**The mental health impact of parole on families of indeterminate‐sentenced prisoners in England and Wales**

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Abstract

Background

The indeterminate sentence of Imprisonment for Public Protection (IPP) was created in England and Wales in 2003. After its abolition in 2012, many IPP-prisoners have become stuck in the system, facing considerable problems of sentence progression. The extant literature makes clear that the uncertainty and hopelessness caused by the indeterminacy of the IPP sentence, are compounded by the negative impacts experienced by families and others providing support to people serving these sentences.

Aims

The mental strains caused for family members by the IPP sentence were examined. Of particular interest is the role and weight of the parole process experience, and its potential mental and physiological health impact on families.

Methods

This article draws on findings from two qualitative research projects conducted with families of prisoners serving the IPP sentence in England and Wales. Their experiences will be examined by reference to literature on the mental health impact of indeterminate sentences on prisoners and their families and the wider literature on the symbiotic harms of imprisonment for families. The aim was to add to this by focusing on families' experiences of cumulative stress caused by the sentence.

Findings

We demonstrate that the IPP parole process exerts specific weight and mental strains on family members occupying the negative end of the stress spectrum. Drawing on a body of neuroscientific, neuroendocrinological and criminological literature, we argue that these mental health impacts on families may represent a public health risk in need of practical and policy mitigation.

Implications

There is a pressing need for recognition of what are often hidden symbiotic harms experienced by families of people sentenced to IPP. Families require more information as well as considerably greater practical and emotional support on an institutional and communal level.

Keywords

families of IPP‐prisoners | IPP | indeterminate sentence of imprisonment for public protection | secondary effects of imprisonment | symbiotic harms | stress response

**1 INTRODUCTION**

This article will critically examine the experiences of families (and other loved ones) of people going through the parole process as part of their Imprisonment for Public Protection (IPP) indeterminate sentence. We argue that the IPP parole process carries with it a specific (practical and symbolic) weight, contributing to stress and mental strain not only on prisoners but on their outside connections. This can ultimately manifest in long‐term mental and physical health conditions which in themselves can be understood as public health risks. We conclude that, with legislative change an implausible prospect, relevant criminal justice organisations must do all they can, at minimum to ameliorate the harms caused by the sentence. And more ambitiously, they must ensure that families' wellbeing is considered as a priority in policy making and institutional practice.

1.1 The IPP sentence and the role of parole

When the IPP sentence was created in England and Wales in 2003, it was an exemplar of the ‘preventive turn’ in criminal justice seen in many Western nations at the turn of the century (Annison, 2014). A total of 8711 sentences were imposed, and the effects were considerable and long‐lasting. Fundamental problems were quickly identified at the heart of the IPP sentence and its operation. Jacobson and Hough, for example, argued that ‘those who receive the [IPP] sentence find themselves confronted with Kafkaesque obstacles' (Jacobson & Hough, 2010, p. iv) related to sentence progression, risk assessments and prospects of release. 2134 IPP prisoners remain in the prison system as of 31st December 2019 (Ministry of Justice 2020).

The parole process plays a particularly crucial role in the IPP sentence. The sentence encompasses two parts: a minimum tariff period reflecting the severity of the offence, during which time the prisoner cannot be released. After expiration of the tariff, the indeterminate period of imprisonment continues until the Parole Board decides that it is no longer necessary for the protection of the public that the prisoner remains in prison. Sentence progression decisions are predominantly based on offender risk assessments, carrying their own set of difficulties (e.g., Annison & O'Loughlin, 2019). A person serving an IPP sentence will be on licence indefinitely after release from custody but can apply to the parole board to have his or her licence removed after ten years. These IPP‐specific features act as important factors when considering the weight and meaning of every parole hearing for IPP‐prisoners as well as for their families and loved ones on the outside. Families' stresses related to the IPP sentence occupy a special ‘niche’ in the hitherto widely discussed secondary effects and harms of imprisonment (e.g., Codd, 2008; Comfort, 2008; Condry, 2007; Scott & Codd, 2010) which this article will shine a light on in the following discussion.

1.2 Research methods

We draw here on empirical research conducted in two interconnected projects. The first project comprised in‐depth interviews conducted with fifteen family members of IPP‐sentenced prisoners, providing an insight into respondents' practical and mental strains connected to supporting someone serving an IPP sentence (Annison & Condry, 2018). They lasted between40 minutes to over 3 hours. Respondents were nearly all female, with most being either mothers or long‐term partners of the person sentenced to IPP.

