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Research on the Caretaking of Children of Incarcerated Parents: Findings and Their Service Delivery Implications

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Abstract

This paper reviews research findings on caretaking-related problems associated with the absence of parents from the home following incarceration. It focuses on the impact of incarceration on the welfare and adjustment of urban African American children and on the assumption of caretaking responsibilities by other caretakers, principally maternal grandmothers. Noting the complex situational difficulties involved and the potential burdens associated with surrogate parenting in general, and with this population in particular, the service-provider implications of this parenting arrangement are considered in this review. Findings indicate that problems associated with incarceration of parents tend to be intergenerational and vary considerably in complexity and severity. To the extent that they impact the children involved, these issues should be addressed in coordinated service delivery focusing on prevention.

Keywords

Vulnerable Youth; African American; Surrogate Parenting; Incarcerated Parents

The present paper examines research findings regarding the impact of parents' incarceration on urban African American children. Focusing on the incarceration of mothers because their children are less likely to be cared for by their fathers during their incarceration (Mumola, 2000), the paper explores the phenomenon of surrogate caregiving by grandparents including its strengths and weaknesses, along with service-delivery considerations that address intergenerational parenting-related problems within this vulnerable population. The report was prompted by an examination of study results involving incarcerated substance-abusing mothers and their children revealing that the female serving as the mother figure for the longest period of time in the lives of children was often the grandmother, who in many instances was functioning as the primary caregiver during the birth mother's incarceration. Research findings on this issue not only have relevance to the intergenerational transmission of vulnerability to the development of a deviant lifestyle, but also have important service-provider implications with respect to strengthening the integration of the family, promoting the use of readily available community resources, and ultimately, protecting the welfare and safety of children of incarcerated parents.

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Research Findings

Vulnerability of Children of Incarcerated Mothers

According to Beck (2000), between 1990 and 1999 there was a substantial increase in the US prison population, with the incarceration rate for men and women having increased 60% and 84%, respectively, due, in part, to mandatory sentencing guidelines which led to prison population growth through a combination of decreasing release rates and increasing lengths of sentences. Dally (2002) considered the relatively greater increase and repetitive nature of incarceration of female offenders to be largely the result of adherence to these more stringent sentencing guidelines in “get tough” policies associated with drug-related crimes, along with the disregarding of gender in sentencing policy considerations (e.g., leniency in cases involving primary child-rearing responsibilities). An unsurprising consequence of this tendency was a substantial increase in the number of children having a parent in prison. For example, in 1991, prior to the initiation of such a policy, an estimated half-million children had a parent in prison; however, by 2000, the number had skyrocketed to an estimated 1.5 million children having a parent in prison (Mumola, 2001;2002).

Although empirical research on the effects of the incarceration of mothers on their children is limited, it is generally recognized that such children are likely to experience depression, aggressive and other antisocial behavior, school failure, and difficulty reuniting with their mothers (Bloom & Steinhart, 1993;Katz, 1998;Sack, Siedler, & Thomas, 1976). In her study of 44 inmate mothers in a Montana prison, Dalley (2002) noted that although the majority of the women would eventually be reunited with their children following incarceration, many would likely be unsuccessful in living crime- and drug-free lives in the community or in maintaining stable relationships with the children because of the formidable challenges associated with reintegrating into free society. Dalley’s study speaks to the high recidivism rates among newly released substance-abusing mothers who fail to overcome these challenges and the likelihood of the subsequent development of an intergenerational cycle of incarceration.

In assessing the effects of incarceration, Dalley pointed out the importance of distinguishing between the children’s pre- and post-imprisonment problems and the need to consider the level of the mothers’ parenting skills prior to their incarceration, as well as changes in the quality and consistency of caregiving responsibilities occasioned by the incarceration. Regarding the latter, some of the children examined in Dalley’s study experienced an average of three changes in caregivers during their lifetime, and thus were faced with adjusting to multiple homes, parenting styles, and school placements, which are problematic circumstances frequently associated with maternal imprisonment.

