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# Throwaway Moms: Maternal Incarceration and the Criminalization of Female Poverty

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Suzanne Allen,<sup>1</sup> Chris Flaherty,<sup>2</sup> and Gretchen Ely<sup>2</sup>

## Abstract

Using a feminist standpoint epistemological framework, this article reports the findings from 26 interviews with drug-offending incarcerated mothers in Kentucky regarding the effects of incarceration on their relationships with their children. The participants related personal histories characterized by poverty, victimization, chronic substance addiction, and repeated failed attempts at sobriety. Many felt betrayed by the courts and child protective services, and those who had lost custody of their children felt they had no remaining reason to rehabilitate themselves. The mothers expressed profound feelings of guilt and remorse for the impact that their behaviors had on their children and expressed hope that their children would experience better lives than they have.

## Keywords

child welfare, feminist standpoint epistemology, incarceration, mothers, substance abuse

Because of the radical changes in sentencing and drug policies, the U.S. prison population has increased 500% over the past 30 years. As a result, the United States now leads the world in its rates of incarceration, with 2.1 million people currently in the nation's jails and prisons (The Sentencing Project, 2008). Female incarceration rates, in particular, are increasing at an unprecedented rate. Over the past three decades, the increase in the female prison population has continuously surpassed that of the male prison population in all 50 states, making women the fastest growing segment of the U.S. prison population (Women's Prison Association, 2006). As of June 2006, there were 203,100 women incarcerated in jails and prisons—nearly 10% of the total U.S. prison and jail population. More than 65% of these women were mothers of minor children, and 64% of them had lived with their children prior to incarceration (Women's Prison Association, 2006).

The goal of the study presented here was to gather information directly from the local (Kentucky) female prison population by means of face-to-face interviews to develop an understanding of the impact of maternal incarceration on the experience of motherhood through the eyes of the mothers

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<sup>1</sup> Social work consultant, Lexington, KY, USA

<sup>2</sup> College of Social Work, University of Kentucky, Lexington, KY, USA

## Corresponding Author:

Chris Flaherty, University of Kentucky, 649 Patterson Office Tower, Lexington, KY 40506, USA.  
Email: [chris.flaherty@uky.edu](mailto:chris.flaherty@uky.edu)

themselves. To do so effectively, we first needed to understand the complex issues, programs, and policies surrounding maternal incarceration, including poverty; addiction; federal legislation, such as the Adoption and Safe Families Act (ASFA) and the War on Drugs; prison programs; child welfare practices; and systemic barriers, all of which are discussed here. Specifically, child welfare and criminal justice policies have failed to serve the needs of incarcerated women, and thus Halperin and Harris (2004) termed this situation “the policy vacuum.” All these elements are germane to the larger issue of maternal incarceration because of the varied and complex ways in which they intersect to affect these women’s situations and outcomes, as described in the narratives presented here.

This article is based on information gathered directly from the women who were interviewed as a means of creating a knowledge base of the experiences of this particular population. Therefore, it is informed through a feminist standpoint theoretical lens, which proposes that we “understand the world through the eyes and experiences of oppressed women and apply the vision and knowledge of oppressed women to social activism and social change” (Hesse-Biber & Leavy, 2007, p. 55). It is used here as a way to connect information to practice. In speaking directly to the women we interviewed, we heard their stories and learned of their experiences. From these women, we captured a snapshot of their subjective experiences as incarcerated mothers. By listening to these experiences, we can begin to understand and give voice to this long-ignored population. As Comack (1999, p. 296) stated, “the voices of women behind bars have for too long been silenced; it is time we begin to listen to what they have to say.”

This project was inspired by our strong desire to hear directly from incarcerated, substance-abusing mothers. It stemmed from our concern with the implications of what was clearly a policy vacuum and the stigma attached to incarcerated women and mothers. As we explored the topic of maternal incarceration, it quickly became clear that these women, as vulnerable as they are, are often poorly served by the very system that should be helping them. “Women in prison are among the most vulnerable and marginalized members of society—women who, in other contexts, society would profess an obligation to support” (Women in Prison Project, 2006, p. 4). Hence, it became our mission to learn more, and the best way to do so, we thought, would be to hear from the women themselves.

