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Arrested Motherhood: Parenting, Cognitive Distortions, and Depressive Symptoms in Mothers Being Released from Incarceration

Ankie T. A. Menting, Bram Orobio de Castro, and Walter Matthys

SYNOPSIS

Objective. The present study examines cognitive and emotional problems in mothers being released from incarceration. **Design.** Participants were 98 mothers who were about to be released or had just been released from incarceration, and 63 comparison mothers from disadvantaged areas with low socioeconomic status, both with young children. Mothers provided self-report data on parenting behaviors, cognitive distortions, depressive symptoms, and socioeconomic difficulties. **Results.** Mothers being released from incarceration reported less optimal parenting behaviors (i.e., less involvement and poorer monitoring) and higher levels of cognitive distortions and depressive symptoms than comparison mothers. Cognitive distortions and depressive symptoms were related to less optimal reported parenting behaviors. **Conclusions.** Cognitive distortions, depressive symptoms, and less optimal reported parenting behaviors may be factors in incarcerated and formerly incarcerated mothers, which might put their children at risk, beyond risks associated with low socioeconomic status.

INTRODUCTION

Given an accumulation of risk factors in families of mothers being released from incarceration (Dallaire, 2007), resuming parenting after incarceration may be no easy task. Relationships need to be re-established after separation: Children need to get used to their mother's parenting again and the children's behaviors may elicit or ask for other parenting than before. In this situation, where disadvantages accumulate and opportunities are scarce, there may be less room for mistakes (Hannon, 2003). Although less optimal parenting may play a role in families affected by maternal incarceration (e.g., Allen, Flaherty, & Ely, 2010), and parenting processes may affect the intergenerational transmission of delinquency (e.g., Wachlarowicz, Snyder, Low, Forgatch, & DeGarmo, 2012), surprisingly little is known about reported parenting by these mothers, and the proximal factors associated with their assumed less optimal parenting. Research efforts that focus on parenting, for example by examining intervention (e.g., Eddy, Martinez, & Burraston, 2013; Menting, Orobio de Castro, Wijngaards-de Meij, & Matthys, 2014) and

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mother–grandmother co-parenting (e.g., McHale, Salman, Strozier, & Cecil, 2013), give little indication which specific parenting behaviors, if any, are less optimal in mothers being released from incarceration.

Moreover, the multiple contextual risks these families face might be related to mothers' cognitive and emotional vulnerabilities (Phillips, 2010), which are relevant for parenting. For these reasons, it may be relevant to know which *maternal* characteristics are related to less optimal parenting. In the present study, relations between parenting and two major individual correlates of parenting: maternal social-cognitive characteristics and depressive symptoms were explored.

Maternal social-cognitive characteristics may be related to antisocial behavior and parenting behaviors (MacKinnon-Lewis, Lamb, Hattie, & Baradaran, 2001). For mothers being released from incarceration, self-serving cognitive distortions may be particularly important, as these specific social cognitions are believed to help protect the self from blame and to disinhibit antisocial behavior (Barriga, Landau, Stinson, Liau, & Gibbs, 2000). Indeed, research indicates the prominence of self-serving cognitive distortions in delinquent adolescents and males (e.g., Barriga et al., 2000; Hubbard & Pealer, 2009). Surprisingly, however, no research has studied cognitive distortions in delinquent female adults, let alone in delinquent mothers, or related these distortions to their parenting.

Research shows a clear relation between maternal depressive symptoms and disruptive behavior problems in offspring in the general population (e.g., Lovejoy, Graczyk, O'Hare, & Neuman, 2000). Parenting behaviors are assumed to mediate this relation (e.g., Elgar, Mills, McGrath, Waschbusch, & Brownridge, 2007). Because relatively high levels of depression are found among mothers in prison (e.g., Houck & Loper, 2002) depressive symptoms seem to be a plausible contributor to suboptimal parenting by mothers being released from incarceration. However, this connection has never been tested.

