

Mothers and Mothering throughout the Life Course

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JoAnna Boudreaux, Kate Golding, Jennifer M. Heisler, Crystal Machado,
Sheila Martel, Ariel Moy, Usoa García Sagüés, Emily Wolfinger,
Diana Aramburu, Rachael Boulton, Marcella Gemelli, Katherine Herrán-Magee,
Mariana Trujillo Marquez, Elisabeth Hanscombe, and more

Mothering Under Lock and Key: Pregnancy, Parenting, and the Punitive Realities of Incarcerated Women

Since the 1980s, the number of women incarcerated in the United States has risen by over 645 per cent (Bronson and Sufrin; Kajstura and Sawyer). Nevertheless, the criminal justice system continues to operate with male-centred policies that disregard women's unique experiences. This article examines the intersection of incarceration with motherhood, pregnancy, punishment, and parenting, highlighting how systemic neglect exacerbates the struggles of justice-involved women. Most incarcerated women are young, poor women of colour with histories of mental health issues, substance use, and victimization. Among these women, a significant majority are mothers whose imprisonment leads to family disruption, poverty, and weakened parental bonds. Pregnant incarcerated women face further hardships, including limited access to prenatal care and the harmful and controversial practice of shackling during pregnancy and labour. Despite state-level restrictions, shackling persists, exposing women to severe physical and psychological harm. Postrelease, mothers encounter additional barriers, such as financial instability, stigma, challenges in regaining custody of their children, and insufficient access to community resources like childcare and employment support. These obstacles complicate successful reentry and often perpetuate cycles of poverty and criminalization. Current policies and practices largely ignore the gendered realities of incarcerated women, reinforcing historical biases and systemic inequalities. Drawing on feminist criminology, public health research, and legal scholarship, this article argues for comprehensive, gender-responsive reforms that prioritize the health, dignity, and familial bonds of incarcerated and formerly incarcerated mothers. Without meaningful change, the carceral system will continue to marginalize one of its most vulnerable and overlooked populations.

Introduction

Since the 1980s, the population of women incarcerated in prisons and jails in the United States (US) has multiplied by over 645 per cent (Bronson and Sufirin; Kajstura and Sawyer), a rate far surpassing that of men entering the criminal justice system (Ricker). Overall, the women entering US prisons and jails today are overwhelmingly from Black and Latino communities suffering from poverty and limited available resources. Furthermore, the majority of incarcerated women are serving time for nonviolent crimes such as property and drug offences (Arditti and Few, “Mothers’ Reentry”; Braithewaite et al.; Budd; Ricker). Thanks to Reagan’s strict legislation during the War on Drugs and the application of three-strikes laws, nonviolent drug offences and property crimes are the primary contributors to women being placed behind bars. Although the rate of women entering prison has consistently far outpaced the rate of men for the past several years, much of today’s criminological literature prioritizes research on men (Budd). The preference for exploring men’s pathways and experiences in America’s criminal justice system contributes to challenges for incarcerated women, who are often overlooked and disregarded.

Female prisons are notoriously provided with few opportunities for institutional programming or therapeutic resources. Additionally, stakeholders are more interested in treating and rehabilitating men than women, resulting in underfunding for women’s institutions. This has contributed to an overarching theme in the US justice system: Justice-involved women are an “ignored population” (Braithewaite et al.). Such a situation is unfortunate, yet not surprising, considering that prisons are a construct created by and for men, with little regard for gender-responsive care and treatment that should be provided to women behind bars.

