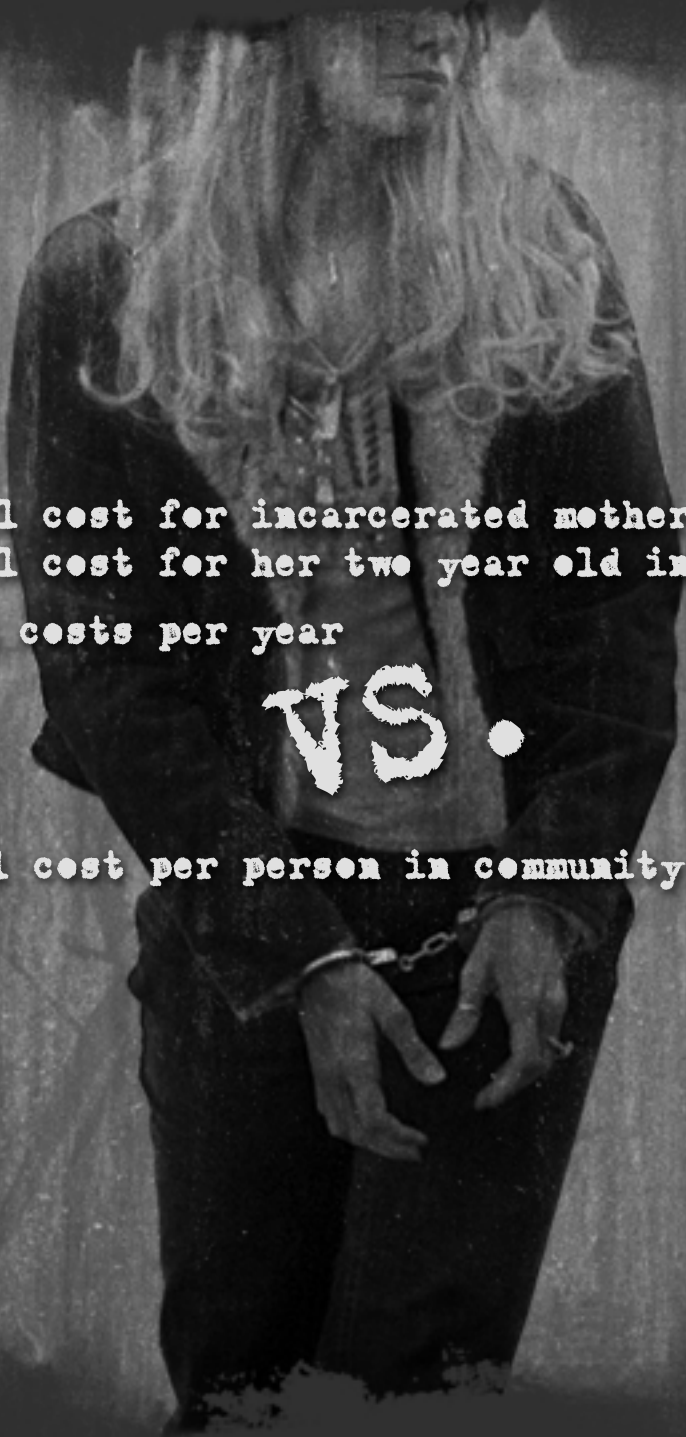


The Real Costs of Incarcerating Mothers in 2008



\$18,936 Annual cost for incarcerated mother for drug offense
+\$4,380 Annual cost for her two year old in foster care
\$23,316 Total costs per year

VS.

\$5,000 Annual cost per person in community drug court

Study of Incarcerated Women and Their Children
Dr. Susan Sharp
Oklahoma Commission on Children & Youth
March 24, 2008



OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

March 24, 2008

The Oklahoma Commission on Children and Youth (OCCY) is excited to release the latest report on the Study of Incarcerated Women and Their Children. The report was completed by Dr. Susan Sharp, Professor of Sociology of the University of Oklahoma. The study reflects Dr. Sharp's work and collaboration with the Commission on Children and Youth over a four-year period.

Senate Joint Resolution Forty-Eight passed in 2004, directed the Oklahoma Commission on Children and Youth to take the lead and work with the Departments of Mental Health and Substance Abuse Services, Human Services and Corrections, to study the living conditions of children of incarcerated women and make reports with recommendations that would help break the destructive cycles and restore the opportunities for the children to live health and productive lives. We have included the financial costs associated with incarcerating mothers and, as this report reflects, the other costs speak for themselves.

Significant findings include:

- ✓ The number of incarcerated women has grown from 2,254 in September 2005 to 2,614 in August 2007. DOC reports as of February 2008, the number had increased to 2,653.
- ✓ The number of incarcerated females without a high school education has increased by 26.8% from the previous 2005 study.
- ✓ Approximately 50% of the female offenders were incarcerated for drug offenses. This reflects a steady trend from the 2005 data.
- ✓ Approximately 37.9% of the children were reported to be living with their fathers while their mothers are incarcerated. This percentage has almost doubled since the 2005 data.
- ✓ Eighty-nine percent of the women reported experiencing physical and/or sexual abuse either during childhood or as an adult.
- ✓ The study found a reduction in the number of children who were residing with a parent or step-parent who had perpetrated physical child abuse on the mother. In 2005, thirty-four mothers reported their children were placed with a parent/step-parent who had been physically abusive to the mother in contrast to 2007 where sixteen women reported having a child living with a parent/step-parent who had perpetrated physical abuse on them.
- ✓ Twenty-three percent of the women were incarcerated as a direct result of a probation or parole violation or drug court failure rather than being directly sentenced to prison.

Respectfully,

Lisa Smith
Assistant Director

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Description of the Study

On August 31, 2007, Oklahoma's female prison population was 2,614 (Oklahoma Department of Corrections) prisoners - up from 2,253 prisoners in September, 2005. The state remains first in per capita incarceration of females (127 per 100,000 female residents). In comparison, the national incarceration rate is 65 per 100,000 female residents (Harrison and Beck, 2006), with Oklahoma almost doubling the national average for incarcerating women. It is noteworthy that nationally, the incarceration rate of women is itself significantly higher than even ten years ago and still increasing (Harrison and Beck, 2006).

As we found in 2004-2005, the majority of incarcerated women are mothers, and the majority of those with minor children lived with their children prior to incarceration. Thus, it is important to examine the effects of incarcerating mothers on their children and on the mothers themselves.

The current study was conducted in two phases. The first phase consisted of a survey of women incarcerated in the Department of Corrections system. We administered a survey

to 234 women containing questions on demographics, criminal record, and information about families such as contact with children, placement of children, and problems the children might be experiencing. Subjects were drawn from four facilities: Kate Barnard Community Correctional Center (KBCCC) (n=9, 3.8%), Hillside Community Correctional Center (HCCC) (n=31, 13.2%), Dr. Eddie Warrior Correctional Center (EWCC) (n=102, 43.6%), and Mabel Bassett Correctional Center (MBCC) (n=92, 39.3%). A random sample was drawn by the

Department of Corrections to get a representative number of prisoners from each level of incarceration, stratified by race and time in prison. The response rate was slightly over 50%. The original sample consisted of 500 women. However, due to releases, transfer, and SHU custody, the available sample was less. Almost half of the women who were offered the opportunity to participate declined or were unavailable. Additionally, the majority of the women at KBCCC followed the lead of one prisoner who stated that she did not want the Department of Corrections to know her business, leaving before we had even explained the study.

