

ORIGINAL ARTICLE

The mental health trajectories of male prisoners and their female (ex-)partners from pre- to post-release

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Abstract

Background: There are high rates of mental disorders among prisoners. Prisoners are also likely to have difficulties with intimate relationships, perhaps related to the imprisonment, but their mental health may be relevant. There is a dearth of research on intimate relationship qualities and mental health of offenders and their partners over time.

Aims: To explore mental health and relationship trajectories among men in prison, and their partners, before the men's release, through a time 6 months post-release, and then again 8 years later, and to test associations between relationship quality and mental health.

Method: Data stem from the Economic and Social Research Council (ESRC)-funded longitudinal 'Families and Imprisonment Research' (FAIR) project on paternal imprisonment and family resilience. Inclusion criteria for the study were men serving a short- to medium-term prison sentence who were within 4 months of release; with a current or ex-partner with whom they have at least one child; and for whom there were data on mental health and relationship factors during imprisonment, and at 6 months and 8 years post-release. Similar data were also obtained for their (ex-)partners.

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Results: The main sample comprised 39 men and 39 women who were in the same 'family set' for the first two waves, and after 8 years, 26 men and 30 women were retained. Just over 40% of the men and their (ex-)partners each disclosed that they had a mental health problem preceding his release. Proportions fluctuated slightly over time, with some dissonance between self-perceived disorder and self-ratings on a symptoms rating scale. Twenty-nine couples sustained their relationship during the transition between prison and release, but after 8 years, only four remained together. There was little evidence of association between measures of mental health and relationship quality among either the men or their partners.

Conclusions: The findings challenge assumptions about the extent to which partners can play fully supportive roles in a former prisoner's transition from institutional life back into the community, as partners are also likely to be experiencing difficulties during this time. Thus, former prisoners and their families should be afforded equal access to support and assistance during offender rehabilitation.

KEYWORDS

family resilience, mental health, prisoner re-entry/resettlement

1 | INTRODUCTION

A 2017 report published in the United Kingdom revealed that despite having unfettered access to data from key statutory agencies (e.g. Ministry of Justice, Her Majesty's Prison and Probation Service, and National Health Service [NHS] England), it was unclear precisely how many of the 84,674 adult prisoners in England and Wales were experiencing mental health problems (House of Commons Committee of Public Accounts, 2017). Nevertheless, evidence indicates that prisoners are more likely to experience mental health problems than the general population (Fazel & Danesh, 2002; Singleton et al., 1998). Subsequent studies confirm that these problems are far from trivial; for example, studies worldwide have shown that there is three to four times the rate of psychosis among prisoners, and even higher rates of personality disorders and other major illnesses (e.g. Cloyes et al., 2010; Fazel & Seewald, 2012). Further, poor mental health is a known risk factor for poor resettlement outcomes, including reoffending (Baillargeon et al., 2009; O'Keefe & Schnell, 2007).

Criminal justice research and policies tend to emphasise the supportive roles that families can play in offender rehabilitation, without careful consideration of the vulnerability of those family members and their needs. This is especially true for partners of prisoners, who are mostly women in romantic and co-parenting relationships with the men in prison (Souza et al., 2019). Studies of prisoners' partners have focused heavily on economic and social consequences (e.g. Braman, 2002; Christian, Mellow & Thomas, 2006; Fishman, 1990), but less on their health and well-being. There is also a dearth of research on former partners of prisoners, despite research evidence that ex-partners of prisoners often maintain contact with and provide financial and emotional support to the person in prison, especially if they are

the other parent of their child(ren) (Lanskey et al., 2016; Markson et al., 2015; Souza et al., 2019). Moreover, in line with contemporary correctional research which recognises that incarcerated individuals are part of a wider social network of people who also face consequences related to the imprisonment (Christian, Martinez & Martinez, 2015), we conceptualise 'family' more broadly to encompass both current and ex-partners who may play an important and active part in a (former) prisoner's life.

A family-orientated approach to studying the effects of incarceration is important for theoretical reasons. According to *family stress theory*, family crises (such as partner and parental imprisonment) create stressors that threaten individuals and family systems (Hill, 1949). Here, *family resilience* scholars theorise that the 'physical and emotional health and well-being of family members are essential protective and recovery factors in promoting resiliency in family systems' (McCubbin et al., 1997, p. 9). In other words, to the extent that individual family members are healthy and well, the family unit has a greater chance of successfully navigating adversity together. In a similar vein, proponents of *social bonding* (Hirschi, 2011) and *social capital theory* (Bourdieu, 1986) posit that close ties to kin networks provide a source of 'collective capital' and resources that support resettlement and desistance from crime (Laub, Nagin & Sampson, 1998; Mills & Codd, 2008). Therefore, social support from friends and extended family are also taken into account in the present study, as they may provide additional resources in (former) prisoners' and their partners' lives.

