



Children with Incarcerated Parents – Considering Children’s Outcomes in the Context of Complex Family Experiences

CHILDREN’S MENTAL HEALTH eREVIEW



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The Children’s Mental Health eReview summarizes children’s mental health research and implications for practice and policy.

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Authors:

Rebecca J. Shlafer, Ph.D.
Erica Gerrity, LISCW
Ebony Ruhland
Marc Wheeler

Editor:

Cari Michaels, MPH

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Editorial Information:

Children, Youth & Family Consortium
475 Coffey Hall
1420 Eckles Avenue
St. Paul, MN 55108

www.cyfc.umn.edu

Facebook: UofMNCYFC

Twitter: @CYFCumn

YouTube: UofMNCYFC

Other resources:

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Editor's Comments

Since 2009, the Children, Youth & Family Consortium has engaged researchers and practitioners in bringing published research and creative practice ideas to children's mental health professionals. The Children's Mental Health eReview addresses the gap between what we know from the literature and what we experience working with children and families. Each issue explores a specific topic area and reflects the expertise of a group of people working in diverse research and practice settings.



This issue examines the needs of children with incarcerated parents. These children are often overlooked in our schools, clinics, and social service settings. As noted in many ways throughout the article, this is not a homogeneous group - the experiences of these children are varied and changing. Responding to their needs will require attention to their unique life circumstances.

The contributing authors reflect expertise with a variety of populations, settings and cultures. They represent some of the many people working in creative, collaborative ways to better understand and serve children of incarcerated parents. One timely example of this type of work is [Little Children Big Challenges: Incarceration](#), Sesame Workshop's new bilingual, multimedia initiative that provides resources to support and comfort young children and their families who are experiencing parental incarceration.

Cari Michaels, MPH

RESEARCH SUMMARY

Rebecca J. Shlafer, Ph.D.
Assistant Professor
[Department of Pediatrics](#)
[University of Minnesota](#)



Overview

In 2007, over 1.75 million children under the age of 18 had a parent in a state or federal prison in the United States (U.S.) (Maruschak, Glaze, & Mumola, 2010). Nationally, about 53% of men and 61% of women in the U.S. prison population are parents (Maruschak et al., 2010). In 2007, this represented nearly 810,000 incarcerated parents, with a disproportionate number from racial minority backgrounds. Indeed, black children were almost eight times more likely than white children and nearly three times more likely than Hispanic children to have a parent in prison. Estimates now suggest that 1 in 15 black children in the U.S. have a parent currently in prison (Maruschak et al., 2010). Although there are substantially more fathers than mothers incarcerated in the U.S., rates of maternal incarceration are increasing at a much faster rate (Maruschak et al., 2010). Between 1991 and 2007, the number of incarcerated fathers increased 77%. During that same time, the number of incarcerated mothers increased by 122% (Maruschak et al., 2010).

Today, we have more children with an incarcerated parent in the U.S. than are diagnosed with autism or juvenile diabetes. Despite this, parental

incarceration and its effects on children and families have received relatively little attention from scholars, practitioners, and policy makers. In 2003, Eddy and Reid noted that one of the fundamental challenges with research focusing on this topic is that none of the relevant academic disciplines (i.e., child development, psychology, sociology, social work, criminology, nursing, public health) has identified children of incarcerated parents as a population of particular interest, and as such, this population has remained largely “invisible”. Ten years later, we have considerably more research on the topic (as evidenced by Eddy & Poehlmann’s 2010 *Handbook* on the topic), but relatively little has been done to effectively translate this research to informing practice and policy. With this in mind, the current eReview aims to summarize the current research and provide a preliminary framework for understanding the effects of parental incarceration on children.

Like many corrections departments in the United States (Maruschak et al., 2010) Minnesota does not systematically collect information about incarcerated parents. However, by applying the national rates (Maruschak et al., 2010) to the current Minnesota prison population, we can estimate that over 4,500 fathers and nearly 400 mothers are currently incarcerated, affecting over 12,000 children in our state alone. These rates, both in Minnesota and nationwide, severely underestimate the number of children and families affected by this issue because they don’t include parents who are currently incarcerated in a county jail or those who have been in prison in the past and are still involved with community corrections (i.e., probation or parole).

Often “parental incarceration” is used as an umbrella term, referring to incarceration in jail or prison; however, a distinction between the two facility types should be made. Jails are locally operated correctional facilities that confine persons before or after adjudication (the judicial decision or sentence). Sentences to jail (typically misdemeanors) are usually one year or less, whereas sentences to prison (typically felonies) are

generally more than one year (Bureau of Justice Statistics, 2010). Although there may be similarities between individuals incarcerated in both jails and prisons (e.g., history of substance use, mental health problems), there are also important differences. The type of offender, sentence length, and availability of services may vary considerably between jail and prisons. In general, prisons house more serious offenders, for longer periods of time, and often have the space, infrastructure, and staff to provide additional services (e.g., remedial education, chemical health treatment, parenting education) than a county jail.

