

RESEARCH REPORT ON BEHALF OF:

Exchange House Ireland National Travellers Service



Concerning:

**Motherhood Confined:
Imprisoned Traveller Mothers and Their Mental Health.**

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We sincerely hope that in bringing the mothers voices and lived experiences to the fore, we have done the mothers justice and that this report can be used to inform positive action and policy change to improve the mental wellbeing and outcomes for imprisoned Traveller mothers.

Finally, the report is dedicated to all those who were in such despair that they felt the world held no place for them and they chose to leave, we dare to hope that this report assists in some way to inform services and support frameworks that will remind each and every Traveller person that they *‘are a child of the universe, no less than the trees and the stars; you have a right to be here’*¹

¹ Taken from the ‘Desiderata’, by Max Ehrman, 1921.

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Prison Girl

Prison girl went to jail one day.

Then her child was taken away
When she asked the reason why

She did get this reply

You're on drugs and we don't care why, You
steal from shops for your supply We took
your child, and you know why
We'll crush your life in the blink of an eye.
They said it would only be for a week.
Little did I know the weeks turned to years

They said they would help me, but they dragged me down,
Wouldn't stop till I hit the ground
Prison girl is going through hell.
Without her child, in a prison cell
It does get tough, but we did the crime,
and now our kids are doing the time

Theres one more thing I have to say
To all mothers in jail
We live to fight another day

Written by Joanne, an Irish Prison Mammy, A Traveller Mother from the 'Mothers Project' (O'Malley, 2018).

Previously published in Baldwin and Raikes, (2019), 'Seen and Heard: 100 Poems by Parents and Children Affected by Imprisonment'. Waterside Press.

Traveller Mothers in Prison and Their Mental Health

Introduction

It is widely accepted and acknowledged that people from the Travelling Community are some of the most disadvantaged and marginalised in Irish Society (Watson et al, 2017b)².

Travellers all too often suffer detriment and social exclusion due to discrimination, racism, and other socio-economic factors, such as poverty, unemployment and housing/living conditions. Moreover, Irish Travellers are exposed to the risk of active discrimination on a daily basis in all aspects of their lives (MacGréil, 2010).

Members of the Traveller community are known to experience poorer outcomes and poorer physical *and* mental health status than the general population (as highlighted in the findings of the AITHS, i.e. the ‘All-Ireland Traveller Health Study’, 2010). Traveller life expectancy is lower for both men and women, and mortality rates are higher. The infant mortality rate is 4 times higher than the rest of the general population (McKey et al, 2022). Male and female Traveller patients, older than 50 years of age, have a heightened risk of presenting with self-harm in Irish Emergency departments, being specifically heightened for female Travellers over the age of 50, and for male Travellers between the ages of 30–39 years (Kavalidou, Daly, McTernan, Corcoran, 2023). Significantly, findings from the AITHS (2010), show high levels of mental ill- health, mental distress, suicide, depression and anxiety present throughout the Traveller community. Paradies et al (2015), highlight the association between the experience of discrimination and low self-esteem, also suicidal tendencies, mental health and psychological stress. Not only does discrimination impact on the physical and mental wellbeing of Travellers, but it also negatively affects their engagement with health services, which in turn impacts outcomes (Quirke et al, 2020). This is pertinent to the Irish Traveller population because, as the World Health Organisation assert,

‘Certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances, interrelated with gender’ (WHO, 2014: 09).

² A social portrait of Travellers in Ireland <https://mobilitytoolkit.ie/wp-content/uploads/2017/12/A-Social-Portrait-of-Travellers-in-Ireland-RS56.pdf>

The National Office for Suicide Prevention (NOSP), found suicide is a ‘serious issue’ in the Irish Traveller population, with a startling suicide rate of 11%, which translates to being 6 times higher for women and 7 times higher for men, than the general population (NOSP, 2014)³, see also Doherty et al 2023). The National Traveller Health Action Plan⁴ (NTHAP), (2022-2027), has highlighted the multiple health inequalities the Traveller community faces, stating that ‘current approaches to addressing inequalities are clearly not serving Travellers well’ (2022;60).

Research into the lived experiences of health and wellbeing among female Irish Traveller prisoners is scarce (although see Kennedy and Pierce, 2023). Thus, marginalized and disadvantaged even within an already marginalised group, Irish female prisoners, and therefore incarcerated mothers and their children; are recognised as an especially vulnerable group (Quinlan 2011, O’Malley 2013, 2015, 2016, 2020, IPS 2014, Baldwin, 2022a, 2018, 2022c, O’Malley and Baldwin 2019, Baldwin et al, 2015; O’ Malley *et al.* 2021, Prais and Critoph 2023). This experience of marginalisation and disadvantage extends further still in the context of Traveller women and Traveller mothers in prison.

In *‘Hearing their Voices’: Traveller Women in Prison*, Doyle (2017), highlights acute challenges for Traveller women prisoners. Which Doyle suggests, is at least in part, due to “*the extreme levels of social exclusion, poverty, oppression and inequality experienced by Traveller women in Ireland*” (Doyle 2017: 5). Discrimination is then further experienced and illustrated in the overrepresentation of Traveller Women within the prisoner population, (Costello 2014a, Brandon and O’Connell, 2018). A recent study by Joyce *et al.* (2022; 109), found that whilst Travellers make up just 0.7% of the general population (CSO, 2016), Traveller men account for 7% of the male prison population in Ireland. Of great concern is the fact that Traveller women account for more than twice that, at 14.4%. The AITHS, (2010), study found not only that Traveller women are more likely than Traveller men to be imprisoned, but they are also at least 18 times more likely to be incarcerated than women from the general population (AITHS Team 2010). This figure later increased to 22 times more likely (Doyle, 2017). As this report will illustrate, it is impossible to separate structural disadvantage and discrimination from lived experience and personal realities, particularly

³ Closing the gap: Exploring the co-variates of suicidality among Irish Travellers Project (Doherty et al, 2023) [HSE National Office for Suicide Prevention \(NOSP\), Grant Scheme for Collaborative Research Projects, Paper 4](#)

⁴ The National Traveller Health Action Plan 2022-2027

<https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf>

when that lived experience is challenged and frustrated by poverty and lifespan trauma. This context has significant implications for Traveller children and families, and especially for imprisoned Traveller mothers.

Overall, mothers in prison in Ireland have on average have 2.4 children, (O'Malley, 2018). Incarcerated mothers have on average once child more than the general family composition in Ireland (CSO, 2016). Costello (2015) highlights that Traveller women are more likely to be mothers than women in the general population (ibid). Though the focus of the 'Travellers in Prison Initiative', (Doyle, 2017) and IPRT's work (Costello, 2014), was not solely on mothering, *all* of those involved in Doyle's (2017) study, and all bar one in Costello's (2014), IPRT report, '*Travellers in the Irish Prison System*', were mothers.

For decades, the poor mental health and wellbeing of female prisoners has been highlighted as a huge concern by academics, government agencies, and policy influencers alike (Carmody and McEvoy 1996, Hannon *et al.* 2000, Kennedy *et al.* 2005, Corston, 2007, Comiskey *et al.* 2006, Mulcahy and Quinlan 2013, NSRF *et al.* 2017, Finnerty 2021). It is recognised that the poor mental health of Traveller women in prison is exacerbated due to the additional layers of stigma, oppression and racism subjected upon the Traveller community as an ethnic minority group within Irish society (MacGabhann 2011, Costello 2014b, Doyle 2017). Yet, how incarcerated Traveller mothers specifically, manage or are supported to manage, their mental health during their custodial sentence has received little attention. There exists Irish data on the sociodemographic profile of incarcerated mothers, their children, child caregivers and mother- child contact (O'Malley 2018, Quinlan, 2019). Nonetheless, the examination of the overrepresentation of Traveller mothers in contact with the criminal justice system and prison (Doyle, 2017), together with an exploration of their experiences (and those of their children), merits closer attention.

Conceptual Framework for the Current Study

This study represents a secondary analysis of data collected as part of The Mothers Project (see: *Motherhood, Mothering and the Irish Prison* (O'Malley, 2018), a mixed method participatory study that explored the profile and experiences of mothers in prison in Ireland. During this primary data analysis, it became apparent that there exists specific characteristics in the experience of imprisonment between Traveller and non-Traveller mothers. A nuance that was not fully explored in the original study, but one that deserves further analysis.

Camacho and Henderson (2022), argue using a social determinate lens to examine mental ill health is only part of the story. They suggest that an intersectional approach, and particularly, one that includes Adverse Childhood Experiences, (ACE's), is essential; because 'excluded [and disadvantaged], children and families must contend with added adversities across ecological levels and within higher-risk conditions due to systemic inequality' (2022 np). Thus, in order to fully appreciate factors that influence mental ill health and mental health outcomes, this study adopted an intersectional framework that considers the social determinants of mental health, *and* ACE's, alongside the lived experience and personal realities of the Traveller mothers in prison.

Thus, the primary objective of this secondary analysis is to investigate the mental health experiences of Traveller mothers in prison, and to explore any similarities or differences between Traveller and non-Traveller mothers in prison in Ireland with reference to the personal and social determinants of mental health, (WHO, 2014). A combined social and personal determinants of mental health framework provides much needed context to the investigation of these nuanced experiences. Such a framework reflects the perspective that positive experiences of childhood, together with supportive and culturally appropriate psychosocial environments and societal structures, can promote mental well-being (Barry et al., 2019); equally, revealing how society and its structure can fail certain marginalised groups, such as our imprisoned Traveller mothers (and from an early age); and that this has an enduring impact. Further, whilst also highlighting powerfully that disadvantaged groups have unequal access to broader social supports and resources that could ordinarily improve their circumstances (Whitehead & Dahlgren, 2006).

Relating this study to the social and personal determinants of mental health, provides a foundational understanding of the established connections between social and structural factors, individuals' lived experiences and mental health (Alegria et al., 2018; WHO, 2014). Moreover, and significantly, confirming that often these factors are beyond the individual's control (Lalonde, 1974; Marmot et al., 2012), thus providing a context-driven structure to proceed with this secondary analysis.

Irish Policy Connection

A social determinant of mental health conceptual framework is consistent with global foundational health promoting frameworks (WHO, 1986), and is accepted in Irish health-

related national strategies that emphasize "reducing health inequalities" (Theme 6 in Phase 2 of the Healthy Ireland Strategic Plan, Department of Health, 2021), cultural competency (Intercultural Health Strategy, HSE, 2021) and "whole-system planning" (Health Promotion Strategic Framework, HSE, 2011; 15). More specifically, Goal 3 of the *Connecting for Life* strategy (Department of Health 2018), targets priority groups with increased vulnerability and risk of suicide, within which incarcerated Traveller mothers unfortunately fit well, (within four out of the five targeted groups⁵). Furthermore, this report speaks to Goal B (objective 6), of the Irish Government strategy 'First Five' (2019)⁶, the Sláintecare Reform Programs⁷ (2021- 23), Reform Program (RP), 1 'Improving Timely Access to Care and Promoting wellbeing, and also RP2, 'Addressing Health Inequalities'.

Evidencing the context and reality of the mental health needs of incarcerated mothers is important from a policy and practice design perspective, particularly if we as a nation, are serious about addressing the intergenerational needs of such vulnerable groups in our society (Quinlan, 2011). This study also responds to the call from national strategy, *Connecting for Life*, and its commitment to '*place a strong emphasis on evaluation and research*' (Department of Health 2018). Which in turn is aimed at reducing suicide rates alongside improving the mental health and wellbeing for individuals and communities in Ireland. It is known that socio-economic, and other forms of disadvantage, are impactful even before birth and amass as life progresses (Malat et al, 2017). This secondary analysis powerfully reveals the sum of such accumulated and broad-spectrum disadvantage in relation to imprisoned Traveller mothers, and the subsequent impact this has on their physical and mental wellbeing and outcomes. Furthermore, the report highlights the relationship between lifespan trauma, maternal trauma and separation, and the mental health presentation of Traveller mothers in prison. Specifically confirming a direct and causal relationship between these experiences and

⁵ The four (of five) priority groups targeted by the Department of Health (2018) in their Connecting for life strategy are as follows: **1. Health/mental health related group:** People with mental health problems of all ages, those who have engaged in repeated acts of self-harm, people with alcohol and drug problems and people with chronic physical health conditions. **2. Minority groups:** Members of the LGBT community, members of the Traveller community, people who are homeless, people who come in contact with the criminal justice system (e.g. prisoners), people who have experienced domestic, clerical, institutional, sexual or physical abuse, asylum seekers, refugees, migrants and sex workers. **3. Demographic cohorts:** Middle aged men and women, young people and economically disadvantaged people. **4. Suicide related:** People bereaved by suicide.

⁶ First Five: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019- 2028

<https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf>

⁷ Sláintecare Reform Programmes⁴, (2021-23), <https://www.gov.ie/pdf/?file=https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf>

Tusla, the Child and Family Agency is the state agency that is responsible for improving wellbeing and outcomes for children in Ireland

self-harm and suicidal ideation. The findings herein call for an interdepartmental, multi-disciplinary commitment to adopt a life course approach to understanding the physical and mental health and wellbeing outcomes for Irish Traveller women. This research reveals the outcomes for Traveller criminalised women where this hasn't happened.

Aims and Objectives

The research question being addressed in this study is 'How and what social and personal determinants of mental health specifically impact Traveller mothers in prison?'

To answer this question, a secondary analysis of the statistical and narrative dataset from The Mothers Project (O'Malley, 2018), was undertaken. The study responds to the call from Department of Health (2018), to contribute to research and evidence to reduce suicide rates and improve mental health and wellbeing in Ireland. The study will do this by undertaking a comparative secondary analysis of 'The Mothers Project'. It will investigate the specific social, and personal, determinants of mental health for Traveller mothers in prison in Ireland by drawing conclusions from the original wider group of mothers in prison in Ireland (which included Traveller mothers).

As such the objectives of this study are to:

1. Conduct a secondary analysis of narrative interviews with imprisoned Traveller mother, (with reference to social and personal determinants of mental health, WHO, 2014 and ACE's), and identify Traveller specific issues impacting on the mental health needs of Traveller mothers in prison.
2. Conduct a secondary analysis and produce a comparative socio - economic and individual characteristics statistical dataset related to Traveller and non-Traveller mother prisoners.
3. Consult with key stakeholders and members of the Travelling community to seek their expert opinion on the findings and analysis.
4. Produce a comprehensive report of the findings of the research with recommendations to influence future policy, practice, research and health promotion models of support for Traveller mothers in Prison in Ireland. To be used with the particular focus of reducing suicide and self-harm among this vulnerable group.

Background, Context and Current Understanding

Motherhood is something that has relevance to everyone; be it personally, socially, culturally, politically or economically (O'Reilly 2006, 2014, 2016). Zedner (1991), argues that the shame and judgement directed at all women who fall afoul of the law (and social norms), has long been magnified for those women who were mothers, *'because in their role as mothers, they were identified as the biological source of crime and degeneracy'* (1991:14.308). The lasting influence of such beliefs has resulted in a pervading sense that mothers who break the law are classed as doubly and triply deviant (Heidensohn, 1996).

Mothering is excessively challenging for incarcerated or criminalised mothers, who often have experienced traumatic and challenging lives (Corston, 2007, Baldwin, 2022a). Motherhood is a challenging role for all mothers, but especially for mothers who are parenting in and through adversity, addiction and trauma (Baldwin 2015, Enos, 2001). Mothers in prison face additional challenges related to motherhood due to their own experiences of trauma, mental ill health and addiction; indeed, substances are often employed as a strategy for coping and escapism, due to unmanageable and unresolved trauma, to include maternal trauma (Baldwin, 2022, Quinlan 2011, O'Malley, 2018). This will be discussed in more detail later.

Mothers are bound by the construction of social, gendered and cultural norms, arguably more so than fathers (Hayes 1996). Likewise, female offenders have been described as 'doubly deviate' for the manner in which they transcend both social and gendered norms, this then impacts the mothers externally and internally (Baldwin, 2018). Judgement and shame experienced by mothers in contact with the criminal justice system, serves only to add complexity and challenge to their lives (Baldwin, et al 2015, Baldwin, 2023, Masson, 2019, O'Malley, 2018). Offending Traveller mothers (and others from differing cultural backgrounds), are sometimes additionally labelled and stigmatised as 'triple deviate' for transcending not only ideals of 'good womanhood', but also 'good motherhood' and cultural ideals. Thus rendering the women judged and treated as underserving mothers (Carlen 1985, Bloom and Brown 2011, Baldwin 2015, 2019, 2022, O'Malley, 2018, Bozkurt, 2022). Arguably, for criminalised and imprisoned Traveller mothers, this additional layer to their perceived deviancy brings with it a history of racism and discrimination that cannot be discounted.

Traveller, and non-Traveller incarcerated mothers alike, often derive from the poorest and most socially deprived of their respective communities (Quinlan 2011). The class and social

stratification system that exists within and across the Traveller Community is rarely acknowledged, certainly not in the same way that class systems are accepted as the norm for all other communities including the Irish settled community (Joyce 2018). As poignantly put by Maria Joyce from the National Traveller Women's Forum in her article for The Irish Times⁸.

“While the feminist movement in Ireland has slowly acknowledged, supported and extended the hand of friendship towards Traveller women, universally there is still an issue of the failure of the feminist movement to deal with the question of diversity” (McDonagh, 2020).

Given that the situation for Traveller mothers in prison is under researched, it is imperative that diversity among Traveller women and mothers is acknowledged from the outset.

Representations of motherhood and mothering described herein are not unique to this group of prisoners, and they do not fully reflect the diverse experiences of motherhood and mothering within each community across Ireland. That being said however, it is accepted that the experience of imprisonment is different for women compared to men (Costello 2013, Mulcahy and Quinlan 2013). This is equally true for Traveller women, as Doyle (2017), explains; a different type and shape of shame and stigma are attached if a Traveller woman is imprisoned compared to a Traveller man.

Recognising class and value systems within the Traveller community does not override the extensive experience of poverty, social deprivation and the legacy of oppression excessively experienced by the Travelling Community. Brigid Quilligan is quoted in The Irish Times: *“We have the haves and the have-nots and that's creating the divide in our community. We must seek to close that gap instead of letting it widen”* (Holland, 2020)⁹. It is argued that such levels of poverty and social divide are not experienced to the same extent by the settled community (Joyce 2018).

Regarding Traveller mothers, what Casey (2014), termed the 'Triple Burden' is contextually relevant. Casey (2014; 5), “explores the ‘triple burden’ (i.e., race, class and gender), of being a Gypsy Traveller and a woman within the context of their everyday social relations and

⁸ Settled women talk of Glass ceilings <https://www.irishtimes.com/life-and-style/people/settled-women-talk-of-glass-ceilings-traveller-women-are-still-outside-looking-through-the-window-1.4323865>

⁹ Bridgid Quilligan is the former director of the Irish Traveller Movement, quoted in an article by Kitty Holland <https://www.irishtimes.com/news/social-affairs/travellers-feel-left-behind-by-representative-organisations-activists-say-1.4374846>

experiences”. Casey (2014; 21), goes on to highlight that,

“By ignoring or underestimating gender factors there is a tendency to give primacy to race and discrimination issues which on their own fail to reveal the added ‘gender burden’ which pertains to Gypsy-Travellers, in particular women”.

These compounding layers of gender-derived, mother-derived, and ethnic minority-derived emotional distress’s, can impact on mental health and wellbeing, and particularly the potential for suicidal and self-injurious thoughts and actions (Walker and Towl, 2006, Baldwin, 2022a). This can leave Traveller women particularly vulnerable given the pre-existing deficit of culturally competent resources and socio-ecological supports that could buffer this heightened burden and risk (O’Malley, 2018, Gavin, 2019).

The daily challenges to positive mental health Traveller women face can be particularly devastating considering the key role that Traveller mothers play in their family’s health and decision-making processes (Xena-Dion, 2008; Hegarty, 2013). This ‘triple burden’ experienced by Traveller mothers in prison magnifies the complexity of the social determinants at the biological level, to further entangle the ‘web of causation’ (Krieger, 1994; 887). Arguing and exploring here, that *both* social and personal determinants of mental health are significant, acknowledges the newly emerging ACE’s and social determinants research (Camcho and Henderson, 2022). Which in turn allows us to further expand our understanding of the determinants of physical and mental health (beyond structural inequalities) - to include interpersonal and intergenerational experiences of trauma, abuse and adversity across the life course (see: Hong et al. 2023; Hoi et al., 2023; Camacho and Henderson, 2022).

With some exceptions (e.g. Sudbury 2014), Twine (2008; 94), argues that prison has been under theorised by feminist scholars as an *‘important transnational site for analysis of the intersections of race, class, and gender hierarchies’*. However, those feminist criminologists, sociologists, and political philosophers (Davies et al, 1999; Gelsthorpe et al, 2020; Sudbury 2014), who have focused on prisons, to provide analyses of the intersections of gender, class, racism, and nationalism; have managed to do while always keeping the role of the state in analytical focus (Twine 2008, Alexander 2010).

Intersectionality appreciates the distinct disparities between Traveller and non-Traveller incarcerated mothers as experiences, and the perceptions of women who have been convicted of a crime, and which alters at the intersection of race, gender, and social class (Sudbury 2014). This concept mirrors and acknowledges the ‘web of causation’ (Krieger, 1994 ;887), of

social determinants of mental health as reciprocal and interdependent. Both concepts recognise the complex layers of social, personal and systematic influences and lack of protective factors, for a group whose marginalisation is a cancerous multiplicity of deeply rooted and compounding factors. Sudbury, (2014), highlights the tragedy that these entangled disadvantages and multi-level discriminatory practices contribute to the criminalised behaviors of women, and such survival behaviors are then punished by the same system that helped shape them. In other words, it is the individual that is held accountable and punished for the failings of policy and society (Clarke and Chadwick, 2018).

A lens that incorporates concepts of intersectionality, and the web cast by the social determinants of mental health, fosters a nuanced understanding of the complexity of the experience of Traveller mothers in the prison system; one that respects the interdependent and dynamic relationship of race, gender, lived experience, motherhood and social class, and recognises that the *whole effect* is much greater than the mere sum of each disadvantage. Justice campaigns for awareness around cultural diversity do not challenge systems of power that produce racist or discriminatory practices. This denial or absence of acknowledgement of the political and historical landscape continues then to only serve the elite and maintain a status quo (Alexander 2010). It also places emphasis on the individual (to change /adapt/perform etc.), as opposed to acknowledging systems of power engendered by systematic racism and is synonymous with marginalised women's contemporary experiences of criminalisation (Clarke and Chadwick, 2018, Norris 2019).

It has long been widely accepted that most women in prison come from a background where trauma, addiction, domestic abuse, childhood abuse and mental health issues are common features (Carlen, 2002; Worrall, 1990; Corston, 2007). Most women are imprisoned for minor offences (ibid), although it is also known that even very short sentences can and do cause significant harm to women, especially those who are mothers (Baldwin and Epstein, 2017; Masson, 2019; Corston, 2019). Conversely, it is also true that for some women, especially those in abusive relationships or who are addicted to substances, prison *can* provide a transitional site of safety that fosters opportunities for 'respite and repair' (O'Malley, 2019; 243); and an opportunity to access to positive supports, that they have been unable/fearful of/unwilling to access in the community (O' Malley, 2018; Bradley and Davino, 2002). However, for most mothers who enter prison, especially those who had the care of, and contact with, their children before prison, it will be a traumatic experience. Moreover, one that in and of itself can, and usually does, have a profound and traumatic impact on the mother's well-

being and mental health (Baldwin 2022a; Enos, 2011, Booth, 2020). As also acknowledged by the recent Irish governmental report by the Mental Health Commission entitled, Access to Mental Health Services for People in the Criminal Justice System,

“The studies available on women in forensic mental health systems show that women in custodial settings have higher rates of mental illness and psychological distress and present with highly complex health needs and multiple diagnoses. They have complex social situations including family dynamics, childcare/custody issues, unemployment, social isolation, and low socio-economic status. Studies have shown that 50-60% of these women have experienced physical or sexual abuse in childhood and/or adulthood. Areas affecting the lives of women and their children include welfare benefits, drug treatment, housing, education, employment, and reunification with children” (Gilheaney, p. 53).

In recent years there has been significant and increased interest in maternal imprisonment (O’Malley, 2013, 2018, 2023; Baldwin 2015, 2017,2021,2022,2023; Booth, 2020; Masson, 2019; Minson, ;2020; Abbott, 2018). However, few studies have focused solely on mental health (although *all* reveal some negative impact on mental health). Fewer studies still, have highlighted the mental health needs and/or experiences of Traveller female prisoners, except sometimes within their broader studies (O’ Malley, 2018; Comiskey *et al.* 2006, Mulcahy and Quinlan 2013, Costello 2014b, Doyle 2017, 2022, Finnerty 2021, Joyce *et al.* 2022).

Although her original study with imprisoned mothers was not Traveller specific, O’Malley did have Traveller specific findings (a desire to utilise those findings led to this secondary analysis). In relation to mental health, O’Malley (2018), found in both Traveller and non-Traveller mothers alike, *“universal experiences of child and adult trauma which emerged in the mother’s stories were often intertwined with poor maternal mental health”* (O’Malley 209; 323).

