

# NO SYMPATHY...

“When you have something like that happen, it’s really tough on the family. You know, you don’t get sympathy because you’re... there is no sympathy... it’s just a real tough thing.”

- Caregiver



Study of Incarcerated Women and Their Children  
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## Female Prisoners in Oklahoma

Oklahoma continues to lead the country in incarceration of women. Its female prison population is the largest per capita in the country, with 2,693 prisoners as of September 30, 2009 (ODOC, 2009a). The female incarceration rate for Oklahoma is 69 per 100,000 residents, compared to the national average of 134 per 100,000 residents (West & Sabol, 2009). Thus, the criminal justice policies and female offending in the state of Oklahoma continue to be problematic, especially in terms of impacting the children and families of the women who are incarcerated (Dalley & Michels, 2009). This study is based on data from the annual study of Oklahoma incarcerated women and their children that has been conducted since 2004. Female inmates are almost twice as likely as 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 their children’s living arrangements. Females are also significantly less likely than males to say those children are now living with their other parent. Taken in conjunction, these two statistics emphasize the fact that children of incarcerated mothers may find themselves not only without their mothers but also without their homes.

In the first phase of the study, female prisoners were administered a questionnaire containing questions on demographics, criminal record, and information about families such as contact with children, placement of children, and problems with children. Subjects came from four facilities: Kate Bernard Community Correctional Center (KBCCC) (n=23, 7.6 percent), Hillside Community Correctional Center (HCCC) (n=37, 12.3 percent), Eddie Warrior Correctional Center (EWCCC) (n=114, 37.9 percent), and Mabel Bassett Correctional Center (MBCCC) (n=127, 42.2 percent). Oklahoma Department of

Corrections was asked to provide us with a sample of 500 prisoners who had not participated in the 2008 study. The original sample was stratified to get a representative number of prisoners from each level of incarceration and at each facility, including medium, minimum and maximum levels at MBCC, general population and Regimented Treatment Program at EWCC, general and treatment at HCCC and work-release/trustees at KBCCC. The sample was further stratified by race and time in the DOC system in order to capture both long-term incarcerations and those who were re-incarcerated in order to be more representative of the population. The final sample was 301 completed surveys for an overall response rate of 60 percent. By facility, the response rates were as follows: MBCC (56.2 percent), EWCC (62.6 percent); HCCC (68.5 percent) and KBCCC (60.5 percent). Response rates were affected not only by subjects who chose not to participate but also by those who were not

*Three hundred-one completed surveys for an overall response rate of 60%*

**Table 1. Distribution of Sample for Phase I**

FACILITY	N	RESPONSE RATE
MBCC	127 (42.2 %)	56.2 %
EWCC	114 (37.9 %)	62.6 %
HCCC	37 (12.3 %)	68.5 %
KBCCC	23 (7.6 %)	60.5 %
TOTAL	301 (100.0 %)	~ 60 %

available on the day of administration due to transfers, administrative segregation, sick call or work. The survey was a self-administered questionnaire, administered to large groups in the facility visitation rooms. Research personnel were on hand during the survey to help answer questions about words on the survey, etc. Prisoners with minor children were also asked to provide contact information for the second phase of the study, the interviews of caregivers. We then conducted in-depth interviews with twenty-four caregivers.

*The majority of the women were serving their first term in prison (n=192, 63.8 percent)*

were serving their first term in prison (n=192, 63.8 percent), with 49 (16.3 percent) serving their third or subsequent term. The women who participated in the survey ranged in age from 20 years to 67 years, with a mean age of 36.68 years, and a median age of 36 years. In terms of race, 49.5 percent (n=149) self-identified as white, 19.6 percent (n=59) self-identified as black or African-American, 12.3 percent (n=37) as Native American, 10 percent (n=30) as both white and Native American, 3.3 percent (N=10) as Hispanic, and 5.0 percent (n=15) as other. One individual did not provide information on race.

Educational attainment continued to be low. Almost half of the women had not completed high school or obtained a GED prior to incarceration (n=143, 47.6 percent), 85 (28.2 percent) reported a H.S. diploma or GED was the highest level of education reached, and 72 (23.9 percent) had education beyond the high school level, with the majority of those concentrated in either vocational-technical training or up to two years of college (n=55, 18.3 percent of total). One individual did not provide information on education.