In the present study, the authors tested whether mothers being released from incarceration report inadequate parenting behaviors and increased levels of self-serving cognitive distortions and depressive symptoms, compared to mothers who live in disadvantaged areas with low socioeconomic status (SES) and no history of incarceration. This particular comparison group was chosen because it is a well-known at-risk population and because low SES may be an important confounding factor in understanding parenting by mothers being released from incarceration. That is, characteristics of low SES are found in incarcerated women (e.g., Allen et al., 2010), economic pressure may lead to less optimal parenting (Barnett, 2008), and both increased levels of cognitive distortions (e.g., Nas, Brugman, & Koops, 2008) and maternal psychological distress (Barnett, 2008) have been linked to non-delinquent low SES populations. Family stress models posit that maternal distress, specifically depressive symptoms, is the key mechanism through which economic disadvantages impair parenting (e.g., Barnett, 2008).

METHOD

Participants

Participants were 98 mothers being released from incarceration and 63 comparison mothers. Mothers being released from incarceration were recruited via nationwide screening within penitentiaries or via support organizations as a part of a larger

intervention study, in which a high participation rate was obtained (87.6%; Menting et al., 2014). Mothers were either incarcerated and to be released within 3 months or recently released from incarceration (not exceeding 6 months), and (expected to become once again) caregivers of their 2- to 10-year-old children. The current study uses only pre-intervention data from this trial. During this assessment, most mothers (68.4%) were released from the penitentiary. Still-incarcerated mothers saw their children at least twice per month during weekend leaves: biweekly or weekly during a whole weekend.

The comparison mothers, who had never been incarcerated, lived in disadvantaged areas. Recruitment took place in districts that were designated by the Dutch government as districts facing the most serious problems in terms of housing, employment, education, integration, and safety. Mothers were recruited via their children's school and signed up for participation in a study of the well-being of children from disadvantaged areas.

As may be expected, mothers being released from incarceration and comparison mothers differed on some sociodemographic characteristics (see Table 1): Mothers being released from incarceration were younger at study enrollment, and relatively often low educated, unemployed after incarceration, and a single parent.

Procedures

Participation was voluntary for all participants, and all participants were assured confidentiality. If mothers being released from incarceration met the criteria regarding more than one child, they were invited to provide information for a maximum of three children during the intake interview (1.5 hours) and the pre-intervention assessment (1 hour + 0.5 hour for each extra child), conducted during a home visit or in the penitentiary. In this study, only one child per mother (i.e., the oldest participating child) was included to prevent interdependence in the data. All questionnaires were administered individually and mostly in an interview format, although participants were encouraged to fill out the How I Think (HIT) questionnaire (see Instruments section) without

TABLE 1
Sociodemographic Information on the Sample

	Mothers being released (<i>n</i> = 98)	Comparison mothers (<i>n</i> = 63)	Test statistics
Mother			
Age (years)	32.7 (7.1)	36.5 (6.3)	$t(146) = -3.23, p = .002, d = -.56$
Number of children	2.7 (1.7)	2.7 (1.4)	$t(159) = -.26, p = .79, d = -.04$
% low educated	73.5	49.2	$\chi^2(1) = 9.80, p = .002, \phi = .25$
% native Dutch	23.5	28.6	$\chi^2(1) = 0.53, p = .47, \phi = .06$
% paid job	21.9	44.4	$\chi^2(1) = 7.31, p = .007, \phi = .24$
% single parent	73.5	25.4	$\chi^2(1) = 35.76, p < .001, \phi = .47$
Child			
Age (months)	85.5 (33.4)	86.3 (23.0)	$t(158) = -.18, p = .86^a, d = -.03$
% boys	45.9	42.9	$\chi^2(1) = 0.15, p = .70, \phi = .03$

Note. ^aEqual variances not assumed.

assistance if possible. Mothers being released from incarceration received a monetary compensation (€20 per child) for the time spent completing these and further questionnaires as part of the larger study.

Instruments

Alabama Parenting Questionnaire (APQ) – parent form. The APQ (Shelton, Frick, & Wootton, 1996) is a self-report questionnaire (42 items) designed to measure the most important aspects of parenting behaviors related to children's disruptive behavior problems: involvement (10 items; Cronbach's alpha = .67 for 9 items), positive parenting (6 items; Cronbach's alpha = .75), poor monitoring/supervision (10 items; Cronbach's alpha = .56 for 9 items), inconsistent discipline (6 items; Cronbach's alpha = .59), corporal punishment (3 items; Cronbach's alpha = .58), and other discipline practices (7 filler items). In the present study, two items (involvement and poor monitoring/supervision) were deleted because of the unfeasibility of those items during incarceration. Participants responded on a 5-point frequency scale (*never* to *always*), with higher scores reflecting more frequent self-reported use of parenting practices.