The present study has two main aims, which are to explore mental health and relationship trajectories among men in prison, and their (ex-)partners, from before the men's release, through a time 6 months after release, and then again 8 years later, and to test associations between relationship quality and mental health.

2 | METHOD

2.1 | Ethics

Ethical approval for the research was granted by the Institute of Criminology, University of Cambridge Ethics Committee.

2.2 | Study design

The data stem from the 'Families and Imprisonment Research' (FAIR) study, which builds on the earlier project, 'Risk and Protective Factors in the Resettlement of Imprisoned Fathers and their Families' (Lösel et al., 2012). This was the first longitudinal study in Europe to gather quantitative and qualitative data on the imprisonment, release, and resettlement of fathers and their (ex-)partners and children; however, this paper focuses exclusively on the parents. The longitudinal design enabled examination of the health trajectories of prisoners and their (ex-)partners over approximately 8 years, from imprisonment through re-entry and resettlement in the community, although the primary focus was on the community re-entry and resettlement period. Three semi-structured interviews were conducted with each participant, gathering both quantitative and qualitative data in three stages: Time 1 began in 2010, which was around 4 months before the men were released from prison; Time 2 occurred around 6 months after the men's release; and finally, Time 3 was up to 8 years later in 2018.

2.3 | The sample

For the original study, a total of 668 prisoners from eight prisons in England were referred to the research team by prison or programming staff. The research team then approached the men to determine their eligibility for participation based on the research criteria of: (1) having a partner or ex-partner with whom they shared at least one child

under the age of 18 years; (2) still having some contact with their family; (3) not in prison for sexual or domestic violence index offences; and (4) a sentence length of between 6 months and 6 years. Only participants whose data were available for the three data collection points could be included in this study.

2.4 | Procedures

The data were collected by trained interviewers. The prisoners' interviews were carried out in a private space reserved for legal visits or on the prison wings. The women's interviews were carried out in the community at a time and location convenient to them (typically in their homes). The participants self-completed the standardised measures described below.

2.5 | Measures

Relationship status was measured dichotomously (together/separated). Then, irrespective of relationship status, the participants were asked to rate the quality of their relationship on a 5-point Likert-type scale (1 = *not at all good* and 5 = *extremely good*). This measure served as an indicator of relationship strength between couples as well as ex-partners who maintained contact with each other as co-parents.

Mental health was measured by asking participants if they considered themselves to have any mental health problems, and this was recorded dichotomously (yes/no). If they responded 'yes', an open-ended question followed which asked them to describe their symptoms (all participants consented to their interviews being tape-recorded and the recordings were later transcribed verbatim). The standardised 12-item *General Health Questionnaire* (GHQ-12; Goldberg & Blackwell, 1970) was used to measure the severity of psychological problems disclosed, and items were rated on 4-point scales (*less than usual, no more than usual, rather more than usual, much more than usual*). Goldberg and colleagues (1997) established a cut-off score of '2/3' (i.e. a score of ≤ 2 indicates an absence of problems, and a score of ≥ 3 indicates presence of problems). The summed scale scores produced a total GHQ score that ranged from zero to 36, with higher scores indicating more problems. Cronbach's α reliability coefficient showed strong internal consistency for this measure at all three waves for both prisoners and (ex-)partners (α 0.84–0.96). The last questions in this section were open-ended questions that asked participants to describe whether and how the imprisonment had affected their mental health at the respective time points.

Social support. The men's and women's perceived levels of social support were measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). The MSPSS has been replicated extensively in research and is well-validated (see Dambi et al., 2018, for a systematic review). Eight items in total were rated on 7-point Likert scales ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The items were summed to produce a total score for each scale that ranged from 4 to 28, and higher scores indicated greater perceived support.

2.6 | Analytical plan

Descriptive statistics were calculated for the mental health, relationship quality, and social support variables. Chi-square tests of independence were performed to assess associations between the variables, and a series of t-tests were performed to assess differences within groups. Lastly, repeated measures ANOVAs were performed to examine changes in mean scores over time within the prisoner and partner groups separately.

