Babies Behind Bars:

An Extensive Look Into the Implementation of Prison Nurseries vs. Community Based Care Programs in the State of Oklahoma

Honor's Thesis

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Introduction

Imagine expecting the birth of you child. You are in shackles. There will be no baby shower and you cannot invite friends and family to watch the birth. You do not even have the proper nutrition to care for your baby. Why? You are in prison. This is your punishment because you committed a crime and must pay for the consequences of your actions. However, should your baby be punished too?

For many Americans, specifically Oklahomans, this scenario is all too real. Not only is it legal in most states for women to be chained while giving birth, but also the babies are taken from the mother within 24-48 hours after delivery (Haverty, 2013). After carrying the child for nine months, the mothers are forced to give up their children once they are born. America is one of only four countries in the entire world that consistently takes newborn babies away from their incarcerated mothers (Wertheimer, 2005). However, there are a few places in the United States that allow women to keep their babies for a fixed amount of time (Parra, 2009).

Only 10 of the 50 states in America allow for the mothers to keep their babies after birth (DeBoer, 2012). Within these states, the incarcerated mothers must meet certain criteria to be placed in one of the two programs: Prison nursery or Community Based Care. These two types of programs will be discussed in detail later. The intent of this paper is to discuss why these programs are necessary and

beneficial to mothers and infants and why the state of Oklahoma fails to implement both of these programs.

Attachment Theory

Have you ever seen an infant abruptly separated from the mother? Perhaps in a grocery store, the mother places the child on the ground for a moment to grab something. The infant grabs the legs of the nearest person, only to look to and realize that person was not the mother. Fear and hysteria sets in; the child screams while helplessly searching for the mother. The mom speedily picks the infant up, and the child is soon soothed and comforted by the mother. The source of that panic is built upon one of our most primitive human understandings: forming bonds and attachment (Smith, 2014)

Attachment Necessity

Based on years of research and numerous studies, we know that social interaction is the highest predictor of the maintenance of resilience in a person (Whiteacre, Fritz, & Owen, 2013). Attachment theory addresses the formation, preservation, and enduring influence of emotional connections developed between parents and their children as infants and its sustainability and continuation thereafter (Holden, 2010). This theory postulates that the relationship formed between infants and their parents mirrors a behavioral system that has adapted to bolster survival and proficient functioning as a child and later on in adulthood (Holden, 2010).

A child's attachment is developed in several ways. However, the first attachment that must be made is developed during interaction with the caregiver in

infancy. A secure attachment is defined by the ability to develop a trusting bond through warm and sensitive parenting practices. Oppositely, an insecure attachment is developed by the infant's needs not being met by the parent (Holden 2010).

Developing Secure Attachments

There are four benchmarks that must be met in infancy in order for the child to develop a secure attachment. First, when the mother meets her infant's needs by showing appropriate affection, the infant can trust that his needs will continually be met and he soon develop a trust relationship with the mother. Secondly, as the infant quickly grows, he will use the mother as a secure base from which to explore their environment, and which he can always return when they are in need of comfort. This creates a safe zone for the infant, as well as a peace of mind knowing his protector is nearby. Thirdly, when the mother meets the needs of the infant, the infant is then secure and comforted by the presence of his mother when he is distressed, and will be able to quickly recover from his stress. Lastly, over time, the infant will develop a secure internal working model that displays his understanding and assumptions of others, as well as themselves (Dykas & Cassidy, 2011). Without the infant's basic needs being met by the mother, the infant will fail to develop a secure bond, which will affect later relationships in life.

Attachment measurements

Mary Ainsworth, attachment theory specialist, developed a way to test the attachment theory through a process called the Strange Situation Test. This test is still used today to measure attachment and has been used in prison nursery settings as well. The test uses the mom as the secure base in a room while the infant is

playing with toys. The mother leaves the room and the child's reaction to the mother leaving is observed (for example, does the child self-soothe?). A stranger enters the room and engages with the child. The child's reaction to the stranger is then recorded (distress or acknowledgement of stranger). The mother then re-enters the room and the infant's reaction is again recorded. How the child reacts to the mother's return shows what kind of attachment the child has with the mother (secure, insecure, anxious-avoidant) (Ainsworth, Blebar, Waters, & Wall 1977).