Compared to prisons, jails are often closer to the inmate's residence at the time of arrest, potentially impacting the frequency of family visitation. In addition, the format and rules for visitation differ between jails and prisons. In Minnesota jails, for example, visits are non-contact, meaning that inmates and their visitors are separated by Plexiglas and communicate through a telephone. In contrast, Minnesota prisons provide inmates with the opportunity to briefly hug and kiss their visitors, and in some cases hold their young children. These differences in the type of setting within which a parent is incarcerated are important to keep in mind when considering how the parent-child relationship is maintained during incarceration and the effects this might have on children's outcomes (Eddy & Poehlmann, 2010).

The Effects of Parental Incarceration on Children and Families

Children of incarcerated parents are at increased risk for both internalizing (e.g., depression, anxiety, withdrawal) and externalizing (e.g., delinquency, substance use) behavior problems, cognitive delays, and difficulties in school (e.g., school failure) (Eddy & Poehlmann, 2010). Children with incarcerated parents are also at increased risk for insecure attachment – experiencing relationships with primary caregivers who are inconsistent, insensitive, or unresponsive to children's social and emotional needs (Eddy & Poehlmann, 2010).

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The associations between parental incarceration and poor developmental outcomes are complicated because incarcerated parents and their children often experience many additional challenges that place them at risk for less optimal outcomes, even before the incarceration occurs. Among incarcerated parents in state prisons, two-thirds did not graduate from high school and more than 1 in 10 had not been educated past 8th grade (Maruschak et al., 2010). Many incarcerated parents had difficult childhoods themselves; 40% of state prisoners reported growing up in a household that received public assistance; 14% reported living in a foster home, agency, or institution at some point during their childhood; and approximately 16% of incarcerated fathers and 60% of incarcerated mothers reported a history of physical or sexual abuse (Glaze & Maruschak, 2008). Of those parents who reported living with their children in the month before their arrest, only 14% of mothers and 18% of fathers reported that they were living in a two-parent household.

In addition to their own difficult childhoods, many incarcerated parents report chemical and mental health issues that could interfere with their capacities to parent their children. Nearly 7 in 10 incarcerated parents met the criteria for substance dependence or abuse (Maruschak et al., 2010). In addition, nearly 6 in 10 incarcerated parents met the criteria for a mental health problem, but less than half of those meeting criteria had ever received treatment.

Many scholars have questioned whether parental incarceration is the cause of children's problematic outcomes or if it is the combination of co-occurring risk factors (e.g., single parenting, poverty, parent substance use, parent mental health problems, prior criminal convictions) that result in children's

poor outcomes when a parent is incarcerated. In their systematic review of the literature, Murray, Farrington, and Sekol (2012) examined evidence on the associations between parental incarceration and children's later antisocial behavior (i.e., behaviors that violate societal norms and laws such as delinquency, juvenile arrest, persistent lying and deceit), mental health problems (e.g., anxiety, depression), drug use, and educational performance. In their meta-analysis, the most rigorous studies that controlled for sociodemographic risk factors (e.g., race, education, poverty), children's antisocial behavior before parental incarceration, or parental criminality (e.g., prior criminal convictions), Murray and colleagues (2012) found that parental incarceration was associated with children's increased risk for antisocial behavior, but not for mental health problems, drug use, or poor educational performance. Although previous studies have found multiple types of adverse effects of parental incarceration on children's outcomes, results suggest that when important co-occurring risk factors are taken into account, the only outcome that appears to be uniquely affected by parental incarceration is children's antisocial behavior.



Creating a Framework to Understand the Impact of Parental Incarceration

The Adverse Childhood Experiences (ACE) study (Felitti et al., 1998) provides additional insight into the impact of exposure to multiple risk factors in childhood and the long-term implications for health. Participants in the ACE study completed a brief questionnaire on exposure to ten adverse experiences in childhood, including maltreatment and drug use. Notably, one of the ACEs is the incarceration of a household member. Results from the ACE study have found that participants who experienced multiple ACEs were at increased risk for a number of health problems in adulthood, including depression, suicide attempts, substance abuse, unintended pregnancy, and sexually transmitted infections.

The impact of any one particular ACE, such as parental incarceration, likely depends on a number of factors, including the child and families' experiences prior to, during, and after the parent's incarceration. Indeed, some scholars have argued that each family's circumstances are so different and so complex that generalizing "children with incarcerated parents" over-simplifies and potentially misrepresents the complexities of these families (Genty, 2012). How do children's experiences differ from one another? How can we create a framework for understanding how children's outcomes vary by the circumstances of a parent's incarceration? The following questions help us identify and address some of the many factors that influence children's adjustment when a parent is incarcerated:

- ***What did the child experience?*** Parental incarceration might be traumatic for children, particularly in situations where the child has witnessed the parent's criminal activity (e.g., being present for drug deals), the child was the victim (e.g., physical or sexual abuse), or the child's other parent was the victim (e.g., domestic violence). Such experiences may have a profound impact on a child's sense of safety and security, and depending on the child's age

and developmental stage may compromise their social, emotional, and cognitive development (Dallaire & Wilson, 2010). In their study of 32 children (7-17 years old) with jailed parents Dallaire and Wilson (2010) found that 36% of incarcerated parents reported that their children witnessed the parents' criminal activity, arrest, or sentencing. In addition, children's exposure to these experiences was linked to caregivers' and children's self-reported maladjustment (e.g., behavior problems, emotional regulation). Witnessing a parent's arrest – seeing the police arrive (likely without warning and often with weapons drawn), watching the parent be handcuffed and arrested, and being separated when the parent is driven away in a police car – is often emotionally charged and may be confusing or frightening for children.

