fathers.

Dallaire (2007) conducted a comparative analysis on 1997 data collected by the United States Department of Justice, Bureau of Justice Statistics and the Federal Bureau of Prisons. Subjects included 6,146 state and federal inmates who identified themselves as parents. Subjects were divided into four groups; mothers with minor and adult children, mothers without minor and adult children, fathers of minor and adult children, and fathers without minor and adult children. Variables included incarceration of adult children, number of children, ethnicity, education, marital status, mental illness, abuse, drug use, type of crime, prior incarcerations, and familial incarceration rate. It was determined that adult children of incarcerated mothers were 2.5 times more likely to be incarcerated than when the father was incarcerated. Another risk factor for adult children was having a mother who routinely used illegal drugs. It was found that the more accumulated risks an incarcerated person, especially mother, had, the more likely the adult child would be incarcerated. There was greater risk to both adult and minor children when incarcerated mothers had high rates of familial incarceration, but was not as great in paternal incarceration.

Hayes (2008) conducted a qualitative study exploring the lived experience of mothering after prison. Two women were included in this interpretive phenomenology study; each being interviewed three times over a four month time period. Four themes were identified by the research and included “always the mother”, “separation anxiety”, “new demands: divided loyalties” and “the honeymoon is over”. The small sample size provides preliminary data on mothers following incarceration. Hayes found that both mothers experienced a positive reunion with their children, almost as if the separation never existed, and they transitioned quickly back into the mother. After the reunification, the mothers reported that the children experienced great separation anxiety any time they needed to leave them. The mothers found that reintegration back into their lives as a mother, along with the demands of parole, left them feeling divided between the two roles of mother and parolee. Wanting to be with their children became complicated by the demands of parole meetings, working and counseling sessions. Finally, Hayes observed that after about a three month time period, the participants were not as positive (even negative) about their relationships with their children and their daily activities.

In summary, the research on the effects of incarceration shows that mothers and children are greatly affected by maternal incarceration, and that incarcerated parents have great concern for their children. However, it is unclear how the mothers and children are affected, and what their actual concerns and needs are. The familial cycle of incarceration was identified, with illegal drug use being a determining factor to future child incarceration. Educational and visitation programs that support maternal rehabilitation and promote parent-child relationships may help improve family outcomes.

What is lacking in the research is a clear description of *who* the incarcerated parent is and what the needs of this parent are.

## 2.5 Parenting from Prison Programs

A correlational study was conducted by Thompson and Harm (2000) to investigate the effects of a Parenting from Prison program for women in a minimum security facility in Arkansas. Subjects included 104 mothers (of 134 children) who volunteered to participate in a 15-week session of the Parenting from Prison program. Participants completed the Index of Self-Esteem (measure of self-esteem issues), Adult Adolescent Parenting Inventory (measure potential for child abuse) and a personal history questionnaire (demographics and family relationships) prior to beginning the Parenting from Prison program. The 15-week program presented information on topics including child development, communication, guidance and self-esteem. At the program's conclusion, mothers completed the Index of Self-Esteem, Adult Adolescent Parenting Inventory and a follow-up questionnaire (interactions with children). The overall results suggested that the Parenting from Prison Program had a positive effect on the mothers, including an increase in self-esteem and a more nurturing mannerism with their children. The mothers reported that their children visited more often and wrote letters more frequently during the Parenting from Prison Program. The mothers also felt that the quality of visits with their children was enhanced. The mothers found themselves listening to and praising their children during visits, telling them they loved them, and playing games. The Parenting from Prison program had a positive effect on the mothers,

including an increase in self esteem. Thompson and Harm suggested that health care professionals can “facilitate parent-child relationships through accepting, listening, teaching, and encouraging them to take part in parent education, visits, and letter writing” (p. 79). The researchers suggest that their findings support the implementation and continuance of parenting programs in prisons.

Chipman, et. al. (2000) conducted a descriptive, retrospective study of 128 male and female inmates in a correctional facility in Utah, and 337 male and female non-inmates with children attending Head Start programs in the state of Utah. The purpose of this study was to assist in the construction of adequate prison-based courses for inmates. All subjects completed a 62 item questionnaire regarding their perceptions of how they were parented. Inmates and non-inmates differed significantly in the type of parenting they received as a child. The non-inmate group had more authoritative parents than the inmates overall although inmate daughters received more authoritative style parenting than their male counterparts. Inmate fathers report using less reasoning skills with their own children. These findings suggest that prior to participation in prison parenting education programs, the retrospective parenting questionnaire used in this study could be utilized to identify specific parenting styles. The programs themselves should help inmates identify the different parenting styles, the child’s outcome associated with each style, and the promotion of more positive, and less harsh, parenting strategies.

Surratt (2003) conducted a descriptive, longitudinal study examining the parenting attitudes of 59 drug involved, incarcerated women over a 12 week time period. Study subjects were recruited from the Baylor Women’s Correctional Institution in Delaware. Three groups of subjects were obtained; those who completed a substance

abuse program in the Key Village therapeutic community (n=25), those who were currently participating in the program (n=18), and those on the waiting list for the program with no previous exposure (n=16). The baseline assessment given to all subjects included both the Adult-Adolescent Parenting Inventory 2 and the Marlowe-Crowne Social Desirability Scale. Approximately 12 weeks after the initial assessment, those remaining at the institution were contacted to once again complete the survey instruments. No statistically significant differences were found at baseline among the three groups on the AAPI-2 or on the Marlowe-Crowne social-desirability scale. When the 12 week follow up data were examined, the only statistically significant difference ( $p=.076$ ) was in the AAPI-2 subscale for Belief in the Use of Corporal Punishment. This showed that in women currently enrolled in the parenting program, for every class attended there was a decrease in the endorsement of corporal punishment. The conclusion drawn by the researcher was that a reevaluation of the existing parenting programs is necessary because no change was identified in relationship to projected outcomes for the program.

Hufft (1999) conducted a study to examine the Kentucky Girl Scouts Beyond Bars (GSBB) program. Over a three year time frame, thirty-three girls participated in the GSBB program. At the beginning of participation, at six months and three years the Inventory of Parent and Peer Attachment, Children's Loneliness Questionnaire, Children's Perceived Self-Control Scale, Children's Action Tendency Scale, and the Eyeberg Child Behavior Inventory were completed. During the troop meetings, direct observation of mothers and daughters occurred. These 33 girls were compared with two other groups; girls who visited their mother on the designated children's visitation (Kid's

Day) and those from another girl scout troop whose mothers were not incarcerated (n is unknown for both groups). At baseline, the girls of the GSBB group were more aggressive, more assertive and less submissive than their counterparts. After 6 months of participation in the program, the girls demonstrated a decrease in submissiveness, and increase in aggressive behavior. The girls in the GSBB program also demonstrated an increase in parental and peer attachment resulting from an increase in visitation.

Hufft (1999) also reported that at baseline, there was no significant difference between the mothers participating in the GSBB program and those just in the parenting classes. After participation in the GSBB, those mothers reported lower concerns about their daughters than those in parenting classes. This study suggests that the GSBB program can provide enhanced visitation for both mothers and daughters and forensic psychiatric nurses can effectively manage holistic mental health promotion programs.

In general, the results from research focused on parenting programs support their value. Positive outcomes were seen when parenting programs were offered to incarcerated mothers. When parents were shown how their own parenting style affects their children, the stage was set for programs to assist parents in breaking the cycle of dysfunction that impacted their own lives as children. The need for parenting education programs is apparent. What is not apparent is the rationale behind the creation of the programs, the desires of the incarcerated parent, and the needs of the incarcerated family.

## 2.6 Summary and Conclusion

The literature, although variable in method, measurement, and knowledge achieved, agrees that more research is needed in the area of parents in prison. Emotional support, gender based needs assessments, reintegration studies, and parenting program evaluations were all suggestions derived from the reviewed literature. The literature as it pertains to the emotional attachment of the female prisoner to her children is substantially lacking. Even literature with a focus on the female prisoner as a mother is scant. There are many prison based education programs being conducted, but there is little research to support their development, structure or outcomes.

The literature available is a mixture of literature reviews (Taylor, et al., 2002; Byrne & Howells, 2002; Thompson & Harm, 1995; Luke, 2002) and few current research studies (Schram, 1999; Grella & Greenwell, 2006; Houck & Loper, 2002; Loper, 2006; Smith, et al., 2004; Dallaire, 2007, Hayes, 2008; Chipman, et al., 2000; Surratt, 2002). Most of the research was not conducted by nurses, but by psychology and sociology professionals. While research is needed in every area of care for the incarcerated woman, nurses are first line health care providers in prisons, and there is little research addressing the role of the nurse in providing every day care of incarcerated mothers. There is no logic or progression about the way the research has been conducted. Some isolated studies looking at the prisoner population and programming appear, but do not seem to provide a collective answer as to where research should be focused on the incarcerated mother. The development of significant knowledge in the area of the incarcerated mother is inadequate and necessitates further inquiry and involvement by the nurse. With the relatively recent specialization of forensic nurses, the path is wide open for a logical series of research studies to be conducted to establish a set of



recommendations for incarcerated mothers. Given that minimal scientific evidence exists on the incarcerated mother, the natural place to begin is with descriptive research studies.