The existing research on gendered experiences in carceral spaces demonstrates that women face different histories and outcomes associated with entering and exiting the prison system than men, yet are provided the same (if not less) treatment as men. Mothers especially suffer harsh treatment due to their supposed betrayal of stereotypical maternal roles, as they seemingly act in their best interest and display behaviour of a “bad mother” due to their criminal involvement. The following article reviews the state of imprisonment and punishment for incarcerated mothers, examining how mothers behind bars are subjected to harsh treatment, such as shackling and receiving limited support for family reunification and visitation. However, punishment for mothers does not end after release. The following section details how inadequate preparation for release and exaggerated expectations associated with community corrections can continue to disrupt mothers’ abilities to reintegrate into their children’s lives. The article concludes with policy and

research recommendations to address the multitude of challenges justice-involved mothers face.

Literature Review

Women Behind Bars

Women in the criminal justice system are disproportionately young, poor, uneducated, Black, and from disadvantaged communities (Arditti and Few, “Mothers’ Reentry”). Additionally, current research has found overwhelming similarities in women’s pathways to prison, citing a repeated theme deemed the “triple threat” (Arditti and Few, “Mothers’ Reentry”; “Maternal Distress”). The triple threat consists of the three conditions that a vast majority of justice-involved women have experienced before incarceration: mental health issues, substance use, and abuse/victimization (Arditti and Few, “Mothers’ Reentry”). The prevalence of the triple threat in US prisons highlights a uniquely female phenomenon. Studies examining aspects of the triple threat have found women in prison and jail consistently report higher instances of mental health diagnoses (ranging from 66 to 73 per cent) compared to incarcerated men (ranging from 35 to 55 per cent) (Arditti and Few, “Maternal Distress”; Bronson and Berzofsky). Furthermore, incarcerated women are more likely to meet standards for serious psychological distress (20 per cent of women in prison and 32 per cent of women in jail) compared to men in prison (14 per cent) and jail (26 per cent) (Bronson and Berzofsky). Posttraumatic stress disorder, major depressive disorder, and bipolar disorders are among the most common mental illnesses present in the incarcerated female population (Hidayati et al.). In addition to psychological struggles, most incarcerated women (58 per cent) have admitted to dependence or addiction to drugs and other substances before their imprisonment, a significantly larger percentage compared to men (Kajstura and Sawyer). Many researchers contend that the high rates of substance abuse and mental illness coincide with an alarming rate of victimization among justice-involved women (DeHart). Joi Anderson and colleagues estimate that around 60 per cent of incarcerated women have experienced victimization in the form of intimate partner violence (IPV), sexual violence, or abuse during childhood. Mia Karlsson and Melissa Zielinski found that 82 per cent of their sample of sixty incarcerated women had experienced sexual victimization before serving time.

Despite the data examining women’s experiences in prison highlighting the overwhelming similarities between their struggles with mental health, substance use, and victimization, policymakers are more interested in funding for research, policies, and programs prioritized to benefit men’s facilities, as men make up most of the incarcerated population in the US. This context is unfortunate, considering that evidence supports that women experience prison

and jail in unique ways, yet the carceral system seems to be tailored specifically to men. One criminologist went so far as to say that little or no thought “was given to the possibility of a female prisoner until she appeared at the door of the institution. It was as though crime and punishment existed in a world in which gender equaled male” (Mauer and Chesney-Lind 79). Among the limited research that has investigated women’s experiences in the criminal justice system, scholars have determined that the majority of them are mothers and that mothers experience unique challenges compared to nonmothers, including harrowing experiences of punishment linked to their pregnancies, limited access to reproductive care or their children, diminishing parental bonds associated with incarceration, and psychological consequences of separation and imprisonment.

Mothers Behind Bars

A growing genre of research has begun to explore the unique challenges that justice-involved mothers face while inside prison. The majority of the female prison and jail inmate population are mothers, with 80 per cent of women in jail and 58 per cent of women in prison being parents (Sawyer and Bertram). By sentencing mothers to prison time, thousands of family dynamics are disrupted. A report from the Prison Policy Initiative determined that more than 1.3 million mothers had been separated from their underage children because of their incarceration by 2010, with numbers growing since then (Sawyer and Bertram). Incarcerating mothers consequently deprives households of the usual sole caregiver and source of income, endangering families by forcing them into poverty and foster care (Cooper-Sadlo et al.). Indeed, only 5 per cent of children of incarcerated mothers will remain in their households, and only 9 per cent will be with their fathers (Baldwin, “Tainted Love”). Unlike women without children, mothers suffer extreme emotional and mental stressors associated with separation from their children.