The prisoners were ad-

ministered a survey containing questions on demographics, criminal record, and information about families such as contact with children, placement of children, and problems with children. Additionally, the women were asked in-depth questions about their own life experiences, including past mental health issues, substance abuse issues, and questions designed to measure self-esteem, self-efficacy, and current levels of depression. The women participating in the survey were asked if they would be willing for us to contact their children's caregivers for a follow-up study. Those who chose to do so filled out a sheet with contact information for the caregivers. To protect the anonymity of the prisoner surveys, the prisoners were asked to provide contact information and to sign the last page of the survey and then separate it from their surveys. A list of potential Phase II subjects was then compiled, and letters explaining the research were sent to them. They were then contacted by telephone and asked if they were willing to participate. In several cases, the contact information was incorrect and the letters were returned as undeliverable. Many of those contacted by telephone refused to participate and expressed distrust of the research. In one case, the caregiver was very angry at the prisoner for

The state remains first in per capita incarceration of females (127 per 100,000 female residents)

providing his name and called the Principal Investigator (PI), demanding to have his name removed from the list. Two other caregivers called and talked to the PI at length but were unable to schedule interviews. One caregiver left a long detailed message about her concerns. Phase II consisted of in-depth interviews with caregivers, although only 15 chose to participate. Because participa-

tion was voluntary, the sample ended up being small and potentially skewed. It is quite likely that the interview subjects are not truly representative of caregivers for the children of women prisoners.

In this report, problems faced by the prisoners' children will be explored from both the prisoner and the caregiver perspectives. Some of the findings will be compared to the earlier

data collected in Oklahoma.

Phase I – Female Prisoners in Oklahoma

Demographics

The demographic data for the Phase I samples are presented in Table 1. The subjects in Phase I ranged in age from 19 to 64, with a mean age of 36.44

Table 1. Demographics

	N	Percent	Cumulative* Percent
FACILITY			
Hillside	31	13.3%	13.3%
Eddie Warrior	102	43.6%	56.9%
Kate Barnard	9	3.8%	60.7%
Mabel Bassett	92	39.3%	100.0 %
AGE			
19-29	65	27.8%	27.8%
30-39	72	30.8%	58.6%
40-49	76	32.4%	91.0%
50 and older	21	9.0%	100.0%
RACE/ETHNICITY			
African American	43	18.4%	18.4%
Hispanic	6	2.6%	20.9%
White	136	58.1%	79.1%
Native American	35	15.0%	94.0%
Other	6	2.6%	96.6%
White/NA	8	3.4%	100.00%
EDUCATION*			
Less than HS	31	26.8%	26.8%
HS Grad/GED	43	37.1%	63.9%
Some college	20	17.3%	81.2%
Vo-Tech	21	18.1%	99.3%
BA degree or higher	1	0.8%	100.0%

and a median age of 37. Over one-third (34.6%) of the women ranged from the ages of 30 to 40.

Slightly more than half of the sample was white (n=136, 58.1%), and an additional 43 (18.4%) were African American. The sample contained 35 Native Americans (15.0%) and another eight (3.4%) claimed both White and Native American. There were six Hispanics (2.6%). The remaining six subjects described their race as "other" (n=6, 2.6%).

In terms of education, seventy-three subjects had not completed high school (31.2%), fifteen (6.4%) reported an eighth grade education or less. The number without a high school education was up from 26.8% in 2005. An additional seventy-four (31.6%) reported that high school graduation or a GED represented their highest educational attainment, less than the 37.1% in 2005. An additional thirty-one women (13.2%) reported vocational or technical training (down from 18.1% in 2005), and fifty-six (24%) had some college. Clearly, the majority of these women continue to have low educational attainment, at high school level or below. Reasons given for dropping out of school included pregnancy (n=52, 22.2%), get-

ting married (n=7, 3.0%), boredom with school (n=29, 12.4%), inability to keep up in school (n=7, 3.0%), legal problems (n=5, 2.1%), family moving often (n=3, 1.3%), having to support self (n=6, 2.6%), and other (n=23, 9.8%).

Fifty two (22.2%) of the women reported being married at the time of arrest, and an additional sixty-four (27.4%) said they were living with male partners. Furthermore, thirty-seven (15.8%) were divorced, and twenty-five (10.7%) reported being separated at the time of incarceration.

One hundred seventy-four (74.4%) reported having children under the age of 18 at the time of their incarceration. Of these, 116 reported 242 minor children living with them at the time of their arrest and incarceration (approximately 2.1 children per mother reporting minor children in the home). These 116 women represent 49.6% of the entire sample and 66.7% of the sample who reported having minor children. Ninety-three women (80.2% of those who were living with minor children at time of arrest) stated they planned to live with their children again after incarceration.

tion.

One hundred thirty-two (56.4%) of the women reported they supported themselves and/or their children at least in part through their own employment prior to arrest, and 65.5% of those who had minor children living with them reported their own work as a source of income to the household. An additional fifty-five (23.5%) reported their spouse or partner worked to help support the woman and her children (down from 31.1% in 2005). However, among those with minor children in the home, the percentage with spousal/partner income was higher (33.6%). Other sources of support included child support (15.5% of those reporting minor children in the home), help from family or friends (n=57, 24.4%), TANF (n=33, 14.1%), social security or SSI (n=22, 9.4%) and unemployment compensation (n=1, < 1%). Twenty-eight (12.0%) of these prisoners indicated illegal sources of income including drug sales, shoplifting, fraud and prostitution. Among those with minor children in the home, 12.9% reported illegal income.

In terms of the offenses for which they were in prison, half of the entire sample (n=117, 50%) and slightly less than half

The number without a high school education was up from 26.8% in 2005

In terms of the offenses for which they were in prison, half of the entire sample and slightly less than half of those with minor children in the home reported drug offenses as the controlling offense

of those with minor children in the home (n=57, 49.1%) reported drug offenses as the controlling offense. In twenty-three (9.8%) cases (11 cases of those with minor children in the home, 9.5%), the drug offense was in combination with other offenses including four (two) for drugs and Motor Vehicle Theft. Eighteen (7.7%) (among those with minor children, n=13, 11.2%) were incarcerated for murder or manslaughter, and 6 (2.6%, but none of those with minor children in the home) were incarcerated for assault. Most of the remaining women were incarcerated for some type of theft or

fraud. Fifty-four (23.2%) of the women were incarcerated as a result of probation or parole violation or drug court failure rather than being directly sentenced to prison. Among those who had been living with minor children, twenty-two (n=19%) were in prison due to revocation or drug court failure.

There continues to be evidence of intergenerational imprisonment. A total of 314 incarcerations of relatives were reported by the 234 women. Eighteen (7.7%) reported their mother had gone to prison. Forty-eight (20.5%) reported their father had gone to prison.

Nine (3.8%) reported a grandparent had gone to prison. In one case, the prisoner reported both her mother and a grandparent had been to prison. A large number (n=78, 33.3%) reported that an aunt or uncle had been in prison. Siblings also had been incarcerated, with twenty-six (11.1%) women reporting a sister had gone to prison and sixty-three (26.9%) reporting a brother had gone to prison.

