

UNIVERSIDAD SAN FRANCISCO DE QUITO

**MOTHERS LIVING WITH THEIR CHILDREN IN JAIL: BONDING
WITH THEIR CHILDREN AND PERSPECTIVES ON MOTHERHOOD
ON A GROUP OF WOMEN IN A PRISON IN ECUADOR**

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MOTHERS LIVING WITH THEIR CHILDREN IN JAIL: BONDING WITH THEIR CHILDREN AND PERSPECTIVES ON MOTHERHOOD ON A GROUP OF WOMEN IN A PRISON IN ECUADOR

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ABSTRACT

Mothers living in prison with their children have been a group many times forgotten and there is not much literature regarding their perspectives on maternity, bonding with their children and problems presenting in children and mothers in prison. We worked in a women prison in Quito, Ecuador, where children up to age 3 could live with their mothers. We applied a general interview on the perspective of imprisoned women on motherhood and being a mother in jail, followed by the “mother – infant relationship” component of the “Birmingham Interview for Maternal Mental Health” to ten mothers that lived with their children in prison; to identify disorders of the mother – infant relationship. We also organized focal groups discussing points of view related to maternity in jail with groups of mothers with children in prison, women with children outside prison, and non – mothers. We found that most of imprisoned women thought children should be raised outside prison; mostly because of the difficulties they faced as mothers in prison. More than half of the mothers that participated in the interview presented some kind of disorder of the relationship with their children; being anger towards the child the most common.

RESUMEN

Las madres que viven con sus hijos en prisión son un grupo muchas veces olvidado, y no existe mucha literatura con respecto a sus perspectivas sobre la maternidad, la relación de apego con sus hijos, y los problemas que enfrentan como madres en la cárcel. Nuestro equipo trabajó en una cárcel de mujeres en Quito, Ecuador; donde niños de hasta tres años podían vivir con sus madres. En la población de madres que vivían con sus hijos en la cárcel, se aplicó primero una entrevista general sobre la perspectiva de estas sobre maternidad y ser madre en la cárcel; seguido del componente sobre la relación madre – hijo del “Birmingham Interview for Maternal Mental Health”, para identificar desórdenes en la relación madre – hijo. También se organizaron grupos focales de madres con sus hijos en la cárcel, madres con sus hijos fuera de la cárcel y de no madres; los mismos que discutieron puntos de vista relacionados a la maternidad en prisión. En nuestro estudio encontramos que la mayoría de las mujeres en prisión opinan que los niños deberían criarse fuera de la cárcel; sobre todo debido a las dificultades que enfrentan las madres en reclusión. Más de la mitad de las madres que participaron, presentaron algún tipo de desorden en la relación madre – hijo; siendo la ira hacia el niño el desorden más común.

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INTRODUCTION

When a pregnant woman or mother is sent to prison there is a great effect on the children of these women. In some countries, these children are separated from their parents, in other places children are allowed to stay with the mother until an age determined by the laws of each country (Robertson, 2007). Reports suggest these children might be victims of mental violence, physical and sexual violence and that there can be adverse effects on the children's health and development (Quaker, 2005). There are many studies that demonstrate that having an incarcerated parent or/and the separation from parents cause distress and problems in children. Attachment to the mother is affected (Poehlman, 2005), internalizing and externalizing problems can present, as well as failure in school (Myers, 1999); delinquency and antisocial behavior can occur (Murray, 2005). Also children with incarcerated parents are often victims of stigmatization (Phillips, 2010).

However the problems faced by the mothers and children living together in prison has not been studied in depth.

In this study, we aimed at seeing the perspectives incarcerated women have related to motherhood; and also to find any disorders of the mother – infant relationship among the mothers living with their children in prison.