The information gathered from speaking to these women adds to the literature in that their stories, as told by them, offer personal insights that have not otherwise been captured. Giving the women a voice makes the political personal. It is a way to identify potential areas of disconnect in policy and programming that so profoundly affect these women and their relationships with their children. It is a way to address the gender-specific programming needs of women in correctional settings and to develop appropriate programs to address the ineffectuality of “existing rehabilitative practices, which were developed for and by males [and] made available in a blanket approach to all females” (Moe & Ferraro, 2006, p. 139). Hearing directly from the women about their concrete experiences provides a foundation from which to build knowledge that accurately represents the needs of this population.

## **Review of the Literature**

The vast majority of women who are involved in the criminal justice system are poor single mothers, most of whom are serving sentences for nonviolent drug-related offenses (Moe & Ferraro, 2006). Analyses of state and federal criminal justice statistics point to the war on drugs as the key factor not only in the increased rates of maternal incarceration but in more stringent—and longer—sentences for nonviolent drug-related crimes (Women in Prison Project, 2006). As a report of the American Civil Liberties Union (2005, p. 2) stated, “The war on drugs is having a specific, dramatic, and devastating impact on women that requires further study and attention when evaluating the success of drug policies that do far more harm than good in women’s lives.” Women’s rates of

incarceration have increased at more than double the rate of those of men over the past two decades, and women are 10% more likely than are men to be serving sentences for drug-related offenses. Much of this increase is due to the advent of crack cocaine, which has had a huge impact on low-income women and the resulting increase in nonviolent crimes that are typically associated with its use (Alleyne, 2006).

The literature has consistently documented extremely troubled and often tragic histories in the lives of these incarcerated, substance-abusing women. Some running themes that have continuously emerged on a variety of issues in these women's lives include poverty, abuse, mental health problems, and victimization or, as Chesney-Lind and Pasko (2004) called it, their "multiple marginality." These women are more likely to live in poverty, are less likely to have been employed, and are more likely to have lower educational levels and lower household incomes than their incarcerated male counterparts (Moe & Ferraro, 2006). They also have high rates of recidivism (Alleyne, 2006; Richie, 2001). That most of these women live in high-crime neighborhoods with increased levels of homelessness to which they must return on their release from jail poses serious problems for successful reentry into the community and is a contributing factor in the women's high rates of recidivism (Alleyne, 2006). Furthermore, female drug offenders have high rates of mental health disorders and often use drugs as a means to self-medication for problems that are endemic to poverty, such as depression, anxiety, stress, trauma, and abuse (Alleyne, 2006). Most have chronic physical, emotional, and social problems as a result of their long-term drug use (Richie, 2001). Perhaps, the most widely documented characteristic is the extremely high rate of historical physical and sexual abuse—as much as 80%—among incarcerated substance-abusing women (Bush-Baskette, 2000; Inciardi, Lockwood, & Pottieger, 1993; Langan & Pelissier, 2001).

The majority of incarcerated mothers are poor (Alleyne, 2006), and many are involved with child protective services (Women in Prison Project, 2006), as were the majority of the mothers whom we interviewed. Neglect constitutes the majority of child welfare cases. According to Swift (1995), research has demonstrated that child neglect is more common among the poor than it is among the nonpoor, and poverty is often the main factor in cases of neglect. In addition, those who are accused of neglect are almost exclusively mothers, as opposed to both parents or solely fathers. "The study of child neglect is in effect the study of mothers who fail" (Swift, p. 101) and child welfare processes—indeed, society in general—reinforce this widely held assumption. Deeply embedded in our cultural psyche is the notion of the idealized mother; typically middle class, married, educated, and with access to resources. As Ferraro and Moe (2003, p. 14) stated, "The ability to mother one's children according to social expectations and personal desires depends ultimately on one's access to the resources of time, money, health, and social support."

Poor and marginalized women, such as the participants in our study, do not fit the idealized portrayal of motherhood. Consequently, they may be perceived as not only inadequate mothers but as inadequate women. They are also, by virtue of their poverty status and marginalization, the most likely to become involved in the criminal justice system and, therefore, more susceptible to having their maternal rights impinged upon. Within this long-established and widely accepted paradigm, motherhood becomes a privilege for certain women as opposed to a right for all women (Ferraro & Moe, 2003).

