

COLLEGE OF CRIMINAL JUSTICE SAM HOUSTON STATE UNIVERSITY

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"I'm Just Very Afraid I Won't See my Dad Again:" Perceptions and Experiences of Families with Incarcerated Loved Ones during the COVID-19 Pandemic

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The COVID-19 pandemic toppled daily life across the world. Those in prisons and jails faced distinct risks as the infection rate was 5.5 times higher and the death rate was three times higher among people incarcerated than the general population during the height of the pandemic (Saloner et al., 2020). With 1.8 million people incarcerated across the U.S., the implications of COVID-19 for correctional facilities were significant (Vera Institute of Justice, 2022). As of May 2023, there have been 645,782 COVID-19 cases among people incarcerated in prisons and 2,934 deaths of incarcerated people due to COVID-19 (COVID Prison Project, 2023). COVID-19 had significant impacts on staff as well with 246,543 COVID-19 cases among those working in U.S. prisons and 293 deaths due to COVID-19 (COVID Prison Project, 2023).

What occurs in correctional facilities impacts communities. For example, Reinhart and Chen (2020) found that cycling through Cook County Jail was associated with nearly 16% of COVID-19 cases in Chicago and surrounding areas in Illinois. As correctional agencies across the nation adapted to the pandemic, various measures were put in place in efforts to mitigate the spread of the virus, such as attempts to social distance through restrictions on movement and who could enter facilities (Dallaire et al., 2021; Novisky et al., 2020). However, such efforts were inadequate in comparison to the general population due to the conditions of confinement, including limited access to cleaning supplies and shared living spaces.

Correctional responses also impact families of incarcerated people, who represent nearly 6.5 million Americans as an estimated 45% of the U.S. population has experienced familial incarceration (Elderbroom et al., 2018). Efforts to reduce the spread of COVID-19 had stark consequences for incarcerated people and their families, as communication and programming was disrupted. Across the U.S., in-person visitation was eliminated in most states for at least one year (March 2020 - March 2021) and access to communication through other methods (e.g., phone, letters) was limited during the pandemic due to lockdowns (Dallaire et al., 2021). Accordingly, this report presents results from self-report surveys with family members (i.e., parents, children, spouses/partners, extended family members, and friends) with incarcerated loved ones across the U.S. This study extends prior research on COVID-19 by demonstrating families' perceptions, experiences, and mental health symptoms, which elucidates an additional health-related stressor of incarceration encountered by families.

Familial Incarceration

Prior research demonstrates the adverse effects of incarceration on families, including increased financial burdens (DeHart et al., 2018; Tasca et al., 2011), mental and physical health deficits (DeHart et al., 2018; Elderbroom et al., 2018), negative social and behavioral outcomes (Tasca et al., 2011) and disruption of family bonds (Beckmeyer & Arditti, 2014; Elderbroom et al., 2018). Parental incarceration has significant adverse impacts on children, including mental health issues, lower educational performance, and increased likelihood for system-involvement (Burgess-Proctor et al., 2016; Tasca et al., 2011). Children of incarcerated parents are two times as likely to become incarcerated themselves in comparison to children without an incarcerated parent (Burgess-Proctor et al., 2016).

Comfort (2008) describes how families on the outside undergo a process of secondary prisonization in which they adapt to facility rules and norms even though they are legally innocent and live in the free world. Families report feeling stigmatized by staff and isolated by society, similar to incarcerated people (e.g., Boppre et al., 2022; Tadros et al., 2022). Families' perceptions play a role in their mental health and relationships, including the decision to stay in contact and visit their loved ones (Boppre et al., 2022).

Research consistently demonstrates the positive effects of communication on outcomes among incarcerated people and their families. Visitation and supportive communication with families leads to increased mental and physical well-being (e.g., Monahan et al., 2011), decreased misconducts (e.g., Cihan et al., 2020), reduced recidivism and increased social support post-release (e.g., McKay et al., 2016; Mitchell et al., 2016; Mowen et al., 2019) among incarcerated people. Keeping in contact with loved ones is crucial towards reentry planning as many live with or rely on their families upon release (Mowen & Visher, 2016). Qualitative research suggests communication and visitation helps families to maintain social bonds and relationships with their incarcerated loved ones (Boppre et al., 2022).

Yet, during the pandemic, the ability for families to stay connected was severely disrupted. State prisons in all 50 states suspended in-person visits between March 7 and March 19, 2020 (Dallaire et al., 2021). Many state prisons, 37 according to Novisky et al., (2020), quickly provided free phone calls to incarcerated people, however, it is unclear how long this policy remained (Dallaire et al., 2021).