The current knowledge regarding incarcerated women is inadequate to suggest program development or modifications at this time. Little is known about incarcerated women in their role as a mother. Even less is known about the emotional attachments, feelings, or needs of this group. Descriptive research studies need to be conducted by forensic or prison nurses in order to create a program of research to address the issues of incarcerated mothers. In order to create that program of research, nurses must first be able to understand the essences of the incarcerated mother. Qualitative research is an excellent starting point for obtaining a rich description of a phenomenon. The description obtained of the phenomenon can serve as the basis for further quantitative inquiry. Not only will this knowledge be valuable to the prison nurses, female prisoners and their children, but to society as a whole. The cyclical nature of incarceration in families is obvious, and research related to prison programs and policy is essential to break that cycle.

# Chapter 3

## Research Methodology

### 3.1 Introduction

Phenomenology can be classified as both a philosophical perspective and research methodology. As a philosophical entity, phenomenology seeks to explain the essence of phenomena as they exist in the context of the life-world. Phenomenology allows the nurse researcher to understand the phenomena through the lived experience of the participant. The participant is central to the understanding of this phenomena or experience.

In the early 20<sup>th</sup> century, the phenomenological movement was launched in three phases; Preparatory Phase, German (Second) Phase, and French (Third) Phase. Throughout this movement, multiple leaders such as Husserl, Heidegger, Merleau-Ponty, Sartre and others emerged. While the basic phenomenological premise remained unchanged, the leaders each had a slightly different view of phenomenology. With each view came various strategies and techniques prescribed to understand the essence of the phenomena and to conduct phenomenological research. The common thread is that

phenomenologists “believe that lived experience gives meaning to each person’s perception of a particular phenomenon” (Polit & Beck, 2008, p. 227).

As a qualitative research method, phenomenology guides the researcher to explore and understand the lived, human experience. “Phenomenology as a research method is a rigorous, critical, systematic investigation of phenomena” (Speziale & Carpenter, 2007, p. 81). Phenomenological research is appropriately utilized to investigate sensitive phenomena or to explore phenomena where little is known. Data is obtained through detailed conversations whereby the researcher and informants are coparticipants, with the researcher seeking to understand the essence of the lived human experience.

According to Reinharz (1983), there are five basic steps that the researcher follows during phenomenological transformation. Initially, the participant transforms the experience into language through dialogue. Second, the researcher transforms what is verbalized into an account of the experience. Next, conceptual categories are established to represent the essences of the experience. Then the researcher transforms the essences into a written document that directly reflects the description of the experience. Finally, the written document is synthesized to capture the meaning of the experience without losing the richness of the described experience.

### 3.2 Research Design

The research design is the plan which will guide the researcher to best answer the study questions. “The research design is the architectural backbone of the study” (Polit

& Beck, 2008, p. 66). In qualitative research, an emergent design is often utilized to allow flexibility during data collection as researchers make ongoing decisions based on the data already collected.

The specific research design for this study was based on the Husserlian descriptive phenomenological method of inquiry, as interpreted by Kleiman (2004). Edmund Husserl has been called the founder of phenomenology. Husserl's philosophical beliefs were centered on the nature and origin of knowledge. He believed that phenomena and experiences are inseparable; the way to understand phenomena is through those who experienced it. The Husserlian method of inquiry, therefore, is purely descriptive and focuses on describing the lived world of people. The focus of this method is the acquisition of a clear understanding of the primary nature of reality (Walters, 1995). The use of Husserl's methodology provides a description about the phenomena under study from the perception of the individual undergoing the experience.

In 2004, Kleiman identified that Giorgi had published more than 125 scholarly articles on phenomenology, and had advised over 110 PhD students on the use of the Husserlian phenomenological method. Kleiman examined the work of Giorgi, and presented a template by which nurses could more easily implement the Husserlian, descriptive phenomenological method. Kleiman (2004) stated that the researcher must first be open and ready to listen to the participants' descriptions of their lived experience. The descriptions collected are divided into distinct statements. The researcher uses the statements to identify the meanings that are essential to the phenomenon being examined. The researcher takes the essential meanings with their relationships and formulates a structure of the phenomenon (Kleiman, 2004).

For nursing, the Husserlian phenomenological methodology provides a rich description of a phenomenon as it was experienced. This description, providing the structure of the phenomenon, can serve as the basis for further exploration and inquiry through nursing research. Ultimately, the identification of appropriate nursing interventions is the goal.

The purpose of the proposed study was to explore the lived experience of the incarcerated woman as mother. According to Dinkel (2005), “phenomenology may prove a useful strategy for gleaning the experiences of diverse populations especially those who are vulnerable” (p. 10). Little research to explore this specific phenomenon has been conducted. Therefore, a pure description of this experience was the goal. The use of Husserlian descriptive phenomenology was ideal to obtain a description of the human experience of being an incarcerated mother. Walters (1995) stated that Husserlian phenomenology emphasizes the analysis of the subject through intentionality, the use of epoche (bracketing) as a method to suspend realist awareness for the researcher, and describing the full appearance of the object of inquiry.

### 3.3 Setting

Qualitative research is generally conducted in real-world, natural (field) settings (Sixsmith, Boneham, & Goldring, 2003). The field is where the participants in a qualitative study co-create with their environment the lived experience (Coyne, 1997). It is important to conduct data collection in the environment where the phenomena are occurring to obtain the richest data possible. Sixsmith, Boneham, and Goldring (2003)

stated that participants are more likely to provide open, honest dialogue when they are comfortable.

Therefore, this study was conducted in the participants' natural setting at the time of interview, which was a county correctional facility serving Northeastern Pennsylvania. Face-to-face interviews were conducted with individual participants in a conference room. The participant was afforded as much privacy as was allowed by the correctional facility to participate in the study, allowing for as much comfort for the participant as possible.

### 3.4 Sample

According to Giorgi (2003), the sample size for a study using Husserlian phenomenology usually ranges from one to ten subjects. Sample size for phenomenological studies in general is usually ten or less (Polit & Beck, 2008). The sample size is largely dependent on informational needs. Therefore, data saturation is the guiding principle behind sample size in qualitative research. Data saturation occurs when redundancy of data is achieved. In this study, after interviewing five subjects, redundancy of the information became apparent. Another five interviews were conducted the following week to ensure that no new information emerged and data saturation was indeed achieved. Data saturation was achieved at ten participants as no new essences were identified by the participants and the data was repeating. Flexibility was necessary in sampling and design, consistent with phenomenological methodology, in order to obtain detailed, rich experiences which were the basis for understanding the essence of the incarcerated mother.

The subjects in the sample of a phenomenological study must have all experienced the phenomena and be able to communicate what it is like to have this lived experience (Sixsmith, et al., 2003). Kleiman (2004) stated that a purposeful sampling technique is well suited to obtain the participants for phenomenological inquiry. In purposive sampling, participants are selected to participate in a study based on their knowledge of the phenomena of interest. In this study, the participants selected to participate were female inmates who identified themselves as having been a mother at the time of incarceration. Potential participants for this study were self selected, and identified themselves to the Treatment Coordinator at the correctional facility. The Treatment Coordinator then determined the appropriateness of the inmate's participation, based on past and present behavior and any current restrictions. The researcher then determined if the identified inmates were eligible to participate in the research study based on eligibility criteria.

In order to be eligible for the proposed study, the participant had to meet the following eligibility criteria:

- 1) The participant must be the age of legal consent (18 years of age in the state of Pennsylvania).
- 2) The participant must be able to speak and understand English.
- 3) The participant must, at the time of the crime for which they have been convicted, have already become a mother (given birth).

It was possible to encounter women in prison who are now mothers, but were not at the time the crime was committed due to time lag in arrest, prosecution, and conviction. The intent of this study was to explore the lived experience of a mother, who

committed a crime and was subsequently convicted and incarcerated. This lived experience of a mother may be different than that of a woman who was not a mother at the time the crime was committed; therefore, women who were not mothers at the time of incarceration were excluded.

### 3.5 Protection of Human Subjects

Because the participants were incarcerated, they were vulnerable and had diminished autonomy. Special care was taken to ensure that the subjects were not unduly coerced to participate in this research project. It was made clear through the detailed consent form (Appendix A) that participating in this study would have no impact on their sentence or their treatment as an inmate. Initial Institutional Review Board approval was obtained from Duquesne University. Because the researcher was a faculty member at a different institution, Institutional Review Board approval was also obtained from Misericordia University. Permission to conduct the study was obtained from the Warden of the correctional facility as per county protocol.

There were no risks expected to occur during participation in this study. The information shared during the interview process may have caused emotional upset to the participants. Counselors were available to the participants in the county correctional facility. There were no direct benefits provided as a result of participating in the study. The information learned through this study provided a better understanding into the lives of mothers in prison. Participants did not incur any expense to participate in the study.

The confidentiality of the participant was maintained through the use of an identification number on the demographic questionnaire and all transcribed interview



documents and notes. A log was maintained to match participant names with the identification number. Any possible identifiers were removed from the transcribed interview text. The researcher transcribed all interview notes. The consent forms were kept separately in a locked file cabinet in the researcher's home office. All materials pertaining to this study will be destroyed upon completion of the research project and dissemination of the findings.

### 3.6 Instrumentation

Data collection was conducted utilizing a researcher designed demographic tool (Appendix B) and an interview guide (Appendix C).

The demographic instrument contained 14 questions regarding personal demographics, current conviction and sentence, past convictions, and demographics and living arrangements of children. Questions were chosen based on findings in the literature on the incarcerated population and incarcerated women. It was estimated that it would take five minutes to complete this instrument prior to the interview.

The interview guide contained one general open ended initial question, and five subsequent directive, probing, open ended questions. The questions were designed to elicit a comprehensive discussion about the experience of being a mother in prison.

### 3.7 Data Collection

Data was collected in the Husserlian, descriptive phenomenological method. According to Kleiman (2004), “descriptions of phenomenon are elicited through open ended, unstructured interviews, which are recorded for analysis” (p. 11).