Although the mother – infant relationship disorders are not endorsed by the ICD – 10 or the DSM – IV; many researchers have proposed that the improper development of

these relationships can harm the children and predispose them to behavioral problems (Bor, 2003), emotional deprivation, impaired cognitive and personality development, child abuse, child neglect and infanticide (Brockington, 2006). Brockington et al. (2006) propose a classification and diagnostic criteria shown in appendix 1; dividing these disorders into: 1) rejection (threatened or established), 2) pathological anger (mild, moderate or severe), 3) Infant focused anxiety (mild or severe); and 4) Mild disorder of the mother – infant relationship.

We hypothesized that, due to the difficulties of raising a child in prison, many of the mothers living with their children in prison would have one of these disorders. Also we looked at the perspectives of all women in the prison on maternity and especially on whether children should be raised with their caregivers in prison or outside prison.

METHODS

First we made a census of the prison, identifying mothers with children in prison, mothers with children outside prison and non – mothers. After that we applied the “mother – infant relationship” part of the Birmingham Interview for Maternal Mental Health (as found in Bronckington’s book “Motherhood and Mental Health”, (1996)) and some additional questions on motherhood in prison to the group of mothers living with their children in prison (see appendix 2). Finally, we interviewed three focal groups: one of mothers living with children in prison, one of mothers with children outside prison and one of non – mothers. Questions focused on the women’s point of view of social support inside prison and where child of imprisoned women should be raised. Participation in interviews and focal groups was voluntary. Data was collected between march and may, 2009.

We analyzed the mother’s interviews searching for criteria of disorders of the mother – infant relationship as defined by Brockington in his 2006 paper. Then we analyzed the focal groups – centering on the women’s vision of support and where do they think children should be raised.

RESULTS

I.- POPULATION

The census identified 220 women in the Centro de Rehabilitación San Francisco de Quito (a secure facility located in Quito, Ecuador). The mean age was 35.6 years ranging from 16 to 61 years old. 205 (93.2%) of the women were mothers. The mean number of children per woman was 2,97. 60.5% of the women were imprisoned because of a drug – related crime (possession, trafficking, carrying). Only 32% of the imprisoned women reported having a sentence.

Eight women living with their children in jail were identified and participated in the interviews; 4 of them agreed to participate in the focal group. The women had between one and ten children. All of them lived with one child in prison (one of them lived occasionally with her child; which was taken care by a friend outside prison most of the time). The ages of the children ranged from 3 months to 3 years of age. Six mothers with children outside jail and 4 non - mothers participated also in their respective focal groups.

Most of the mothers that live with their children in prison lived together in one pavilion. Children sleep with their mothers in their cells and, many times, in their beds. Cells are locked from 6:00 pm until 5:00 am in the morning. During daytime there is a day care for the children, although some of the women choose not to send their children there. Their main reason for this was fear of children getting ill or injured. Those children spend the day in the prison, either in the cells, or in the hallways and courts

playing or accompanying their mothers in their daily activities (working in crafts, kitchen, cleaning, doing laundry etc.).

II.- DISORDERS OF THE MOTHER-INFANT RELATIONSHIP

The most common disorder found was pathological anger toward infant. Five of the mothers expressed anger toward their babies; one mild and the other four moderate to severe anger. None of the mothers had "Mild Disorder". Seven of the mothers expressed some anxiety or sadness; but not because of being with their children but more because of a feeling of impotence (not being able to take their children outside to stop them from crying, not being able to feed them as they please etc.)

One of the mothers had criteria for threatened rejection; as she expressed a desire of "not being a mother and running away". Two of the mothers expressed desire for someone else to take care of their children but they had positive emotional response to their baby.