In addition, families reported issues related to access to phone calls due to the increased demand and lockdowns (Boppre & Novisky, forthcoming), such as limits to five minutes per call (Cerreto, 2021). Only 25 state DOCs had video visits in place before March 2020, and 16 of those reported adding free video visits during the pandemic (Dallaire et al., 2021). Meanwhile, families experienced isolation from their incarcerated loved ones as a result of inconsistent access to communication (McDonald et al., 2022).

The Current Study

This technical report presents results from self-report surveys conducted with families who had loved ones incarcerated during the height of the COVID-19 pandemic (year 1). Given the distinct variation across facilities, we seek to understand families' experiences across multiple states and jurisdictions. This research is part of a larger mixed methods study, and the qualitative findings will be published in longer manuscripts (e.g., Boppre & Novisky, forthcoming). Here, we focus on the survey results. We had three main research questions:

- 1. What are families' perceptions of correctional responses to the COVID-19 pandemic?
- 2. What were families' reported levels of communication with incarcerated loved ones during the pandemic?
- 3. What were families' reported mental health symptoms during the pandemic?

Participants

The sample was obtained through convenience/snowball methodologies. Many studies on families of incarcerated people gain access to participants through the correctional facilities' visitation rooms (e.g., Boppre et al., 2022; DeHart et al., 2018) or through people incarcerated (Tasca et al., 2016). However, as all outside contact was restricted during the height of COVID-19 pandemic, participants were recruited through social media (i.e., Twitter, Facebook, Instagram) and e-mail via two listservs: Prisoner's Family Conference and Strong Prison Wives and Families. We reached out to over 50 Facebook pages/groups with state or national criminal justice reform and advocacy efforts and support groups for families with incarcerated loved ones reflecting almost every state in the U.S. Participants also passed along the information to others.

Participants filled out an online survey facilitated by Qualtrics open from April 30, 2020 to August 5, 2020. The survey asked participants about their perceptions of correctional facilities' responses to the pandemic, their levels of communication with their incarcerated loved ones during the pandemic, their mental health symptoms as a result of having a loved one incarcerated during the pandemic, and demographic questions. Participants were also asked open-ended questions asking if they'd like to share more detail.

Table 1 describes the demographic characteristics of the family members surveyed (n=334). Most participants were women, white, and/or between the ages of 35 and 54. Most did not have an income higher than \$75,000 or under \$10,000.

Participants represented 40 states across the U.S. As depicted in Figure 1, participants' state residency was not representative of the national population. This is an expected result of using convenience sampling and voluntary participation. More participants represented states in which the PI and co-PI had direct connections, including Nevada, Texas, Kansas, and Ohio.

Figure 1. Map of Survey Respondents Across States

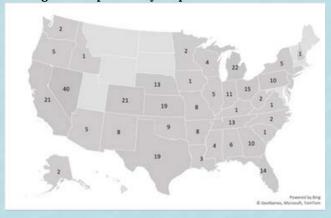


Table 1. Demographic Characteristics of Participants

Characteristics	Survey Respondents			
	n	%		
Gender				
Women	289	87%		
Men	10	3%		
Nonbinary	1	<1%		
Transgender	1	<1%		
Race				
Black	37	11%		
Latinx	38	11%		
Native American	10	3%		
White	229	69%		
Multiracial/Other	13	4%		
Age				
18-24	13	4%		
25-34	49	15%		
35-44	104	31%		
45-54	75	23%		
55-64	41	12%		
65-74	12	4%		
75-84	3	<1%		
Income				
\$0	5	2%		
\$1 to \$9,999	20	6%		
\$10,000 to \$24,999	62	19%		
\$25,000 to \$49,999	89	27%		
\$50,000 to \$74,999	48	14%		
\$75,000 to \$99,999	26	8%		
\$100,000 to \$149,999	16	5%		
\$150,000 and greater	5	1.5%		

Note. Reflects the number and percentage of participants who responded.

The reported demographic characteristics of families' incarcerated loved ones are described in Table 2. Most loved ones were men and significant others/spouses to participants. The majority were incarcerated in state prisons. A small number of loved ones were under 18 or over 50. More than half of the participants in the survey indicated they had more than one loved one incarcerated, but only a few interviewees noted the same experience. We purposefully did not ask about the crime type for which participants' loved ones were incarcerated. We omitted this question with the intention of building rapport and trust as families face stigma, especially in relation to certain crime types (i.e., violent and sexual).