Abuse Histories of Women Prisoners

The women in this survey have experienced

Table 2. Family Violence and Abuse Histories of Phase I Subjects

	N=234	N=116
Parental violence in home	116 (49.6%)	60 (51.7%)
<i>Father violent around family</i>	95 (40.6%)	48 (41.4%)
<i>Mother violent around family</i>	56 (23.9%)	27 (23.3%)
Childhood abuse	157 (67.1%)	80 (69.0%)
<i>Physical abuse only</i>	32 (13.7%)	14 (12.1%)
<i>Sexual abuse only</i>	51 (21.8%)	27 (23.3%)
<i>Both sexual and physical abuse</i>	74 (31.6%)	39 (33.6%)
Abuse experienced as adult	177 (75.5%)	94 (81%)
<i>Domestic violence only</i>	76 (32.4%)	42 (36.2%)
<i>Rape only</i>	13 (5.5%)	8 (6.9%)
<i>Both domestic violence and rape</i>	88 (37.6%)	44 (37.9%)

considerable violence and abuse, both as children and as adults. Almost half of the larger sample (n=116, 49.6%) reported parental violence in their homes while growing up. Sixty (51.7%) of those with minor children in the home prior to incarceration reported parental violence when they were growing up. Ninety-five (40.6%) of the larger sample reported paternal violence, and fifty-six (23.9%) reported maternal violence. Among those with minor children in the home at time of incarceration, forty-eight (41.4%) reported that their father was violent around the family, while twenty-seven (23.3%) reported that their mother was violent around the family.

A vast majority of the women had experienced physical or sexual abuse before the age of eighteen. About 67% of the entire sample of the women reported experiencing one or both kinds of abuse during their childhoods. Among those with minor children in the home, eighty (69%) reported physical and/or sexual childhood abuse.

Family members were likely to be perpetrators of both physical and sexual childhood abuse. Seventy-eight (73.6%) of the one hundred six women who reported childhood physical abuse reported that a parent or step-parent had been the perpetrator of childhood physical

abuse, and an additional twenty subjects (18.9%) reported another family member as perpetrator. Among the fifty-three women who reported childhood physical abuse and who also had lived with a minor child prior to incarceration, thirty-nine (73.6%) reported a parent or stepparent as perpetrator and an additional ten (18.9%) reported another family member as perpetrator of the abuse.

Turning to childhood sexual abuse, we found that 38 (30.4%) of the 125 reporting sexual abuse as a child identified a parent or stepparent as perpetrator and an additional twelve (9.6%) reported boyfriends of their mothers as perpetrators. Sixty-eight (54.4%) identified another relative as the perpetrator. Among the 66 women who reported living with a minor child as well as childhood sexual abuse, 20 (30.3%) reported a parent or stepparent as perpetrator, 8 (12.1%) reported mothers' boyfriends as perpetrators, and 38 (57.6%) reported another relative as the perpetrator.

Sexual abuse was measured across a continuum of behaviors including being fondled, being made to touch the other person's genitals and intercourse. Disturbingly, the sexual abuse was more likely to include intercourse (60.5%) if the perpetrator was a parent or stepparent than if the perpetrator was not a parent (33.2%).

Frequency of abuse was also examined. Among those who reported a non-parental (or non-stepparent) perpetrator, only one in four (25.0%) reported this occurred 10 or more times. However, when the parent or stepparent was a perpetrator, 57.9% reported this occurred 10 or more times. This has serious implications for the mental health of the women for a couple of reasons. First, the betrayal involved in a parent or stepparent sexually abusing the child has a greater effect on the victims' subsequent mental health. Additionally, repeated abuse can also have a more severe impact than one or two occasions of abuse. Not only does this have serious consequences for the women themselves, but many of their children are living with the women's parents, increasing the likelihood that these children will also experience abuse.

The women also reported experiencing abuse as adults. One hundred seventy-seven (75.5%) of the entire sample and 94 (81.0%) of those who were living with minor children prior to incarceration had experienced some type of abuse as an adult. Seventy-six of the larger sample (32.4%) and 42 (36.2%) of those living with children reported being the victims of domestic violence only, while 13 (5.5%) of the entire sample and 8 (6.9%) of those with mi-

nor children in the home reported rape after age 18 only. An additional 88 subjects (37.6%) of the entire sample and 44 (37.9%) of those who lived with minor children reported they had experienced both domestic violence and rape as adults over the age of 18).

Perhaps one of the most disturbing things that we found in this study is that 208 (88.9%) of the women reported physical and/or sexual abuse either during childhood or at

age 18 and older. Among those who had a minor child living with them prior to incarceration, it was slightly higher (n=104, 89.7%).

The women were not as likely to report having received counseling for their past abuse. Sixty-two (39.5%) of the 157 women reporting childhood sexual or physical abuse and 68 (38.2%) of the women reporting abuse as adults had received any counseling specifically aimed at past physical or sexual

abuse. However, half of the women did report receiving mental health treatment, either inpatient or outpatient, prior to their incarceration. Furthermore, 11 of the women who had received some type of mental health treatment prior to incarceration had received no services in prison, including seven who had one or more mental health hospitalizations. Table 3 shows the percentages of women with abuse histories at any age who received mental health services either before or during incarceration.

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Table 3. Mental Health Services Received by Women with Abuse Histories.

	Entire sample that has experi- enced abuse (n=208)	Lived with children and experienced abuse (n=104)
Received MH Treatment Prior to Incarceration	106 (50.9%)	46 (44.2%)
Received Treatment While in Prison	101 (48.6%)	51 (49.0%)

We also explored the depression of the women and their coping skills. We administered the CESD-R depression inventory which focuses on current or recent depression. There were twenty items scored 1 through 4. The scores on these items were summed to obtain the depression score. The scores ranged from 16 to 61, with a mean score of 31.72. Among

those who had been living with their minor children, the mean score was slightly higher at 33.21. Turning to coping styles, we asked the women about how they responded to situations. Factor analysis indicated three different response patterns: angry, depressed and healthy. For example, women who tended to respond to negative experiences by blowing up or taking it out

on other people or things scored higher on the angry coping skills scale, while those who withdrew, shut down or cried scored higher on the depressive coping skills scale. Those who were more likely to work it out or talk it out scored higher on the healthy coping skills scale. Both in the larger sample and the sample restricted to those who lived with minor children

prior to incarceration, the highest scores were for depressive coping (6.90 and 6.07, respectively). Women in both groups scored lowest on the anger coping skills scale (2.74 and 2.88 respectively).

Substance Abuse of Women Prisoners

We then created a variable to measure heavy drug use. Cases were coded 1 if the subject reported using any of the following drugs more than once per week: marijuana, crack, cocaine, methamphetamine, heroin, speedballs (cocaine and heroin), other narcotics, barbiturates, tranquilizers, PCP, LSD or Ecstasy. All others were coded 0. One hundred seventy-one (73.1%) of the entire sample and 80 (69.0%) of those living with minor children reported heavy drug use in the month prior to incarceration. Sixty-five subjects (27.8%) of the entire sample and 35 (30.2%) of those living with minor children reported heavy alcohol use, defined as more than once per week. However, there was a large overlap between these two groups, with 33 subjects reporting both heavy alcohol and heavy drug use. A total of 180 (76.9%) subjects reported heavy alcohol and/or drug abuse. Eighty-three (71.6%) of those living with minor children prior to incarceration reported heavy alcohol or drug abuse.

It is also important to note that the most often reported heavy drug used among those who reported heavy substance abuse was methamphetamine (n=100, 55.6%), followed by marijuana (n=83, 46.1%), alcohol (n=65, 36.1%), crack or cocaine (n=58, 32.2%) and prescription drugs (n=34, 18.9%). The results were similar among those who had been living with their minor children.

Fifty-six of the women reporting heavy substance abuse (31.1%) reported they had never received any substance abuse treatment prior to their incarceration. Eleven others (6.1%) stated they had tried unsuccessfully to get substance abuse treatment prior to incarceration. Among those living with minor children prior to incarceration and reporting heavy substance abuse, thirty-one (37.3%) had received no treatment of any kind, and an additional seven (8.4%) had tried unsuccessfully to get treatment. This is a slight improvement from 2005.

