

**Assessing Outcomes for
Wee Ones Nursery
at the
Indiana Women's Prison**

Submitted to:

Indiana Department of Correction
and Indiana Women's Prison

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EXECUTIVE SUMMARY

The purpose of this study is to assess different outcomes from participating in the Indiana Women's Prison Wee Ones Nursery (WON) program. We compared recidivism rates between women participating in WON (n=90) and women who gave birth while in prison prior to WON (i.e., before 2008) but who would likely have been eligible (n=98). We also conducted follow-up qualitative interviews with a sample of WON participants (n=15) and pre-WON women (n=12). The interviews included open-ended questions as well as a brief survey with closed-ended items comprised of previously validated scales. Based on the findings, we conclude with some possible directions for the future of WON. The study tested four specific hypotheses:

H1: WON participants will have lower recidivism rates than women who gave birth in IWP prior to WON.

H2: WON participants are more likely to have custody of their child delivered in prison than the control group.

H3: WON participants will report greater attachment to their child than the control group.

H4: WON participants will report greater parenting self-esteem than the control group.

A summary of the findings is provided below:

Recidivism

- WON participants had a slightly lower rate of new arrests within one year of release than the pre-WON control group (26 percent vs. 31 percent).
- WON participants had a significantly lower rate of new admissions to the Department of Correction within one year of release compared to the pre-WON control group (10 percent vs. 18 percent).

Attachment to Child and Parenting Self-Esteem

- To measure parent/child attachment, we used the Adult-Child Relationship Scale (ACRS). The ACRS is composed of two subscales: Closeness and Conflict.
 - *Closeness.* WON women reported a minutely higher mean level of closeness to their child than the control group (4.7 vs. 4.6), though the difference is not statistically significant or substantial.
 - *Conflict.* WON women reported a minutely lower mean level of conflict with their child than the control group (2.1 vs. 2.2), though the difference is not statistically significant or substantial.
- To measure parenting self-esteem, we used the Parenting Sense of Competence Scale (PSOC). The PSOC consists of two subscales: Efficacy and Satisfaction.
 - *Efficacy.* WON participants reported a significantly greater sense of parenting efficacy than the control group (4.2 vs. 3.7).
 - *Satisfaction.* There was no difference between the groups on self-reported parenting satisfaction (3.7 each).

Custody of the Child Delivered in Prison

- WON participants were more likely to have custody of the child they delivered in prison compared to the control group. Custody was measured two ways: 1) legal custody and 2) caregiver responsibilities. In one case, the child had died, so the mother (in WON) was removed from the sample for analyzing custody.
 - *Legal Custody.* Eighty-six percent (12/14) of the WON group still had legal custody of the child they delivered in prison, compared to 58 percent (8/12) of the control group.
 - *Caregiver Responsibilities.* One woman in each group had lost legal custody but still lived with and served as caregiver for their child. Ninety-two percent of the WON women (13/14) had caregiver responsibilities for the child they delivered in prison. The one with no caregiver responsibilities still maintains visitation rights, and visits her child every other week. Seventy-five percent (9/12) of the control group had caregiver responsibilities.

Qualitative Interviews

During the interviews, several themes consistently arose:

- *WON Staff and WON Experience.* The majority of the respondents regarded the WON staff as caring and taking a special interest in the women. They felt staff took the time to listen to the participants and went above and beyond their assigned duties.
- *Appreciation of Supplies and Materials Provided by WON.* WON participants expressed how much they appreciated the supplies and materials for their baby that were donated by Angel's Wings, Inc. and others.
- *WON Dorm.* The WON dorm was considered by respondents to be nicer than other dorms in the prison. The dorm was considered safer and quieter than others.
- *Expansion of Wee One Nursery Program.* WON respondents recommended the expansion of the WON program to include bed space for more pregnant women at IWP. This stemmed from the widely held perception that there were pregnant women at IWP who were not able to participate in the WON program due to inadequate bed space.
- *Nannies.* The WON program hires inmates as nannies to assist the new mothers with minor childcare, while the mothers attend classes or go to the cafeteria. Several respondents reported issues of favoritism and lack of assistance from the nannies. Lack of trust was also an issue.
- *Substance Abuse and GED Courses.* WON participants could not participate in GED or substance abuse due to the short sentence length. Some wished they could have.
- *Working while Pregnant.* Not being allowed to work while pregnant was a common complaint among women in both WON and pre-WON groups. The women expressed a strong desire to work throughout their pregnancy. It is the current policy of IWP to not allow these women to work due to safety concerns. However, the women expressed a desire to work in order to pass time and to stay active and healthy.
- *Infirmary.* A common negative experience at IWP for both WON and pre-WON respondents was treatment and care provided by the prison infirmary. Slow response times and the perception of an uncaring infirmary staff were the most common complaints. While many of the respondents showed a sense of reasoning and understood that the lack

of services is due to population demands and the possibility of women lying in order to receive special services, most felt pregnant women should be made a priority if health concerns are brought to staff's attention.

- *Use of Restraints During Labor.* Respondents in both the WON group and the non-WON group perceived the use of restraints during their stay at the hospital for childbirth and recovery to be excessive. Respondents reported a generally dehumanizing effect of the restraints.

Looking to the Future

Based on the quantitative and qualitative findings, we suggest some possible directions for the future. All recommendations are, of course, subject to resource constraints, security, institutional priorities, and other considerations. These are simply submitted as points of reference for further discussion.

- Wee Ones Nursery
 - Consider drug treatment program specific to WON or pregnant women.
 - Establish procedures for claims against mothers by nannies or against nannies by mothers.
 - Revisit restraint policies for women giving birth.
 - Implement sustained and purposeful data collection for women participating in WON to facilitate future research efforts.
- Future Research
 - Continue follow-up for two year recidivism study.
 - Include women giving birth in IWP since WON's implementation but who are ineligible for WON in future outcome studies, if feasible.
 - Follow up with the children born in prison; collect information on children born in WON and IWP, including data necessary for accurate follow-up with justice system and other databases.
 - Study short-term effects on parenting/attachment issues as women exit WON.

