



Policy Brief

Parental Incarceration and its Effect on Childhood Health

Traci Sawyers, November/December, 2014

THE PROBLEM

When a parent goes to prison, children pay a heavy price. Parental incarceration is a strong risk factor for a range of adverse outcomes for children.¹ The psychological trauma of losing a parent and the instability and shame that follows impacts a child's physical, social and emotional wellbeing and can cause health and social problems later in life.² And in Vermont, a significant number of these children are under five years of age – a critical period for healthy development – and the majority are under 12.³

Many of these children are cared for informally by relatives, so they are not known to child protection agencies. Too often schools are also not aware of the incarceration and important connections between school behavior and performance problems are missed.⁴ There is also little data on these children and families and their needs fall between multiple service systems. The absence of specialized attention to this population makes them invisible and marginalized.⁵

BACKGROUND

Parental incarceration, and the circumstances that precede it, expose children to significant challenges

that impact healthy development.⁶ Most significant is the trauma caused by the loss of a parent.⁷ At the same time, children often experience displacement from their homes, foster care or one or more temporary family caregivers, economic challenges, stigma, and shame.⁸ Studies have found that incarceration has an independent effect on a child's school performance and behavioral health.⁹ Most children with incarcerated parents live in poverty before, during, and after their parents' incarceration and many have been exposed to violent or other traumatic experiences over this period. Long-term effects have been found to include the inability to cope with future stress and intergenerational patterns of criminal behavior.¹⁰

Children of prisoners are particularly vulnerable to psychological trauma and "toxic stress." Toxic stress is frequent or continual stress and can weaken the architecture of the developing brain, with long-term consequences for learning, behavior and health throughout life.¹¹ Parental incarceration has specifically been identified as an Adverse Child Experience (ACE) that can cause later health problems in adulthood.¹² The trauma of the separation is much like the trauma of a parent death or parent abandonment. But what further distinguishes separation from incarceration from

death or abandonment is the shame and isolation. When a parent dies, a child is usually surrounded by love and support. When a parent goes to prison, people turn away and often don't want to associate with the family anymore.

In addition, recent research has found that compared to divorce, parental incarceration is more strongly associated with both Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) and behavioral problems; compared to the death of a parent, it is more strongly associated with ADD/ADHD.¹³

There are at least three levels of cumulative trauma and toxic stress these children experience.¹⁴ Often in the home prior to incarceration, there is substance abuse, violence, poverty or instability. Then there is the trauma at the time of witnessing the arrest if the child is present. A national study conducted in 1998 estimated that of parents arrested, 67 percent were handcuffed in front of their children, 27 percent reported weapons drawn in front of their children, 4.3 percent reported a physical struggle and 3.2 percent reported the use of pepper spray.¹⁵ Finally there is the trauma related to the loss of the parent and the chaos and instability that follows. Foster care, in particular, can mean multiple placement changes and loss of connection to school, community, friends, siblings and extended family.¹⁶ Interestingly, children can be shielded from the most damaging effects of toxic stress if they maintain a quality relationship with their parents and caregivers, which also speaks to maintaining the relationship with the incarcerated parent. Early identification and treatment of toxic stress can lessen the long-term negative health and behavioral outcomes.¹⁷

A new study has also found that parental incarceration is "independently associated with learning disabilities, attention deficit disorder and attention deficit hyperactivity disorder, behavioral or conduct problems, developmental delays and speech and language problems."¹⁸ Further, this study found that parental incarceration may be a source of stress proliferation in which social stressors experienced by one family member can have lasting consequences across generations.

However, research also suggests that intervening in the lives of incarcerated parents and their children to promote and strengthen positive connections can positively impact children's healthy development, reduce recidivism and reduce the likelihood that the children will end up in the criminal justice system.¹⁹

While data on children of incarcerated parents in Vermont is limited, the Vermont Department of Corrections (DOC) did undertake a Vermont Inmate Family Survey Project in 2013 with the University of Vermont.²⁰ While data from that study is still being analyzed, it has provided at least some descriptive data to begin to understand the particular problem and issues in Vermont. It is estimated that 7,767 children experienced parental incarceration in 2012. Sixty four percent of Vermont inmates have children under the age of 18. Earlier data showed that 80 percent of the women in Vermont prisons were mothers.²¹ The age distribution across genders show that 40 percent of these children are under school age, with another 38% between 6 and 12 years old. Separate analysis of the ages of the children of incarcerated mother showed that 57 percent were between 0 to 8 years old.

Eighty-five percent of children of incarcerated men are cared for by the mother. However, only 32

percent of children of incarcerated woman are cared for by the father. The Vermont Inmate Family Survey Project also found that having one parent in jail increased the risk of being in foster care by 50 percent, and having both parents in jail more than doubled it.²²

At the same time, the number of women in prison in Vermont continues to grow. The majority of crimes are non-violent misdemeanors such as drug or property crimes and technical violations of conditions of probation such as a lack of housing, child care or transportation.²³

Major factors in child adjustment during parental incarceration include: (1) the quality of the alternative caregiving; (2) maintaining contact with the absent parent;²⁴ and, (3) community supports and programs that focus on building protective factors and reducing toxic stress.