Consistent with the nature of the intergenerational cycle of incarceration, research has shown that children whose lives are impacted by traumatic family environments (e.g., parental neglect, abuse, and addiction), as well as by the severe disruption associated with the imprisonment of a parent, are disproportionately prone to become delinquent as adolescents or as young adults (Gabel & Johnston, 1996; Johnston, 1995;Widom, 1995,2000). Control and socialization theories consider early adolescence as a period when there are significant struggles between allegiances to family and peers in which the absence of a parent may well shift the balance of these struggles in the favor of antisocial peers (Hirschi, 1969;McLanahan & Bumpass, 1988). Because of their increased vulnerability to the development of deviant activity, these children are particularly in need of preventive interventions.

In an attempt to isolate the impact that a mother’s incarceration has on her children, Kampfner (1995) contrasted children of incarcerated mothers to similar high-risk children whose mothers were absent from the home but were not incarcerated. Significant adjustment differences were found between the groups. The children of incarcerated mothers reported long-term recall of

trauma due to the separation resulting from maternal incarceration and experienced an absence of emotional rapport with their new caregivers. A number of these children exhibited symptoms of post-traumatic stress disorder, including depression, feelings of anger and guilt, and disturbing flashbacks related to their mothers' departure.

Recent findings based on the reports of substance-abusing mothers, nearly half of whom were African American, on the circumstances and experiences of 4,084 children (Connors et al., 2003) suggest that such children are subject to a high level of risk and increased vulnerability for physical, academic, and social/emotional problems and that those children affected by maternal addiction are particularly likely to be in need of long-term support services. These findings are consistent with the general agreement in the literature that incarceration of a parent is harmful to the psychological and social development, as well as financial security, of a child, and a high level of family disruption is typically experienced when the mother is incarcerated. However, it has also been found that in instances in which the incarcerated parent was not the primary caregiver prior to the incarceration, harm ostensibly associated with incarceration may be more supposition than fact as research findings regarding these youth have been largely based on the reports of inmate parents and not the children themselves (Beck, 2000; Bloom & Steinhart, 1993; Katz, 1998; Reed & Reed, 1997; Sack, Siedler, & Thomas, 1976).

Depending on the prior degree of parental attachment and dependence, the incarceration of a parent may represent a separation that has a particularly adverse effect on a child's sense of security and trust (Hairston, 2003). There is also general agreement in the literature that a child's continuity of care and sense of security are likely to be disrupted more dramatically by a mother's than a father's imprisonment, inasmuch as mothers are more likely to be sole caregivers whereas fathers typically have a spouse or partner providing childcare during their incarceration (Beck, 2000; Beckerman, 1990; Pollock, 1998). However, there are indications that approximately half of the minor children of incarcerated women are being raised in the households of their grandparents (Bloom & Steinhart, 1993; LaPoint, Pickett, & Harris, 1985), a circumstance that is likely to mitigate the negative effects of maternal incarceration. In a study by Hanlon and coworkers (2004b), for example, urban African American adolescents who, along with their mothers, resided in the homes of their grandmothers prior to their mother's incarceration tended to view the grandparents as their primary caregivers. Thus, the incarceration of the mother was likely to represent a less disruptive circumstance in the children's lives.

In their study, Hanlon et al. (2004a) examined the self-reports of the children of 88 substance-abusing African American mothers to determine their characteristics, living arrangements, current behavior, and developmental histories. The study was unique in that the children themselves, as well as their mothers, were interviewed. Because it involved the children of incarcerated mothers with histories of heroin and/or cocaine dependence, it was expected that, given the phenomena of family disruption and family deviance associated with addiction and incarceration, such children would be at high risk for the development of physical and psychosocial problems, including substance abuse.

