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Just Mothers: criminal justice, care ethics and "disabled" offenders

Abstract

Research with prisoners' families is limited in the context of learning difficulties/disabilities (LD) and autism spectrum. Life-story interviews with mothers reveal an extended period of emotional and practical care labour, as the continuous engagement with their son's education and experiences of physical and emotional abuse are explored. *Prior* to their son's incarceration, mothers spoke of stigma and barriers to support throughout their childrearing, as well as limited or absent preventative/positive care practices. Subsequently prisons and locked wards seem to feature as a progression. Mothers have experienced abuse; physical and/or emotional, as well as lives that convey accounts of failure. Not their failure, but that of the systems. A care ethics model of disability assists an analysis of the narratives where care-less spaces are identified. Interrelated experiences merging emotional responses to extended mothering, the external forces of disabilism and destructive systems, lead to proposing a rehumanising of care practices within for example, education and the criminal justice system.

Key words

Autism, Care Ethics, Learning Difficulties/Disabilities, Prisoners families, Mental Health, Extended Mothering, Adult to Parent Violence, School-to-Prison Pipeline

Points of interest

- Mothers in my research spoke of a lack of support, lack of access to professional help and an overwhelming lack of understanding about their son's disability and behavioural challenges, and the impact this had on their lives.
- Based on this study, mothers with sons who have disabling conditions and journey through the criminal justice system, experience impact upon their everyday life, including their mental and physical health.
- Negative experiences in school can have harmful long-term effects on disabled pupils and their families, and potentially lead to a life in and out of prison.
- The criminal justice process struggles with young people who are on the autism spectrum and/or with other disabling conditions.
- Mothers continue to care *for* and *about* their sons despite experiencing emotional and/or physical abuse.

Introduction

In the UK, estimates suggest 30% of prisoners have a learning difficulty or disability¹ (LD) (Talbot, 2010). Furthermore, despite evidence of the effects of school exclusions on offending and incarceration risk, and that offenders with LD struggle to cope with prison, there is limited in-depth research on how such disadvantages shape their education pathway, offending behaviour and prison experience (Erevelles 2014, Gormley 2017, Rogers 2019, Talbot 2008, Wald and Losen, 2006), and even less on the impact upon families² (Tidball 2017). Indeed, Talbot and her colleagues reveal,

¹ I use disability/difficulty (LD) throughout, and although I understand there is a spectrum of learning associated with different conditions, e.g. attention deficit hyperactivity, autism, dyslexia; LD in this paper is used despite it not being a homogeneous group. Mothers in my research experience the difficulties that come with dealing with their child's impairment (physical) *and* their child's disabling condition (social).

² The term families and prisoner's families are often used, yet it conceals the gendered care labour that exists, not least of all because the gendered nature of parenting and the ethical, practical and financial implications that persist (see also Halsey and Deegan, 2015).

A family's pre-existing needs might be further compounded by the impact of their relative's contact with criminal justice services. Providing timely and meaningful support is therefore important in helping to address any needs they may have in their own right, as well as mitigating the effect of the criminal justice process on their lives, and that of their relative. Families may be the only stable and consistent influence in their relative's life, and this might be especially so when their relative has particular needs, such as those associated with mental ill health, disability or substance misuse. (Talbot et al. 2015: 4).

Nonetheless, sociological and criminological prisons research has, in the past, side-lined families and their experiences of the criminal justice system (CJS), particularly the perspective of the parent/carer whose adult child is incarcerated (Codd 2008, Comfort 2008, Condry 2007, McCarthy and Adams 2019). Yet Condry and her colleagues (2016: 625) have found 'that punishment extends beyond prison walls and reaches into every facet of these families' lives', not least because they are 'subject to a range of exclusionary and stigmatizing practices'.

In short, in contrast to other disadvantaged people, offenders with LD have received less scholarly attention than their risk of criminalisation merits (Hughes et al. 2012), and experiences of families who have a son or daughter who have been through the CJS are underrepresented within social research (see also Peay, 2016). To address these two issues and building upon my previous research (e.g. Rogers 2007, 2016), I have carried out a qualitative study with adults who have disabling conditions and have been through the CJS, mothers of sons who have been incarcerated and identified with additional learning and/or mental health needs, and education/criminal justice professionals.

Below, I contextualise an introduction to 1. research on the family, crime and disability and 2. a feminist ethics of care, including my care ethics model of disability (Rogers 2016). These work to form the analytical and theoretical foundation for the paper. I then go on to describe the methodology, including ‘pen pictures’³ of the five mothers whose narratives I draw upon. Further to this, I explore the life-story data via two themes: *mothering in the context of education*, as schooling proved to be hugely challenging, and *physical and emotional abuse* as my mother participants spoke candidly about their undeniable pain.

Contextualising the research

Families, criminality and disability

Codd (2008), Comfort (2008), Condry (2007), Condry and Miles (2014, 2016) Holt (2013) Jardine (2018) and McCarthy and Adams (2019) have all written on the impact of criminality and the incarceration of a family member. Jardine (2018: 129) for example suggests, ‘it is inevitable that the family lives, resources and relationships of those closest to him or her will also be restricted, unbalanced and curtailed’. Ignoring these families, risks ‘limiting our understanding of not only the full effects of this form of punishment, but also the implications for justice and fairness’ (ibid). Codd (2008: 18) argues ‘[f]amily blaming is a persistent and powerful undercurrent in relation to the experiences of prisoners’ families’, and according to Comfort (2008), some mothers experience levels of ‘secondary prisonization’ when a family member is incarcerated, similar to Goffman’s (1963) concept of courtesy stigma.