Table 2. Characteristics of Participants' Incarcerated Loved Ones

Characteristics	Survey Respondents			
	n	%		
Gender of Loved One				
Women	12	4%		
Men	316	94%		
Nonbinary	0	0		
Transgender	0	0		
Relationship of Loved One				
Spouse/Partner	216	53%		
Child	65	16%		
Parent	28	7%		
Extended Family	52	13%		
Friend	9	2%		
Other	35	12%		
Facility Type				
State	298	89%		
Federal	29	9%		
Other	4	1%		
Age of Loved One				
Under 18	9	3%		
Over 50	50	15%		

Note. Reflects the number and percentage of participants who responded. Sixty-one survey participants had more than one loved one incarcerated.

Results

The survey responses were analyzed using SPSS statistical software. Descriptive analysis demonstrated the percent of participants' who responded to specific categories and their average scores when applicable. Below, we present our summative findings for each research question.

Perceptions of Correctional Responses to COVID-19

Participants provided their level of agreement with various statements on a scale of 1 (strongly disagree) to 5 (strongly agree). Table 3 displays participants responses to survey questions related and the mean (average) score and the percent who agreed or strongly agreed. Only 10% of participants agreed that COVID-19 is being handled effectively by the correctional facilities. An even lesser percent agreed that they felt staff cared about the well-being of incarcerated persons during the pandemic. Only 4% of participants thought that their incarcerated loved ones were safe during the pandemic and the majority (84%) were worried about the safety of their loved ones. Only 10% of participants indicated that they agreed that correctional facilities provided effective communication about the pandemic to incarcerated people and even less (7%) agreed that facilities provided effective communication to families.

Participants indicated their level of satisfaction with how the correctional facilities were handling the pandemic. On a scale of 1-5, the average level of satisfaction was 1.64 (.93 SD). Most participants provided a score of 1 (58%) or 2 (28%) demonstrating low levels of satisfaction with responses to the pandemic. Figure 2 shows participants' average level of satisfaction across states. As a whole, participants were unsatisfied across the nation, however, in Northwestern and Northeastern states, as well as Iowa, participants indicated slightly higher levels of satisfaction with how facilities responded to the COVID-19 pandemic.

Table 3. Families' Perceptions of Correctional Responses to COVID-19

	Statement[a]			
		Percent Agreed	М	SD
COVID-19 is being handled effectively by the correctional facilit(ies) where my loved one(s) is held		10%	1.65	1.03
	Staff are concerned with the well-being of incarcerated persons during COVID-19.	7%	1.70	1.01
	My incarcerated loved one(s) is safe during COVID-19.	4%	1.48	.89
	I am worried about the safety of my incarcerated loved one(s).	84%	4.60	1.04
	The correctional facilit(ies) provides effective communication to incarcerated persons about COVID-19	10%	1.72	1.06
	There is effective communication to family members about COVID-19 from the correctional facilit(ies).	7%	145	.91

Note. [a] Reflects a response scale of 1-5.

Figure 2. Level of Satisfaction Across States



Participants explained their chosen level of satisfaction in their responses to an open-ended question asking if they would like to share more detail. Most participants indicated their dissatisfaction stemmed from their perceived lack of precautions from correctional facilities to reduce the spread and harms of COVID-19, such as a lack of mask usage, testing, and quarantining those with positive results. However, participants also noted facilities' communication about their responses impacted their satisfaction. One participant stated, "There are no resources available for families/loved ones. The prison went on lockdown for two weeks without allowing any contact with inmates, which only escalated the fear with loved ones who are concerned for their safety. [State] has not been transparent about the number of tests or inmates/COs who tested positive."

"I'm Just Very Afraid I Won't See my Dad Again:" Perceptions and Experiences of Families Communication Table 5. Mental Health Symptoms

Survey respondents indicated whether communication via various methods (letters, phone, and video) had increased, decreased, or stayed the same with their incarcerated loved ones during the pandemic. As displayed in Table 4, only 26% of participants indicated that communication over phone stayed the same. Most (44%) participants specified that communication over phone decreased during the pandemic. On the other hand, around 40% of participants indicated communication through letters and video visitation stayed the same. Around 30% suggested that these forms of communication decreased during the pandemic.