To date, little research exists on the correlation between maternal incarceration and maternal mental health specifically in the Irish, or Irish Traveller, context. Though Traveller female prisoners, nor their medical records, were included in the latter stages of the infamous *All Ireland Traveller Health Study: Our Geels* (AITHS Team 2010), the AITHS Team (2010), did call for gaps in Traveller prisoner specific health research to be addressed. It is to this gap in understanding and knowledge that this report also responds.

Section 1.

Social and Personal Determinants of Mental Health Relating to Traveller Mothers in Prison

The WHO (2014; 9), report on the *Social Determinants of Mental Health* clearly linked population subgroups, such as is the subgroup of Traveller mothers, with a “*higher risk of mental disorders because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, interrelated with gender*”. Individuals' mental health and wellbeing are dependent on many social factors including housing, poverty, employment, education, racism, discrimination and adequate nutrition among others (Allen et al, 2016). However, as the findings of this study will demonstrate, it is impossible to separate personal lived experiences, relationships and realities from accepted structural social determinants of mental health. Camacho and Henderson (2022), argue that their ‘*Intersectional Nature of ACEs Framework*’ demonstrates how ‘*environments shape high-risk conditions; link intersectional experiences of recognised and unrecognised individuals, groups, and populations; and have confounding effects related to ACEs*’ (np). They argue that the underlying issues that construct high-risk environments and that exacerbate existing ACEs for children, families, and communities, are further compounded by childhood ACE’s which thrive in situations of disadvantage and discrimination. Ergo the traditional social determinants of mental ill health are compounded by the very conditions which we already know are relevant to Travellers’ (and their children’s), lived experience (Watson et al, 2017).

Furthermore, people living in challenging and discriminatory circumstances are more prone to anxiety, depression, suicidal thoughts and other negative mental health states; significantly over their whole life course (Kirkbride et al 2024). As such, Kirkbride et al (2024), suggest that structural social determinants of mental ill health generate and perpetuate intergenerational cycles of disadvantage and poor [mental] health (which we know from research can apply to the Traveller community). Addressing this perpetual disadvantage is a matter of ‘social justice’.

Guided by the project findings, an intersectional framework and literature on the social and personal factors that threaten mental health and well-being (Camacho and Henderson, 2022, Compton et al., 2015, CSDH, 2008); this secondary analysis will be presented through the themes below. These being the most profound themes emerging from the data with regard to

the mental health concerns related to Traveller mothers in prison in Ireland.

1. Adverse Childhood Experiences (ACE's) and Lifespan Trauma.
2. Contact with Support and Services, (to include Healthcare, Education and Accommodation/Housing).
3. Relationships.
4. Maternal Separation and Maternal Trauma.

All of the above have an impact on the mental (and physical), wellbeing of incarcerated Traveller mothers, before during and after prison. Using the lens of these social and personal determinants, we can take a broader and more holistic look at the mental health context and experience of the incarceration of Traveller mothers in Ireland. Understanding the causes and amplifications of imprisonment of Traveller mothers, and the effect on their children, can inform direct, appropriate mental health promotion and suicide prevention supports, policies and interventions. Whilst also perhaps assisting the prison itself to become a setting and /or opportunity to reach a population in higher need of these supports, (though it is important to note solutions and positive interventions are a multi-agency responsibility).

The most widely accepted ACE's are, experiences of abuse, poverty, neglect, mental illness, having a substance addicted family member, witnessing domestic violence, unstable accommodation and experiencing an imprisoned parent (Petrucelli et al, 2019). Most people in prison have experienced four or more of the aforementioned ACE's (Ford et al, 2019).

Travellers are widely acknowledged as one of the most marginalised and disadvantaged groups in Irish society and Traveller children may experience many of the aforementioned ACE's (Watson et al, 2017). Moreover, Travellers often fare poorly on indicators used to measure additional disadvantage such as: unemployment; poverty; social exclusion; health status; infant mortality; life expectancy; accommodation and living conditions (Linehan et al, 2002).

1a. Adverse Childhood Experiences (ACE's) and Trauma

Understanding the true picture of childhood abuse in relation to Traveller children is complex, not least because of issues of reporting and recording. Allen and Riding (2018), argue that not only are professionals ill equipped in terms of understanding the communities, but they also

By way of addressing the ‘problem’, (1963; 1), of Irish Travellers, or ‘Itinerants’ as the report labelled the Irish Traveller community, the report set out “ ...to examine the economic, educational, health and *social problems inherent in their way of life.*” (*ibid*).

(3). To consider what steps might be taken.

(a) to provide opportunities for a better way of life for itinerants

(b) to promote their absorption into the general community

(c) pending such absorption, *to reduce to a minimum the disadvantage to themselves and to the community resulting from their itinerant habits*

(4). To make recommendations.”

(Report of the commission on Itinerancy, 1963, p.11, emphasis added).

The aim of the Commission was to ‘assimilate’ the ‘itinerant’ Irish Traveller Community, into the ‘general community’, thereby effectively ending Traveller identity and culture. It is perhaps not surprising to note that there were no Traveller representatives on the Committee (see¹¹). The original report advocated for the removal of ‘itinerant children from their parents’, which was unbelievably argued to be a ‘solution to the problem’, further suggesting that, in one generation the itinerants as a class would disappear” (p. 69, emphasis added) (ITM, 2013;50). The Irish Traveller Movement (ITM), 2013 review of the report calls this suggestion,

‘... startling and is tantamount to an explicit perusal of a policy of cultural genocide, with striking parallels with other ethnic minorities, namely practices against Roma in Austria and the Aboriginal population under the rule of white colonialists’.

The 1960’s Commission regarded that, by their very lifestyle and ‘itinerant habits’, children of Travellers were at risk of being harmed or neglected (and this assumption was made without any real understanding of Travellers’ lives or culture).The intent of the Commission to separate Traveller children from their parents seeded a deep-rooted fear of the agencies tasked with that separation i.e. the social services (and arguably the Garda too), and these agents of separation became known in Traveller communities as ‘the cruelty man’.

¹¹ Report of a Thematic Inspection of the Governance of a Foster Care Service
https://www.hiqa.ie/system/files?file=inspectionreports/4399_FC_Galway%20Roscommon_01%20November%202021.pdf

Artists and Traveller activists such as Trish Reilly Nolan, Amy Ward, Martin McDonagh and John Connors speak publicly about Traveller children's fears of the 'The Cruelty Man' (The Late Late Show, 2016). 'The Cruelty Man' describes social workers who historically have removed Traveller children from their parents. Parents who were at the time, deemed to be 'unwilling' to conform to state assimilation practices that denounced their Traveller ethnic identity and cultural rituals. Furthermore, compliance with the Commission directed policies requested/required Travellers to desert their nomadic lifestyle and revert to/ move to settled accommodation.

In *Travelling to Wellbeing* (Costello, 2015), Traveller mothers discuss barriers to support services, due to an inherent distrust of state agents and their fear of social workers in particular. Some mothers in the study suggested that social workers do not have cultural awareness or training when working with Travellers. Thus, they feel as if assimilation takes precedent over the welfare of the children and mental health associated with cultural consonance (as evidenced by Allen and Riding, 2018; see also Daly, 2016). It is this same lack of perceived and/or real cultural insensitivity that continues to contribute to institutional mistrust and affects how Travellers engage in health and social care, and additionally causes distinct and additional layers of stress, depression and anxiety for Travellers, particularly Traveller mothers (Allen and Riding, 2016). This will be further explored in a subsequent section.

1b. Lifespan Trauma

Most women in prison have experienced some form of abuse prior to coming to prison (Corston, 2007; Carlen 2002). O'Malley (2018) found 20% of children of Irish incarcerated mothers were in foster care, and 11% of the mothers had experienced state foster care themselves as children. However, for many of the Incarcerated mothers, the trauma that had caused them to be in care was not only present in their childhoods but had continued into adulthood. These findings reflect the wider picture and the heavy presence of lifelong trauma in incarcerated women (Corston, 2007, Carlen and Worrall, 2004). Many women will have experienced multiple traumatic experiences that have contributed to their continued traumatisation and victimization (to include rape, domestic abuse, coercive control, self-harm and suicide attempts) (ibid). The link between these experiences and mental ill health is an obvious one, and it is perhaps not surprising that levels of self-harm and suicidal thoughts/attempts amongst prisoners is so high when understood in this context (Walker and

Towl, 2016, Baldwin, 2022a). This is particularly the case when compounded by maternal trauma and separation (Baldwin and Epstein, 2017, Baldwin, 2022a, Enos, 2001), (as will be discussed in more detail later).

The trauma incarcerated women experience from their childhoods often contributes to a misuse of substances (Corston, 2007), and which can then lead indirectly into criminal activity to fund addictions whilst also contributing to mental ill health. Women may use substances as a means of coping with or blocking out their pain and trauma (Covington, 2007, Baldwin, O'Malley and Galway, 2015). Thus, many women in prison, and Traveller Mothers included, are understood as having an active addiction (IPRT 2011, Clarke and Eustace 2016), whilst also being 'mentally unwell', either through anxiety, depression, personality disorder, bi-polar disorder or a combination.

This is often referred to as Dual Diagnosis; (i.e. those who are challenged with co-occurring mental ill health and substance misuse, IPRT 2011). Female prisoners are more likely to be chronically addicted compared to male prisoners (Clarke and Eustace 2016). According to the *National Self-Harm Registry Ireland* (NSRF 2018), 62% of all self-harm presentations in Irish hospitals involved a drug overdose, (more commonly used as a method of self-harm by women 67%, compared to men at 56%). In the UK 46% of imprisoned women have previously attempted suicide (Prison Reform Trust, 2021).

Of those interviewed as part of The Mothers Project, 82% disclosed and discussed personal problematic substance misuse and O'Malley (2018), found "*that the use and abuse of drugs, is often in and of itself a form of self-harm and suicide*" for this vulnerable group of mothers (322)¹². Like O'Malley, Baldwin (2022a, found that substance misuse and self-injurious and suicidal thoughts was almost always related to past or ongoing trauma. Stanton (2018), reports that suicide is the leading cause of death of women in prison the in the US. In Ireland, Iqtidar *et al.* (2018; 403), investigated the link between active substance use and deaths in custody by suicide or misadventure (i.e. overdose), and found the use of illicit drugs at the time of death a "major contributor" to such deaths in Irish prisons. Moreover, Iqtidar *et al.* (2018), found rates

¹² Regarding gender disparities, a study published by Pavee Point on drug and alcohol use among Travellers found alcohol was the first substance used by 58% of Traveller men in their study, compared to 33% of Traveller women who reported their first substance was heroin (Cafferty 2011). The *All-Ireland Traveller Health Study: Our Geels* (AITHS Team 2010) found a substantial number of Traveller deaths are due to external causes, defining external causes to include suicide and alcohol and drug poisoning/overdoses. The report concluded "suicide among Travellers has been shown to be a major problem... there is always a worry that alcohol or drug overdoses... could be actually suicides though of course it is impossible to know" (p.93).

of illicit drugs at the time of death to be much higher for deaths in prison compared to deaths by suicide in the community. Positive toxicology for illicit drugs were present in 68% of all deaths in custody; most of which were positive for more than one illicit drug. 30% of those who died by suicide (nearly all of which were due to hanging), 61% were by verdict of misadventure, which was in fact a drug overdose (Iqtidar *et al.* 2018, p. 401- 402). Due to the stark nature of their findings, Iqtidar *et al.* (2018), declare their support for the development of national dual diagnosis services. It would be important, given that trauma is often at the root of addiction (Baldwin, O'Malley and Galway, 2015), that any services developed are gender and culturally responsive and trauma informed. The mental health concerns of Irish female prisoners have been highlighted by a number of scholars and government agencies over the years (Carmody and McEvoy 1996, Hannon *et al.* 2000, Comiskey *et al.* 2006, NSRF *et al.* 2017, O'Malley *et al.* 2022).

Irish prison research and literature notes the extreme prevalence of psychiatric treatment, suicide attempts and deliberate self-harm distinct to the female prisoner population (Kavalidou, Daly, McTernan and Corcoran, 2023; Kennedy *et al.* 2005, Rogan 2010, Moore and Scraton 2014). The Inspector of Prisoners (Reilly 2016), and the Mental Health Commission (Finnerty 2021), have emphasised the differing health needs of female prisoners compared to their male counterparts. The Irish Prison Service Self-Harm Assessment and Data Analysis (2019), reports that nearly 20% of women committed to prison self-harm, which increases among those women on remand. An audit of mental health social work casework was conducted for the Mental Health Commission review and found female prisoner psychosocial domains were as follows.

Psychosocial Domain	Percentage Dóchas Psychiatry Caseload
Actively Homeless	67%
Sleeping Rough	17%
Childhood Abuse/Neglect/State Care	41%
Difficulties with Mothering Role/ Children in Care	31%
Polysubstance Abuse	55.56%
Ethnic Minority	24.07%
Intellectual Disability	9.26%
Domestic Violence	18.52%

Recent UK based research demonstrated that women in prison are more likely to present with mental health needs, substance misuse issues, and reports of childhood and domestic abuse than men (Lockwood 2020). In Ireland, concern around the significant number of women with mental health and addiction needs in custody, with limited appropriate facilities to meet these needs, was highlighted by the Dóchas Visiting Committee (2020).

The *Self-Harm Assessment and Data Analysis (SADA) Project 2018* found, that in one year (2017), 16% of female prisoners self-harmed while in custody in Irish prisons, which is 4.4 higher than the rate of self-harm among male prisoners in Ireland. The first national study on mental health in Irish prisons found that nearly 40 percent of female committals had self-harmed at some point in their lives, most had self-harmed recurrently (i.e. had five previous incidents of self-harm), and, had self-harmed within the past six months (Kennedy *et al.* 2005). The most frequent method of self-harm among both male and female prisoners is self-cutting or scratching (62%), following by attempted hangings (21%) (*Self-harm in Irish prisons 2017, First report from the Self-Harm Assessment and Data Analysis [SADA] Project 2018*). Similarly, UK research confirms that suicide and self-harm incidents are considerably higher in the female estate as opposed to the male (PRT, 2023).

Kelly (2006), discusses how deliberate self-harm is used as a coping strategy among female prisoners for past and ongoing trauma, including maternal trauma and trauma associated with being in prison - often referred to in the literature as ‘the pains of imprisonment’ (Baldwin, 2022a, Crewe *et al.*, 2017, Chamberlen, 2016). Chamberlen’s (2016), qualitative study found that most self-harming behaviors’ among the female prisoners in her study began, for the first time, while in prison. Chamberlen’s (2016; 214) analyses that the “*practices of self-injury highlighted a complex process of ‘emotion work’ in which, while in prison [female prisoners] articulated and framed their emotions by enacting them upon their bodies*”. It is clear that understanding and responding proactively and positively to criminalised women’s lifespan trauma is essential to their wellbeing, before during and after prison (Baldwin, 2022a, Masson, 2019).

1c. Contact with Support Services, (to include Education, Healthcare, Accommodation/Housing and Social Services).

Irish Travellers score the lowest in most social indicators in the Republic of Ireland (Tubito, 2015). Many studies blame discrimination, judgement, stereotyping, and lack of knowledge

and understanding by the settled population, and non-Traveller specific agencies. Which in turn is deemed significant in the barriers impeding Travellers' access to social and other services (Allen and Riding, 2018). Furthermore, arguably, at least in part, because of this lack of understanding and/or appropriate responses to the Traveller community, it has been evidenced that the Irish Traveller population are often 'suspicious of' and/or 'reluctant' to engage with external agencies and services (Quirke et al, 2020). This 'double edged sword', concerning access to services, serves only to continue to exacerbate disadvantage and inequality, which in turn can be impactful on physical and mental health and subsequent health and wellbeing outcomes. Services where this is particularly impactful on mental health and mental wellbeing include, education, social services, healthcare and housing (this list is not exhaustive).

1d. Education

Historically, Irish Traveller children have encountered significant disadvantages within the Irish education system (McGinley and Keane, 2021, 2022). Following her research, 'Exploring Barriers to Education for Traveller Children in the North Cork Region and identifying Local Solutions to address these barriers'. Dr McGrath stated,

*"Despite the Government's commitment to reducing this disadvantage and improving progression rates to further and higher education, this research finds that barriers to education persist for Traveller children in primary and secondary schools,"*¹³.

Limited educational experiences can have a significant impact on life chances (Hancock et al, 2013). Although various government policies and strategies have been developed over many decades, educational outcomes for members of the Traveller Community have not seen significant improvement (McGrath, 2021). The educational disadvantages faced by the Traveller Community are starkly shown in the following statistics, (Oireachtas Joint Committee Report on Key Issues Facing the Traveller Community – 2021):

- Only 13% of Travellers complete secondary education compared to 92% of the general population. 3% of female Travellers are educated to upper secondary level or

¹³ Exploring Barriers to Education for Traveller Children in the North Cork Region and identifying Local Solutions to address these barriers. (2021) <https://tnc.ie/wp-content/uploads/2023/06/Draft-Research-report-Exploring- Barriers-to-Education-for-Traveller-Children-in-the-North-Cork-Dr-Patricia-McGrath-2023.pdf>

above, compared with 69% of the female general population.

- 57% of male Travellers are educated to primary level at most, compared with 13.6% of the general population.
- 28% of Travellers leave school before the age of 13, compared to 1% of general population.
- 8% of Travellers have completed education to Leaving Certificate level, compared to 73% of non-Travellers.
- 1% of Travellers aged between 25-64 have a degree, compared to 30% of non-Travellers.
- 50% of Travellers have poor functional literacy, compared to 9% of the general population.
- 18% of Traveller children have no formal education in comparison with 1.4% of the general population.
- 67% of Traveller children live in families where the mother has either no formal education or primary education only.
- 62% of Travellers experience discrimination at school.

The ‘Joint Committee on Key Issues Affecting the Traveller Community’ (2021), final report stated that Traveller children were ‘struggling’ in education and are overrepresented on ‘reduced’ timetables. Furthermore, the Committee found that although the segregation of Traveller children has rightly ended, there remained concerns that without focused supports within mainstream education (for pupils and staff), Traveller children would continue to fare less well than their peers; and regression in progression rates would continue to fall (McGinley and Keane, 2021). Traveller children are at increased risk of bullying, discrimination and exclusion than non- Traveller children – all of which has the potential to have lifelong impact in terms of opportunity, and significantly, on mental wellbeing (Powell et al, 2024). Experience of these educational ‘struggles’, and early termination of education and consequential limited employment opportunities are often present in the narratives of Traveller women and mothers in prison (Kennedy and Pierce, 2023).

Boyle, Flynn and Hanafin (2020; 1395), found that the ‘hurt and disappointment’ parents of Traveller children had experienced during their own educational experiences, influenced their attitudes, and the subsequent negative/positive value they placed on the importance of education for their children. Boyle et al (ibid), also found that although inclusion and diversity have ‘improved’ in Ireland overall, Traveller children were ‘still excluded’, particularly concerning acknowledgement of their culture and traditions in schools. Significantly, they found that despite the ongoing racism Traveller children face in schools, there is sufficient evidence to refute the stereotype that Traveller children ‘do not want to be educated’ (2020; 1404); or that their parents routinely do not want their children to be educated. Indeed, parents in the Boyle, et al study (2020), were ‘adamant’ that they wanted their children to benefit from education in ways they had not, and furthermore ‘wanted’ their children to have the same ‘advantages’ as settled children.

It is clear that for Traveller children to thrive and feel supported in education, there must be a systemic, renewed, invigorated, committed and long-term effort from schools, local authorities and the whole Education system, to be proactive in its’ support and understanding of Traveller children and their needs. This would only serve to improve long term mental health (and other), adult outcomes for the Traveller population.

1e. Healthcare

In a 2018 systematic review, McFadden and colleagues concluded that Travellers are confronted with multi-dimensional barriers to accessing and utilising health care services. Adherence to health service legislation requirements (i.e., not having required documentation such as a fixed address, visitation limitations etc.), language barriers and mistrust of medical and outreach workers due to social exclusion and discrimination were examples of cultural barriers. Additional challenges, and derivatives of social inequalities, included lowered health literacy, education level and economic capacity. Furthermore, sensitive topics such as mental health, substance abuse and fear of disease progression, prejudice and childcare services were key drivers of lowered health care engagement levels (McFadden et al, 2018). These same themes emerged in an earlier study by McGorrian et al., (2013), where cultural inappropriateness, health literacy challenges, lack of preventative engagement due to a “fatalistic view of ill-health” (178), mistrust and lowered confidence in service providers, were barriers to Traveller engagement in health care. Where their study found greater utilisation of

health care services by Travellers, the service quality was perceived markedly lower than for non-Traveller participants (ibid).

As previously stated, people in the Traveller community are at an increased risk of suicide and self-harm (Kavalidou, Daly, McTernan, Corcoran, 2023). McGorrian et al (2013), found that key factors that triggered frequent mental distress (FMD), for the Traveller community, were often related to discrimination (in almost every social situation/interaction), and to bereavement. They found that bereavement as a trigger for FMD is especially significant for Traveller families because of health inequalities and a shortened life expectancy. It is established that mortality rates in Travellers are very high, due to broad spectrum ill health and delayed/restricted/limited access to healthcare, but also for specific factors such as suicide, which has a seven-fold higher rate among young Traveller men (Abdalla et al., 2010).¹⁰

Experience of loss is therefore relatively common in the Traveller community, and as McGorrian et al (ibid), suggest is a significant contributor to poor mental health. It is certainly true that many women who are imprisoned both inside and outside of this study, have/had experienced loss, often multiple losses; and that those losses have a negative impact on their mental health, but often also bear some relationship to their offending (and subsequent criminality). Significantly, in this study, receiving little or no bereavement support was also a relevant factor in relation to intergenerational, or interfamilial multiple suicides and addiction (which in turn carries its own risks to health and wellbeing).

In, 'Prison and Health, the World health Organisation, (WHO, 2014; 93), prioritises meeting the needs of special groups, singling out women and 'different cultural communities'', as in need of individual accommodation. The WHO report recognises the importance of prison - staff training concerning minority cultural traditions, and as such recommends the proactive and deliberate strengthening of trust and respect in practice. National-level investigations, such as that of Bracken (2020), offer a real-life demonstration that healthy interactions between prison staff and ethnic minority prisoners is possible and beneficial for all, including therefore Traveller mothers in prison. The recently published report entitled, *Irish Travellers' Access to Justice* (2022), echoes the necessity for training in cultural competencies. Further, it advocates for the inclusion of Traveller mental health workers on Crisis Intervention Teams (CIT). The report calls for an integrated response for people with mental health issues to divert them from the criminal justice system; "*in recognition of the role of mental health in negative outcomes in interactions with criminal justice*" and that are specific to the Traveller community (Joyce et

al. 2022; 84).

O' Regan et al (2023), in their study about Traveller women's experiences of healthcare, found a lack of cultural awareness among health care staff concerning the Traveller population.

Consistent with previous research, O'Regan et al (ibid), found that Traveller women experienced varying levels of discrimination and a lack of compassion when accessing health care. They concluded that more needs to be done to meet the specific needs of Travellers and underscored the significance of this discrimination on the well-being of Travellers. Further arguing that removing barriers and improving access and understanding in relation to healthcare must be a primary consideration in the planning and delivery of health care services.

Quirke et al (2020), also found that members of the Traveller community experienced discrimination when accessing or engaging with mental health services in Ireland. Most of the research around engagement of Travellers in support services describes fear and suspicion amongst the population concerning engagement, (discussed in more detail later). For women who fear losing their children if they 'ask for help' in relation to mental health or substance misuse, this reluctance to engage can be particularly deep rooted and impactful (Baldwin 2022b). For Traveller mothers, this is often because they have already experienced, or fear they will experience; stereotyping, judgement, a lack of cultural understanding and discrimination, which they then fear might ultimately result in their children being removed. This is especially the case when drugs and/or alcohol are a feature of their mental ill health (Dual Diagnosis). Barriers in accessing services, especially for drug and alcohol related issues, make it challenging to understand the full picture, but research has nonetheless shown that Travellers are overrepresented in mental health services (Linehan et al, 2002).

Regarding gender disparities, a study published by Pavee Point on drug and alcohol use among Travellers found alcohol was the first substance used by 58% of Traveller men in their study, compared to 33% of Traveller women who reported their first substance was heroin (Cafferty 2011). The *All-Ireland Traveller Health Study: Our Geels* (AITHS Team 2010; 93) found a substantial number of Traveller deaths are due to external causes, defining external causes to include suicide and alcohol and drug poisoning and/ or overdoses. The report concluded *"Suicide among Travellers has been shown to be a major problem... there is always a worry that alcohol or drug overdoses... could be actually suicides though of course it is impossible to know"*.

Traveller and non-Traveller studies have equally focused on the grey line between death by

misadventure/overdose and suicide (AITHS Team 2010, Iqtidar *et al.* 2018). Pavee Point (2014), assert that drug and alcohol misuse and abuse has been identified as a factor, in instances of suicide, specifically within the Traveller community. IPRT (2011), Clarke and Eustace (2016), and Iqtidar *et al.* (2018), all highlighted the need for increased expertise and service provision for prisoners and ex-prisoners in Ireland who present with mental health difficulties which are accompanied by drug and/or alcohol dependency i.e. dual diagnosis. In 2015, as part of the *Submission to Dept. of Justice and Equality National Substance Misuse Strategy*, Pavee Point (2015; 2), highlighted the interrelationship between substance misuse and mental health concerns for the Traveller community, asserting “*a holistic approach to dual diagnosis must be a strong feature within the new strategy*”. Indeed, the causal relationship between health inequities, substance misuse and mental health is well established (WHO, 2014).

Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England (Public Health England 2018), IPRT (2011), and Iqtidar *et al.* (2018), equally emphasise the lack of important specialist psychiatric and dual diagnosis services in prisons. The national drugs strategy, *Reducing Harm; Supporting Recovery* (Department of Health 2017), outline the HSE’s Mental Health Division’s plan to develop a new programme called “Dual Diagnosis: mental illness and co-morbid substance misuse”, which aims to standardise an evidence-based approach to the identification, assessment and treatment of those experiencing co-morbid mental illness and substance misuse. However, as highlighted in *Dual Diagnosis: A Community Perspective* (Proudfoot *et al.* 2019), progress has been slow; and there remains no national guidelines on services provision for dual diagnosis in Ireland. In 2022, a report from the High-Level Task Force to consider the mental health and addiction challenges of those who interact with the criminal justice system, was published (Department of Justice and Department of Health 2022). However, recommendations are limited with regard to the needs of female prisoners, stating:

“Service planning should reflect the fact that males constitute over 95% of the prison population, while the much smaller number of female prisoners have pro-rata greater levels of psychiatric and broader mental health difficulties and more complex needs. As such similar but bespoke trauma informed services are required for women.” (2022;179)

There are many barriers to Travellers being able to access timely and appropriate health care and mental health support, all of which can affect individual outcomes (Walsh, et al, 2023).

Not the least of those barriers to overcome is unstable housing (Macmahon, 2016), as such there is an impactful relational aspect to health and wellbeing and housing. This is of particular significance for the Traveller community.

1, f. Housing

Historically, and not least following the 1963 ‘Commission on Itinerancy’, housing policy in Ireland has had a negative impact on the Traveller population. Simply by labelling the Traveller population ‘Itinerants’ (i.e. ‘one who alternates between working and wandering, a person who moves from place to place, Oxford Dictionary), in seeking to ‘solve the problem’ of itinerants, the Commission made it very clear that the Traveller lifestyle is an ‘unsuitable’ one.

The Commission report set the scene for decades of negative policies and sought to ‘assimilate’ Travellers into the settled or ‘general population’. The Commission report showed a complete disregard to nomadism as a way of life, alongside a ‘*total lack of imagination in developing strategies to make State services accessible to nomadic Travellers- trends that would continue from the publication of this document over the next 50 years*’ (Irish Traveller Movement, 2013, np). Such attitudes continued to influence housing policy and provision concerning Travellers, forcing many Travellers to all but abandon their nomadic aspect of their culture (ibid). In 2002 The Trespass Act effectively criminalised nomadism, with 117 vs 17 TDs voting to pass this act... that number tells its own story.

Thus, although originally a nomadic population, many people from the Traveller community now live in settled housing or seek settled housing – whilst simultaneously respecting and living within long held cultural norms and traditions. Despite this sometimes ‘settled’ status, Travellers continue to experience some of the poorest social outcomes of any group in society (Watson et al, 2016). Poor social outcomes have a significant negative impact on the health and wellbeing of the population, and as evidenced by Greenfields and Brindley, (2016), accommodation insecurity and poor environmental conditions can severely inhibit and impact Travellers’ life chances. Significantly, safe, secure, environmentally sustainable and appropriate accommodation can act as a catalyst to dramatically improve life chances (ibid).

Travellers account for 9% of adult homelessness in Ireland, and 56% of the homeless Traveller population is female (Traveller Accommodation Expert Review, 2019). Overall, Females

account for 42% of Ireland's homeless population, compared to the European average which is 20-30% (Mayock & Bretherton, 2017). Single mothers constitute two thirds of homeless families in Ireland (Focus Ireland, 2020). Generally, criminal justice involved women move in and out of a precarious cycle of prison, private rented accommodation, emergency hostels and homelessness (O'Malley, 2018, Mayock and Sheridan 2012). Therefore, there is often an ‘entrenched cycle of housing instability, depression, mental ill health, drug use, and repeat offending’ present in imprisoned women (Mayock and Sheridan 2012; 12).

As in most other services, Travellers face discrimination when they try to access or maintain housing support (Allen and Riding, 2018). For some, the barriers again relate to stereotyping, lack of understanding and judgement, but also there are issues around literacy and ability to engage in systems and processes required to access support or secure accommodation (Coates et al, 2015). It is important to note, 90% of Travellers rely on the State for their accommodation (Council, HAP, RAS). ‘Rebuilding Ireland’, the governments housing scheme, aims to source 85% of its housing via the private rental sector. By 2017 the number of households on the social housing waiting list had surpassed 90,000 (Hearne & Murphy, 2019). Yet, 82% of landlords would not rent to Travellers (DKM Economic Consultants, 2014). The lack of appropriate or stable housing has a direct impact on Traveller physical and mental health, as recognised by the AITHS (2010).

‘The better accommodated the Traveller family, the better the health status The recommendation should be to ensure existing policy is comprehensively implemented so that there are for instance adequate amenities on halting sites, with the basic principle that the children particularly in such situations have rights to a secure childhood and that need should be the primary driver of policy.’ (All Ireland Traveller Health Study, Our Geels, 2010; 10).

Many women in prison, to include Traveller women, have entered prison homeless or have experienced multiple periods of homelessness or unstable accommodation (O'Malley 2018). It is not hard to imagine how impactful not having the safe space of ‘home’. that many of the non-Traveller population take for granted, can be – particularly so for mothers (McMahon, 2016). Greenfields and Brindley (2016), in their study on the relationship between insecure accommodation and health, found repeated evictions and unstable accommodation was directly related to enduring stress, anxiety and depression – resulting in many Travellers ‘self-medicating’ to cope, via substances, like drugs, alcohol or the abuse of prescribed medication. Which in turn had a further negative impact on mental health and wellbeing. Not being able to

provide stable accommodation for one's own children can and does have an impact on mothers mental health and wellbeing (as well as that of the children) (Baldwin, 2022a, Masson, 2019). This in turn can lead to social services involvement, loss of children, and misuse of substances – which some women have succumbed to as a means of coping with, or blocking out, traumatic experiences, (Baldwin, 2022b). This can lead to repeating cycles of loss, mental ill health and trauma, addiction, criminality, sustained homelessness and imprisonment (Baldwin, 2022b), and as demonstrated by the 'Motherhood Disrupted Model' in the following section.

It is sometimes the case that for some incarcerated and newly released mothers who have not lived with or spoken to their children and families for some time, that reuniting and living with children post release is not always going to be an option, in part due to lack of suitable accommodation (O'Malley, 2018; 299, Baldwin and Epstein, 2017). Maternal imprisonment has been found to not only enforce, but also prolong, mother-child separation as mothers leave prison without a home and therefore can find it difficult to regain custody of their children post release. A tautological situation is created whereby the mothers are not regarded as a 'priority' for housing because they no longer have their children in their care, and their children cannot be returned to them because they do not have a home (Baldwin 2022a, Baldwin and Epstein, 2017, O'Malley 2018). For some mothers, this can result in a feeling of absolute hopelessness- which is linked to suicidal thoughts, self-harm and a feeling of 'giving up', - and again to a situation where it is felt that self-medication via substances is their only solace (further perpetuating the addiction/offending cycle) (Baldwin, 2022a, 2022b).

1g. Social Services

As previously stated, Traveller children are statistically more likely to become care experienced and Traveller families can be more at risk of experiencing social services involvement than the non- Traveller population (Cemlyn, 2000). The Traveller population is also significantly more likely to experience discrimination in their engagement with support services (Quirke et al, 2020). The fear and suspicion sometimes felt by the Traveller population concerning engagement with services, is nowhere more keenly felt than in engagement with social services and childcare social workers. Previous research has described how there is a reluctance to seek help from agencies in general, but specifically from social services (Allen and Riding, 2016). Not least because of (not unsubstantiated), fears of 'The Cruelty Man', and their children being removed into foster care. However, it seems the fear

'goes both ways' Daly, (2016; 338), describes how social workers are sometimes '*terrified*' of going into Traveller sites or '*dealing with Travellers*'. Furthermore, Powell (2011), argues that social discourse of welfare professionals around Travellers, has tended to construct Travellers and their culture as subordinate or 'less than', thus using middle class white norms and values to measure Travellers against. Bernard (2022; 149), suggests that social work failure to embrace an intersectional approach is negatively impactful on services users, and that "*intersectional approaches can open up social work practice to new understandings of the complex linkages of multiple and intersecting systems of oppression that shape the lived experiences of diverse groups of service users*".

Travellers being one such group. Social work engagement with Traveller communities must overcome barriers of perception on both sides to be effective and be seen as supportive by Travellers (Kelleher et al, 2023). When these barriers are overcome, social work with the Traveller community can be extremely positive and can support the community in a greater understanding of the positive impact a social worker can have in their lives if empowered to do so (O'Malley and Devaney, 2016a). Kelleher et al (2023), found that the Traveller population felt their culture and practices were not understood or respected, feeling like they (the Traveller population) were '*a problem to be solved*' (2023; 498). Such perceptions impact negatively on productive relationships between Travellers and social workers, which in turn impact negatively on support provided and potentially, outcomes.

However, and importantly, Kelleher, et al (ibid), also found that some progressive and informed individual social workers were frustrated with what they felt were long held institutionalised beliefs about Travellers, which hampered their desire to work in an anti-oppressive way. For example, social workers described how there was almost 'an assumption' that all Travellers required a social worker and/or social service intervention, a view that had been long held and institutionally sanctioned. Frequent, ill-informed or overzealous intervention has the potential to push Traveller mothers into overly oppressive and impactful engagements '*instead of providing more equitable service*' (Kelleher, 2023; 49). Such engagement, particularly if interventionist as opposed to supportive, may lead to the repeated loss of children and repeated cycles of addiction and imprisonment, as was evidenced by Baldwin, (2015, 2022), in her research with mothers in contact with the criminal justice system (not specifically Traveller mothers). This cycle is illustrated by Baldwin (2022b), in her

‘Motherhood Disrupted’ model.¹⁴(see Fig. 1).

This devastating, and potentially life-threatening chain of events is reflected in the model below, highlighting the tautological situation many criminalised women have found themselves in. In short, the model reflects; following an original trauma (or a series of traumatic events), often in childhood, there are often fears or challenges accessing services. (Which research has shown is exacerbated for Traveller mothers, Daly, 2016). This can lead to the use of substances ‘to cope with or block out’ the pain of the original trauma/s (Baldwin, 2022, Walker and Towl, 2016). All too often, because of delayed support or the aforementioned reluctance to ask for help - when support from social services is engaged, it is more likely to come at a crisis point, (for example, homelessness, imprisonment, mental health crisis), which in turn makes it far more likely that children will be removed (Barnes, 2015, Baldwin, 2015, 2022a). The loss of children to the care system, only serves to cement mistrust and negative associations, and to feed and/or confirm stereotypes on both ‘sides’. Furthermore, it is likely to trigger a mental health crisis for the mother (and potentially the child)- which may or may not link to increased depression, suicidal thoughts, anxiety, addiction relapse, and imprisonment (Baldwin, 2022, Morriss 2018). Moreover, the cycle is often repeated with mothers losing multiple children to the care system; primarily because the mother is not supported post separation. This leads to more maternal trauma, deep rooted feelings bereavement and loss, another pregnancy in an attempt to ‘redeem’ herself, to recover a positive maternal identity and role, and to heal. This additional maternal trauma is ‘on top’ of the original trauma and the now established means of ‘coping’ via pre-existing addiction issues, which will ultimately lead to re- criminalisation.

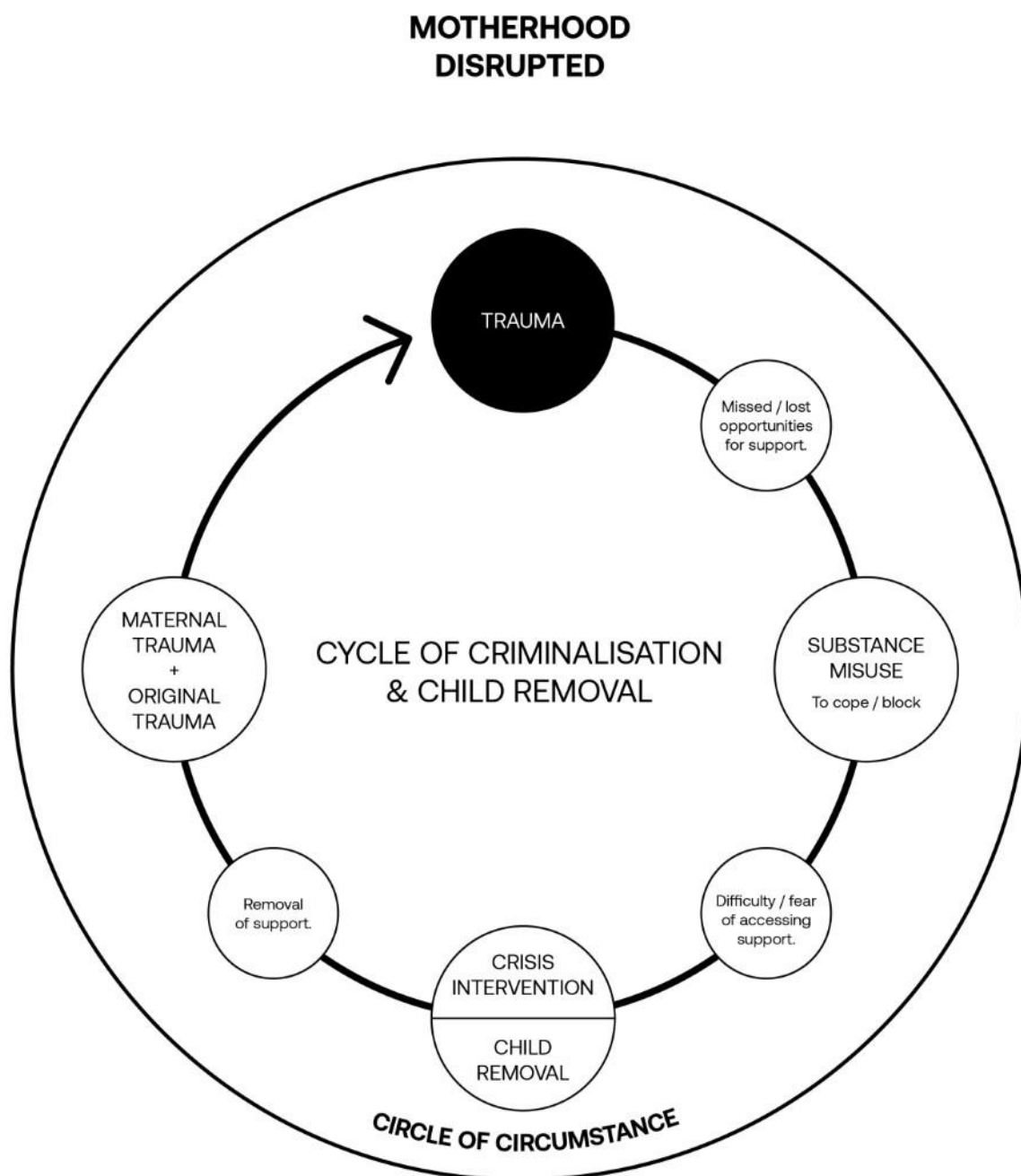
With every child removal there is an ever more deepening reluctance on the mothers’ part to ask for help or engage with services because of a fear of losing their children, as voiced by Shanice.

‘why would I tell them I was struggling? Why .. so they can take my kids again, no way’ (Shanice, Baldwin 2022; 18). Thus, a ‘crisis’ point is reached again and the cycle repeats.

(as illustrated in the cycle in Figure 1).

¹⁴ Baldwin (2022) Missed and Lost opportunities; Model of Maternal Disruption <https://www.probation-institute.org/news/missed-and-lost-opportunities>

Figure 1.



Baldwin 2021.

We must ask ourselves, how easy would it be to ask for help in the situations described above for anyone, but more so when you 'know' that as a Traveller you will be additionally judged

For Traveller mothers this fear is compounded by the fear that they will be discriminated against. For Traveller mothers, continuing to parent, survive and manage in such situations, especially without support, it is not difficult to imagine the impact such a situation might have on their mental health and wellbeing. The cycle illustrated above is relevant for mothers at all stages of their criminal justice journey because they could be ‘trapped’ in the cycle before and after prison or both. It is important to ‘interrupt’ the cycle with positive and supportive intervention – which in theory is possible at several/multiple points in this cycle, and via multiple agency support (Baldwin, 2022a, b).

Kelleher et al (2023; 502), argue that ‘*the development of a national framework for local authority social workers would enhance professional consistency and enable social workers to be better prepared to engage with Travellers in more authentic and empowering ways*’; and furthermore arguing, that only through such initiatives would it be possible for social work to maximize opportunities for support and achieve more progressive practice spaces for empowering, and importantly supporting, anti-oppressive, timely and effective, practice with Irish Travellers.

As has been described already, many Traveller women are dealing with multiple layers of trauma, potentially issues with addiction, and as the next section will discuss, sometimes ongoing domestic violence/abusive relationships.

1h. Relationships

Relationships are important in the Traveller community; a Traveller family can often be the sole source of significant relationships and support for Travellers who do not mix with non-Travellers. Often these strong familial bonds are positive and supportive, particularly in relation to co-parenting. For some Travellers the lack of non-Traveller relationships is rooted in a fear of, or previous experiences of discrimination. Thus, according to McGorrian et al (2013; 577), Travellers may therefore exhibit and experience ‘*high degrees of bonding within their own community but have considerable difficulties in bridging to the general population*’, resulting in ‘*frequent mental distress*’.

However, when relationships are negative, vengeful, troublesome, abusive and exclusive, they can be isolating and thus provide a person with a skewed set of norms, values and expectations (Rose and Cambell, 2000). Of course this is also true in the non-Traveller community, but

where a whole community is already marginalised, then those skewed alternative norms, values and expectations can remain unchecked and embed more deeply (Allen, 2012). Which subsequently can make it more challenging to leave or break negative and dysfunctional connections or relationships and can result in ‘frequent mental distress’ being exacerbated and embedded (McGorrian et al 2013), (which arguably could be linked to the increased frequency of suicide in the Traveller community).

Studies have found a relational aspect to poverty, social exclusion, inequality, and abusive/violent relationships (Fahmy and Williamson, 2018, Najman et al, 2024), although these studies are not specific to Travellers, the circumstances described by the authors have been ascribed to the experiences of Traveller communities, and thus it could be argued have some relevance to Traveller experiences of violence and conflict. The 2019 Exchange House report on ‘Inter-Familial Violence and Its Impact on Traveller Mental Health’¹⁵, found that inter-familial violence, conflict and feuding, is exacerbated by poverty, exclusion, poor accommodation and other factors, all of which also can have a negative impact on mental health in the Traveller community. The report concluded that there is a great need for systemic responsiveness, cultural awareness, trust building and resourcing if many issues, to include inter familial violence are to be successfully addressed and their negative impact on mental health reduced.

As previously stated, trauma and negative experiences of care are commonly present in Traveller families and communities (Devine and McGillicuddy, 2019, Allen and Riding, 2018, Allen and Humes, 2021), consequentially there may be some history of stress, tension, and fractured relationships present in many Traveller families, all of which can have a significant impact on the mental wellbeing of community members and their relationships.

Regarding marriage, 20% of mothers in prison in Ireland are, or have experienced marriage (O’Malley 2018). O’Malley (2018) suggests this may be a uniquely Irish finding as it contrasts with reports that marriage is statistically less common among incarcerated mothers in American (Barnes and Cunningham - Stringer 2014, Enos, 2001), and well-known UK research, (although which does not highlight marriage) (see also Minson et al 2015, Lockwood, 2018). O’Malley suggests this is perhaps culturally related, and the high numbers

¹⁵ Inter-Familial Violence and Its Impact on Traveller Mental Health (2019), <http://travellermediation.ie/wp-content/uploads/2020/03/Traveller-Conflict-and-Mental-Health-Conference-Report-2019.pdf>

of marriage could, she posits, be part due to Ireland's Catholic, historical, cultural and constitutional focus on the institution of marriage as central to Irish family life (O'Malley, 2018). Correspondingly, it is traditional for Irish Traveller women to marry at a young age. The DCYA (2020), confirm that marriage is indeed the most common form of Traveller family unit type in Ireland, followed by lone mothering; although the latter is a small and minority family unit type for Traveller mothers (O'Malley, 2018).

One in three women globally experience domestic violence in their lifetime (Women's Aid 2020). For ethnic minority women, like Traveller women, experiences of domestic violence are multi-layered (Ellison et al, 2007, Allen, 2012). Traveller women often have lower educational attainment and employment opportunities, (Watson, et al, 2017), and experience ethnic discrimination in sourcing private accommodation. Casey (2014) refers to this as *triple disadvantage* as Traveller women do not have the same social capital¹⁶ as non- Traveller women. Consequently, Traveller women *may* be more likely to remain in their marriages. Ethnic minority mothers leaving their marriages can be shamed and blamed for denying her children a father and cultural shame can mean some women can be ostracised (Burman and Chantler, 2005). Cemlyn and Cemlyn, (2009; 138), state that 'there is no evidence to suggest that domestic violence is any more prevalent in the Traveller community' than any other ethnic group, but then do go on to suggest that it is possible that cultural barriers 'to escaping violence' do exist, and that cultural influences may pressure women into feeling traditionally obliged, financially restricted or pressured to stay in a marriage. They submit 'anecdotal evidence to suggest therefore that it can be difficult for Traveller women to escape a violent relationship, (ibid).

McDonagh, writing in The Irish Times (online), explains,

"Many Traveller women do leave violent marriages, but the idea that you can leave your family and community or dispose and disregard your Traveller identity is unfair and carries judgement. These matters are multi-layered; often, there is a failure to recognise Traveller women don't always have the same right of access to services".

As evidenced by Women's Aid (2020), the fact that 37% of women in domestic violence services are Traveller, highlights their 'triple disadvantage' (Casey, 2014); arguably

¹⁶ Social capital is a set of shared values or resources that allows individuals to work together in a group to effectively achieve a common purpose. Social capital can also be thought of as the potential ability of individuals to access or obtain resources, services, favor's, or information, from one's personal connections.

demonstrating a lack of social capital, rather than the often stated but poorly evidenced belief, that that domestic violence is a culturally accepted norm in the Traveller community.

Relationships for imprisoned mothers remain significant. Research has shown that women in prison who are mothers bond over motherhood and grandmotherhood (Baldwin, 2022a, O'Malley, 2028), spending time supporting each other through the trials, tribulations and trauma of maternal imprisonment. That is not to say that Traveller mothers, and mothers from other ethnic groups do not experience racism and discrimination from other mothers in prison, they do, and intersectionality and culture has some part to play in the group bonding that occurs in prison (Greer, 2000). Nonetheless, motherhood does provide a common bond that often transcends other identities in relation to recognition of shared experiences and support (Baldwin 2022a). Such a bond can have a positive impact on mental wellbeing whilst in prison and can reduce self-harm and suicidal thoughts (Baldwin, 2022a).

For all mothers in prison, where their children are and who is caring for them is significant (Booth, 2020). More than that, the quality, supportiveness, cooperation and healthiness of those caregiver relationships is relevant in terms of the mothers' coping and mental wellbeing (Baldwin 2022a). Arditti, (2018), Booth, (2020), Codd, (2013), O'Malley, (2018) and Baldwin, (2022a 2021b), all highlight the significant financial and emotional pressure on caregivers when they are caring for a child of an imprisoned parent. This can lead to tension, recrimination, anger, frustration and judgement. Mothers describe how this would sometimes 'leak' into their communication and contact with caregivers (Booth, 2020, Baldwin 2022a, 2022c).

The stress and tension between Mothers and their children's caregivers had a significant impact on the mother's mental wellbeing, and importantly sometimes set the tone for relationships post - release (Baldwin, 2022a, 2022c, Booth, 2020), (this will be more reflectively discussed later). Strozier et al (2011), argue that co-parenting with an incarcerated mother is inherently challenging, suggesting that when co-parenting alliances work well, this fosters a healthy environment in which children are reassured, supported well and feel secure – which in turn bodes well for their futures. However, when it does not work so well, children experience 'conflict, strain and resentment' (Baldwin, 2022a, Booth, 2020, Strozier, et al, 2011), promoting insecurity and less favorable long-term outcomes for the mothers and their children. There is no reason to assume this is any less true for Traveller mothers as it is for non-Traveller mothers.

It is statistically challenging to identify who cares for the children of imprisoned mothers, (and ergo how to support them), because as already stated the full picture is not clear. This is in part due to the lack of any recent large-scale study, and the additional failure to accurately capture circumstances on receipt into the prison, this is true in both the UK and Ireland (Minson, 2018, O'Malley, 2018), and for Traveller and non- Traveller mothers and children. Obtaining accurate data is sometimes further compounded by the mother's fear of reporting on children's whereabouts and subsequent childcare services involvement as a result (Baldwin, 2023, O'Malley, 2018).