Furthermore, although the ‘deviant mind’ has been interrogated for over a century (White 2015, Wootton, 1959), there has been a rise in research that focuses on the concerns of intellectual impairment *socially* (Segrave et al. 2017), and on crime and punishment from sociological

³ A written description that gives background narrative to the participants involved.

criminology. Drawing on C Wright Mills' (1959) sociological imagination, Frauley suggests the point of creative and imaginative research is 'to reveal that the problems suffered by the individuals are hardly ever only individual in nature or solvable at that level' (Frauley 2016: 30). Considering the individual socially, Parsons and Sherwood (2016) discuss the vulnerability of those with LD in custody, while Talbot (2008: 75) described their discrimination as 'personal, systemic and routine', and Gormley (2017) expresses that there are few systematic approaches available to identify people with LD in the CJS, which is problematic considering the evidence to suggest there is an overrepresentation of these prisoners.

These co-existing learning difficulties, mental health problems, family struggles and criminal justice experiences cannot be fully understood without contemplating history, biography and social structure; that is individual/family personal troubles and the public issues of society (Mills 1959, Rogers forthcoming). Life-story experiences open a window into micro-politics of society, but these experiences are embedded within much broader political, structural and historical contexts. For example, experiencing continual stigmatisation and exclusion during school and then breaking the law as an adult is a personal trouble. Experiencing violent attacks from a son and then caring about him while he is incarcerated is a personal trouble. Yet, crime and violence are public issues, as the law is rooted in legal and moral mores of the social structure at any given time (Herring 2016). So how the CJS processes a criminal act, what punishment is recommended for that crime and how others perceive and treat the lawbreaker, is significant.

Care ethics, mothers and disability

A feminist ethics that critiques established ways of thinking about care, ethics, justice, morality, security and vulnerability (Held 2006, Mackenzie et al. 2014, Tronto 1993, Robinson, 2011) and a care ethics model of disability that interrogates caring, just, political and relational implications for disabled people, underpin this paper (Rogers 2016). A feminist ethics of care prioritises relationality, as Held (2006: 10) asserts, '[M]oralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls'. My care ethics model of disability is largely grounded upon feminist ethics and maps three spheres of caring. These are the *Emotional Caring Sphere*, where love and care are psycho-socially questioned; *the Practical Caring Sphere*, where day-to-day care is carried out relationally, and the *Sociopolitical Caring Sphere*, where social intolerance and aversion to difficult differences are played out, for example, via media representations, policy discourses and public and personal encounters. These three spheres are premised on caring and care practices, yet care-less spaces can be identified (Rogers, 2016). Similarly, as with Mills' (1959) and Frauley's (2016) 'imaginations' an 'ethics of care that is political and critical must be grounded in the concrete activities of real people in the context of social relations' (Mahon and Robinson, 2011: 2).

Specifically, my care ethics model of disability is about trust and webs of relationships. The focus is therefore on both the receiver and the giver of care within an interdependent relationship (Rogers 2016). This is particularly pertinent when discussing the narratives below because people who experience disabling conditions are commonly deemed to 'need' care, are marginalised, excluded, poor, positioned at the bottom of a human hierarchy and are often considered to have little worth (Nussbaum 2004, 2006, Oliver 1996). Furthermore, it is assumed many disabled people are unable to contribute to society economically and politically due to their disabling condition. If a mother has a son with LD and/or mental ill-health who

has, for example committed acts of violence, sexual assault/harassment, arson, drug handling/dealing or theft, this can result in further exclusion and discrimination (Talbot et al. 2015).

Significantly for this paper, home, school and prison life are influenced by the macro *and* micro politics of bureaucratic systems, which are increasingly restrictive and bounded and do not promote caring relations, thereby creating care-less spaces (Lithari and Rogers 2017, Rogers 2018). Education is notably failing disadvantaged young people (Rogers 2019, Gillies 2016, Johnston and Bradford 2019) and prisoner's families are cumulatively deprived of support (Condry et al. 2016). And The Prison Reform Trust and POPS (partners of prisoners) found that for those caught up in the CJS, desistance from crime 'can be a long, difficult and complex process, and that strong family relationships can help to reduce the likelihood of reoffending' (Talbot et al. 2015 :3). The incarceration of men and women who have LD is not however a recent occurrence (Fish 2018), and Gormley (2017: 66) states for these groups of offenders, 'imprisonment creates new forms of disablism, [as] systematic marginalisation, routinised forms of oppression and exclusion places them at higher risk of being manipulated, victimised, and disadvantaged throughout the social fabric of prison'; more so than their non-disabled peers.