III.- MOTHERHOOD IN PRISON

A.- Mothers Living With Their Children in Prison

Of the eight mothers living with their children in prison, six thought that being a mother in prison was not only harder than outside prison but also used negative adjectives (horrible, terrible, sad, tough, complicated, difficult) to describe motherhood behind bars. The main reasons for this were: 1.- Children becoming sick: mothers complain about an environment which makes children go sick easier; and when

children become sick, it's hard for mothers to obtain appropriate medical assistance. This is especially true during the time the women and children are locked. Also it is hard for the mothers to access medication, for example when children have fever; they cannot access antipyretics easily, especially during night time. 2.- Difficulties (economical and logistical) obtaining basic supplies for the children (medicines, diapers, food): for example mothers complain about diapers being two or three times more expensive inside prison. Their status as prisoners lowers their income; it's harder for them to buy necessary food, diapers, clothing or medicines for the children. 3.- Children being locked unfairly – need of the children for freedom: mothers complain that children need to go outside or to the bathroom many times while they are locked and that there is no comprehension from authorities. 4.- Negative environment inside jail: especially exposure to violence, alcohol and drugs. Two of the mothers thought motherhood was the same, or easier, inside prison. The main reason for this was support given by other interns and that children could be with their mothers.

All of the mothers reported challenges/difficulties of having their child in jail (as mentioned above); but only three reported advantages of raising their children in jail. This advantages were: 1.- great support from other interns; and 2.- having a medical center inside prison (although many mothers complained that a doctor is not always at the center).

The issue of support from other interns was of great importance among the mothers

living with their children in jail. Only one inmate reported having no support at all. The others reported great support from other inmates inside prison. Two of them had an imprisoned family member that helped them (sister and mother in law). The other five reported help from other interns – especially the other mothers. It seems that other interns (non mothers and mothers with children outside jail) give little support and help to take care of the children. Most of the interns report little or no support from authorities.

When asked where should children be raised, six of the mothers answered that they should be outside, avoiding the negative environment of prison. But this statement was conditioned by the necessity of the children for being with their mothers. As a group the best answer was for the mothers and children to stay outside prison. One of the mothers thought a three year old limit was appropriate for letting mothers bond with and feed their children during the first stage of life. Other mother thought children should always be where their mother is – no matter where this is.

B.- Mothers With Children Outside Prison

Mothers in this group also reported (with one exception) that being a mother in prison was harder than being a mother outside. The reasons for this were the same as those expressed by the mothers that lived with their children in jail. In this group most of the mothers felt sad because of the separation with their children, but thought that was the best for their children. One of them expressed “happiness” and other “relieve” because their children were no longer in a negative environment. They reported that

family outside was taking care of their children.

C.- Non Mothers

All of the non – mothers thought that there were no advantages of being a mother in prison and thought there were many disadvantages. They mentioned that kids are exposed to an environment where there are fights between interns, that it is difficult for the mothers to get everything they need for their children; and that there is little support for imprisoned mothers. None of them has helped the mothers taking care of the babies but some say their relationship with the babies is good and that - when they can – they help the mothers with what they can (carrying the babies or playing with them for a while). One woman reported that it was hard for her to stand the noise made by the kids and that it caused fights between interns.

DISCUSSION

I.- MOTHER- INFANT RELATIONSHIP DISORDERS

We saw that most of the women had some kind of mother – infant relation disorder. This relationship might be affected by imprisonment and whether the child stays with the mother or is taken away. It was difficult to separate the anxiety – sadness the women had because of their privation of liberty, from an anxiety of being a mother. That is why we decided not to include infant – focused anxiety diagnoses. In the study by Brockington et al. (2006), they found that, in two referred populations in New Zealand and England, 10.6% of the mothers had established rejection and 14.6% threatened rejection of their infants. 28.6% had various degrees of pathological anger, which was severe in 8.3%. We didn't find any studies in an imprisoned women population; but prevalence of this kind of disorders could be much higher in this populations. More studies are needed to prove this.

Although most of the mothers had positive emotional responses to their children, many showed anger towards them. This could be due to the “negative environment” described by women or by cultural differences regarding the perception of child abuse and violence towards children. In Ecuador, many times, it is more accepted for a mother to verbally or even physically reprehend her children than in industrialized countries. More information is needed for the understanding of this.

It is still difficult to study diagnoses not recognized either by the DSM – IV or the ICD – 10; because definitions and criteria are not extensively distributed or recognized.

We recognize the need for these disorders to be acknowledged, so further studies can have a base of validity.