Residing in economically deprived, crime-ridden neighborhoods, the children targeted in the study had been exposed to multiple risks. Their mothers were both substance abusers and imprisoned, suggesting the existence of both family disruption and related negative environmental influences. Furthermore, in more than half of the cases, there was no father in the home. Yet, according to their self-reports, many of the children were neither significantly maladjusted nor deviant, and in only a few of the cases were the children involved in substantial drug or alcohol abuse. In what appeared to be a logical explanation of these unexpected findings, the data revealed that, in the majority of cases, the incarcerated mothers had not been the primary caregivers of the children prior to incarceration. Instead, early in these children's

lives, another caregiver, typically the maternal grandmother, had taken primary responsibility for their care. For the majority of these children, this parental arrangement was a relatively satisfactory one, with most experiencing a caring and supportive parental relationship. Thus, the potentially problematic adjustment to supervision by a new caregiver was avoided in many of these cases because the children were able to remain in the same household under the care of a familiar, nurturing individual during the mother's incarceration. This frequently experienced circumstance among the urban African American children who participated in the program appeared to have largely accounted for the relative absence of maladjustment and deviance in a large proportion of the sample.

Based on structured questionnaire information provided by 25 incarcerated substance-abusing parents, most of whom were mothers, Smith and coworkers (2004) found similar beneficial effects associated with a lack of disruption in the primary care of children involved in their study. These investigators considered their findings to be consistent with Crumbley and Little's (1997) contention that kinship care can minimize the disruption of the lives of children separated from their parents. One-third of the children in the study experienced continuity in primary caregiving and remained in the same home environment. Fifteen of the incarcerated parents reported that the current caregiver had begun caring for the children prior to their incarceration, the majority stating that this care was continuous rather than intermittent. The largest category of primary caregivers in this study involved maternal grandmothers (15 of 25).

Grandparents as Caregivers

In the past few decades, there has been a dramatic increase in the number of children raised by grandparents. Since 1970, there has also been a similar increase in the number of households headed by grandparents (U.S. Bureau of the Census, 1997). In 1970, 2.2 million, or 3.2% of American youth under 18 years of age lived in a home maintained by a grandparent. By 1998, this figure rose to 4 million, or 6% of this segment of the population (U.S. Bureau of the Census, 1998). For approximately 40% of these youth, neither parent was residing in the home (Casper & Bryson, 1998; Pebley & Rudkin, 1999). It has also been found that African American children are more likely to reside in their grandparents' homes than are White or Hispanic children. In 1992, 4% of White, 6% of Hispanic, and 12% of African American children lived in the homes of their grandparents (Taylor et al., 1997). Finally, the latest available census data (U.S. Bureau of the Census, 2000) revealed that there were over 5 million grandparent households in the nation, with 2.4 million grandparents responsible for the care of children.

The assumption of caretaker responsibilities by grandparents in times of need is an essential feature of a kinship care phenomenon exhibited by African American families that is epitomized in the expression, "It takes a whole village to raise a child," and reflects an interdependence that exists among African American family members, particularly those who are poor, reside in disadvantaged neighborhoods, and/or are in need of extended family or general community support (Burton, 1992; Daly et al., 1995; Gibson, 2002; Stack, 1974). In studying this phenomenon, Burton and Merriwether-deVries (1992) reported on the rewards identified by African American grandparents and great-grandparents in describing their surrogate parenting. These included having another opportunity to raise a child properly, preserving family legacies through the lives of their grandchildren, and enjoying the love and companionship offered by a child. Billingsley (1992) has suggested that the assumption of the major caregiving role by grandparents, which in many instances is necessary for the survival of the family, reflects the resilience and adaptability of African American families.

In her comprehensive description of the caregiver role assumed by African American grandmothers, Gibson (2002) points out that research findings indicate that maternal grandmothers providing care for their grandchildren typically have low education and income levels and no specific preparation for their new role other than their own experience as parents

(Berrick et al., 1994; Dubowitz et al., 1994; LeProhn, 1994; National Commission on Family Care, 1991). Although, according to Gibson, they are pleased that they can “be there for the grandchildren,” some of these grandmothers are nevertheless often reluctant to provide childcare due to the strain of living on scant fixed resources. However, according to Gibson, the majority do so because of a culturally based tradition of kinkeeping, coupled with a commonly experienced morality-based sense of commitment to the family. Another important widely held conviction is that they do not want their grandchildren placed in foster care, which is frequently perceived as being impersonal, culturally insensitive, and/or irreversible (Pebley & Rudkin, 1999). As a rule, however, these grandmothers are reluctant to assume legal custody or guardianship of the children, because this would entail proving that the child’s parents are unfit, an action that has the potential for permanently disrupting the family. Also, adopting the children is an expensive, time-consuming process that most grandparents are unwilling to undertake (Beltran, 2001). Thus, most grandparents raising grandchildren are doing so unofficially and informally.