Theoretically if we shift how we recognise autonomy, as people are interdependent, and 'vulnerability' is considered part of the human condition (see also, Gilson 2014, Mackenzie et al. 2014), perhaps we can consider changes in the way we understand mothering, offending, caring and disability throughout the life-course. A care ethics model of disability via the emotional, practical and socio-political caring spheres offers a framework enabling this

interrogation, particularly since there is a need to challenge the troubling micro and macro bureaucratic processes across institutions and systems such as care and social work, education, hospitals, prisons and policing, to support disabled offenders and their families.

Methodology

The broad project this paper draws upon is 'Care-less spaces: prisoners with learning difficulties and their families'. It is research with adults who have been through the CJS, and have LD, autism and/or mental health problems, mothers of such people and professionals who play a key role in LD services within education or the forensic setting. The purpose of the research was to

1. Explore the life-story experiences of people with LD who have been through the CJS.
2. Explore the life-story experiences of mothers who have a family member as above.
3. Examine how offenders and/or their families make sense of and manage prison culture, routines, rules, and practices during incarceration, or on release.

Funded by The Leverhulme Trust, in 2016-2017 I carried out 43 in-depth life-story interviews. These were with 15 offenders who were diagnosed with a LD/autism spectrum (AS) and/or mental health problems, 5 mothers with sons who fit the LD/AS category and 10 professionals who are/or who have worked in LD/AS forensic/education settings.

Data collection

Regarding mothers in this study, four contacted me as a result of a call for participants on social media, and one was recruited via snowballing (from an offender participant). As part of the life-story method, I invited all mother and offender participants to take photographs between interviews. I chose photographs because for some people, articulating feelings is not easy

(Booth and Booth, 2003).⁴ I am unable to go into detail here, but have written about photo-elicitation elsewhere (Rogers in press). I gained university ethical approval to carry out the research and all participants had the capacity to consent. All names referred to in this paper are anonymised pseudonyms (BSA 2017, Rogers and Ludhra 2012, Rogers 2018).

Data analysis

Over a period of a year, I amassed qualitative data that included fieldnotes (hand written, voice recorded and typed), voice recorded life-story interviews, letters to and from prison, and photographs. I write in more detail about my data gathering elsewhere, and especially life-stories and fieldnotes as they

expose a range of emotional and practical responses to a chaotic data collection process, and more often a moment in time, a moment that perhaps is continuous and bound up with the micro-politics of a domestic environment and embedded in the sociopolitical sphere of the criminal justice system (Rogers, 2018:4).

Evidently data collection and analysis are interwoven and identify a feminist and reflexive process that is often wrought with ‘ethical dilemmas and personal costs, where moral judgements are conceivably suspended, and blurred boundaries might occur’ (ibid). All interviews were transcribed verbatim and analysed thematically. I coded the data myself, identifying a number of broad themes that include, ‘a school to prison pipeline’, ‘self-harm and mental health’, ‘sex-offending’, ‘relationships and family life’ and ‘violence and abuse’. This paper is constructed around five mother’s narratives on schooling and education, and violence and abuse. Here I introduce the mothers.

⁴ Notably, visual and creative methods ‘offer one way of enabling research participants to increase self-confidence in sharing emotions and experiences with others’ (Fitzgibbon et al. 2017: 307).

Elaine, Sorcha, Tara-Beth, Trudy and Udele

This paper draws upon life-story interviews with five mothers, four of whom had follow-up interviews, all living in England, UK. A total of 10 interviews (Elaine was interviewed three times), all lasting between one and a half to two and a half hours each were carried out. The prisoner's mother's pen pictures are as follows:

Elaine is 55, a single white working-class woman and lives in the North East. She has one child, Harry, who is 22 and had a statement of special educational needs (SEN) since the age of 9 and spent his education in a school for children considered to have social, emotional and behavioural difficulties. Despite attending a SEN school, he was excluded for a year and spent time in a behavioural support unit. He was diagnosed with attention deficit hyperactivity (ADH) at school, and when in prison with borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD). Harry, in his late teens, was charged with a sex offence (he had sex with a 15-year-old girl) and criminal damage (setting fire to a building) and subsequently received two custodial sentences each for three years to run concurrently. Harry was occasionally aggressive at home. Elaine was abused by her father and Harry's father. I interviewed her three times in her own home. When I carried out our second interview, she had taken photographs for discussion. At that point, Harry had been recalled to prison. He was then released, but within months was re-arrested. When I returned for the third interview, Harry was on remand awaiting a court hearing for breaking a restraining order, burglary and criminal damage. A few days before Christmas (2017) and days after I had carried out this third interview, I received an email from Elaine telling me Harry had been sentenced to 6 years in prison. We remain in sporadic contact.

Sorcha is 47, a single (separated) white working-class woman and lives in the South West. She left school at 16 and has two children. I interviewed Sorcha once in a comfortable hotel reception. Her son is 22 and had a statement of SEN from the age of 9. He spent most of his education in mainstream schools, although he had many exclusions based on violent behaviour. He spent a year in a behaviour support unit and was diagnosed with ADH, non-verbal learning disability and dyspraxia and dyslexia at the age of 13. He was charged with grooming 13-15-year-old girls at the age of 20 and was subsequently sentenced to three years in prison. He lived with Sorcha and his sister prior to his incarceration. Once he was released after 18 months, the family wanted him home, however this proved impossible due to his charge as his sister was under 18. He had to live 'in the community'. This was a challenge and he was re-called back to prison after 're-offending' while on licence. Sorcha did not want to have a further interview. I have since received a positive email (January 2018), telling me that her son has returned from prison and is living 'in the community and is managing well'.