These women are already marginalized by their gender, class, and victimization status and the systemic barriers they consistently face. Although each has her own unique story, the one thing that incarcerated women share is their invisibility. The women have been locked away with little or no contact with the outside world. They are convicted criminals, viewed by society as social outcasts. Their multiple marginality, combined with the stigma and shame of incarceration, renders this powerless population essentially disposable in the eyes of society. They are dismissed as "throwaway moms."

Because of the rapid and unprecedented growth of this population, few procedures have been developed to address the unique issue of maternal incarceration on either the national or local level (Vera Institute of Justice, 2004). A report by the Women in Prison Project (2006) emphasized the lack of supports available to incarcerated women and their children, including visitation, parenting, substance abuse, and mental health programming; adequate legal representation; and proximity of a mother's location to that of her child. The programs that do exist, developed in response to the lack of gender-specific programs for incarcerated women, take a universal, cookie-cutter approach to programming for women in general, rather than address individual needs. No research has identified the actual needs of women who are involved in the criminal justice system, particularly mothers (Moe & Ferraro, 2006).

The implications of tougher drug-sentencing policies are further complicated by imposed time frames for reunification under ASFA. ASFA, which was passed in response to the growing number of children lingering in the foster care system, mandates that parental rights be terminated if a child has been in out-of-home care for 15 of the prior 22 months (Green, Rockhill, & Furrer, 2006). In Kentucky, the location of our study, state law (KRS 610.127) does not consider incarceration to be an exception to ASFA's federally mandated time frames. The average prison sentence for a woman is 18 months (Women's Prison Association, 2006), and the time frame for a woman to complete treatment varies from woman to woman, but is often lengthy. Thus, these ASFA time frames pose many difficult challenges for incarcerated parents, the courts, and the child welfare system (American Bar Association, 2005). Although termination of parental rights (TPR) proceedings have increased more than 100% since the enactment of ASFA, the precise number of TPR proceedings that have been filed against incarcerated women is not known (Women in Prison Project, 2006). Halperin and Harris (2004) reported that child welfare policies on children of incarcerated women have not been modified to adapt to the rapidly increasing rates of female incarceration. Furthermore, the majority of child welfare caseworkers, typically already overworked, lack the training and resources to serve incarcerated mothers adequately. This absence of a working relationship between caseworkers and imprisoned mothers puts the mothers at an obvious disadvantage with regard to the possibility of completing a case plan and, ultimately, reunifying with their children (Women in Prison Project, 2006).

It can be argued, then, that many of these women are suffering not only from radical criminal justice policies, but from inflexible child welfare policies. The experiences reported by the women in our study certainly corroborate the notion that the needs of children and mothers are often at odds with one another as a result of the intersection of policy mandates. Indeed, as is evidenced by the following interviews, the mothers' experiences indicate that child welfare protocols operate, often incorrectly, under the assumption that the welfare of the child is separate from the welfare of the mother. Although this may sometimes be the case, these women's stories indicate that more typically it is not as the women recount their experiences of feeling powerless and ensnared in and betrayed by the child welfare and criminal justice systems. Child welfare researchers have begun to argue the necessity to value mothers' subjective experiences of mothering as essential to providing good child protection practice (Davies, Krane, Collings, & Wexler, 2007).

These factors raise the issue of how child welfare policy mandates and incarceration rates interact to affect substance-addicted women and their children. Thus, the primary objective of our study was to gather data directly from incarcerated mothers to gain an understanding of the implications of incarceration, particularly on a mother's custody of and relationship to her children. In so doing, we anticipated that the information that we obtained would lead to a greater understanding of the various areas of potential disconnect between the child welfare and criminal justice systems with regard to incarcerated mothers of minor children and, in so doing, would inform policy and programming, identify systemic barriers, aid in identifying possible appropriate points of early intervention, and explore ways to extend family preservation efforts and promote reunification. Through the

telling of these stories, we hope to bring attention to the plight of these and other incarcerated mothers, raise awareness of the obstacles that the women face because of their incarceration and troubled life histories, and bring to the forefront the virtually impossible odds the women face in terms of mothering their children by conveying their subjective experiences to a larger audience.