A total of 116 of those reporting heavy substance abuse (64.4%) reported receiving some form of treatment in prison, and 55 (66.3%) of those who reported heavy substance abuse and had been living with their minor children also reported treatment of some type in prison. It is important to note that substance abuse education

and twelve-step programs were the most commonly cited programs with over half of each group saying these were the types of treatment they had received, and these provide the least treatment. Indeed, technically one is solely educational with no treatment involved and the other is a self-help.

Approximately one-third of those women with substance abuse problems as measured by heavy and frequent use had not received any substance abuse treatment in prison at the time of the survey, and many others had received only twelve-step programs or education. It is evident that a significant number of women with substance abuse problems may not be receiving adequate drug treatment while incarcerated.

Children of Incarcerated Mothers

Female inmates are far more likely than male inmates to report that they had a child of their own living with them prior to their arrest. Thus, their imprisonment is more likely to disrupt the children's living arrangements. Females are also less likely than males to report that their children are now living with the other parent. Taken in conjunction, these two statistics emphasize the fact that children of incarcerated mothers may find themselves not only without their mother but also

without their home (Mumola 2000).

Children Living With Mother Prior to Her Incarceration

The number of children living with the women prisoners at time of arrest is reported in Table 4. The total number of children living with

a mother at the time of her incarceration in this phase was 242 children. The children liv-

Table 4. Number of Children Living with Incarcerated Mother at the Time of Her Arrest

Number of Children in Home	Women Reporting Number	Cumulative Number of Children
1	52	52
2	30	112
3	17	163
4	9	199
5	5	224
6	3	242

ing with their mothers prior to incarceration ranged in age from 0 to 17.

Placement of Children During Mother's Incarceration

The children who had

been living with their mothers prior to the mothers' imprisonment have had to be placed

Table 5. Mothers' Report of Placement of Children Who Were Living With Them Prior to Their Incarceration (reported as a percentage of the mothers who lived with their children prior to their

Where Children are Currently Living	N*
With Children's Father	44 (37.9%)
With Subject's Mother	33 (28.4%)
With Subject's Father	2 (1.7%)
With Both of Subject's Parents	16 (14.0%)
With Subject's Siblings	9 (7.8%)
With Subject's Grandparents	8 (6.9%)
With Subject's Other Relatives	8 (6.9%)
With Partner's Relatives	9 (7.8%)
With Friends	4 (3.4%)
In Foster Care	7 (6.0%)
State Agency	5 (4.3%)
Unknown	5 (4.3%)

* Excludes overlapping placement, i.e. with mother and father, mother and siblings, etc. In those cases, children are counted as living with subject's mother. In ten instances, some children were with living with subject's mother, and some were living with their other parent.

with others. Table 5 reports the placement of the children who were living with their mothers.

Forty-four (37.9%) mothers reported that one or more of their children were living with the children's father, although in one case there was a grandparent in the home. Thirty-three (28.4%) of the subjects reported one or more children living with their own mother, two (1.7%) reported one or more children living with their own father, and sixteen (14.0%) reported children living with both of their parents, for a total of fifty-one (44.1) of the women reporting children with one or more of their own parents. Nine (7.8%) said their children lived with the subject's sister, eight (6.9%) lived with the subject's grandparent, and eight (6.9%) had children who lived with other relatives of theirs.

Only a few subjects ($n=9$, 7.8%) reported children living with their partner's family members. Four (3.4%) women reported children living with friends, seven (6.0%) reported children in a foster home, five (4.3%) reported children with a state agency, and five (4.3%) reported not knowing where their child was.

The majority of these women planned to live with their children after their release.

Ninety-three (80.2%) of the women reported they planned to live with their children upon release. Seventy-two (62.1%) of the women who were living with their children prior to incarceration reported they still had legal custody of at least one child. This suggests the importance of maintaining relationships between the mothers and their children during the period of incarceration. Reintegration would be more difficult if there has been little or no contact between mothers and their children during the mothers' imprisonment. However, less than half ($n=53$, 43.7%) of the women who had been living with children prior to incarceration received visits at least every two months. Thirty-two (7.6%) reported receiving no visits from their children. Forty-five (38.8%) women reported they spoke to the children on the telephone. Twenty-eight (24.1%) women reported never receiving mail from their children.

It is also important to note that 81 women reported 174 minor children who were not living with them prior to their arrests. They reported regular contact with almost half ($n=85$) of those children prior to

incarceration. Twenty-four (29.6%) reported visits from the children at least once a month, while 35 (43.2%) reported no visits occurred. Thirty (37.0%) received mail at least once a month from these children, and twenty-two (27.2%) never received mail. Thirty-three (40.7%) reported speaking with children on the phone once a month or more often, and thirty-nine (48.1%) never spoke to their children on the phone. Seventeen (21.0%) reported these children lived with the children's other parents. Another seventeen (21.0%) lived with one or both of the women's parents. Five reported a child or children (6.2%) lived with the prisoner's grandmother. Seven (8.6%) reported a child in either a foster home or agency. Three (3.7%) did not know where the children were.

Issues with Children

Children may be affected in many ways when a parent is incarcerated, leading to numerous problems. In Table 6, we report problems the children have experienced since the mother's incarceration as reported by the mothers, including a separate report of those among whom the problems occurred both before and since incarceration and those who had problems prior to incarceration.

80.2% of the women reported they planned to live with their children upon release

Depression and bad grades were the problems most often reported by the mothers

Table 6. Problems Experienced by Children

Problems Experienced By Children	Before Incar- ceration <u>Only</u>	Both Before and Since <u>Incarceration</u>	Since Incarceration <u>Only</u>
Bad Grades	8	10	26
Expelled from School	5	6	8
Dropped Out of School	3	5	11
Trouble with Guardians	5	13	22
Running Away	1	2	5
Arrested	0	1	8
Incarcerated	0	0	3
Alcohol Problems	1	4	9
Drug Problems	0	5	10
Depression	3	5	42
Suicidal	1	0	2
Became pregnant or got someone else pregnant	1	0	10

tion of their mother.

Turning to Table 6, it is easy to see that the reported problems the children have experienced increased significantly since the mothers' incarceration. Depression and bad grades were the problems most often reported by the mothers. Forty-two (36.2%) of the women who were living with their children prior to incarceration reported one or more of their children had developed problems with depression since their incarceration, while an additional five (4.3%) reported that depression had been a problem both before and since their incarceration. The women reported depression in a child prior to incarceration in only three (2.6%)

cases. In two (1.7%) cases, the women reported a child being suicidal, with one (0.9%) woman reporting a suicidal child prior to her incarceration.

A number of women also reported their children were having problems with school. Twenty-six (22.4%) women reported that a child had developed bad grades since incarceration, with an additional ten (8.6%) reporting problems both before and since incarceration. Eight (6.9%) women reported a child being expelled since incarceration, with another six (5.2%) reporting a child expelled both before and since incarceration. Eleven (9.5%) women reported a child had dropped out of school since

her incarceration, another five (4.3%) reported children who had dropped out both before and since her incarceration, and three (2.6%) reported children who had dropped out prior to their incarceration.

Trouble with parents/guardians was also a frequent issue. Twenty-two (18.9%) subjects reported this had become a problem since their incarceration, compared to thirteen (11.2%) who reported problems both before and since incarceration and five who reported problems prior to incarceration. Five (4.3%) reported a child who had run away since their incarceration, while only one (0.9%) reported this as a problem prior to incarceration

and two reported it as a problem both before and since incarceration. Eight (7.2%) reported a child had been arrested since incarceration, and three (2.6%) reported a child had been incarcerated.