For mothers who look forward to opportunities to reunite with their children while inside, multiple factors dissuade visitation and limit access. For instance, women’s prison facilities are often in rural, isolated areas, making long-distance travel essential for some visitors. Families’ average distance to state prisons is about one hundred miles, while federal penitentiaries are even further, averaging a 250-mile trip (Clark and Duwe). Indeed, visitation research has found that incarcerated men are more likely to receive visits from their children than incarcerated mothers (Bloom). Further evidence was found in Joyce Arditti and April Few’s study (“Mothers’ Reentry”), which found that only half of their sample of justice-involved mothers received visits while incarcerated, with most only receiving one visit during their entire stay. Much of this is furthered by the fact that most justice-involved women do not have the economic means to afford regular visits from their loved ones. The financial

toll of finding transportation to faraway prison facilities while sacrificing time from work and family can inflict significant financial burdens on many visitors.

Furthermore, the traumatic separation between mothers behind bars and their children consequently promotes negative emotions, such as despair, hopelessness, grief, and shame from both parties (Baldwin, “Motherhood”). These intense emotions can increase the severity of women’s mental health and substance use problems as well as diminish parental bonds between mothers and their children. Weakened relationships between incarcerated mothers and their children can precede struggles associated with family reunification after release, making reentry challenging. Mothers behind bars experience familial disruption in addition to the strengthening of preexisting conditions, such as mental health issues, while in prison.

Sexual Reproductive Health, Pregnancy, and Shackling

To date, little research has examined pregnancy during incarceration, including the prevalence of pregnant women inside prisons and jails, access to sexual reproductive health services (SRH), family planning programming, or overall treatment while serving their sentence. This is surprising, considering that most women in prison and jail are typically between the ages of eighteen and forty-four (Carson and Anderson) and are still considered to be in their prime childbearing age and vulnerable to pregnancy. Currently, there are no federal reports providing data about pregnant women in confinement (Women and Justice Project). Findings from limited studies suggest that about three to four percent of incarcerated women, about fifty-eight thousand, enter prisons and jails while pregnant every year (Wang; Women and Justice Project). This number does not account for potential instances where women discover they are pregnant after entering the carceral system, either through natural or coercive means.

Despite the lack of available information on pregnant prisoners, a growing body of literature is examining their experiences and treatment before, during, and after pregnancy. Evidence suggests that pregnant inmates are often susceptible to harsh treatment by correctional staff, such as neglecting women’s medical needs and ignoring cries for help (Kuhlik). However, these findings do not account for the many women who may become pregnant while incarcerated. For instance, women may engage in sexual activity during conjugal visits and temporary releases or become pregnant through coercive sexual relationships with correctional staff.

Pregnant incarcerated women are especially vulnerable in terms of reproductive health. The lack of funding and attention to women’s institutions limits their access to essential prenatal care, such as vitamins, doctor visits, and prenatal testing (Gulaid and McCoy; Kuhlik). This situation is unfortunate considering that the majority of incarcerated women have histories of multiple

physical and psychological health problems, making them significantly more likely to experience complications with their pregnancy or birth, such as ectopic pregnancies, miscarriages, stillbirths, and even death (Bronson and Sufrin; Cavanagh et al.). Despite this, pregnant women often suffer harsher punishment by correctional staff than other women. Multiple studies have found that incarcerated pregnant women have experienced various forms of cruel and unusual punishment, such as correctional staff withholding medical care, ignoring cries for medical assistance, and forcing women to give birth alone in their cells, risking the lives of the mother and child (Kuhlik). These are all grounds for Eighth Amendment violations, yet they continue to persist.