Conclusion

There was mild to strong support for all four hypotheses regarding WON's effects. WON participants had slightly fewer new arrests and significantly fewer new admissions to DOC than the control group. WON women were also more likely to have custody of the child they delivered while incarcerated. The survey sample size was too small to draw strong conclusions regarding the parenting scales, but the survey findings do support a favorable view of WON. None of the findings contradict the original hypotheses, and one of the findings reached statistical significance. Participation in WON is associated with higher levels of self-reported parenting efficacy, but no substantial differences on the other scales. Overall, these findings provide evidence that WON is achieving its stated goals.

INTRODUCTION

In March 2008, the Indiana Women's Prison opened the Wee Ones Nursery (WON) to allow incarcerated pregnant women meeting program eligibility to keep their babies in a special housing unit of the prison for up to 18 months. To be eligible for the program, a woman must: 1) be pregnant when entering custody of the Department of Correction; 2) have a release date within 18 months after the projected delivery date; 3) have no convictions for a violent crime or child abuse/endangerment; 4) have custody of the child; and 5) both mother and baby must meet specific medical and mental health criteria (Koch & Tomlin, 2010).

The WON program can house up to 10 women and their newborn babies at one time. Mothers and babies share a cell containing a bed and a crib. There are four trained and paid nannies from the offender population who live on the unit and assist the mothers. Mothers receive parenting classes, including child development and lactation counseling. Mothers on the unit may not work in prison employment. Many do not qualify for substance abuse treatment due to their short sentence length. WON is now one of approximately ten state prison nursery programs in the country, including the nursery at Bedford Hills Correctional Facility, which was established in 1901 and is the oldest prison nursery program in the country. Riker's Island Jail (NY) also has a nursery, and the Federal Bureau of Prisons has five Mother and Child Nurturing Together (MINT) residential parenting program sites (Women's Prison Association, 2009).

Attachment

These nurseries have been developed with the recognition of the importance of the mother/child bond for both mother and child. Generally, studies of prison nursery outcomes report increased attachment and bonding between incarcerated mothers and their child. Two separate studies reported 95% of the inmates surveyed stated they had a stronger mother child bond as a result of the nursery program (Women's Prison Association, 2009; Carlson, 2009). Research by Byrne, Goshin, & Joestl (2010) provides evidence that infants raised in a prison nursery are securely attached to their mothers at rates comparable to low-risk community children, despite the mothers' own attachment problems. Additional research found infants raised in prison had lower rates of secure attachment than children raised in low-risk samples, but the rates were similar to the rates found in lower socio-economic community samples (Borelli et al., 2010). The length of time spent in a prison nursery has been found to affect attachment between mother and child, with a year-long stay providing the most positive outcomes (Byrne, Goshin, & Joestl, 2010).

Recidivism

It is also expected that an increased attachment to their newborn might reduce recidivism among the women. Mothers who have secure attachment to children have a more successful reentry process since their maternal bond can serve as a supportive anchor for the inmate (Kim, 2001). A study of the prison nursery in Nebraska found a 33 percent recidivism rate, defined as conviction of a new crime within three years or release, for the 30 inmates giving birth in prison prior to the nursery compared to a nine percent recidivism rate for the 44 inmates giving birth in the nursery (Carlson, 2001). The study does not, however, address whether all of the 30 pre-nursery women would have in fact been eligible for the nursery, limiting the comparability of the two groups. More importantly, the two groups were not equivalent in follow-up time since some of the nursery

participants had not been out for a full three years, while the entire control group had. This makes the comparison in recidivism rates rather unhelpful. Indeed the author notes: “The recidivism rate of those who have been in the nursery program will probably increase because three years have not elapsed since the last woman left the program” (Carlson, 2001, p. 87).

In an early study of WON, Koch and Tomlin (2010) found four percent of WON participants had been re-incarcerated within 3 months of release and 10 percent by six months. According to the authors, the Indiana Department of Corrections reported that 14.6 percent of women released from prison at that time recidivated within one year. The study could not provide data for a one year follow-up, but the trend looked little different from incarcerated women generally. Regardless, the short follow-up time and lack of a control group limits the utility of the findings.

Parenting Efficacy

Prison nurseries offering parenting classes report outcomes of increased parental self-esteem and confidence in their parenting skills as well as parental knowledge and parenting efficacy (Gonzales et al., 2007; Women’s Prison Association, 2009). Furthermore, inmates reported an increase in meaningful communication and understanding of their newborn (Merenstein et al., 2011) and a self-perceived notion they would be more responsible parents (Carlson, 2009). Parent self-esteem and satisfaction have important implications for parenting outcomes and child behavior. Parenting self-esteem encompasses both perceived self-efficacy as a parent and the satisfaction derived from parenting and has been associated with both child behavior and parental functioning (Johnston & Mash, 1989).

The Current Study

The purpose of this study is to assess outcomes of participating in the Indiana Women’s Prison Wee Ones Nursery (WON) program through quantitative analysis of criminal justice information comparing recidivism for women participating in WON and women who gave birth while incarcerated in IWP prior to WON (i.e., 2006-2008). We also conducted follow up qualitative interviews with a sample of WON participants and pre-WON women. The interviews included open-ended questions as well as a brief survey with closed-ended items comprised of previously validated scales.

Through quantitative data analysis of recidivism data and the closed-ended survey items, we attempted to test four hypotheses:

H1: WON participants will have lower recidivism rates than women who gave birth in IWP prior to WON.

H2: WON participants are more likely to have custody of their child delivered in prison than the control group.

H3: WON participants will report greater attachment to their child than the control group.

H4: WON participants will report greater parenting self-esteem than the control group.