Women who were identified by the Treatment Coordinator as potential participants for this study were provided with a copy of the consent form to review. After the women had agreed to participate in the study, they were individually taken to the conference room. The study was further reviewed with the potential participant, and the participants were read the entire consent form verbatim by the researcher per the prison’s request. Once the participant verbalized understanding, a pen was provided to them and they signed the consent form prior to continuing. The participant had the opportunity to ask questions regarding the study, and had the answers fully explained to their satisfaction prior to signing the consent form. Once the informed consent process was completed, the researcher verbally presented the participant with the demographic instrument questions, and transcribed the responses verbatim.

Participants in the study were then interviewed in an unstructured manner, face to face, individually in the professional consultation room. The participant was initially presented with the following statement: “We have already talked about the fact that you are a mother and you are incarcerated. Can you tell me about that experience?” Answers were recorded using a pen and paper, as a recording device was not permitted in the county correctional facility. The researcher took complete notes of the verbal response and any apparent facial and/or body posturing responses. The probing questions were used as determined to be necessary during the interview process to assist the participant in recalling areas that they may wish to discuss. Each interview lasted for approximately

thirty to sixty minutes, or for as long as needed for the participant to completely explain their experience to the researcher. The researcher made every attempt to be engaged in the dialogical openness, while taking complete notes. The researcher was not able to return to the participants for validation, as this would change the experience from pre-reflective to meta-reflective, straying from the Husserlian methodology. However, if it was determined that there was incomplete or missing information, the researcher would have been able return to the participants to gain a complete understanding of the experience. The notes were transcribed verbatim immediately after each interview session.

### 3.8 Data Analysis

Since the interviews could not be recorded and notes were taken in the researcher's handwriting, the researcher performed the transcription from pen and paper into a Word document. Qualitative data management software (atlas.ti version 6.0) was utilized to organize and analyze the data obtained from the interviews.

Data analysis was conducted utilizing the nine step process as described by Kleiman (2004) for data analysis using the Husserlian, descriptive phenomenological method of inquiry. The initial step began with data collection and involved a face to face meeting between the participant and researcher to obtain a detailed description of the lived experience. The researcher entered this phase of the relationship with the participant with dialogical openness and a readiness to listen. This openness was encouraged through a comfortable environment for the participant.

The second step involved gaining a global sense of the whole through the reading of the interview transcript in its entirety. Phenomenological reduction was used during this reading. Phenomenological reduction involved a two step process, bracketing and withholding existential claims. In bracketing, the researcher withheld any prior knowledge of the phenomena.

Third, the transcripts were read again in a more detailed fashion in order to discriminate meaning units in the words of the participants. The fourth step was the integration of the meaning units which contain a similar focus. The next step was to maintain a consistent disciplinary perspective, regardless of whether it was nursing, sociology, psychology, culture, ethnography or pedagogy. In the sixth step, free imaginative variation identified which meaning units were essential for a fixed identity of the phenomena in the research study.

After the unnecessary meaning units were removed from the data, in the seventh step of the process, the findings were explained. The essential meaning units were described, and began to demonstrate the structure of the phenomenon. The eighth step involved identifying the structure, or the major finding of the descriptive phenomenological methodology, based on the lived experience description of the participants. Finally, the researcher returned to the raw data to justify both the essential meanings and structure. The findings were substantiated by the raw data, and not by a return to the participants; to do so would be inconsistent with the Husserlian method (Kleiman, 2004). It was possible that a return to the inmate at a later time would alter what was said in the moment of the interview, due to visitation by the child(ren) or other events that may have altered the original experience. However, if it was determined that

information was lacking, returning to the participant to further understand the experience would have been warranted.

### 3.9 Rigor

The Husserlian, descriptive phenomenological method of inquiry was intended to provide a pure description about the phenomena under study from the perception of the individual undergoing the experience. In order to maintain rigor in this study, the researcher followed the Husserlian method for data collection and analysis as elaborated by Kleiman (2004). By consistently following the methodology and carefully documenting the decision trail, trustworthiness of the data and analysis was maintained.

### 3.10 Summary

The purpose of this study was to understand the experience of the incarcerated woman as a mother, and to obtain an increased understanding of the meaning and interpretation of her experience. Therefore, the Husserlian, descriptive phenomenological method of inquiry was utilized in order to provide a pure description about the lived experience of the incarcerated mother. Ten participants were included in the study, recruited using purposive sampling. Face to face, unstructured interviews were conducted in a consultation room on the prison's main floor. The data was collected and analyzed in a manner consistent with Kleiman's (2004) template for implementing Husserlian phenomenology for nursing research.

# Chapter 4

## Findings

### 4.1 Introduction

The findings of this phenomenological study illustrate the lived experience of the incarcerated woman as mother as described by the participants of the study. The descriptions of the phenomena were obtained and interpreted through the use of Husserlian phenomenological methodology as described by Kleiman (2004). In staying true to the Husserlian methodology, this process began with the formulation of the research question. By first identifying the phenomenon of interest (the incarcerated woman) and going to the source for insight, the researcher was able to focus her interest and formulate the research question “What is the lived experience of the incarcerated woman as mother?” A convenience sample of incarcerated women who are mothers was recruited from the county correctional facility. The description of the phenomena was obtained through the use of open ended questions, which were recorded using pen and paper only. Audio and video recording devices were prohibited at the facility.

### 4.2 Phenomenological Reduction

Before study participants were interviewed, it was essential for the researcher to acknowledge preexisting ideas and opinions about incarcerated mothers. This was a two-step process which included bracketing and withholding existential claims. Through the use of bracketing, the researcher withholds any prior knowledge of the incarcerated mother to establish an openness to receive the descriptions provided by the participants. The researcher identified her own biases and presuppositions through dialogue with colleagues who currently worked with the incarcerated woman. This allowed the researcher to bring forward her awareness of any knowledge and beliefs about the incarcerated mother. These beliefs included that the incarcerated mother does not care for her child, she intentionally put others before her child, and she does not miss her child while incarcerated. Because the researcher had minimal experience with incarcerated persons prior to beginning this research project, these were the only beliefs that were able to be identified. By identifying and acknowledging these biases, the researcher was able to enter into a relationship with the study participants while withholding identified biases. However, the researcher may have been blind to some prejudices, and could not claim to have been fully free from bias. Therefore, the researcher remained vigilant throughout the study to identify and acknowledge biases, maintaining naïve openness to the best of her ability to the description of the incarcerated mother.

Withholding of existential claims means that the researcher considers the phenomena exactly as it is told by those who are currently experiencing it (Giorgi, 1997). During the withholding of existential claims, the researcher must consider what is given precisely as it is given to facilitate the analysis of the data. This process best allows for the analysis of phenomena that are emotions, values or experiences (Kleiman, 2004). For

example, in this study withholding existential claims allowed the researcher to analyze the “awful” experience that was reported by most of the participants. Instead of assuming the participant’s meaning of the awful experience, the researcher identified experiences that “appeared as awful” to the participant. This withholding of existential claims allowed the researcher to achieve a better description and definition of this actual experience created by the phenomena of being an incarcerated mother. By conducting both of these steps, bracketing and withholding existential claims, past knowledge was held in abeyance while data collection and analysis occurred. By bracketing the existential claims, the researcher was able to avoid diagnosing or categorizing the incarcerated mother. The researcher was able to focus on what and how the subjects were describing their lived experience using their words and meaning. Therefore, the data was not influenced by this past knowledge, thereby strengthening its analysis.

### 4.3 Description of the Setting

Qualitative research is generally conducted in real-world, natural settings where the participants co-create with their environment the lived experience which allows the researcher to obtain the richest data possible (Coyne, 1997; Sixsmith, et al., 2003). Therefore, this study was conducted in the participants’ natural setting, which was a county correctional facility located in Northeastern Pennsylvania. This facility has no nearby parking lots, and in the journey from the car to the facility the researcher was surrounded by many smaller buildings that look like houses but were transitional correctional housing, training and administrative spaces. Barbed wire topped fences surrounded the property and the guard tower hovered obtrusively over the facility. Many



guards and inmates were outdoors and stared at the researcher as she walked to the main entrance. Uniformed corrections officers passed as the researcher climbed the many grey concrete steps leading to the entrance of the prison.

Once inside, the cold grey block walls and benches furnished the entrance, along with a desk and metal detector. The correctional officer sequestered the researcher's car keys and identification, allowing only one pen, consent forms, and legal pads to be brought in to the facility. The Treatment Coordinator arrived and escorted the researcher through three large, electric sliding prison doors with no windows, into the professional interview room area. Two guards were located in a darkened control booth opposite the interview rooms, behind darkly tinted glass. Guards were rapidly accessible by depressing the large red emergency button located immediately behind the researcher's seat. Prior to arrival, the Treatment Coordinator informed the female inmates that a nurse researcher wanted to speak with inmates regarding their experience as an incarcerated mother. Those who were interested self-identified to the Treatment Coordinator, who discussed the potential participants with the researcher. Upon satisfaction that the inmates met the inclusion criteria, the Treatment Coordinator called for the inmates individually, introduced them to the researcher, and left the room closing the door.

The room was small and very warm, surrounded completely by Plexiglas. There were three interview rooms in total, all brightly lit in a row and none completely soundproof, even with the doors closed. Each room was furnished with a small school desk and two chairs. The researcher sat facing the guard booth, so that the participant was engaged with the researcher and not distracted by the surrounding activities. Face-

to-face interviews were then conducted with the individual participants on two separate days, one week apart, in the month of November.