If the infant is secure, he will return to the mother if distressed by the stranger and the mother will be sensitive to the infant's needs. If the infant is avoidant, the child will not seek the parent if distressed and ignore the mother's return. If the infant is insecure, the child will show anger toward the parent and will not be easily soothed. In this case, parents usually have a history of unresponsiveness to the child's needs or the child has not been in a secure relationship with the parent (Dykas & Cassidy, 2011).

Child Outcomes

Securely attached infants tend to be more self-reliant, display higher levels of social competence, and are able to regulate their emotions better than insecurely attached infants. Anxious-avoidant infants tend to become even more anxious is later childhood and adulthood. Infants who are insecurely attached are more likely to display conduct problems in early and later childhood, as well as problems in forming social circles (Sroufe, 2005). Anxious and insecure infants show more symptoms of psychological problems in adulthood, are more vulnerable to stress, are more aggressive, and are more likely to have difficulties in emotion regulation

(Sroufe, 2005). Thus, the earliest attachment bond can affect a child for the rest of his or her life, whether the attachment is secure, insecure, or anxious.

The Formation of Secure Attachments

Mothers must be available for their infant's needs at all times. Mothers should promptly respond to their newborn's needs (specifically with feeding breast milk and showing comfort). Mothers should respond to their infant with warmth, love, and affection. Most importantly, infants need predictability. If they cry, the mother needs to respond. This establishes the trust relationship. Without this, an infant will not form a secure attachment (Steinberg, 2004).

Within the first six months, a crying infant needs to be picked up promptly. This will develop a secure attachment. Simply from having this need met, the infant will cry less. This teaches the infant how to self-soothe. The baby will also be less stressed. When the parent picks up the crying infant, the baby will learn to associate calming down with being picked up (Benoit, 2004). This attachment can begin its formation from the child's first cry.

Every newborn needs at least one secure attachment relationship that he can count on because attachments form through a cycle of stress and stress-reduction. For example, when a newborn is hungry they cry. The mother, in turn, feeds the crying baby and the baby learns to trust that the mother will be there to give sustenance as well as assurance and comfort. This initial example of learning to trust someone forms the foundation for all later relationships in that infant's life, his sense of self, and his ability to function on a daily basis without unwarranted

anxiety. Maternal-child attachment is most crucial in the first six months of a newborn's life, and continuous until about age six (Smith, 2014).

Experts in the field of child development have found that the worst thing that can happen to a child, besides serious physical harm, is to lose his or her mother. While it is not completely impossible to repair a severed mother-child relationship, or to become accustomed to another guardian, literature has proven from the experiences of thousands of mothers and their children that the relationship damage is usually long-lived and takes a great deal of work, patience, and services for children to overcome (Smith, 2014). Thus, this theory is relevant in the discussion of allowing pregnant incarcerated women to keep their newborn infants with them in prison, or for these women to be sentenced to community-based care. Could we be hurting our future generations by not allowing incarcerated mothers to bond with their newborns?

Incarceration

Between the years of 1977 and 2007, the number of women entering prisons in the United States increased by 832% (Mothers, Infants, and Imprisonment, 2009). According to the numbers released by the BJS (Bureau of Justice Statistics) in 2004, at the time of admittance into the prison systems, about 4-5% of these women were pregnant. Since the number of women going to prison has skyrocketed over the past 38 years, each state government must consider the children being born to these women and to our society (Diamond, 2012).

Birth Behind Bars

To understand why prison nurseries should be implemented, one must first understand the process of a pregnant woman being incarcerated. Once a woman is arrested, she is taken to her local jail for detention. Here, she must tell the guards if she is pregnant. Because women often lie about pregnancies to receive more food or more time to receive bail, the jail administers a pregnancy test. Many times, these women do not know that they are pregnant. In jail, these women are kept with the general population. Once placed in prison, these women receive some, though not extensive, OB/GYN care. The incarcerated woman can request to be kept on the ground floor of the prison and placed in a bottom bunk bed. Once the woman goes into labor, she is sent to the medical ward of the hospital. For lower grade prisons, an EMT must take her to a nearby hospital for birth. In all but a few states, the woman must remain in chains while in labor. In 40 of our 50 states, women are forced to give up their children within 24-48 hours either to next of kin or the foster-care system. Only ten states allow for women to keep their children with them in a prison nursery (Lee, 2012)

Pregnancies among women entering prisons are often accidental and high-risk, and tend to encompass lack of pre-natal care, drug and alcohol abuse, lack of good nutrition, mental illness, and domestic violence (Skrobecki, 2013). Thus, these children are already at risk when entering the world. These children have been set up to fail since day one. Child development researchers and policy makers often debate what is best for mothers and for children. Unfortunately, there is no national policy that mandates what happens to children of incarcerated mothers. Each state

must choose how to handle this delicate and continually growing situation without federal mandates (Mothers, Infants, and Imprisonment, 2009).