Through the open-ended qualitative interview questions, we sought to understand the women’s subjective experience of being pregnant and giving birth while incarcerated, both for the WON participants and non-participants. It is anticipated this open-ended qualitative approach will allow the induction of theories or hypotheses that can be tested by future research.

RECIDIVISM

Sample

As of this writing, 120 women have participated in the WON program¹. Our sample of WON women for the recidivism study is 90. The 30 women not included in our sample entered too recently to allow for sufficient follow-up time for an outcome study. The first cohort of six women entered WON on March 19, 2008. The final date of exit from WON in our sample is January 1, 2012. The control group includes 98 women who gave birth in IWP prior to WON but who likely would have been eligible for the program (2006-2008).

As Table 1 below shows, the WON and Pre-WON Eligible Groups are quite comparable, having no significant differences on any of the background variables, except for offense type. A significantly higher proportion of WON women were charged with Theft/Receiving than Forgery/Fraud compared to the control group. It is worth noting that Theft/Receiving charges were correlated with more prior arrests and more DOC admissions than Forgery/Fraud, suggesting the WON group may be somewhat higher risk than the control group.

Table 1. Descriptive Information for Comparison Groups

	WON (n=90)	Pre-WON Eligible (n=98)
Age		
Mean	27	27
Median	27	25
Race		
African-American	26%	30%
Caucasian	67	67
Hispanic	3	2
Multiple	2	*
Other	2	*
Prior Arrests		
Mean	6	6
Median	5	5
Prior DOC Admits		
Mean	0.6	0.7
Median	0.0	0.0
Charge		
Forgery/Fraud	18%	27%
Theft/Receiving	29	18
Drugs	28	28
Prostitution	2	5
DUI	7	2
Conspiracy	3	4
Other	18	16

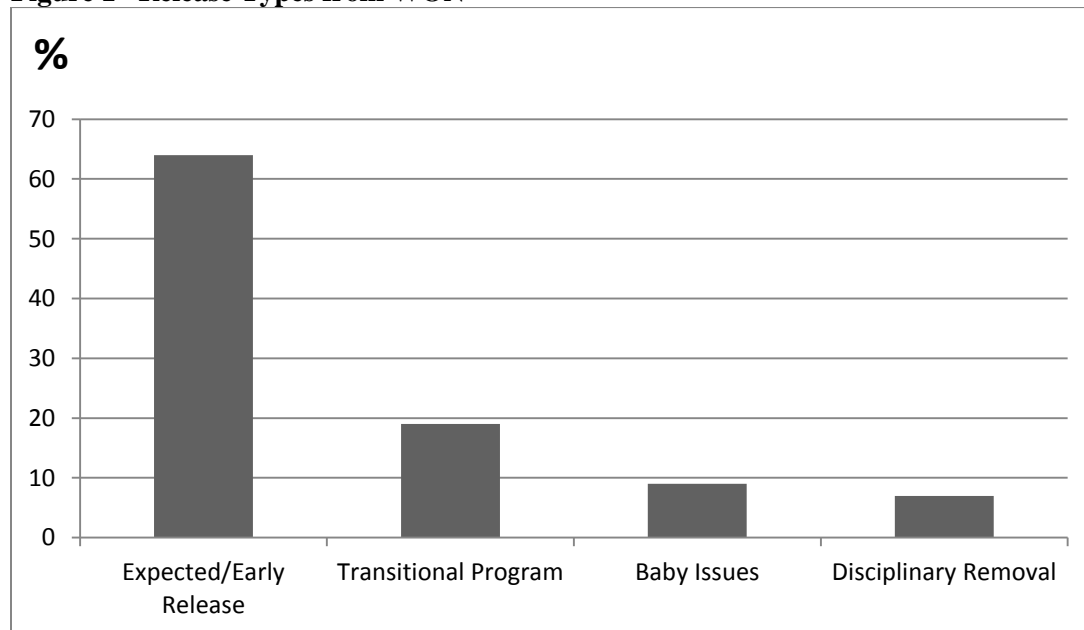
Findings

Length of Stay

On average, WON participants spent approximately 19 weeks in WON, with a median of 15 weeks. The lower median suggests the mean length of stay is skewed upward a bit by a few women staying for a longer time. Three women in the sample spent more than a year in WON. The findings here are consistent with Koch and Tomlin's (2010) earlier finding of just under 20 weeks (139 days) in WON for their sample¹.

Figure 1 below provides a break-down of the release types for the WON women. Almost two-thirds left through expected or early release. Twenty-two percent transferred to a community transition program, such as Craine House. Several women left because of a sick baby or related issue. As might be expected, the women discharged for baby issues spent less time in WON than the others (9.5 weeks). Seven percent were removed for disciplinary reasons, such as disorderly conduct. This is close to the 9.4 percent found earlier by Koch and Tomlin (2010).

Figure 1 Release Types from WON



On average, participants spent about eight weeks in WON before giving birth. Seven women spent less than a week prenatally in WON. +On average they spent about 12 weeks in WON after giving birth. Twenty-four participants gave birth after being released from IWP, having spent only pre-natal time in WON.

¹ This is also consistent with Carlson's (2001) finding at another prison nursery: "The average length of stay of the mother has been 2.86 months after birth... While children are allowed to remain in the facility up to 18 months, this is rare and has been the exception rather than the rule" (Carlson, 2001, p. 85).