Nine subjects (7.8%) reported alcohol problems in children since incarceration, and fifteen (12.9%) reported drug problems. In contrast, only four (3.4%) reported alcohol had been a problem both before and since her incarceration, one (0.9%) reported it had been a problem only prior to incarceration, and none reported drugs had been a problem prior to incarceration. Finally, ten (8.6%) mothers reported a child became pregnant or got someone else pregnant since their incarceration.

Prior research in Oklahoma suggests that children are being placed in homes with a history of abuse (Sharp and Marcus-Mendoza 2001). Therefore, it was important to examine whether children were being placed in homes where the inmate reported abuse or violence or abuse had occurred. The results are reported in Table 7.

Twenty-seven (23.3%) of the subjects who had lived with children prior to incarceration reported children now living with the inmate's parents when one or both of the inmate's parents had been violent around the family while the inmate was growing up. Turning to physical abuse, we found a reduction with children living one or both parents when a parent had been

the perpetrator of their own physical abuse. In 2005, 34 women reported children living with one or both of the inmate's parents when another family member had been the perpetrator of physical abuse during the inmate's childhood. In 2007, 16 (13.8%) of the women who had a child living in the home and reported a parent or stepparent as the perpetrator of physical abuse reported a child living with a parent and/or stepparent. An additional 12 (10.3%) women reported that children were living with the inmate's parent when another relative had been the perpetrator of childhood sexual abuse

In terms of sexual abuse, 8 (6.9%) women reported that children who had been living with them prior to incarceration

Table 7. History of Family Violence, Physical Abuse or Sexual Abuse and Placement of Children Who Were Living with Mother at Time of Incarceration.

	Children Live With One or <u>Both Parents</u>
Parental Violence	
<i>Mother Violent Around Family</i>	8
<i>Father Violent Around Family</i>	19
Physical Abuse as Child by Family	
<i>Parent or Step-Parent Perpetrator</i>	16
<i>Other Relative Perpetrator</i>	12
Sexual Abuse as Child by Family	
<i>Parent or Step-Parent Perpetrator</i>	8
<i>Other Relative Perpetrator</i>	21

Table 8. History of Family Violence, Physical Abuse or Sexual Abuse and Placement of Children Who Were Not Living with Mother at Time of Incarceration.

	Children Live With One or <u>Both Parents</u>
Parental Violence	
<i>Mother Violent Around Family</i>	2
<i>Father Violent Around Family</i>	6
Physical Abuse as Child by Family	
<i>Parent or Step-Parent Perpetrator</i>	8
<i>Other Relative Perpetrator</i>	14
Sexual Abuse as Child by Family	
<i>Parent or Step-Parent Perpetrator</i>	5
<i>Other Relative Perpetrator</i>	13

were living with one or both of the prisoner's parents when a parent had been the perpetrator of sexual abuse during the inmate's childhood. An additional 12 (10.3%) women reported that children were living with the inmate's parent when another relative had been the perpetrator of childhood sexual abuse.

Turning to those children who had not been living with the mother, we found that two (2.5%) reported children living with parents that had also reported their mother had been violent towards the family when the prisoner was growing up. An additional six (7.4%) reported the father had been violent toward their family. Eight (9.9%) reported children living with parents and/or step-parents when they themselves

had been physically abused by a parent or stepparent while growing up, and fourteen (17.3%) reported another relative had been abusive towards them.

Five (6.2%) reported children not with them at the time of incarceration were living with parents when the parent had been their sexual perpetrator, and another 13 (16.0%) reported another family member had perpetrated sexual abuse on them.

Although there appears to be a decrease since our last study, it is apparent that at least some children are continuing to live in situations with a high potential for violence or abuse. While it is not possible with these data to determine whether or not the other relatives who were perpetrators are different

from the other relatives with whom children are living, there is still reason for concern.

Concerns of Incarcerated Mothers

The primary goal of this study was to explore the situations and problems faced by caregivers of the children of incarcerated mothers. However, before turning to the analyses of the caregivers' interviews, we will examine the concerns expressed by the prisoners about the placement of their children. We asked the prisoners if they had any concerns about where their children were living. The most common concern expressed was that the environment was not safe. Comments along this line related to concerns about physical or sexual abuse, drug use in the house-

hold, and neglect.

Youngest is with father that is drugging & never home. She is 6 yrs old & left with grandfather who is constantly drunk.

I don't know where she is exactly. Her father is a drinker & Step mother has violent tendencies (sic).

I heard that his grandparents gave my son back to his father!! Which he just got out of prison, he's 38 living with a 17 yr-old little girl. And she is raising my son. I worry about my son every second of every day—I write to him once a week, in hopes that his father or Papa will write me back. Still no response.

My son's father because he is using and selling drugs in the presence of our son. DHS has

had my son once because of his dad's alcohol and drug problems. Seeing females with the same problems and dating and bringing them home at night.

I'm concerned with DHS by putting (child's name) with her dad when they are not looking at who he is. I believe our actions speak louder.

I am only concerned because they are with their father who in the past couldn't care for himself let alone his children. His illness has been an issue we have been working on since our second son was born.

Another woman expressed concern about the caregiver's age:

My child is alright; he's with my mother but

she is 74 years old; I pray she lives until I get out.

The other type of concern expressed by several of the prisoners was lack of contact with the children.

With their Dad, in Annapolis (sic) Maryland, he has them away from both of our families, I am concerned for their whole existence (sic).

Just how they're doing; maybe a picture or two; just not knowing causes concern; although my rights have not been terminated, I've not heard from them since September 04.

My concern is that I think he needs to talk to me more on the phone. I write all the time, and let him know I love him and am thinking of him. I'm concerned that he needs to

hear my voice
more.

Quite a few of the women also expressed fear of loss of parental rights. One of the women above said her rights had not been terminated, but others had lost contact with the children or lost their parental rights.

I want to know
who has adopted
my son and I
want to be in his
life when he gets
older

What are our
legal rights concern-
ing parental rights? If signed
over guardianship how do we
take it back if the caretaker is unco-
operative? Lots
of questions & no
answers. Also,
DOC does not
take you to fam-
ily court. We are
losing our paren-
tal rights while in
prison. Maybe
like a child liason
(sic) to work in
between the
courts & the in-
mate who is in
the dark of what

is happening out-
side these prison
gates. What is
our recourse or
do we even have
any if we are
stripped of our
parental rights
while incarcer-
ated?

The concerns of the prisoners may explain the unwillingness of caregivers to participate, resulting in only twenty caregiver interviews. In the next section, the interviews with the caregivers will be analyzed. Following will be policy recommendations.

Caregiver Concerns

We had even more difficulty getting caregivers to respond to our requests for interviews than during the 2005 study. Before going into an in-depth discussion of the issues brought out by the caregivers, a brief description of the twelve interview subjects is needed. The caregivers ranged in age from 32 to 69. Nine females were interviewed and six males. The majority of those interviewed (twelve) were caring for grandchildren, although we also interviewed a father, an aunt, and a man who had thought he was the father but found out he was not through DNA testing. In

this latter case, the child was a seven-year old white male whose mother was in prison.

Guardianship/Custody Issues

In several cases children were separated from their siblings. One set of grandparents had the two younger children (ages 1 and 4), while the children's father had the two older children, ages 8 and 11. The grandmother reported that the older children resented that the younger ones were with the grandparents and that the eight year old boy was very hateful towards her. Eventually, the grandmother applied for foster care status to ease her financial stress from adding two additional children to the house. For this, she said she received \$730 per month and that the system pays for occasional respite time. However, her son cannot come to her house because he is a convicted felon and she has the children.