Tara-Beth is 52, a single (divorced) white working-class woman and lives in the West Midlands. She grew up with her adoptive parents in a supportive environment, left school at 16 and is currently a support worker in her local community. She has three sons. I interviewed Tara-Beth twice in her own home. Mark, her middle son, is 25 and did not have a statement of SEN, but was considered a 'loner', did not make friends easily and regularly truanted. He attended mainstream schools and has been through the CJS, and while awaiting charge attempted to take his own life and continued to resist arrest. Mark was eventually charged with car theft and dangerous driving and sentenced to 30 months in custody. He served 15 months. This was after he crashed a stolen car and spent time in hospital in a critical condition. In prison he was regarded as 'vulnerable' due to his attempt to take his own life but did not want to be singled out in this way. He has in the main lived with his Mum, with a short period spent with

his biological father. Tara-Beth participated in taking photographs, as well as giving me a significant number of prison letters to and from Mark (that I copied and returned). We have since been in touch (2017 and late 2018). I also interviewed Mark twice, in his office, where he was working with ex-offenders at the time. He has returned now to live with Tara-Beth and has stopped working with ex-offenders, as it proved to be a challenge. He does however have other employment. Tara-Beth and I have sporadic contact.

Trudy is 63, a single (widow) white middle-class woman and lives in the West Midlands. I interviewed Trudy twice. Once in my office, and once in a motorway service station cafe. Her son, 36, attended mainstream schools and was a regular truant, but did not have a statement of SEN. Although he displayed some aggressive behaviour, he became increasingly violent, withdrawn and paranoid as he entered his 20s. Trudy's son was detained under the Mental Health Act (Legislation.gov.co.uk, 2018) for a short period in his late 20s. Trudy experienced violent attacks at the hands of her son. She had been to the GP to log bruises but did not press charges until she was attacked in 2013 where witnesses were involved, and her son was arrested and charged. He spent almost 8 months on remand and was subsequently sentenced under section 37/41 when he went to hospital (secure services) (Legislation.gov.co.uk, 2018). Remaining in secure services, her son was moved in 2017. Trudy's son has been assessed as having Asperger's syndrome, psychosis and paranoid schizophrenia. Trudy participated in taking photographs for our second interview and has remained in touch via email.

Udele, 51, lives with her partner and is a white working-class woman. She lives in the West Midlands. She left school at 16 and is the only mother to say she struggles to read and write. Udele has two daughters and a son. I interviewed Udele twice. Once in her own home, and

once at her friend's office. Her son Sam is 24 and attended mainstream primary school. After that he attended schools for children with social, emotional and behavioural problems. He had a statement of SEN at the age of 11. Also at 11, Sam was admitted into emergency care for 12 weeks due to his violent behaviour. He then returned home. Between the ages of 18 and 21 he was arrested, charged and sentenced twice (both for three years), for street robbery, drug supply and dealing. Sam has been living with Udele and her partner at home sporadically. When I interviewed Udele the first time Sam was living in a hostel, and the second time he had returned home and was awaiting a court hearing. Udele participated in taking photographs. We have since been in touch (December 2017) and Sam had offended again and was awaiting further court hearings for criminal damage and assaults on police officers.

Three of the five mothers have experienced various forms of violence at the hands of their sons, but only one son was incarcerated for this offence. Significantly, the small number of researchers who have carried out qualitative studies with prisoner families offer insight into the everyday life that numbers alone cannot share. As Codd argues in relation to the work of Condry (2007) and Comfort (2008) 'the commonality of experiences and the vividness of these accounts as garnered by researchers offer far more value to someone with a genuine interest in the issues than pure numbers' (2008: 19). For example, hearing about how a mother has been at the receiving end of violence from her son, lives with her son's sex offences, deals with criminal damage or drug dealing, how she is left with no money when her son is incarcerated and how she lives with the day to day practical and emotional responses to the incarceration of her son is palpable. My participant mothers have cared *for* and *about* their sons through childhood assessments, mental health appointments, lone parenting and chaotic education pathways, leading to extended and intensified caring practices - mothering for life (Bouvard, 2013).

Findings and discussion: identifying care-less spaces

Mothering: mapping an education pathway

Figures for England show there are 1,002,070 pupils on SEN support and 242,185 of these have a statement of SEN or an education, health and care plan (EHCP) (DfE 2017). These figures will not necessarily include children who are on the autism spectrum or experience challenging mental health because of a ‘hidden’ disabling condition.⁵ Hence, there are over a million pupils, and therefore families/carers who require support during early childhood and throughout their lives. In addition to this, figures show that children, are increasingly being suspended or expelled from school because of ‘behavioural’ problems, many of which *include* children on the autism spectrum (Rogers 2019, Hazel 2018).

The figures above evidence a significant problem, not least since mothers who have a child who has LD and/or mental health problems experience emotional and practical trauma as they negotiate both home and school relations. For example, Sorcha’s son did not present with any learning impairment, and yet described how he articulated his ‘monster’ while he was at school, as expressed here.