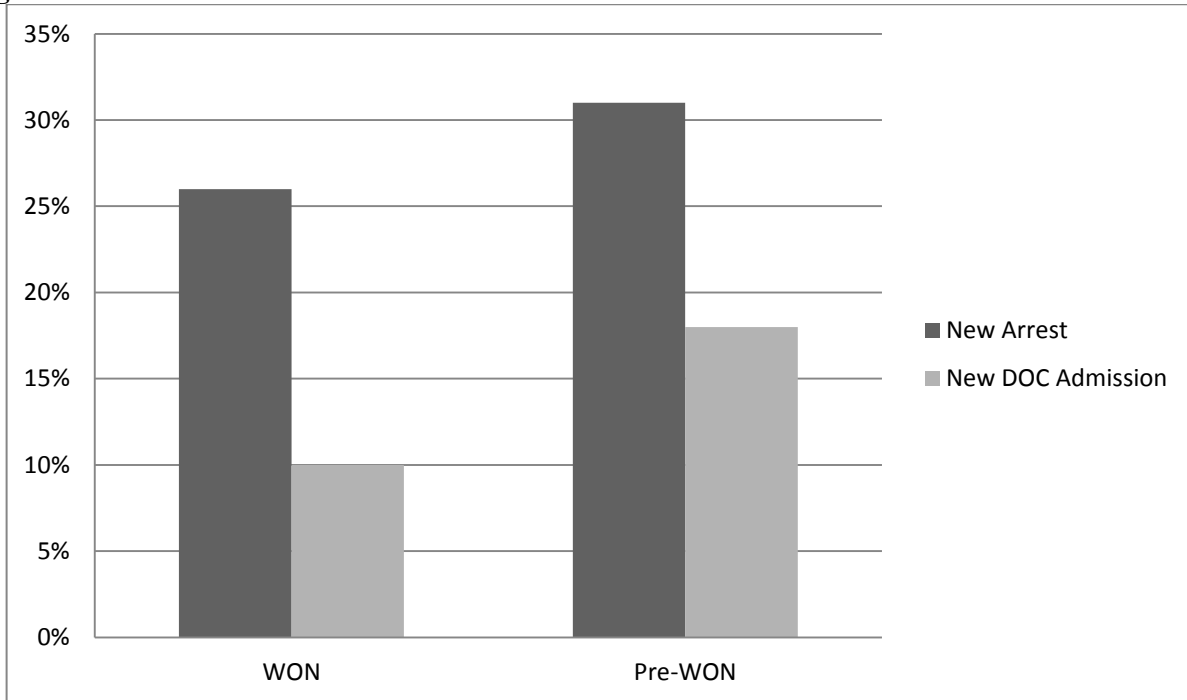
Recidivism

We use two measures for recidivism: 1) new arrest within one year of release, and 2) new admission to DOC within one year of release. We use a cutoff of one year from release to control for the fact that pre-WON women have generally been released earlier and therefore at risk longer.

Because the groups are so similar on the control variables (previous incarcerations and arrests, race, and age), the comparison is pretty straight forward. Figure 2 below provides the percentage that was rearrested or re-admitted to DOC within one year of release for the WON and pre-WON groups. The WON participants have slightly lower recidivism levels than the control groups. Twenty-six percent of WON women have been rearrested compared to 31 percent of the Pre-WON Eligible group. The difference is not statistically significant. Only 10 percent of the WON group has a new DOC admission within one year compared to 18 percent of the Pre-WON Eligible. The difference approaches significance at $\alpha = 0.10$.

The two groups do not differ on reasons for new DOC admissions. For both WON and Pre-WON Eligible, two-thirds were admitted for a new charge, and one third for a technical violation. In the WON group, type of discharge from WON had no significant relationship with recidivism. The number of weeks in WON had no relationship with new arrest or DOC admission.

Figure 2 New Arrests and New DOC Admissions within One Year of Release



ATTACHMENT AND PARENTING EFFICACY

Sample

The Indiana Department of Correction provided us with the last known address for 202 women in the WON and Pre-WON groups. In October, we sent letters to all of the addresses, asking the women to participate in a study and to call the principal investigator if interested. Seventy letters were returned as undeliverable. In two of the cases, we were informed the addressee was deceased. In November, we sent a second follow up letter to women who had not yet responded and for whom letters did not return. A total of twenty-seven women responded, at which time we confirmed their identity before telling them the nature of the study. All agreed to participate. Each was given a \$50 gift card for their time.

In terms of the overall response rate, we interviewed 13 percent (n=27) of the 202 women for whom we were provided addresses. Excluding the 70 women for whom we did not have correct addresses, the response rate is 20 percent. While this is a small sample size, it nevertheless represents one of the only long term follow-up qualitative studies of women participating in a prison nursery. Generally, qualitative studies of women in prison nurseries take place during or immediately upon leaving the prison nursery. The interviewees in this study gave birth in prison an average of 45 months before the interview. Following up with women who gave birth in prison an average of almost four years before is no easy task. The value of this sample must be considered in this context.

Table 2 below provides some descriptive information for the women interviewed. Fifteen were from WON and 12 were from the pre-WON group. The interview sample as a whole was very similar in racial composition to the larger study population from which it was drawn. Though the interview sample is slightly older than the overall study population, the difference is not significant. The interview sample did have a significantly higher mean number of prior arrests and prior admissions to DOC ($\alpha < 0.01$). In sum, the women we interviewed were similar to the wider study population, though they did tend to have more involvement in the criminal justice system.

Table 2 Follow-Up Interview Sample

	WON (n=15)	Pre-WON (n=12)
Age		
Mean	29	30
Median	28	28
Race		
African-American	31%	30%
Caucasian	69	70
Hispanic	*	*
Multiple	*	*
Other	*	*
Prior Arrests		
Mean	8	8
Median	5	5
Prior DOC Admits		
Mean	1.3	0.8
Median	1.0	0.0

The second author scheduled and conducted all of the interviews, which included open-ended questions about their experiences giving birth while incarcerated, their prenatal and neonatal experiences, and reentry issues. Each woman was also given a short closed-ended survey comprised of three scales measuring parental self-esteem, social support, and attachment to their child. The next section will present some findings from the open-ended questions. This section presents the results from the survey. In this component of the study, we tested the last three of the study's four hypotheses:

H2: WON participants are more likely to have custody of their child delivered in prison than the control group.

H3: WON participants will report greater attachment to their child than the control group.

H4: WON participants will report greater parenting self-esteem than the control group.