Options

In the 1950s, it was the norm to have a prison nursery in all states. Then came the skyrocket explosion of incarcerated women. Many believe this is due to the late 1970s/early 1980s "war on drugs"- with many women being arrested for possession, selling, or harboring drug sellers. With such an influx of women in prison, states became financially unstable and did away with most prison nurseries (Lee, 2012). Most of the children are sent out of prisons with the next of kin (if they are picked up by the next of kin within 24 hours of delivery), or become a ward of the state and enter into foster care programs. Now, with more research than ever, some states have started to reconsider the long-term affects of re-opening nurseries and community based care programs (Brown & Valiente, 2014).

Community Based Residential Parenting Programs

Within the past five years, the WPA (Mothers, Infants & Imprisonment, 2009) has released its first national report on prison/nursery programs. It found that the number of community based residential housing programs has been steadily increasing. These programs allow for women to serve out their prison sentences with their newborns (as well as any other children they may have) in a non-prison setting. These programs are usually half funded by a church organization and given a governmental stipend, and half funded by the state. Women are still in a corrective environment, but have more freedom to care for their children. They are watched by a few correctional officers and have curfews and "outing" times. These programs

have recently started in Vermont, Massachusetts, North Carolina, Illinois, Connecticut, California, and Alabama, with several more to follow in at least 5 other states (Lerner, 2009).

Women applying to the community-based programs must meet a highly specific set of criteria. They must have sentences of less than 18 months by the time the baby is born. They must have a non-violent record, and they must sign to continue to be the primary caretaker of the infant upon their release. Most women in these environments pose little risk to public safety. Women within these programs are usually in prison due to drug addictions, low social economic status, and lack of education (Mothers, Infants, and Imprisonment, 2009). A community based care program often provides drug treatments for women with substance abuse as well as parenting supports and classes. These women are enabled to find a job within their own community, so that when they are released, they can continue to support their family. Community-based programs are treatment first, rather than punishment first facilities.

Advocates for community-based care argue that such programs offer a better range of women's family needs. For example, some programs, allow the mother's other children to come and live with her in the community home to serve her sentence. Such programs allow children to play and socialize with one another, bond with their mother, and even play outside. These programs are offered for women pre-trial, throughout their sentence, and once out on parole.

The difference in community-based programs from prison nurseries is that they are not located within correctional facilities. They are usually operated by non-

profit organizations partnered with local government entities. The correctional side of this program administers supervision and social services in the setting of the incarcerated mother's community. Such programs are more home-like, with a mother and child sharing a private room (Mothers, Infants, and Imprisonment, 2009).

While this program provides a place for incarcerated mothers to serve their sentence and bond with their child, many lawmakers do not support it. Some advocate that such care facilities offer too much freedom for incarcerated women and that they are not being "punished" in a nice house and room. Others do not think that the states should rely on charities to support part of the cost for these women. However, several states have found community based residential parenting programs to be the most influential on the later impact of children (Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females, 2011). This could be due to the children forming early attachments with the mothers, as well as enabling the mothers to seek job placement and treatment before they have even finished their sentence.

Prison Nurseries

Prisons are designed to be punitive and inhospitable. Many are shocked to hear that prisons would even allow babies. It is not surprising, however, how many incarcerated women have children before they were even arrested. 85% of incarcerated women have children prior to imprisonment. We know that 4% of those women are pregnant at the time of incarceration, which means roughly 40,000 pregnant women are incarcerated in the United States each year (Vickielson,

2011). Seventy three percent of these women are arrested for non-violent crimes. With such limited spots in prison nurseries, many are unable to keep their child simply due to lack of room (Hotelling, 2008).

To be allowed to participate in a prison nursery program, a woman must meet the same requirements as the community-based program. They must be sentenced for a non-violent crime, they must have only 18 months left to their sentence by the time the baby is born, and they must sign a form taking full responsibility of the baby as the primary caretaker.