II.- PERSPECTIVES ON MOTHERHOOD IN PRISON

A lot more knowledge is needed to identify the problems and the needs of imprisoned mothers and their children; whether they live outside or inside. As specific and immediate issues, the need for better medical assistance and more access to basic supplies is a matter of interest and action.

When reviewing the issues of children living inside prison, many questions appear. Would children inside prison face stigmatization in a similar way as children of imprisoned parent outside prison? Would they have the same problems in school? Would they have crime related issues also? A lot more studies are needed in populations of children living in prison to understand these issues.

Most of the imprisoned women thought being a mother in prison is harder and that children should be kept outside prison. But this raises new problems too. Should there be an age limit or should babies be kept out of prisons since they are born? Who should decide this age limit? We found no studies on the effect living with a parent in prison has on children; but a study by Dallaire and Wilson (2009) found that children from 7 to 17 years, that witnessed criminal activity, sentencing or imprisonment of a parent “are more likely to show maladjustment in their emotional regulation skills, to perform worse on a receptive vocabulary test, and exhibit greater

anxious/depressed behaviors than children with incarcerated parents who did not witness such events". Women in our study reported children were exposed to violence and a "negative environment" inside prison. Also these children watch not only the incarceration of their mothers but have to live it. Even though ages differ, this environment could have a negative influence on this group of children; but further investigation is needed in this issue.

If children are kept out of prison; how do we deal with the adverse consequences of separation? For example the consequences of the lack of breastfeeding (Britton, 2006); or the risk of behavioral problems (Lotze, 2006) in children separated from their imprisoned parents. Also when children live with caregivers (grandparents, other parent, other family or foster homes etc.), there are many stressors for the children and for the caregiver that make the relationship difficult. A study by Mackintosh et al. (2006) found that approximately 30% of the caregivers of children of an imprisoned parent had high stress levels; and 60% of these children reported stressful events in their lives during the past year.

As a solution, Myers et al. (1999) propose a system in which mothers could serve their sentences in the community as home arrest, half – way houses, day – reporting programs; or nurseries inside prisons so children can live with their mothers.

We think more studies are needed in this population and that there should be a debate including the mothers, children, and authorities etc. to decide on this vital

issue.

III.- CHALLENGES TO THE RESEARCH

We acknowledge that the number of participating women was small. But our aim was to describe a reality more than establish a prevalence of mother infant relationship disorders in a population. The qualitative design allowed us to do so; and more importantly, to gain valuable information on the perspectives that some imprisoned women had on motherhood. We faced some limitations for the fulfillment of our goals. First, because of regulations of the Quito women prison, we could not record the interviews and focal groups; depending on direct transcriptions of these and losing some of the data. Also, as participation is absolutely voluntary, some woman didn't come for the interviews and the focal groups; so the points of view in the focal groups may be biased.

Mothers participating in interviews were under many stresses – being in jail, fear of babies being taken away from them etc. This may have changed their answers in the interviews, although they seemed to be very honest with their responses. Apart from these problems, we think that the information collected is of great importance and reveals many aspects of being a mother behind bars.

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APPENDIX 1: CRITERIA FOR DISORDERS OF THE MOTHER– INFANT RELATIONSHIP

MILD DISORDER:

These mothers experience delay in the onset, ambivalence, or loss of the maternal emotional response to the infant. The criteria are the same as those used in Brockington et al (2001). **A** to **D** are necessary.

A Either The mother expresses disappointment about her maternal feelings, eg. she has no feelings. Or She feels estranged or distant from the baby – this is “not her baby”, or she is “baby-sitting” for some- one else.

B The definitions of threatened or established rejection are not met.

C The disorder has lasted at least one week.

D These feelings are distressing and have resulted in an appeal for help from family or professional staff.

INFANT-FOCUSED ANXIETY:

Mild anxiety

The mother reports feeling anxious, particularly when alone with her infant.

Severe anxiety

This anxiety leads to reduced contact.