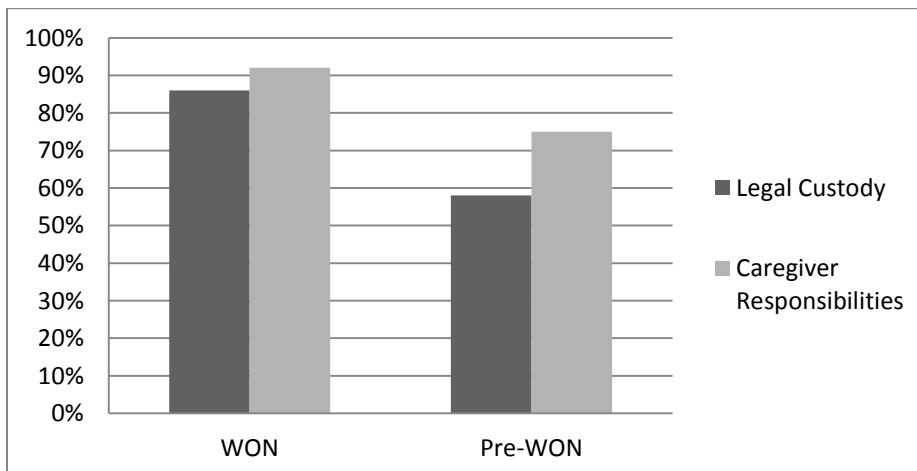
Custody

One woman's baby (WON) had died from an accident. She was not included in the following tests of the three hypotheses, though her interview participation is included in the later qualitative findings. This leaves a sample size of 14 WON participants and 12 pre-WON mothers.

During the interview, each woman was asked whether she had custody of the child she delivered while in prison. Custody was measured two ways: 1) legal custody and 2) caregiver responsibilities. At the time of the interviews, WON participants were more likely to be in custody of the child they had in prison compared to the control group.

Eighty-six percent (12/14) of the WON group still had legal custody of the child they delivered in prison, compared to 58 percent (8/12) of the control group. One woman in each group had lost legal custody but still lived with and served as a caregiver for their child. In one case, the woman's parents had legal custody of the child; in another, the father did. But in both cases the mother continued to live with and care for the child. Ninety-two percent of the WON women (13/14) had caregiver responsibilities for the child they delivered in prison. The one with no caregiver responsibilities still maintains visitation rights, and visits her child every other week. Seventy-five percent (9/12) of the control group had caregiver responsibilities.

Figure 3 Current Custody of Child Delivered in Prison



Attachment and Parenting Esteem

To measure parent/child attachment, we chose the Adult-Child Relationship Scale (ACRS). The ACRS was adapted from the Student-Teacher Relationship Scale (STRS). “The STRS taps the adult’s feelings about the child and attachment-related behavior, and it was designed to assess multiple distinct characteristics of their relationship” (Trentacosta et al., 2011). The STRS has been validated in a wide range of studies, and it correlates with other well established attachment measures (Koomen et al., 2012; Pianta, 2001). Previous research has shown the overlap between parent-child relationships and teacher-student relationships (Pianta, 1994), therefore making it a valid scale to adapt to measure attachment in mother-child relationships.

The ACRS has been used in previous research and has been successful in measuring conflict and openness in mother-child relationships (Trentacosta et al., 2011; Criss & Shaw, 2005; Vendlinski et al., 2006). For this study we use two subscales adapted from the STRS-Short Form (Pianta, 2001). The 15 items assesses Conflict and Closeness as experienced and self-reported by the mother. In research with teachers, high levels of conflict in a relationship leave teachers with feelings of inefficacy (Pianta, 2001). In the previous research using the ACRS, parent/child relationships with high levels of conflict have been linked to depression among the children (Vendlinski et al., 2006).

To measure parenting self-esteem, we used the Parenting Sense of Competence Scale (PSOC). The PSOC has been shown consistent and reliable over time and correlates with other measures of self-esteem. Research using the PSOC has shown that abusive mothers report significantly lower levels of parenting self-esteem (Mash, Johnston, & Kovitz, 1983), and the scale also predicts parental interactions and responsiveness during play with children (Mash & Johnston, 1983). The PSOC is comprised of two subscales, Satisfaction and Efficacy. The respondent was asked to think specifically about the child born in prison when answering the questions. Finally, a five-item scale measuring Social Support was included as a control variable. The two groups had equal scores on Social Support.

Tables 3 and 4 below present the survey scores for the two groups. Overall, the findings are promising, though not robust. On the ACRS, WON women report a slightly higher average level of Closeness to their child than the control group (4.6 vs. 4.5), though the difference is not statistically significant, and a slightly, though insignificant, lower level of self-reported Conflict (2.1 vs. 2.2)

WON women reported a significantly higher level of parenting Efficacy than the control group (4.2 vs. 3.7). The two groups do not differ on self-reported parenting satisfaction (3.7).

Table 3 Self-Reported Attachment (ACRS)

	WON (n=12)	Pre-WON (n=9)
Conflict	2.1	2.2
Closeness	4.7	4.6

Table 4 Mean Self-Reported Parenting Self-Esteem (PSOC)

	WON (n=12)	Pre-WON (n=9)
Efficacy*	4.2	3.7
Satisfaction	3.7	3.7

* $\alpha = 0.06$.

Unfortunately, our survey sample size is too small to draw strong conclusions, but, significantly, all of the preliminary quantitative findings support a favorable view of WON. None of the findings contradict the original hypotheses and some of the findings reach statistical significance. Participation in WON is associated with higher levels of self-reported parenting efficacy and slightly higher levels of self-reported closeness to their child and lower self-reported conflict. WON participants were also more likely to have legal custody of their child.

This coupled with the finding that participation in WON is associated with fewer new arrests and fewer new admissions to DOC provides support for the conclusion that WON is indeed achieving its stated goals. The next section of this report, presents findings from the in-depth qualitative interviews conducted with the survey sample.