The above cited research has clearly shown that grandparents, particularly grandmothers, often play an important role in providing surrogate parenting for a large segment of children placed at risk because of the incarceration of a parent. However, it is equally apparent that in most instances this supportive functioning within the framework of the family is not accomplished without the assumption of a significant amount of sacrifice and stress. This is particularly the case for poor urban African American families in disadvantaged neighborhoods in which substance abuse is associated with the incarceration of a parent.

Addressing the Caregiving Needs of Grandmothers

As described above, for a large number of youth in this country whose mothers are incarcerated, typically for drug or drug-related offenses, grandmothers play a crucial role in raising them and providing a semblance of family, home, and security. The intergenerational connectedness underlying this assumption of parental responsibilities is especially apparent in the African American community. Although there are positive aspects to this type of surrogate parenting, service providers should be aware of the attendant stress involved, particularly in low-income families where surrogate parenting may be problematic not only for the caregiver but for the child as well. In the majority of cases, these grandmothers are in need of external support in this inherently demanding endeavor as many are poor and/or infirm and are barely able to care for themselves, yet they are taking on the huge responsibility of raising a second generation of children.

Grandparents often become financially vulnerable when they become primary caregivers for their grandchildren. Typically, they do so without any additional income. Further exacerbating this problem, grandparents who are employed may be forced to quit their jobs, reduce their work hours, and/or exhaust their savings in order to cope with their new caregiving responsibilities (Minkler & Roe, 1993). Bryson and Casper (1999) cite census data showing that 25% of children living in homes maintained by their grandparents live in poverty. Further, 33% of children in homes maintained by their grandparents have no health insurance.

In terms of their health, grandparents raising such children, especially grandmothers, report high rates of depression and/or multiple chronic health problems (Burton, 1992; Dowdell, 1995; Minkler et al., 1997). In one national study (Fuller-Thomsen & Minkler, 2000), 32% of caregiving grandmothers met the clinical criteria for depression, in contrast to 19% of non-caregiving grandmothers. According to the U.S. Census Bureau, grandmothers raising children reported their general state of health as: poor or fair – 33.6%; good – 31.2%; very good – 21.9%; and excellent – 13.3% (Bryson & Casper, 1999). Additionally, caregiving grandmothers experienced significant limitations in activities of daily living (e.g., caring for personal needs, climbing a flight of stairs), with 56% reporting at least one such limitation. These constraints

tend to make it more difficult for caregiving grandmothers to handle the physical demands of child rearing, a circumstance that underlies a commonly experienced concern that grandparents have about adequately controlling the behavior of their grandchildren (Whitley et al., 2001). Compounding these health problems is the documented tendency for caregiving grandmothers to delay or fail to seek help for themselves, particularly with respect to mental health issues that arise due to stress associated with the additional time, energy, and financial resources necessary in the assumption of parenting responsibilities (Burnette, 1999; Shore & Hayslip, 1994). In addition, grandmothers functioning as primary caregivers often report feeling socially isolated, and sometimes alienated, from usual support systems, such as religious and social organizations, because of the overwhelming demands associated with their caregiver responsibilities (Jendrek, 1994). They may also feel shame or guilt about their effectiveness as surrogate parents, because in many instances their own children are the individuals who are either unable or unwilling to function as primary caregivers (Minkler, 1999).

Fortunately, federal, state, and voluntary agencies are recognizing the vulnerability of this population and are developing community services to support and assist them. However, such services have heretofore been limited in breadth and depth, restrictive in eligibility, and frequently inaccessible both culturally and physically to the grandmothers most in need. The challenge to service-providers in this time of shrinking service resources is to provide sufficient services that are relevant, accessible, and less restrictive for this dedicated, though fragile, group of individuals responsible for raising a large segment of the next generation of adults.

