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The health impact on children affected by parental imprisonment

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Title: **The health impact on children affected by parental imprisonment**

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The health impact on children affected by parental imprisonment

Introduction

A number of studies¹ have highlighted the devastating impact of parental imprisonment on children. As well as a significant sense of loss, many children experience stigma, social isolation, shame, and fear.² Parental imprisonment can have a negative impact on children's short-term emotional wellbeing as well as their long-term health and social prospects.³ Separation from a mother is particularly traumatic, and children affected by the imprisonment of a primary carer, usually a mother, often face greater disruption as it is more likely to involve other changes (e.g. carer, home and school).⁴ Children with imprisoned mothers often reside with grandparents who may also need practical and financial support.⁵

Despite the adversities they face, children affected by imprisonment are rarely recognised as a distinct group within the systems and structures that should protect them, and no government agency is responsible for their wellbeing.⁶ Whilst no systematic recording and monitoring system is in place, a 2019 report estimates that around 312,000 children are affected annually by parental imprisonment in England and Wales.⁷

Parental imprisonment is an ACE

The imprisonment of a household member is one of the ten Adverse Childhood Experiences (ACEs) known to have a significant impact on long-term health and wellbeing.⁸ Further, the imprisonment of a household member is associated with a fivefold increase in exposure to other ACEs.⁹ The more ACEs a child suffers, the more likely this is to impact negatively on outcomes in terms of health, school attainment, and later life experiences. Recent research has highlighted that those with a higher exposure to ACEs are more likely to go on to develop health-harming and anti-social behaviours such as binge drinking, smoking, and drug use.¹⁰ These poor health and social behaviour choices can lead to a more rapid development of diseases such as diabetes, cancer, cardiovascular disease, and mental illness.¹¹

The impact on health

A major pan-European study (COPING) investigated the mental health needs of children affected by parental imprisonment and children's resilience and coping strategies.¹² With an explicitly child-centred approach, the COPING study concluded that these children are at a significantly greater risk of suffering mental health difficulties than children who do not have parents in prison. Children with a parent in prison may experience low self-esteem, depression, disturbed sleeping patterns and symptoms of post-traumatic stress.¹³

A significant number of UK children in the COPING study needed to access counselling or other kinds of support outside the family. However, while a range of services and interventions exist, these are not often targeted towards the needs of children of prisoners; services are patchy, uncoordinated, and accessible by only a relatively small number of children. Many children of prisoners do not have enough support and often do not speak about what they have experienced, which may explain why they are more likely to experience mental health problems than other children.¹⁴

An American study showed that children of incarcerated parents are a vulnerable population who experience disadvantages across an array of health outcomes, including learning disabilities,

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3 attention deficit disorder and attention deficit hyperactivity disorder, developmental delays, speech
4 or language problems, as well as a higher rate of physical health conditions such as asthma and
5 obesity.¹⁵ These effects are more pronounced for children with an imprisoned parents than for
6 children who experience parental divorce or death.¹⁶ A recent Dutch study suggests a link between
7 parental imprisonment and premature death.¹⁷
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10 **What can health professionals do?**

11 Families affected by imprisonment are often reluctant to access support from outside agencies.¹⁸
12 This may be due to shame and stigma, a lack of knowledge of what support is available, or a mistrust
13 of statutory services. Health professionals who have an established relationship with families can be
14 a gateway to further support and can ensure that staff are aware of, and trained in how to recognise
15 and deal with, issues around imprisonment.¹⁹ Health professionals are well placed to build positive
16 relationships actively with families affected by imprisonment and help carers to access additional
17 forms of support. They can ensure families are aware of the full range of services available to them,
18 including those that support families affected by substance misuse, domestic abuse, or physical or
19 mental health problems and can encourage family members to engage with other agencies in the
20 community.
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26 **Seeing the potential in every child**

27 Some studies suggest that children of prisoners are more likely to end up in the criminal justice
28 system as adults²⁰ or be involved in anti-social behaviour²¹. What is crucial to understand, however,
29 is that criminality is not an infection that can be passed on; rather it is the grief experienced by
30 children, compounded by trauma, stigma, and practical implications such as loss of income or
31 housing which can lead to disengagement from school and a mistrust of authority. This in turn
32 increases the potential to be involved in at-risk behaviour. In other words, it is not the imprisonment
33 of the parent in and of itself, but the response to the imprisonment (social isolation and a sense of
34 shame in addition to trauma) that increases the risk factor.
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39 Paediatricians who have positive relationships with children and their families can help children by
40 seeing the potential they have, rather than the problems they face. As [this video](#)²² demonstrates, if
41 children and young people are given a vision of hope, and feel that they have potential to change, it
42 can make all the difference. Having a parent in prison is one of life's most challenging experiences,
43 but it does not have to define a child's life. Paediatricians and health professionals are key to helping
44 each child realise their potential.
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51 ¹ Condry, R. and Scharff Smith, P. (Ed.) (2018) *Prisons, Punishment, and the Family: Towards a New Sociology of*
52 *Punishment?* Oxford University Press

53 ² childrenofprisoners.eu/the-issues/

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Title Page

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Introduction

Scotland, England, and Wales have the highest imprisonment rates in western Europe.¹ A number of studies² have highlighted the devastating impact of parental imprisonment on children. As well as a significant sense of loss, many children experience stigma, social isolation, shame, and fear.³ This underlines the need to use non-custodial measures wherever possible to reduce the disruption and trauma of a parent's imprisonment.⁴ Parental imprisonment can have a negative impact on children's short-term emotional wellbeing as well as their long-term health and social prospects.⁵ Women, who are more likely to be primary carers, tend to receive short sentences for non-violent crimes without consideration of the impact on their children.⁶ Separation from a mother is particularly traumatic, and children affected often face greater disruption as it is more likely to involve other changes (e.g. carer, home and school).⁷ Children with imprisoned mothers often reside with grandparents who may also need practical and financial support.⁸

Despite the adversities they face, children affected by imprisonment are rarely recognised as a distinct group within the systems and structures that should protect them, and no government agency is responsible for their wellbeing.⁹ Whilst no systematic recording and monitoring system is in place, a 2019 report estimates that around 312,000 children are affected annually by parental imprisonment in England and Wales.¹⁰

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A major pan-European study (COPING) investigated the mental health needs of children affected by parental imprisonment and children's resilience and coping strategies.¹⁵ With an explicitly child-centred approach, the COPING study concluded that these children are at a significantly greater risk of suffering mental health difficulties than children who do not have parents in prison. Children with a parent in prison may experience low self-esteem, depression, disturbed sleeping patterns and symptoms of post-traumatic stress.¹⁶ In a North American study, separation from a parent through imprisonment was found to be more detrimental to a child's well-being than divorce or the death of a parent.¹⁷

A significant number of UK children in the COPING study needed to access counselling or other kinds of support outside the family. However, while a range of services and interventions exist, these are not often targeted towards the needs of children of prisoners; services are patchy, uncoordinated,

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45 Primary health teams, with positive relationships with children and their families, can help children
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49 but it does not have to define a child's life. Primary health care professionals are key to helping each
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