- **How old is the child?** The child's age and developmental stage may influence the effect that parental incarceration has on their outcomes in other ways, too. We know that children's physical, social, emotional, and cognitive needs change over the course of their development. Thus, it is important to keep in mind how the effects of a parent's incarceration may vary depending on the child's age and developmental capacities both at the time the parent is incarcerated and when the parent is released. For example, maternal incarceration during infancy may result in separation between the child and his primary attachment figure. A prison sentence of only a couple years could have dramatic consequences for a developing infant during these formative years. In response to this particular developmental need, several states have prison nursery programs that allow mothers with infants and young children to reside with their babies during their incarceration (Byrne, 2010). More than 50% of children with incarcerated parents are under the age of 10 years, and more than 1 in 5 are under the age of 4 years (Glaze & Maruschak, 2008). [See Figure 1].

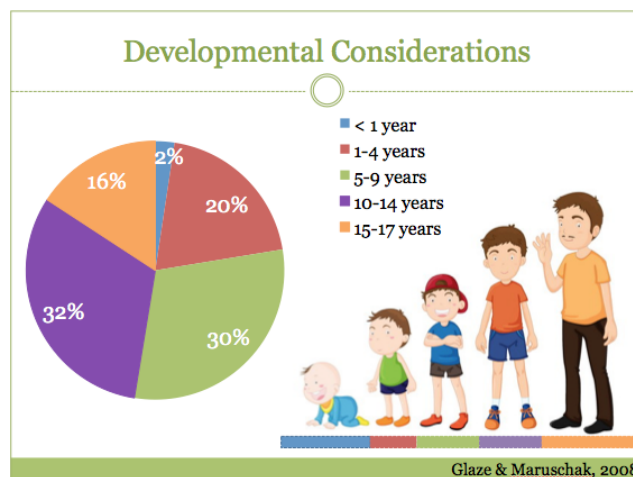


Figure 1. Distribution of children with incarcerated parents by child age

Compared to older children and adolescents, infants and young children cannot understand the facts about a parent's incarceration, have fewer emotional and cognitive capacities to process the loss of the parent, and lack the language and cognitive abilities needed to express their preferences about their living arrangements or contact with the incarcerated parent (Shlafer & Poehlmann, 2010). For example, whereas younger children may become upset by the noise or chaos and lack understanding of the complexities of their parent's arrest, older children and adolescents have the cognitive capacity to understand the ramifications of the parent's arrest (Dallaire & Aaron, 2010).

- **Which parent is incarcerated?** Children's adjustment in the context of a parent's incarceration may depend on which parent is incarcerated. Only a quarter of fathers compared to three-quarters of mothers reported providing primary care for their children prior to arrest (Maruschak et al., 2010). In addition, children with incarcerated mothers are more likely than children with incarcerated fathers to have been exposed to their parent's criminal activity, arrest, and sentencing (Dallaire & Wilson, 2010). As such, scholars have suggested that compared to children with incarcerated fathers, children with incarcerated mothers may be more likely to experience a

disruption in the caregiving environment when the mother is incarcerated. This may put children at higher risk for insecure or disrupted attachment relationships (i.e., caregiving that is inconsistent or insensitive to the child's social and emotional needs) and subsequently compromise children's health and development (Dallaire, 2007; Murray & Murray, 2010; Poehlmann, 2010).

- **What is the child's living situation?** The effect of the parent's incarceration on the child depends in large part on the quality of the parent-child relationship and family stability prior to, during, and after the parent's incarceration. Because of the challenges conducting prospective, longitudinal research with high-risk families, little is known about parent-child relationship quality (e.g., parental involvement, caregiving roles, sensitivity to children's needs) before a parent is incarcerated. The Bureau of Justice Statistics' National Survey (Glaze & Maruschak, 2008), collected information from incarcerated parents about their living situations in the month before their arrest. Among incarcerated fathers, approximately 36% reported living with their minor children in the month prior to their arrest. Among incarcerated mothers, more than half reported living with their minor children in the month prior to their arrest. So for some children, but certainly not all, the parent's incarceration results in a separation from their primary caregiver and a reorganization of the family structure.

The effect of the parent's incarceration on the child depends in large part on the quality of the parent-child relationship and family stability prior to, during and after the parent's incarceration.

Whether or not the parent lived with the child *before* the parent's incarceration, who the child

lives with *during* the parent's incarceration, and whether or not the parent plans to live with the child *after* the parent is released, are important factors to consider. Indeed, housing mobility and financial stability are two factors that may be impacted by a parent's incarceration and could, in turn, affect children's outcomes. However, this information really provides an incomplete picture of the family system and the quality of family relationships prior to, during, and after a parent's incarceration. More research is needed about parents' roles and responsibilities (e.g., frequency and type of caregiving activities) and the quality (e.g., sensitivity, expectations for behavior) of the parent-child relationship before and during incarceration. Although there is considerable research on the barriers to offenders' re-entry into their communities, little is known about how this impacts children specifically. Children's experiences and outcomes will likely depend on where the parent lives once they are released, if the parent resumes caregiving responsibilities, and the quality of the parent-caregiver relationship following the parent's release.