Dressel and Barnhill (1994) note that although many of the grandparents serving as caregivers are reluctant to seek formal support services from agencies and organizations because of the parent's incarceration, both formal and informal interactions of these grandparents with other caregiver grandparents in similar situations have been found to be helpful. This sharing of problems tends to be therapeutic in that it allows a comparison of their situations with those of others in similar circumstances, thereby leading to the adoption of a more positive perspective (Kessler et al., 1985).

On the basis of findings in the literature, as well as information obtained in her research on kinship care among African American families, Gibson (2003) makes two recommendations for service delivery policy and practices that are especially relevant to African American grandmothers providing kinship care that are consistent with current trends. The first is that the foster care system in general needs to increase its sensitivity and improve its practices with regard to this particular group, including a more active recruitment of foster care parents from the African American community and more proactive involvement in kinship care arrangements. The second involves the provision of culturally congruent services that recognize the important role religion and spirituality play in the lives of most African American families. Fortunately, spurred by recent national incentives, there has been a burgeoning development of faith-based service delivery approaches. Such approaches are especially appropriate for both reaching out and engaging needy African American families in both preventive and remedial programs that are conducted under non-threatening circumstances and in familiar settings in which many African Americans already have a lifelong interest and commitment.

In summary, although the assumption of caregiving responsibilities by grandmothers provides many positive benefits to grandchildren while their mothers are incarcerated, the social and economic consequences of such undertakings can take a heavy toll on the grandmothers' health and financial well-being. Unfortunately, community services have heretofore been limited in breadth and depth, restrictive in eligibility, and frequently inaccessible both culturally and physically to the grandmothers most in need. As such, federal, state, and voluntary agencies committed to serving the needs of these individuals must tailor their support services making

them more appropriate, accessible, and less restrictive, possibly through the development of education programs aimed to increase knowledge of and best methods to access and obtain needed community services.

Addressing the Caregiving Needs of Incarcerated Mothers

With regard to the caregiving experience of the incarcerated substance-abusing mothers themselves, assessments of such mothers in the Hanlon et al. study (2004a) revealed that, given the adverse circumstances associated with their early development and the negative circumstances surrounding their drug abuse and subsequent incarceration, most of the mothers had difficulty fulfilling primary caregiver responsibilities and thus had developed a general sense of inadequacy/incompetence in their past parenting performance. Although they tended to recognize their deficiencies as parents, almost all of the mothers (97%) expressed a desire to maintain parental ties to the children, typically lacking a realistic perception of the difficulties they would face integrating into the family because of their past behavior and because many of the children were not unhappy with their current caregiver arrangement.

However, whenever possible, an attempt should be made to preserve mother/child attachments by maintaining family bonds during the mother's incarceration. Smith and coworkers (2004) argue that visits between incarcerated parents and their children can be mutually beneficial, citing the findings of Young and Smith (2000) that family contact is a critical experience that influences both inmate behavior and post-incarceration adjustment. They further note that facilitating family relationships and encouraging parent-child contacts during the period of incarceration are especially important for addicted parents in recovery from alcohol and drug abuse, which includes a large segment of the inmate population.

Several major challenges face such mothers on their release from prison. In addition to the need of many of the mothers for employment, foremost among these challenges is the need to avoid substance abuse involvement that characterized their behavior in the past. The first priority in assisting these mothers should involve the provision of substance abuse treatment services that highlight the incompatibility of substance abuse and a constructive lifestyle, including successful parenting. In addition, the mothers should be provided assistance in developing their parenting skills, re-establishing appropriate parent/child relationships with their children, and addressing unique child and family characteristics having a direct bearing on successful transitioning of the mother into the primary caregiver role. With regard to the reintegration of mothers into the family, Porterfield and coworkers (2000) point out that the mother, the current grandparent caregiver, and the children all have transitional issues that should be addressed in individual and/or family counseling prior to and following the mother's release from prison. For many of the mothers, there is a need to develop a realistic perception of the difficulties they are likely to face in assuming the primary parenting role because of a lack of experience in this role, the negativity associated with their past behavior, and the fact that their children have often become accustomed to their current custodial arrangements. This would seem especially important in cases involving an extended absence from the home and in cases in which the mother's prior parental functioning had been either nonexistent or only marginally effective.