Prison nurseries are built in completely separate wings of the prison. For example, in New York's Bedford Hills prison, the babies and mothers are kept upstairs down several hallways and multiple heavy locked metal doors (for their safety from other prisoners). Each mother and child is allowed to sleep together in individual rooms. They have a recreation room that is brightly painted and filled with toys, books, couches, and rocking chairs. Some prisons even have "Early Start" programs for the infants. Within these nurseries, mothers often attend parenting classes with their children. The hope of these programs is for the mothers to form solid attachments with their newborns. By forming these secure attachments early on, mothers are more inclined to find work once they are out of prison to support their child and to maintain their relationship (Wertheimer, 2005).

Foster Care

The privilege of being able to keep a newborn in prison is allotted to very few women due to lack of states participating in the programs. Even fewer women actually get in these programs because of the restrictions on who is allowed in the

nursery. Many prisons do not have the room to allow the amount of pregnant women in prison a place to stay with their infants. Thus, there are waiting lists. But what happens to the women and newborns that do not get in the program?

The usual practice for prisons in to separate the mother and child within roughly 24 hours of delivery, giving the mother and baby no time for connecting or bonding (attachment theory). Many studies have been done and prove how maternal deprivation has serious and long-lasting effects on children (Carlson, 2008). However, state prisons continue to place these children in either foster care or kinship foster care, even after knowing its effects. Attachment theory in the foster care system will be addressed later.

In 1980, a law was passed called the Adoption Assistance and Child Welfare Act. Under this act, a child cannot be in foster care for more than 24 months before the court proceedings begin on the termination of parental rights, even if the child is living with a relative in kinship foster care. This means if a woman has a sentence of over two years, it is almost a guarantee that she will lose custody of her child. The average prison length for a woman in the U.S. is 36 months (Vickielson, 2011). Generally, after a mother terminates her rights (due to incarceration), there is no chance of regaining those rights (Flaum, 2010). Now, some states will only hold children for 15 months before enacting the parental rights termination. Thus, there is less time for the reunifications of families to take place. The Adaptation Assistance and Child Welfare Act was designed with the good intensions of accelerating the process of finding children in foster care a permanent home.

However, this act neglects the issues of those children more to incarcerated mothers (Stern, 2004).

Unfortunately, even if relatives take the child, or if the child is placed in a good home, the state will still incur additional welfare costs to support these children. The relatives who take the child are rarely financially capable of acquiring the costs of an additional child. Placing a child through the foster care system (non-kinship foster care) is also expensive. For example, Nebraska pays around $222 per child plus additional travel fees and medical bills. Thus, the cost could be over $300 a month for a healthy baby, and up to $1200 per month for children in need of additional medical care. All of this is paid for under Medicaid. Thus, including foster care employment staff salaries and extras, it is estimated that taxpayers pay roughly $17,500 per year per child in Nebraska. Compare this to the cost of keeping an infant with the mother in a prison nursery, which would be less than $222 per month. Opening more prison nurseries would astronomically lower the foster care costs per taxpayer per state (Stern, 2004).

Attachment Theory in Foster Care vs. Prison Nurseries

As stated earlier, children with incarcerated parents are more likely to be incarcerated as well. On the other hand, children that age out of the foster care system face immensely higher rates becoming incarcerated than other children from the same social economic background who were not in foster care. They also have much higher rates of unemployment, homelessness, and substance abuse (Vickielson, 2011). Although 85% of incarcerated women have children, the majority of those women are single mothers (Deck, 1998). This means, if the child's

grandparents cannot take the child, then the infant is placed in foster care. Since 40 of the 50 states in America have failed to clarify whether an incarcerated mother may have physical custody of her infant, is it unlawful for those states to take away the child from the mother since no legislative action has been taken? This is why the United States must determine what living situations would be in the best interest of the child. Numerous child development researchers have concluded that children should be placed in the environment that fosters the best attachment bonds (Deck, 1998).

Foster Care Attachment

While it is clearly in the best interest of the child to keep him or her out of physical danger, a child's psychological health and development is just as important. For healthy psychological development, it is impertinent for a child to form an attachment bond within the first few months of life. By separating a mother and child, the attachment bond is broken. The infant does have the capability to attach to another caretaker, but such a capacity diminishes quickly as the child grows. The initial attachment bond is developed within the first six months of life. This is developed through routines, care, and love by at least one primary caregiver whom the child can trust (Deck, 1998).