Shackling, a practice deemed inhumane by numerous international organizations, is among the most notable treatments pregnant prisoners experience in American prisons and jails (ACOG; AMA; APA; AWHONN). Shackling is the practice of applying iron chain restraints on incarcerated women at any point during pregnancy, including during medical appointments, while giving birth, or during postpartum recovery. It can be applied in various combinations, such as around the ankles and abdomen, with handcuffs in front of or behind one's back, or to connect incarcerated women to restrict and control their movements (Martin; Sufrin).

Although restraining incarcerated individuals, both male and female, is a regular practice used for multiple occasions—such as transporting inmates to court, medical appointments, and to different areas of prisons and jails—the practice is widely condemned as unnecessary and dehumanizing when applied to pregnant prisoners. Shackling is primarily used to prevent incarcerated people from escaping custody and as a public safety precaution, yet there is little evidence to suggest that pregnant inmates are likely to exhibit violent behaviour or attempt to flee (Clarke and Simon; Martin), and most incarcerated women are serving sentences for nonviolent crimes (Arditti and Few, “Mothers’ Reentry”; Ricker). Furthermore, incarcerated pregnant women, due to their condition, are already restricted in their mobility and endurance. These factors contribute to the reality that pregnant women are especially less likely to attempt to escape, nor do they pose a threat to correctional staff or public safety. These considerations make it difficult to understand why shackling is used on pregnant inmates at all. Although research suggests that shackling during pregnancy can carry serious psychological and physical health implications for the mother and the fetus, the practice is still allowed in prisons and jails today. However, there is limited information available about the extent of shackling in American prisons and jails, creating an incomplete picture of when, how, and why it is used.

Some work has examined the underlying theoretical explanations for the practice. For instance, feminist criminologists Megan Martin and Priscilla Ocen have proposed that historical racial and gender stereotypes associated

with criminal women influence the practice. Specifically, there is a stigma that women who commit crimes are less feminine and more culpable for their behaviour. This belief, in combination with the fact that the majority of incarcerated women are people of colour, primarily Black and Latino, demonstrates a perpetuation of racist and sexist ideology (Ocen). Furthermore, the villainous and hypersexual portrayal of women in confinement garners much less sympathy, especially when they are pregnant (Martin; Ocen). Instead, their criminality conveys that these are bad mothers who deserve punishment for endangering their children and acting selfishly. Through a retributivist lens, these so-called bad mothers need to be restrained, since they abandoned their maternal instincts and are therefore more culpable for their crimes.

Although common criminological theories can theoretically explain correctional facilities' justification for the practice, it seems that the harms associated with shackling far outweigh the benefits. Medical professionals from various disciplines have identified numerous health risks associated with shackling during pregnancy. For example, during pregnancy, women often suffer from imbalances in weight distribution, increasing the probability of falling. The iron chains applied while shackled can cause further imbalances and immobility, causing women to stumble without the ability to right themselves or prevent contact with the ground. The results of which could include significant physical consequences, such as placental abruption, maternal haemorrhage, and stillbirth (Brawley and Kurnat-Thoma; Ferszt et al.). The restraints limiting women's mobility can also interfere with pregnancy diagnoses and interventions that could be life-threatening to the mother and the fetus, including delays in caesarean sections or a thromboembolic event (Brawley and Kurnat-Thoma; Cardaci; Ferszt et al.).