PATHOLOGICAL ANGER:

These criteria have been altered from those used in Brockington et al (2001). There

are now 3 grades – mild, moderate and severe.

Mild anger

*The mother has lost verbal control, shouting, screaming or swearing at the baby on at least two occasions.

* She has expressed her anger in no other way. (Note that anger experienced inwardly, and controlled with difficulty, does not qualify, and a mother who loses verbal control only once is considered to be within normal.)

Moderate anger

In addition to loss of verbal control,

*either the mother experiences impulses to harm the child (eg to smother, throw, shake or strike it),

*or there has been some minor episode of abuse, such as shaking the pram.

(NB. It is vital to discriminate between aggressive impulses in a context of anger, and those experienced by mothers with obsessive-compulsive disorder.)

Severe anger

In addition to loss of verbal control or impulses to harm the child, at least one episode of frank child abuse has occurred.

THREATENED REJECTION:

These mothers all lack a positive emotional response to the baby, but in addition, they have betrayed a wish to relinquish the child. The main difference between threatened and established rejection is the permanence of this relinquishment. In the mothers with threatened rejection, the baby is not at present wanted, and the wish is for

temporary transfer of care. They also lack marked aversion to the child, and have not experienced a wish for its “disappearance”.

ESTABLISHED REJECTION:

A, B or C are required:

A The mother expresses dislike, resentment or hatred for her child. Sometimes this was expressed in the terms, “I wish it had been still born”, or “It has ruined my life”.

B She has expressed the desire for permanent relinquishment of care.

C She has experienced a wish that the child disappear – occasionally be stolen, usually die from sudden infant death syndrome.

APPENDIX 2: INTERVIEW WITH MOTHERS

- **Describe being a mother here.**
- **Do you feel that being a mother here is harder than outside?**
- **What are the greatest challenges you've had with your son / daughter here?**
- **Are there any advantages of being a mother here?**
- **Who has supported you the most with your daughter / son?**
- **Do you think the children should be in here or outside? Why?**

Section of the Birmingham Interview for Maternal Mental Health (3rd edn.) on the mother – infant relationship

Infant characteristics

Please tell me what your baby is like

Were you at all disappointed in his/her appearance, sex, or anything else about him/her?

Is there any other problem (not sleeping at night, crying too much, vomiting, not responding to you)?

Record mother's account of her baby and its temperament.

Mother's emotional response to her infant

How did your feelings for (name of baby) develop after delivery?

When did you first experience positive feelings and love towards him/her?

When did he/she first become a person to you?

When did he/she seem to recognize you as his/her mother?

What do you and your baby do together (cuddling, talking, playing)?

Have you felt disappointed with your feelings for (name of baby)?

How do you feel when you are away from (name of baby)? How do you feel when your baby cries? How do you feel when your baby wakes you at night?

Have you had any worrying thoughts about your baby, or impulses to harm him/her?

Record mother's statements about her emotional reaction to the baby.

(If there is evidence of an abnormal emotional reaction to her baby)

What do you really feel about your baby?

Have you felt trapped as a mother?

Have you felt like running away?

Have you ever felt that it would be better if someone else looked after him/her?

Have you considered adoption or fostering?

Did you ever wish that something would happen to him/her? (Note particularly wish for cot death, or that baby is stolen).

Record mother's further account of her emotional response to her infant, and any evidence of rejection.

(If the mother has experienced aggressive impulses to her infant establish whether these are obsessional in form; and ask)

Does your baby make you feel very angry?

Have you ever lost control when you felt angry with him/her?

What did you do (shouting, screaming or swearing at the baby; rough treatment including jerking or throwing into cot; shaking, striking, smothering)?

What was the worst thing you did?

What was the worst thing you had an impulse to do?

In your efforts to get help and support, did you ever pretend that your child was ill?

Did you ever feel tempted to make him/her ill?

Record mother's statements about hostility to the child, or abuse, noting the nature and frequency of any abusive incidents.