## Method

### Sample

Mothers of minor children, who were detained in a county jail in a midsized city in Kentucky at the time of the study and had histories of substance abuse were recruited by way of two information sessions. Only those who were serving sentences for nonviolent crimes that were related to their substance abuse were recruited to participate. The ethnicity of the sample was dependent on the ethnic makeup of the inmate population at the time of the study and did not serve as a selection or exclusion criterion. Staff of the detention center was not involved in the recruitment phase of the research to prevent any perceived coercion to participate. We fully and clearly explained to prospective participants that they would not face any negative consequences if they refused to participate for any reason or receive any special rewards or privileges. Written informed consent was obtained prior to each interview. The participants were paid \$5 for participation, which was credited to their jail accounts following their interviews, typically within 2 days.

Twenty-six women who met the eligibility criteria were interviewed. The women ranged in age from 24 to 46 (mean age: 24.5,  $SD = 6.4$ ). Of the 26, 15 were Caucasian, 9 were African American, and 2 were of other races. With regard to the educational achievement of 16 women (10 women did not answer the question), 6 had some college, 4 were high school graduates, and 6 had less than a high school education. Each woman had one to six children (mean: 2.9,  $SD = 1.3$ ).

### Procedure

Qualitative interviews were conducted between May and September 2007. The face-to-face semi-structured interviews lasted from 20 min to 2 hr. The questions were designed to obtain specific information about the women's parenting, criminal, and drug-abuse histories while allowing for digressions into topic areas of unique importance to each woman. This method has become the preferred means of collecting data from marginalized and oppressed populations whose responses are not easily predicted or enumerated (Ferraro & Moe, 2003). This standpoint approach was used to capture fully the depth and uniqueness of the women's stories and to relay the women's firsthand experiences so as to bring attention to this oppressed and otherwise invisible group (Hesse-Biber & Leavy, 2007).

In the interviews, the women were encouraged to deviate from the questions to capture the full breadth of their experiences and to attempt to identify issues and experiences that would not otherwise have been explored, the majority of which were their experiences of motherhood as incarcerated and, otherwise marginalized, women. All the interviews were conducted by the first author and were audiotaped. Research procedures were approved by a local university's institutional review board.

### Data Analysis

The audiotapes were transcribed and entered into ATLAS-TI qualitative data analysis software (2005). A coauthor who did not participate in the interviews open coded the qualitative responses and used a constant comparison approach (Creswell, 1998; LeCompte & Schensul, 1999) to aggregate and refine the themes. The grounded theory method (Glaser & Strauss, 1967; Strauss & Corbin,

1998) was used to generate descriptive categories. A data check was conducted by the interviewer to assess the accuracy of themes that were identified by the independent coder.

## Findings

Several running themes emerged in speaking with the women. These themes were tabulated to identify the most frequently occurring ones across the set of interviews. The topics that occurred with the most frequency are explored here. It was decided that qualifying themes would be those that were present in at least 20% (5) of the interviews. These themes were parenting; drug use; involvement in the child welfare system; the revolving door of incarceration, homelessness, and recidivism; and mental health issues.

Crack cocaine was the drug of choice for 18 of the 26 women, and many of these women used alcohol and other drugs in addition to crack. Thirteen women reported a previously diagnosed mental health condition: multiple diagnoses (most often depression and anxiety, eight women; bipolar disorder, three women; and depression and anxiety without co-occurring disorders, one woman each). All 12 participants who reported a mental health diagnosis also reported having received previous mental health treatment.

Eight participants reported having their parental rights terminated for at least one child, and two had children in foster care. The majority (15) of the participants' children were currently in kinship placement, either permanently or until they could be reunified with their mothers. Seven participants reported having experienced prior homelessness and 21 had recidivated.

Nearly all the women expressed gratitude for the chance to talk about their stories so freely. They talked at great length about their children, and the majority expressed deep feelings of remorse, guilt, sadness, and love when talking about their children. Most of these dialogues were extremely emotional, and most of the women told their stories through tears and even sobs. As Joy said, "Kids are a touchy subject for all of us in here."

### *Parenting: The Shame of Maternal Failure*

I felt so bad about myself. I didn't feel like a good mom. . . . We let go of our kids because we feel it is best (Linda, aged 47).