In addition to physical health risks, shackling poses numerous psychological issues that can persist long after mothers have given birth. In general, justice-involved women are more likely to have extensive histories of sexual abuse, trauma, and mental health problems (Arditti and Few, "Mothers' Reentry"; "Maternal Distress"). Shackling can intensify the psychological distress that incarcerated women likely already suffer from, increasing their vulnerability to diagnoses like depression, anxiety, and PTSD (Brawley and Kurnat-Thoma; Goshin et al.). It is unsurprising, then, that mothers who were shackled while pregnant, during labour, or afterwards have difficulty bonding with their infants, citing struggles with postpartum depression, breastfeeding, and inability to safely handle their child (Brawley and Kurnat-Thoma; Ferszt et al.). These challenges can ultimately cause problems with the child's development and pose future risks to their health. The physical and psychological trauma associated with shackling during and after pregnancy imposes serious health risks for mothers and their children that could extend far into their

lifetime. It is for these reasons that multiple organizations—including the American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), and the American Psychological Association (APA)—have denounced the practice and urged states and correctional facilities to impose shackling bans.

In response to these objections, multiple states have enacted antishackling legislation to restrict that practice inside prisons and jails. However, these restrictions do not ban the practice altogether. Shackling is still prevalent in prisons and jails today (Thomas et al.). Additionally, it seems that the overall regulation of shackling restrictions is minimal, allowing correctional staff to abuse the practice and use it to their discretion (Ferszt et al.; Kelsey et al.). As a result, it is difficult for researchers attempting to estimate the prevalence of shackling and the harms it imposes on pregnant inmates. However, shackling is an inhumane practice that is disproportionately harmful to expectant mothers and used as a tool to punish so-called bad mothers.

A large portion of feminist criminology literature is dedicated to examining mothers' experiences while inside, addressing the gap in gender-responsive research. Much less research, however, has explored women's experiences after prison with an emphasis on the women themselves. Instead, a large portion of research on justice-involved mothers after release is more concerned with the impact of incarceration on their children. Although this concept is important, more literature should explore mothers' journeys after prison and highlight their lived experiences. Furthermore, the criminal justice system contends that it seeks to provide rehabilitative treatment to incarcerated individuals. Nevertheless, current evidence suggests that women leaving prison are unprepared for the multitude of struggles they face once released, especially mothers.

Mothers Beyond Bars

Although there are around 975,000 women under community supervision in the US, most of them mothers (Budd), little research examines the intersection of motherhood and community corrections. This poses significant problems for research examining mothers, motherhood, and experiences post-release. The existing literature provides evidence suggesting that mothers exiting prison experience unique challenges to community and family reunification compared to women who do not have children, including struggles with negative stigma, loss of parental legitimacy, substance use, lack of education, and lack of resources associated with successfully graduating parole or probation.

Women associated with the criminal justice system often experience damage to their identities and reputations due to their past. The same can especially be

said for mothers exiting prison. Andrea O'Reilly discusses in her book *Matricentric Feminism: Theory, Activism, Practice* how the institution of motherhood has primarily been influenced by patriarchy, which defines how mothers should and should not behave according to traditionalist values. Refusal to adhere to societal standards of mothering results in psychological and social consequences. This dynamic was made apparent in Lucy Baldwin's study, which interviewed previously incarcerated mothers about their emotional journey outside of prison. Some women described the shame and guilt they felt, believing that they had failed in their maternal role. Even after their release, many women explained feeling as if their identity as mothers had been "forever tarnished" due to their criminal past (Baldwin, "Motherhood"). Elizabeth Breuer and colleagues found that the stigma of being a bad mother not only emotionally affected women after prison but also interfered with reentry requirements such as finding employment. Judgment from employment and housing agencies has made community reintegration challenging, further strengthening negative stigmas around incarceration and building barriers to progress that mothers may require when trying to graduate from community supervision (Breuer et al.). Janis Garcia-Hallett's book *Invisible Mothers* further emphasizes that being a so-called good mother while also fighting to meet societal expectations as a caregiver and endure the "invisible labour" associated with mothering is challenging on its own. However, these challenges are further strained when mothers must also prove they have been reformed or rehabilitated by the justice system through community corrections requirements. Therefore, a double standard exists for mothers: They should be the primary caregivers to their children, yet they are punished for mistakes that mothers should not make. Thus, many mothers suffer long-lasting emotional and social consequences associated with failing to adhere to societal expectations of mothering and motherhood.