If a child is placed in the foster care system as a newborn, the chances of that infant receiving the constant care to build an attachment is slim. For example, it could take months for the child to be placed in a foster home, depending on location and available foster parents within that state. Thus, the window of time for attachment bonds to form will end. The infant will obviously have care from the

state (feedings, diaper changes), but it will be from caretakers who are constantly changing shifts. The infant will be unable to form a trusting bond if there is a new person in charge of their care every few hours. If the infant fails to receive enough contact with some kind of attachment figure between the first month to 24 months, the infant may lose the ability to form an attachment. This will impede mental development and hinder the child's ability to sustain social relationships later in life (Deck, 1998).

A newborn infant is not developed enough to maintain an attachment bond while separated from the mother. Initial separation may cause acute distress in the infant, later followed by aggression and withdrawal. The infant cannot comprehend that separation is temporary; being moved from caretaker to caretaker has been deemed as a traumatic even hindering psychological and psychosocial development. Because foster care children are usually relocated multiple times in their childhood, social workers frequently warn foster care parents not to become too attached to the infants or children so that separation from the caretakers may be easier in the event that the children are reunited with their parents. Yet again, the attention, love, and nurturing that the child requires has been stripped away, hindering growth (Deck, 1998).

Placement in kinship foster care, a placement with a relative of the infant, could be detrimental to the infant's health as well. Initial separation of the mother-child relationship results in stress. If the child is temporarily placed in kinship foster care, the continuity of the care may be disturbed, eliminating the infant's ability to bond with the parent. After so many months when the mother is released and

regains parental care, the child will be unable to form a new attachment with the mother, and will have yet another severed bond with the relative caretaker (Deck, 1998). Please note that kinship foster care is not at all bad, it simply can impede attachment for infants in this care for only a few months to a few years.

Oklahoma DOC Interview

In an interview with Dr. Laura Pittman, psychologist and deputy director of female offender operations at the Oklahoma Department of Correction, Dr. Pittman confirmed that Oklahoma was indeed the number one state for highest amount of female incarcerations. Oklahoma has been highest in female incarceration for the past two decades. In addition, she shared that Oklahoma is also ranked fourth in male incarceration (Dr. Laura Pitman, Personal Interview, 2015). This means about 3% of all children in Oklahoma are impacted by the state's high incarceration rates.

Dr. Pittman has done numerous studies on why this state's incarceration rates are so high. She has found that there are two reasons. First, Oklahomans have high rates of mental illness that are not addressed by the state. Many people within this population who suffer from mental illness will eventually end up on the street. Then they will go to jail without adequate treatment. The second reason is drugs. Many females entering the correctional system are on drugs, in possession of drugs, or have had drugs sold in their home. Besides those who have committed major crimes, Dr. Pittman believes the rest of these women have lived a life of poverty, low economic status, lack of education, and lack of resources. As Dr. Pitman said, "Oklahoma is prone to punishing people, yet we forget who makes the laws- the citizens". These women are usually sent to a maximum-security prison for minor

offenses. Unfortunately, those who suffer the most from these offenses are their children. What then do we do with the pregnant women currently entering our prisons? As a state, Oklahoma does not have prison nurseries, nor does the state want to pay for the implementation of prison nurseries. Dr. Pittman offers another idea.

As discussed before, community based residential programs have been becoming the popular alternative to prison nurseries. Oklahoma currently has only two counties incarcerated mothers can be sent to: Oklahoma county and Tulsa county. Thus, if a woman is charged with possession of drugs and is pregnant, instead of sentencing her to a maximum-security prison, the judge can sentence her to community based residential program. However, this occurs only if the woman meets the requirements (non-violent, less than 18 month sentence). She can only be placed there if there is enough room for her and her child in the program (usually no more than 10 mothers per home). The mother must also be a resident of either of these counties to be eligible. Thus, if the mother resides in Osage county, she cannot be placed in the program and will go to prison. Dr. Pittman believes there should be many more of these programs throughout the state. Such programs are still punitive, but they allow for treatment of the individual. Thus, if the mother is an alcoholic, they will work with her on abstaining from alcohol and ways she can continue to abstain once she has served her sentence. These programs also allow the women there to go out into the community and find a job. Thus, when they return home, they will already have a job set up for themselves within their community once their sentence has been served. This enables the mother to care for

her child and become financially stable so that when she is released, she can successfully transition (Dr. Laura Pitman, Personal Interview, 2015).