It is often stated (citing a 1997 study by Caddle and Crisp), that family members, most often grandmothers, are the most common caregivers for children of imprisoned mothers. However, in concurrence with smaller Australian and Iranian studies on imprisoned mothers (See: Flynn, 2012, Rahimpour et al. 2014 respectively), O'Malley (2018), found that in her Irish study, biological fathers¹³, (followed by grandmothers), were the largest group of child caregivers. From her study, O'Malley concluded that at an overall level, 30% of children of incarcerated mothers in Ireland were cared for by their fathers whilst their mothers were in prison (O'Malley, 2018). This also echoes Baldwin and Epstein (2017; 30), who equally found that 29% of children of the imprisoned mothers in their study were "unusually" cared for by their fathers. This emerging body of research at the least questions outdated, (yet internationally frequently quoted work), which asserts only five per cent of children remain in the family home during their mother's imprisonment, and that only nine per cent are cared for by their fathers (Caddle *et al.* 1997). Indicating the need for updated research.

Most children in Ireland, Traveller and non-Traveller children alike, are raised by both mother and father, this is not fully reflective of the situation for children of incarcerated mothers, (O'Malley, 2018). Unlike O'Malley's study, Doyle's (2017), Irish study specifically with Traveller women in prison found *all* Traveller children were being cared for by female family kinship carers, suggesting distinct child caregiving practices for Traveller children when their mothers are in prison. This is not unusual, as in most Traveller families, it is the women who undertake most of the childcare responsibility, moreover also that childcare is often a shared and collective undertaking amongst the community women (Casey, 2014, Devine and McGillicuddy, 2019). Overall, research suggests that lone fathering in the Traveller community context was rarely performed without additional support, in particular with the support of their own mothers with whom the father was often living (O'Malley 2018).

Whomsoever is caring for the mothers' children, the quality of those relationships is the most significant factor in relation to the mother's mental health and wellbeing in prison. If relationships have been violent and coercive and that continues whilst the mother is in prison, not surprisingly her mental health will suffer (Macdonald, 2013). Baldwin (2022a), and O'Brien and King, (2024), found that some abusive partners continued to abuse their partners or ex partners through the prison bars. Sometimes by refusing to tell mothers where their children were, controlling or restricting access and contact and/or bad mouthing and alienating the mother. This was not only impactful on the mothers' mental health and ability to cope but was also found to be damaging to the mother child relationship in the long term (and the child's mental wellbeing). Similarly, where kinship care arrangements were dysfunctional or marred by stress and familial arguments, the potential for short term impact (depression, anxiety, risk of suicide and self-injury), and long-term harm, was profound, (Baldwin, 2022a, 2022c).

O'Malley, (2018), found this was no different for Traveller mothers, although she also found that for some Traveller mothers, relationships with children and caregivers were repaired and strengthened. The Travellers mothers accounts will reflect on this later.

1i. Maternal Trauma and Separation for Mothers in Prison

The numbers of women in prison in Ireland is small. The daily average is 144 (IPS 2021) of which 14.4% are Traveller women (Joyce *et al.* 2022). Therefore, there is an overrepresentation of Traveller women in prison given that Traveller women comprise 0.6% of the population in Ireland (CSO, 2016). In numerical terms, 'overrepresentation' refers to the fact that, if Traveller women were representative within the small population of female prisoners in Ireland, then only one Traveller women should be in prison: rather than the current daily average of 21. As has been evidenced already, even before prison, the lived experience for Traveller mothers can be difficult.

Many women in prison have compromised health, have experienced or are still experiencing, damaging relationships, discrimination, addiction, mental ill health and have experienced frequent contact with the criminal justice system (CJS), and most often without support (Carlen and Worrall, 2004). For women who are mothers, Mothering through such circumstances is challenging to say the least. With Motherhood comes a huge number of expectations and judgments, mothers are assumed to know how to mother, and to mother well

(O'Reilly, 2016), but how easy is it to mother well through the challenges already described? Maintaining balanced and positive mental health when facing, poverty, trauma, discrimination, lack of support is testing to say the least, and many pre prison mothers describe feeling overwhelmed (Baldwin, 2022a, Masson, 2001). Thus, for many of the mothers who come to prison, their prior lived experience (which are all too familiar for mothers in contact with the CJS or prison), can already have resulted in severe and enduring mental health issues linked to their circumstances; resulting also in feelings of fear, failure, depression, trauma, anxiety and guilt – which are then only compounded by prison (Baldwin, 2022a, Corston, 2007, O'Malley, 2018).

O'Malley (2018), and Baldwin (2022a), (see also O'Malley and Baldwin, 2019), found a wide range of complex, and often conflicting, maternal emotions, in particular guilt, shame, love and heartache, often experienced within and across each day for incarcerated mothers; and linked to maternal separation, loss of maternal identity and role, and maternal trauma. Maternal trauma which in turn is directly linked to poor mental health and maternal well-being, suicide, suicidal ideation and deliberate self-harm while in prison (also see Baldwin 2018, 2022a for further discussions on maternal emotion and maternal trauma post imprisonment). However, the mothers' situation is often complex. O'Malley (2018), Baldwin (2022a, Baldwin, 2022c), and Stanton (2018), paradoxically also found that motherhood, and specifically the maternal role, could be a buffer against acting upon suicidal ideation for many criminal justice involved mothers. For some mothers, their children often provided the only reason to survive and look to the future (see also Bachman et al, 2016 and Stanton, 2018 and Stanton *et al.* 2016). Similarly, the prison may also feel 'safe', as a temporary release and relief from addiction and domestic abuse and homelessness (O'Malley, 2018, Bradley and Davino, 2002).

However, even if the prison provides some sense of 'safety', for those women who are mothers, the separation from children and the negative impact on maternal identity is also likely to be a source of significant pain (Hairston, 1991). Baldwin (2015a, 2017b, 2022a), and Loper and Tuerk, (2011), suggest a direct link between what Sykes, (1958), termed the 'pains of imprisonment', the prevalence of deliberate self-harm, suicide ideation and suicide, to the emotional pain incarcerated mothers feel because of their separation from her children. Indeed, O'Malley and Baldwin (2018), and Baldwin and Abbott, (2024), discuss and highlight specific deaths by suicide inquests in the UK and Northern Ireland where the imprisoned mothers committed suicide, directly following instances of being separated from their children (2023; 78-79). O'Malley, (2018), found that challenges for imprisoned mothers are exacerbated when

the mother is a Traveller mother, she found that Traveller mothers faced discriminatory and racist attitudes in prison, which impacted negatively on their often already fragile mental health, thereby increasing the risk of suicide and self-harm (discussed in more reflective detail later).

O'Malley (2018), has argued that at European level the Council of Europe recognises female prisoners gendered mental health needs in the (European Prison Rules, 2006), yet there is a distinct lack of “*political recognition and response to how such adversities are instrumentally linked to the maternal well-being, mental health and ultimately, maternal practice*”, (O'Malley, 2018; 322); importantly, this is equally true before during and after prison (Baldwin, 2022a).

It is clear that social and personal determinants and influences on mental health, particularly those addressed here (ACE's, Contact with Support Services, to include Education, Healthcare, Accommodation/Housing and Social Services, Relationships and Maternal separation and maternal trauma); have a significant, embedded and enduring impact on the mental health of Traveller women long before imprisonment (and arguably during and beyond). Following a brief presentation of the study methods and origins, this report will now move over to detail the explicit findings of this study in relation to Traveller mothers and their mental health in prison.

Section 2: Methodology

2a. Background; How this study came to be.

This study follows on from the findings and conclusions of O'Malley's doctoral research (*Motherhood, Mothering and the Irish Prison System*, O'Malley 2018); the imprisoned mothers involved in the peer led participatory research named her study 'The Mothers Project'. The Mothers Project was a peer led project with incarcerated mothers, many of whom were Travellers. The imprisoned mothers involved in the original study designed the questions, the advertisement and participant recruitment processes, further they assisted in dissemination events of its findings. The project was inclusive and involved 97% of the entire Irish female prisoner population. An initial exercise concluded that 78% of women in prison in Ireland are mothers. In the next phase, 51% of all incarcerated mothers in Ireland completed a prison-based computer questionnaire designed by The Mothers Project. Thirteen percent of those who

took part in the questionnaire were Traveller mothers, half of whom also went on to participate in an additional phase of the project - one-to-one interviews.

Following the publication of *The Mothers Project* (O'Malley 2018), a dissemination event was held in The Dóchas Centre where female prisoners/co-researchers presented the findings of the project to their own female prison community. Internal and external staff and supportive agencies attended. Representatives from national Traveller organisations in attendance enquired about Traveller specific data within the study. As a result of those questions, discussions arose about the need for specific research into the experiences of Traveller mothers in prison, and a proposal was developed and submitted, eventually resulting in the undertaking of this further study and the secondary analysis presented in this report.

Findings from the original 'Mothers Project', captured a still picture of the profile of incarcerated mothers, their children, caregivers and mother-child contact in Ireland. In total, 64 mothers imprisoned between Limerick Female Prison and the Dóchas Centre were involved, of which 8 were Travellers mothers (n=8; 13%), which was reflective of the national profile. According to the Traveller in Prison Initiative almost 15% of the female prisoner population in Ireland are Travellers (TPI 2019). As *The Mothers Project* was focused on the subgroup of mothers only and acknowledging that not all Traveller women in prison are mothers, 13% would be considered a representative study¹⁷. The 'point in time' record collected as part of *The Mothers Project* reflects the small daily numbers of 170 female prisoners in Ireland, (IPS, 2019), which reduced to 144 in 2021, but the population has since risen again to the point of being over capacity (IPS, 2024).

b. This Secondary Phase of Study

Participatory Research

This focused, secondary research phase sustained the feminist and participatory philosophy and methodology applied in *The Mothers Project*. A core peer-researcher group was formed

¹⁷ While there are concerns that some Travellers may not identify as Traveller while in prison, as noted by Doyle (2017), this is not presumed to be a concern among females; the female prisoner population is small, for which exists two female prisons in Ireland. Many women in Irish prisons know of each other, indeed some are related (O'Malley, 2018). Practices of segregation applied for male prisoners, in particular Traveller men, would be a wasted exercise among this small, confined group of women.

that comprised of four women with varied experience of imprisonment through personal, familial and professional lenses, mothering (biological and other mothering, two of which were members of the Traveller community). As Green (2003), explains, participatory research is a “*systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change*” (in Minkler and Wallerstein 2003; 420). The peer-researcher group contributed rich lived experience and insight throughout the discussion and analysis processes.

The study also had an Advisory Committee made up of key stakeholders, academics, practitioners, agency representatives and members of the Traveller community; all who have a vested interest in the topic and provided expert opinion on the study as it progressed. Working in collaboration in this fashion aims to somewhat address the “imbalance of power between researchers and Traveller activists” (McDonagh, 2020; 28), in some small but meaningful way.

2c. Secondary analysis

There were two phases to this investigation. The first phase re-examined the profiling statistics available by extracting the dataset of Traveller mothers and comparing it to the non-Traveller group of mothers. The second phase re-analysed Traveller mothers’ narratives thematically, all themes which emerged were viewed through the social determinants of mental health. Core themes were applied to non-Traveller incarcerated mother’s narratives to note similarities and differences between the two groups. Undertaking two phases in this order meant the first phase would provide the context of the Traveller mother’s lives, which in turn informed the analysis of narratives in the second phase.

The first phase of The Mothers Project was quantitative. Secondary analysis of quantitative data is common and generally accepted. However, as Heaton (2008), highlights, secondary analysis of qualitative data is not as commonly accepted given the methodological and ethical issues that ought to be considered. Specifically, the compatibility of the data and the analyst, the data collection and analysis procedures, and ethical issues such as consent, must be outlined in order to achieve scientific rigor. Each are therefore addressed below:

1. *Compatibility of the data with secondary analysis:* Qualitative data from The Mothers Project is amendable to secondary analysis as the initial study interview method

applied was a single question, developed by Wengraf (2001) within his framework of Biographical Narrative Interview Methodology (BNIM) which he termed a ‘single question [used] to induce narrative’ (SQUIN). According to Wengraf (2001), a narrative-seeking question aims to induce a narrative response. When structuring the SQUIN question Wengraf (2001; 122), instructs the researcher to maintain deliberate vagueness ‘to allow for, and require the participant to, impose their own ‘systems of relevance’ to their experiences. Moreover, as Corbally and O’Neill (2014; 7), reports; “the nature of the SQUIN uncovers what participants want to say, not what the researcher wants them to say as is often the case in semi-structured and structured interview schedules”, which can limit the range of responses and is therefore more compatible to any secondary analysis process.

2. *Position of the secondary analyst:* The Mother’s Project was the principal investigator’s doctoral study (Dr Sinead O’Malley). As a result, full access to the original data, including audio, transcripts and field notes were accessible to the peer researcher team to contextualise the material and crosscheck findings, therefore allowing for in-depth secondary analysis.
3. *Reporting of original and secondary data analysis:* The study design, methods and issues involved are reported herein. An outline of the original study and data collection procedures is available in O’Malley (2018). This report provides a description of the processes involved in categorising and summarising the data for the secondary analysis, as well as an account of how methodological and ethical considerations were addressed.

2d. Ethics

An advantage of conducting secondary analysis is that the data already exists, as Whiteside *et al.*, (2012; 504) confer; “*there are clear benefits associated with using secondary datasets in research, including efficiencies in time, money, and other resources, and the maximisation of the use of potentially important data that might otherwise lie dormant*”. Additionally, it is ethically inappropriate to overburden incarcerated Traveller mothers, an extremely vulnerable cohort of women, for this data a second time (Heaton, 1998). Furthermore, as previously identified by Baldwin (2021), interviewing criminalised mothers at all, especially whilst in prison can be ethically problematic, and as researchers we need to be ethically mindful of their

care (Quinlan et al, 2022). The (original) Mothers Project was granted ethical approval via the University of Galway ethics committee, which covered the revisiting of the data for additional and future publications. Consent was specifically sought from participants of The Mothers Project to use the data in further/future secondary analysis. Again, and in line with ethical research and practice, to secure anonymity of all participants, identifying information was removed and all women were given, or had the opportunity to choose, pseudonyms. Similarly, peer researchers all signed contracts regarding securing confidentiality for themselves, and members of the Traveller and prisoner community regarding transcribing and data analysis. As a member of the Social Research Association (SRA), the Principal Investigator (PI), and peer-researchers who are being trained in research methods as part of the project, adhered to the SRA ethical guidelines throughout this research process. Moreover, the PI is also a qualified Social Worker, and as such is bound by a code of professional ethics and behavioral standards.

2e. Limitations

The Mothers Project involved 64 mothers, which is a significant number when considering the relatively small daily numbers of 173 female prisoners in Ireland (IPS, 2022). However, this statistic masks the ‘turnover’ rate and nature of female committals, whereby in fact approximately 894 adult female offenders are imprisoned annually (ibid). The daily average number of females in custody rose by 14% between 2012 and 2022. The disparity between the daily number and annual committals of female prisoners could be perceived as a limitation of this study. Whilst the study does not reflect the turnover of mothers who move through the prison system annually, The Mothers Project did provide a snapshot in time which provides a baseline from which estimations and ergo this secondary data, can be useful.

A further limitation of the study could be argued is the time lapse; The Mothers Project was published in 2018. Therefore, this secondary analysis could be considered dated. However, and importantly, the original dataset in question remains *the* most recent and comprehensive data on, with and about incarcerated mothers in Ireland, no other data set specific to imprisoned motherhood and especially Traveller imprisoned motherhood, exists. Moreover, in feminist research, ‘trusting the memories, accounts and assimilated experiences of participants, and their authentic reproduction is an essential aspect to feminist research principles, whether those memories and experiences are recent or distant. This is particularly important concerning a population who are so often mistrusted, silenced, unheard or muted, i.e. prisoners, criminalised

women and children' (Baldwin, 2021; 173). Furthermore, as previously stated, optimising the analysis of findings from The Mothers Project, without the need to further burden to the female prisoner community, was a decision based on ethical care. Nonetheless, research consultation meetings were held with the advisory committee and various organisations, like Exchange House and Bedford Row, who are currently working in this area to 'member check' the information. This consultation confirmed that findings from this study were relatable to their direct work with women in prison today and therefore are confirmed as remaining reflective and relevant.

Section 3.

Findings 1. Part One; Statistical Representation of Circumstances, Characteristics and Background

Profiling data or characteristics, such as who cared for the incarcerated mothers when they were children, their relationships, accommodation, children, child-caregivers and child contact – will provide some statistical context of the imprisoned Traveller mother's lives. Previous research findings show that Traveller mothers in prison, like the overall group of Traveller women in prison (Doyle, 2017), are 22 times more likely to be imprisoned compared to non-Traveller mothers. There was no difference between the ages of Traveller and non-Traveller mothers, both were on average 35 years of age, resembling the overall age of women in prison today, (IPS, 2019).

3a. The Children

Mothers were asked how many children they have. Of the 62 mothers in The Mothers Project, there was a total of 148 children. When comparing Traveller and non-Traveller Children of imprisoned mothers to the national average. Findings show Traveller mothers have on average 2.75 children, which is twice as many children as the national average (at 1.4 children per household (CSO 2016). This compares to non-Traveller mothers who had on average one child more than the national average. Thus, as per Chart 2 below, findings show that Traveller

children constitute 15% of the population of children effected by maternal imprisonment in Ireland. Considering Traveller children make up 1.5% of the general population this indicates that Traveller children are 10 times more likely to experience maternal imprisonment compared to non-Traveller children this has significant implications for the mental health of Traveller mothers and their children.

Mothers were asked who was looking after their children. Mothers were able to select as many different carers as was applicable for each of their children. Of all the children, three Traveller children and 23 non-Traveller children were noted as caring for themselves. In total, 122 children were assigned a variety of 148 different caregivers by their imprisoned mothers.

Figure 2, Chart 1. Traveller Children Affected by Maternal Imprisonment.

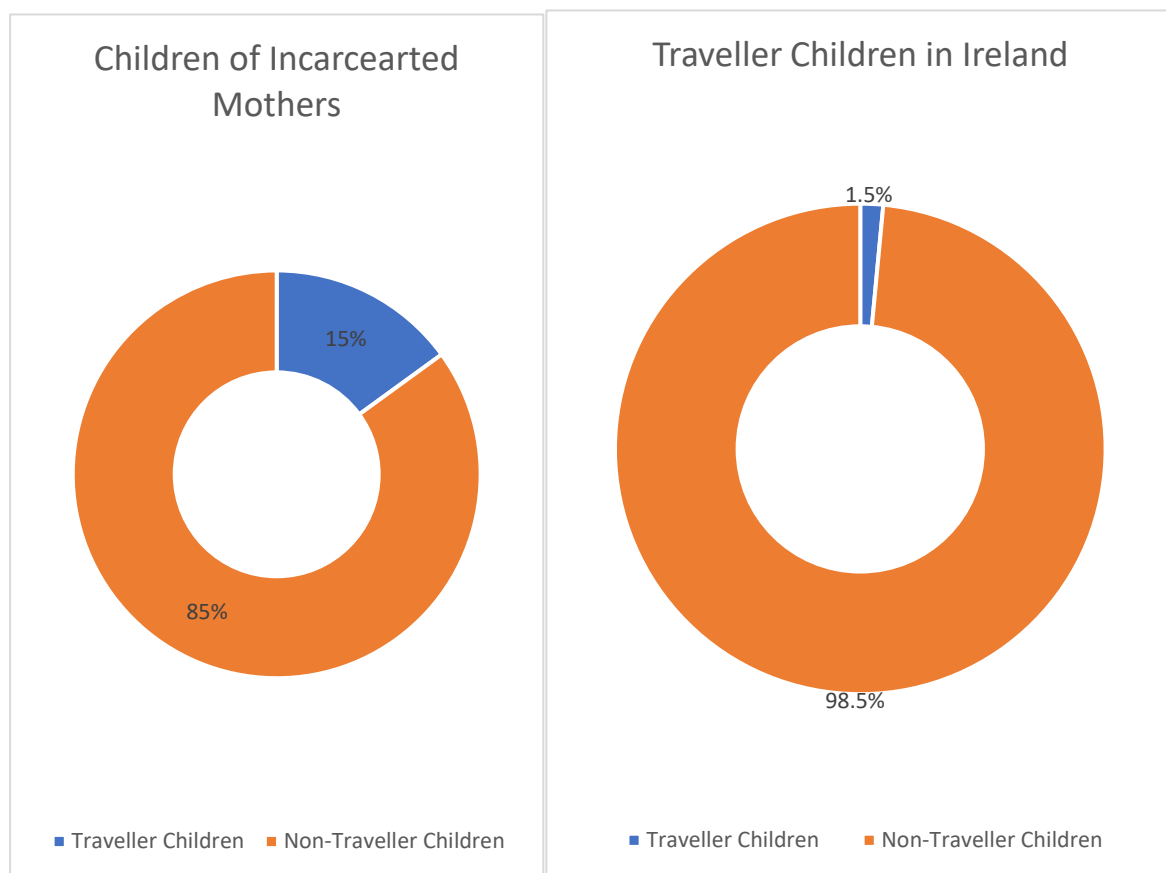
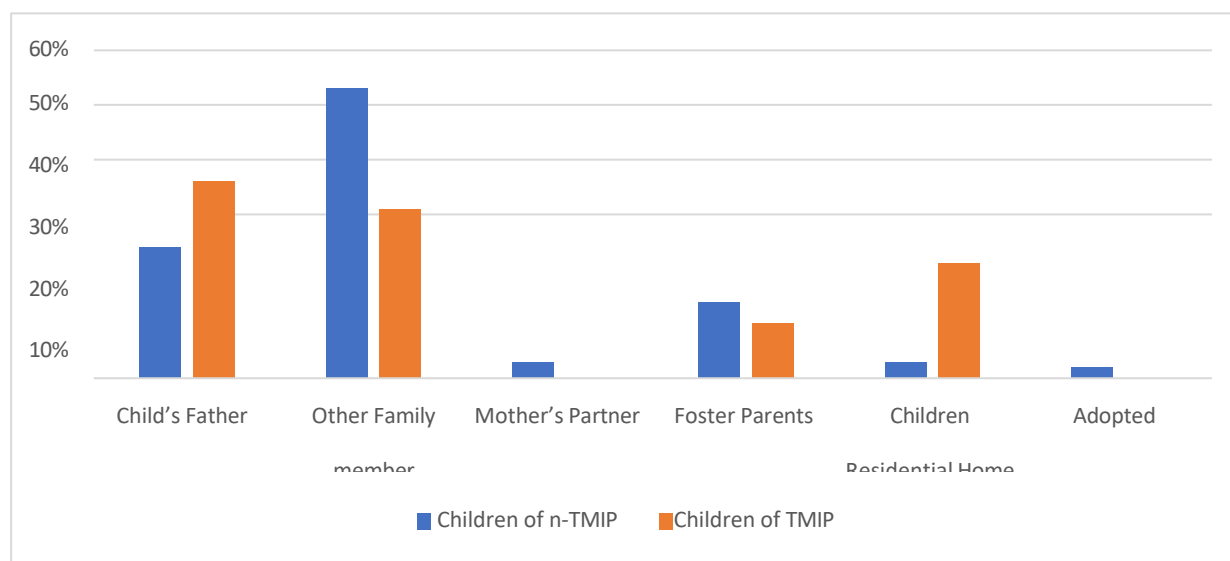


Figure 3, Chart 2.



3b. The Caregivers.

Overall, Traveller children were nearly as likely to be cared for by extended family as their father, followed shortly by residential care as the third most common option of alternative care. In contrast, non-Traveller children were twice as likely to be cared for by extended family than their own fathers, shortly followed by non-relative foster care. Findings show, Traveller children were 10 times more likely than non-Traveller children to be experiencing residential care settings while their mother was in prison.

This study has revealed that in total, 30% of children of incarcerated mothers in Ireland are cared for by their fathers during the mother's imprisonment. When broken down, findings revealed that slightly more Traveller children are cared for by their fathers (36%), compared to non-Traveller children (24%). Further investigation into Traveller families where fathers were providing care for their children, shows that in two instances the child's parents were separated, and the father was the child's primary carer, in another that the parents were married so the mother's husband was caring for his own children in their own home whilst the mother was in prison. This finding is somewhat different and distinct to Doyle's (2017), study, which reflected that all incarcerated Traveller mothers had stated their children were being cared for by female family kinship carers.