Perhaps, the most outstanding quality of these interviews was how deeply reflective—often philosophical—these women were about all the subjects they covered but particularly with regard to the topic of motherhood. Many of the women also struggled fiercely with their negative self-perceptions as parents. However, all the women were enthusiastic and grateful to have the opportunity to speak about their children in such an open and nonjudgmental venue. In many ways, the women expressed the same themes one would expect from any mother, including the aforementioned idealized mother. These themes included love for their children, pride in their children's accomplishments, and worry about their children's circumstances and future challenges. However, unlike idealized mothers, these poor and incarcerated mothers also expressed feelings of profound powerlessness: powerless at being separated from their children, powerless to protect their children from sharing their same fate, powerless against the child welfare system, powerless against their addictions, and powerless against the society from which they have become so disenfranchised. They were terrified that their children, too, would get caught in the devastating cycle of poverty, addiction, the criminal justice system.

Angelina, a 32-year-old White woman, was raised by her father until she was 10, at which time her father was convicted of a drug-related triple murder and put on death row, where he remains today. Her mother, a heroin addict, was incarcerated when Angelina was a child. At age 18, Angelina

was arrested for the first time and ended up in the same women's prison as her mother. It was in prison that she became addicted to heroin. When her mother was released on parole, Angelina escaped to be with her and lived "on the run" with her mother for 5 years before she was caught. She said:

It's never just about Angelina; it's about my whole damn family. I felt like I was white trash from the very beginning. My dad did a bad thing, but he's a good dad. I love my dad, and I love my mom. I understand mom more than anyone. She has drug problems, too.

Angelina is now serving a 30-year sentence as punishment for her escape. Her two children are in the permanent custody of her aunt. Angelina is in treatment for the first time through her involvement in a jail-based substance-abuse recovery program.

Virtually all the women expressed deep shame, remorse, and sadness for the mistakes they have made. Most of the women whose children were older and in kinship care, rather than foster care, had regular contact with them via telephone, letters, and visits. Some women spoke with their children every day. Several women with preschool-age and younger children described how painful it was for their children to visit because they had to visit through a glass partition; it was too difficult for them not to have physical contact, to be unable to hug and kiss their children. Some of these women made a conscious decision to forgo visits by their children, deciding that they would rather not see them at all if they were unable to express their love physically. In addition, some of them simply did not want their children to see them in jail because they were ashamed to be there.

Of the 26 women, 8 had their parental rights permanently terminated; 2 had children in foster care; and the majority, 14, had their children placed in kinship care. Most of those with children in kinship care expected to regain full or partial custody. The other two mothers' children were older than age 18.

Many of the women were imprisoned by their own guilt and remorse. As 33-year-old Lucinda put it, "Sometimes I feel like I don't deserve to be called mother. I feel like a failure, like I've failed them." Yet, despite all the challenges these mothers and their children had faced, a great number of them had extremely strong bonds, and their mutual love was evident. As 44-year-old Maggie stated, "I'm worried about my son because he laughs instead of cries. He says, 'Mama, when I play professional baseball, I'm going to buy you a house on the side of a hill, and then nobody can take you away from me again.'"

### *Crack Cocaine: Snared in Addiction*

Crack . . . is taking a lot of women down. It's a high that you chase and never catch" (Leslie, aged 34).

The majority (75%) of the women who were interviewed were addicted to crack cocaine, and nearly half of them had been charged with possession of crack cocaine and/or crack paraphernalia. Crack has been termed the "fast-food" version of cocaine because it is inexpensive and brings with it a powerful and compelling high (Mahan, 1996). Although crack has been less popular in mainstream culture, a crack subculture is found in America's poor, struggling communities. Mahan called this subculture the "culture of powerlessness" and described it as "the epitome of poverty, ethnic segregation, and polarized gender relations" (p. 3). Those who are addicted to crack are often the poorest of the poor and subsequently the most frequently arrested, victimized, disabled, and marginalized by its use. The stigma of women who use crack and other drugs is further deepened by cultural expectations of women as nurturers and caretakers. As Campbell (2000, p. 3) stated, "When women violate gender norms by using illicit drugs, they are represented as spectacular failures—callously abandoning babies or becoming bad mothers, worse wives, or delinquent daughters."

Kearney, Murphy, Irwin, and Rosenbaum (1995) developed a grounded theory of pregnancy on crack cocaine. They found that pregnant crack-addicted mothers experienced “threatened selfhood,” with selfhood consisting of self-concept and social identity. Consequently, these women sought to “evade harm,” sometimes by avoiding contact with health care settings, in which their drug use might be discovered. Kearney et al. explicated a theoretical framework that describes a complex interplay of the desire both to evade harm (to self and fetus) and to face the situation. Ultimately, these two processes converge to an overarching theme of “salvaging self,” in which these women sought to salvage their own lives for the sake of their children.