Dr. Pittman noted that the women in these programs are not actual risks to society or to the community. They have made some bad choices. It is the community's job to provide resources to these mothers for the betterment of society and enabling these women from returning to prison. Dr. Pittman argues against incarcerating such women since their risk level to society is low. Instead, she believes that they should be sentenced in drug court, hopefully to a community based residential program, or the women should be sentenced simply to probation. Thus, the female incarceration rate will be lowered, tax dollars spent will be lowered, and babies will not be born without being able to attach to a primary caregiver (Dr. Laura Pitman, Personal Interview, 2015).

Dr. Pittman discussed the plausibility of implementing prison nurseries and residential community based programs in Oklahoma. It must first start with awareness of the issue- most Oklahomans do not even know about the female incarceration rate. Many people do not even think about babies being born to incarcerated mothers. Next, legislation must be written on the issue and passed by legislatures. Dr. Pittman recommends setting up interviews with ex-felons who had children in prison to receive their input as well. The goal of prison is to put people who are threats to society in a punitive environment. Those who are not a risk, as well as their children, may benefit more from being sentenced to community based residential programs (Dr. Laura Pitman, Personal Interview, 2015).

As of March 16, 2015, ten women were sentenced to prison who were pregnant. Nine of the ten women had less than a five year sentence, with half of them having less than a three year sentence. One woman was even sentenced only 149 days. All but three of these women were charged with non-threatening (non-violent) crimes. However, all are currently serving their sentence in a maximum-security prison and will give birth without the possibility of keeping the child because there are no prison nurseries in Oklahoma or enough community based residential programs to house them. These women will be out of prison at just the time their children have grown out of the attachment phase. Thus, if they do gain custody back of their children, they will be unable to bond with them. To put this into perspective, these are the children that are most at risk for going to prison. They do not have resources helping them and they are unlikely to bond with a caregiver. How can we help this forgotten population (Dr. Laura Pitman, Personal Interview, 2015)?

Suggestions/Recommendations

After reading the options between prison nurseries and community based care programs, citizens must ultimately decide what is in the best interest of the child- the future generation. Oklahoma citizens have a few options. The first of which is to continue it's punitive path of enabling incarcerated mothers to give up their children, failing in allowing children the right to attach to a caregiver. This method may inevitably end with the children in prison later in life due to failure to attach. Second, the citizens can provide even more resources to the foster care system in hopes of helping children create better attachments (specifically with

kinship foster care). However, this method has been approached several times and money does not seem to be the answer. Children tend to be moved from home to home, creating and breaking several attachments that can ultimately be even more destructive to a child's overall wellbeing. The third option is implementing prison nurseries. For those who prefer to keep female felons behind bars, this enables the child to still have an attachment bond with the mother while the mother serves her sentence. Recently in Oklahoma prisons, parenting classes have been given to incarcerated mothers so that they may be equipped with the correct disciplinary and health procedures for their children (Gould, 2015). However, if the mother was incarcerated for drugs, alcohol, or other addictions, this fails to help the mother receive adequate individual treatment. Also, it is not the most cost effective method according to the ODOC (The Price of Prisons, 2012). The last option is Community based care programs. These will provide a disciplinary environment for the mothers, with the ultimate goal of treatment for their needs and allowing them to form solid attachments with their children while still residing in their own community. Within the community, the mothers are enabled to find jobs to support themselves and their children once they have finished their sentence.

There is no quick fix to this problem. The state of Oklahoma, as well as the nation has gone back and forth in deciding what is right for this vulnerable population. Using attachment theory and the most up to date case studies, lawmakers must implement those programs that are most beneficial to the child and his or her wellbeing. Money should not be the issue. Punishment should not be the

issue. Are we as a state and as a nation looking out for the best interest of the child- our future generation?

References

Ainsworth, M., Blebar, Waters, & Wall. (1977). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. Child Development, (41), 49-67.

Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. Pediatrics and Child Health, 9(8), 541–545-541–545.