The women participating in the study also were not likely to have been married and living with their husbands at the time of incarceration. Only 54 (17.9 percent)

**Demographics**

The majority of the women

**Table 2. Demographics of Sample**

<b>Mean Age</b>	36.68	
<b>Race*</b>	<b>N</b>	<b>%</b>
White	149	49.5 %
African American	59	19.6 %
Native American	37	12.3 %
Native/white	30	10 %
Hispanic	10	3.3 %
Other race	15	5 %
<b>Education prior to prison*</b>		
Less than H.S./GED	143	47.6 %
H.S./GED	85	28.2 %
More than H.S./GED	72	23.9 %
<b>Marital status prior to prison*</b>		
Married	54	17.9 %
Living w/male partner	89	29.5 %
Living w/female partner	11	3.7 %
Divorced or separated, no partner	84	27.9 %
Single or widowed, no partner	57	19.0 %

\* categories do not total 100 % due to missing responses

reported being married at the time of incarceration, while 89 (29.5 percent) reported cohabiting with a male partner and 11 (3.7 percent) reported cohabiting with a female partner. Another 57 (19.0 percent) reported being either never married or widowed, with no partner in the home, and 84 (27.9 percent) reported being divorced or separated, not living with a partner. Six women did not provide information on marital status at the time of arrest. It is noteworthy that almost half the women reported not having a partner in the home prior to incarceration. In terms of impact on children, this is disturbing. Almost half of the women who reported living with their children immediately prior to this period of incarceration also reported no partner living in the home. We will examine this in more detail later.

**Criminal Histories of Women**

The majority of the women were incarcerated for drug offenses. Close to half (n=137, 45.5 percent) reported a drug offense as the sole or controlling offense, while an additional 25 (8.3 percent) reported a drug offense in conjunction with another charge. Slightly fewer than ten percent were serv-

ing time for murder or manslaughter (n=27, 9.0 percent), and the remainder were serving time for either assault, or property crimes such as bogus checks, credit card fraud, and other types of theft. Forty-seven (15.6 percent) were incarcerated for probation or parole violation, and 36 (12.0 percent) were in prison for failure to successfully complete drug courts. For those women who had served a prior term in prison (n=108), there were a number of problems experienced after release that led to their re-incarceration, either for violation of parole or for a new offense.

**Family Histories of Women Prisoners**

These women come from disturbed families, with histories of abuse and neglect. Nearly 10 percent reported that their mothers, but not their fathers, had been incarcerated (n=28, 9.3 percent), while nearly one in five reported only their fathers had been to prison (n=55, 18.3 percent). In 12 cases, (4 percent), both parents had been to prison. In total, almost one-third of the prisoners had at least one parent incarcerated while they were growing up. Only eight reported a grandparent had gone to

prison, but over one-third (n=103) reported one or more siblings had been to prison.

Almost two-thirds (n=184, 61.1 percent) reported growing up with someone in the home having a drinking problem. In 28.2 percent of the cases (n=85), the subject reported her mother had an alcohol problem, and 32.6 percent of subjects reported their father had a drinking problem (n=98). An additional 16.9 percent (n=51) reported a step-parent with a drinking problem. Almost half (n=141, 46.8 percent) reported that someone in their childhood home had a drug problem, with 61(20.3 percent) identifying their mother as having a drug problem and 43 (14.3 percent) identifying their father as having a drug problem. An additional 28 (9.3 percent) reported a step-parent with a drug problem. Almost two-thirds came from homes where divorce had occurred (n=184, 61.1 percent). Almost half reported mental illness in their childhood home (n=142, 47.2 percent). Over half had run away from home before the age of 18 (n=158, 52.5 percent). Forty-five (14.9 percent) reported that they often or very often did not have enough to eat, while 21 (7 percent) reported

**Table 3. Problems Experienced by Women Between Prison Terms (n=108)**

Problems finding a job	59 (54.6 %)
Problems finding a safe place to live	52 (48.2 %)
Problems paying court costs or other fees	65 (60.2 %)
Problems staying drug free	79 (73.1 %)
Problems staying away from family/friends who were engaging in crime or drug use	71 (65.7 %)

never or rarely having someone who would take them to the doctor when they were sick. (See Table 4)