3 | RESULTS

3.1 | General characteristics of the sample

Two hundred and fifty-two men fulfilled all criteria, of whom 103 agreed to take part. However, only 54 (ex-)partners also agreed to participate. As expected with a longitudinal study, there was further attrition over time; therefore, 39 male prisoners and 39 women were retained in the same 'family set' for the analyses for the first two waves, reducing to 26 men and 30 women at Time 3.

The mean age of the 39 men with data available for at least the first two waves was 31.4 years ($SD = 10.0$, range 19–56 years). Most ($n = 31$, 79%) of the men were White and the remainder were from Black or other Minority Ethnic groups. Seventeen (44%) were serving sentences for violent crimes, nine (23%) for non-violent property crimes, seven (18%) for drug-related offences, and six (15%) for 'other' crimes (e.g. driving offences). The mean length of their index sentence was 27.0 months ($SD = 15.2$) and, on average, they had served 12.1 months ($SD = 9.8$) at the time of their pre-release interview. For nearly half of the men ($n = 18$, 46%), this was their first prison sentence.

After release, around one-quarter of the men ($n = 11$) were employed (nine full-time and two part-time). Seven men had returned to prison within 6 months of release, three having been recalled for breaching their licences. Their current mean sentence length was around 14 months ($SD = 17.2$) and they had served around 6 months ($SD = 6.1$) of this sentence.

The partners were all women. Their average age at Time 1 was slightly younger than the men at 28.8 years ($SD = 8.0$, range 19–45 years). Eighty-five per cent ($n = 33$) of the women self-identified as White, and the remainder were from Black ($n = 4$, 10%) and Minority Ethnic ($n = 2$, 5%) groups.

3.2 | Relationship status

At Time 1, 33 of the prisoners were in a relationship with their designated romantic partner and co-parent, having been together for an average of 6.9 years ($SD = 5.5$, range 6 months to 22 years). The other six were ex-partners who had been with the women for an average of 7.5 years ($SD = 4.1$, range 3–13 years), but had been separated for around one year at the time of their first interviews. Just over half ($n = 20$, 51%) of the parents had two children together (range 1–4). Of the 33 couples who were together pre-release, 4 had separated post-release. Eight years later, only four couples were still together. The results from a repeated measures ANOVA revealed that there was a statistically significant effect of time on relationship quality ($F(2, 48) = 7.01$, $p = 0.00$) such that relationship quality declined by an average of 0.4 points between Time 1 and Time 2 ($M = 4.0$, $SD = 1.0$ and $M = 3.6$, $SD = 1.2$, respectively), and then reduced by an additional 0.8 points from Time 2 to Time 3 ($M = 3.6$, $SD = 1.2$ and $M = 2.8$, $SD = 1.6$, respectively). This decline in perceived relationship quality is consistent with the rate of separation seen over time.

3.3 | Mental health

At Time 1, 16 (41%) men considered themselves to have a mental health problem and 16 (41%) of their (ex-)partners also described similar problems (see Table 1). Among each group, depression was the most common problem, followed by acute/post-traumatic stress, and anxiety. Other psychiatric conditions described by the men included bipolar disorder and paranoid schizophrenia (these were not reported by the women).

Six (15%) of the men had a well-established condition before prison that may have stemmed from past adversity or trauma. One prisoner, for example, described witnessing his mother's murder. The rest of the men considered that their current mental health status was related to their imprisonment. Eight men stated that their mental health had declined, either because they were experiencing pains of family separation (e.g. 'I want to be a good dad, not start

TABLE 1 Descriptive statistics of the men's and women's mental health, relationship and social support factors