#### 4.4 Description of the Participants

As stated previously, the Treatment Coordinator identified potential participants who had volunteered for the study and reviewed them with the researcher. All of the inmates identified by the Treatment Coordinator met the inclusion criteria. The Treatment Coordinator called for the inmates individually, and coordinated their arrival and introduction to the researcher. Each inmate arrived in a bright orange jumpsuit with a white t-shirt underneath and sneakers. The researcher began by asking if the inmate was aware of why she was brought to the interview room. All of the participants had a basic understanding of the purpose of the study. Due to security reasons, the Treatment Coordinator asked that the consent form be read verbatim to each potential participant. Each participant was given the opportunity to ask questions regarding the study. Several participants asked questions, to which the researcher provided immediate answers. All participants verbally agreed to participate in the study. Once verbal agreement was obtained, the participant was offered a pen and the consent form. Once signed, the pen and consent form had to be immediately returned to the researcher. The researcher verbally administered the demographic instrument questions and recorded the answers provided by the participant.

Ten incarcerated mothers met the inclusion criteria and provided informed consent to be included in this study. No one refused to participate. Five interviews were conducted on two separate days, one week apart, in the month of November. Each

participant provided the researcher with a fictitious name of their choosing to be used for data presentation.

The ten incarcerated mothers ranged in age from 23 to 42 years old with a mean age of  $30.8 \pm 6.6$  years. The majority of participants were Caucasian ( $n=7$ ), with the remaining ( $n=3$ ) of Hispanic descent ( $n=1$  Mexican,  $n=1$  Puerto Rican,  $n=1$  Costa Rican). There were no African American participants, which does not reflect the population of the prison. Participants completed an average of 9.5 years of school; ranging from one participant having no formal education to three participants having a high school education. The women were mother to an average of 2.2 children (range 1 to 5). The children's ages ranged from 1 month to 28 years old (average age 9.5 years). Occupations prior to incarceration were varied, and included factory worker, deli counter worker, cashier, certified nurse assistant, housekeeper, drug dealer and exotic dancer. See Table 1 for more details on the demographic information. Table 2 provides more detailed information on the participant's children.

Table 1

Demographic Information

Participant Number	Pseudonym	Age	Ethnicity	Highest level of education	Occupation
1	Shortie	28	Caucasian	0	None
2	Eva	42	Caucasian	8	Homemaker
3	Susie	30	Caucasian	10	Factory
4	Bethany	23	Caucasian	12	Accounting
5	Diana	25	Mexican	11	Deli
6	Manuela	40	Costa Rican	10	CNA
7	Portia	24	Caucasian	8	Exotic dancer
8	Lynn	33	Puerto Rican	12	CNA
9	Dani	35	Caucasian	12	Housekeeper
10	Heidi	28	Caucasian	12	Cashier

The crimes that the participants were convicted of included forgery (n=3), parole violation (n=1), drug possession (n=4), DUI (n=1) and nonpayment of fines (n=1). The sentences ranged from 2 to 18 months, with two participants awaiting sentencing. This was the first time incarcerated for 4 of the participants, while others had been incarcerated up to 19 times. Time served was 4.5 months on average with a range from one week to 12 months. Table 3 provides more detailed incarceration information for each participant.

Table 2

Children of Participants

	Number children	Age child 1	Age child 2	Age child 3	Age child 4	Age child 5	Custody prior	Live with prior	Live with now
Shortie	2	4	2	-	-	-	Yes	My mom	Foster Parents
Eva	5	28	27	26	11	9	Yes	Me	Mother's Cousin
Susie	2	7	4	-	-	-	Partial	Me	Maternal grandmother
Bethany	3	6	3	0.08	-	-	Yes	Me	Child's Father
Diana	3	6	5	1.5	-	-	Yes	Me	Friend of mother
Manuela	1	15	-	-	-	-	Other Adult	Other Adult	Friend of mother
Portia	1	6	-	-	-	-	Yes	Me	Paternal grandmother
Lynn	3	14	9	6	-	-	No	Mom	Maternal grandmother
Dani	1	9	-	-	-	-	No	Dad	Child's father
Heidi	1	2	-	-	-	-	Yes	Me	Maternal grandparents

Table 3

Incarceration Information

<b>Participant</b>	<b>Offense</b>	<b>Sentence (in months)</b>	<b>Time served (in months)</b>	<b>Times Incarcerated</b>
Shortie	Drugs	3 – 6	3	19
Eva	Forgery	6 – 18	12	10
Susie	Parole Violation	6 – 12	11	15
Bethany	Forgery	2	0.5	1
Diana	Drugs	Awaiting sentencing	3	1
Manuela	Drugs	Awaiting sentencing	3	1
Portia	DUI	6	6	1
Lynn	Drugs	6	5.5	6
Dani	Forgery	3	0.25	2
Heidi	Nonpayment of fines	0.5	0.25	4

#### 4.5 Data Analysis

Data analysis was conducted using the Husserlian, descriptive phenomenological method; a nine step process as described by Kleiman (2004). The first step was to interview the participants and obtain the description of the lived experience of being an incarcerated mother. Following phenomenological reduction, the researcher entered into an open relationship with each participant. This openness was a result in part from conducting the interview face-to-face in a comfortable environment for the participant. The interviews were held in a warm, well lighted and reasonably comfortable interview

room, although the room was encased in clear Plexiglas. Corrections officers were present nearby, but unobtrusively stationed. The researcher was permitted to keep the door closed allowing for a reasonable amount of privacy. Following the interview guide (Appendix B), descriptions of the lived experience of being an incarcerated mother were obtained and recorded using a pen and paper. As much as possible, exact quotations were written, substantial notes were taken, and non-verbal cues were identified in the text. Each interview lasted for approximately thirty to sixty minutes, or for as long as needed for the participant to completely explain their experience to the researcher. As one participant was returned to the floor, there was a time lag before the next participant arrived. During this time, the researcher made more notes, including as much detail as possible. At the researcher's earliest convenience, generally within two days of the interview, these handwritten notes were transcribed into Microsoft Office Word 2007 as a Rich Text File. Data was managed using Atlas.ti Software Version 6.1.1. This program allowed the researcher to organize and code the themes in the data.

The phenomenological perspective recognizes the object as a whole, and then examines how that object occurs in different ways (Kleiman, 2004). The initial step in the actual analysis of data is to gain this global perspective. In order to gain a global sense of the whole, the transcripts were transcribed by the researcher. Subsequently, when all data was transcribed, the transcripts were once again read in their entirety multiple times over several days without analyzing the data. The attitude of phenomenological reduction was maintained throughout the analysis.

The next step in the analysis was to discriminate meaning units in the words of the participants (Kleiman, 2004). Meaning units are a specific portion of an interview in

which meaning is expressed. This step included re-reading the transcripts more closely and identifying the location of transitions in meaning. In this portion of the analysis, the transcripts were first printed, then read again and marked with a vertical line when the researcher determined that there was a transition in meaning. These lines were an indication of a meaning unit, and the transcripts were broken down at this point into pieces. These short descriptions of the experience of being an incarcerated mother were maintained in the words of the subjects. The researcher returned to the electronic document, and placed a hard return everywhere that a line was located. This indicated a change in meaning in connection with this step of data analysis. Because of the nature of the description by the participants, this step was not found to provide much insight. Often times the responses provided by the women were brief, and the meaning units were already delineated by the descriptions. Changes in meaning occurred at the end of the sentences, making the use of hard returns into the data limited.

Using the Atlas.ti software, the electronic document with the delineated meaning units was uploaded as a Primary Document into the Incarcerated Mother Hermeneutic Unit. Using Atlas.ti Word Cruncher 2.0, a list of all words in the document was obtained. This list was sorted by word count, allowing the researcher the ability to identify which words were used most frequently. This list was also explored alphabetically, which allowed the researcher to identify the exact recorded words, and their derivatives with the same meaning (such as hurt, hurtful, and hurts). The frequently used words were identified in this step and their relationships considered in the following step of integrating the meaning units.



In order for the researcher to integrate the meaning units, those which had similar focus were tied together to clarify the sense. In this study, meaning units were coded alike to integrate them. Using the Atlas.ti software, the frequently used words were examined to determine which had a similar focus and how they would be best coded. For example, it was determined that *God, bible, blessed, church* and *faithful* would all be coded as *faith*. This analysis was conducted while maintaining the disciplinary perspective of nursing. Maintaining a disciplinary perspective was important to bring the experience of the incarcerated mother to light for nurses to be better able to understand the meanings. The disciplinary perspective was maintained by translating the words used by the participants into professional terms that can be easily understood by nurses. In this study, terms were basic and not nursing practice specific. However, they were terms that nurses could understand and apply to their clients. While the disciplinary perspective was maintained, it was not necessary to change any of the words that were used by the participants.

The meaning units were then subjected to free imaginative variation. In this step, the researcher determined which themes are fundamental to the structure of the phenomenon. In this study once themes were identified in each meaning unit, each theme was further examined to determine if it was necessary to explain the phenomenon of the incarcerated mother. For example, the meaning units of *hurting, caring,* and *faith* were identified as essential to understanding the incarcerated mother. Without this information, a complete picture of the incarcerated mother could not exist. If it was determined that a meaning unit was not required to explain the phenomenon, it was eliminated (Kleiman, 2004). For instance, the meaning units of *self* and *others* did not

lend insight into the lived experience of the incarcerated mother. This allowed the researcher to provide an elaboration of findings by describing the essential meanings that are uncovered subsequent to free imaginative variation.