Another subject, the child's aunt, had adopted her 9 year old niece but was sharing the responsibility for raising the child with her own mother, who kept her part of the time. This child had some serious behavioral issues and had even been expelled from school. She has also experimented with drugs. Additionally, she has run away and expressed some suicidal ideation, although the aunt did not seem to take this seriously.

In response to whether the child had experienced depression, she acknowledged that “she’s had bouts of depression.” However, when asked whether the child had been suicidal, she replied.

Not really, nothing that I would be concerned with, no. She might make comments... Even if she does make comments and everything, it’s mainly the depression. Her actually going through with it – it just doesn’t seem.. because she is making the comments. ... I mean, I’ve seen what people do with suicide. And they don’t make it known. She just got depressed her recently and everything and was stressed out. And, ya know, things are sometimes so stressful that you want to give up and die.

However, the child does receive counseling services. It is apparent that this child has

problems with school and family life.

A father had full custody of his son. In this particular case, he seemed concerned that the mother gave his name for the interview because she wanted to regain some parental rights. We assured him that she would never know whether he participated or what he said. He reported that he could not receive anything but Medicaid for the child. However, during the course of the interview, he did divulge that the child was receiving counseling services through the state. He also divulged that his sister and her boyfriend, both recently released from prison, were currently visiting him.

Another male, age 56, did not have any legal guardianship status as he was not even the child’s biological father. However, he decided to take care of the child because he hoped to eventually marry the child’s mother. Due to this, he was ineligible for services and was essentially “flying below the radar.” However, because he had a good income from his retirement, he seemed to feel that their situation was not as bad as some others. He talked about the caregivers of other prisoners’ children whom he had met at visitation that seemed desperate for help.

A 69 year old woman was caring for her daughter’s

child in order to facilitate the chance that the child could be returned to the mother. The child’s father brought him to her when he was 16 months old and said, “Here he is.” She had already been caring for his older sister. Eventually, she adopted the children, allowing her husband to draw social security for them. She had also been caring for the prisoner’s older child, who has now turned 18 and left her home.

Another 62 year old grandmother now has her grandchild who was in the foster care system until she took the child. This grandmother is a relative foster parent in order to get some assistance. She reports she gets \$400 every three months to pay for respite care. However, she has difficulty finding anyone to watch the child for her so that she can get a break. She moved in order to have the child, as she was living with her sister, who did not want her to take the child. Her family has not been supportive of her as they feel she is too old to take care of the child, and she does not know people in her new neighborhood. This child has lived several places. When the child’s mother was first arrested, she went to this caregiver. Then she went into the foster care system, and now she has been returned to the grandmother. This has led to some separation anxieties in the child.

She had a really hard time separating, leaving me, going to the foster home, and I'm just concerned about attachment issues ... The foster family, actually the reason they gave for not being able to keep [L] any longer was that she screamed, uh, clung to the foster mother, wouldn't let – if anyone came near her – the foster mother – she would scream and they said the foster mother couldn't do anything. And that kind of developed over time. I think she was probably traumatized. I don't know what happened, but that started happening a couple of months before I got her back. It just got worse and worse. And I noticed the last couple of months she didn't want

to go back on the Sunday when I would take her back, it took longer and longer to get her to go to them. And she was living with them.

Another set of grandparents reported that they had guardianship but could not afford to adopt the child because then they would lose daycare and medical assistance from the state. Both grandparents work outside the home, and they have other children in the home still in daycare, so the financial burden would be too much. However, their daughter has a twenty year sentence, so they will most likely have the two year old child until she is grown. The only reason they would adopt would be if the child's father is released from prison in order to keep him from taking her. Additionally, the grandmother holds out hope that the mother will get her sentence revised and be able to return home and get her child back.

I want her mom to have her back. She belongs with her mom and she loves her mom. And her mom loves her ...

XXX's a good mom and she loves that baby.

The grandfather concurred, stating, "She really needs to be with her mom."

Health Issues

The majority of the caregivers reported that the children were receiving medical insurance (Sooner Care) through the state, with the exception of the man who did not have custody of the child. Many of these children seem to have health issues, some related to the mothers' drug use during pregnancy.

One family reported that the child has severe asthma and allergies. This child requires five prescriptions per month.

One father reported a number of health problems with his 9 year old son. The child has severe vision loss and hearing problems. He states that he cannot afford the medications for the child, who he stated was bipolar. The child is emotionally very immature. The father stated that the child does not do well in public and is fearful of people. While we were there, the child came into the room. He seemed bright, but he interacted with his father and us more like a five or six year old child. The boy does receive one hour of counseling per week through the state. The father

also has severe health problems and admitted to a history of drug use in the past, although he stated he was now “clean and sober.” He had a very fatalistic attitude and generally seemed to think the world was a dangerous and hostile place. He had a head injury as the result of another dysfunctional relationship. He stated the former girlfriend ran over him, causing a head injury that he says will kill him soon.

Another child, living with a grandmother, had a seizure disorder as well as ADHD. He is on medications for both.

School

Several of the children were experiencing problems with school. For example, we noted above that one child had already been expelled from school at age 9. The 9 year old living with his father seemed to be also having problems in school. He had bad grades, which the father said were due to health issues, and he had been suspended for two weeks from his last school for “retaliating” against another boy who had pushed him. In contrast, the 7 year old living with the non-parental male was doing excellent in school.

Behavior Problems of the Children

The 32 year old aunt who had adopted her sister’s

child reported many problems. She also gave a chilling account of the child’s experiences prior to her mother’s incarceration that were still causing problems. The child had been sexually abused around age 5 by a former boyfriend of her mother. This actually meant that the mother could not be in the same household as the child. The woman stated that her own mother could not take the child because her sister, the child’s mother, would eventually parole home to her. The woman stated the child was not in counseling for this because “she was so little when it happened and there’s a lot she doesn’t remember.” This child has run away, been expelled from school, and used drugs. The aunt referred to her as being hyperactive but said she had never been diagnosed or received treatment.

A woman who had had her two grandchildren reported that both children were experiencing emotional problems. The older child seemed to have a lot of anger related to his mother’s incarceration. This was particularly evident after visitation with his mother. The child is worried about his mother. This child was described by his aunt as being sensitive. He once got a knife and threatened to hurt himself. The child is receiving counseling,

and the grandmother and aunt both felt that the current counselor was more effective than a previous one.

Another child had witnessed her father stabbing a man as well as her mother being beaten frequently. The child is now old enough to wonder why she cannot talk to her mother whenever she wants, and the grandparents do not know how to explain it to her. Even though the child is only two, the grandmother feels she should be going to counseling for anger problems. She is also very jealous of the other children in the household and the time that the grandmother devotes to them. The grandmother also believes she is depressed. This is her third home in her short life. She was first with her mother, then with the other grandparents after the mother’s arrest. She is also frightened of men, especially black men and throws temper tantrums until she vomits.

Financial

The majority of the caregivers talked about the financial hardship that having a child added to the family created. Several talked about the expenses of having small children in the house.

The majority of the caregivers talked about the financial hardship that having a child added to the family created

Because it's so expensive for diapers and things like that. Because right now I need diapers.

Almost all of the caregivers felt that they did not have adequate financial resources, that taking on the child or children had negatively impacted the entire household. Many were not receiving any assistance other than health insurance for the child because their own incomes were too high to qualify for financial assistance. However, they pointed out that they had already made financial obligations (car payments, mortgages, etc.) prior to taking in the children, and now they were having difficulty making those commitments due to the added expenses.

Emotional Support and Lack of Time for Caregivers

One of the more poignant comments came from a woman who is fifty-eight and caring for two small grandchildren. The caregiver is disabled and living on a limited income. In the past, she had grown her own vegetables. Now, she does not have time.