According to Mahan (1996), many crack addicts pay for their drugs by selling stolen goods. Indeed, 10 of the 26 women who were interviewed were serving sentences for shoplifting and/or forgery. Furthermore, the crack culture is extremely sexist, and many crack-addicted women resort to prostitution as a means of supporting their addictions (Mahan, 1996). Several of the women who were interviewed reported having prostituted themselves in the past to pay for their drugs, and three were currently serving sentences resulting from prostitution or loitering. Some women prostitute for money, others for drugs. According to Campbell (2000), women who trade sex for drugs are at the lowest end of the crack world spectrum. This fact became evident during the interviews with those women who bravely confided their experiences—women whose shame and regret were often palpable. One woman, Jane, explained that the other inmates teased her because she brushed her teeth so often. She said that she brushed her teeth incessantly—no fewer than 80 times a day—because she felt so dirty, having frequently performed oral sex while she was high for strangers in exchange for drugs and/or money.

The repeated lament of all these women was that they were painfully snared in a tangled web of addictions without the resources to help them find a way out. Over half the women who were interviewed had received treatment for their drug use in the past. Clearly, their prior treatment did not work. When asked why, many of them explained that they were unable to complete treatment for a number of reasons. This experience is not unique to this population; rather, it is typical in that the main obstacle to successful treatment for the general population is noncompletion (DeLeon, 1993). Because of the obstacles they face, though, it is particularly difficult for this population. Others stated that it was hard to maintain sobriety after being exposed again to the same environment; following treatment, their social networks—family members and friends—remained the same. Because these women have limited resources owing to their poverty status, poor employability, and lack of social networks, they end up in the same neighborhoods where drugs abound, making this a difficult cycle to break. Many of the women stated that they would want to receive treatment on release, but that money and time were against them; they could not afford the \$300–\$500 that the local facilities charge, and the waiting lists for a bed were often as long as 3–6 months. Those who had custody of their children also expressed frustration that there was nowhere to bring the children while participating in treatment. Many of the women expressed fear that their children would follow in their footsteps and were trying hard to prevent them from doing so. As Lisa, aged 46, stated:

I’m just hoping he [doesn’t] go down the road I went down. I’m just hoping to learn as much as I can about my addiction [through participation in the jail-based treatment program] . . . and about as much as I can about not using ever again so that I can go home and sit him down and teach him not to make the same mistakes that I made.

### *Child Welfare Involvement: Betrayed by the System*

I’m sitting here in jail now with my son gone . . . I’m like, OK, I did what everybody said I should do. I think if I had more help, . . . I could have done better. He was the only thing that kept me alive. The

reality of it is that my little boy is gone, and if I'm lucky I might get to see him one more time to say good-bye (Margie, aged 24).

Margie, a 24-year-old White woman, has a 14-month-old son who is in state custody. When she was sentenced, she said she called child protective services from jail to find out if she had a caseworker and to inquire what she needed to do to get her son back. She was told that a caseworker would come to see her—that was in March. As of July, when this interview took place, she had still not heard from anyone and did not know if she had a case plan. She expressed frustration and anger with the system and was planning to go directly to child protection services on her release in 6 months to find out how to proceed. However, she did not know if by that time it would be too late, whether the ASFA clock would have already been ticking.

All the women were angry and resentful with the way they had been treated by child protection workers. The interview notes were infused with expressions of these feelings:

There is no one out there to help you with your kids. I don't know what to do, really. There were days I wanted to get high just because I missed my kids so bad. [When they take your child away], it completely destroys everything inside of you . . . takes away your reason for trying.

Thirty-two-year-old Linda's children were taken from her 6 months before her incarceration. When her children were taken, she "fell apart" and ended up on the streets. Therefore, she did not know their status, whether there was a hearing (although she assumed there was) or if there was a case plan. She was in tears throughout the interview and angry with the system for betraying her and lying to her, as she put it.