Table 4. Level of Communication

Table 4. Level of communication						
Method	Increased		Decreased		Same	
	n	%	n	%	n	%
Phone	75	23%	148	44%	87	26%
Letters	57	17%	112	34%	143	43%
Video	39	12%	100	30%	153	46%

Mental Health

Participants indicated whether their mental health symptoms had increased, decreased or stayed the same as a result of having a loved one incarcerated during the pandemic to answer our third research question. Most participants (70-89%) indicated that their mental health symptoms had increased during the pandemic. The majority of participants (81-89%) specified their worry, anxiety, stress, fear, sadness, and depression increased during the pandemic. Slightly fewer participants (78%-73%) noted that their feelings of nervousness, difficulty focusing, anger, loneliness, fatigue, and hopelessness had increased during the pandemic. Fewer participants (52-40%) indicated that physical symptoms increased during the pandemic (e.g., body aches/pains).

Participants described the causes of their mental health symptoms in more detail through their responses to the open-ended question: "Overall, how has having a loved one incarcerated during the pandemic impacted your mental health?" The closure of in-person visitation was noted as particularly impactful on participants' mental health symptoms. One participant noted, "[It is] very upsetting. Not being able to physically touch your loved one is traumatizing, especially trying to explain it to young children." nother participant noted the impacts of not being able to visit inperson, "It has been stressful and depressing. My anxiety is through the roof. I really just want to hug my husband. I miss him more every day and it has been getting to me pretty badly over the last month."

Additionally, participants noted how the increased risks for contracting COVID-19 and fear of their loved one dying from the virus was a major cause of their mental health symptoms.

Table 5. Mental Health Symptoms							
Symptom	Increased		Decreased		Stayed the Same		
	n	%	n	%	n	%	
Worry	297	89%	2	<1%	5	2%	
Anxiety	288	86%	4	1%	12	4%	
Stress	286	86%	3	<1%	11	3%	
Fear	277	83%	5	2%	21	6%	
Sadness	278	83%	3	<1%	23	7%	
Depression	269	81%	1	<1%	34	10%	
Nervousness	259	78%	2	<1%	44	13%	
Difficulty Focusing	257	77%	3	<1%	45	14%	
Anger	246	74%	2	<1%	58	17%	
Loneliness	248	74%	6	2%	49	15%	
Insomnia	242	73%	3	<1%	58	17%	
Fatigue	242	73%	7	2%	56	17%	
Hopelessness	234	70%	4	1%	66	20%	
Body aches/pains	175	52%	1	<1%	127	38%	
Digestive Problems	138	41%	7	2%	155	46%	
Loss of Appetite	135	40%	19	6%	146	44%	

Note. Reflects the number and percentage of participants who responded.

One participant stated, "This is a terrifying situation. He's afraid he will contract the virus and not survive." Another participant worried about the death of her loved one due to COVID-19, stating, "I'm just very afraid I won't see my dad again. He won't be here to walk me down the aisle or play with his grandkids."

Lastly, participants noted that the lack of intervention or communication from correctional facilities. One participant stated, "[The impact] is more emotional. I constantly worry and I am not able to get any updates when I call the prison. My frustration level has increased. [State] is overcrowded and my boyfriend has five months left on a parole violation. It is ridiculous that he can potentially have a death sentence when they could transfer his time to community supervision. [The] prison has stopped all rehabilitation efforts, so I feel they are not holding up to their end of the bargain. He could come home where he would have more access to [treatment] and counseling." Another participant described how the prison officials' responses and comments led to their increased frustration and worry: "Going through having a loved one incarcerated is a very traumatic experience. Hearing prison officials have a blatant disregard for their safety and well-being while saying they have nowhere better to be is disheartening. Having communication completely cut off during a global pandemic is both terrifying and lonely."

Discussion

Our findings describe the perceptions and experiences of families with an incarcerated loved one during the COVID-19 pandemic. Families noted dissatisfaction with how correctional facilities responded to the COVID-19 pandemic, particularly when their loved ones reported that protocols (i.e., masks, social distancing, cleaning) recommended by the Centers for Disease Control (CDC) were not followed. While some efforts are limited due to the nature of confinement within correctional facilities (i.e., inabilities to social distance), families noted frustration due to the lack of public information about COVID-19 cases and responses.

Nearly half of family members surveyed indicated that communication with their loved one during the pandemic through phone calls and letters decreased. As in-person visitation closed, other forms of communication were crucial to maintain social bonds. Yet, families in our survey and beyond have indicated limited access to these forms of communication due to lockdowns during the pandemic (e.g., Boppre & Novisky, forthcoming; Testa & Fahmy, 2021).

Family members reported increases in adverse mental health symptoms, such as worry, anxiety, and stress, due to having a loved one incarcerated during the pandemic. These stressors stemmed from fear surrounding the well-being of their incarcerated loved ones, but also due to the reduced access to communication with their loved ones. The lack of in-person visitation was noted as a significant challenge. While disruptions in communication exist in non-pandemic conditions, especially during transfers and segregation, participants faced distinct worry and isolation due to the increased health-related risks of COVID-19 and unexpected lockdowns.