The second project comprised (among other activities) collaborative workshops with families of people serving IPP sentences, which served both to understand in greater detail their experiences, and to identify specific actions that relevant organisations could take to ameliorate them (Annison & Straub, 2019). Three co‐production workshops were conducted with family members (*n* = 12) in England and Wales. These were run as focus groups lasting 3–4 hours inquiring about current most pressing issues related to supporting their loved one serving an IPP sentence. Participants for both projects were identified initially using contacts at relevant charities, support groups, and other organisations, as well as utilising social media. Snowball sampling was then applied to identify further individuals willing to contribute to the research. Ethics approval was obtained for both projects from the University ethics review body.

**2 FINDINGS**

2.1 Mental health effects as ‘symbiotic harms’ for IPP prisoners' families

Some of the most prominent themes identified in our empirical work with family members of IPP‐prisoners revolved around the secondary pain and distress experienced ‘on behalf’ of their incarcerated relative. Participants in both studies described a reverberation process whereby a prisoner's trials and tribulations exerted an immediate effect on the well‐being of the family member. We came to understand these ‘referred pains’ (Condry & Minson, 2020) as ‘symbiotic harms’ (Condry & Minson, 2020), presenting as ongoing, ‘severe negative effects that flow both ways through the interdependencies of intimate associations’ (Condry & Minson, 2020, p. 11). One family member felt that:

*The IPP is a sentence for both of us whether he is in prison or free, I am scared, angry, desperately unhappy and trapped … I will be a prisoner for the rest of my life also (Family member).*

Mental and emotional secondary effects of imprisonment on family members are well documented. They have been found to cause, for example, raised levels of depression and anxiety, or behavioural disturbances in children of an incarcerated parent (Clancy & Maguire, 2017; Scott & Codd, 2010; Wakefield & Wildeman, 2014), linked to traumatic experiences of loss and separation (Halsey, 2018). Although, these adverse experiences have been found to be ‘generic’ for relatives of offenders, the indeterminacy of the IPP sentence tends to exacerbate these. The prevalence of mental health issues experienced by the family members of IPP-prisoners has been identified by McConnell and Raikes (2019), for example, as a common theme arising in their research. Comparing mental and emotional effects on family members of indeterminate versus determinate sentenced prisoners, the Children of Prisoners Interventions and Mitigations to Strengthen Mental Health (COPING) pan‐European study (Jones et al., 2013) concluded that these were experiencing different stress levels. Distinct relief was experienced by prisoners and families when a determinate sentence was awarded, since it provided a release date to work toward (Jones et al., 2013). As McConnell and Raikes (2019, p. 4) have noted

this is not the case for those subject to IPPs and other indeterminate sentences and their families. They continue to experience the anxiety associated with uncertainty long after they are sentenced.

Not knowing, when it will end can leave families in perpetual limbo, with far‐reaching health implications. Family members named *stress* as one of the main contributors to negative (mental) health issues they were experiencing:

*[H]ow unsettling and how unstable is that gonna make any person feel? … I didn't think it would be as bad, so stressful on us guys. We're all raving loonies! We've all lost the plot a little bit … from the sheer anxiety and the stress (Family member).*

*I had brain scans, heart scans, lung scans, back scans, all these scans and they decided it is a mental health issue to do with the stresses brought on through the IPP with [son's name] being in prison (Family member).*

Feelings of uncertainty, powerlessness, unpredictability, as well as feelings of loss caused by—what seemed to be indefinite—separation from a formerly close relationship were repeatedly named as impairing factors. These were often reported to contribute to a persistent state of anxiety which, according to neuroscientific research, can result in ‘prolonged negative affect and depressive‐like behaviours’ (Burkett & Young, 2012, p. 18). One mother summarised the mental and physical health effects of her son's IPP sentence on the family in the following way:

*Profoundly, it has been a journey of many ups and downs, bewilderment, distress, hope and grief and a sense of chronic loss …. His children … have grown up without their father … their relationship with him is damaged and may never be healed. His sisters, grandparents, cousins and aunts and uncles, don't know how to help anymore. People don't talk of him often, they find the sentence hard to understand … I have huge resilience, but I am worn down at times. I have felt devastated and so helpless, when he has rung me desperate and sobbing, wanting to die at times, wanting it to end, feeling so helpless, it rips your heart out. And physically the stress has had an impact on me, and I get concerned for my own health. I have had to find a way to manage all of this and still work in my professional role … It feels as if there is no end in sight. I try to summon the energy to take action, but this sentence wears everyone down (Family member).*

The absence of opportunities for closure, for moving on and getting on with their lives represented stressors that could impact significantly over time on the physical and mental health of families of IPP-prisoners. One of the most critical factors, and also one of the most prevalent qualities of families' IPP experience was the continued accumulation of negative and stressful experiences over time. Although these have been discussed by relevant literature (discussed above) as mental health issues, the physiological ramifications identifying them as potential (public) health risks have not, prior to this article, been examined.