This lack of communication between child protection services and incarcerated women is not uncommon. When a child is removed by the state, a case plan is developed that includes the parental requirements that must be fulfilled for reunification to occur. However, it is difficult, if not impossible, for incarcerated mothers to be involved in case planning because caseworkers typically fail to have contact with them (Halperin & Harris, 2004). This noncommunication between child protective services and incarcerated mothers was echoed by many of the women who were interviewed.

Several of the women reported that child protective services told them that if they did not agree to a voluntary TPR, they would never see their children again. If they were subject to an involuntary TPR, there would be no visitation, and they would never see their children again, but if they did a voluntary TPR, they could see their children a few times a year. The women reportedly felt blackmailed. They were also confused about what their rights were, and it was clear that they did not know how the system worked. The majority expressed feelings of profound powerlessness with regard to their status and their rights within the system.

### *The Revolving Door of Incarceration, Recidivism, and Homelessness*

The judge asked me why I broke probation, well, I can't afford \$300 per month and \$12 each time I have to drop [off the urine sample]. How am I supposed to come do a drug test? . . . It's like a big cycle . . . In here at least, you know what to expect . . . you get to eat . . . got clothes to wear . . . When you get out of here, you don't know what to expect (Arlene, aged 42).

A remarkably high number of the women reported being homeless prior to incarceration, at a rate that is 25 times greater than that of other local citizens (Central Kentucky Housing and Homeless Initiative, 2009). According to Zlotnick, Tam, and Bradley (2007), the majority of homeless women are mothers, although many do not live with their children. Many women voluntarily opt to place their children in the custody of others to protect them from the multiple dangers and potential

traumas associated with homelessness, as well as to avoid exposing them to the shelter environment, which is also often dangerous. Homeless mothers have higher rates of both substance use and mental health disorders—particularly major depression—than either the general female population or the general homeless population (Bassuk, Buckner, Perloff, & Bassuk, 1998).

The high rates of mental health disorders among homeless women contribute to a number of negative consequences, including increased recidivism and longer periods of homelessness. According to Alleyne (2006, p. 182), “Most women in prison are untreated substance abusers with high recidivism rates that correlate with greater addiction severity. Typically, each return to incarceration signifies a deeper level of addiction, with associated declines in health, employment opportunity, and social functioning.”

The correlation between homelessness and reincarceration has been widely documented, and several characteristics are known to be endemic to both populations, including high rates of poverty, unemployment, substance abuse, and mental illness. These problems, combined with the continual crossover between homelessness and incarceration, result in enduring patterns of social exclusion and isolation. Given that these individuals have such high rates of substance abuse and mental illness, homeless shelters and jails have come to serve an institutional function that “effectively substitutes for more stable and appropriate housing” (Hopper, Jost, Hay, Welber, & Haugland, 1997, p. 659).

The cycle of homelessness and recidivism was glaringly evident among the women who were interviewed as well. In addition to the high rates of homelessness the women reported, 81% of these women had also recidivated. Some have had a few prior incarcerations, while others had been incarcerated 20, 30, or even 40 times in the past. Veronica, aged 36, described the cycle:

That’s the serious thing I am dealing with right now—the stress of the unknown or what will happen to me when I get out . . . I don’t have [an] address to go to. I got no family right now. It’s just me, myself, and I. I’ll walk out of here hurting with nowhere to go, . . . and that’s scary. I’m hurtin’ bad, and I am crying out for help, and I don’t know which way to turn. I am so discombobulated, it’s crazy. [Crying], I needed to know how to live without the drink and drugs [and] how to manage my money. It’s just like walking all over again, feeding yourself all over again. As an adult, you have to learn everything just like a newborn baby . . . I got caught with a five-cent piece of crack cocaine—you get clean and, at the same time, you get clean in jail, [but] you don’t know what to do when you get out there . . . You’re dirty, and the only thing they do is take your kids away from you. They say they’re here to help you, [but] they’re not. I need help to overcome my drug addiction so I can be with my kids.