These women also grew up in homes where violence and abuse was common. Almost forty percent (n=120, 39.9 percent) reported being called names by someone in their home, 129 (42.9 percent) reported that their father was violent towards someone in the home, and

86 (28.6 percent) reported that their mother was violent towards someone in the home. Approximately half (n=150, 49.9 percent) reported being physically abused as a child, and 169 (56.1 percent) reported being sexually abused as a child, with 73 reporting sexual abuse occurred 10 or more times during their childhood. These women were likely to report experiencing both physical

and sexual abuse: 119 women reported experiencing both, 50 reported sexual abuse only, and 31 reported physical abuse only, for a total of two-thirds (n=200) reporting one or both types of abuse. However, less than half of those who reported childhood physical and/or sexual abuse had received any counseling for their abuse (n=79, 39.5 percent). Not surpris-

**Table 4. Prisoners' Childhood Histories of Family Dysfunction/Instability**

Mother incarcerated	28 (9.3 %)
Father incarcerated	55 (18.3 %)
Both parents incarcerated	12 (4 %)
Someone in home w/drinking problem	184 (61.1 %)
Mother had drinking problem	85 (28.2 %)
Father had drinking problem	98 (32.6 %)
Stepparent had drinking problem	51 (16.9 %)
Someone in home with drug problem	141 (46.8 %)
Mother had drug problem	61 (20.3 %)
Father had drug problem	43 (14.3 %)
Stepparent had drug problem	28 (9.3 %)
Parents divorced	184 (61.1 %)
Mental illness in the home	142 (47.2 %)
Ran away from home before age 18	158 (52.5 %)
Often or very often did not have enough to eat	45 (14.9 %)
Nobody to take them to doctor when sick	21 (7 %)

**Table 5. Childhood Abuse Histories**

Called names at home	120 (39.9 %)
Father violent in home	129 (42.9 %)
Mother violent in home	86 (28.6 %)
Physical abuse only as a child	31 (10.3 %)
Sexual abuse only as a child	50 (16.6 %)
Both physical and sexual abuse as a child	119 (39.5 %)
Rape past the age of 18	109 (36.2 %)
Domestic violence	
Victim only	172 (57.1 %)
Both victim and perpetrator	42 (14.0 %)
Perpetrator only	9 (3.0 %)
Received abuse counseling	79 (39.5 %)

ing given the instability of their childhoods, over one-third (n=104, 34.5 percent) had been arrested as a juvenile, with 48 (15.9 percent) being placed in a juvenile facility. Additionally, 117 (38.9 percent) had received services from child welfare authorities, with 43 (14.3 percent) being removed from the home at some point. (See Table 5)

Nor did the histories of abuse end at the age of 18. Over seventy percent (n=214, 71.1 percent) reported being the victim of domestic abuse since the age of 18, while 51 (17.0 percent) reported being a perpetrator of domestic violence. In 42 cases (14.0 percent), the individual reported being both

victim and perpetrator, while in 172 cases (57.1 percent), she reported being a victim only. In only nine cases (3.0 percent), the woman reported being a perpetrator but not a victim. Additionally, 109 women (36.2 percent) reported being a victim of rape since the age of 18.

#### **Mental Health Histories**

Not surprisingly, given the unstable and often abusive childhoods of these women, many of them have experienced mental health problems. Past research has indicated that approximately half of all women prisoners have mental health disorders, and a very high percentage have substance

abuse problems as well (Gido, 2009). Furthermore, childhood abuse and trauma have been linked with both mental health disorders and substance abuse disorders in incarcerated women (Broner et al., 2009). In particular, there is a strong link between childhood trauma and both depression and PTSD (Duncan et al., 1996). In a study of detainees in New York City, women were found to be more likely to be diagnosed with PTSD or depression. Furthermore, there was evidence in this study that PTSD was linked to childhood sexual abuse. Finally, a relatively large proportion of the overall variance in psychiatric measures was accounted for by the measures of childhood trauma (Broner et al., 2009).