As stated in the literature review, the most often quoted statistic in relation to children cared for by fathers (9%), due to maternal imprisonment is from a 1997 UK based study by Caddle and Crisp. More recent studies, (O'Malley, 2018; Baldwin and Epstein, 2017; Baldwin 2021),

have questioned the legitimacy of this outdated statistic and furthermore have found that the figure in their respective research is significantly higher. Larger scale location specific (i.e. UK and Irish), studies are required to establish a contemporary and accurate landscape. Fathers of children of imprisoned mothers appear to be less present concerning parental duties (although it is recognised that for some there may be external factors that influence child caregiver decisions, for example employment and financial restrictions). Nonetheless, this study has shown more fathers have retained care of their children than had been previously referenced, (see Costello 2014a). Yet, it is equally true and important to highlight, that seven out of ten children, Traveller and non-Traveller alike, who are experiencing the imprisonment of their mother, are cared for someone other than their own their fathers. In such instances this was most likely to be a female relative, most often a mother, mother figure or sister of the imprisoned mothers. Most children of imprisoned mothers are likely to be displaced out of their own ‘homes’, whomsoever is looking after them and this has the potential to cause significant mental distress and anxiety for mothers and children alike (Beresford et al, 2020, Pitman and Hull, 2020).

There can be little doubt that issues about who cares for children, how those caring relationships are working (to be discussed later), and where children are, cause huge amounts of stress for imprisoned mothers (Itma and Hull, 2021). Echoing previous studies (Baldwin, 2022a), the mother in this study have described how this stress can be a trigger for guilt, shame and frustration which can lead to self-harm and suicidal thoughts. Although most mothers in prison experience worries about children whilst they are in prison (Corston, 2007), there are characteristics specific to Traveller mothers that compound these worries. These will be presented and discussed later in more detailed later via the mothers’ voices.

3c. Visitation

O’ Malley and Baldwin (2019), found that all mothers in prison find visits ‘bittersweet’ p. 87). Many mothers choose not to have visits from their children, sometimes because distances and associated costs are too great and sometimes because they are simply too painful (ibid). However, this study revealed that Traveller mothers were more likely to receive visits from their children than non-Traveller mothers. Likewise, 50% of Traveler children (adult + u18) visited their mother during her sentence, compared to 26% of non-Traveller children (adult + u18). Thus, Traveller children U-18 were 2.5x more likely to visit their mothers compared to

non- Traveller children.

Further, the research showed that Overall, it was more common for Fathers and/or state support (foster parents/social workers), to bring Traveller children to prison for visits than for the non-Traveller population. Traveller Children in the study were 1.5x more likely to be supported to attend visits by their fathers. Traveller children of mothers in prison are more likely to be in state care, findings from TMP show Traveller children and Mothers are more likely to rely on state support for child visitation. Although, it must be said that Mothers did speak about a lack of support from social workers in terms of securing and planning visits (to be discussed in more detail later).

Figure 4, Chart 3.

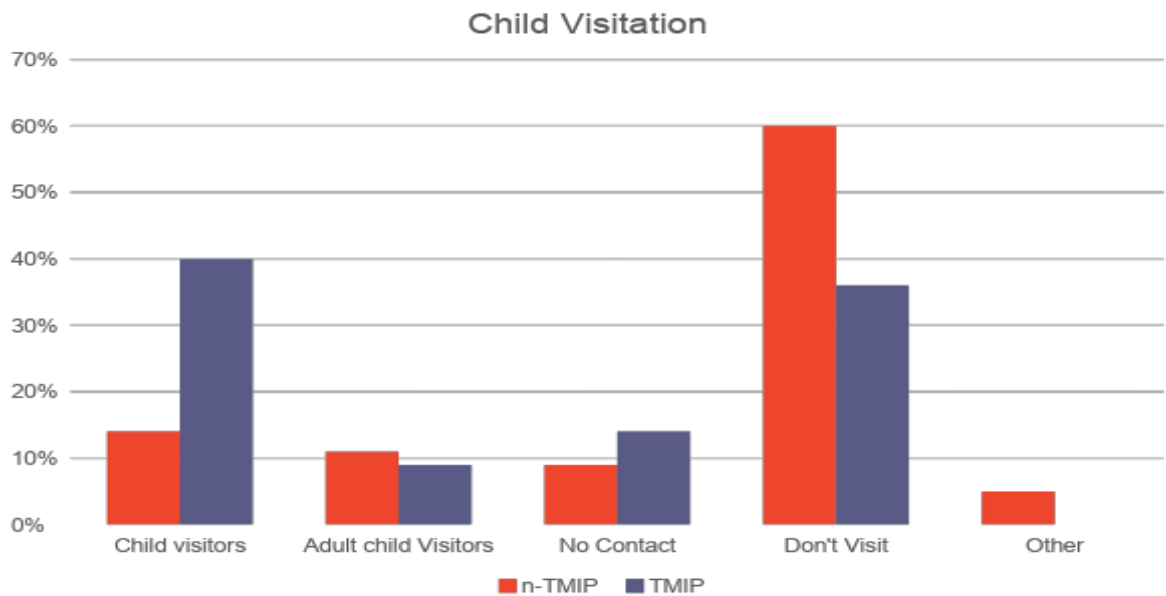
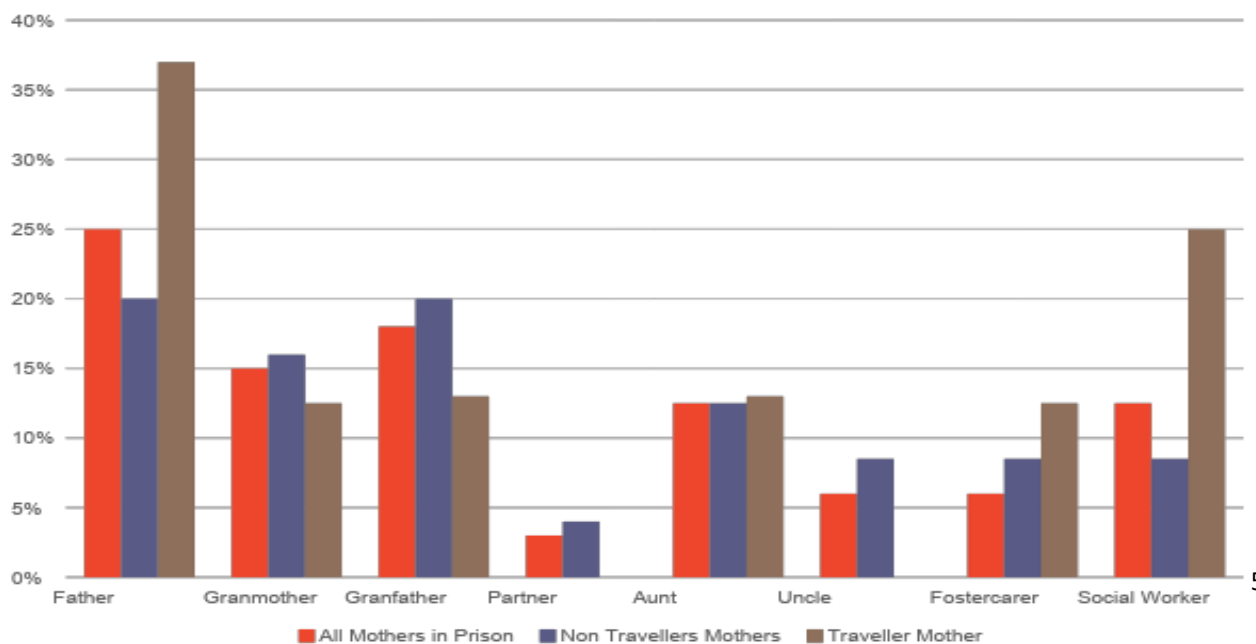


Figure 5, Chart 4.



This section will now turn to the mothers.

3d. The Mothers.

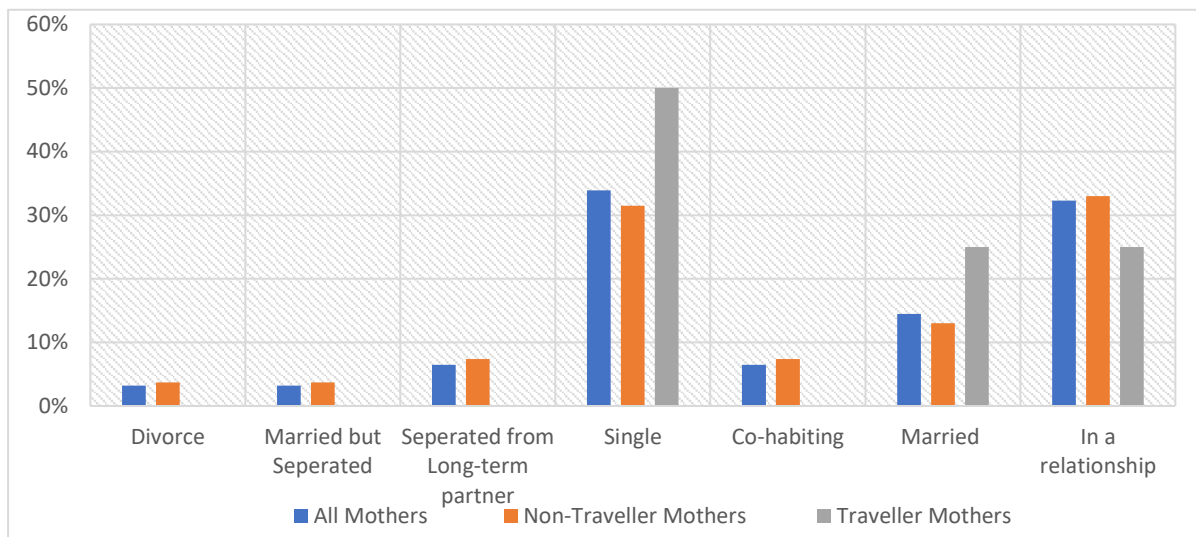
The Traveller mothers described some specific factors that were felt to have significance in relation to mental wellbeing. This section will present statistics and characteristics related to those factors, i.e., relationship status, accommodation (before and after prison), and experiences of care as a child.

Relationship Status

Over half of imprisoned mothers in Ireland are in a relationship, with no statistical difference between Traveller and non-Traveller mothers. Traveller mothers were twice as likely to have experienced marriage in comparison to non-Traveller mothers (O'Malley, 2018; Costello, 2013). Previous studies generally describe incarcerated mothers as predominately single (Carmody and McEvoy 1996), and indeed in this study single motherhood was common. For those in relationships, there was no substantial difference in the length of relationships between Traveller and non-Traveller mothers in prison. Overall, relationships ranged from 8 months to 37 years, with the average relationship being 10 years. Three quarters of all of the mothers' relationships exceeded three years and 40% exceeded 10 years. However, there were some differences in relationship context between the two groups. In summary, Traveller mothers were either single, married or in a relationship (as opposed to separated or cohabiting), with more Traveller mothers than non-Traveller mothers being married. Non-Traveller mothers had additional relationship experiences that didn't feature for Travellers, such as divorce, separation from long term partners and co-habitation. This could be indicative of, (as discussed by McDonagh, 2020 and Women's Aid), Traveller women's lack of social capital i.e. that they may be less able to leave long term abusive or negative relationships. While the DYCA (2020), found marriage was the most common form of family unit type among non-imprisoned Travellers, (followed by lone mothering), this study found to the contrary, i.e. that imprisoned Traveller mothers, (like non-Traveller mothers), were almost *twice as likely* to be single. This provides evidence of the unique experiences of non-Traveller mothers and Traveller mothers in prison in Ireland, when compared to the general public. However, what is also of additional significance, and as will be discussed in more detail later, was the context and circumstances surrounding marriage for the Traveller Mothers in prison (for example coercive control, early marriage etc.).

How the mothers experienced their relationships will be discussed in more detail in the next section, but as becomes clear, their relationship status and the nature of those relationships had a significant impact on imprisoned Traveller women's mental health.

Figure 6, Chart 4.



3d. Accommodation

Mothers were asked where they lived before their imprisonment and where they hoped to live once released. Chart 5 below presents findings regarding accommodation for mothers in prison prior to their prison committal.

Findings show that rented accommodation, followed by homelessness¹⁵, were the most common forms of housing status before entering prison for both Traveller and non-Traveller mothers and these types of accommodation were experienced in equal measures for both.

Mothers reported various forms of homelessness and hidden homelessness, including homeless hostels, sleeping rough and 'sofa surfing', (i.e., staying with multiple friends and acquaintances). Prior to imprisonment, no Traveller mothers owned their own home, compared to 7% of non-Traveller mothers. Traveller mothers were 2.5 times more likely to have a council house compared to non-Traveller mothers. Whilst both groups were more likely to be homeless than live with their immediate family prior to their imprisonment, more non-Travellers lived with their immediate families compared to Traveller mothers.

Figure 7, Chart 5: Accommodation Before Prison

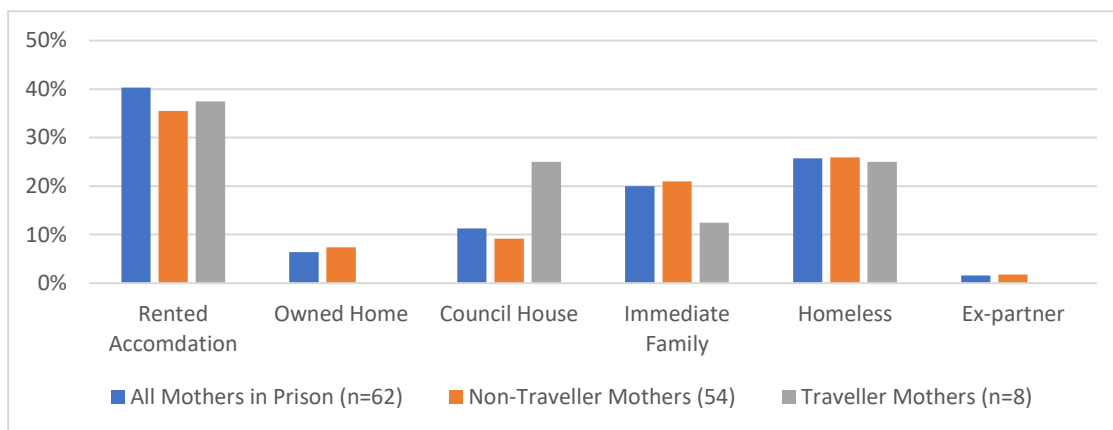
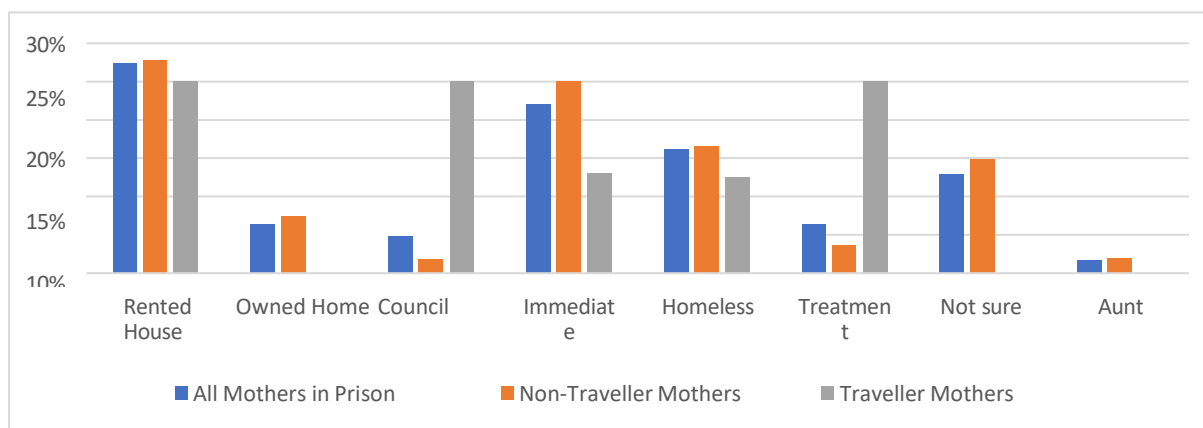


Chart 6 below shows that although imprisoned mothers from both groups were equally likely to be seeking accommodation through the private renting market post imprisonment, there were distinct differences with all other types of potential housing options when Traveller and non-Traveller mothers were compared. All of the non-Traveller mothers who owned their own home and all Traveller mothers who had a council house (or social housing tenancy) were returning to these homes upon their release from prison.

Figure 8, Chart 6.



Comparisons between before and after (Chart 5 and 6), illustrate that mothers who envision returning to rented accommodation post imprisonment decreased by approximately 10% in both Traveller and non-Traveller groups. However, 78% of non-Traveller mothers would lose their social housing tenancy (council house), while in prison. Upon further investigation, all

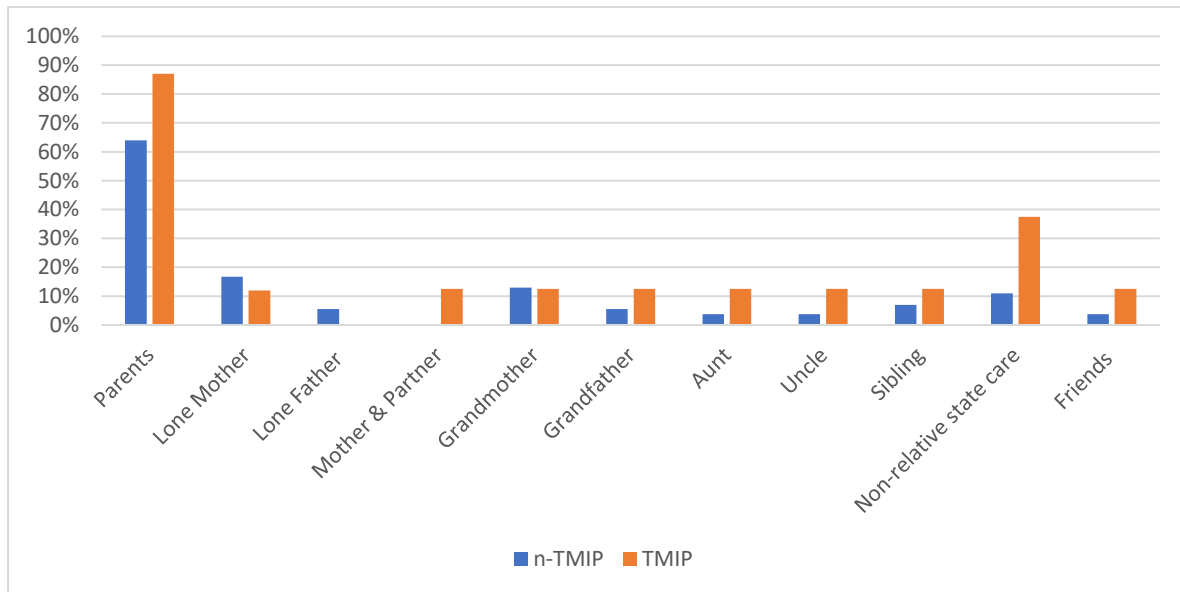
Traveller mothers in council housing and most non-Traveller mothers who owned their own home, were either married or in long term relationships. This compared to non-Traveller mothers in council housing who were mostly single mothers. Therefore, relationship status was intertwined with accommodation issues, particularly for Traveller mothers. Marriage and long-term relationships for non-Traveller mothers, appears to provide security on accommodation tenure, buffering the long-term impact of imprisonment for some mothers by stabilising their accommodation needs whilst they are serving their sentencing. Echoing previous research (Greenfields and Brindley, 2016), which found a distinct and direct link to poor mental health outcomes; it is no surprise that worrying about accommodation, and the stress of potentially losing accommodation while in prison, or leaving prison homeless, was a significant cause of distress for Traveller women. Arguably more so than in the non-Traveller population because of the relational challenges in securing a tenancy/stable accommodation, (Greenfields and Brindley, 2016). Traveller mothers in the study described such worries about accommodation and homelessness as triggering depression, anxiety and suicidal thoughts (discussed in more detail later).

3e. Experiences of the Care System as Children

Mothers were asked who cared for them when they were children and were able to select as many categories of carers to represent their experience as required. Chart 7 outlines the findings of this enquiry and presents a comparison of the responses between Traveller and non- Traveller imprisoned mothers in the study. The Mothers Project findings show that Traveller mothers were more likely (87%), than non-Traveller mothers (64%), to have been cared for by their own parents. No Traveller mothers stated they were reared by their fathers alone, although this scenario did emerge for a small number of non-Traveller mothers. That being said, Traveller mothers experienced on average three different carers when they were children, compared to non-Traveller mothers who experience an average of two carers, and were more likely to be cared for in single headed households (most often lone mothers). The finding that Traveller mothers had on average three carers as children reflects the importance of extended family among the Travellers Community (Costello 2014), although most Traveller mothers in this study also had the experience of being reared by both their mother and their father *at some point* in their childhoods. Chart 7 vividly illustrates how Traveller mothers in prison are 3.5 times more likely to have experienced non-relative foster care as

children when compared to non-Traveller mothers in prison (11% compared to 38% respectively). When broken down further, Traveller mothers were nearly 7 times more likely to experience children’s residential homes compared to non-Traveller mothers in prison (3.7% compared to 25% respectively).

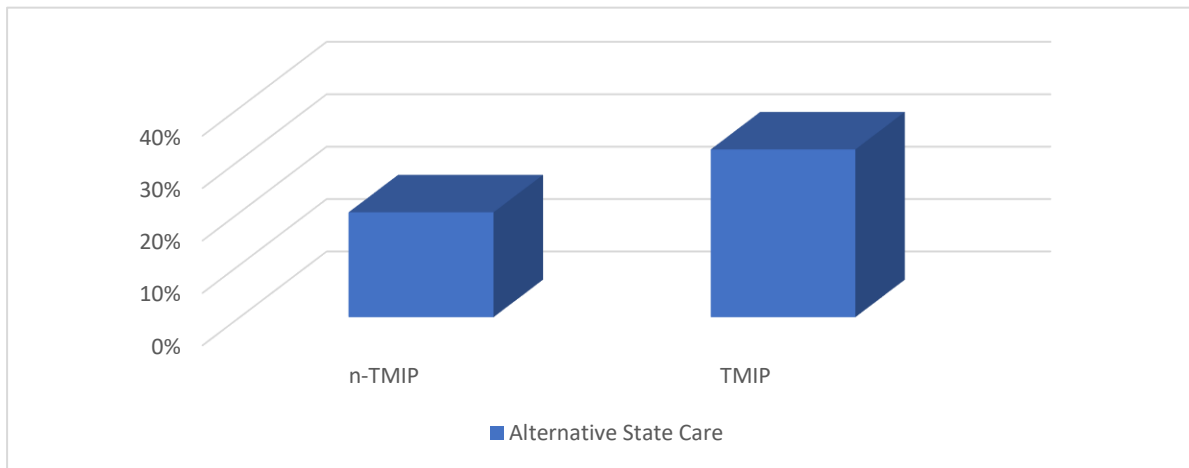
Figure 9, Chart 7.



As demonstrated in Chart 7, 32% of Traveller mothers in prison experienced non-relative foster care when they were children. This compares to 20% of Traveller children of imprisoned mothers today. Therefore, findings suggest that the use of non-relative care for Traveller families has halved since the last generation. This proposes a trend of moving away from practices projected upon the Travelling community through the use of ‘The Cruelty Man’ (discussed later), when Traveller children were removed from their families and placed into non-Traveller families for the purposes of assimilation (O’Keeffe 2010, *Surviving Mother and baby homes, and Institutional care homes - TheHazBeanzShow’s Podcast | Podcast on Spotify* 2020). It also speaks to contemporary efforts of and in recruiting Traveller families to provide foster care for Traveller children (GTM 2017). Nonetheless, there was no difference between this generation of Traveller children and their mother’s generation, with regard to the numbers of those being cared for in residential care homes. Trends in the data regarding state care demonstrate that Traveller children are 1.6x more likely to experience non-relative state care (20% compared to 32%), and seven times more likely to experience a

children’s residential home compared to non-Traveller children (3% compared to 21% respectively). Thus, both Traveller mothers in prison and their children are *seven times* more likely - compared to non- Traveller imprisoned mothers and their children - to experience residential foster care. Such findings indicate that no advancements have been made in this area in a generation.

Figure 10, Chart 8: Non-Relative State Care Comparatives



Today, 5% of children in foster care are cared for in a residential care setting, (TUSLA 2017). This compares to 21% of Traveller children of imprisoned mothers. The qualitative section of the findings, (Section 4), will draw on the mothers’ narratives of familial and foster care experiences, powerfully revealing how these experiences and ties can impact or support mental health and wellbeing for Traveller mothers in prison. It will specifically explore how Traveller mothers’ fears of ‘The Cruelty Man’ (social services), impacted on their mental wellbeing and their experiences of motherhood and mothering as adults, and/or their engagement with social work (and other agencies) supports, (Costello, 2015; O Malley, 2018, 2013) - and thus highlighting how this experience is challenging/different for Traveller mothers in prison.

Section 4.

Findings Part Two; Discussion; Based on the One-to-One Interviews with Imprisoned Traveller Mothers

The voices and experiences of imprisoned Traveller mothers in Ireland have until now been almost invisible in published research. This findings section in which the mothers voices are

centered, contributes new knowledge and more nuanced understanding regarding Traveller mothers' pathways to prison and, demonstrates how incarceration intersects with their maternal-identity and role, and their mental wellbeing. The layered and multi-faceted aspects of the mothers lived experience of maternal imprisonment is reflected in the richness of their narratives. Although their number is small in this study, it is argued that the mothers' described experiences that are not untypical, and as such generalisation is possible. It is envisioned that these mother's voices, experiences and wisdom will be utilised to inform positive policy and practice progression.