- **Who is providing care for the child?** Caregivers play a critical role in children's adjustment when parents are incarcerated. Most often, when a father is incarcerated, children live with their mothers (Glaze & Maruschak, 2008). In some instances then, a father is incarcerated and the child may experience no or minimal disruption in their home environment, because the father was not living in the home or providing routine care for the child. In other instances, the father and mother may have been living together and/or co-parenting the child, and the father's incarceration results in a disruption in the family system. In contrast, when a mother is incarcerated, a majority of children live with a grandparent (Glaze & Maruschak, 2008). In some instances, grandparents may have served as the primary caregiver or had a very active role in providing care for the child before the parent's incarceration (e.g., when a parent's chemical or

mental health problems interfered with their capacity to parent); in other instances, grandparents may be taking on new roles as the primary caregiver.

- **How does incarceration affect family income and household stability?** In addition to disrupting the family system, a mother or father's incarceration could result in the loss of household income. Among parents who lived with their minor children in the month before their arrest or just prior to their incarceration, nearly all mothers (89%) and most fathers (67%) reported providing financial support to the family. This loss of financial support could in turn impact the family's housing stability, the child's living arrangement, and subsequently the child's school stability. Such change, even when the parent's absence improves the children's situation (e.g., removing a physically abusive parent from the home) is still a disruption in the family system and requires family members to renegotiate roles and responsibilities which can be difficult for children.
- **What is the quality of the caregiver-child relationship?** The stability and quality of the home environment that caregivers provide is essential for children's social, emotional, and cognitive development during parental incarceration. All children benefit from caregivers who are sensitive to their needs, and provide routine and consistent expectations, but this type of care may be particularly protective for children who have experienced considerable disruption because of a parent's incarceration. Children need to know that they are safe and loved, and that they can trust and rely on their caregivers for support and care. For children with incarcerated parents, this may include caregivers providing children with developmentally appropriate explanations about the parent's incarceration and providing a safe space for the child to express their worries or concerns.

In addition, the caregiver-child relationship and the incarcerated parent-caregiver relationship have important implications for children's adjustment [See Figure 2].

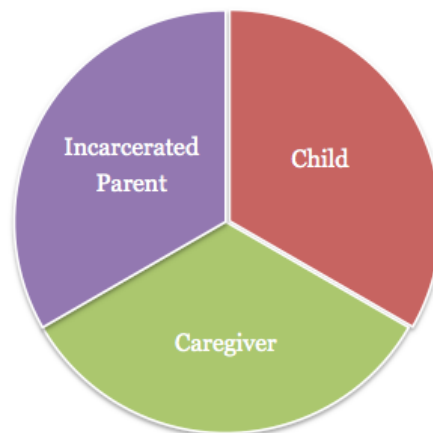


Figure 2. Child/Parent/Caregiver Triad

Researchers have found that the child's caregiver often acts as a gatekeeper between the child and the incarcerated parent (Poehlmann, Shlafer, Maes, & Hanneman, 2008; Shlafer & Poehlmann, 2010). The caregiver may control whether or not the child receives phone calls or mail from the incarcerated parent, and is often the one who would be responsible for taking the child to visit with the incarcerated parent. Although caregivers may be limiting contact with good intention (e.g., to minimize children's distress following communication with the parent), most children still want to talk to and see their parents. Further, maintaining and supporting the parent-child relationship during the parent's incarceration is important for children's adjustment, particularly for those parents who return to caregiving roles after their release.

With these complex family dynamics in mind, Volunteers of America developed the [*Look Up and Hope*](#) initiative. Unlike many other programs that target only one member of the family (usually the child or the incarcerated parent), *Look Up and Hope* works with the whole family unit - incarcerated mother, minor children, and caregivers - to provide individualized, comprehensive services in an effort to improve family relations among families

affected by maternal incarceration (Ryba, Gibertson, & Meyerson, 2012). In their most recent progress report, Ryba and colleagues (2012) found that 80% of families in the *Look Up and Hope* initiative experienced improved family relationships (e.g., increasing contact with other family members, successfully reunifying with estranged family members). Further, 32% of children increased their school attendance and 27% showed improved school performance. There were other promising findings with regard to incarcerated mothers' parenting skills, children's access to extracurricular and educational activities, meeting caregivers' basic needs, and mothers' chemical health.

- ***Does the child have contact with the parent?***
How the parent-child relationship is maintained during a parent's incarceration also has implications for children's adjustment. Parent-child contact during a parent's incarceration is a key issue for children, incarcerated parents, caregivers, and professionals who serve them (Poehlmann, Dallaire, Loper, & Shear, 2010). Although the majority of incarcerated parents have some contact with their children while serving their sentence, mail contact is much more common than visitation (Maruschak et al., 2010). Among state and federal inmates surveyed in 2007, more than three quarters reported mail contact with their children (52% reported at least monthly mail contact) and more than half reported phone contact (38% reported at least monthly phone calls). In contrast, fewer than half of state prisoners report ever receiving a visit with their children during incarceration (Glaze & Maruschak, 2008).