We asked the subjects in the current study to report their histories of psychological or psychiatric treatment prior to incarceration. Sixty-three (20.9 percent) women reported prior hospitalization for a mental health issue, and another seventy-six (25.3 percent) reported receiving outpatient services, including thirty-five (11.6 percent) who had been treated with medication. Altogether 139 women (46.2 percent) reported receiving mental health services prior to being incarcerated. We asked them also to describe their diagnoses. Although some women did not know, seventy-five women (24.9 percent) reported depression or major depression as one of their diagnoses. Twenty-four (8 percent) reported a diagnosis of anxiety. Fifty (16.6 percent) reported a bipolar diagnosis, and twenty-five (8.3 percent) reported a post-traumatic stress disorder diagnosis prior to incarceration. Seventy-four (24.6 percent) reported a depression diagnosis. Since incarceration, 140 women (46.5 percent) reported receiving counseling, medication or both. Forty-two (13.9 percent) reported receiving a new diagnosis since being in prison, including twenty-seven (9 percent) who said that prison was the first time that they had received a mental illness diagnosis.

The Adverse Childhood Experience study provides considerable insight into the likelihood of mental health problems in incarcerated women. Adverse Childhood Experiences (ACEs) may have a

strong cumulative effect. Eight childhood events were added into a cumulative ACE score, where the presence of any of the following events each counted one: emotional abuse, sexual abuse, physical abuse, growing up in a household with someone with a drug or alcohol problem, growing up in a household with someone with a mental illness, growing up in a household with someone being incarcerated, growing up without one of the biological parents in the household or growing up with the mother being treated violently. Maximum possible score on the ACE scale is 8. In a study of a middle-class population, only one in 14 individuals had an ACE score of 4 or higher (Felitti, 2004). However, in our sample of incarcerated women, 49.5 percent of the women scored 4 or higher. The study goes on to state that ACEs become transformed into “organic disease, social malfunction, and mental illness” (Felitti, 2004, p.4). In the current study, bivariate correlation analysis indicated that there is a strong correlation between ACE score and prior diagnosis. Binary logistic regression indicated that for every one point increase in ACE score, the likelihood of having a diagnosis of bipolar disorder prior to incarceration increased 26 percent and the likelihood of having a PTSD diagnosis prior to incarceration increased 37.9 percent. This relationship is explained by Felitti (2004, p. 8), who states, “Adverse childhood

experiences are widespread and typically unrecognized. These experiences produce neurodevelopmental and emotional damage, and impair social and school performance.” Thus, is it not surprising that the women incarcerated in Oklahoma have a high prevalence of mental health disorders, given their histories of childhood trauma.

**Drug Abuse Histories**

Childhood trauma has also been linked to alcohol and drug problems. We asked the women to self-report their drug use in the year prior to incarceration. Seventy one percent (n=215) of the women reported drinking alcohol at least once a month, and 107 (35.5 percent) reported using it either daily or several times per week. Marijuana use was also prevalent, with 174 (57.8 percent), and 124 (41.2 percent) reporting use several times a week or daily. The next most commonly abused drug reported by the women prisoners was methamphetamine, with 44.9 percent (n=135), and 34.5% (n=104) reporting use several times a week or daily. Crack use was also frequently reported. Eighty-seven (28.9 percent) of the women reported using crack in the year prior to their incarceration, and 57 (18.9 percent) reported using it several times per week or daily.

The traumatic histories of these women may also explain their drug use. Felitti (2004) presents strong evidence that substance abuse, including alcohol, nicotine and illicit drugs, are strongly linked to adverse child-

One hundred-seven (35.5 percent) reported using it either daily or several times per week. Marijuana use was also prevalent, with 174 (57.8 percent), and 124 (41.2 percent) reporting use several times a week or daily.

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hood experiences. Individuals in his study with high ACE scores were far more likely to become alcoholics or injecting drug users. In fact, the study found that a subject with an ACE score of 6 was **46 times** more likely than one with an ACE score of 0 to become an injecting drug user (Felitti, 2004). In the current study, 19.7 percent of the women had an ACE score of 6 or higher. The implications are obvious: these women were at high risk of becoming drug users due to their traumatic backgrounds. We see a similar pattern for alcoholism in the Felitti (2004) study, where he found that only 2.5 percent of those with an ACE score of 0 but 16 percent of those with an ACE score of 4 or higher were alcoholic.