HIT questionnaire. The HIT questionnaire (Barriga, Gibbs, Potter, & Liau, 2001) is a self-report questionnaire that measures self-serving cognitive distortions and was originally developed in the context of antisocial youth. In the present study, the authors used a HIT questionnaire consisting of 58 items, identical to Van der Velden, Brugman, Boom, and Koops (2010). Participants responded on a 6-point Likert scale (*disagree strongly* to *agree strongly*), with higher scores reflecting more cognitive distortions. Mean scores for the 4 cognitive distortion scales were used: self-centered (9 items; Cronbach's alpha = .76), blaming others (10 items; Cronbach's alpha = .75), minimizing/mislabeling (9 items; Cronbach's alpha = .69), and assuming the worst (11 items; Cronbach's alpha = .78).

Symptom Checklist (SCL-90). The SCL-90 (Arrindell & Ettema, 2003), a Dutch adaptation of the SCL-90-Revised (Derogatis, 1994), is a self-report questionnaire that assesses dimensions of psychopathology. In this study, the subscale depression (16 items; Cronbach's alpha = .93) was used to measure depressive symptoms. Participants indicated on a 5-point scale to what extent (*not at all* to *very much*) they experienced symptoms in the past week.

Basic demographics. General background information, such as history of incarceration and socioeconomic difficulties, was assessed with a basic demographics and family functioning form. *Socioeconomic difficulties* was calculated as the mean of two z-scores: material difficulties and educational level. Material difficulties was calculated by adding scores of three variables: house (0 = yes; 1 = no, has to live with friends/family), income (0 = participant and/or partner has a paid job; 1 = social security; 2 = no job and no social security), and debts (0 = no; 1 = yes). Educational level was defined as the highest completed educational level, ranging from 1 (university) to 9 (did not complete primary school).

RESULTS

Preliminary Analyses

Because mothers being released from incarceration experienced more socioeconomic difficulties than comparison mothers, $t(151) = 8.17, p < .001$, this variable was taken as a covariate in between-group comparisons. Incarcerated and formerly incarcerated mothers were treated as one group in further analyses, because 10 independent t -tests revealed only 2 significant differences between incarcerated and formerly incarcerated mothers and differences in contact with children between these groups were only relative due to frequent leaves at the end of incarceration in the Netherlands. Yet, incarcerated mothers were significantly less likely than formerly incarcerated mothers to blame others, $t(96) = -2.01, p = .047$, and to report poor monitoring, $t(84) = -2.46, p = .02$; equal variances not assumed. The means and standard deviations are presented in Table 2. Bivariate correlations are presented in Table 3.

Main Analyses

For parenting behaviors, a significant multivariate main effect for group, $F(5, 129) = 3.16, p = .01$, partial $\eta^2 = .11$, was found in a between-participants multivariate analysis of covariance. Consequent analyses revealed that mothers being released from incarceration reported less involvement, $F(1, 133) = 10.93, p = .001$, and poorer monitoring, $F(1, 133) = 4.91, p = .03$, than comparison mothers. The combined parenting behaviors were not significantly related to socioeconomic difficulties, $F(5, 129) = 1.43, p = .22$.

For cognitive distortions, a significant multivariate main effect for group was found, $F(4, 146) = 4.13, p = .003$, partial $\eta^2 = .10$. Consequent analyses revealed significantly more cognitive distortions for mothers being released from incarceration than for

TABLE 2
Means and Standard Deviations of Variables of Interest

	Mothers being released			Comparison mothers			partial η^2
	M	SD	<i>n</i>	M	SD	<i>n</i>	
Parenting							
Involvement	30.58**	5.15	87	34.85**	4.02	60	.08
Positive parenting	25.19	3.28	97	25.65	3.11	63	.01
Poor monitoring	12.13*	3.45	93	11.05*	2.45	60	.04
Inconsistent discipline	13.94	4.23	97	13.35	3.43	63	.01
Corporal punishment	4.69	1.89	97	4.71	1.45	63	.00
Cognitive distortions							
Self-centered	2.17**	0.73	98	1.68**	0.56	62	.00
Blaming others	2.40*	0.76	98	1.92*	0.69	62	.01
Minimizing/mislabeling	2.16**	0.62	98	1.73**	0.59	62	.01
Assuming the worst	2.24***	0.62	98	1.70***	0.54	62	.00
Depressive symptoms	31.96**	14.33	97	22.51**	7.4	62	.06
Socioeconomic difficulties	0.35***	0.68	90	-.55***	0.66	63	

Note. Statistical significance testing is displayed for univariate analyses only. * $p < .05$; ** $p < .01$; *** $p < .001$.