Parent-child contact, particularly visits, may be limited for a number of reasons, including the distant location of the correctional facility, the high cost of transportation and long-distance calls, or the visiting environment (Poehlmann et al., 2010). Some programs, such as *Get On The Bus*, have attempted to reduce some of the barriers of visitation by providing free transportation for

children and their caregivers to visit their mothers and fathers in California prisons. The quality of children's visits with their incarcerated parents is likely affected by the facilities' settings, which can vary from child-friendly (e.g., developmentally appropriate toys and family activities) to highly stressful (e.g., strict rules about children's behavior, no physical contact such as hugging or hand-holding). Research on the effects of visitation for children's outcomes is mixed, although to date no study has reported direct, systematic observations of children's behaviors in the context of visits (Poehlmann et al., 2010).

Conclusion

It is estimated that more than 1.75 million children have a parent currently in prison in the U.S. (Maruschak et al., 2010) and that millions more children are impacted by this issue. Like other Adverse Childhood Experiences, the incarceration of a parent often results in exposure to other risk factors that can compromise health and development across the life course. Although incarceration is likely not the *cause* of these compromised outcomes, it instead serves as one indicator of other co-occurring risks and vulnerabilities that make these families particularly fragile. Given the potential long-term consequences of parental incarceration for child and adult health, targeted, evidence-informed prevention and intervention efforts are sorely needed.

IMPLICATIONS FOR PRACTICE AND POLICY

Erica Gerrity, LICSW
Program Director

Isis Rising

"It's hot today, really hot, 99 degrees to be exact. The weather is startling and sudden considering the fact that a baby born just ten days ago, to a woman in this group, opened its eyes for the first time to a gray sky filled with snowflakes. There are sixteen women stuffed into a room that comfortably sits ten, maybe twelve if we push our Midwestern standards of personal space. It's 8 pm and everyone is writing, quietly. Tonight the group is working to give up their worries, grievances, and regrets, to willfully release negativity from within themselves, this group, and this place. After eleven weeks of talking and learning we've reached the point of the untouchables, and to ease the pain of those feelings, we participate in a silent ceremony of forgiveness. This is a weekly parenting support and education group inside a state prison, part of a prison doula program. Tonight there are several woman who gave birth just prior to incarceration, five pregnant moms, four who gave birth last month, and four more who have given birth in the past year. Among them they have forty-four children, and have lost four stillborn babies. Many report never carrying a baby to term and most report histories of preterm labors, low birth weight, and very low birth weight newborns."



Isis Rising serves pregnant and new mothers in state prison with the goal of improving maternal and child health outcomes in the context of incarceration. Women who participate in our program have ranged in age from 18-40 years old. Our program participants come from rural communities, urban centers, and other states from around the country. The majority of our participants are Caucasian (45%), followed by Native American (27%), Mixed-Ethnicity (10%), African American (8%), Latina (7%), and Hmong (3%). Some are experiencing their first pregnancies while incarcerated, and some women did not know they were pregnant until they came to prison. Many of the incarcerated mothers (38%) we work with report that experiencing learning difficulties in school, and 28% report spending time in foster care as a child. When they start our program, two out of three participants (61%) report depressive symptoms in the clinical range.

Since the beginning of our program four years ago, our project has regularly received feedback from confused but caring individuals essentially asking "Do we really imprison pregnant women?" This feedback is important as it illustrates just how far removed these topics are from the general public and any form of meaningful public discourse. This eReview is an opportunity to discuss the ways in which research can inform new and emerging practice with children affected by parental incarceration.

Three primary implications for practice emerge in the current review of the literature; (1) caregivers as gatekeepers, (2) the need for evidence-informed population-specific programming, and (3) the need for systematic collection of accurate data.

Caregivers as Gatekeepers

The research describes the significant role of the child's caregiver during parental incarceration. My clinical experiences within the context of female incarceration confirm that the caregiver-child relationship and the incarcerated parent-caregiver relationship have important implications for



children's adjustment. The fact that the child's caregiver often acts as a gatekeeper between the child and the incarcerated parent can alter the narrative the child is given regarding where their parent is and why they are there, as well as

the type, frequency, and quality of communication and contact between parent and child. Even if a mother writes her child a letter every day, the parent-child connection will not be maintained if the caregiver does not allow the child to open them. Many mothers talk with their children regularly, even multiple times per day, but conversely there are also many mothers who rarely speak to their children, even mothers who leave prison and immediately step back into parenting. This adjustment and the struggle of reentering society the stress of rebuilding broken relationships with one's children. So many mothers attend our groups for professional and peer support to help grieve the absence of their children. Particularly when women are separated from newborns following their birth, mothers spend weeks lost in heartbreak, sobbing their entire sharing time, while other group members respectfully acknowledge their pain, as many of them have had to do the same. Sharing these sorrowful experiences is sacred and women are given space, reverence, and the focused attention they deserve. As a clinician, I struggle to see how this loss could be restorative or benefit society in any way. Women describe symptoms consistent with postpartum psychosis, including waking up disoriented and searching for their newborn in the

night, suicidal ideation, and splits from time and reality. It is very common for mothers to not see their newborns for many months following their births. Some moms don't see their babies again until their release from prison.