Brown, E., & Valiente, A. (2014, February 7). Babies Born, Raised Behind Bars May Keep Mothers From Returning to Prison. Retrieved February 17, 2015, from http://abcnews.go.com/US/babies-born-raised-bars-mothers-returning-prison/story?id=22413184

Carlson, J. (2008). A Five-Year Review of the Prison Nursery at the Nebraska Correctional Center for Women. Journal of Offender Rehabilitation, 33(3), 75-97. Retrieved January 20, 2015, from http://www.tandfonline.com/doi/abs/10.1300/J076v33n03_05#.VTFnJ63BzGd

DeBoer, H. (2012). Prison Nursery programs in other states. National Directory of Programs for Women with Criminal Justice Involvement.

Deck, M. (1988). Incarcerated Mothers and Their Infants: Separation or Legislation? Boston College Review, 29(3). Retrieved February 18, 2015, from

http://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=1870&context=bclr

Diamond, S. (2012, April 1). Prison Nursery Programs. Retrieved February 15, 2015, from http://www.cga.ct.gov/2013/JUDdata/Tmy/2013HB-06642-R000401-Sarah Diamond - Director, Diamond Research Consulting-TMY.PDF

Dykas, M., & Cassidy, J. (2011). Attachment and the processing of social information across the life span: Theory and evidence. Psychological Bulletin, 19-46.

Flaum, B. (2010, January 19). Formerly Incarcerated Mothers vs. Foster Care. Retrieved April 17, 2015, from https://nyunewsdoc.wordpress.com/foster-care/formerly-incarcerated-mothers-vs-foster-care/

Gould, L. (2015). Providing Parenting Classes in Jail. Family & Children's Services.

Haverty, N. (2013, July 15). When should babies stay with their moms in NY prisons? Retrieved February 17, 2015, from http://www.northcountrypublicradio.org/news/story/22352/20130715/when-should-babies-stay-with-their-moms-in-ny-prisons

Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females. (2011). The American College of Obstetricians and Gynecologists, (511), 1198–1202-1198–1202.

Holden, G. (2010). Parenting a dynamic perspective. Los Angeles: SAGE.

Hotelling, B. (2008). Perinatal Needs of Pregnant, Incarcerated Women. Journal of Perinatal Education, 17, 37-44.

Lee, O. (2012, May 29). What Happens to Babies Born in Jail? Retrieved February 16, 2015, from http://www.takepart.com/article/2012/05/28/what-happens-babies-born-jail

Lerner, G. (2009, July 9). Prison Nursery Programs a Growing Trend in Women's Prisons. Retrieved February 16, 2015, from http://www.corrections.com/news/article/21644

Mothers, Infants, and Imprisonment. (2009). Institute on Women and Criminal Justice. Retrieved February 17, 2015, from http://66.29.139.159/pdf/Mothers Infants and Imprisonment 2009.pdf

Parra, J. (2009, October 24). Pregnancy and Prisons: Women's Health and Rights Behind Bars · Global Voices. Retrieved February 17, 2015, from http://globalvoicesonline.org/2009/10/24/pregnancy-and-prisons-womens-health-and-rights-behind-bars/

Pitman, L. (2015, March 17). Concerning Prison Nurseries and Community Based Care Programs [Personal interview].

Skrobecki, D. (2013). Nebraska Correctional Center for Women. Retrieved February 16, 2015, from http://www.corrections.nebraska.gov/nccw.html

Smith, G. (2014, November 14). Why Mother-Child Alternatives to Incarceration Are Vital. Retrieved January 20, 2015, from http://www.justicestrategies.org/coip/blog/2014/11/why-mother-child-alternatives-incarceration-are-vital

Steinberg, L. (2004). Handbook of Adolescent Psychology (p. 864). John Wiley & Sons.

Stern, A. (2004). Information Packet: Babies born to incarcerated mothers. National Resource Center for Foster Care and Permanency Planning.

Stroufe, L. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. Attachment and Human Development, 7(4), 349-67.

The Price of Prisons. (2012). Retrieved February 17, 2015, from http://www.vera.org/files/price-of-prisons-oklahoma-fact-sheet.pdf

Vickielson, T. (2011, June 15). The Prison Birth Project. Retrieved February 19, 2015, from http://birth-media.com/the-prison-birth-project/

Wertheimer, L. (2005, November 5). Prenatal Care Behind Bars. Retrieved February 16, 2015, from http://www.npr.org/templates/story/story.php?storyId=4990886

Whiteacre, K., Fritz, S., & Owen, J. (2013). Assessing Outcomes for Wee Ones Nursery at the Indiana Women's Prison. Indiana Department of Correction.