The organisation of this section will reflect the social and personal determinants of mental health as presented in the previous discussion, namely,

1. Adverse Childhood Experiences (ACE's) and Lifespan Trauma
2. Relationships
3. Contact with Support and Services, (to include Healthcare, Education and Accommodation/Housing)
4. Maternal Separation and Maternal Trauma

4a. Adverse Childhood Experiences (ACE's) and Lifespan Trauma

As previously observed, for imprisoned Traveller mothers, incarceration is often not their first traumatic event (Doyle, 2022). Many have experienced multiple traumatic events. This is not an unusual finding for imprisoned mothers, indeed imprisoned women per se, (Carlen, 2002, Baldwin, 2022, O'Malley 2018). The traumatic events described by the Traveller mothers in this study, included child sexual abuse, domestic abuse, coercive control, experiences with addiction, mental health related incidents, depression, anxiety, homelessness, poverty, parental separation/alienation, parental/relational imprisonment, experiences of care and bereavement and loss. Many had described suicidal thoughts and self-harm, which for some was related to or could be traced back to childhood trauma – for which they had often been unsupported.

Significant for the imprisoned mothers was the fact that for many, experiences of abuse and the issues aforementioned, had continued into adulthood, often triggering repeated or

prolonged anxiety, depression, self-harm or suicidal thoughts. Thus, for the Traveller women in the study, their ‘childhood ACE’s’ had remained ‘live’ and current issues. Though the Traveller mothers all felt that at least some of their ‘problems’ had been rooted or had begun as a result of childhood experiences.

“I would never have got into trouble if I hadn’t been raped at nine” (Laura).

“I was raped when I was fourteen, and to this day still I think that’s why I went off the rails... I know I can’t blame [the rape] for [my addiction and offending] but I’d be sitting down, and I’d be thinking about that and I just - I go off the rails” ... (Anna).

It was just all abuse (Tara).

In line with McGorrian et al’s (2013), previous research, which found that bereavement was a significant cause of ‘frequent mental distress’ (FMD), for Travellers, *all* of the Traveller mothers in the study had experienced the loss of at least one family member. Most had lost more than one family member. For example, Aiofe, described how she had recently lost her mother to ‘*tablets and drink*’, but she had also lost a brother and sister to suicide, and the family had experienced multiple cot deaths. Aiofe was also aware that her mother had ‘*got some babies kicked out of her*’. Out of a family of 14 siblings, only 7 were living. Tara had also experienced the loss of her mother, and a brother and sister. Laura had also experienced multiple losses including the ‘*murder*’ of her husband in front of her, he was the father of one of her children. It would not be a surprise to find that these traumatic losses and feelings of bereavement had an impact on the Traveller mothers mental wellbeing and their own self-described suicidal thoughts, and which arguably bore some relationship to subsequent substance misuse, (some of the mothers made this direct link themselves).

All of the mothers described wanting to ‘*block out*’ or ‘*deal*’ with feelings somehow, and as such most of the Traveller mothers felt their issues with mental health and addiction, were directly related to their past (and present), traumas. All of the mothers in the study had experienced some form of addiction or substance use, be that drugs, alcohol or both. Several mothers reported that they had been prescribed drugs, and for some they used those drugs outside of their prescribed guidelines. For many people with addictions, to include the Traveller mothers in this study, funding addictions can lead to offending and imprisonment cycles. As illustrated in the model of ‘Motherhood Disrupted’, outlined earlier (Fig 1), cycles of historic and/or ongoing trauma, substance and their consequences, can ultimately lead to the loss of their care of criminalised mothers’ children (Baldwin, 2022a), adding yet another

layer of trauma (discussed in more detail later).

Several mothers in the study had experienced familial and/or parental imprisonment. Having a parent in prison is regarded as an ACE, and Travellers are x10 more likely to experience maternal imprisonment than the non-Traveller population. The mothers in this study had indeed been affected by the imprisonment of others in their family. Which had also contributed to issues around their mental ill health and practical circumstances. Not unusually for Traveller mothers in prison (O'Malley, 2018), several of the mothers in this study had experienced the care system. Tara described how she had been taken into care at three weeks old because of both of her parent's issues with addiction. Tara describes how she experienced multiple foster homes as well as residential and '*hostel*' care, but ultimately after repeated attempts at '*running away*' she was placed with an aunt and uncle.

'I've been in 23 different foster homes from when I was three weeks old till I was 12. And yeah I've just moved around everywhere over abuse and things like that. I just couldn't take it anymore. And I was living with my aunt and uncle then when it came out' (Tara).

Sadly, for many of the mothers their traumatic experiences were not all related to their early childhoods. Many of the mothers described how traumatic experiences had remained present in their lives. Tara was expelled from school. Tara goes on to describe the horrific abuse that she experienced whilst in '*care*'. She describes inadequate responses from the authorities to her ongoing abuse (discussed in a later section), thus it is perhaps not surprising that her mental health suffered, and she reports that she began to '*drink, smoke, get into trouble and self-harm*' (Tara). All of which led to a cycle of offending and imprisonment for Tara, and thereby illustrating a direct link between her traumatic experiences, her mental ill health and her '*offending*'. Tara was subsequently imprisoned, at which point she was homeless and seven and a half months pregnant. When she was released, not untypically for the Traveller mothers in the study, Tara was released homeless, she experienced further substance misuse, and domestic violence. She had two more children with different partners. Despite short periods where Tara was drug free, in stable accommodation or employed, ultimately all of her children were taken into care and Tara returned to prison. She continues to fight for access to her children. Laura also had grown up in care and been abused physically and sexually whilst in care. Laura, another mother in the study described her multiple traumatic experiences. She reported that she lost parental custody of her first son to his father, and described how this then triggered a '*mental breakdown*'. Subsequently, she voluntarily placed her two middle

children into care ‘*to protect them*’. She goes on to state that she experienced regular violence and sexual assaults in her marriage prior to the murder of her husband (which occurred in front of her). Again, traumatised by the loss of her children, Laura described how she continues to fight to maintain contact and visitation with her children.

Similarly, and again in her reporting of multiple traumatic experiences, Aiofe described how she had spent time in care, which was challenging, going on to experience trauma associated with drug misuse and homelessness. Aiofe too had experienced sexual assault as a child and as an adult. Although Tara’s, Laura’s, Aiofe and Jades’ traumatic experiences continued through their adult lives, there is little doubt that the seeds for the lifespan of their traumas were sown in their childhoods. Although as is evident the Traveller mothers were courageous and resilient to have survived at all, nonetheless, the toll on their mental wellbeing has and continues to be, significant.

The assaults on the Mothers’ mental wellbeing because of the repeated trauma is evident in their testimonies and all of the mothers described experiencing anxiety, depression, anger despair, and hopelessness. All had spoken about suicidal and/ or thoughts of self-harm. Tragically, and significantly, for *all* of the mothers, there were multiple missed and lost opportunities for support. Opportunities that should they have been seized or offered might have gone some way towards interrupting or breaking the intergenerational cycles described by the mothers (and as evidenced in research, Murray and Farrington, 2005).

4b. Relationships

When reflecting on the narratives of the relationships surrounding the criminalised Traveller women, it becomes apparent that many of those relationships brought challenges to their mental health and wellbeing. Whether those relationships were with professionals and support services (as discussed in more detail in the next section), or with parents, siblings, friends or their children, all of the mothers described some conflict and /or negative impact from their relationships. That is not to say the Traveller mothers did not describe positive relationships too, they did. For example, the mothers described and provided evidence of, strong familial bonds and a willingness to ‘*step in*’ and care for others, especially their relatives and each other’s’ children when one member of their community is unable to so, for whatever reason.

Nonetheless, the mothers also all described feelings of powerlessness and hopelessness which

had contributed to their poor mental health. The mothers described feeling these negative emotions often, and not least when discussing their feelings about the loss of family members to death and/or suicide. The relationships the women had lost through death, especially suicide, were particularly difficult for the Traveller mothers, and for those who had lost more than one relative to suicide there was a feeling of 'who's next'. Bereavement, in any event is a 'stressor' and a risk for negative impact on mental health, but bereavement after suicide increases that risk exponentially. Specifically, experiencing the suicide of a family member or loved friend/associate presents an increased risk of suicide for the bereaved person, (Crosby and Sacks 2002). This is especially relevant in Traveller communities given the already very high rate of suicide in the Traveller community (AITHS 2010). Beyond the increased risk of suicide are the additional factors that are unique to dealing with the loss of a loved one through suicide. Survivors often show high levels of mental distress, guilt, anxiety and questioning, to the point where their own wellbeing and functioning is compromised, (Jordan, 2008). Many studies have highlighted, the problematic grief, PTSD, guilt and to some extent 'shame' experienced by family members who have experienced a suicide; especially if the body of the deceased was found by family (Jordan, 2008).

During this study the mothers were not directly or deeply probed about their experiences of suicide, yet all of the mothers spoke of losing at least one family member to suicide and it was clear in their testimonies and the impact of those deaths, that the mothers were obviously deeply affected by those deaths. It is an important area of further research in the interest of suicide prevention and improvement in mental outcomes, again particularly if we are break cycles of loss and trauma, addiction and criminalisation.

The mothers described how other relationships too were a source of further stress and trauma, and which would consequently negatively impact on their mental health and wellbeing. All of the women in the study had experienced domestic abuse, either as children, as adults, or both. Some of the women made an explicit connection between the domestic abuse and their issues with addiction, but all were aware of the negative impact on their mental health. As for all women in domestically abusive situations, there are barriers to leaving (Saunders, 2021), not least the fear of losing their children (DeVoe and Smith, 2003, Baldwin, 2015). However, those barriers are even harder to overcome for Traveller mothers, who are already fearful of engaging with support services; and for whom the reality is they may face discrimination if and when they do access support (Allen, 2012; 870). Furthermore, as Allen (2013; 871) goes on to say, women from a 'devalued' ethnic community may feel hesitant about reporting

domestic abuse to the police for fear of subjecting their *'partners to racist treatment by the criminal justice system as well as confirming racist stereotypes about their own community'*. Furthermore, the Traveller community is a close-knit community and one which has been described as supportive of traditional family values and marriage and suspicious of external agencies (Powell, 2008, Casey ,2014).

Such intra-cultural pressures and gendered experiences interact with the previously mentioned structural challenges and difficulties that exist in the systems and agencies on which abused mothers when seeking to access safety. Jade, who described being forced into an *'arranged'* marriage by her father because she was *'too wild'*, did manage to escape her marriage, but then entered into a controlling and abusive relationships with another man. Her fears of rejection and judgement from her community left her afraid to publicly sate she was no longer with him when she ended this relationship, despite doing so *'to focus on her child'*.

Consequently, many Traveller mothers in abusive relationships seek support from other Traveller women, rather than statutory support services. The collective and gendered support may be helpful in the short term but may also strengthen the need to stay because of the familial and cultural pressures (Allen, 2012; 885), argues, *'the particular needs of women in ethnic groups such as the Traveller community need to be understood and appreciated when interventions are being planned and implemented'*.

Jade, who described being forced into an *'arranged'* marriage by her father because she was *'too wild'*, did manage to escape her marriage, but then entered into a controlling and abusive relationships with another man. She was afraid to publicly sate she was no longer with him when she ended this relationship to focus on her child.

'..But his family still think I'm with him but not, I haven't told them yet because they're all in prison. I'll get killed' (Jade).

Laura described being conflicted about her husband. Laura described how her husband, who had *'grown up with the same traumas and issues as her (childhood rape, abuse, rejection, neglect and abandonment), was violent to her throughout their relationship.*

'...he was killing me even up until the day he died ... [...] but I was his savior...all the beatings aside - all the rapes aside... he was my life, and I loved him' (Laura).

Tara was assaulted so violently that she was temporarily paralysed.

'Didn't listen, didn't get away from him when I should. He was a drinker again, he used to hit

me. One night he paralysed me actually. One night he hit me in the back, I'll never forget it ... I couldn't go to the child or anything, like he had to bring the child over to me so I could feed her, and he used to tell me, you'll be fine in the morning' (Tara).

Michelle describes how the violence and the sense of feeling trapped in her relationship triggered suicidal thoughts.

I was like a prisoner in my own house; in the whole time minding the kids 24/7. Taking the beatings, I couldn't take it anymore, I'd either kill myself or he would have ended up killing me" (Michelle).

However, It wasn't only violent relationships that had an impact. In a similar vein to the Traveller mother's narratives Baldwin (2022), in her UK based study and O'Malley (2018) in her Irish study, both found that most of the mothers in their studies had disclosed issues with poor mental health, some of which also related to childhood and lifespan trauma, addiction, and poverty as opposed to domestic abuse. Mothers in both Baldwin's (2022a), and O'Malley's (2018) studies, study spoke of being poorly, negatively or inadequately mothered and the long-term impact this had had on them. In Baldwin's study, the imprisoned/ released mothers who had described their own mother/child relationship as challenging since childhood, also described how this relationship contributed to their current and ongoing mental distress (Baldwin, 2022a). Interestingly, *all* of the mothers in this current study also described challenging and difficult circumstances around their own childhood experiences of being mothered; all had spent at least some time in care. As Stewart (2015), highlights, recognising these cycles of disrupted or damaged maternal relationships is important because this can, for many criminalised mothers, bear some relationship to their life chances and choices, as well as contributing to their own ability to mother. Particularly to the widely accepted, exacting external standards commonly accepted as the norm for maternal practice (O'Reilly, 2016). However, it is important not to go down the route of intergenerational 'mother blaming'. As stated earlier it is hard to mother well from a position of disadvantage, trauma, unresolved and unsupported mental health issues and poverty (Corston, 2007, Baldwin, 2015).

Hackett (2015; 45) suggests that mothers experiencing mental distress, to the extent that it limits their own mothering abilities, are 'othered' and 'judged', because of this, (and as the Traveller mothers in this study described), it becomes difficult - if not impossible, for such mothers to ask for timely support. Hackett suggests that women often find themselves in

these multiple disadvantaged and challenging positions, not always because of personal or individual failure, but because *‘they are often disadvantaged as a result of discrimination, inequality, weakened socio-economic positions and victimisation’* (2015; 46). As evidence cited in this report has shown this is certainly true for Irish Traveller mothers. Echoing the (non-Traveller related) findings of Hackett (2015) and Stewart (2015), the Mothers in this study described experiencing fewer positive experiences of mothering (and often by mothers impoverished by their own circumstances), which they also described as having had an effect on their mental wellbeing. Again, in the mothers’ narratives there were multiple missed and lost opportunities to break intergenerational cycles and support mothers from the Travelling community more effectively which will be discussed more fully in the next section.

4c. Contact with Services

Threading through all of the mother’s narratives and traumatic experiences were multiple missed and lost opportunities for support. These missed and lost opportunities had they been seized at the time, may have had a significant impact on the mothers, (and children’s), outcomes; but significantly, also on the mothers’ mental health and wellbeing. For some it might have interrupted some of the cycles of addiction and child removal/separation as outlined by Baldwin (2022), in the motherhood disrupted model (detailed earlier). However, one thing that was striking in the mothers testimonies was the mothers’ low expectations in terms of how well (or not), they would be supported. There seemed to be an almost historically rooted, passive acceptance that support, if it came at all, it would be discriminatory or inadequate.

‘And they [The health Board] have continued to let me down and there is no point like fighting them because I will never win’ (Laura).

Aoife, whilst also reporting feeling sad and frustrated at some of the decisions made around her care and situation, felt there was nothing she could do to influence those decisions stating, *‘I just have to get on with it like’*. Conversely, some mothers also expressed anger at the inadequacies and lack of support, and the discrimination they had faced. Some of the mothers described how those feelings of anger and resentment would trigger a desire to *‘fight’* for what they felt was right or unjust. Laura described feeling how her experiences with ‘The Health Board’ and social services angered her. She felt that no one kept her informed, or actively supported, or facilitated her contact with her children – which she believed had

ultimately contributed to the breakdown of her relationship with two of her children, and subsequently her own mental breakdown. Laura felt that despite her best efforts the system was against her, and she felt its' treatment of her had simply been another form of abuse.

'I have tried, and I have tried, I have gone into case conferences, care plans, care reviews I have gone into everything. [...] So I blame a lot of that on the health board I really do, the health board have an awful lot to answer for in my case they really do. ...The fact of who I was didn't help I came from one of the biggest, one of the still feuding families in Limerick. [...] I put up with beatings all my life from different people and the trashing I got from the health board were unfucking believable' (Laura).

For some of the mothers sometimes this anger which seemed to fuel the 'fight' in the women to access 'better' services, was not always present or had expired, some of the mothers just seemed 'tired'. Aiofe described what she felt was a lack of support in prison in relation to housing without a trace of anger, instead an apparent feeling of acceptance and apathy; despite knowing the devastating impact homelessness would have on her post release. Aiofe knew she needed help to maximise her chances of success post release from prison; but equally felt she 'knew' support was not and would not be forthcoming. The sense of 'inevitability' in her tone was heartbreaking. After stating no one had been to see her about her housing issue, she states,

'I wanted to ask her to ask them to come to me, to help me before I get out of here because I'll end up just going back out, sleeping back out and end up back in here again'. When the researcher states, 'that seems to happen quite a lot' Aiofe replies 'Yeah, they don't help you in here, sometimes they get you a hostel for one night and then you have to do your own thing after that.'

Some of the mothers felt that despite all they had gone through, the perspective of the support services, especially social services, was that *they*, the Traveller mothers themselves, were to 'blame' for their own downfall. The mothers described feeling that services genuinely didn't understand what they had gone through '*just to survive*'. Laura described how she feels like '*they*' [Travellers/Prisoners], are treated '*like animals*', suggesting further that '*how they were reared or where they were reared*' is an important context to acknowledge, as is understanding '*what people have gone through*'. She goes on to say,

'But does anybody ever sit down and ask them do they really? [...] ...but no they set you up to failure they really do, they wonder then why you come back in why you keep coming in.

They honest to god, ... and you have had so much hardships like thrown in your face and.... an awful lot of them are to blame ...[...] yes sure close the door lock us up we are animals. ’ (Laura).

As previously described, all of the Traveller mothers in this study had experienced multiple traumatic events, yet few had received any therapeutic or practical support related to those events. For example, despite all of the mothers experiencing bereavement, none of the mothers spoke about having received any bereavement counselling. This is particularly significant in the context of the very high suicide rate in the Travelling community (NSOP, 2014). Bereavement is a significant cause of frequent mental distress amongst Travellers (McGorrian, 2013), it was however only one of the traumatic events that could have (arguably should have), brought the Traveller mothers into contact with support services. All of the mothers also mentioned childhood trauma and domestic abuse, yet only two mothers mentioned ever having received counselling. Aiofe, described how for her this was not a positive experience.

‘I think counselling, and all makes you worse, you know talking... bringing it up...I cut myself over it’ (Aiofe).

However, Laura spoke very positively about a counsellor she worked with during her imprisonment, called Mary Rose, who she felt had really helped her. Significantly, Laura felt Mary Rose ‘*listened*’ to her and ‘*understood*’ what she had gone through. Furthermore, when Laura had encountered issues with other services, Mary Rose had understood the Traveller context and shared Laura’s frustrations at why the service couldn’t adapt to Laura, rather than just blame Laura for non-engagement. Importantly Laura felt that Mary Rose gave her space to be angry, something many services can react negatively too, especially from Travellers, but as Laura stated,

‘I would get angry, and most people would get frightened, but Mary Rose would sit there and say stay with the anger and I did, and I learnt how to.... I won’t say control it because ...but I actually learned like...’ (Laura).

Laura was ‘grateful’ for the changes that occurred through her engagement with Mary Rose, but she explicitly stated, ‘*it wasn’t the prison [that helped], it was Mary Rose*’. Laura described her frustrations at her situation and felt the cause of which was rooted in her childhood trauma. She felt the effects from her trauma exacerbated her issues and frustrated her efforts with support services. Laura questioned the purpose of imprisonment in her case,

'prison wise I don't understand like what they gained by putting me in here' (Laura). Laura felt that the prison environment had a negative impact on her mental and physical wellbeing. Additionally, she felt becoming a prisoner, moreover a Traveller prisoner, rendered her voiceless.

'Mixed feelings about prison You are in prison you are the scum of the earth. You don't have a voice you really don't have a voice. I honestly believe that the prison set you up to fail I really and truly do' (Laura).

However, paradoxically, Laura also felt that because of her contact with Mary Rose, *'prison saved my life, it really did'*. Previous studies have described prison as a *'safe space for a second chance'*, or a *'reformatory space for change'*, or a *'hook for change'* (Szifris et al, 2018). Some of the Traveller mothers in the study often described it as more than that. One mother felt *'prison saves lives'* (Aiofe). For some of the mothers the escape from abusive relationships made prison feel like a temporary sanctuary, the access to drug and alcohol services and support was an interruption into the chaos of their pre- prison lives and sometimes, a gateway to other services, i.e. a means of *'getting clean'*. For some of the mothers it was a way of accessing the counselling and emotional support mentioned above, or a way of accessing accommodation support. Thus, there was no doubt that for some of the women in the study prison was a *'safe space'*. However, it is important to acknowledge that this reality and *'safety'* must be understood in context. The prison experience for women almost always, comes after multiple failures related to *'outside'* services and support; in terms of lack of availability of support services, discrimination by support services, accessibility of support services, appropriateness of support services and suspicion of and negative engagement with support services (Carlen and Worrall, 2004, Baldwin and Epstein, 2017, Masson, 2019, Baldwin, 2022a). Meaning the women were often coming to prison directly from abusive, challenging and unstable situations.

Had the Traveller mothers had more positive, timely and impactful *'outside'* experiences of support or had been able/enabled to overcome the afore mentioned barriers then the stark difference between prison and community (in terms of safety and support), might not be so vivid. Furthermore, the mental health issues the mothers described, might not have been so negatively impacted and/or firmly embedded. Prison cannot, and should not, be used as a place of safety *because of* the failures in the community; and every effort should be made to address, develop and improve community facilities and support services for women before

and after prison; especially if cycles of repeated imprisonment are to be avoided. Laura, speaking about how she felt failed by external agencies before prison stated,

'they just don't listen... when they are even there... an awful lot of them [support services], are to blame' (Laura).

Nonetheless, prison *can be*, (and was for some of the mothers in the study), an opportunity for change and rehabilitation, ideally in partnership with other agencies (especially in relation to preparation for release and post release). As such, within the current status quo the prison becomes (and became), a particularly important setting to reach Traveller mothers, especially considering their overrepresentation in the prison system.

The mothers described how the stresses and strains of being an imprisoned Traveller mother impacted on their mental health, for some triggering thoughts of suicide and self-harm. Their most pressing concern was their children, which will be dealt with in the next section, but the mothers also reported how, what they described as *'different'* treatment, also impacted on them negatively; often causing significant stress, anxiety, and depression. The mothers described frustrations with the system, because of delayed or inadequate support, and anger at their treatment, perceiving it to be different to *'the other girls'* (the non-Traveller women).

'Us Traveller girls wouldn't get as much as other girls, like days [ROTL] and, do you know what I mean like? Like, I'm trying to get a day out to go to the park [with my children] and I can't. (Tara).

'Yeah, but they [the non-Traveller mothers] get visits every time. It's where the social workers... it's like they don't give a fuck. Like I see people in here, like [names convicted murderer], a big murderer and she raped someone recently in here a while ago and I see her getting visits every week Yet I don't get to see my kids every six weeks even' (Tara).

Kennedy and Pierce (2023) found that the Traveller mothers in their study also felt they were less likely to secure periods of temporary release (TR), because they were Travellers. A view shared and echoed by the mothers in this study. Laura described being turned down for TR 'five times' and not being able to understand why she was turned down and no one explaining why to her. Kennedy and Pierce (2023) found that there was a lack of understanding around the significance of wider family networks and cultural events in the Traveller community, and how the impact of missing such events, particularly funerals, would have a significant impact on Traveller mental wellbeing. Furthermore, they found there was a lack of understanding

around how missing such events, and again particularly funerals, would not only cause psychological distress, but could lead to rejection and alienation from family members and the wider community, which again would have significant impact on mental wellbeing in the longer term. Echoing Traveller mothers in the Kennedy and Pierce study, the mothers herein also described delays in decisions being delivered, inconsistency in decision making and differential treatment between Travellers and non-Travellers, again all of which caused stress and anxiety (and anger and frustration). Tara described her frustration at not being able to get TR days, including for her brothers funeral, *asserting that this was because she was a Traveller and deemed 'riskier'*.

'Yeah, it is always a no like. My mother's inquest was last week, and I couldn't fucking get out. I don't know, but me personally I think Travellers are treated differently anyway' (Tara).