Reasons for lack of visiting can include financial limitations, distance between caregivers' homes and the correctional facility, and misconceptions about the safety of the visiting practices. It is not uncommon for mothers participating in our groups to report that caregivers of their children do not believe they deserve visits, that parental contact during incarceration will be disruptive to the child's life, and that it is not healthy for children to see their mothers as inmates. Research demonstrates, and my clinical experience confirms, that the focus of public discussion and family level interventions needs to shift from a perspective of punishing a criminal to a consideration for the best interest of the child. As a society we must see that children of the incarcerated, including those still in the womb, are innocent victims and have their own unique and deserving needs. One way our program supports a shift in discussion is by providing templates and examples of respectful letters to write to caregivers explaining the needs of children while a parent is incarcerated and the importance of creating a shared understanding that the children's needs must come first. Our participants are eager to discuss ways to improve communication with caregivers and frequently bring examples of their own versions of this letter to share in group for feedback before sending to their child's caregiver.

Evidence informed practice

There currently is not an evidenced-based parenting education curriculum for incarcerated pregnant women, despite the fact that there are more than 200,000 women behind bars (approximately 6-10% of whom are pregnant) and more than one million on probation and parole (See [ACLU Briefing Paper: The Shackling of Pregnant Women & Girls in U.S. Prisons, Jails & Youth Detention Centers](#)). Although there are many

prison-based parenting programs, few have been empirically tested. In one exception, [*Parenting Inside Out \(PIO\)*](#) is an evidence-based, cognitive-behavioral parenting skills training program based on the [*Oregon Social Learning Center's Parent Management Training*](#) program for at risk families, and has been shown to be effective with incarcerated mothers and fathers." Researchers, clinicians, and other professionals working within the context of incarceration need to come together to increase the quality of resources available in state and local facilities. We also need to acknowledge the need for population-specific resources that take into consideration the limitations and culture of prison life. For example, the suggestions given for parent-child interactions in curriculum must be consistent with rules for the facilities visiting room. There are very few structured activities or games in these settings, so incarcerated moms must learn how to engage children with nothing more than the topic of conversation, a welcoming expression, and a calm demeanor to help with fear and uncertainty. Furthermore, it is painful for incarcerated women to even attend parenting groups because it brings their intense feelings of grief to the surface, feelings they are often working very hard to avoid. As a facilitator, teacher, or provider, it is essential that we allow women time to acclimate to the emotional climate of such a class and that we prepare ourselves for clients that may want to be there but who display oppositional behaviors towards topics or experiences of others that are overwhelming for them. In our groups it is not uncommon to hear from someone one week that they "Hate this group", and then the next week for the same participant to say, "Thanks for tonight, I really like it here, it helps."

Current and new programming must to be systematically evaluated in an effort to record experiences, individual and family needs, and measurable outcomes, and to develop a body of evidence that can be shared among professionals, with the goal of developing evidence-informed practices for incarcerated parents. When we are

able to develop such resources, we will increase the likelihood that parents will get the support they need during incarceration and leave with an increased skill-set and confidence that can translate to improved parenting practices when they reenter their family and their community.

Systematic Collection of Accurate Data

How many parents are incarcerated in your state? How many children have an incarcerated parent in your state? What are the ages of those children? What communities do those children live in? The answer to all of these questions, in most states in our country including Minnesota, is we don't know. Many departments of corrections in the United States do not systematically collect information about incarcerated parents.

In 2006 the Osborne Association in New York developed the [*New York Initiative for Children of Incarcerated Parents*](#) to advocate for and support policies and practices that meet the needs and respect the rights of children whose parents were involved in the criminal justice system. In 2013 they issued a report titled [*Children of Incarcerated Parents in New York State - A Data Analysis*](#), shedding light on the issues of this invisible population. The findings of the study were based on 900 surveys with incarcerated parents and were able to describe the prevalence of minor children, contact, living arrangements, relationships with caregivers, children's direct experiences with their parent's arrest, and reunification. This survey is an excellent example of how to gather comprehensive data regarding the impact of parental incarceration. At this point, we struggle to understand the true scale of issues at a state and local level and use best estimates to plan for future funding and strategic planning efforts. If such information was available in all states, providers would be able to adapt and tailor programming to meet the needs of the families they serve, which would allow for better use of financial and staff resources. In conclusion, I encourage practitioners and agencies working with families affected by incarceration to reach out to one another and

create a professional dialogue about how we can come together to implement the implications for practice discussed in this article. This means reaching out to projects and prisons outside one's state to build connections across niche disciplines, as in the case of our prison doula project. As the review of the literature indicates, we are working with a population with a complex mosaic of needs and a scarcity of current resources. When we come together to share our experiences, program outcomes, and professional support we will truly create permanent and lasting change in the lives of incarcerated parents and subsequently the lives of their children.

A Prayer for Hope and Transformation

Written by group participant on the night of our Grief Ceremony

I come to you tonight because I am stuck and I need your help with all of this stuff that keeps me sick, makes me feel as if my feet are in concrete.