He says in the back of his head, he’s got this cage, and in the cage there’s a monster, and for 90% of the time it’s locked up and can’t get out. When it does get out, he is so terrified of it, he goes in the cage, and shuts himself in and the monster takes over. He’s described this to me. Yeah, and it’s how I made more sense of it. [...] He’d say when

⁵ For example, children with social, emotional, mental health (SEMH) problems, but who do not have an intellectual impairment are often not captured in these figures. Neither are those who have challenging home lives and are statistically missing due to non-attendance at school.

the monster's finished running amok, it calms down, they swap places again. You've got to give him time to process it, but once he's processed it, then he's like "I shouldn't have done that mum, I know I shouldn't have done that".

This is simply one example of where a mother is negotiating and managing emotional and practical caring. Sorcha went on to tell me, 'I was embarrassed. I didn't know anyone who'd had a primary school pupil excluded', indicating socio-political carelessness, as her own mental health suffered as a result of embarrassment and courtesy stigma (Goffman 1963). However, according to the SEN and disability (SEND) code of practice, teaching children identified with SEND is the responsibility of not only the whole school, but also the wider health providers (DfE 2015).

School exclusions, assessment units, prisons and locked wards, seem to feature as a progression for many young people who challenge the education system (Erevelles 2014, Fish, 2018, Stephenson 2007, Wald and Losen 2007), as was the case for Sorcha's son above. Moreover, wider support practices are not forthcoming, as noted in mothering and special education research (Rogers 2007, 2016). The emotional and practical caring work is often found to be left primarily to family members/carers (Rogers 2013, Talbot et al 2015). This is further identified in the narratives below, where Sorcha, Elaine and Udele talk about being left to pick up the pieces, as incidences at school occurred with subsequent school exclusions.

He was made out to be the demon child of the school. He had his first exclusion in September 2004, so he was about 10 then. He was excluded again, January 2005 and March 2005 for two or three days, [predominantly violence against girls]. They'd send home work for him. I thought, if you can't teach him, how am I supposed to! (Sorcha).

I mean Harry was a difficult child, [pause] for school, coz he's disruptive, I used to feel sorry for him as he just didn't seem to get other kids. And that made him kind of stand out. He was getting into so much trouble at the secondary school which was the EBD [emotional and behavioural difficulties] school, and they were suspending him. I says, 'look I don't care what you say, Harry has a right to an education and he's gonna get it'. And I used to be down there like half past 8 of a morning saying 'how we gonna sort this out. Where's his work, you said you were gonna send work home' (Elaine).

Then got a call from the headmistress, to come and get him. And I went 'no, I'm not coming to get Sam, why what's he done?', 'he's assaulted a teacher'. I went 'you'd better call the police then'. He was 10 then. So, went and got him, and, I got home, and the police pulled up and arrested him. But the school said there's nothing wrong with him! (Udele).

Arguably these mothers are in a care-less space where the socio-political sphere, in this instance the school, and bureaucratic processes that are embedded, show little compassion for what happens beyond the school gate. The children have been disruptive and are sent home, which then unsettles the emotional and practical caring spheres of the mothers, teachers and other pupils. Notably, Gillies and Robinson's (2013: 52) research clearly spells out this systemic care-lessness as the

new managerialist agenda governing schools, the notion of care becomes reduced to performativity through the monitoring and regulation of pupil-staff relationships, particularly in relation to risk. As a result concern is directed toward the documenting of 'due care' rather than towards seeking the understandings and relationships that would enable more realistic evaluations of pupil welfare.

Sorcha, Elaine and Udele had to be at home to deal with these exclusions, or were called from work, which interrupts their day-to-day lives and/or employment. Furthermore, little evaluation of pupil welfare is focussed on the child in a holistic and relational manner at this point of crisis, despite the child and the family being ‘vulnerable’ (Mackenzie et al. 2014)⁶.

In addition to these crises where the issues must be dealt with immediately, mothers in my research were *asking for help*. Udele told me ‘I was trying to get help from the school as well [...] I used to go into the school and say, “look I think Sam needs special classes, na, na, na, there’s nothing wrong with Sam”’. Later in her first interview, she said,

I called a social worker then, for help, they said lock him in the bedroom, lock the door. They come out and they could see what was happening, he was smashing the house up [Sam was only 10 years old at that point]. Took till he was 11 to get diagnosed by the psychiatrist.

The institutions within the socio-political caring sphere are supposed to give support and care, yet they deny a meaningful education, ignore advice about health or behaviours and prevent access to support and/or information. Likewise, Tara-Beth said, ‘Mark was in trouble with the police before, so perhaps, I dunno, now when I look back perhaps he should have had a bit of help really [pause] I mean he had summons and stuff, perhaps, the first time [he showed criminality] there should have been more help’. And Elaine told me, ‘I begged social services and the council to get him counselling or something. Because I’d tried to talk to him, and you know he’d tell us nothing. This was all before [he’d had a statement]. Harry needed support, I

⁶ This vulnerability is likely pathogenic, as a subset of situational. As these ‘include vulnerability arising from prejudice or abuse in interpersonal relationships and from social domination, oppression, or political violence. The notion of pathogenic vulnerability also helps to identify the way that some interventions designed to ameliorate inherent or situational vulnerability can have the paradoxical effect of increasing vulnerability’ (Mackenzie, 2014: 39).

didn't care what it was'. These narratives tell us of how care-less an environment they inhabited, as despite informing professionals about how difficult their lives were and how they felt their children needed support, there was a lack of understanding and response to the situational complexities.