I always have a

garden and I always have good food, green beans. But, I can't do that now that I have them. I haven't had a garden in two years and I miss it so much. It was good for me and something I like to do, too, you know. And then it's good for the family to eat fresh food. I would probably do that if I had someone to help me.

Almost all of the caregivers expressed feeling overwhelmed, with the exception of the non-parental male who had a child with him. Even those who were in the foster care system and received funds for respite care expressed difficulties finding someone to take care of the child or children so that they could have a break. Those who were not in the foster care system expressed a need for some kind of funds to help them get an occasional break. One woman suggested periodic childcare assistance in the evening to give the grandparents a break. Another

women, also a grandmother, said that she had heard there were some services that she could seek but did not know where to go for them. Yet another woman said that she needed "her own time, too."

Several also expressed a need for a support group or counseling directly aimed at caregivers for children or incarcerated women. Others were involved with their churches and felt they were getting some support there, although one father noted that this was "personal and private," that he did not want people at church to know his situation.

Visitation

Many of the caregivers reported issues with visitation and other types of contact with the prisoner and the children. Several noted that telephone calls were too expensive. This made phone calls too short and infrequent, especially when there were several children.

Some alluded to the briefness of visits with mothers on lower levels. Because of the travel time and the wait to get into the prison, they felt that visitation was far too brief. One woman said that the visitation had been more frequent until the mother was moved to a more distant facility. She has only been able to take the children once since then.

Almost all of the caregivers expressed feeling overwhelmed, with the exception of the non-parental male who had a child with him

Transportation is difficult.

Two caregivers did not want the children to have contact with the incarcerated mothers, but in most cases, they felt more visits would be beneficial. One caregiver was in conflict with the mother and so did not take the child but tried to find her other rides to the prison. Another felt that the child would be less worried about her mother, who has a serious health issue, if she could see her more often. In this case, the child had seen her mother shot, resulting in paralysis. This has made the child very fearful about the mother's well-being, so the difficulties in arranging visitation have a negative impact. Yet another caregiver could not take the children to see her daughter (their mother) because she was on unsupervised probation herself. This meant that she had to find others willing to take the children to see their mother.

Another grandmother caregiver found that the logistics of visitation at Mabel Bassett were problematic at her age (62). According to her, she had to wait 30 to 45 minute before entering and only six were let in at a time. Visitations ends at 10:30 a.m., thus she might make the drive and not get to visit. She felt that visitation hours should start when the family actually gets into the same room as the prisoner.

Some of the children participated in the C.A.M.P program, as well as having regular visits to their mothers. However, this was problematic.

The problem is that it's on a weekday so I have to take a half day off work or more a month just for that.

Still, this woman felt that the program was quite beneficial. She also mentioned a program for mothers to read a book to their children. The reading is taped and sent so that the child can listen to his or her mother reading a story. However, the waiting list is quite long. In this case, the mother had been on a waiting list for almost eight months.

Almost all of the caregivers commented that they had difficulty paying for phone calls from the prisoners to the children. It remains to be seen whether this problem will be less once the new rates are in place.

Suggestions from the Caregivers

Many of the caregivers had very specific suggestions on what would improve their charges' situations. Suggestions ranged from increasing programs like Big Brothers/Big Sis-

ters to providing more counseling and financial assistance.

It would still be good to have them in something like a YMCA ... or some place they could go and ...That would be good to have something like that.

In some cases, the caregivers felt there should be counseling available to both children and the incarcerated women, noting that the mother would eventually regain her children and needed to resolve issue and learn better parenting skills.

I wish they had more programs for the mothers and children. I think *that* would help me in the sense that I felt that my daughter is missing out on so much of her baby's developmental years and I think that's got to impact their relationship when she gets out because there's so much that they haven't

been able to share. ...I thought about buying a, mmm, video camera and I might still do that but she can't seem them there.

I think it would be beneficial to *me* if they had more programs for the mothers and their children. On an emotional level as well as that's a place that I can – even though it's a drive – I can take her and leave her and know that she's safe and she's spending time with her mother.

Some of the caregivers also felt that they needed more avenues of relief. Several had children involved in church activities, and several received funds for respite. However, these caregivers expressed an inability to find people to take the children for a few hours. Feeling tired and overworked, high levels of stress and financial burdens are all problematic. In addition, not all the caregivers seem to be aware of re-

sources available to them.

Finally, several caregivers felt that the state should re-examine the incarceration policies. This was eloquently stated by one caregiver, whose daughter had a baby while in prison.

They say it's rehabilitation, but it's cruel and unusual punishment separating a mother from her baby at birth. It causes IRREPARABLE DAMAGE! They need to not lock up these drug offenders but get them treatment. I feel very strongly about this. Other children who were already living with their mothers, they need programs, too. But to have a baby and have it taken from you at birth....

Limitations of the Study

The major limitations of this study are due to sample

size and problems with representativeness. Although every effort was made to have an adequate sample, most caregivers that we contacted simply refused to participate. This may be due to distrust of the correctional system, but it could also be that they do not want anyone to know what is going on in their homes. We suspect that those who chose to participate are those who are providing the most stable environments, even though some of these had serious problems. Additionally, the limited number of participants precludes any generalizations.

Research with hidden populations is problematic, always, because there is simply no way to define the parameters of the population. Additionally, social science research is based on voluntary participation, and the study was plagued by problems of this nature from the beginning. In Phase I, many subjects chose not to participate. Therefore, even though we attempted to get a representative sample, there is no guarantee that the women who chose to participate are representative.

Phase II required that participants in Phase I provide us with contact information for potential subjects for Phase II. Representativeness was of even more concern in the last phase of the study. Phase II participation required two levels of willingness to participate (the pris-

oners' willingness to provide contact information and the caregivers' willingness to be interviewed), further affecting the representativeness of the sample. Many of the women did not give permission, although there is no way to determine their reasons. Additionally, as discussed earlier, many caregivers did not want to be interviewed. Again, the reasons for non-participation are unknown. In more than one case, the caregivers wanted to know how I had obtained their names. This had been clearly explained in the initial letter, but apparently the caregiver did not understand or did not trust the explanation. Another reason for failure to participate could be that the caregiver or others in the household were participating in behaviors they did not want noted. Regardless of the reasons, however, those who did participate described problems that are cause for concern.

Recommendations

As we noted in 2005, the findings suggest that the state needs to provide services to children as an intervention, before serious problems develop. It is important to note that a number of new initiatives are being developed that may help with some of the issues. However, these women and their

children continue to have severe problems. Research from the ACE (Adverse Childhood Experiences) Study suggests that failure to provide intervention will result in children growing up into adults with a host of health, substance abuse and behavioral problems (Anda, 2007; Anda et al., 2007; Anda et al., 2002; see also <http://www.cdc.gov/nccdphp/ace/publications.htm#2006>).

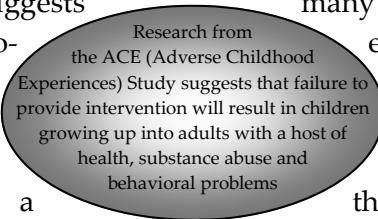
The recommendations of this report fall into three broad categories. In 2005, we suggested some, minor changes could be enacted including provision of transportation for children to visit, setting the CAMP program at a different time, and so forth. While some faith-based and other external groups are providing transportation to the children for visitation, this is limited to only a few communities. Additionally, the C.A.M.P. program remains during work and school hours, which makes it more difficult for caregivers to get children to the program.