The structure of the phenomenon of interest is the major finding of a Husserlian Phenomenological research study (Kleiman, 2004). In this final phase of data analysis, the necessary themes are synthesized into a conceptual structure of the phenomenon. For this study, this entailed organizing themes into the conceptual structure of the phenomenon of the incarcerated mother. This final structure allows nursing professionals to understand motherhood in the context of incarceration. The essential themes that were identified were *hurting*, *caring*, *addiction*, *hurtful past* and *faith*. A secondary theme of *tension* was also identified.

The researcher finally returned to the raw data to justify the articulations of the essential meanings and the general structure. The words used by the participants were reexamined and reconstructed into meaning units. The coding of the meaning units was considered, and no changes to coding were made. The essential themes were analyzed and determined to be accurate. By returning to the raw data in this final step, the accuracy of the findings was substantiated.

#### 4.6 Theme Emergence

The researcher utilized Atlas.ti Word Cruncher 2.0 to produce a list of the words in the document and the number of times they appeared. After sorting the list by word count, the researcher was able to identify the words from the transcripts that were used most frequently. This process was the beginning of theme emergence. The list was

sorted alphabetically, and printed. As the researcher explored the list of words, terms with similar meanings were identified and highlighted with different colored highlighters. The words from the transcripts which had similar focus were tied together through highlighting to clarify the sense. After color coding the terms with similar focus, a term for each meaning unit was created to best represent the list. These terms were used to code meaning units in the primary document in the *Altas.ti Incarcerated Mother Hermeneutic Unit*. The meaning units were coded alike to integrate them. Table 4 identifies the meaning units and the words from the transcripts that were coded under the specific meaning unit.

Table 4

Identification of Meaning Units

Meaning Units	Words from Transcripts
Abuse	Abuse, abused, abuser, abusive
Addiction	Addict, addicted, addicting, addiction, addictive, addicts
Caring	Love, loved, loves, care, cared, cares, caring
Child	Kid, kid's, kids, child, children, baby
Drugs	Alcohol, alcoholic, drug, drugs, heroin, cocaine, crack
Emotions	Cry, crying, tears, teary, tearful, emotional
Faith	Bible, god, spiritual, faithful, church, blessed
Hurting	Terrible, awful, hard, hurt, hurtful, hurts
Others	You, they, them
Self	I, my, me

The meaning units were then subjected to free imaginative variation (Kleiman, 2004). In this step, the researcher determined which themes are fundamental to the structure of the phenomenon. In this study once themes were identified in each meaning unit, each theme was further examined to determine if it was necessary to explain the phenomenon of the incarcerated mother. If it was determined that a meaning unit was not required to explain the phenomenon, it was eliminated. In this step, the researcher eliminated *self* and *others* from the list. These words, when in context, did not lend insight into the lived experience of the incarcerated mother. The meaning units of *hurting*, *caring*, and *faith* were identified as essential themes. The meaning units of

*drugs* and *addiction* were similar in the context of the transcripts and subsumed under the meaning unit of *addiction*. The meaning unit of *abuse* when subjected to the process of free imaginative variation when placed in context was found to be essential, however better described by the term *hurtful past*. The meaning units of *child* and *emotions* when explored in the context of the transcripts were found to be subsumed under other meaning units, and did not individually lend insight into the incarcerated mother.

The process of free imaginative variation allowed the researcher to provide an elaboration of findings by describing the essential themes that are uncovered. The essential themes identified were *hurting*, *caring*, *addiction*, *hurtful past* and *faith*. A secondary theme of *tension* was also identified.

#### 4.61 Hurting

The first essential theme uncovered in this study was *hurting*. All of the participants described a sense of hurt while incarcerated. Because they care for their children, they describe this experience as being very hard for them. Many described the experience as difficult, and further stated that they miss their children. It is important to note that each participant provided the researcher with a fictitious name of their choosing to be used for the following data presentation.

Shortie, a 28 year old participant who had just agreed to place her children up for adoption stated, "I am heart-broken. I am empty. I am now alone. I am on the bottom." This was the nineteenth time Shortie was incarcerated for a multitude of violations primarily related to her drug addiction.

Portia, a 24 year old exotic dancer, was incarcerated for the first time for Driving under the Influence. She explained that “It’s terrible. I missed her birthday. I can only go on pictures. You know, what they send me”.

Although Lynn feels it is also difficult and painful, she and Dani do not want their children to visit them while they are in prison. Lynn is a 33 year old mother of three children incarcerated for the sixth time on various drug charges. She stated “I feel like I’m gonna cry. I miss them. I do things [like jobs in prison] so I can talk to them [on the telephone]”.

Dani, a 35 year old woman incarcerated for a second time, explained, “It’s hard. You miss them. When I was in [another County Correctional Facility], he [my son] visited me there. But there is different visitation here. He won’t come here and see me through glass”. Dani is the mother of a nine year old son. She stated “I feel upset. I have a good relationship with my son. He knows mom did a bad thing [forgery]. I have ADHD and am very impulsive. I need meds to stay well. I don’t want to be in no more trouble. It’s awful”.

Like all of the women in this study, the women in the previous examples are experiencing emotional pain as incarcerated mothers. Some mothers expressed that they feel that although separation from their children is emotionally painful, visiting with their children through glass and not being able to touch them would be even more hurtful. The nonverbal cues from the women including crying, further supporting how emotionally painful this separation is for them.

#### 4.62 Caring

The second essential theme uncovered in this study was *caring*. Terms that led to the essential theme of caring included *love, loved, loves, care, cared, cares, caring*. When examining the transcripts, nine of the ten participants described having a good relationship with their children, and that they worry about their children while they are incarcerated. They also described their feelings about their children with caring words, including *love*.

Susie, a 30 year old incarcerated for the fifteenth time stated, “I love my daughter. She is a mini-me”. Susie is a mother of two children, a son and daughter. Her children have different fathers, and it was apparent that her relationship with her daughter was different than with her son. She stated “I just love my daughter more. I wish I cared more for my son, but I never wanted him. His dad was just bad”.

Bethany, a first time inmate, stated “I am trying to help myself because I care about my kids”. Bethany is a 23 year old mother of three, who was employed as a bookkeeper for a small business when she was arrested. She explained “I was just trying to cash a check. I promised them [my kids] that I would be back in an hour when I was arrested. Apparently my boss reported it [the check] stolen and they arrested me”. She added “I want so badly to give them Christmas dinner but I will be getting out of here the day after Christmas”. Bethany will be celebrating Christmas with her three young children when she is released from prison.

The participants in this study agreed that this time in prison helps them to reflect on their feelings for their children, and the things they are missing while they are incarcerated.

“I love my kids. I won’t come back. You love your kids [and you get out] so you get to watch them grow”, Diana explained. Diana is a 25 year old mother of three, who is incarcerated for the first time on drug charges. Diana, her mother, and her husband were all incarcerated at the same time in the same facility. She blames her mother, who was caring for her children at the time of arrest, for selling drugs and getting her involved. She is an immigrant from Costa Rica and fears that she will be deported. “I love my kids to death, so if I get deported they are coming with me. I try to do things here so they stay with me [and not with Children and Youth Services]”, she explained.

Lynn explained her caring relationship with her children by saying “My daughter and I have a good relationship. She is older than my sons. I have a good relationship with them too, but they are younger. We have a close family”. She also stated “I want to be with my kids. I talk about everything with my daughter. I want to stay clean and stay out of prison”.

The participants verbalized that while they are incarcerated, they are able to step out of their lives and take time to reflect. During this reflection, they become actively aware of how much they care about their children. They realize that while incarcerated their children will continue to grow and that they will miss milestones and events in their lives while they are incarcerated. The majority of participants reported that they were eager to be released so that they could be reunited with their children. One participant had recently placed her children up for adoption, and will not be reunited with them upon her release. Shortie explained, “My kids are 4 and 2. I just put them up for adoption and want them adopted together. I am worried about them. I am worried about the adoption. I want them to be happy and safe but you never know what goes on behind closed doors.



I am going to a residential treatment program and the kids were with my mom for the last three months but she is a drunk. I know I can't look back on the decision to put my kids up for adoption. I stay very spiritual. "He [God] tried to open my eyes. He [God] gave me Hepatitis C. He [God] tookin' my children now".

#### 4.63 Addiction

The third essential theme uncovered was *addiction*. Nine of the ten incarcerated mothers in this study felt that their addiction is what displaced their feelings for their children. The one participant, Heidi, who did not discuss a current addiction, stated "I am nothing like these other girls. I stopped all of my bad behaviors when my son was born". Heidi is a 28 year old mother of a two year old son, who was serving her fourth sentence. Although Heidi did not admit to a current addiction, she did admit that she "got off the rock" after her son was born. She was currently incarcerated because of an argument that "got out of hand". Although she did not admit to an addiction, it was apparent through her interview that she frequently engages in situations involving arguments, fighting and confrontation.

Shortie described her addiction:

I am a drug addict and that started about ten years ago. You know, not for one minute did I stop and think about my children. It was all about me and the drug. The kids just got in the way. I don't know. I love them but the drug... the drug helps block them out. I see them and I feel guilty that I am getting high. So in order to block it out even more you just get high again. The high is great. Really great. But the kids love me. What could make me care about them instead of that

drug? People need to know how serious drugs are. A drug can destroy the people around you.

Susie similarly stated:

So I think about it- is the high worth it? No, but it's hard. There are some drugs here, I'm not going to bullshit you. You know that. But I have been able to stay away from them here. But I'm not sure when I leave. Especially around my old friends. I'll have one beer and feel good, so then I'll have more. To keep feeling good I'll add a drug to keep that feeling going or to make it better or to make it last longer. My kids know about the alcohol, they've seen me use it. I don't know about the drugs, if they know. But they are against alcohol.