TABLE 3
Correlations Between Variables of Interest

	1	2	3	4	5	6	7	8	9	10
(1) Involvement										
(2) Positive parenting	.39***									
(3) Poor monitoring	-.29***	-.37***								
(4) Inconsistent discipline	-.06	.04	.24**							
(5) Corporal punishment	-.20*	-.05	.00	.29***						
(6) Self-centered	-.30***	-.15	.23**	.20*	.25**					
(7) Blaming others	-.26**	-.11	.18*	.15	.20*	.69***				
(8) Minimizing/mislabeling	-.31***	-.22**	.24**	.25**	.24**	.75***	.76***			
(9) Assuming the worst	-.36***	-.19*	.22**	.20*	.17*	.76***	.71***	.74***		
(10) Depressive symptoms	-.20*	-.04	.24**	.18*	.10	.21**	.32***	.23**	.31***	
(11) Socioeconomic difficulties	-.37***	-.06	.05	.05	.04	.25**	.27**	.27**	.30***	.24**

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

comparison mothers, regarding self-centered, $F(1, 149) = 10.74, p = .001$, blaming others, $F(1, 149) = 6.70, p = .01$, minimizing/mislabeling, $F(1, 149) = 7.42, p = .007$, and assuming the worst, $F(1, 149) = 16.43, p < .001$. The combined dependent variables were not significantly related to socioeconomic difficulties, $F(4, 146) = 0.63, p = .64$.

Mothers being released from incarceration reported significantly more depressive symptoms than comparison mothers, $F(1, 149) = 9.07, p = .003$. Compared to Dutch norms (Arrindell & Ettema, 2003), mothers being released from incarceration displayed mean scores in the high range, whereas comparison mothers displayed mean scores in the average range; 30.9% of mothers being released from incarceration and 9.7% of comparison mothers reported very high levels on this subscale.

Significant correlations were found for 17 out of 20 tested relations between reported parenting behaviors and cognitive distortions. Three parenting behaviors (involvement, poor monitoring, and inconsistent discipline), and all cognitive distortion scales, were related to depressive symptoms.

DISCUSSION

Mothers being released from incarceration report less optimal parenting behaviors (i.e., less involvement and poorer monitoring) and higher levels of cognitive distortions and depressive symptoms than mothers who live in disadvantaged areas, but do not have a history of incarceration. Less optimal parenting behaviors were related to cognitive distortions and depressive symptoms.

Mothers being released from incarceration report being less involved with their children and show poorer monitoring of their children, compared with mothers from disadvantaged areas without a history of incarceration. These results provide a first test of the rarely studied hypothesis of inadequate parenting by (formerly) incarcerated mothers, in indicating specific parenting behaviors that are less optimal. Other work has shown with this sample that these two specific parenting behaviors were related to children's behavior problems (Menting, Orobio de Castro, & Matthys, 2016), which

might suggest that these parenting behaviors might be optimized and that changes in parenting might be accompanied by changes in children's behavior.

Interestingly, our current findings also provide insights into potential reasons for parenting behaviors, such as involvement. Cognitive distortion minimizing/mislabeling proved to be the strongest correlate of parenting behavior. Although speculative, some mothers might minimize or mislabel their children's (mis)behavior as well as their own parenting behavior. Likewise, in view of correlations between assuming the worst consequences and parenting behaviors, mothers might consider a worst-case scenario in interactions with their children and think that there is no sense in doing things with them. That is, mothers being released from incarceration might have fatalistic, low self-efficacy beliefs, which are also typical for depression. This thought is supported by relations between both assuming the worst and depressive symptoms, and involvement and depressive symptoms. This specific cognitive distortion may, therefore, be both depressogenic and aggressogenic (e.g., Barriga, Hawkins, & Camelia, 2008). The current findings, that incarcerated mothers were less likely than formerly incarcerated mothers to blame others and to report poor monitoring, may be seen as remarkable. Although these findings might be counterintuitive, they accord with qualitative studies that suggest that inmate mothers are under considerable pressure to demonstrate fitness as a mother, and, therefore, aim to convince others that they are good mothers (Enos, 2001). As such, better monitoring might reflect less realistic views of parenting and a wish to be a better mother after incarceration, as well as actual closer monitoring during their weekend leaves.