2.2 Physiological and psychological consequences of cumulative stress exposure

The stories shared by family members of IPP-prisoners in interviews and during workshops revealed a timeline of successive, cumulative damage, with (potentially) long‐lasting effects. Talking about their current lives with a loved one serving an IPP sentence, participants often used terms such as *anxiety*, *depression* and *stress* to describe the mental health impacts they were experiencing. They described a continuous strain on their mental resources:

*I think, if it wasn't for having a good partner … I probably would have had a nervous breakdown. I've probably had many of them and didn't know it, because you do break down and they are nervous breakdowns because … it's never off your mind. It drives you to drink because, you know, you're sitting there – the worst time is at night ‐ and you're thinking, ‘What am I going to do next?’ (Family member)*

Neuroscientific and neuroendocrinological research has shown that such negative and stressful experiences can exert ‘a cumulative impact on physical and mental health and the progression of a number of specific diseases’ (McEwen, 2004, p. 2). ‘Prolonged stress leads over time to wear‐and‐tear on the body’ and can lead ‘to impaired immunity, atherosclerosis, obesity, bone demineralisation and atrophy of nerve cells in the brain’ (McEwen, 2004, p. 1). Not only does long‐term stress cause physiological alterations, but cumulative stressful life events can precipitate depression which in turn affects ‘the cardiovascular, metabolic and immune system, as well as the structure and function of the brain itself’ (McEwen, 2004, p. 2).

Especially the role and weight of the parole process cannot be underestimated for this specific group. It has been named by participants as the crucial factor to ‘make or break them’.

2.3 Mental health impacts of the IPP parole process on family members

Participants often described relentless, anxious rumination and anticipation of worst‐case scenarios connected to hopes and fears around parole outcomes:

*This has caused so much stress for us all and even though the authorities know he has a sound home and a job to come out to they still refuse parole time and time again. I pray he keeps up his strength but there are times I can hear in his voice he feels like giving up, so you can imagine the thoughts that are constantly going through our minds. We feel like we're fighting a never‐ending battle (Family member).*

*[He] … has been knocked back every parole due to lack of courses, waiting lists, etc., and goal posts moved every time … 9 years over tariff after going to prison for a victimless crime he has served the same as a murder sentence… Not only has it impacted on his mental health but also mine (Family member).*

Due to the legal specifications of the IPP sentence, each parole hearing brought with it the weight of ‘now or never’. Their incarcerated family member's release was bound to a favourable decision of the parole board, not to a set release date, as it was the case for determinate sentenced prisoners. Further, compared with most prisoners sentenced to life imprisonment, IPP-prisoners' first parole hearings would often take place considerably earlier (the average tariff for IPP-prisoners was approximately three years, compared with 21 years for life sentenced prisoners). Not only would family members of IPP-prisoners therefore start to worry about parole *earlier*, they also  found themselves in situations that required them to worry about parole outcomes more *often*.

If unsuccessful, the next hearing for an IPP‐prisoner was not required to take place until 2 years had passed; recalled IPP-prisoners can face similar time scales for parole decisions deciding on their release (Annison & O'Loughlin, 2019). Our respondents experienced significant anxiety over potential delays due to issues related to parole procedures, including the (in)actions of other relevant organisations including prisons and probation. They were in particular aware of the potential for a ‘knock back’ because obligatory courses for risk reduction had not been successfully completed by their relative. This was largely out of their control, often related to institutional shortcomings, such as a lack of staffing or course availability.

Families frequently described their experience with the IPP parole process as a difficult journey between high hopes and disappointment. It put a severe strain on their mental health. Resilience to ‘bounce back’ from adversity and recovery—as a return to baseline (Karatsoreos & McEwen, 2011)—from stress was limited. Families were left vulnerable to further stress‐related impact until the next parole hearing. Frequent experiences of highly emotionally charged processes, such as parole,  can create ‘a state of heightened sensitivity to a stressor’ (Karatsoreos & McEwen, 2011, p. 576) leaving family members with less and less mental resilience over time:

*The first parole hearing was delayed and that continued at each parole hearing … There have been many times in the past, not knowing if he would ever be released, when he has been at rock bottom, and I have been in despair many times (Family member).*

By being exposed to the recurring stresses of the parole process, some participants might, in fact, have developed what has been proposed to be an ‘“anticipatory” cortisol reactivity (i.e., increases during psychological anticipation of the stressor)’ (Aschbacher et al., 2013, p. 1700). In other words, chronically stressed individuals ‘may develop a heightened tendency to anticipate stress and mount a rapid cortisol response’ (Aschbacher et al., 2013, p. 1700). It would imply that the mere *anticipation* of a stressful event triggers the release of stress hormones such as cortisol.