Many of these children in Vermont are cared for by family members, an arrangement called Kinship Care. While in most cases this is the best placement for the child, relative caregivers experience dramatic and unplanned changes in their lives when they take on the responsibility for a child, like dealing with stigma and shame associated with having a family member in prison, increased financial strain, and physical and emotional stress.²⁵ There is also very little state financial support for these care providers as compared to foster parents.

In addition to the caregiving arrangements, the importance of family connection is significant. Parent-child visitation has been found to decrease the negative impacts of incarceration by keeping the child in a relationship with the parent. It has also been correlated with reduced recidivism of the

parent.²⁶ However, only one-third of children visit their parent while incarcerated in Vermont.²⁷ The most effective form of visitation is when the child can actually touch his/her parent. Research indicates that consistent and continued parent-child contact is necessary for a successful attachment and has positive implications for meaningful relationships later in life.²⁸ If contact visitation is not possible, visitation is encouraged by telephone or video conferencing and through letter writing, and sending pictures.²⁹

It is also important to remember that the effects and stressors of parental incarceration do not end with the release of the parent. Prisoner reentry can also be stressful given the child's growth and development and relationships with new parental figures during incarceration.³⁰

Although challenges to children are significant, people and programs can function as protective factors and make a difference in their lives by making them more resilient to the effects of incarceration. Building self esteem, supportive family involvement and positive social connections can help them to overcome many of these challenges and it can even change the child and parent's future trajectory away from crime and high risk behaviors.³¹

WHAT IS BEING DONE

Successful services for incarcerated parents and their children usually focus on increased contact, improved visit structures, improved parenting skills and/or easing parent reentry. In Vermont, with regard to services and supports, the Lund Family Services' Kids-A-Part program in the women's facility in Chittenden County enhances visitation and addresses parenting needs when a parent is

incarcerated. By offering a variety of services, including education and advocacy, as well as direct services including parenting education, communication skills, financial assistance and referrals to other community resources, they work to lessen the negative effects of separation during this challenging time in a family's life. This program is highly regarded by families, inmates and others, and there is hope that these services can be extended to men's facilities. The Lamoille Community Justice Program (LCJP) also offers case management and programming for both children and parents. In addition, Camp Agape in Cabot Vermont offers two one-week camps for children with incarcerated parents.

Several bills have been considered by the Vermont legislature focused on this population. Specifically, Act 168 was passed during the 2014 Legislative session which requires the Secretary of Human Services, the Commissioner of Corrections and the Commissioner for Children and Families to study and develop recommendations within the Integrated Family Services Initiative (IFS) to mitigate unintended consequences for children and build and maintain healthy relationships between children and incarcerated parents. This includes estimating the cost of services necessary to implement a comprehensive system of care addressing the unique needs of children of incarcerated parents and more. The report is due on or before January 15th, 2015.

There is a growing movement for cities and states to adopt a **Bill of Rights for Children of Incarcerated Parents**. This was developed by the San Francisco Children of Incarcerated Parents Partnership and first published in 2003.³² It has been widely distributed and used around the country to educate the public, stimulate discussion,

The Bill of Rights for Children of Incarcerated Parents

1. I have the right to be kept safe and informed at the time of my parent's arrest.
2. I have the right to be heard when decisions are made about me.
3. I have the right to be considered when decisions are made about my parent.
4. I have the right to be well cared for in my parent's absence.
5. I have the right to speak with, see, and touch my parent.
6. I have the right to support as I struggle with my parent's incarceration.
7. I have the right not to be judged, blamed or labeled because my parent is incarcerated.
8. I have the right to a lifelong relationship with my parent.

and train service providers. Bill of Rights legislation has been considered in the Vermont legislature and at least 15 other states or cities have made this law.

Looking nationally, the Department of Corrections in Washington state offers family-centered programming for all inmates based on the Strengthening Families model and its protective factors in an effort to reduce the likelihood of committing new crimes, encourage positive social interactions, strengthen family bonds and help families prevent their children from becoming incarcerated later in life. Inmates report family is the most important factor in keeping them from returning to prison once they are released.³³

RECOMMENDATIONS

Programs and policies targeted at acknowledging and supporting children with incarcerated parents are critical to their health and well-being, both now and in the future. Recommendations include the following:

- Address the data gap related to these children and families and ensure that the data is accessible. Beyond the findings from the Vermont Inmate Family Survey Project, the lack ongoing data collection makes it hard to evaluate current practice or make funding recommendations.
 - Support and expand programming underway in Vermont. Implement Kids-A-Part in each correctional facility in Vermont so men can benefit from these services as well.
 - Ensure contact visitation with parents in all Vermont correctional facilities, including older children.
 - Implement proven-effective programs and policies aimed at reducing the trauma experienced by children of incarcerated parents. They are essential to improving the health and wellbeing of this vulnerable population in Vermont. In addition, gender-specific trauma care is needed in the women's facility. Many women have unresolved issues that continue to resurface and impair them and the lives of those around them.
 - Community alternatives to incarceration should be considered in the sentencing of primary caregiver parents of young children. Investment in community sentencing programs, instead of prison based incarceration has been shown to reduce recidivism and increase family preservation. These alternatives include house arrest, treatment centers and half-way houses where mothers and children live together, and day programs in which mothers attend programs in a correctional institution during the day but are permitted to return home at night.³⁴
- Increase financial and other support to Kinship Care providers, as this keeps children with their extended family and is generally a favorable option to placement in foster care.
 - Given the hurdles children and caregivers face, promote protective factors that serve to buffer the child from risk and stress and lead to coping and good adjustment in the face of adversity. Consider implementing a Strengthening Families model in Vermont correctional facilities.
 - Establish inter-agency efforts to assess the impact law enforcement and criminal justice policies have on children and families of those in prison.

Sources:

- ¹ Bouchet, S. *Children and Families with Incarcerated Parents*, The Annie E. Casey Foundation, 2008.
- ² Glesner, T., *Addressing the Needs of Children of Incarcerated Parents*, James M. Jeffords Center, 2012.
- ³ The Vermont Inmate Family Survey Project, 2013.
- ⁴ Christian, S., *Children of Incarcerated Parents*, National Conference of State Legislatures, 2009.
- ⁵ Bouchet.
- ⁶ Glesner.
- ⁷ National Human Services Assembly, *Supporting Families with Incarcerated Parents*, Family Strengthening Policy Center, 2005.
- ⁸ Ibid.
- ⁹ Christian.
- ¹⁰ Travis, J., Cincotta, E.M., and Solomon, A. *Families Left Behind: The Hidden Cost of Incarceration and Reentry*, The Urban Institute, 2003.

¹¹ Middlebrooks J, Audage, N. *The Effects of Childhood Stress on Health Across the Lifespan*, US Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.

¹² National Resource Center on Children and Families of the Incarcerated, *Children and Families of the Incarcerated Fact Sheet*, Rutgers University, 2012.

¹³ Turney, K. *Stress Proliferation across Generations? Examining the Relationship between Parent Incarceration and Childhood Health*, Journal of Health and Social Behavior, 2014.

¹⁴ Christian.

¹⁵ Phillips, S. "Programming for Children of Female Offenders." Washington, DC: 4th National Headstart Research Conference, 1998.

¹⁶ Christian.

¹⁷ Middlebrooks, et al.

¹⁸ Turney.

¹⁹ Christian.

²⁰ Vermont Inmate Family Survey Project, 2013.

²¹ Millette, C, Godsay, S, and Nopper, K. *Children of Incarcerated Parents*, Vermont Legislative Research Shop, University of Vermont, 2008.

²² Vermont Inmate Family Survey Project, 2013.

²³ Millette, et. al.

²⁴ Parke, R. and Clarke-Steward, K. *Effects of Parental Incarceration on Young Children*, University of California, 2001.

²⁵ Hairston, C. *Kinship Care When Parents are Incarcerated: What We Know, What We Can Do*. Annie E. Casey Foundation, 2007.

²⁶ Christian.

²⁷ Vermont Inmate Family Survey Project, 2013.

²⁸ Child Protection Best Practice Bulletin, *Connecting Children with Incarcerated Parents*, New Mexico Children's Court Improvement Commission.

²⁹ Ibid.

³⁰ Parke, et al.

³¹ Middlebrooks, et al.

³² <http://www.sfcipp.org/rights.html>

³³ <http://www.doc.wa.gov/family/services.asp>

³⁴ Parke, et al.

About These Policy Briefs:

This is one in a series of policy briefs designed to focus our collective attention on issues that affect our young children and families. These briefs, as well as an annual *How Are Vermont's Young Children?* report are part of an initiative by Building Bright Futures State Advisory Council, connected to the Vermont Early Childhood Framework recently unveiled at Governor Shumlin's Early Childhood Summit in 2013. For more information, call Building Bright Futures at 802-876-5010 or find out more on line: www.buildingbrightfutures.org)

About Project LAUNCH:

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Vermont Department of Health (VDH) received a five-year SAMHSA Project LAUNCH grant in 2012. Project LAUNCH is being piloted in Chittenden County and is grounded in a comprehensive view of health that addresses the physical, emotional, social, cognitive and behavioral aspects of well-being. Building Bright Futures State Advisory Council, Inc. serves as the grantee of VDH for Project LAUNCH implementation.

About the Author:

Traci Sawyers holds a M.A. in public policy from Tufts University and has 25 years experience in child and family policy, maternal/child health and behavioral health. In these areas, she has been a writer, lobbyist, researcher, planner, program administrator, consultant, facilitator, grant writer/administrator, elected official, and organizational director. She is currently the Early Childhood Health Policy Expert for Building Bright Futures and Vermont's Project LAUNCH initiative.