In line with research in delinquent adolescents and males (e.g., Barriga et al., 2000; Hubbard & Pealer, 2009), mothers being released from incarceration showed increased levels of self-serving cognitive distortions. This finding is relevant because cognitive distortions are not only believed to disinhibit mothers' own antisocial behavior (Barriga et al., 2000), but may also play a role in the intergenerational transmission of delinquency. In the same sense, the results suggest that the increased risk for children of mothers being released from incarceration may not just result from low SES in these families.

Mothers being released from incarceration showed increased levels of depressive symptoms, compared with both norms and mothers from disadvantaged areas. This finding is in line with family stress models (e.g., Barnett, 2008) and research regarding imprisoned mothers (Houck & Loper, 2002). Depressive symptoms in delinquent mothers, even after incarceration has ended, may impact their parenting (Lovejoy et al., 2000) and may put their children at risk of developing antisocial behavior.

The results of the current study are subject to limitations. First, the cross-sectional nature of the study prohibits inferences about causality between variables. Future longitudinal research should, therefore, investigate directions of relations between parenting, cognitive distortions, depression, and SES in this population. Second, shared source and method variance—using self-report questionnaire data—can be considered as a limitation. Hence, in future research parenting behaviors of (formerly) incarcerated mothers should be studied using additional informants and observations. Third, as expected, SES and some demographic variables differed between mothers being released from incarceration and comparison mothers from disadvantaged areas. As the authors assumed that SES is an important confounding factor for the understanding of families affected by maternal incarceration, socioeconomic difficulties was controlled for in the analyses when examining differences between the two at-risk groups, in addition to selecting a low-SES

comparison group. Although these comparison mothers lived in the most disadvantaged areas of the Netherlands, differences were to be expected because of the inclusion of socioeconomic difficulties that are likely to be faced on release from incarceration (e.g., finding a home and income). Hence, differences point to different circumstances, in which the most problematic cases are not likely to be found in the general population. These worse circumstances for (formerly) incarcerated mothers might have been problematic if our main aim was to examine the “pure” influence of incarceration or another specific variable. However, the author’s purpose was not to tease out the specific influence of incarceration from all the other problems these families face, but to examine how the two at-risk groups differ. Whether the established relations are due to mothers’ histories—which may have differed between groups as the authors found some differences on sociodemographic variables—incarceration per se, separation, or other aspects of delinquency and incarceration remains to be studied. Finally, similar to other research using this questionnaire (e.g., Shelton et al., 1996), the internal consistencies of parenting subscales were partly unsatisfactory, which may have influenced the results. Nonetheless the authors chose to include all subscales, because including a broad range of reported parenting behaviors was preferred.

IMPLICATIONS FOR PRACTICE, APPLICATION, THEORY, AND POLICY

With maternal incarceration, a vulnerable population becomes visible to policymakers and practitioners. Based on the present findings, mothers being released from incarceration may need help regarding parenting, cognitive distortions, and depressive symptoms. To break the vicious cycle that perpetuates the transmission of delinquency to the next generation, it might be important to address parenting behaviors as well as cognitive distortions and depressive symptoms in mothers who will rear their children after their incarceration. A cognitive component, in which cognitions related to parenting and delinquency are addressed, might, therefore, add effect to the established effects of behavioral parent training—a strategy to prevent their children from developing behavior problems (Menting et al., 2014).

ADDRESSES AND AFFILIATIONS

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ARTICLE INFORMATION

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Ethical Principles: The authors affirm having followed professional ethical guidelines in preparing this work. These guidelines include obtaining informed consent from human participants, maintaining ethical treatment and respect for the rights of human or animal participants, and ensuring the privacy of participants and their data, such as ensuring that individual participants cannot be identified in reported results or from publicly available original or archival data.

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