Addressing the Needs of the Children

As Hairston (1999) has noted, the incarceration of an African American parent represents a unique challenge to agencies concerned with the welfare of children. In her examination of kinship care in such instances, Hairston regards the practice of child welfare agencies as frequently being unresponsive, irrelevant, and/or ineffective. To ensure timely, comprehensive, and maximally effective service delivery, she recommends that the child welfare system engage in a collaborative arrangement with the criminal justice system to develop a common database

that provides an accurate, readily accessible account of the number and composition of child-rearing families directly impacted by the incarceration of a parent. She argues persuasively not only for a systematic identification of families in need but also for a long-term assessment of the adjustment of the children, particularly those who reside in environmentally challenged households in which caregiving is provided by a family member other than the parent. In such instances, an intergenerational approach to remediation within the family context is generally warranted. Casework is seen as a comprehensive process involving the child, current caregiver, and the incarcerated parent that examines the input and well-being of all concerned and addresses a myriad of current interaction and reunification issues facing the family. This process represents adherence to a strengthening the family approach that is more appropriate than an individual client approach to what is essentially a multigenerational problem. Underlying the feasibility of the process is the formal recognition of kinship care as a practical and potentially effective child welfare strategy for providing care and protection for at-risk children in large urban areas.

As noted earlier, children who experience both parental imprisonment and traumatic childhood events (i.e., physical and sexual abuse, neglect, parental separation, parental addiction) are more likely than their peers to engage in delinquent activities as adolescents and to be incarcerated during their lifetimes (Dalley, 2002; Johnston, 1995; Kampfner, 1995; Myers et al., 1999; Phillips & Haarm, 1997; Reed & Reed, 1997; US Senate Report, 2000). These traumatic childhood events have both short and long term consequences on the well-being of children and increase the likelihood of an intergenerational cycle of incarceration (Dalley, 2002; Greene, Haney, & Hurtado, 2000). Exposure to such events may disrupt critical areas of development related to attachment, self-control, and moral and social judgments (Dalley, 2002; Eddy, 2003; Johnston, 1995; Wolfe, 1987; Wolfe & Jaffe, 1991). In lieu of these behavioral controls, such youth may develop maladaptive beliefs, judgments, and behaviors using aggression as a means to resolve problems and repeating many of the negative behaviors exhibited by their parents, which may ultimately lead to their involvement in delinquent activities and subsequent incarceration (Dalley, 2002; Eddy, 2003; Gabel & Johnston, 1996; Greene, Haney, & Hurtado, 2000). With that said, however, it is important, as suggested earlier by the findings of Hanlon et al. (2004b), Smith et al. (2004), and Crumbley and Little (1997), to distinguish between those children of incarcerated parents who may be at higher risk for involvement in delinquent activities as a result of overt deviance within the family, early deprivation, and/or poor parental supervision and those children who may be at lower risk because they were less exposed to negative developmental influences. As such, an important step in meeting the service needs of these types of children may be to conduct an initial assessment to distinguish between higher and lower risk children based on these early experiences and current behavioral dispositions. This suggested approach underscores the importance of the intent of the Adoption and Safe Families Act of 1997, legislation which has been instrumental in the widespread provision of support services to ensure the safety and well-being of at-risk children.

Adoption and Safe Families Act

The Adoption and Safe Families Act (ASFA) of 1997 was designed to improve the safety of children by removing them from homes characterized by abuse and neglect, promote adoption, secure permanent home placement, and stabilize at-risk families (Lee, Genty, & Laver, 2005). The legislation was enacted by Congress in response to growing dissatisfaction with the practice by some state child welfare agencies to allow children to remain in, or return to, unsafe homes (resulting from a misinterpretation of federal law to undertake “reasonable efforts” to preserve and reunify families), and as a means of reducing the number of children in temporary foster care (Christian, 1999; US House of Representatives, 1998). The law requires that states initiate proceedings terminating parental rights of parents whose children

have been in foster care for 15 of the preceding 22 months, or if a court has determined that a child is an abandoned infant (Hagan & Coleman, 2001).