	Men			Women		
	Time 1 (N = 39)	Time 2 (N = 39)	Time 3 (N = 26)	Time 1 (N = 39)	Time 2 (N = 39)	Time 3 (N = 30)
Age – M (SD)	31.4 (10.0)	31.8 (10.0)	39.8 (10.2)	28.8 (8.0)	29.4 (8.0)	37.4 (8.3)
Ethnicity – n (%)						
White	31 (79%)	31 (79%)	21 (81%)	33 (85%)	33 (85%)	24 (80%)
Black and minority ethnic	8 (20%)	8 (20%)	5 (19%)	6 (15%)	6 (15%)	6 (20%)
Mental health ^a – n (%)						
Mental health condition (y/n)	16 (41%)	17 (44%)	15 (58%)	16 (41%)	21 (54%)	15 (50%)
Depression	8 (50%)	10 (59%)	5 (33%)	11 (69%)	15 (71%)	13 (87%)
Acute/post-traumatic stress	5 (31%)	6 (35%)	5 (33%)	3 (19%)	7 (33%)	2 (13%)
Anxiety	2 (12%)	7 (41%)	5 (33%)	6 (37%)	9 (43%)	8 (53%)
Other	3 (19%)	4 (23%)	10 (38%)	1 (6%)	0 (0%)	6 (40%)
General Health Questionnaire total score ^b – M (SD)	12.3 (6.4)	10.7 (8.3)	12.4 (6.0)	14.2 (7.3)	10.7 (6.6)	11.5 (5.4)
Relationship – n (%)						
In a romantic partnership	33 (85%)	29 (74%)	4 (15%)	33 (85%)	29 (74%)	4 (13%)
Quality of relationship with (ex-) partner – M(SD)	4.0 (1.0)	3.7 (1.0)	2.8 (1.6)	3.9 (1.0)	3.5 (1.4)	2.7 (1.6)
Social support ^c – M(SD)						
MSPSS family subscale score	22.9 (5.6)	22.9 (5.2)	22.8 (6.3)	20.6 (6.4)	21.7 (5.8)	23.2 (5.9)
MSPSS friends subscale score	19.1 (5.8)	19.0 (6.2)	18.9 (8.4)	21.3 (6.0)	20.7 (6.7)	23.1 (6.4)

Abbreviations: GHQ, General Health Questionnaire; MSPSS, Multidimensional Scale of Perceived Social Support.

^aPercentages for type of mental health condition does not sum to 100 because some participants reported more than one condition.

^bTotal GHQ scores ranged from 0 to 36, with higher scores indicating problems.

^cMSPSS subscale scores ranged from 4 to 28, with higher scores indicating greater perceived social support.

in prison'), or because of stressors in the prison environment. Five men, however, reported an *improvement* in their mental health, which they attributed to being in a calmer setting (e.g. 'It's easier in jail, calmer.') or receiving medical treatment.

All but one of the women attributed her mental health problems to her partner's imprisonment. Some women expressed increased stress from 'worrying about him in prison', while others shared similar sentiments that they 'didn't know how to cope with being a single mum'.

During the 6-month post-release interview, 17 (44%) men disclosed that they had mental health problems. As shown in Table 2, 12 men regarded these mental health problems as having persisted since Time 1, and five men reported new conditions. Depression, anxiety and acute/post-traumatic stress remained the most common problems described. In contrast, four men reported an improvement and no longer regarded having problems.

When asked about the impact of their release on their health, most men described negative experiences because they were having difficulties with adjusting to life in the community. Some were facing family adjustment problems, and many had problems with finding and/or securing employment (e.g. 'It's like I'm starting again. It's frustrating. I'm trying hard and not doing anything wrong, but not getting anywhere with jobs').

Among the women, just over half ($n = 21$) reported mental health problems after their (ex-)partner's release. Eleven described it as coterminous with the problem reported while her partner was in prison, and 10 described a new

TABLE 2 Men's and women's mental health trajectories across the three time points

	Men			Women		
	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3
	N = 39	N = 39	N = 26	N = 39	N = 39	N = 30
Yes n (%)	16 (41%)	17 (44%)	15 (58%)	16 (41%)	21 (54%)	15 (50%)
Persistent mental health condition	-	12 (31%)	7 (27%)	-	11 (28%)	12 (40%)
New condition	-	5 (13%)	8 (31%)	-	10 (26%)	3 (10%)
No n (%)	23 (59%)	22 (56%)	11 (42%)	23 (59%)	18 (46%)	15 (50%)
Persistent good health	-	18 (46%)	7 (27%)	-	13 (33%)	10 (33%)
Condition improved	-	4 (10%)	4 (15%)	-	5 (13%)	5 (17%)

condition (Table 2). Again, depression was most commonly cited, followed by anxiety and acute/post-traumatic stress. In contrast, five women reported an improvement and no longer regarded themselves as having problems.

When asked how their (ex-)partner's release had affected their health, some women expressed positive feelings for his return (e.g. 'I'm a lot happier now that he's around, not so stressed with everything'), but more women ($n = 11$) conveyed negative experiences since his return, which were related to daily life stressors (e.g. 'In a way because it's another mouth to feed. Another person to worry about!') and the men's behaviour (e.g. 'He's very volatile. Don't know what he's going to do or what mood he's in').