Children of incarcerated mothers rarely remain in the care of a parent while waiting to reunite. Many women expressed that their children were instead being cared for by their parents, siblings, and other relatives or friends due to many fathers' absences or abusive histories (Brown and Bloom). While mothers are inside, their children are often acclimating to a different home environment with new expectations, goals, and authority figures. Although reunification with their children is a moment many justice-involved mothers look forward to, it can also be a stressful transition. The temporary caregivers know more about the children's day-to-day lives and routines, making a mother's return potentially disruptive. Some children may no longer recognize their mother as a legitimate authority figure, instead deferring to the stand-in caregiver for direction. Some mothers have expressed feelings of frustration over their loss of parental authority and lack of control over family dynamics in the home, sometimes resulting in resistance and difficult behaviour from

children (Brown and Bloom). Many mothers exiting prison must undergo the process of regaining custody of their children, which can be long and create more stressors for women already facing challenges associated with community supervision and successful reentry. Lynne Haney describes how the requirements for regaining custody of their children often interfere with the many requirements set forth by corrections agencies, making it difficult to attain success in either venture. Family reunification comes with its challenges for mothers returning home, including the potential loss of parental legitimacy, difficulties rebuilding relationships with their children, and reacclimatizing to life at home. However, most studies examining mothers' return home emphasize children's perceptions of their return and examine the negative impacts of mothers' incarceration, supporting the "bad mother" label by emphasizing mothers' mistakes and their criminal past rather than understanding their perceptions of their return.

Some of the most challenging requirements for community reentry are associated with the standards set by parole. Many mothers leaving prison are presented with significant fines and fees associated with their incarceration, child support, and community corrections. Arditti and Few ("Mothers' Reentry") found that 46 per cent of their sample of recently released mothers owed an average of over \$4,000 in fines after their release. Yet most mothers lack the financial stability needed to make these payments while also staying afloat. Nationwide data on postrelease employment outcomes are limited, with reports from the Bureau of Justice Statistics reporting a 60 per cent unemployment rate among previously incarcerated people (Carson et al.; Wang and Bertrum). Analyses of data from the 2008 National Former Prisoner Survey, one of the few reports of the national unemployment rate of previously incarcerated people, revealed that between 38 and 51 per cent of formerly incarcerated women were unemployed, whereas unemployment rates for men ranged from 27 to 41 per cent (Couloute and Kopf). In contrast, a longitudinal study tracking 51,500 individuals released from federal prison in 2010 reported that only 40% of formerly incarcerated individuals were employed at any follow-up period, with those who succeeded in acquiring employment struggling with job retention (Wang and Bertrum; Carson et al.). Women were more likely than men to be employed throughout all post-release periods, yet, despite this higher employment rate, women earned significantly less, averaging \$3,200 to \$7,200 less per year than their male counterparts (Carson et al). Arditti and Few ("Mothers' Reentry") found that the average income of mothers released from prison was around \$390 per week, an income that is well below the poverty line. Additionally, mothers are discouraged from filing for unemployment or welfare and are instead pressured to find full-time employment that meets parole requirements (Brown and Bloom). However, many mothers cite significant challenges in obtaining a job. Negative

stigma about their past and lack of education often dissuades employers from offering jobs with a living wage, which makes it hard for mothers to retain employment or earn sufficient income (Arditti and Few, “Mothers’ Reentry”; “Maternal Distress”; Breuer et al.).

Among the financial challenges mothers face are struggles in obtaining reliable and affordable childcare (Edin and Lein). Already in a position where they may be unable to find stable employment, justice-involved mothers often have backgrounds of disadvantage, such as not having the network support to aid in providing child supervision. Indeed, studies have found that the price of childcare has increased since the 1990s and disproportionately affects low-income families (Abrassart and Bonoli; Ahn). For mothers serving community supervision sentences, the inability to obtain childcare can be a considerable stressor and may impede their success in community corrections.