WOMEN'S EXPERIENCES

Interviews were conducted with 27 women from both WON participants and pre-WON participants. The interviews included open-ended questions to better understand the subjective experience of being pregnant and giving birth while incarcerated, the women's prenatal and neonatal experiences, and reentry issues. For the WON respondents, we included questions about their WON experience. The interviews ranged from approximately 35 minutes to 2 hours in length. All were digitally recorded.

During the interviews, several themes consistently arose from the conversations with the women. A brief discussion of the predominant themes and some illustrative quotes for each are provided below.

WON Staff and WON Experience

The majority of the respondents regarded the WON staff as caring and taking a special interest in the women. They felt staff took the time to listen to the participants and went above and beyond their assigned duties. The counselors and the guards assigned to the WON dorm made a lasting impact on many of the participants as well. The respondent below emphasized the individual attention she received from the WON counselors:

Some of the staff are really into helping you get your life right. They are really into finding out what you, as a person, need. Not as a group, but what you personally need help with, and then they will get you the resources. They've stayed after hours; past the time they would normally go home just to help you with something. I don't know how many times I was stressed out and depressed and crying my eyes out, and Miss Rumble or Miss. Green would stay there until 7 or 8 p.m. just talking to me, and that's great. That's great that in a prison, there are people like that. And some of the officers would sit and talk with you...because they really care.

Although the WON respondents were more likely than the control group to remember the guards and staff favorably, many of the pre-WON respondents also reported positive experiences with guards and counselors during their sentence. The respondent below noted the caring nature of the guards and staff that helped the women prior to their delivery:

The ladies and the guards cared. They would check up on you if there were classes you were going to. Everyone in that program genuinely cared because they wanted to make sure you had plans in place for your baby. It just made you feel like you were going to be okay, but more importantly, your child was going to be okay. Even for those who didn't have a family to take their baby, you know she [counselor] presented so many options.

A number of the WON respondents remarked on the overall positive experience during their sentence. The WON mission and vision were considered quite effective. In particular, they felt WON provided them with a real second chance. One participant stated:

I think [WON] makes a difference, especially to the women who had been out there on drugs and just didn't have a care in the world. Now some of those people you can't change, but the [WON] program is all about giving people second chances—for a lot of people, a second chance to do better and to be a better parent.

Appreciation of Supplies and Materials Provided by WON

WON participants expressed how much they appreciated the supplies and materials for their baby. Diapers, bottles, formula, pacifiers, and clothing are provided to the women and infants. Donations to WON provide the majority of the supplies for the women. The ability to not worry about supplies allowed the women to focus exclusively on their babies and bond with them. Once the women serve their sentence and are released, they are sent home with supplies that will last a few weeks during their transition from IWP to home.

We had all the diapers we needed. We had all the formula we needed and we didn't have to pay for it. All this stuff was donated to us, and thank God for them people because our babies never went without anything and we didn't have to pay for it. Angel's Wings, they would bring us this stuff and they would find donations and clothes, and they would throw a baby shower every three months. They would buy everybody a diaper bag and a brand new outfit for their baby. That's awesome. And when they would send us home, they sent us home with enough diapers and formula to last us a couple weeks because we're prisoners. We don't have money waiting for us when we get home. A lot of them didn't have a house.

WON Dorm

The WON dorm was considered by respondents to be nicer than other dorms in the prison. The dorm was considered safer and quieter than others.

I can honestly say I loved the Wee Ones dorm. It was way different than the open population. You can tell the difference from Wee Ones and open because open is just constant noise and Wee Ones was silent because we had babies. So we had a peace of mind. I was at peace.

WON respondents enjoyed the nicer beds and private rooms in the WON dorm. One respondent indicated the privacy allowed her to better care for her child:

I like that we had our privacy as a mother and as a child. We had our own room. We had our bed, crib and a little dresser. We had our privacy. We weren't stuck in a room with three other girls with one baby keeping another baby up. We had our privacy so we could actually care for our child as they needed it. When they needed to sleep and have their quiet time, we could close our doors and give them their quiet time. We could care for our child as we needed to.

Expansion of Wee One Program

WON respondents recommended the expansion of the WON program to include bed space for more pregnant women at IWP. It was the perception of the WON mothers that there were pregnant women at IWP who were not able to participate in the WON program due to inadequate bed space. The perceived waiting time to get into the WON program, along with not knowing when the move to WON from the open population would take place, left many respondents feeling the process was unfair to other pregnant women at IWP.

I think it sucks that they only have [WON] for 10 women. They can only fit 10 women because there are a lot of women there that could be eligible for that program and because there is not a bed there for them they don't get to keep their baby and I don't think that is fair. I think if you are going to make that a program you need to have where if you are eligible you can be there. If you are going to do it for one, you should do it for all of them. Everything else in the prison that is how it is ran. If it is run for one it has to be eligible for all and it should the same for that program [WON]. I don't think it should just be ten beds and I hate that.

While many acknowledged and agreed with the eligibility criteria for WON, many felt the program could be expanded for women who were eligible. Another respondent mentioned a tension between WON participants and pregnant women in the open population:

I was in a class with women that were mad at us because we got to keep our babies and they couldn't. I felt that was wrong. They should have more space. They should have one whole dorm just for pregnant women to keep their babies.

Nannies

The WON dorm hires inmates as nannies to assist the new mothers with minor childcare, while the mothers attend classes or go to the cafeteria. The nannies are picked by the WON staff to assist the WON mothers. Several respondents reported issues of favoritism and lack of assistance from the nannies. One respondent stated:

Some of the nannies, I did not like them. They play favoritism and stuff like that. Like they will want to get one baby more than they get the other one. They are required to watch the babies while you go to the doctor or see the nurse or take your meds or go to school or do your job or whatever. They don't have to watch your babies while you go out to rec or while you talk to the other inmates and stuff. They don't have to do that. There was one nanny I did not like. She played favoritism and at one point she tried to correct me. We had doctors and nurses saying "holding the baby doesn't spoil them," but then she wanted to try to bring me to Miss Green and tell me about how my baby is spoiled, this and that and how all I do is sit up and hold her.