While previous studies examined codified policy shifts (e.g., Dallaire et al., 2020; Novisky et al., 2020) and single-state accounts with families impacted (Testa & Fahmy, 2021), this study provides accounts from families across the U.S. This study offers important insights to understanding what families of incarcerated people experienced during an unprecedented time in correctional history. Families' experiences are vital to share for several reasons. First, researchers had limited access to conduct studies with incarcerated people during the pandemic due to increased restrictions. The long-term impacts of the COVID-19 pandemic related to mass incarceration are not yet fully realized. Longitudinal data are not yet available to track changes, but families' accounts in this study can inform future research on potential factors to track.

While many of the restrictions related to the pandemic have been lifted, we are not yet living in a post-pandemic society. Correctional facilities are still coping with the impacts of COVID-19, particularly related to staffing. Understaffing since the pandemic has led to lockdowns and visitation closures across the U.S. (LeMasters et al., 2021). The results here can help inform correctional responses in light of lockdowns or other factors that may impact families' access to communication, especially in-person visitation. It is possible that other infectious diseases or disruptions (e.g., natural disasters) may impact our society in the future and would have specific risks and implications for correctional facilities (Beaudry et al., 2020).

This study has several policy implications. Perceptions of families are important to consider as they serve as incarcerated people's gateway to the outside world, and ultimately reentry. As over 95% percent of incarcerated people are eventually released from prisons and jails (Travis, 2005), communication and support from families is crucial to ensure their success (McKay et al., 2016; Mowen & Visher, 2016). The financial costs and stressors associated with correctional facilities' processes and policies can deter families from staying in contact with incarcerated loved ones (Boppre et al., 2022).

More transparency between correctional facilities and families would help reduce some of the frustrations and worry described by participants. Family advisory boards can help families stay better informed and voice concerns (Cox, 2019). Websites and social media are also effective platforms to disseminate widespread accurate information to families.

Increased access to communication among families, especially during stressful situations like the pandemic, would also help curb mental health impacts. The pandemic has had many adverse impacts on correctional processes, but also potential positive changes. More facilities, including the Texas Department of Criminal Justice (TDCJ) system, have adopted video visitation and tablets following the pandemic. Temporary reductions in the costs of phone calls or video visits were beneficial, but long-term efforts to reduce the financial burdens would help increase familial bonds and support. A 15-minute call from a state prison ranges between \$0.14 and \$4.30, with the average for jails being three times as much (Wagner & Jones, 2019). Remote technology and affordable calls can help avoid disruptions in communication and programming. We caution that while video visitation and phone calls can be accessible alternatives, they should not be used to eliminate in-person visitation (Boppre et al., 2022).

Lastly, we encourage states to prioritize funding to support the mental health and well-being of families. Family support groups provide important resources to help families navigate stressors of incarceration (Boppre & Novisky, forthcoming; Tadros et al., 2023). For example, the Texas Incarcerated Families Association (TIFA) is a nonproft organization that provides support, advocacy, and resources to families across the state.

Limitations

There are several limitations in this study. We relied on social media and advocacy and support groups, which white women are more likely to have access and engage in (Cox, 2019). Due to the homogeneity of our sample, we could not examine differences across demographic characteristics. Future research should recruit more diverse samples that capture the experiences of Black and Latiné families who are disproportionately impacted (Elderbroom et al., 2018).

We asked participants to self-report their perceived changed in communication and mental health before and during the first year of the pandemic. Longitudinal studies with outcomes tracked at various periods would provide more rigorous evidence of changes. We encourage future scholars to continue to collect data that addresses the experiences of families impacted by COVID-19 so that variation across time are documented and assessed.



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Meghan Novisky, Ph.D., is an Associate Professor in the Department of Criminology and Sociology at Cleveland State University. Her research investigates U.S. conditions of confinement, health-related implications of incarceration, and criminal justice policy and practice. Dr. Novisky relies mostly on qualitative and multi-methods approaches and has led multiple original data collection efforts in carceral settings. Her research has been published in a variety of peer-reviewed journals, including the British Journal of Criminology, Criminal Justice and Behavior, Criminology, International Journal of Prisoner Health, Journal of Correctional Health Care, Journal of Criminal Justice, Journal of Interpersonal Violence, Justice Quarterly, and Victims and Offenders. Her external funding sources include the National Institutes of Health (NIH) and the National Institute of Corrections (NIC).

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