Although, designed to clarify the *reasonable efforts* requirement and to make it easier for states to move children from foster care to permanent adoptive homes, thereby reducing the overall time spent in foster care and the transferring of children from one foster care home to another, concerns have arisen as to whether the law unduly affects incarcerated parents and their children. These concerns emanate from research findings indicating that many incarcerated parents are sentenced to prison terms longer than two years, increasing the likelihood that state proceedings would be initiated to terminate their parental rights (Lee, Genty, & Laver, 2005). Findings from a study undertaken by the Child Welfare League of America (Lee, Genty, & Laver, 2005) indicate that between 1997 and 2002, following enactment of ASFA, there was a significant increase in the number of terminations of parental rights cases involving incarcerated parents. More specifically, terminations of the parental rights of incarcerated parents were granted 91.4% of the time if they involved incarcerated fathers; 92.9% of the time if they involved incarcerated mothers; 100% of the time if they involved both incarcerated fathers and mothers; and 81.5% of the time if the cases involved parents incarcerated for drug-related offenses (Lee, Genty, & Laver, 2005). In view of these findings and the results of other studies indicating the importance of the reunification of parents, family, and children following incarceration (Smith et al., 2004; Young and Smith, 2000), amending the ASFA to address these concerns appears to be warranted.

Shared Objectives of Research and Service

Mentoring Programs

Recognizing the need to provide adolescent children with positive adult role models during a parent's incarceration, as well as to support current caregivers (usually grandmothers), recent prevention service delivery emphasis has focused on mentoring as a stabilizing influence for such children by providing them access to other concerned adults who possess the time, motivation, and energy to devote to their development during the critical years of adolescence. Although requiring a considerable investment of outside resources, implementation of culturally sensitive mentoring interventions have been found to be particularly appropriate for children of incarcerated parents who have generally experienced multiple developmental risks and are at high risk of engaging in delinquent behaviors (Johnston, 2005). In addition to positive testimonials from mentors and mentees, empirical evidence on the success of mentoring approaches for youth has been steadily accumulating (DuBois, Holloway, Valentine, & Cooper, 2002; Johnston, 1995; Johnston, 2005). Findings regarding the positive benefits of mentoring include improvement in academic performance, social behavior and communication, peer relationships, and decision-making skills (Grossman & Garry, 1997; Sipe, 1996). Among African American youth, in particular, evidence to-date has indicated that mentoring has been effective in improving school-related performance and reducing drug abuse (Sherman et al., 1997). In agreement with these observations, Turner (1995) points out that several investigators, including Rutter (1980; Rutter (1987) and Werner (1989), have concluded that having a close, positive relationship with an adult caregiver may be the single and most important family protective factor for young children and adolescents. Citing Wolin and Wolin (1993), Turner further notes that the benefits of a positive relationship are not necessarily limited to a primary caregiver but may involve a friend or other significant adult individual. Finally, as suggested by Johnston (2005), mentoring works best when the quality of the relationship with the mentee and the building of trust are principal concerns, as opposed to those focusing primarily on behavioral changes or goal setting.

Intergenerational Family Services

In addition to preventive intervention services for children, such as mentoring programs, to the extent necessary and feasible, the provision of services to families affected by the incarceration of a parent should be intergenerational and aimed at strengthening the family, taking into consideration the causes and effects of the incarceration with respect to the parents themselves, and their children, as well as those individuals assuming caregiving responsibilities for their children, particularly grandparents. In this process, both research and service attention should be focused on disruptive influences within the family and on the situational difficulties and environmental disadvantages encountered that are either related to, or exacerbated by, the incarceration. For urban African American families, the mobilization of community resources and supports in this process would appear especially advantageous. For those incarcerated parents expressing interest, family-based services provided immediately prior to and after release from prison would ideally involve an opportunity to participate in a parenting skills program and, where indicated and feasible, reunification within the family in a renewed parenting capacity. Besides deserving consideration in their own right, the multiple needs of the grandparents during the incarceration of parents should be examined from the standpoint of their potential impact on their functioning as effective caregivers. With regard to the delivery of preventive and/or treatment services to the children, both the types and severity of the problems experienced are likely to be differentially related to the demographic features of the children (including gender, age, and duration of the separation of the parent), their characteristic behavioral predispositions, the child-parent relationships that had existed prior to the parent's incarceration, the characteristics and functioning of their family, and their current adjustment and living arrangements. In any given case, all of these potential impact areas need to be considered in a comprehensive needs assessment. Although not easily accomplished, long-term prevention-oriented follow-up assessments of the adjustment of such children also appear desirable.