Additionally, many of the mothers reported a lack of trust in the nannies. Although the WON staff selected them through a process, many of the mothers primarily viewed them as prisoners first, and therefore did not trust them. The nannies held authority over the other women and would report care issues to the counselors, which could result in the removal of the child from the WON program. The respondent below had her child taken away from her after a nanny reported her to the counselors:

I was going through post-partum depression. I was going to school, and I didn't want to be without him. They made me go to school, and I don't know why, but I didn't want my kid to be in there without me. I didn't want him put down anywhere and I didn't want the nannies touching him because they are inmates as well. They are hired as nannies for a reason but still, I didn't trust that. And when I would ask for more help they [nannies] went and told the guidance counselor that I couldn't do it. That I was yelling at him [her son] the entire time. That I was yelling all the time. So they made me send him home because they thought I was going to hurt him, which really made me mad.

Staff have transferred some nannies from the program when problems arose.

Substance Abuse and GED Courses

WON participants could not participate in GED or substance abuse due to the short sentence length. To qualify for the WON program, a mother could only have 18 months or less remaining on their sentence at the time of delivery. This limited their ability to participate in GED courses and substance abuse courses.

With the time I had, you have to have a certain amount of time to get into a certain amount of programs and with me only being there for 6 months I didn't have enough time to participate in any programs other than the Wee Ones. I couldn't do the GED program, the substance abuse, the 3-Steps. I couldn't do too much of anything else

because they limit you to certain things when you are pregnant. With the fact of me knowing that marijuana was a big issue on me going to prison? Oh yes, I would have did that [attended substance abuse] to learn.

Another respondent reported being limited to only parenting classes during her time in WON. It was common for respondents to emphasize their desire to participate in GED courses:

I couldn't do nothing else but [baby programs]. Well the pregnant people there, that is all we had to do. We couldn't do the other stuff unless you had a long sentence time you could try out for the GED stuff. But I didn't have enough time to do all of that. All I had to do was the parenting classes. I did really want to do that [GED] but I didn't have enough time.

Working while Pregnant

Not being allowed to work while pregnant was a common complaint among women in both WON and pre-WON groups. The women expressed a strong desire to work throughout their pregnancy. It is the current policy of IWP to not allow these women to work due to safety concerns. However, the women expressed a desire to work in order to pass time, to stay active, and to stay healthy.

Other women have jobs to do. They have you working. When you are pregnant, you don't do any of that stuff except sit around and wait to go to a class. That is all we do, and it's kind of boring. I wanted to work while I was pregnant to have me keep going instead of just laying around, and you couldn't do that. I know they didn't want anyone to get hurt, but if they would have given me one simple little job I would have been fine. I wanted to keep moving instead of sitting there.

I hate to sound like a beggar, but I basically was. I would say "Please, please let me do something, 'cause I just don't want to lay on my mat and just sit here and be miserable in the heat. Please give me something to do. I will go up into the laundry area and fold up towels." That was the only thing that bothered me being pregnant and incarcerated. I was willing to do something, but they said we can't do it because we are not trying to harm you or harm the baby. Which is understandable, but it was exhausting just laying there.

Most inmate jobs at IWP are in the kitchen, maintenance, and custodial. Unfortunately, there seem to be very few jobs which do not require heavy lifting or bending. According to staff, IWP simply does not have suitable jobs for pregnant offenders for their and their unborn child's safety.

Infirmiry

A common negative experience at IWP for both WON and pre-WON respondents was treatment and care provided by the prison infirmiry. Slow response times and the perception of an uncaring infirmiry staff were the most common complaints. While many of the respondents showed a sense of reasoning and understood that the lack of services is due to population demands and the possibility of women lying in order to receive special services, most felt pregnant women should be made a priority if health concerns are brought to the staff's attention.

It takes them forever to get you to the infirmiry. I am guessing because there are too many people, but if you are pregnant you should be able to come first. If you have that program [WON], why don't you put the ladies first?

Another issue respondents often addressed was the infirmiry's staff not believing their claims of labor beginning. One respondents experience reflects this issue:

I was having extreme pains and stuff like that. I told them "I am seriously having contractions, I've got to go to the nurse." This went on for like two hours and this was extremely painful. I kept telling them "I need to

go, I need to go.” And she [nurse] was just getting ready to get off of her shift and here comes the other nurse coming in and she asked “How long have you been down here?” and I told her. They didn’t allow me to lay down because I was in extreme pain. The other nurse comes in to relieve the first nurse, and she said, “Are you serious? You have been down here this long? Tell me the next time a contraction comes.” And she was kind of p.o’d about it. And she said there needs to be an ambulance coming ASAP. It was but 30-40 minutes after we arrived at the hospital before the baby was born.

Respondents who delivered via cesarean section reported having their prescription pain medication terminated upon return to IWP and replaced with ibuprofen or Tylenol.

The doctor at the hospital had prescribed me a narcotic, which is what you are supposed to have after your c-section, which was Vicodin. Once I got back to the prison, all they would give me was Tylenol, which I think was unfair. They should keep you in the infirmary and give you the medicine that is prescribed to you for at least a few days. They should keep the lady in the infirmary and monitor the medicine if they are afraid she is going to give it to the open population.

It is worth noting that statistics maintained by IWP indicate the mothers are indeed receiving good medical care. In particular, the average baby’s birth weight at IWP is higher than the general public in the state of Indiana. According to staff, some complaints about timeliness or convenience might be more in the nature of discomfort as compared to actual medical care.