### *Mental Health Issues: Untreated Depression, Self-Medication*

Depression is a major problem. It is the reason why so many women are in jail. It leads to drugs and then to crime. (Carolyn, aged 40)

Of the women who were interviewed, half had an existing mental health diagnosis, and many of them had dual diagnoses in addition to their substance abuse or dependence. This situation is consistent with the findings of studies that have demonstrated the prevalence of mental health disorders among women who are involved in the criminal justice system, who are more likely to struggle with mental illness than their male counterparts (Sacks, 2004). As we stated earlier, the majority of incarcerated women have experienced past trauma and abuse, an amount reported by Green, Miranda, Daroowalla, and Siddique (2005) to be as high as 77%–90%. Psychiatric disorders, in general, are more prevalent among poor women because of the multiple stressors connected to poverty (Bassuk et al., 1998). Experiences of trauma and abuse, as well as preexisting mental health disorders, often lead to increases in substance abuse as a means of self-medication. Substance abuse, in turn, often

leads to criminal behavior. The prevalence of mental health disorders among the women who were interviewed echoes that of the larger female prison population. It is endemic and, therefore, a vital area of concern because it leads to subsequent substance abuse and involvement in the criminal justice system.

## **Conclusion**

The information garnered through these interviews revealed numerous issues that are widespread among incarcerated mothers, most of which are consistent with existing research and are documented in the literature. The women's stories were not easily quantifiable nor did this process reveal any particular construal but, rather, something much more powerful, significant, and complex. By giving voice to this invisible population through a standpoint perspective, we revealed complex stories of unfinished lives, of victimization and abuse, of poverty and exploitation, of cyclical and generational obscurity, of classism and sexism, and of stigma and shame. Perhaps, the most powerful and heart-breaking themes were those of the maternal love that these women consistently expressed for their children and the profound sense of guilt and staggering remorse they were all struggling with when they discussed the impact of their actions on their children. It became abundantly clear that their substance abuse problems and criminal justice involvement were symptomatic of extremely troubled life histories.

The extent to which these factors interfere with and disturb these women's lives was understated in prior qualitative research. For example, the degree to which incarcerated women have been involved with the child welfare system and the number of those who have had TPR proceedings filed against them have been largely undocumented. This project begins to shed light on those crucial areas. The interviews also revealed firsthand accounts of the deep layers of abuse and social problems that the women endured. Thus, our study contributes to the literature in that it explored the ways in which these issues interact to affect these women on a number of levels and how some of these issues affect each other. The following are the resulting suggested points of intervention and programmatic and policy recommendations.

All the women had negative self-perceptions as mothers, because many expressed feelings of inadequacy related to their motherhood. At the programmatic level, this finding indicates that these women could perhaps benefit from parenting classes and even mentoring programs both in jail and after their release. Mentors and advocates could also help the mothers negotiate other systems in which they and their children are involved. Another thing to be addressed is the consistent lack of successful treatment services, as reported by the women, that are geared specifically to crack cocaine addiction in the jail setting and in the larger community that address the financial barriers and obstacles related to social support, extensive waiting lists, and child care. As the literature has demonstrated and indeed as these women verified, all programming must be developed to be gender specific.

In addition, because the women expressed so much frustration and powerlessness in dealing with the systems, case advocates are needed, who can help these women navigate both the child welfare and the legal systems. Ideally, reentry programs that would implement all these elements in the form of wrap-around services would be developed. These services could include treatment for substance abuse and parenting and life-skills training to prepare the women for life on the outside in an attempt to combat the high rates of recidivism reported herein. To combat some of the issues surrounding reentry and recidivism, community-based programs that help neighborhoods work with these women and connect them with needed services could be most beneficial. Community preprobation programming should include ways in which these women can explore what led them to incarceration by examining their multiple marginality, family histories, and experiences of abuse as a means of gaining a better understanding of the cycles and patterns that led them to criminality.

On the policy level, because of the growing social problem of maternal incarceration, it is essential for child welfare agencies to hire workers who work specifically with incarcerated women. In fact, the results of this and other studies suggest that specialized child welfare workers need to be trained to carry caseloads that consist only of incarcerated women, so that these women's unique needs may be addressed. Further research on the implications of the ASFA time frames, in relation to sentencing policies and family preservation and reunification, is needed. Although many may assume that these children would be better off without their mothers, this may not be the case. With proper treatment and ample opportunity to complete a case plan, these women may be able to achieve a life in which they can nurture their children—the children they so desperately love.

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## Bios

**Suzanne Allen**, MSW, is a self-employed social work consultant.

**Chris Flaherty**, PhD, is an assistant professor at the College of Social Work, University of Kentucky.

**Gretchen Ely**, PhD, is an assistant professor at the College of Social Work, University of Kentucky.