Eva commented, "I sit at night and cry sometimes. And I think was it worth it? But the drugs came before my kids. This addiction is keeping me from being a good mom. My kids need me to be a good mom." "I am a drug addict", admits Bethany. "I learned to like heroin. I didn't care. I didn't think about it. I was numb. When I do heroin I don't feel. I just like it right now. Heroin takes you mind, body and soul. It becomes your family". Manuela felt her addiction was a result of "this environment, there aren't many jobs. I am a single woman. I need to pay my bills. I have no husband. I have to take care of me. So it is easy to get involved in drugs. That's why there are so many drugs here. There are no jobs".

Portia, in addition to drugs and alcohol, is also addicted to money and a fast lifestyle. Exotic dancing and prostitution play a large role in her life. Portia explained, stating "It's the money. It's very addictive. Her f---ing birthday parties are like weddings. My fast lifestyle is not what she needs. I need new stuff. This life is

addicting just like any drug. It's hard to get out. I can't buy her Walmart when she has been wearing Gymboree". Dani has a similar situation. She states "I have ADHD. I am very impulsive. I do things that get me in trouble".

Although the women demonstrated hurting and caring, they felt that their addiction was responsible for suppressing their feelings toward their children. This theme was responsible for their incarceration, either directly or indirectly. It was discovered that, for the majority of these incarcerated women, their past history with family or friends, was a central cause of their addiction.

#### 4.64 Hurtful Past

The fourth essential theme uncovered was *hurtful past*. The majority of women (n=7) reported that their lives growing up were difficult and included parents with addictions and incest. Shortie had a drug addicted mother, an incestuous relationship with a family member, and a father who was part of the Mob. Shortie stated, "he used the word nigger a lot. That made me want to hang with them and avoid white people. Don't get me wrong, not all black people are bad and into drugs and shit, but my friends were".

Manuela, a 40 year old incarcerated for the first time on a drug offense, also had issues with her mother. She explained, "You know I could blame my mom. She gave me away when I was a baby. She pushed me out. I was sexually abused as a kid by my dad".

Heidi reports being molested and raped by her father. She stated "my mom drank. My dad raped me. My mom found him in my bed and shit. So she pushed me out. Once I was gone she wouldn't have to think about what he did to me".

Eva is a 42 year old mother of five, who experienced having a child at 14 years of age with a man who was abusive. She has three adult children in their twenties whom she did not raise. “I was in an abusive relationship with their father. It wasn’t a good situation. So the system took them and I don’t even know where they are”, she explained. When interviewed, Eva would only discuss her minor children as she reported that she never know her three adult children.

Portia was also a teenager when she had her first child. She stated “I know I fucked up. I was 17 years old and her dad was 38 when I got pregnant. Then he left us when she was only 2 for prison”. Portia found her father dead when she was young, and her mother is an alcoholic, whom she rarely sees or speaks with.

Susie has spent many years experiencing the street life. Her relationship with her mother has been strained. She states “my mom and I argue after I am home for a while and then I feel unloved and run off and do it all again. She says awful hateful things to me and I say awful things to her. I feel like I can’t stop living the street life. I need emotional support. My mom is an alcoholic, my dad never cared”.

Half of the participants revealed that they have incarcerated partners or family members. Diana’s mother (a drug dealer) and husband are both incarcerated at the same facility with her, while her father resides in Costa Rica. Lynn stated “the father of my kids is incarcerated too. He is in a Massachusetts prison”.

The participants in this study reported that while growing up they experienced abuse, incest, molestation, rape, and drug and alcohol addicted caregivers. Their lives were not easy growing up, and continue to be just as difficult for the majority of women. Although this was their past experience, none of the women felt that this should be an

excuse for their current situation. Manuela explained, “You know I could blame my mom. She gave me away when I was a baby. She pushed me out. I was sexually abused as a kid by my dad. You know the story. It’s hard but I put that behind me. It’s the past. I moved on.”

#### 4.65 Faith

The fifth essential theme uncovered was *faith*. Over half of the mothers (n=6) revealed a sense of faith. Shortie stated “I stay very spiritual. He [God] tried to open my eyes. He gave me Hepatitis C. He tookin’ my children now. You see God does things to me. See those kids walking through here? He puts those kids here to teach me a lesson”. Shortie described a strong sense of faith in God, and that her choice to put her 4 year old and 2 year old up for adoption was guided by her faith. She described the way God presented situations to her, such as people being shot and dying in front of her, to help change her. She explained “I didn’t like to take life on life’s terms. It scared me. I wanted to do life on my own terms. But He [God] changed me”.

Several participants reported going to church while in prison and reading the bible to maintain their faith. Bethany stated that often “she goes to church to pray and they make fun of me because I am serious. I was faithful long before I came here”. Heidi states “I like bible study. It’s good for your soul”. Although these women reported attending church and bible study, they also mentioned that not everyone who attends does so for the right reasons. “They go to them to get out of their cell”, reported Bethany, who felt that they were not there praying, but socializing.

Although Portia does not attend church often, she feels “thankful to God for giving her daughter great grandparents”. Diana commented “When God gives me a chance to go out, I am not coming back”.

Manuela also spoke of her faith and stated “I have to take care of me. So I do my 12 steps. I go to bible study”. She felt that her faith would help her to stay sober, and stay out of prison.

Although more than half of the participants discussed faith at some point in the interview, this faith was discussed in relation to their current incarceration. Although the purpose of the study was to explore the lived experience of the incarcerated woman, one participant, Bethany, discussed having faith prior to incarceration. Bethany was also the one participant out of ten who did not report involvement with drugs or alcohol.

#### 4.66 Tension

Upon further exploration of the primary components of *hurting*, *caring*, *addiction*, *hurtful past*, and *faith*, it became apparent that there was a secondary essential theme that appeared. There was an undeniable *tension* identified among the components of *caring* and *addiction*. The *tension* is also an essential component of the incarcerated mother, and was therefore identified as an essential theme.

This tension can best be demonstrated in Shortie’s interview. She comments, “it was all about me and the drug. The kids just got in the way. I don’t know. I love them but the drug... the drug helps block them out. I see them and I feel guilty that I am getting high. So in order to block it out even more you just get high again. The high is great. Really great. But the kids love me. What could make me care about them instead of that drug?”

Portia describes the tension in a similar way, but with an addiction to money and objects. She states “now I see that she is really not happy. I always wanted to be able to give her stuff. But it doesn’t make her happy. My fast lifestyle is not what she needs. I need new stuff. She needs me. [Jail] let me stop the fast lifestyle. I was able to look at what I did. I was just able to stop and think about it. Now I understand that I need to make dinner with her. I need to bake with her. I realize now that I need to do those things. Not buy her things.”

Participants, through their interviews, demonstrated a tension between their addictive behaviors and caring for their child. This secondary essential theme was identified by the researcher upon further exploration of the participants’ descriptions of their experience of incarceration. Participants explained how strong their addiction was as it overpowered the caring feelings they had for their child. Although the women identified both essential themes, there was a very apparent tension between *caring* and *addiction* which was unresolved.

#### 4.7 Conceptual Structure

The conceptual structure of the phenomenon of interest is the major finding of Husserlian Phenomenological research. In this final phase of data analysis, the necessary themes are synthesized into a conceptual structure of the phenomenon. For this study, this entailed organizing themes into the conceptual structure of the phenomenon of the incarcerated mother. This final structure allows nursing professionals to understand what incarceration means to a mother. The essential themes of *hurting*, *caring*, *addiction*, *hurtful past* and *faith*, with a secondary theme of *tension* were identified.

The final step in data analysis involves the researcher's synthesizing and integrating the insights contained in the coded meaning units into a conceptual description of the experience. The conceptual structure of the experience of being an incarcerated mother means that they experience hurting related to separation from their children and maintain a sense of caring, as is supported by their faith in God. The experience of being an incarcerated mother cannot exist without each theme, and without the entire conceptual structure, none of the themes alone can adequately describe the entire experience of being an incarcerated mother. Therefore, the conceptual structure includes *caring*, *hurting*, *addiction*, *hurtful past* and *faith*. The secondary essential theme of *tension* exists between *caring* and *addiction*. The true relationships between each theme will require future research.

The researcher finally returned to the raw data to justify the articulations of the essential meanings and the general structure. After reviewing the data, the findings were substantiated, and no new findings were noted.

#### 4.8 Rigor

Through the careful use of Husserlian descriptive phenomenological methodology, a pure description of the incarcerated mother from the perception of the individual undergoing the experience was obtained. Rigor was maintained throughout this study by following Kleiman's (2004) detailed description of the Husserlian method for data collection and analysis. By consistently following the methodology and documenting the decision trail, the trustworthiness of the data and the analysis was maintained (Dinkel, 2005). After the conceptual structure was established, the researcher



returned to the raw data to validate the essential meanings and the general structure.

After reviewing the transcripts again, the researcher determined that the themes of *caring*, *hurting*, *addiction*, *hurtful past* and *faith* were all vital components of the experience of the incarcerated mother. The secondary essential theme of *tension* between the primary essential themes of *caring* and *addiction* is also an essential component of the incarcerated mother. Each of these themes was vital to actualize the lived experience of the incarcerated mother; none of the themes alone could adequately describe the experience. After reviewing the data, the findings were substantiated and no new findings were noted.