As this continuous caring work existed *prior* to the incarceration of their sons, it was clear how much a toll it had taken on their mental health. Tara-Beth said, 'I felt like everything was closing in on me and felt like throwing it all up in the air. I don't like them [anti-depressants] but I think they have helped make me less anxious'. And Udele told me, 'I've been on anti-depressants for years now, for years. I have thought about it [taking her own life], but [pause] I talk to me friends. So, I'm on tablets. It does help, but I'm always tired'. From the mothers' narratives, we know that their son's behaviour was problematic *before* entering the CJS, so the question, why was the support not in place to deter offending behaviour, as well as to care for these mother's mental health must be asked.

It might be that the privileging of academic achievements (e.g. teaching to test, school league tables) reduces the supportive focus on those children (and therefore their families) who disrupt the smooth running of a 'successful' education pathway. This impacts negatively on those families who are managing difficult behaviours at home. As the narratives above highlight, incidences happen a long time before both mother and son became embroiled in the CJS. It is also clear then to see a pipeline to prison, as Wald and Losen (2007: 35) suggest it is '[o]nly by keeping careful track of the movements of all students – and by devising policy and incentives geared toward plugging up a leaky pipeline – will we make progress in transforming a school-to-prison pipeline into a journey toward hope and opportunity'.

Clemson (2015: 43) argues that, ‘no one is talking about the role special education plays in creating a class of students who are more suited for prison than for college’ and Codd (2016: 22) mentioned prisons are ‘brutalising places and even if you don’t go in with a mental disorder, you’re quite likely to come out with one’. This is all significant for families whose children are identified with SEN *and* offend. I would argue that interdependent caring work: emotional, practical and/or socio-political, enables engagement in a meaningful education. In school and at home, *care-full* spaces are key in this process, especially as a care ethics model challenges pathological/health models of disability and helps to reconceptualise how education is organised: ‘A care ethics model does not see intellectual capacity as deficit, and neither ought educational processes’ (Rogers, 2016: 61).

No one person or policy can address mothering in these circumstances. It is a socio-political matter where education, health, social care, and the CJS are reconceptualised by, in this case recognising the family, and more often the mother/main carer, as an interdependent relation that necessitates care as part of broader care-full practice.

Mothering: physical and emotional abuse

The above narratives show how mothers engaged with their day-to-day lives, as they and their sons navigated school. Support was not forthcoming. Their sons went on to offend, becoming embroiled in the CJS and ultimately incarcerated. Below I pick up on how mothers in this study have negotiated a darker side of life: abuse. Not all mothers with sons who have LD and/or mental health problems experience violence and abuse, but it is an area that needs discussing.

Thinking broadly about violence against parents, Condry and Miles (2014: 270) on adolescent to parent violence (APV), caution us not to get caught up in the criminalisation and blaming of young people and particular families, but also say it ‘is important to understand family violence in all its forms and how these forms may be interconnected. Family violence is relational and requires a different understanding to individual isolated incidents of violence between strangers’. Condry and Miles (Miles and Condry 2015, Condry and Miles 2016) underline that in March 2015, the Serious Crime Act introduced a new criminal offence, that of ‘coercive or controlling behaviour in an intimate or family relationship’ (Miles and Condry, 2015: 1077). Important, not least because it can be applied to anyone over the age of criminal responsibility (10 years old) and could lead to the ‘prosecution of adolescents who are abusive towards their parents’ (*ibid*). (See also Holt, 2013).

In my study, sons who have been violent towards their mothers are over the age of 18, but due to a LD and/or mental health problems, extended mothering and therefore caring work is apparent, whether he lives at home or elsewhere in the community. Besides, there is limited research that engages with the emotional health of mothers with sons who are offenders, particularly those who have additional LD and or mental health problems (Talbot et al. 2015). When it comes to mothering adult children, some consider their job is such that they must take care of their son/daughter whatever the consequences, and however damaging (Bouvard 2013).

This is evident with Trudy’s story as she reflects upon two episodes of violence. Her narrative gives us a glimpse into not only the violence, but how Trudy acknowledges her son’s autism and then her own maternal role. The first quote describes an incident when she did not press

charges, despite the police becoming involved. The second evidences the violence she experienced which led to the arrest and incarceration of her son.