Not only the recurring experience of parole hearings, , but also the prospect for IPP‐released prisoners—who remain on life‐license for at least 10 years—to be recalled to prison, could contribute to participants' habitual anticipation of the worst:

*Even if/when [he]is released, we have the constant torture of never knowing when, we will always be on tenterhooks, as he can be recalled for anything at any time, even a traffic offence! Due to his parole conditions, which are for life, he cannot use a mobile phone, a computer or travel without notifying the police—meaning a huge amount of continuing stress for me (Family member).*

Chronic stress and an accelerated anticipatory cortisol reactivity, in turn, has been associated in neuroendocrinological studies (Drabant et al., 2011; O'Donovan et al., 2012; Tomiyama et al., 2012; Aschbacher et al., 2013) with an increased vulnerability to oxidative stress, oxidative damage (Irie, Asami, Ikeda, & Kasai, 2003; Epel et al., 2004, pp. 17312–17315; Forlenza & Miller, 2006; Gidron, Russ, Tissarchondou, & Warner, 2006) and the acceleration of biological aging (Muller, Lustgarten, Jang, Richardson, & Van Remmen, 2007; Aschbacher et al., 2013). Chronic psychological stress can accelerate the biological and neurological aging process (Epel et al., 2004; Damjanovic et al., 2007; Gouin, Hantsoo, & Kiecolt‐Glaser, 2008; Humphreys et al., 2012; Aschbacher et al., 2013). In other words, mental stress responses—although invisible in their internal expression—can have detrimental physical effects, significantly detracting from an individual's quality of life and life expectancy.

**3 CONCLUSION**

The cumulative effects of negative stress, experienced by families of IPP‐prisoners in relation to the sentence and especially the parole process, can have long‐lasting, severe mental and physiological health effects. Due to their reciprocal and detrimental nature they can be understood as ‘symbiotic harms’ (Condry & Minson, 2020) of IPP imprisonment. While these harms are experienced in some form by a majority of prisoners' families, we have argued that they can take a particular—often exacerbated—form for those related to or supporting a loved one serving an IPP sentence.

Repeated stressful experiences of the parole process may weaken families' resilience and ultimately contribute to related pathologies. We have taken participants' first‐hand accounts of their damaging experiences as the basis for questioning whether these can in fact be defined as health risks and should be recognised as such by relevant actors in the criminal justice field.

Data on families affected by criminal justice is not routinely collected. In the absence of such data, it is not possible to rule out entirely the contribution of other factors influencing the symptoms reported by families of people serving IPP. However, the accounts reported here make clear the close and causal relationship, as experienced by family members, between the IPP sentence and the decline in their own wellbeing. We have utilised relevant neurobiological and neuroendocrinological literature on how stress manifests in the human body in order to point to plausible mechanisms by which the IPP is causing severe damage to families' wellbeing.

The symbiotic harms of prison transcend the individual prisoner, rippling out to a wider circle beyond the prison walls. We have sought in this article, in the words of Condry and Minson, to provide ‘greater clarity in defining the symbiotic harms experienced by families’ (Condry & Minson, 2020, p. 17). Condry and Minson argue that ‘residual obligations’ flow from the recognition of symbiotic harms: organisations must take responsibility and those harms must be addressed (Condry & Minson, 2020, p. 17). One organisational response to address the ‘long tail’ of the IPP sentence could be prospective abolition of the sentence, for example, converting IPP sentences into determinate terms, or imposing a maximum possible overall term of imprisonment (Annison, 2018). However, all indications are that these options will never be pursued by the current government.

It is, therefore, essential that relevant organisations, including HM Prison and Probation Service and the Parole Board for England and Wales, take action—within the existing legislative framework—to ensure that people sentenced to IPP and their families are supported. This should seek, at minimum, to help them to avoid the most damaging effects of this discredited indeterminate sentence. Some ameliorative efforts have been made: for example, the Parole Board has sought to reduce delays, deferrals and the backlog of IPP cases (all sources of considerable strain).

But we would encourage more ambitious efforts, to engage families as (often) key agents in the successful resettlement of people as they seek to move beyond the IPP sentence. This requires, at least, better information for families; better ongoing communication with and mental‐health support for them; better training for staff (many of whom will have begun their penal careers after the abolition of the sentence) and high‐level support for a positive approach to this group, as illustrated, for example, by the development of IPP‐specific progression regimes within the prison estate (HMIP, 2016) and the Parole Board's identification in 2016 of the progression of IPP prisoners as a strategic priority (Parole Board for England and Wales, 2016).

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are not publicly available due to privacy or ethical restrictions.

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