Help me to become the woman I can be and to embrace the woman I am now.

Meet me where I am, hold my hand, guide me, direct me, comfort me, console me, cradle me in your arms, wrap your love around me like a blanket of protection.

Help me to be the mother I can for my children, for this baby inside me.

Don't let me go. Don't make it easy for me to walk away. Give me strength and courage, perseverance, hope, gumption, and a legion of angels to help me fight the battle within myself.

Search me and know me. Protect me. Save me...most of all from myself.

Love my children. Teach me how to keep my actions in line with my values.

Help me to let go and no longer carry this mess.

I lay this at your feet with love and hope for transformation.

Ebony Ruhland, PhD Candidate
Director of Research and Evaluation
[Council on Crime and Justice](#)

This research on children of incarcerated parents is very important. As Dr. Shlafer points out there is very little research to inform our work as direct practitioners working with children with incarcerated parents. We can use the limited research available to train service providers and educators on the magnitude of issues related to children with a parent in prison because chances are we have come in contact with one of these children without even knowing it. Secondly, direct service providers can be trained on specific needs of children of incarcerated parents and how to best meet these needs through their work. Dr. Shlafer points out that children's outcomes may depend on a number of factors. It is important that we understand the factors and not assume that all children who have a parent in prison are the same or have the same experiences.

Public education is needed as well. Often when we develop criminal justice policies and policies specific to sentencing, we do not consider the children and families often left behind. This research supports the fact that we need to understand how certain long term sentences for particularly low level offenses (such as drug crimes) can impact children of incarcerated parents. The public also needs to understand how prison visitation policies impact children. Children often want to see their parent even if they are in prison and some preliminary research shows benefits to that visitation for both children and parents. However, many visitation policies within prisons are not "family friendly." Often parents and children are allowed one quick kiss and a hug at the start of the visit and right at the end of the visit. During the visit, children over the age of 3 are not allowed to touch the parent. This can often be difficult for both parents and children to process and understand. While it is understood that the main goal of prisons is safety and security, there

are still ways to make visiting policies family friendly even with that goal at the forefront.

Policy development for children of incarcerated parents outside of the criminal justice and prison systems require caution. We just do not know enough about these children. Some argue for educational policies or child welfare policies. But, before policies can be developed and implemented, more research is needed to understand the needs of children of incarcerated parents and how to best address those needs within these systems. Families also report experiencing a lot of stigma related to having a parent or family member in prison. Stigma may impact policy development as well as families' willingness to take advantage of policies created to help them. Public education will help break down the stigma allowing more families to feel comfortable talking about their experiences and participating in programs governed by policy.

This research could stimulate a host of changes in interventions. First, there are very few programs in the state that address the needs of children with a parent experiencing incarceration, let alone that address the needs of the entire family. The [Council on Crime and Justice](#) had such a program called the Family Strengthening Project. It was a five-year federally-funded demonstration project that attempted to address the family needs experiencing father incarceration and reentry of that father after incarceration. A similar situation occurred with the [Big Brothers Big Sisters Program](#) with a program called Mentoring Children of Incarcerated Parents. Unfortunately, local and national funding for these programs has diminished significantly. However, the numbers highlighted in this research brief underscore the importance of such programs.

The primary challenge is again that there is very little research on this topic. We just do not know the experiences of children of incarcerated parents. Their experiences are probably different based on geographical location and distance from parent, the amount of contact they had with the parent prior to and during the incarceration, the type of crime

the parent was convicted of and so on. Since no one systematically collects information on children of incarcerated parents it is difficult to truly understand the magnitude. The numbers that currently exist are estimates based mostly on reports from incarcerated parents, but we know from our direct work that parents do not always report the number of children they have. This may be out of fear that they will be placed in the child welfare system, concerns related to child support payments, or due to some other fear. Regardless of the prevalence, we also do not know the unique stories of these children. More qualitative interviews are needed to understand the nuances and unique experiences with children of incarcerated parents.

The most important next research step is to look at the unique experiences of children of incarcerated parents. The research and programs (although limited) continue to talk of children of incarcerated parents as if this is one

homogeneous group. We must understand the experiences of these children based on age, racial category, class, location, type of crime that led to conviction, length of sentence, history of parental incarceration, family structure prior, during, and after incarceration, and so on. As Dr. Shlafer points out, children with a parent in prison are disproportionately of color. Little research has focused specifically on this population so we are unaware of the direct needs of children of incarcerated parents in these populations. There is



an assumption that children who live in communities and racial groups with disproportionate rates of incarceration do not experience the stigma of having a parent in prison. Some research even argues that this is a badge of honor. However, in our direct service work, we have seen children in these communities and racial groups who feel stigmatized. Greater research specifically on these communities and specific racial groups may further highlight this stigmatization and clarify current assumptions. This would also help us provide better culturally specific services.

Marc Wheeler

Associate Director, Research and Development
[Big Brothers Big Sisters of America](#)
Adjunct Research Associate
[Regional Research Institute for Human Services](#)
[Portland State University](#)

Since the early part of this century, many service providers have focused on serving children of incarcerated parents due to new funding streams provided through the US Department of Health and Human Services. Funds were allocated to provide support services for these youth, including the provision of mentoring relationships. By directing funds towards these children, the federal government shone a light on populations that had previously remained invisible.