Kennedy and Pierce (2023;10), cite evidence which would support Taras' perception by arguing that TR decisions are made *'based on consultation with Gardaí local to where the women lived, and their interpretation was important'*. Further stating that *'this is a significant issue as it has long been argued that the Gardaí have a particular attitude to Travellers and that a name alone can evoke a response which may not be relevant to the woman in question.'*

Tara goes on to say that she believes officers deliberately try to *'get a rise'* out of her because of who she is and the well-known (Traveller) family she comes from. She felt this brought out aggression in her, which she stated brought out reciprocal aggression from the officers – which would leave her frustrated and angry and she described how she would *'end up cutting'* herself instead of *'hitting the officers'*. Tara goes on to say that if she were to report any negative officer behavior or attitudes, she believed the Governor *'will only believe his officers'* and that she would not be believed. Tara felt if she ever retaliated or challenged officers, the situation would always be viewed as her having *'an anger problem'*, rather than their being any fault with the officers. Tara also described how she felt she was punished *'differently'* than the non-Traveller mothers, following a collective incident in which she was involved, Tara stated she was *'...the only one to get punished, all the other 8 just got all let off'*. Tara described how this had not surprised her. She felt that the verbal abuse and differential treatment she experienced from officers was a continuation of the experiences of discrimination and oppression as a Traveller that she was used to from *'outside'*.

'They know how to do it like, I don't like someone talking down to me, I've been talked down

to me whole poxy life and I'm letting no one away with it anymore' (Tara).

Some Traveller women in prison may be pregnant or have babies residing alongside them in the prison (until they reach their first birthday). While it is not known how many Traveller women enter prison pregnant, Kennedy, (2002; 183) has highlighted, the importance of focusing on the maternity needs of Traveller women, including their mental health needs *“in the context of their wider cultural and biographical experiences in Ireland as part of a marginalized community.”* Traveller women tend to hold very traditional beliefs regarding certain rituals and religious practices during pregnancy such as visiting “prayer gardens” and wearing maternity belts which may not be possible when in prison and as such may also cause them some mental anguish and distress. Jade described being a new mother as a Traveller mother in prison feels especially stressful, not least because of her perception and belief that if she were seen to make one mistake then her child would be removed from her care.

Jade, whose baby was born whilst she was in prison and was with her in prison, felt she was treated differently to non-Traveller mothers, stating that there were *‘different rule’s* for her and her child than for the non-Traveller mothers. She also felt that traditional Traveller practices of co- sleeping were not respected or acknowledged, and in fact were used as threats against her.

‘Anyhow, like they are ‘Jade, that’s bad like’ and say Jade if you have your child in bed with you, he could be taken off you. Jade if you let anyone pick him up, he can be taken off you’ [...] Yeah, and that rule is only for me and James- John, there’s other mothers and babies in here and that rule is never for them’ (Jade).

Jade stated explicitly that the additional stress and pressure of being assessed and *‘watched all of the time’*, caused stress and anxiety. She described feeling fearful that if she retaliated, reacted negatively or made any mistakes, that her child would be removed from her care, once again triggering further stress and anxiety.

‘They’ve been very supportive in here, but they watch as well, like for even one mistake. Like if I make one mistake he’s gone’ (Jade).

Jades experience chimes with other research on mothers who have their babies with them in prison (Abbott, 2018, Baldwin, 2022a, Baldwin and Abbott, 2024), who also found that the mothers in- prison experiences and the impact on their mental health impacted and endured

long after prison, and would manifest in later experiences of pregnancy, birth and new motherhood. Although their research was not specifically with Traveller mothers, Baldwins' (2022a), and Baldwin and Abbotts' (2024), research revealed similar findings, with mothers describing the stress of living in a *'goldfish bowl'*. Meaning the mothers felt constantly watched, and as a result their mental health suffered greatly. Indeed, one mother who lived with her child on an MBU had stated that she believed the stress of being watched and the constant fear of her child being removed from her care in the prison, triggered severe post-natal depression and suicidal thoughts (Baldwin, 2022a). For the Mothers in this study, they echoed these feelings but also had the added layer of continued perceived discrimination, which was stressful and deeply challenged their mental health.

Negative experiences in prison can have a traumatising effect post release (Enos, 2001). Women in Baldwin's (2022a, 2022c), research with mothers post release, found that several mothers were diagnosed with PTSD from their imprisonment and particularly the impact of being separated from their children and/or the disruption to their maternal role, several described feeling suicidal as a result, sometimes for many years post release.

Nonetheless, again, there were also occasions where the mothers described actions of the prison in protective terms, albeit at the cost of their liberty for an additional short period. Jade described how because of the relatively minor nature of her charges the Governor *'could have turned around and put me out the door'*, but instead had kept her *'to the day'* in case she went into labour early, which at the time Jade had not appreciated or wanted.

'They thought that I was going to go into labour early with him yeah, and she was worried about the child, and she was worried about me, but at the time I was just saying ah ya awl cunt ya, you're after letting me go on, like I went to hit her and everything, like I was that, yeah I went to beat the officers and the governors and everything over a bottle of coke and a snickers' (Jade).

However, she later reflected on the decision to keep her,

'I think it was the best thing she done because that gave James- John that extra 2 months to grow inside of me and I was getting ... I was resting, and I was getting fed. Because on the outside like I was eating once a day.' (Jade)

Aiofe describes how, despite being eligible for early release she too was *'held on to'* right until her release date because the prison was worried that she was vulnerable and because

previously Aiofe had negative post release experiences.

'No the governor says he's holding me until the release date... Because when I got out of here 2 year ago I got abused, I got raped, so she's worrying about that.... [...], because I handed myself back in, a guy scarred my face and she's worried about me getting out ...So she said she's not letting me out, she's going to hold me till my release date'.

When asked if she agreed with that Aiofe shrugged and stated, *'I just have to get on with it'*, and although she was left feeling powerless in the situation felt she could see the prison were *'trying to do the right thing'*.

For the Traveller mothers, prison and prison-based experiences were not the only contributors and challenges to their mental health and wellbeing. As has been described previously, contact with other support agencies before during and after prison would continue to impact negatively on their mental wellbeing. Social Services (which many mothers refer to as the Health Board), and housing support services were especially present as negatively associated triggers in the mothers narratives. In relation to social services, the fear of losing their children remained a significant factor. Fears, resentment and suspiciousness around engaging with services remained a theme for the Traveller mothers in prison.

"It's very frightening. You think they're all bad at first but they do try to help us as well. But behind it all I think if a social worker can take a child from the mother they will. Like they're just waiting, waiting for any mistake, anything at all" (Jade).

Several mothers described how their experiences of abuse, which occurred whilst they were in 'care', had shaped their view of social services. Laura, who was abused in two separate care placements stated,

'.....just but all the beatings aside, all the rapes aside just the health board just they have a lot to answer for they really have. They wonder then like why they say that I have no trust with the services I don't like' (Laura).

A sense of having been failed by social services as children in need, also fuelled the Traveller mothers perception of social services. Tara had experienced multiple traumatic experiences whilst in the care of foster carers and other care resources, and she had subsequently referred herself to the social services office after social work visits to her abusive foster home, had failed to detect her ongoing abuse.

'And I went into the social worker's office, showed them my bruises, told them what's been

happening everything like that, and I was skinny at this time, and they told me to go into the playroom and they told me they told me they would get me a new home. And when I had, when they got me in the playroom about an hour later my uncle and his son walked in to take me back home. So the social workers sent me home with them, even though I was covered in bruises from top to bottom. And because they didn't move me, then I ended up running away again and ended up staying in and around hostels. I was staying in and around hostels then, from about 12-13 going in around all the hostel and all, under 18s' (Tara).

It is not hard to imagine the long-term impact of such experiences in terms of mental health and feeling of mistrust towards support services. Similarly for Laura, her preexisting mistrust was compounded by her ongoing experiences with social services or the 'health board'. She felt that social workers were being deliberately obstructive with regard to her having access and contact with her children, and that they [social services], had 'ruined' her relationship with two of her children.

The mothers also described how the lack of understanding of their 'Traveller ways' and 'Traveller roots' impacted negatively on them. Mothers whose children were fostered with non-Traveller foster families felt this particularly keenly. For Laura, adding to the negative impact on her mental health and the increased stress and anxiety she was already feeling, was her sons denial 'of where he comes from' (i.e. his Traveller roots). Laura felt that the (non-Traveller) 'foster parents are encouraging that' – a stance Laura believed was 'actively supported by social services. Laura felt that the foster mother was discouraging contact with her, and that no one was acting in her child's best interests by recognising the importance of her child maintaining contact with her or her child's siblings. This was particularly galling for Laura as she had described placing her children in care 'to protect them', rather than them having been 'taken' from her.

'Well, it's drummed into his head so much that he doesn't want to see his own mother, or he doesn't want to know where he came from or who he is or who he belongs to or what were the circumstances around me giving him up ... [...] and I have protected... I have walked away from my own son to leave him have a happy normal healthy life. And yet in all of it I'm down casted for it. Rory doesn't even want to see Kylie and Travis his own brother and sister he wants nothing to do with them. Where did a fourteen- and fifteen-year-old child get that from, where is it coming from because it's not coming from me, he doesn't see me.... [...].

Laura goes on to say,

I guess it is because he is ashamed of [us], he even he even calls his name by the foster family he doesn't go by [his name] and he is not even legally changed, and I don't understand why the health board would allow that, why they would allow it like their job is to integrate mothers back with their children yeah. Why would they do that it's never going to happen now it's too late like. Kelvin is going to go through all his life thinking I never loved him; I never wanted him. And the same with Kylie and Travis, ... the health board have done nothing, nothing to actually help these children at all. (Laura).

Laura goes on to say how she had '*tried and tried*', she had attended everything and '*done*' all that had been required of her but still her children are not being returned to her. She stated she '*did nothing wrong, I was a good mother, I gave them in to protect them*'. Yet still felt she was viewed negatively as a mother by the 'health board'. With regard to her youngest child who she does have in her care Laura feels that rather than supporting her, social services are '*breathing down my neck*' waiting for her to make a mistake, she feels suspicious and confused in her engagement with social services, fearful that their ultimate goal is to remove her son.

'... I don't think I ever will [feel safe with social services], and I know exactly what the health board are going to do I really do. They will never take Jaden, they know damn well they will have a fight on their hands, and I swear before god, and I would drag them through every fucking court in the land' (Laura).

Working together with social services feels impossible to Laura because '*I have no trust in the health board. Absolutely none whatsoever I have made it perfectly clear they know where I stand*'.

Several mothers described how lack of information and lack of communication from the support services and/or prison would impact negatively on their mental health and wellbeing, as well as making them feel angry and frustrated.

*"Social workers think Travellers are stupid. I'm not fecking stupid, far from it. And I know the fucking HSE, and if anyone knows them I poxy know them, they're f**king c**ts and they're lazy bast**ds, and I ring and ring, leave them messages, they don't get back to me and nothing like that, so they are just c**ts and I hate them to be honest" (Tara).*

Laura, who was trying to manage and withdraw from an addiction to prescribed drugs, was imprisoned for an offence committed before her youngest child, Kayden, was born. She was

frustrated with a lack of information about her sentence length or circumstances. It was clear it had not been properly explained to her and the uncertainty and inability to understand her situation was having a significant impact on her mental health, not least because she was separated from her youngest child whom she did have care of prior to coming to prison. She felt that no one in the prison was explaining anything to her.

'I don't understand it at all because I have never been at large so I don't understand what it entails I have no idea and nobody is actually sitting me down explaining it. And the officers are laughing they think it is very funny I have a child to go home to I have been away from him for four weeks now. They have my head wrecked they really and truly' (Laura).

Mothers in the study described feeling powerless and voiceless in their engagement with support services, something that obviously impacted negatively on their mental health and wellbeing and caused significant anxiety and stress, and sometimes suicidal thoughts. All of the Traveller mothers described post-release issues that impacted negatively on their mental health. Not the least of those was around housing/accommodation. All of the mothers had experienced homelessness at some point in their lives and it was obvious that this experience, coupled with frustration at interactions (or lack of) with housing providers and professionals, was a significant and stress inducing challenge. None of the Traveller mothers in the study described living in stable accommodation for any periods of significant length. McMahon, (2016), found that this was an issue for women leaving prison per se, but this study indicates that for Traveller mothers it has particular relevance. Tara, who experienced multiple periods of homelessness found that her unstable housing situation was exacerbated when she became a mother.

"I left the caravan, I wouldn't go back to the caravan, it was too cold for the child. So I ended up going into b&b's, going round all different b&b's" (Tara).

Aiofe had previously lost multiple accommodations, and as with most of the mothers it was difficult to separate her housing issues from other issues or traumas, including her mental health.

'I ended up losing the house from being on drugs and not paying the rent, so... me and him ended up homeless....' (Aiofe).

Aiofe described her frustration at knowing that she would be leaving prison homeless; that the prison knew she would be leaving prison homeless, and yet in her eyes, nothing was

being done to support her. She felt that there were many missed opportunities for the prison to contact housing support or housing support to be in contact with her, but she felt powerless to be able to initiate that herself. She felt that her impending homelessness and the experience of sleeping rough, would not only mean she would not be able to reunite with her child, but would mean she would *'end up back in here [prison] again'* (Aiofe). She felt that *'being on the streets'* would likely also mean a return to substance misuse, and for that reason only, she felt she was *'safer'* in prison. She described how in her experience, even when in contact with housing support, *'they only have to get you a hostel for one night then you are on your own after that... and you have to be out by 8 in the morning'*

For some of the mothers not having a home was a significant factor in not being able to have their children live with them, and as a result sometimes their children remained in the care system or with relatives when there was no child protection reasons for that to occur (other than lack of stable accommodation). Understandably, and echoing Greenfields and Brindley's (2016), research, this had a negative impact on the mothers' mental health. Mothers were often released from prison homeless, again meaning they couldn't be reunited with their children. Baldwin's (2022a), work with mothers post release found that Mothers were already struggling with issues of guilt, shame, and failure because of being an imprisoned mother at all, but when those issues continued post release mothers mental wellbeing suffered even further, leaving some suicidal.

Aiofe stated all she wanted in life was to *'get me a home and get my daughter back... and give her a good life'* (Aiofe).

4d. Maternal Separation and Maternal Trauma

For most women in prison, especially mothers, their primary concern remains their children and family (Corston, 2007). Or as O'Malley puts it, an imprisoned mother *"does her sentence on the outside too,"* meaning that her focus remains on the interests and experiences of her family, even when she is not physically present (O'Malley, 2013). Losing their maternal role and all that comes with being a family matriarch is a significant loss for most imprisoned mothers (Corston, 2007, Baldwin, 2022a). Kennedy and Pierce (2023; 07), found that for Traveller mothers who are *'used to living in a larger household with the inevitable busyness and activity, becoming a prisoner is associated with a specific type of 'loss',* and one which can impact negatively on their mental health.

In interviews for the original study (O'Malley, 2018), and echoing previous findings with imprisoned mothers (Enos, 2001; Baldwin, 2022a), O'Malley found that for the Traveller mothers their children were most often their focus, whether they were, had been or would in their care again or not. However, O'Malley, (ibid), also found that the Traveller mothers often faced additional and specific challenges related to judgement and shame. Traveller mothers, like all mothers faced cultural expectation to fulfil their roles as mothers and feel shame guilt and distress when that role is interrupted or disrupted because of imprisonment (Baldwin, 2022a, 2022c, O' Malley, 2018; Kennedy and Pierce 2023), and the resulting distress and pain is significant. For many mothers in prison their sense of failure and guilt at becoming an imprisoned mother is profound, and for some '*guilt is a life-threatening emotion*' (Baldwin, 2022a; 274), and the subsequent maternal trauma felt by the mothers is linked to suicide, suicidal thoughts and self-harm (Baldwin, 2022a, Walker and Towl, 2016).

This study also found that for the Traveller mothers, (as with most imprisoned mothers), imprisoned motherhood, and all that it entails, could be all consuming. However, the Traveller mothers often also had the additional stress and burden of '*fighting*' the system concerning their children from prison, i.e. fighting to secure visits, fighting to access support, all whilst being fearful they would never get their children back. Laura, who felt she shouldn't have got a custodial sentence and who had the care of her youngest child before prison, was desperately worried that now her son was in foster care it was less likely she'd *get him back*, and for her at least part of that fear was based on the fact she was a Traveller.

'The longer I am in here the longer Jaden is away from me the harder it is going to get him back. I am dealing with the health board since I was four years old I know the inside and outside of the health board I can't understand it I swear to God I can't' (Laura).

Laura described being consumed by sadness and despair at missing her son, but at the same time angry about the prospect of a '*battle*'.

'They will never take Jaden they know damn well they will have a fight on their hands, and I swear before god, and I would drag them through every fucking court in the land' (Laura).

It is not hard to imagine the how the stress, uncertainty and powerlessness of her situation had a negative impact on Laura's mental health. Mothers in this study expressed anger and frustration that they were not always '*kept in the loop*' when it came to their children's involvement with social services (as described in the previous section). Fears about their children's wellbeing in the very same care system that the Mothers felt had abused them, was

a significant source of distress. The Traveller mothers felt angry and frustrated at seemingly having no power to influence or effect change in their children experiences of 'care'. Laura explicitly stated her sense of distress and trauma was further compounded by the fact her son was in the very same 'care' system that she felt had abused, neglected and let her down. In reflecting on how the system had failed her, and her fear for her son, Laura was terrified that he would suffer a similar fate. Laura described her anger at the system that '*called itself care*', felt she was a safe parent and that her son would have been safer with her.

'they knew it was one of their so-called workers you know what I mean a childcare worker. A professional rapes me at the age of nine until I am seventeen, sent back to mother that I knew nothing about, sent back to the side of the road that is exactly where I was sent' (Laura).

Tara expressed similar feelings, and again related her fears to her negative experiences of care, worrying that her children would also not be safe.

The mothers described how '*fighting*' the system for information, and/or trying to access the support and care they felt other non-Traveller mothers had access to, was draining and impactful. Tara described her stress and frustration at '*trying to get the social workers to bring*' her children to the prison, and her subsequent anger sadness and despair when those visits didn't occur, and promises were not kept.

'...Yeah, but they don't stick to visits. Like ...they're saying, they said, four weeks. And then they don't bring her to see me until every 6-9 weeks. They don't stick to the visits then like. ..I leave message for the social workers, and they don't get back to me' (Tara).

Tara described how she feels powerless and frustrated in her efforts to secure and maintain visits, '*how can I do anything from here, what can I do? Where can I go?*'. Tara goes on to say that PIN restrictions mean she often has to choose whether to ring her criminal solicitor or to try to fight to secure a family solicitor who could help her fight for her children back. Tara described how her own fears and concerns about her children's experiences of foster care were ignored. She had experienced her children coming to visits with bruises, hungry and their hair '*full of nits*'. Tara is angry that she is monitored for substance misuse, but that her children's foster carers are/were not, despite Tara believing they are '*using*', and informing social services of this. Tara kept '*hearing*' that her children were walking to school alone, that their attendance is poor. and that they were '*scruffy*'. All of this added significantly to the mental strain Tara was under, but she felt forced to stay calm and '*engage*' otherwise she fears she would never get her children returned. The Travellers mothers described feeling

forced to 'play the game'.

Visits were a bone of contention for the mothers, as found in other studies (O'Malley, 2018, Baldwin, 2022a, O'Malley and Baldwin, 2019, Baldwin and Epstein, 2017), mothers had mixed feelings about visits. Mothers like Tara wanted her children to come but would be angry and frustrated at the lack of notice she would be given of a visit. Meaning she was not able to prepare herself, look nice or have any sweets for the children ready for their visit. Although her visits were important to her, she felt the prison did little to accommodate children, she felt the visiting space was oppressive and not at all child/family friendly.

'there should be sweets in the fecking visiting room for the kids. There should be. And every kid that comes in should be given a bar and a packet of crisps, something coming in ... There is no toys out there ...they need games and proper colouring books, proper markers and crayons. You be lucky to get three or four crayons out there. Now they tell ya the kids aren't allowed to eat on the visits, so if you bring out sweets you have to give them to the officers until they're going' (Tara).

As also found in previous studies (Masson, 2019, Booth, 2020, Baldwin, 2022a, O'Malley, 2018), for some of the mothers in this study, the unsuitability of the visiting space, the restrictions within the visits, and the mental anguish around shame and guilt meant they chose not to have visits.

'No, no I don't want her to come up because she thinks I'm in hospital. She doesn't know I'm in prison. I don't want her to know I'm in prison. I think that she won't want to know me if she knows. I'm in prison, so no she doesn't know. But I will tell her someday but not right now... she doesn't know about drugs or, me being on drugs or anything''. (Aoife)

"I'd find that [visits] hard ... I know it's hard not seeing him now, but I'd rather see him when I get out... I know he's too young to think, but I'd be thinking, he was thinking like ... why is she staying there ... And then going away and not seeing me for another while then. It could affect him, like do you know" (Kelly).

It is important to note however, that this decision not to see their children whilst they were in prison also had a profound impact on the mothers mental wellbeing, triggering guilt anxiety and depression and sometimes self-injurious or suicidal thoughts. Again, echoing previous studies (Baldwin, 2022a, O'Malley 2018, Doyle, 2017; Enos, 2001), all of the mothers described feeling pain at the separation from their children, and some guilt and shame around

their maternal identity and role (or loss/interruption of role). For some mothers their maternal trauma triggered suicidal thoughts and self-harm.

“I even said to one of the girls... how would you hang yourself in these cells? ... Build it out of beds? ... I’m even asking them questions... I’m getting it in my head I am going to one of these nights. An officer is going to walk in and find me dead’ (Anna).

Anna goes on to say,

“Some nights I [am] be terrified that I’m going to end up killing myself like. Just kind of not having my child and I look at programs on telly, and I see kids with their mams and I’m saying oh... ‘I would have been lovin for that to be me, me and my child’. Because she never done anything on me... she didn’t ask to come into the world... why I went wrong... I really, really don’t know... I feel really, really, really guilty... every night I was in here crying. Every day I’m writing letters out to the baby telling her how sorry I am for everything I’ve done on her... but at the time I wasn’t thinking you know” ... (Anna).

Baldwin (2023) found direct links between maternal pain and maternal trauma and self-harm and suicidal thoughts, particularly during early days in prison (See also Baldwin and Quinlan, 2018). It is known that feelings of worthlessness, powerlessness and hopelessness are often associated with suicidal thoughts and attempts (Walker and Towl, 2016). From the mothers’ testimonies in this study, there can be little doubt that those feelings were also present for the imprisoned Traveller mothers, perhaps being particularly significant for Traveller mothers given the high levels of suicide in the Traveller community. However, conversely, the mothers also described how their maternal role could also be a *protective* factor.

‘But you know what would stop me [being a mother] ... my child... she won’t have a mammy for the rest of her life’ (Anna).

“If I didn’t have my daughter, I’d probably kill myself – I don’t like living this life. Only my daughter that’s keeping me alive, she gives me something to look forward to and live for’ (Aiofe).

Significantly, even those mothers who describe motherhood as a protective factor, experience severe mental distress, thus it is ever more important that imprisoned mothers are supported in terms of maternal trauma (Baldwin, 2022a). For Traveller mothers, it is vital that that support comes from a position of informed cultural competence and understanding (O’Malley, 2018, Kennedy and Pierce, 2023).

Who the caregivers are for imprisoned mothers children, as has been previously described, is also a significant factor in relation to maternal wellbeing (Booth, 2019). Traveller women in prison are more likely to have more children, which can mean multiple carers and multiple sources of stress for Traveller mothers. Having a family member within the Traveller community caring for their child(ren) brings some comfort to Traveller mothers in prison (O'Malley, 2018). However, it can also be an additional source of stress and anxiety due to feelings of guilt, shame, family tensions and concern for family members, family who most often, have little direct support, financially or practically, to carry out this role (Doyle, 2017). When Traveller children are fostered outside the Traveller community, this can be particularly stressful for Traveller mothers (Cemlyn et al., 2016). As stated earlier, concerns about the personal and cultural implications of their children being fostered in non-Traveller families can be profound and impactful (Doyle, 2017). In this study, some of the mothers recognised they were not in the best 'headspace' to care for their children and permitted their children to be cared for by their fathers other family members, others had experienced their children forcibly removed and their children had been taken into care. However, whatever the circumstances, the loss of their children was something that caused the mothers severe distress, sadness, anger and trauma.

The Travellers mothers in the study all felt that focus on maintaining and supporting family contact could be improved (See also Kennedy and Pierce, 2023). Some of the mothers described inconsistency in terms of access and attitudes of officers in supporting their outside contacts. The distinctive and primary cultural role of caring for their families is a source of additional stress and strain for imprisoned Traveller woman/mothers. They continue to occupy important roles as daughter, wife, sister, niece, and their anxiety was increased when the women believe there is no one in the home to 'step in' to those roles in their absence. Maintaining and supporting family ties during incarceration (including through visits), is associated with better post release outcomes, better relationships between mothers and their children and is often directly related to desistance (O'Malley & Devaney, 2016a; Baldwin, 2022a). It is vital that positive change occurs in this area if we are to interrupt the cycles of family breakdown, offending and a return to prison. Furthermore, understanding, accounting for and offering support for maternal trauma in prison is not only important in terms of Mothers' wellbeing, but again will assist in the interruption of cycles linked to offending/reoffending and intergenerational trauma, (Baldwin 2022a).

Discussion

Similar to the non-static relationships between incarcerated mothers and their children (O'Malley, 2018), the mental health of incarcerated mothers is complex. However, as these findings show, the mental health of incarcerated mothers is impacted by their relationships and contact with their children. In line with the spirit of the *Connecting for Life* strategy, the findings from this study have interdisciplinary and multidisciplinary implications.