At Time 3, 15 men reported having mental health problems. Seven men regarded their condition as having persisted since Time 2, and eight men reported new symptoms. In contrast, four men reported an improvement and no longer regarded themselves as having problems.

Similarly, 15 women reported having mental health problems at Time 3. Twelve women regarded their condition as having persisted since Time 2, and three women reported new symptoms. In contrast, five women no longer regarded themselves as having problems.

Independent samples *t*-tests were performed to determine whether there were statistical differences between the men's and women's mean GHQ scores and their mental health status. The results showed that men who considered themselves to have mental health problems had significantly higher GHQ scores than men who did not at Time 1 ($M = 15.2, SD = 5.9$ and $M = 10.3, SD = 6.0$, respectively, $t(37) = -2.54, p = 0.02$), Time 2 ($M = 15.4, SD = 9.0$ and $M = 7.0, SD = 5.5, p = 0.00$) and Time 3 ($M = 15.1, SD = 6.4$ and $M = 9.1, SD = 3.5, p = 0.01$). In contrast, there was more consonance between having a self-described mental health problem and GHQ scores among the (ex-)partners, with a statistically significant higher score rating evident only for Time 2 ($t(37) = -4.9, p = 0.00$) such that women who considered themselves to have mental health problems had significantly higher GHQ scores than those who did not ($M = 14.5, SD = 6.7$ and $M = 6.3, SD = 2.4$, respectively).

3.4 | Overview of mental health change from pre- to post-release

The number of men who self-described a mental health problem increased by one from pre- to post-release ($n = 17$). For 12 men, this problem had persisted since prison, whereas five men reported a self-designated problem for the first time after release. A paired-samples *t*-test revealed no significant differences in men's GHQ scores from Time 1 to Time 2.

Among (ex-)partners, the number of women who self-described a mental health problem also increased from pre- to post-release, but by a larger margin than the men (from $n = 16$ to 21). For 11 women, this problem had persisted since the men's imprisonment, whereas 10 women reported a self-designated problem for the first time after his release. However, a paired-samples *t*-test revealed a statistically significant difference between the women's Time 1

and Time 2 GHQ scores ($t(37) = 2.5, p = 0.01$), indicating that, overall, their psychological symptoms had decreased between the time their (ex-)partners were in prison and post-release.

3.5 | Associations between relationships and mental health during the imprisonment

Results from independent-samples *t*-tests revealed that there was no statistically significant difference between the men's mental health status and their perceived relationship quality ($t(37) = -0.32, p > 0.05$) or perceived level of social support from family ($t(37) = -0.07, p > 0.05$) or friends ($t(37) = -1.86, p > 0.05$). Likewise, no statistically significant difference was found between women's mental health status and perceived relationship quality ($t(37) = 0.75, p > 0.05$), or perceived level of social support from family ($t(36) = -0.47, p > 0.05$) or friends ($t(36) = -0.25, p > 0.05$).

3.6 | Associations between relationships and mental health 6 months after the men's release

Results from independent samples *t*-tests comparing mental health status (presence/absence of problems) at Time 2 revealed that there was no statistically significant difference in men's perceived mental health status and relationship quality ($t(36) = 0.40, p > 0.05$). However, men with mental health problems had significantly lower levels of perceived support from family, $t(25) = -2.77, p = 0.01$, than their counterparts. Similarly, while no statistically significant difference between women's mental health status and social support was found, women with mental health problems had significantly lower levels of perceived relationship quality, $t(37) = 3.46, p = 0.00$, than their counterparts.

3.7 | Associations between relationships and mental health 8 years after the men's release

A series of repeated measures ANOVAs were conducted to examine the effects of time on the men's and women's mental health, relationship quality, and social support. Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated in several analyses. Therefore, a Greenhouse-Geisser correction was used.

No statistically significant effect of time was found on the men's GHQ score, or MSPSS family and friends scores. Similarly, the results showed that the women's GHQ score did not differ significantly over time. However, a statistically significant effect of time was found on the women's MSPSS friends subscale score, $F(2, 48) = 3.25, p = 0.04$, and perceived relationship quality, $F(2, 56) = 7.86, p = 0.00$, such that perceived level of support from friends decreased by an average of 0.6 points between Time 1 and Time 2 but then increased by 3.8 points from Time 2 to Time 3, and relationship quality declined by an average of 0.5 points between Time 1 and Time 2 and then decreased by an additional 0.7 points from Time 2 to Time 3. Thus, while quality of relationship exhibited a decreasing trend over time, perceived social support from friends 'recovered' after an initial decline at Time 2.