The second category is more costly and intensive. Since 2005, programs have been developed to provide counseling to the children of incarcerated women. Some of the children in this study are participating in some of those programs. However, almost all of the caregivers reported serious prob-

lems with depression in the children, echoing the concerns of the mothers. Additionally, many families continue to experience severe financial disruption. Perhaps even more problematic is the fact that some caregivers are simply unaware of potential resources, but for emotional and financial support for these children. Thus, we recommend an extensive outreach program to educate caregivers about potential warning signs of problems in the children as well as resources to assist them.

The third type of recommendation would include providing more training, mental health/substance abuse treatment, and re-entry assistance to the women prisoners in order to reduce recidivism and increase the stability of these families upon release of the mothers. It remains problematic that some women with severe substance abuse problems have difficulty obtaining treatment while incarcerated. However, on the positive side, there is movement in the state toward providing wrap-around services, particularly to women with co-occurring mental health and substance abuse issues.

Fostering of mother-child relationships as well as dealing with the children's emotional trauma could be partially



addressed through improved visitation policies. Contact between mothers and their children can be extremely beneficial to the child. For one thing, seeing the mother may help reassure a child about the mother's situation (Parke & Clarke-Stewart, 2003). Additionally, the mother-child bond can be better maintained with regular contact. Mother-child contact is most beneficial when the mother plans to live with her children after release, but it can be beneficial in any situation where the mother plans to maintain a relationship with her children. The women themselves consider this to be extremely important. One recommendation would be to ensure there are child-friendly visitation areas at the facilities in order to minimize the trauma to the children. Additionally, the women suggest providing specific types of programs to enhance contact.

Past programs in the Department of Corrections have included reward-based visitation such as C.A.M.P., which included overnight visitation and structured activities for mothers and children to engage in together. The C.A.M.P program is available on weekdays when the child should be in school and the caregiver at work. Transportation difficulties are frequent among caregivers, given the somewhat remote

location of both the Mabel Bassett and Dr. Eddie Warrior facilities. Coordination with community organizations and churches for provision of transportation of children and caregivers would help improve the contact between mothers and children, thus improving the children's emotional states as well as the potential for successful reunification after release. This is particularly important currently, with high fuel prices and exorbitant rates for telephone calls from prisoners. With the recent change in the telephone plan for inmates, this may be alleviated. However, there is concern that rates will actually go up for those within the same area code.

When incarceration is the appropriate response to the crime, thorough assessment of the homes where the mothers plan to place their children is needed. It is imperative to ensure that the provisions of Oklahoma Statute Title 22, Chapter 20 are being carried out. The statute states that when a parent is incarcerated, "the judge of the district court shall inquire whether such person is a single custodial parent of any minor child. If such person is a single custodial parent, the judge shall inquire into the arrangements that have been made for the care and custody of the child during the period of incarceration of the custodial parent."

The sentencing judge is charged with determining that there are acceptable arrangements for placement of the child. However, the statute does not require that there be adequate documentation of suitability of placement, particularly if the child is placed with the other parent or with a relative. Unless the judge has reasons for concern, he or she might not enact the additional provisions of the statute that require assessment and ongoing reports about the placement. One potential solution would be to shift this burden from the judicial system to other organizations or officials. However, systematic tracking of children will be costly, no matter who is responsible for it. In the long run, in terms of reducing intergenerational offending and other problems, it may end up being cost-effective.

We continued to observe problems with placement of the children. Given that our sample of caregivers is probably not representative of the whole but actually of the best adjusted households, we believe there remains cause for concerns. Many children have to move around frequently, staying with more than one caregiver. This can lead to attachment issues in small children and alienation in older children. Furthermore, children continue to be placed in homes with a past history of

violence and abuse, and in some cases caregivers do not seem to be aware of the seriousness of the children's disturbance.

A lack of oversight in placement of children coupled with the possibility of children being placed in potentially harmful settings strongly suggests the need to develop a more thorough screening mechanism. Additionally, thorough assessment of the children themselves would be extremely beneficial in order to determine what services they might need. In just a small sample of caregivers we found a child who had been sexually abused, one who had been seriously abused, one who had seen her own mother shot, and another who had seen another person shot. Therefore, many of these children will have strong needs for extensive counseling and intervention services.

Both the mothers and the caregivers indicated that these children tend to have emotional problems, school problems, and substance abuse problems. It is recommended that the children be assessed at the time of the mother's incarceration and then at regular intervals, perhaps every six months, to determine their ongoing needs. This type of assessment would assist the state in ensuring that appropriate services are directed to the children. However, we note that

this presents problems as the children have not committed any offenses. Perhaps some type of supportive program could be developed to ensure children are receiving what they need in terms of services while avoiding being intrusive or invasive into the family. This could be more widely publicized to prisoners as well as in visitation areas in order to make more caregivers aware of available services. However, since many caregivers are very distrustful of the corrections system as well as other state agencies, this may not resolve the problem, but it could reduce it.

In conjunction with that recommendation, policies related to financial assistance of households with children of incarcerated mothers should be reassessed. Many of the caregivers are receiving only minimal assistance for the children in their care, primarily because most do not have legal guardianship or are not part of the foster care system. Additional forms of material and economic assistance should be explored. Clothing, school supplies, and activities, often for more than one child, place a severe financial burden on low- and moderate-income households. Caregivers also find that they are unable to get a break, so programs designed to assist them in having some free time should be considered.

Additionally, some children are experiencing school difficulties, either dropping out of school or falling grades. We suggest that tutoring and other services should be provided where needed.

There are several issues related to guardianship and custody that may need to be examined as well. Caregivers should receive educational materials about their options and what each one entails (i.e., guardianship, adoption, or informal caregiving). Many do not know exactly what is involved in the different types of legal arrangements, and they are often operating with incorrect information. Although the decision of whether or not to pursue guardianship, custody or foster-care status should remain their own, provision of information about the options and what each option entails could help them make more informed decisions.

Counseling and support are needed for caregivers, children, and the mothers. First, caregivers are frequently older, and taking on a small child can result in social isolation for them, as their peers may not be dealing with the problems related to having young children. These caregivers are in need of counseling and support groups to help them deal with the stress of adding children to their households. One caregiver also

suggested peer counseling groups for the children of incarcerated mothers so that they can see that other children are undergoing similar experiences and feelings. Counseling and parenting skill classes for the mothers is also highly recommended. Many mothers and their children will be reunited after the mothers' sentences are served. This suggests the needs for a variety of programs. First, joint counseling for mothers and children prior to release could help them address some of the issues that could create problems upon release. The services required by these families also would include reintegration planning. Successful rein-

tegration will require counseling for family members as well as practical and financial assistance in setting up a household and finding employment. The women and many of the care recognize these needs. When asked what assistance they and their children would need upon their release, their words echoed these themes repeatedly.

One final recommendation should be noted. The state should consider focusing on alternative sanctions such as drug court, intensive supervision probation, day reporting centers or nighttime incarceration pro-

grams when possible. However, these programs will be successful only if there is considerable oversight as well as services to assist the women and their children improve their situations. Since the majority of the women sentenced to incarceration have a high school education or less, paying for substance abuse programs and additional court charges and probation fees, while a laudable goal, simply may not be feasible. Although we are not advocating that females be treated more leniently than males, their earning power and living arrangements should be taken into account.

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* The opinions expressed in this study may not reflect the official opinion of the Commission on Children and Youth.

** \$52.60 is the daily per diem amount for FY 2007 actual cost at Mabel Bassett Correctional Center (MBCC) as reported by the Department of Corrections.

*** \$365.00 monthly DHS foster care rate for child age two.

**** \$5,000.00 annual cost per drug court participant according to DMHSAS.

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