Faith-Based Services—As noted earlier, support services for African American family members affected by incarceration, particularly grandparents, should involve the provision of culturally congruent services for both research and services purposes that recognize the important role religion and spirituality play in the lives of most African American families. The mobilization of formalized faith-based services addressing the need of vulnerable and disadvantaged families affected by the incarceration of a parent should take advantage of resources within the community already concerned with community-based kinship care efforts. Resorting to the support of faith-based approaches is not new to the African American community. Comprehensive services are routinely offered through the various ministries of more affluent urban African American churches, including the provision of social support and case management services by church-affiliated prison ministries specifically targeting incarcerated individuals and their families. Such programs represent an already established mechanism for the enhancement of remedial efforts aimed at African American community members at risk. Providing a vital link between the prison and free-society, these programs are particularly suitable for fostering stability and connectedness within the family and facilitating the reintegration of newly released individuals within the family and community. They are also uniquely able to provide a steady source of responsible and committed African American adults as mentors for children placed at risk because of the potentially disruptive effect of the incarceration of a parent. All of these features of faith-based approaches bear examination in the continuing search for effective remedial intergenerational programs that are especially appropriate for the families of this vulnerable population.

Incarceration Alternatives—As initially discussed, female incarceration rates have increased dramatically since 1990, along with the number of children with a parent in prison during this time period. And, as also has been discussed, such children are at high risk for a

variety of potentially serious physical and mental health problems (Bloom & Steinhart, 1993;Katz, 1998;Sack, Siedler, & Thomas, 1976). Although controlled research comparisons have not been undertaken, preliminary research appears to indicate that in certain cases, these children may fare better if their mothers served their sentences in the community as opposed to being sent away to jail or prison. Community-based programs that have traditionally served as alternatives to incarceration include house arrest, half-way houses, day programs, and prison-based nurseries, which allow mothers and children to stay together (Dalley, 2002). As reported by Devine (1997), based on data obtained from 24 community-based programs for mothers and children in 14 states, these programs have been shown to be cost effective, reduce rates of recidivism, and strengthen relationships between parent and child. Unfortunately, despite their seeming effectiveness, such programs are available only to a small number of female inmates (Dalley, 2002; Devine, 1997), although state and federal support to increase such programs appear to be warranted. Given the various custodial and intervention options that are being considered, it will be important to undertake systematic examinations of their comparative effectiveness in terms of the subsequent adjustment of both children and their families.

Summary and Conclusions

Findings from this review of the literature, on the caretaking of children of incarcerated parents, indicate that the problems associated parental incarceration tend to be intergenerational and vary considerably in complexity and severity for both youth and their families. An unsurprising consequence of parental incarceration has been increased vulnerability to the development of deviant activity among children with a parent in prison, as compared to similar high-risk children without an incarcerated parent.

Although children of incarcerated parents are generally at increased risk for involvement in deviant activities, considerable variation exists among them in terms of level of risk for involvement in such activities. Some children may be at higher risk as a result of both parental incarceration and traumatic childhood events while others may be at lower risk because they were less exposed to negative developmental experiences. As such, important steps in meeting the service needs of these types of children would be to conduct comprehensive assessments to distinguish between relatively higher- and lower-risk children, to determine the extent to which negative experiences associated with the imprisonment of a parent impacted them, and to implement service delivery prevention strategies specifically designed to meet their needs and prepare them for the future.

All of the shared objectives of research and service presented above focus on strengthening the integration of the family, promoting the use of readily available community resources, and ultimately, protecting the welfare and safety of the children involved in this complex web of circumstances that have placed them at risk. In this effort, research and service should go hand-in-hand, ensuring validation of the efficacy of service delivery and informing future policy recommendations regarding support services for youth and families impacted by the incarceration of a parent.

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