It is important to recognise that the broader context and experiences of the mothers pre prison and post-prison are significant. Echoing the recent research of others, (Kennedy and Pierce, 2023), this report illustrates how Traveller mothers in prison come from preexisting disadvantaged backgrounds, furthermore, that they have faced and continue to face discrimination in social and criminal justice systems; something which gives rise to particular needs (ibid). Kennedy and Pierce state that '*extreme disadvantage and discrimination has led to over-representation of Traveller women in prisons in Ireland, but as a minority within a minority they are often overlooked*' (2023;15).

Prisoners tend to have more mental health needs than the rest of the population, with female prisoners often faring worse than males (Corston, 2007). Concern around the significant number of women with mental health and addiction needs in custody, with limited appropriate facilities, to meet these needs was highlighted by the Dóchas Visiting Committee (2020)¹. Whilst not recorded by gender, the AITHS (2010), found that 39% of Travellers in prison were being treated for mental health problems at the time of interview, 62% had interacted with psychiatric services over the previous 12 months, and 81% were taking prescription medication (Kennedy and Pierce, 2023). Research has previously indicated that the range of challenges the Traveller mothers describe in this report, are not in any way unusual. In this context it is not surprising that many of the mothers alluded to self-harm or suicidal thoughts.

In 2017, *Improving Surveillance and Monitoring of Self-harm in Irish Prisons Project Scope Document* (NSRF et al. 2017) was published alongside the Irish Prison System (IPS) and other key stakeholders and agencies. However, there remains room for further development. This report identifies motherhood related self-harm and/or trauma in prison as a risk factor for prison suicide and urges the IPS to plan for more robust data collection on self-harm incidents, and to utilise this report to inform developments in policy and practice. A more detailed breakdown and understanding of context, gender, parenting and child custody or

access circumstances would assist in the understanding of any relationship between parenthood and self-harm/suicide. Moreover, ethnic identifiers need to be factored in. Without this, without understanding the broader context of the prisoners' lives, especially in terms of ethnicity and gender, the social determinants that influence self-injury and suicide for minority and gendered groups within the prison population may not be recognised, or worse still ignored.

A social and personal determinants of mental health approach requires action across multiple sectors including education, health, welfare and housing. Applying the social and personal determinants of mental health model used for this research study, and that explores how people are born, grow, live, work and age is relevant to prisoners (De Viggiani 2007). As a state agenda (Farrell *et al.* 2008), it falls short for mothers in prisons and Travellers. This is particularly the case for Traveller mothers in prison, given the many obstacles Traveller women, criminalised women and mothers experience attaining and maintaining social capital (McDonagh 2020). Mental health is everyone's business, and the active participation of government, social institutions, community and service providers are required if the mental health of Traveller women (and importantly their children too), before, during and after prison is to be improved.

Improving the social capital of Travellers is vital to improving outcomes for Travellers, especially future generations of Traveller children. Social capital is a set of shared values or resources that allows individuals to work together in a group to effectively achieve a common purpose. Social capital can also be thought of as the potential ability to obtain resources, favours, or information from one's personal connections. It is important to make a special note about the complexity of social capital, especially with regards to marginalised groups. Social capital has been viewed as a "double-edged phenomenon" (Villego-Olives & Kawachi, 2017), where there exist simultaneously protective and non-protective effects. There is virtually no aspect of human endeavour that does not require social capital. It has been linked to educational attainment, public health, lower levels of crime, economic and business performance, career success, innovation, and many other benefits.

The sharing of social and material resources can certainly be supportive but conversely can serve as a conduit for the proliferation of health-damaging norms within a localised or inner social network (Hawe & Shiell, 2000, Van Hout, 2010). In the context of marginalised groups, social exclusion leads to a *lack* of protective social capital reserved for society's majority (e.g., shared norms, cooperation and feelings of value, power in numbers, social

engagement etc.), which compounds the negative consequences of health-damaging norms within the marginalised group (e.g., substance misuse, mistrust, discontinuing education, unemployment, etc.). The latter driven by the inequitable experience of social determinants that contributed to their marginalisation. Indeed, Van Hout (2010), found themes that support this idea in her study on social capital and drug use in the Irish Travelling community, while highlighting the promise of channeling localised social capital toward risk neutralisation. An additional particularly interesting finding was the dissonance experienced by Travellers in “*their attempts to both reject and accept settled culture*” (Van Hout, 2010;192), along with lowered perceptions of social capital that accompanies lowered ‘cultural consonance’ (a result of the fragmentation of culture, fuelled in part by culturally inappropriate supports and societal structure).

In short, although Travellers may in many ways accept the norms and values and outcomes of a wider society, (and ideally hope to replicate many of them i.e. secure housing/ safety/ access to healthcare/ employment etc.), their belief and ability to achieve them or mirror them in the same way, is compromised and challenged. This lack of belief/expectation that they will be able to secure similar outcomes to the non-Traveller population is often, at least in part, based on Travellers’ long-standing experiences of historical discrimination and exclusion, (which in real terms *has* impacted their ability to achieve such outcomes). As such expectation are lowered (internally and externally), but the continued desire to achieve similar outcomes, (for example, a job/career/settled home) may not be. This can, as the mothers in the study described lead to, stress, anxiety, depression lowered self-esteem, and overall poor mental health, compounded by a sense that they, the Traveller population, are perceived as abnormal and are failures, because they haven’t, or often more accurately, can’t embrace or replicate non-Traveller ‘successes’ (norms). Blame is place *within* the Traveller culture, rather than critically examining the external failures of wider society as a whole. Celebrating and valuing the Traveller culture and the community would go some way toward mitigating some of the cultural negativity, but most important is removing the barriers to equality and equitable access to services, that the Traveller community face daily.

Like, Traveller mothers in previous studies (Kennedy and Pierce, 2023, O’Malley, 2018, Doyle, 2017), the mothers in this study experienced complicated issues around their mental health and addiction. Often compounded by trauma, abuse and limited support. Kennedy and Pierce (2023), suggest that drug misuse is not something that historically has been connected to Traveller communities, (although is increasing), and as such the Traveller mothers

experience increased, shame blame, judgement and rejection – which can have a significant impact on mental wellbeing (ibid). Echoing their research and others, this study found that bereavement and loss were significant factors in relation to substance misuse, to include alcohol. In order to improve outcomes for Travellers it is essential that culturally sensitive and responsive bereavement and suicide prevention services are developed to work more proactively and cooperatively with the Traveller community around bereavement and loss.

Education is a significant factor in relation to improved social capital. Despite in-prison education not being specifically mentioned by the mothers in this study, their lack of formal pre-prison education was something mothers frequently alluded to. The IPRT (2014), found that Traveller prisoners benefit specifically from literacy education in prison, and that it contributes positively to mental wellbeing. Furthermore, education of their lack of, was mentioned by the mothers in the context of feelings of inferiority, low self-esteem, and mental well-being. The mothers had felt their lack of education had proved to be a barrier to any engagement with supportive services. Equally the lack of adaptation from services towards Travellers and their level of literacy and comprehension also proved to be a barrier to engagement. Kennedy and Pierce (2023), and Doyle (2017), found that in-prison education was often regarded as a positive by experience for Traveller women in prison, but that it needed to be expanded, developed and appropriate. Kennedy and Pierce (2023), further highlight that there may be *‘a cultural context to poor levels of literacy and education, which may be a barrier to participation of Traveller women in prison education’* – but one that is important to overcome because *‘prison officers may perceive Travellers to be disinterested in education or even uncooperative, which can lead to a breakdown in communication between staff and the prisoner’* (McGahann, 2011 in Kennedy and Pierce, 2023). Moreover, poor understanding of prison rules and regulations can be exacerbated by literacy problems (Cemlyn et al., 2016, O’Malley, 2015), which as described by mothers in this study, increased frustration, anxiety and stress and contributed negatively to the mothers’ mental health status. Unfortunately, the negative impact on mental health of being an imprisoned Traveller mother, is not confined to prison. The effects follow mothers through the prison gates, into the community, and all too often back again.

As this report has highlighted, long-term housing needs were not routinely part of resettlement planning for all of the women, instead inappropriate, delayed and inadequate assessments led to placements into temporary accommodation (sometimes). The housing solutions sought provided only a short- term response and did not reflect or accept the

complexities of the women's lives. Indeed, many many mothers leave prison homeless, or at the very least to unstable and/or insecure accommodation. It is not surprising that Traveller mothers are more likely to be homeless given that Traveller women make up the majority of the homeless population in the Traveller community. The lack of housing for mothers, as discussed earlier, leaves mothers in the often-tautological situation where she can't have her children returned to her because she doesn't have a home, but is no longer a priority for housing because she doesn't have the care of her children (Baldwin, 2022a). This situation can lead to the permanent loss of children to the care system or relatives. Which is turn, and as described in the Motherhood Disrupted model (Baldwin 2022b), can lead to a return to substance misuse as a means of dealing with the stress and trauma, and ergo a return to offending to fund the addictions- ultimately leading straight back into prison (often repeatedly). Moreover, as described earlier, the particular challenges and barriers for Traveller mothers in relation to seeking, securing or engaging in supportive services, compounds the situation even further. For Traveller ex-prisoners returning to the same social and structural settings (and associated discrimination, inequality, challenges) that contributed to their prison committal in the first place is very likely to lead them straight back to prison. Thus, serving only to widen the gap in social equity with every generation.

Lack of adequate support and reluctance/fear of engaging with addiction support services in prison was also impactful, particularly on mental and physical wellbeing. Several Traveller mothers described leaving prison with their addictions firmly still in place and no support with regard to substance use rehabilitation. There is an acknowledged concern of the increased risk of death by overdose following release from prison due to low/altered tolerance (Binswanger *et al.* 2007). A report on the prevention of overdose deaths in the criminal justice system by the World Health Organization (2014), highlights post release care as crucial and the need to educate prisoners regarding risks of drug overdoses in the post release period. Which given that female prisoners are often highly addicted and 78% are mothers, is especially important if we are to see a reduction in the incidents of substance related deaths detailed in this report.

Ex-prisoners often feel socially isolated upon their return to the community setting and are therefore susceptible to a cycle of future imprisonment (IPRT, 2012), which then has devastating physical and mental health implications not only for the ex-prisoner, but also their children (Murray and Farrington, 2005). Mothers experience layers of complexity and change when transitioning from the carceral space to the community. As Baldwin (2018), poignantly asserts;

“the maternal experience for mothers in prison is often at best disrupted, at worst destroyed, by the location” (Baldwin 2018; 51). Baldwin’s work discusses the challenges mothers experience assimilating their prison experience whilst navigating motherhood post incarceration in her work with post release Mothers, Baldwin (2022a), found that post prison mothers were often so traumatised by the separation from their children or the loss of their children (temporarily or permanently), that their mental health continued to suffer for decades post release. With some mothers continuing or feel suicidal or to want to self-harm, and even to being diagnosed with PTSD as a result of their maternal trauma. Where mothers were not supported in their reunification and reintegration into their families, some mothers again, turned to substance misuse as a means of coping, and thus ended up back in contact with the CJS or back in prison. Such issues highlight the significance of ‘through the gate’ care and support, which is essential to achieving more positive outcomes for Traveller mothers leaving prison (in fact everyone). It is vital that community and custodial settings work together, informed by a lived experience element (formally and informally) in order to provide tailored support for mothers before during and after prison. Failure to do so will render current and future generations of Traveller children vulnerable trauma and entering the care system and ultimately being motherless, as well as leaving the children themselves vulnerable to repeating patterns of their parent.

As highlighted by Kennedy and Pierce (2023), The UN Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders, known as the Bangkok Rules, (UNDOC, 2011), are fundamental in the protection of the rights of women offenders and prisoners. These measures were espoused by the UN General Assembly in 2011¹⁸ with the intention of closing the international failure to fully meet the needs of women criminal justice systems largely designed for men (and by men). Kennedy and Pierce (2023: 13), state.

‘The 70 Rules provide guidance to policymakers, legislators, sentencing authorities, and prison staff to reduce unnecessary imprisonment of women; to meet their specific needs, including culturally relevant needs; and to provide gender and culturally sensitive assistance to women on their release from prison. Rule 54 explicitly acknowledges the importance of addressing the gender-specific needs of women who are members of minority ethnic or indigenous groups, and the role of prison authorities to develop culturally relevant programs for women offenders from minority ethnic groups. There is a need for the Bangkok Rules to

¹⁸ UN General Assembly (Resolution A/RES/65/229). https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

be fully implemented in Ireland'.

However, it almost goes without saying that for all of this to be achieved, significant change must occur outside of the criminal justice system too. For criminal justice to be 'just', then so must social justice. Recognition and understanding of the discrimination Travellers face in Ireland, is yet to fully translate into policy, practice and legislation. Irish Travellers still face multiple forms of discrimination and racial profiling, in education, in housing, in support services, and in all aspects of the penal and criminal justice system. It could be argued that opportunities for successful transition could be enhanced by a more 'joined-up' settings perspective applied to prisons to reduce, rather than exacerbate, inequalities and mental distress, perhaps particularly for those challenged with dual diagnosis. As some of the mothers in this study described, although often coming after a failure/inability to access timely support in the community, imprisonment *may* offer partial protection from loss of life. Similar to Mayock & Sheridan (2013), The Mothers Project discussed the way in which prison can save lives, describing how receiving a custodial sentence often intervened during a time of chronic and perilous substance abuse and how incarceration was used as a time of harm reduction and abstinence for incarcerated Traveller mothers in Ireland. As with findings from The Mothers Project, Pavee Point (2015) assert that "*Travellers do not primarily access drug services through the health system but through the judicial system or social services. This implies that, by default prison may provide an opportunity for a marginalised group such as Travellers to access healthcare*" (Pavee Point, 2015; 4). However, it is important to stress the significance of improving access to culturally sensitive, appropriate and timely community support before, during and after prison, which would serve a more appropriate and broader goal of the reduced use of custody, particularly for minor offences, and importantly reduce discrimination and inequality. Cultural acceptance and inclusive legislation and social policies are key in improving Travellers' social conditions and their physical and mental wellbeing outcomes.

This report has vividly described how Traveller women come from disadvantaged backgrounds and face discrimination in society, which in turn gives rise to particular needs. The challenges the mothers have faced has led to significant, negative, embedded and enduring mental health impact. Repeated, punishing, disadvantage and discrimination has contributed to the over representation of Traveller women in prison. This report has demonstrated how the social determinants of mental health as described herein, have contributed to the pains of maternal imprisonment, and this highlighted that separation from

family is particularly difficult for Traveller mothers in prison. Furthermore, that imprisoned Traveller mothers have needs that are distinct from other mothers in prison (echoing Kennedy and Pierce, 2023). The experience of maternal imprisonment is compounded for Traveller mothers, in part because of their cultural background and their very traditional roles and domestic circumstances (and the lack of understanding of Traveller culture and community on the prisons' part). Traveller mothers situations are further challenged by their often-frustrated efforts to maintain contact, to secure appropriate support and to be treated 'like everyone else'; all of which had a significant impact on their mental wellbeing.

The report seeks to encourage prison authorities to do more to support Traveller mothers in and after prison, to work with multiple agencies and importantly the Traveller community to assist in the design and implementation of a more joined up through the gate response. As stated by Kennedy and Pierce (2023;16), '*Traveller women in prison must not be overlooked in the implementation of the Public Sector Duty*'.

Concluding Thoughts

Good mental health is integral to human health and wellbeing. A person's mental health and many common mental disorders (depression, anxiety, stress) are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk. It is of major importance that action is taken to improve the conditions of everyday life for the Traveller community, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age.

What is very clear from this study is that what is required is a life course approach to understanding and tackling mental and physical health inequalities for Travellers. Actions that prevent mental health disorders and promote positive mental health are an essential part of efforts to improve the health of the world's population and to reduce health inequities. As previously discussed, there is firm consensus on known protective and risk factors for mental disorders, and those which more specifically pertain to the Traveller community have been discussed in this report. A growing body of evidence exists that shows effective actions *can be* successfully implemented all stages of development to improve the mental wellbeing of the Traveller community, but that support in childhood is key. Especially around suicide bereavement, loss and suicide prevention.

We must extend the same level of understanding with regard poverty, disadvantage, and gendered oppression that led most women and mothers through the prison gates, to the Traveller community, whilst further appreciating the impact of racism and discrimination for the Traveller community; and which non-Traveller women are not challenged with in the same way. It is clear from this study that the mental health of imprisoned Traveller women cannot be separated or differentiated completely from the mental health and wellbeing or lived experience of the wider Traveller population, however there are distinct and different ways in which Traveller mothers experience imprisonment. Key is understanding and appreciating the fact that the issues that inform individual experience are much broader and structurally rooted for Traveller mothers.

For Traveller communities, who are already disadvantaged and discriminated against, and who all too frequently experience the high rates of suicide and mental ill health highlighted in this report; addressing the root causes as cited in this report is vital to their wellbeing and improved outcomes. Strategies to improve Travellers' (women's in the case of this report), access to, and engagement with, health and support services, especially mental health support services, are urgently required. Significantly, in order to improve the multi-agency responses and outcomes for those who do access services, change must occur within the services themselves.

Echoing the findings and recommendations of the National Traveller Action Plan (2022), such changes must include ethnic quality monitoring, as well as cultural awareness training for criminal justice/health and social care providers/services staff, with visual aids for Travellers accessing services, to improve cultural competence and accurate, accountable and accessible record keeping. Furthermore, the active tackling and weeding out of discriminatory practices is essential, and importantly, a lived experience element input involved in the shaping of policies and practices, is an essential part of progressive and positive change. The changes described would all contribute significantly to the 'Cultural Competence' of the service/agency. Improving cultural competence, (i.e. the extent to which a health service or agency is attuned to the cultural background and needs of its community through a congruent set of behaviors, attitudes and policies), is therefore proposed as a way to immediately improve mental health services and importantly, mental health outcomes and suicide prevention for Travellers. Moreover, supporting and celebrating Traveller culture and traditions could be a mechanism for promoting positive health and wellbeing, and conversely, reducing factors that undermine and compromise physical and mental health. Ethnic identity

related discrimination, and bereavement issues thus must be addressed by culturally competent health systems seeking to serve Travellers (or other marginalised ethnocultural groups).

A significant word that appeared in one form or another in *all* of the Traveler mothers transcripts, was the word ‘fighting’. The mothers described, fighting for access to services and support, fighting for their children back, fighting for contact with their children, fighting for a home, fighting with each other or others, fighting to be understood and heard, fighting for justice, firefighting multiple crisis’s in their lives or simply fighting for their own survival. Also telling in the mothers’ testimonies, and as previously stated, were the mothers’ relatively low or simple expectations and desires. Most wished for what all of us wish for, a safe space to call home. Aiofe summed it up, ‘*Oh I’d just love my own house, do it up and have my own little life*’. The mothers described wishing for ‘normal’ things that ‘other people have’, Laura wished simply for her son to ‘*have a normal healthy life*’, similarly, Tara wished for a ‘*normal life*’, remembering when for a brief period she had a job, and she ‘*loved it, I just felt normal*’. The Traveler community have the right to expect equitable access to services, they have the right to equitable treatment in those services, they have the right to safe and stable accommodation to call home (in whatever form that home takes), they have the right to be treated with dignity and respect as is the ‘norm’ in terms of expectation and experience for non-Traveller people, without having to ‘fight’ for them. In short, Traveller people have the right to what they feel is the ‘*normal*’ ‘*for everyone else*’, whilst at the time being celebrated, respected and supported in their culture and their unique traditions.

The research for this report has led to several recommendations, which if implemented, it is hoped will go some way towards more effectively anticipating and meeting the mental health needs of the Traveller population, and specifically imprisoned Traveller Mothers.

Recommendations

1. Agency specific cultural competence training packages to be developed *with* the Traveller community/ utilised by all public facing agencies, including education, health, addiction services, social services, housing, police, criminal justice etc. (list not exhaustive), with the aim of improving outcomes for the Traveller population.
2. Traveller representatives and/or organisations must be involved in all policy and practice developments.

3. All Prison Staff and Services in the women's prisons must have gendered informed training, trauma informed training (to include maternal trauma training), and (gender informed) anti-racist training, with specific reference to the Traveller community.
4. Irish Prison Service (IPS), training school to provide a compulsory continuous module on anti-racism, with specific reference to the Traveller community.
5. Irish prison Service (IPS) to and/or enhance a compulsory continuous module which factors in maternal trauma/ suicide and self-harm into current trauma informed training.
6. Prison officers roles should be gender/location specific, i.e. officers should choose/ be recruited to specialize in working with men or women and receive gender specific, trauma informed training accordingly.
7. IPS to produce and maintain a zero-tolerance policy on racism for all staff.
8. The IPS must continue to strive to improve conditions and services with regards to family friendly visits and contact.
9. IPS should review therapeutic support for all prisoners, but particularly Traveller prisoners, especially around suicide, loss and bereavement.
10. IPS to review/ ensure that perinatal pathway, i.e. pregnancy and new motherhood pathways and provisions are culturally sensitive and appropriate.
11. The extension and development of crisis-intervention teams nationwide and the training of members of the Traveller community into support roles (e.g., as mental health workers, drug and alcohol workers, social work etc.).
12. Traveller specific tailored support should be reviewed/available across all social and criminal justice services (including prisons, especially around education), with an active and renewed focus on mental health (to include, anxiety, depressions suicide prevention).
13. Partnership working between generic agencies and Traveller organisations to be encouraged and expanded – 'through the gate' services should be reviewed and enhanced where appropriate.
14. Traveller specific bereavement support, designed with, and potentially delivered by the Traveller community (childhood and Adulthood).
15. Long-term, targeted and joined up working between Government, stakeholders and the Traveller community to address housing policy and accommodation provision and

address discrimination.

16. Accessible services support information across the board as a matter of course.
17. The active pursuit and funding of further co-produced (with the Traveller community), research in areas of Community support and the Prevention of Criminalisation, Use of Prison as a Place of Safety/Action/Access to services, Post Prison Care and Support, Intersectionality and Criminalisation, Supporting Familial Relationships in and after Prison, The Relationship between Lifespan Trauma and Criminalisation, School as a Protective Resource for Positive Mental health Education and Employment and Inequality and, Suicide Prevention in the Traveller Community.

We all have a collective responsibility to ensure that no person feels marginalised or discriminated against because of their ethnicity. Further, to ensure that all children born in our society have equal access to education, support, and opportunities; and importantly where inequality exists, to tackle it, to be proactive in policies and practices that will raise the bar to improve outcomes for disadvantaged populations. If we don't, then future Traveller children will continue to suffer. The poor mental and physical health of the Traveller population as a whole will continue to suffer, and Traveller people will continue to take their own lives in despair. The inadequacies of the current status quo cannot be allowed to persist, and we are all responsible for that if it does and we would be all the poorer because of that. Never again should the words '*the fact of who I was didn't help*' (Laura), have any place or relevance when Traveller people share their reflections on their experiences of support services. Instead, we must collectively, and importantly, in partnership with the Traveller community, come together to make positive change to actively pursue better mental, physical, and social health outcomes for the Traveller population. Taking up the Travelers' experience of '*having to fight*', we must join them in a fight for better, whilst embracing and acting out the words of Ruth Bader-Ginsberg: '*Fight for the things you care about but do it in a way that will lead others to join you*'.¹⁹ When it feels like a fight against a tide of impossibility then we must maintain belief and action, and moreover work together to generate the aspiration and belief in the Traveller population that change is possible and coming, because, in the words of Margaret Mead.

¹⁹ ¹⁸ The late Supreme Court Justice Judge, Ruth Bader-Ginsberg, during a question-and-answer session to the Harvard Radcliffe Institute 29 May 2015.

'Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has'.

I AM a Traveller

Yes, we know it's Green Belt land.

But wasn't everywhere before it became man's.

Why can't we live beside you? Why can't you understand?

We are only asking to stay on our own land.

I know this is not well written I know it's not very good, But

I'm doing my best like any mum would.

If my children finish their education, I know they could do better And
next time around, they could be writing my letter.

I am appalled at some of the things I have heard and read,

they say: "Get rid of all Gypsies they should be shot dead."

They say we don't pay our way, are all thieves and are really dirty. If

this was written about you, wouldn't it hurt you?

Our homes have been set fire to, stones thrown at us, called names, the subject of much crime,

But we haven't complained. We have not had time.

Packed up in the middle of the night, it

is time to go.

How many are coming? I don't know. Why are they coming? What did we do today? NOTHING,

it's because we live this way.

Get the children. Get the dogs. "Watch your head. They're throwing logs."

Running just as fast as I can with a baby in each arm.

They don't care when you're a gipsy. You could be child, woman or man.

So, we settled down to get away from this kind of life.

We don't want to live on the edge of a knife.

So, all we ask is you to give us a chance And

try to understand.

We are just a family and all we have done wrong was bought a small piece of land.

I don't want your sympathy,

I choose this way of life. I want what's best for my family.

I am a woman, mother and wife

Poem written by Bernadette Reilly of Brentwood Gypsy Support Group and Traveller Movement Advisory Group Member, original present in Greenfields and Brindley, (2016), 'Impact of insecure accommodation and the living environment on Gypsies' and Travellers' health', a report on the impact of insecure accommodation and the living environment on Gypsies' and Travellers' health was commissioned by the National Inclusion Health Board

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