Furthermore, it is not unusual for women to know little of the community resources available to them. This lack of knowledge can be due to a lack of information provided by their correctional office or inadequacies in the correctional organization’s ability to prepare women to reenter society (Brown and Bloom). Consequently, mothers miss out on opportunities, such as employment training, childcare, and transportation services, which are all resources that could aid mothers in community reintegration and graduating from parole and probation. Lacking education of available resources and opportunities, as a result, puts mothers at risk of recidivism and community corrections violations.

Policy and Research Recommendations

Although the article has described the challenges mothers face inside the criminal justice system, there is much opportunity to make an invisible population visible. For instance, policymakers can initiate numerous political reforms to begin banning the practice of shackling pregnant inmates for any occasion. Professional organizations, such as the American Public Health Association (APHA) Task Force on Correctional Health Care Standards, have recommended granting healthcare officials the authority to remove restraints and implementing institutional review processes led by chief correctional officers to reassess shackling decisions regularly, to prevent unnecessary restraint (Brawley and Kurnat-Thoma; APHA, “A Call”; *Standards*). Correctional organizations should move to prioritize reproductive health and prenatal healthcare for women by requiring facilities to provide comprehensive prenatal, postpartum, and mental healthcare, nutrition support, childbirth education, doula services, and maternal counselling for women and mothers (Alirezai and Roudsari). Carceral institutions should also expand prison nursery and residential parenting programs, and support

community-based residential parenting alternatives for pregnant women and mothers that include parenting classes, doula support, and early bonding opportunities (Pfeiffer et al.). Prior studies have found that such programs have shown significant reductions in return to custody within three years (Pfeiffer et al.). Correctional facilities should also help facilitate family connections through visitation and parent-child engagement. Programs such as Florida's Reading Family Ties offer video visitation, reading sessions, and family visits to preserve emotional bonds and ease transitions (Bartlett). Practitioners should also implement gender-responsive reentry programming focussed on offering gender-specific case management, cognitive-behavioural therapy, and substance abuse treatment tailored to women. These programs have been shown to reduce recidivism significantly (Miller; Stuart).

Researchers should continue to prioritize examining the lived experiences of justice-involved women by supporting qualitative and community-driven research initiatives that elevate the perspectives of women and mothers affected by incarceration, with a particular focus on those facing the greatest marginalization. Such efforts should also explore structural inequities, including racial and economic disparities in maternal health and mental health outcomes following release. Additionally, more studies should examine the broader impacts on mothers and families by promoting long-term studies that follow women's physical health, psychological wellbeing, trauma exposure, and emotional health throughout the incarceration process and beyond, capturing potential intergenerational effects of family separation. Research should also assess how maternal separation influences children's mental health, educational outcomes, and behavioural risks, as well as how reunification shapes recidivism rates and overall family stability.

Conclusion

This article has highlighted the experiences of incarcerated and formerly incarcerated mothers, revealing a troubling pattern of systemic neglect, punitive policies, and persistent stigma that continue well beyond their prison sentences. From the traumatic separation from their children to the inhumane practice of shackling during pregnancy, justice-involved mothers are subjected to a uniquely harsh form of punishment rooted in gendered expectations and racialized stereotypes. Even after release, they face overwhelming barriers to reintegration, including financial instability, damaged maternal identity, limited access to childcare, and inadequate support from community corrections. Despite the increasing visibility of women in the criminal justice system, policies and programming remain deeply misaligned with their needs. To truly support justice-involved mothers, there must be a shift towards gender-responsive, trauma-informed, and family-centred approaches that recognize

the intersectional burdens they carry. Future research and policy reform must centre the voices and experiences of these women not only to promote their wellbeing but also to disrupt the generational cycles of disadvantage that incarceration perpetuates.

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