Despite the focus created by these new funding streams, little was known about the specific risks faced by children of prisoners. During this time, I was a practitioner leading a youth mentoring organization in Alaska. Many of us applied for and received funding to serve these children, motivated by a desire to help these vulnerable youth. We had been moved by stories of prisoners meeting their incarcerated parents and grandparents for the first time in prison, the classic vicious cycle story. In Alaska, we discovered that many of these youth were already receiving services from our program and that reaching out to prisoners brought us children that were much like children already on

our caseloads. For example, given the disproportionate representation of, high poverty individuals, Alaska Natives, and single parents in our prison system, we continued to recruit large numbers of youth from these families. We had heard the oft-cited statistic from a US Senate report of children of prisoners being more prone to be incarcerated one day themselves. But without specific information on the risks factors common to these children, many of us were limited in our ability to cater our social programs to meet their specific needs.

The information compiled by Dr. Shlafer will make a tremendous difference in the ability for service providers to create and adapt programs specifically to meet the needs of children of prisoners. In particular, this piece encourages practitioners to take a nuanced view of children affected by parental incarceration. For example, instead of treating all children of prisoners the same, practitioners would do well to understand how each child is affected by the details of their parent's incarceration. Before planning services to meet the needs of a child, one should know the relationship of the child to the incarcerated parent, the location of the incarcerated parent, how long the incarceration sentence may last, what impact the incarceration had on the family's circumstances, how old the child was at the time of incarceration, and how much trauma the parent's incarceration created for the child. Knowing all of these details will give practitioners a greater level of detail that could better inform the planning of services to meet the needs of each child.

Additionally, Dr. Shlafer's piece encourages practitioners to view the details of parental incarceration along with other risk factors present in the life of a child. By assessing all of a child's risk factors in a holistic manner, practitioners can tailor services to meet the needs of children of prisoners. It may be that the risk profile of a child of a prisoner will be substantially similar to that of other children served by a practitioner. Thus, care for the child may be fashioned in similar ways as care provided to children with similar risk factors,

giving special attention to the child's unique situation caused by parental incarceration.

Of particular interest are the results of the meta-analysis cited by Dr. Shlafer, indicating that the only additional risk caused by parental incarceration appears to be increased risk of antisocial behavior. With this in mind, practitioners may want to explore interventions that can bolster protective factors, which in turn could help prevent antisocial behaviors. These may include programs to help connect youth with their schools, prosocial adults, and healthy after-school activities, for example.

Mentoring programs have often been proposed as an effective support for children with incarcerated parents. As a result of an increased focus on serving these children, and prior funding from DHHS, close to one quarter of all children served by Big Brothers Big Sisters of America have been affected by parental incarceration. Instead of treating all children with incarcerated parents the same, mentoring programs like Big Brothers Big Sisters would benefit from assessing the risk and protective factors present in the life of each child, and addressing them accordingly. As we have learned from the recent report [The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles](#) (Herrera, DuBois, and Grossman, 2013), youth of different risk profiles benefit differently from youth mentoring. For example, mentors of youth with high individual risk (such as depression or academic failure) and low environment risk (such as poverty) may benefit the most from one-to-one mentoring, while youth with low individual and low environmental risk may benefit the least from one-to-one mentoring. As a movement, youth mentoring programs need to do more to fit our services to the unique risk and protective profiles of individual youth, as is being done with youth in the juvenile justice system.

Additionally, this article suggests that separating children of prisoners into their own distinct program may be ill-advised. These children may have risk factors quite similar to other youth

served by the mentoring program and could benefit from those common supports such as organized activities, special events, and knowledge gained by staff working with similar youth. Regardless of how the mentoring program is designed, mentoring program staff must understand the full details of how the parental incarceration has affected the child, and work with the mentor to provide the supports needed to help each child succeed. Mentoring program staff should work with the mentor and the child's caregiver to create a plan of action designed to bolster the child's individual protective factors and reduce the impact of the child's risk factors.

Of particular note, staff should plan carefully regarding the mentor's relationship with the caregiver and the parent in prison. In some cases, the mentor may be able to help the child maintain contact with the incarcerated parent. Such support may be very helpful for some children, especially those who will be cared for by the incarcerated parent following release from prison. Care must be given in this situation to work closely with the child's caregiver, who may serve as gatekeeper for the child, in order to maintain and promote the child-caregiver relationship. Again, the full details of the parent's incarceration and its impact on the child must be fully understood before working with a mentor to connect a child with an incarcerated parent.

Finally, Dr. Shlafer's piece underscores that despite the advent of funding streams, many youth affected by parental incarceration still remain invisible. We simply don't know how many children are affected in Minnesota, like in many other states. To begin serving these children effectively, all service providers should ask the families they serve if they have been affected by parental incarceration. The first step in effectively providing care for these youth is to know who they are. With this knowledge, along with a deeper understanding of the individual risk and protective factors present in every child's life, service providers can provide effective care to meet the needs of all the youth they serve, including children of prisoners.

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