# Chapter 5

## Conclusion

### 5.1 Introduction

This study has demonstrated that the experience of incarceration for mothers includes the essential themes of *caring, hurting, addiction, hurtful past* and *faith*. A secondary essential theme of *tension* exists between *caring* and *addiction*. These results are relevant to nursing practice and future nursing research as well as to forensic nurses and correctional nurses alike. This chapter will discuss the research findings, nursing implications, future research recommendations and study limitations.

### 5.2 Discussion of Findings

The lived experience of the incarcerated mother incorporates *caring, hurting, addiction, hurtful past, faith*, and a secondary essential theme of *tension* between *caring* and *addiction*. The incarcerated mothers experience hurting related to separation from their children. However, they maintain a sense of caring for their children, which is supported by their faith in God. The incarcerated mother identifies experiencing a hurtful past. She also reports experiencing current and/or past addictions. A *tension* exists between *caring* and *addiction*, whereby the mothers know they have an addiction that is overshadowing the way they demonstrate caring to their child.

In this study, the participants were similar to participants in previous studies with regards to demographics. The women were 30.8 years old, with a range of 23 to 40 years old. However, the majority of participants in this study were Caucasian, and only 40% were high school graduates. This study did not include any African American participants, which is not representative of general prison populations. Although the area in which the Correctional Facility was located is predominately Caucasian, having no African American participants was not representative of the county either. The crimes that the participants were convicted of included forgery, parole violation, drug possession, DUI and nonpayment of fines, which are nonviolent offenses. What this current study added to the literature is a more detailed description of the incarcerated woman at a County Correctional Facility. A description of this woman as a mother was obtained and provides additional details to assist us in understanding the essential theme of the incarcerated woman as a mother.

Previous research on women in prison revealed a disproportionate number of women of color in their early to mid-thirties, who were convicted of a nonviolent drug related offense (Mumola, 2000). Incarcerated women completed high school 60% of the time (Mumola, 2000). The majority of women incarcerated had at least one family member who was also incarcerated. Statistical data has created a profile of the incarcerated woman utilizing numbers (Frost, et al., 2006; Greenfeld & Snell, 1999; Mumola, 2000; Walmsley, 2008). This research has expanded on the statistical knowledge base by providing a more detailed understanding of the incarcerated woman as a mother.

Incarcerated mothers in this study experienced emotional pain. They feel that separation from their children is emotionally painful, and look forward to telephone calls, pictures, letters, and less often visitation while incarcerated. Incarcerated mothers also look forward to being reunited with their children upon their release from prison. Crying is one nonverbal cue that incarcerated women use to demonstrate emotional pain when discussing separation from their children. This study agreed with previous research that incarcerated mothers care for their children and experience emotional pain while incarcerated (Luke, 2002; Thompson & Harm, 2000).

Incarcerated mothers find that incarceration allows them to take a moment to reflect on their children and their lives. This time for reflection allows them to become aware of their care and concern about their children. Incarcerated mothers are concerned that they will miss participating in milestones, holidays and events with their children. An additional qualitative study, published after the original literature review, agreed that incarcerated mothers experience guilt and worry about their children, resulting in maternal distress (Arditti & Few, 2008).

Existing research on the effects of incarceration shows that both mothers and children are greatly affected by maternal incarceration, and that incarcerated parents have great concern for their children (Luke, 2002; Thompson & Harm, 1995) . However, what remained unclear was how the mothers and children are affected, and what their actual concerns and needs are. The results of this study support the fact that women who are mothers and are incarcerated have great concern for their children, but that there is a tension between their addictive behaviors and caring for their child.

Although this study did not focus on a discussion of prevention and treatment of substance abuse, addiction was clearly identified as an essential theme essential to describing the incarcerated mother. Subsequently, this information would lead the researcher to further exploration of the need for the prevention and treatment of substance abuse and other addictions. The qualitative description of the incarcerated mother has provided direction for future research.

The incarcerated mothers clearly articulated knowledge of having at least one addiction. They were also aware that their addiction was responsible for suppressing their feelings toward their children, and directly or indirectly resulted in their incarceration. The incarcerated mothers reported that family and/or friends were in part responsible for their addiction, or for the continuance of that addiction.

Incarcerated mothers have a past history that includes abuse, incest, molestation, rape, and drug and/or alcohol addicted caregivers. Their childhood was less than ideal, and these experiences continue to influence their behaviors as an adult. The family cycle of incarceration was undeniable for the incarcerated mother. They acknowledge having major negative influences on their lives; however they take full responsibility for their actions. This finding confirms previous research on the difficult past history incarcerated women had endured (Grella & Greenwell, 2006; Mumola, 2000; Taylor, et al., 2002).

The literature on mothers in prison shows that mentoring for incarcerated women in a rehabilitative environment may be beneficial for the entire family in order to disrupt the cycle of incarceration. A reduction in parenting stress and substance abuse, and an improvement in mental and physical health status may also be beneficial (Houck & Loper, 2002). Peer support and parenting from prison programs may offer incarcerated

mothers the support necessary to maintain ties with their children (Bogart, et al., 2005; Boudin, 1998; Houck & Loper, 2002) . The familial cycle of incarceration was identified, with illegal drug use being a determining factor to future child incarceration. Educational and visitation programs that support maternal rehabilitation and promote parent-child relationships may help improve family outcomes (Dallaire, 2007; Margaret O. Hayes, 2008; A. Smith, et al., 2004) .

The incarcerated mother experiences a sense of faith that is able to be reflected upon while incarcerated. One participant disclosed that she was faithful prior to her incarceration. Although it was not a component of this study, it would be interesting to have determined if the incarcerated mothers had a faith base outside of prison. It was identified in this study that faith was important to over half of the participants while incarcerated. It would be logical for researchers to conduct research further exploring faith in the incarcerated mother before, during and after incarceration to determine if a faith based approach might be beneficial.

Existing research conducted on established parenting programs support their value (Chipman, et al., 2000; Hufft, 1999; Surratt, 2003; Thompson & Harm, 2000) . Positive outcomes were seen when parenting programs were offered to incarcerated mothers. When parents were shown how their own parenting style affects their children, the stage was set for programs to assist parents in breaking the cycle of dysfunction that impacted their own lives as children. Exploring the availability and effectiveness of parenting programs in this facility was not a goal of this research; however one participant did comment that she did not want her child to come to this facility to visit with her through Plexiglas.

As discussed previously, the initial literature identified pertaining to incarcerated women demonstrated that more research is needed to explore the emotional attachments, feelings, needs and role of the incarcerated women as a mother. Suggestions for supporting incarcerated women derived from the literature included the need for emotional support, gender based needs assessments, reintegration studies, and parenting program evaluations. The literature pertaining to the female prisoner, particularly as a mother was substantially lacking. Nurses are first line health care providers in prisons, and there were no research studies identified that addressed the role of the nurse in providing daily care for incarcerated mothers. Thompson and Harm (1995) suggested that nurses should provide anticipatory guidance to children of incarcerated mothers. This guidance should include information on emotional and stress related illnesses, relationship difficulties, and financial distress that may occur. However, there were no studies identifying strategies for the prison nurse to best interact with the incarcerated mother. Forensic nursing, a relatively recent specialization, opened the door for a logical series of research studies to be conducted to establish a set of recommendations for incarcerated mothers.

Since the time of the original literature review, several studies have been published pertaining to incarcerated mothers. Although the newly published research does not have the same focus as this research study, it does provide additional insight into understanding the incarcerated mother. For example, incarcerated mothers have higher rates of insecure attachment to their child when compared to a standardized group (Borelli, Goshin, Joestl, Clark, & Byrne, 2010). There are many problems that can be associated with attachment insecurity including physical, mental, and substance abuse,

educational and employment difficulties, along with inadequate parenting (Makariev & Shaver, 2010). Positive attachment of parents to their children may reduce the negative effects of having incarcerated parents, including a decrease in future crime and incarceration. Attachment intervention programs could be used with incarcerated parents to break the cycle of insecure attachment (Borelli, et al., 2010; Bretherton, 2010; Makariev & Shaver, 2010).

Incarcerated mothers detailed personal histories that were characterized by poverty, victimization, substance abuse, and an inability to maintain sobriety (Allen, Flaherty, & Ely, 2010). There was a frustration noted with the courts and child services, and mothers who lost custody of their children felt there was no reason to rehabilitate. Incarcerated mothers had profound feelings of guilt and remorse for the impact their behavior had on their children. Incarcerated mothers expressed hope that their children would enjoy better lives, breaking the incarceration cycle (Allen, et al., 2010; Baker, McHale, Strozier, & Cecil, 2010). Co-parenting is a frequent occurrence when a parent is incarcerated, and often it is the maternal grandmother who becomes the caregiver. Quality co-parenting relationships during incarceration were associated with fewer children exhibiting behavior problems following parental release (Baker, et al., 2010). Similarly in this study incarcerated mothers confirmed past histories that included poverty, victimization, and substance abuse.

Hayes (2009) explored mothering following release from prison using a hermeneutic phenomenological approach. Six mothers who had custody and were living with their children following incarceration were interviewed to determine the lived experience of mothering after prison. The themes identified included Doing Mothering



Right (doing a better job parenting than they were parented), Family: A Double-edged Sword (generations of poor parenting result in complex family issues), The Honeymoon is Over (the perception of mothering after release does not become a reality), and Mothering beyond the Honeymoon (working through the realities of mothering). This research identified the need for nurses who work with incarcerated women to have adequate knowledge of mothering after prison to be able to provide anticipatory guidance to mothers prior to their release from prison. Forensic nurses who work with incarcerated mothers need to have this insight in order to develop interventions that will best prepare mothers for the reality they will face with mothering upon release. The current study, although focused on mothers currently incarcerated, also identified the need for nurses to provide a holistic approach to their care in order to assist them into a successful transition back into being a mother outside of the prison system.