I was at the sink. He was rolling a cigarette ready to go out and I was just thinking ‘I’m making too much noise here, I better just leave this, till after’, and I don’t quite know what happened next as he lashed out because of the noise. I was knocked unconscious, I fell into the kitchen door, and my head was impaled on the glass in the kitchen door, and as my head hit the glass, I became conscious again and the rest of my body followed, and in a split second I slumped down on the kitchen floor and bruised all my coccyx and laying there on the floor with my head impaled in the glass my son said, ‘and don’t make that noise again’, and got his coat on and went for a walk! And I felt very vulnerable laying there, and I wrenched my head from the glass and there was blood and I dialled 999, there was blood pouring out, there was cuts just above my ears, where that had severed, and eventually an ambulance came and they stitched and stuck my scalp back together, and I had 14 stitches in one place on its own. They kept me in overnight, um, discharged me the following day [...] The police did arrest my son, but again, I wouldn’t press charges, because I was terrified of him ending up in prison. (pause). [...] I wasn’t prepared to risk him going to prison.

Despite police involvement, no systematic follow-up occurred in response to this incident and Trudy’s evident vulnerable position. Critically, Trudy did not want to press charges, as she assumed this would mean him going to prison, but this does not imply she was therefore free from fear or indeed safe.

This concern with asserting the relevance of care to issues of justice is one that has continued in feminist care ethics and political philosophy. It has been articulated in terms of ‘human

security' by Robinson, (2011). Broadly speaking she refers to a “freedom from want” and “freedom from fear” (Robinson 2011: 47). Robinson (2011) is dissatisfied with the way human security has been developed broadly within scholarship, as everybody would want to feel secure but very few people understand what it means. In a focussed way and in the context of Trudy's mothering, I asked Trudy, 'did you live in fear?' Her response was twofold, as it included fear from her son, but also fear of him going to prison, as she said, 'I was very cautious after that! But that's an autistic person's response to emotion it's always about them (sic) and I had upset him, by making that noise⁷'. But then said to me about *not* pressing charges, 'it is the fear of what could happen, and it was the prison where the riots happened [...] and not being able to protect him'. Despite Trudy living in fear, I concur with Robinson (2011: 28) in her approach to an ethics of care, as she makes an ontological shift, 'one that allows us to see moral subjects as relational and to recognize ethics as fulfilling responsibilities through practices of care'. By focusing on these life-stories not only can policy implement critical changes for local and global care practices, but also how the law and legal systems responds to safeguarding against distress and suffering (see also Herring 2016).

This did not adequately happen in the case of Trudy, as she went on to tell me about a subsequent violent attack.

Every time he hit me it [blood] went over the ceiling, over the tiles in the kitchen, it was across the cupboards, it was puddled on the floor, because it was pouring out. It was everywhere. And then, he hit me again, and looked at his fist, and he shook his head, opened the door and motioned for me to go out and I was thinking 'don't let your legs crumple, you can walk', and he motioned for me to go outside and he told the

⁷ This is Trudy's understanding and experiences.

police officer after, I was making too much mess, in his kitchen, with my blood, and that's why he had to get me outside. And so, I went down the stairs, there were imprints of blooded hands down the stairs, [...] I got outside, and he hit me again and I had screamed to alert the neighbours, and they came, and they restrained him [...] I had to survive. In order to protect us both. I had to survive as there were things I needed to do. So, they arrested my son, because the neighbours had called the police, and they took him off to the police station. [...] I just wanted to protect him. As his mother, I just wanted to put my arms around him and say nobody's going to hurt you.

Trudy's words evidence narratives about violence *and* caring. Her story shows us that she inhabits care-less spaces, inside and outside the home, but too that her caring and indeed love is palpable. It tells us that she was on the receiving end of significant physical attacks, but she did not stop caring. It is relational. It also highlights that 'respect and acceptance of responsibility' (Herring 2013: 25), as care-fullness within a care ethics model of disability does not necessarily compel us to love or be affectionate, but it does commit us to care-full practices and policies.

Relationships can be open to abuse, and are not without power inequalities, and the inequalities here between a mother and her disabled son are complicated. There are, embroiled in these narratives, legal and social responses to caring relationships, and Herring suggests, not all are the same nor reducible to a 'single set of principles' (2013: 26). He suggests that we are all 'ignorant, vulnerable, interdependent individuals, whose strength and reality is not our autonomy, but our relationships with others' (Herring, 2013: 46). However, this is not wholly satisfactory to the extent that this violence is also bound up with extended mothering and care-full and care-less spaces that are difficult to unravel, because of this interdependent relationship and lack of external socio-political support. For Trudy, mothering is beyond demanding. This

is due to several factors that include, expectations around mothering and additional practical and emotional care labour, to staying alive and caring for herself. Clearly, in her case, Trudy felt the pressure to take care of her adult son, as she said above, ‘I had to survive in order to protect us both’ and ‘I just wanted to put my arms around him and say nobody’s going to hurt you’.

A lack of systematic support can cause emotional collapse and sometimes result in the reliance on anti-depressants and thoughts of death as mothers reported in the previous section. That said, for Trudy, she was not going to stop caring *for* and *about* her son, even after his arrest and incarceration, despite being unable to visit while he was on remand for 8 months because she was the victim. She worked around some of these barriers to ‘display’ to her son she was there for him - caring. For example, she would meet the police van when going to court, and ‘hang around’ to wave to him and she would wear the same clothes, so he would notice her. Also, she would send cards from other family members to let him know he was cared about. After all, she told me, ‘he didn’t think he had done anything bad’. Mothering and therefore care-full work in this case, is not only extended, it is at times, all consuming.