4 | DISCUSSION

Overall, the findings revealed that mental health problems were prevalent among roughly half of the participants across the three waves of the study. The types of psychiatric symptoms that the men and women disclosed (i.e. depression, anxiety, PTSD) are all consistent with past research on mental health among this population (House of Commons Committee of Public Accounts, 2017). An analysis of the men's rich narratives revealed that the source of their problems may have stemmed from past trauma and/or current environmental stressors. This highlights the im-

portance of trauma-informed policies and practices in correctional settings, to avoid exacerbating PTSD symptoms and minimise/prevent re-traumatisation. This includes specifically screening for PTSD in inmate populations, and offering treatment and support to help individuals cope with this psychiatric illness in prison (e.g. see Ford et al., 2013; Najavitis, 2002).

What is especially troubling is that for around one-third of the men and women, their mental health conditions had persisted for 8 years. This means that these individuals never fully recovered from their mental illness during this time. Equally concerning is the high proportion of women who developed new mental health problems at the time of the men's release—a time that is well-known to be laden with practical and social obstacles for ex-prisoners and their partners (Souza et al., 2015). Based on the women's personal accounts, despite her own internal sufferings, their concerns were mostly focused externally on the men's experiences. However, the men were primarily internally focused on their own stress, mainly about finding a job, which means that they may not have been able to provide reciprocal support to their partners who were also struggling. At the same time, the women's perceived support from friends had also decreased, resulting in a further loss of 'social capital' for them (Bourdieu, 1986). This highlights the need for further research to better understand women's unique experiences during partner re-entry, in order to develop ways to support their specific vulnerabilities and needs.

Whereas past studies have found that relationship breakdown often occurs while partners are in prison (e.g. Brunton-Smith & McCarthy, 2017), most couples in the present study stayed together through the prison sentence until the men were released. However, both genders perceived that the quality of their relationship had decreased over time: what started out as a 'very good' relationship eventually eroded into one that was 'not very good'. While the intent is not to imply causation, based on the findings herein, it is feasible that the men's difficulty with adjusting to life after prison may have exacerbated the women's mental health problems. These compounding problems, along with reduced social support, may have impacted the quality of their relationships, eventually leading to the separation of some couples. Of course, it is also important to acknowledge that in some situations (e.g. domestic abuse), the parents' separation may be positive. Generally speaking, however, understanding the resiliency strategies of couples that experience partner imprisonment, re-entry, and resettlement, and the factors and mechanisms that enable them to maintain their relationships over time may offer useful insight into how family units can be strengthened and thus, their social capital preserved, to increase their chances of successfully navigating future adversity together.

4.1 | Limitations

Although the present study was somewhat limited by the small sample size, the fact that we were able to retain most of the men and women for such a long period of time enabled a rare examination of the long-term mental health trajectories of prisoners and their (ex-)partners. A second limitation is that because this study relied on self-reported health, problems may have been over- or under-estimated. We also cannot comment on the aetiology, clinical course, and treatment outcomes of the men's and women's conditions, as these issues are beyond the scope of the research. Rather, the aims of the study were addressed through an examination of the men's and women's detailed accounts of their symptoms and personal experiences, to shed some light on the pervasiveness of mental health issues among individuals affected by partner imprisonment, release, and resettlement. Lastly, because selection bias is a concern given that all of the participants willingly participated in this study, the authors caution that this be viewed as an exemplary, rather than representative, sample.

5 | CONCLUSIONS

In sum, nearly half of the men and half of their (ex-)partners self-described mental health problems just before his release from prison. These proportions fluctuated slightly over time, with some dissonance between self-perceived disorder and self-ratings on the GHQ scale. Some reported improvements in their mental health, and some who had not reported problems during the imprisonment did so in the community. Most couples sustained their relationship during the transition between prison and release, but 8 years later, only four couples remained together. The findings challenge assumptions about the extent to which partners can play supportive roles in a former prisoner's transition from institutional life back into the community, as partners are also likely experiencing difficulties during this time. Thus, former prisoners and their families should be afforded equal access to support and assistance during offender rehabilitation.

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CONFLICT OF INTEREST

The authors do not have any conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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