Use of Restraints during Labor

Respondents in both the WON group and the pre-WON group perceived the use of restraints during their stay at the hospital for childbirth and recovery to be excessive. Respondents reported that negative emotions surrounding their birth were directly associated to the restraints². According to staff, IWP already makes concessions from the restraint policies for pregnant offenders. When transported from the facility, offenders are handcuffed in the front. There are no leg restraints or belly chains used. Once they are admitted to the hospital, the handcuffs are removed and they are restrained to the bed with one ankle chain, with the length of the chain allowing them to use the in room bathroom. Once medical staff states they are in active labor, the ankle restraint is removed. The ankle restraint is reapplied after approximately 30 minutes after delivery. Nevertheless many respondents reported the experience as negative and sometimes dehumanizing:

The handcuffs made me feel inhumane. I don’t want to cry, but it made me feel like an animal. I think at that point, I understood that I was not seen as a human being, I was not seen as a normal person. I was seen actually as a criminal, not just a lady having a baby but some type of criminal monster or something...It made me feel like I was worthless to society. That I had made a mistake and doing my time, but that had nothing to do with the fact that I was now in labor and bringing an innocent child into this world.

Another respondent claimed that the use of restraints after delivery is unnecessary due to the armed prison guards in the room during their entire stay:

² According to the Women’s Prison Association: “The American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse Midwives, the American Public Health Association and the American Medical Association (AMA) have condemned shackling during childbirth. The AMA calls the practice ‘dangerous’ and ‘barbaric’ in its position paper on shackling, pointing out that restraints not only cause ‘excruciating pain’ but ‘can interfere with the medical staff’s ability to appropriately assist in childbirth or to conduct sudden emergency procedures’” (http://66.29.139.159/pdf/Shackling%20Brief_final.pdf).

I understand they have issues with some people, but when there is a guard there all the time, I don't understand why they have to do that [use restraints]. I mean we are confined in a room. It would be one thing if we were getting out into the halls, I could understand, but we are not going to go anywhere.

Even among those WON participants who criticized the restraints, infirmary, nannies, and/or lack of courses, the WON program was still perceived to be successful and helpful to the participants. Staff and guards in the WON program were regarded fondly for their assistance and care during the mother's times at WON. Importantly, the mothers never forgot or made excuses for the initial reasons for why they were in IWP. Often when discussing negatives, the women acknowledged an understanding why prison guards or the infirmary would cause the negative experiences to occur. When asked about giving advice to future women who are incarcerated at IWP, the majority of WON respondents answered the women should try to get into the Wee Ones Nursery Program.

LOOKING FORWARD

Based on the findings reported here, the study suggests a few possible directions for the future. It is the overall conclusion of this study that WON is achieving its stated goals. These suggestions are simply submitted as points of reference for further discussion.

- Wee Ones Nursery

- *Consider drug treatment program specific to WON.*

Research on drug treatment suggests even short contact with treatment can have a positive effect. Since the women are unable to work while pregnant and generally feel bored, it might be worth looking into short-term drug treatment interventions to help better equip these women for their forthcoming release. IWP is currently working on a grant that will increase substance abuse programming specifically for the WON program.

- *Establish procedures for claims against mothers by nannies or against nannies by mothers.*

Inmate authority over other inmates must be monitored closely and the potential for abuse by either side minimized. There should be a standard process for nannies to lodge complaints against mothers and vice versa, especially when removal from the program is a possible outcome. IWP views this as a management/classification issue.

- *Revisit restraint policies for women giving birth.*

An analysis should be conducted looking at local data on escape attempts by offenders in labor and the escape risk they have posed in the past and will pose in the future compared with how restraints are used to inform a policy that best protects the safety, security, and dignity of all involvedⁱⁱ. While it is appreciated that IWP already makes concessions in the restraint policy for pregnant women, the number of women reporting the negative experience coupled with the number professional medical associations opposed to the practice might suggest revisiting the issue.

- *Implement sustained and purposeful data collection for women participating in WON to facilitate future research efforts.*

Collecting and cleaning quantitative data for analysis proved to be rather onerous. A more forward looking, purposefully organized, and sustained effort at collecting and maintaining data regularly would provide more efficient, timely, and useful data for informing data-driven solutions and evidence-based practices.

- Future Research

- *Continue follow-up for three-year recidivism study.*

Three years is generally regarded as the most ideal follow-up time period for a recidivism study, as offenders who recidivate generally do so within that time. It seems worthwhile to conduct additional recidivism studies as the length of time from release grows, in order to get a fuller picture of how or whether WON affects participants' recidivism.

- *Include women giving birth in IWP since WON's implementation but who are ineligible for WON in future outcome studies, if feasible.*

It could prove informative to conduct a similar study with another control group: women currently giving birth in IWP but ineligible for WON. Such a study could

garner information on the wider birth experience in prison while also providing new data for contrast with the WON program.

- *Follow up with the children born in prison; collect information on children born in WON and IWP, including data necessary for accurate follow-up with justice system and other databases.*

It is expected that participation in WON should have an effect on the children's future at least as much as the mothers'. A longitudinal project following the children is both important and doable. Measures could include future criminal justice involvement and other data linked to or posing risk factors themselves.

- *Investigate short-term effects on parenting/attachment issues as women exit WON.*
An exit interview with WON participants that includes the parenting scales used in this study as well as other summative evaluation items could prove useful to WON staff. It might also facilitate future follow-up with the participants by requesting a future follow-up, collecting contact information, etc.

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ⁱ From March 2008 to January 2012, an additional 397 women gave birth while in IWP who were not eligible for WON due to sentence length or charge. More than 100 women give birth while in IWP each year.

ⁱⁱ The American Medical Association drafted model anti-shackling legislation for state adoption, which reads:

“No restraints of any kind shall be used on a prisoner or detainee during labor, transport to a medical facility, delivery, and postpartum recovery unless there are compelling grounds to believe that the prisoner or detainee presents (1) an immediate and serious threat of harm to herself, staff or others; or (2) a substantial flight risk and cannot be reasonably contained by other means. Under no circumstances shall leg or waist restraints be used on any prisoner or detainee who is in labor or delivery” (Women’s Prison Association: http://66.29.139.159/pdf/Shackling%20Brief_final.pdf)