I have also identified in my mother’s narratives abuse that is less obvious, abuse that is leaky, chaotic and often unseen. The perpetrator of that abuse is perhaps unaware of his ‘crime’ and the scars for the mother are deep, emotional and long lasting. Elaine and Sorcha talk about this emotional (and sometimes physical) abuse, where attacks are less visible than the case of Trudy. For example, Elaine told me Harry

started getting a bit handy with me, [very quiet], you know pushing us around and stuff like that. If I tried to leave he’d freak out. He’d say, ‘Mum, if I’m in that bad a state

when you're with us, what am I gonna do when you're not there? It just freaks us out you leaving us on us own.

I asked Elaine how she felt about all of this, and she started talking about how she had saved some pills from the GP. What is evident is that she felt so bad, she wanted to end her life. She saw, as stated here, 'There just seems to be no way out, and in me mind I'm thinking yeah, let's just do it, I cannae take it anymore'. Elaine went on to say that Harry was convinced he would die in prison, due to his sex offence. 'He's like, oh I'm not going to survive, I'm gonna get killed, you know'. She was narrating her own desperation, but vicariously that of Harry's too.

Sorcha, in a different way speaks about how she felt 'abused' during and after her sons' arrest for grooming young teenage girls. When talking about this, she became visibly upset, and we had to stop the interview at times. She told me

There's no worse feeling than watching him being taken out with handcuffs on and put in the dock, [starts crying]. In the court really, there was nobody there, just him and the solicitors. He admitted it from day one. So, they put him on remand and took him away again. I didn't get to see him, spend any time with him, and erm, I was crying, but I think I was trying to hold myself together really.

Elaine and Sorcha are talking about emotional and tangential abuse. That of feelings associated with their son's insecurities, offences and experiences, as well as their own. However, the narratives tell us something about Trudy's, Elaine's and Sorcha's resolve to fight for their sons, but sometimes at the cost of their own mental and physical health. They want to be heard, to be supported, to be informed: they want social justice, they want care. The mothers above give

a *care-full* portrait of love that perhaps is unknowable, inconceivable even for the recipient of that care and love.

Doubtless the mothers in my study show that mothering in certain circumstances can cause suffering. The suffering and disquiet in these narratives demonstrate that emotional and physical abuse and systemic violence is based on care-less and inhumane legal and moral positions (Rogers 2016). Bureaucratic processes, in the instances above, in particular how violence and abuse are managed in or by the CJS, cannot currently mitigate this suffering, indeed they are care-less.

Conclusion

‘Just mothers’ is the beginning; a partial and incomplete story about extended mothering, disability, mental health and the CJS. Partial, because I will never know the full extent of how these five mothers inhabit care-less spaces. Incomplete because there is so much more to say beyond the scope of this paper. However, mothers in my research experience the challenges that come with dealing with a disabling condition vicariously through their sons as they move through *care-less* socio-political and practical spheres: education pathways and the CJS. They encounter violence or abuse (physically and/or emotionally) and experience ‘secondary prisonization’ (Comfort 2008) as their sons are incarcerated. Navigating both education and the CJS is a quagmire full of bureaucracy, barriers and inexplicable encounters. Based on what I have found, these personal experiences impact upon the mother’s everyday life, including her mental and physical health.

Significantly, for us here, challenges occur when those in power (e.g. politicians, criminal justice officials, policy makers), make decisions based on attributes such as rationality, language, and roughly equal physical and mental capacity (Nussbaum, 2006) from education through to punishment. Optimistically, Talbot and her colleagues (2015) suggest the initial phase of liaison and diversion implementation is working, where it is in place. This type of implementation however, is simply one part of the criminal justice landscape. Implementation of caring practices employed earlier, at a school/home/health service level, and as an integral part of education pathways, community policing practices, and punishment and rehabilitation are crucial. Limited, or no preventative/supportive practices were put in place for the mothers in this study and so assessment units, prisons and locked-wards featured as the destination for their sons. Extended mothering beyond the prison wall therefore seemed to feature as a way of life (Codd 2008, Comfort 2008, Condry 2007).

The recent liaison and diversion initiatives, programmes and recommendations are therefore, a step in the right direction (Bradley 2009, Farmer 2017, Talbot *et al.* 2015). However, changes to family communication, education delivery and practices, as well as policing and criminal justice practices needs reformation and rehumanising. By mapping and then examining the emotional, practical and socio-political caring spheres we can identify care-less spaces and see that ‘people need to be cared for and nurtured throughout their lives by other people, at times more urgently and more completely than at other times’ (Kittay, 2005: 1). Furthermore, human beings, in this case mothers and their sons, are only autonomous if they are safe and in beneficial relations of care. Through the caring spheres and within my care ethics models of disability, *routes to social justice* can be formulated and mapped onto policy and practices that are relevant to LD/AS and mental health and promote rehumanising of care and the CJS. Notably, rehumanising begins within both education and family practices, inter-relationally.

Prison is not the way forward for most offenders, and as Crewe (2016: 95) asserts, prisoners are ‘increasingly encouraged to self-govern and assume responsibility for the terms of their own incarceration, in a way that represents neither direct coercion nor autonomous consent’. This is consequential for prisoners with disabling conditions and those caring.

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