Arditti and Few (2008) utilized grounded theory research to explore post-incarceration maternal distress in women who also experience depression, domestic violence and substance abuse. Ten mothers were assessed using the Center for Epidemiological Studies Depression Scale (CES-D) and then participated in semi-structured interviews exploring mother-child relationships, intimate relationships and family membership, health support and resources, and criminal justice involvement. Maternal distress was experienced by eight out of ten participants, and was characterized by injury and poor health, dysfunctional intimate relationships, relational loss, maternal guilt and parenting challenges, and financial difficulties. This distress appeared to intensify while in the punitive prison environment, and improved with supportive family members and probation officers after release from prison. This study suggested that

professionals working with incarcerated mothers should focus on supporting their emotional and physical needs, while relieving maternal distress during incarceration and after release.

This additional research was encouraging, and provided further support for the necessity of continued research in the area of incarcerated mothers. This additional body of research agrees with the findings of this study and provides further insight into the identity of the incarcerated mother.

The results of this research study revealed the essential themes vital to understanding the incarcerated mother. The essential themes that were identified were *hurting, caring, addiction, hurtful past* and *faith*. A secondary theme of *tension* between caring and addiction was also identified. The incarcerated mother needs to work through issues from her past, and resolve her current addiction. The results reveal that the incarcerated mother cares about her child, and is hurting because of the separation. She is unable to overcome her addiction which is masking her caring for her child. In this qualitative study, there was further support for the family cycle of incarceration.

### 5.3 Nursing Implications

Nurses serve as first line health care providers at correctional facilities. This study has generated new information on incarcerated mothers that may provide insight for nurses. This new description of the incarcerated mother may assist nurses in best formulating nursing interventions and providing appropriate nursing care. Nurses must recognize that mothers who are incarcerated may care about their children, and may be hurting while they are incarcerated. There may have been issues in the past that pushed the incarcerated mother down a path of addiction, subsequently leading to their

incarceration. While planning their care, nurses should maintain an awareness that incarcerated mothers continue caring for their children while incarcerated, and may be experiencing hurting as a result of the separation. Incarcerated mothers also experience a sense of faith. When helping incarcerated mothers plan for their future, nurses should use this knowledge, along with the knowledge that what the women experienced may have impacted past behaviors that possibly led to incarceration to help them make appropriate plans for their future.

#### 5.4 Future Research

The findings from this study highlight areas to be further explored through both qualitative and quantitative research studies. These findings were the initial step in understanding the incarcerated mother. It would be important in the future to conduct a similar study with a more diverse sample of incarcerated mothers in order to further explore the themes identified in this study. Research exploring state and federal women's prisons would be of great importance to determine the existence of these themes across different levels of incarceration, and varying lengths of sentences. Research should also be conducted to explore if there are differences between mothers incarcerated for violent and nonviolent crimes.

Another important aspect to explore is faith. Research should be conducted to determine if faith can play a role in decreasing recidivism. Although women reported having faith while incarcerated, perhaps outside of prison this faith is suppressed. An exploration of the role faith can play in the lives of previously incarcerated women may be a valuable undertaking.

Finally, future research is necessary to determine the actual relationship between each of the themes. Research should explore if the themes reflect the lived reality of the incarcerated mother and how the themes interrelate. It would also be logical for research to be conducted to further explore faith in the incarcerated mother before, during and after incarceration to determine if a faith based approach might be beneficial.

## 5.5 Study Limitations

The primary limitation for this study and other with incarcerated persons is trust (Maeve, 1998). This researcher may have been regarded as part of the prison system, an outsider, or both. Participants may not have been truthful during the interview process, and may have responded in a way to please the nurse researcher. The researcher was not permitted to utilize a recording device, and therefore may have missed nonverbal cues and/or participant statements while writing to record participants' responses. This research study was conducted in early November, and participants commented that the holidays were rapidly approaching. The timing could have resulted in varying perceptions for the mothers.

This study was conducted in Northeastern Pennsylvania, in a predominately Caucasian county. The county in which this study was conducted is described as suburban-rural, where urban problems such as high rates of poverty, crime and homelessness, are less common. This study was conducted at a County Correctional Facility that houses convicted persons before and after sentencing. The convictions were generally for nonviolent crimes. The experience of incarceration for mothers in state and

federal correctional facilities, some of whom may be convicted of violent crimes which carry longer sentences, may be different than was found in this study.

Another consideration was that African American women were not represented in this study. According to Mumola (2002), incarcerated women across all types of correctional facilities are disproportionately women of color. Cultural differences and beliefs in women of this ethnic group could have possibly produced different study findings.

Additionally, women who did not volunteer to be part of this study (including the lack of representation from African Americans and other minorities) might have responded differently to interview questions. It is not possible to know how women who did not participate would have discussed their experience of being a mother who is incarcerated. It is also not possible to know why the women who did not identify themselves to the Treatment Coordinator did not volunteer for this study. There could be many reasons, ranging from feeling so strongly about their children that the mothers felt it was too painful to participate to possibly not caring for their children at all. The culture of the prison system may have also precluded participation by some, as they did not want to be perceived differently by fellow inmates.

A final consideration was that of psychiatric diagnosis. No attempt was made to collect any data related to potential psychiatric diagnosis. Psychiatric diagnosis is an important factor that was not considered that could have altered the findings of this study. The results of participants diagnosed with one mental illness could be very different than those without identified diagnoses or other diagnoses. For example, a participant who is

in the manic phase of depression might make entirely different comments than a participant suffering from a depressive phase of depression.

In conclusion, the findings of this study provide needed information for nurses to be able to better care for the incarcerated mother. For the mother, being incarcerated means caring about their children, while hurting as they are separated from them. A hurtful past and subsequent addiction brings them to their current status of incarceration. A strong faith helps comfort them while incarcerated. Understanding these themes may assist nurses in better understanding how mothers experience incarceration so that better screening tools and interventions may be developed and implemented. This study serves as an initial step in a program of research, allowing for further investigation of incarcerated women housed in different facilities in a variety of areas. Inquiry into the lived experience of the incarcerated mother was an initial step for nurses. Insight into the lives of incarcerated mothers was an important starting point for nurses to develop a program of research that will direct nursing interventions to a more holistic view of corrections nursing versus a task oriented approach, along with creation of educational and prevention programs.

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## Appendix A

# DUQUESNE UNIVERSITY

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### CONSENT TO PARTICIPATE IN A RESEARCH STUDY

- TITLE:** Mothers Behind Bars: The Lived Experience
- INVESTIGATOR:** Annette M. Weiss, RN, MSN  
Misericordia University  
301 Lake Street  
Dallas, PA 18612  
(570) 674-6358
- ADVISOR:** Kathleen Sekula, PhD, APRN  
School of Nursing  
(412) 396-4865
- SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the doctoral degree in Nursing at Duquesne University.
- PURPOSE:** You are being asked to participate in a research project that seeks to investigate what it is like to be a mother in prison. You will be asked to allow me to interview you one time only. The interview is expected to last approximately one hour. Notes will be handwritten during the interview. I ask that you respond honestly and openly to the questions asked. I may return for another interview if necessary. These are the only requests that will be made of you.
- RISKS AND BENEFITS:** There are no risks greater than those encountered in everyday life expected to occur during this interview process. However, the nature of the information shared during the interview process may cause emotional upset. You will be able to further discuss these feelings with the counselors available to you at the county correctional facility. The information you and other participants in this study provide may help to better understand and create programs and services for mothers in prison.

**COMPENSATION:** There will be no compensation for your participation in this study, and you will not receive any special treatment by the correctional staff. Participation in the project will require no monetary cost to you.

**CONFIDENTIALITY:** Your name will never appear on any survey or research instruments. Your identity will not be disclosed in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.

**RIGHT TO WITHDRAW:** You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

**SUMMARY OF RESULTS:** A summary of the results of this research will be supplied to you, at no cost, upon request. A summary of the results of this research will also be provided to the treatment coordinator of the correctional facility. No names will be identified in this report.

**VOLUNTARY CONSENT:** I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call the Principal Investigator, Annette Weiss at (570) 674-6358, her Advisor Dr. Kathleen Sekula at (412) 396-4865, and/or Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412) 396-6326.

---

Participant's Signature

---

Date

---

Researcher's Signature

---

Date

# Appendix B

## Demographic Tool

Participant Number \_\_\_\_\_

Age \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

Prior Occupation \_\_\_\_\_

Income \_\_\_\_\_

Number of children \_\_\_\_\_

Ages of children \_\_\_\_\_

Did you have custody of your children before your incarceration? \_\_\_\_\_

Who did your children live with before your incarceration? \_\_\_\_\_

\_\_\_\_\_

Who do your children live with now? \_\_\_\_\_

\_\_\_\_\_

What crime were you accused of? \_\_\_\_\_

What was your sentence? \_\_\_\_\_

How much time have you served? \_\_\_\_\_

Is this your first time being incarcerated? \_\_\_\_\_

If not, how many times (including this one) have you been incarcerated?

\_\_\_\_\_



# Appendix C

## Interview Tool

Initial opening statement and question:

We have already talked about the fact that you are a mother and you are incarcerated.  
Can you tell me about that experience?

Probing questions:

How do you feel when I mention your child (son/daughter)?

What sort of relationship do you feel you have with your child (son/daughter)?