**Children**

The focus of this report is the effects on the children of incarcerated women in Oklahoma. The overwhelming majority of the women in the study reported they had at least one child (n=257, 85.4 percent), resulting in 760 children (almost 3 children per mother). Furthermore, nearly half the women reported having borne children with more than one sexual partner (n=148, 49.2 percent), further complicating their family lives. Approximately one-third of these children are no longer minors. The women reported 497 children under the age of 18. Slightly less than half the women reported they were living with a minor child at the time of the current incarceration (n=137, 45.5 percent). These women ac-

counted for 265 minor children with whom they were living at the time of incarceration. The majority of this group (those living with child or children at time of incarceration) reported plans to live with one or more of their children upon their release (n=113), which indicates the importance of considering family reunification in planning for re-entry. Eighty-four of those who had been living with one or more minor children at time of current incarceration reported they still retained custody of one or more of their children.

Not all of the women provided information about where their children are currently living. However, information was given for 187 of the 265 children who had been living with the mother prior to her incarceration. Of the 187, 58 (31.0 percent) were living with the children's other parent, 53 (28.3 percent) were living with the prisoner's mother, 10 (5.4 percent) were living with the prisoner's grandmother, 15 (8.0 percent) were living with a sibling of the prisoner, and 15 (8.0 percent) were living with other relatives of the prisoner. An additional 11 (5.9 percent) were with the mother of the children's father, and 6 (3.2 percent) were with other relatives of the children's father. Two (1.1 percent) were living with a friend of the prisoner, 11 (5.9 percent) were in foster care, and 6 (3.2 percent) were placed with an agency.

The women also reported

149 children with whom they were not living at the time of their incarceration. The most common placement was with the children's other parent (n=42), followed by the prisoner's mother (n=20), foster care (n=15) prisoner's siblings (n=12), partner's mother (n=9), prisoner's grandmother (n=7), partner's other relatives (n=6), and agency (n=4) or a friend (n=1). Note that these numbers refer to the number of prisoners reporting and not the number of children in these living situations. Each placement could represent more than one child, but the questionnaire did not ask as detailed of questions as it did about children who had been living with the mother prior to her incarceration. In addition, 15 women reported that other children (e.g., grandchildren, stepchildren) were living with them at the time of incarceration.

Contact between the incarcerated mother and her children is an important aspect of maintaining the relationships and can be beneficial to both parent and child. For the parent, regular contact with her children helps reduce the anguish that results from separation. For the child, regular contact offers reassurance that the mother is doing okay and still loves the child. We asked the women who had been living with their children prior to incarceration how often that they received visits, talked on the telephone and received mail from their children. Sixty women (43.8 percent) reported receiving visits once a year or less often, while 48 (35.1 percent) reported receiving visits at

*19.7 percent of the women had an ACE score of 6 or higher.*

*The overwhelming majority of the women in the study reported they had at least one child (n=257, 85.4 percent), resulting in 760 children. Furthermore, nearly half the women reported having borne children with more than one sexual partner (n=148, 49.2 percent).*

**Table 6. Placement of Children Living with Mother at Time of Her Incarceration**

Placement of Child	N	As % of Known Placements (n=187)	As % of Total Children (n=265)
Child's other parent	58	31.0 %	21.9 %
Prisoner's mother	54	28.3 %	20.0 %
Prisoner's grandmother	10	5.4 %	3.8 %
Prisoner's sibling	15	8.0 %	5.7 %
Prisoner's other relatives	15	8.0 %	5.7 %
Partner's mother	11	5.9 %	4.2 %
Partner's other relatives	6	3.2 %	2.3 %
Friend	2	1.1 %	0.8 %
Foster care	11	5.9 %	4.2 %
Agency	6	3.2 %	2.3 %

least once per month. Thirty-nine (28.5 percent) reported telephone calls once a year or less, while 56 (40.9 percent) reported speaking with the child at least once per month. Thirty-seven (27.0 percent) reported receiving mail from the children once a year or less, while 61 (44.5 percent) reported receiving mail at least once a month from children. While some contact is being maintained, it is clear that contact is limited for the majority of women and their children, and this could create problems both currently and in the future. Evidence suggests that maintaining relationships during incarceration benefits children, especially when the parent has been very involved prior to incarceration (Nickel et al., 2009).

Maintaining contact is problematic, however, because institutional policies often create barriers. For example, prisons tend to be located at a distance from the families. This is true in Oklahoma, where both the minimum security

facility for women (EWCC) and the medium-to-maximum security facility for women are located in rural areas. For families with limited options and funds for transportation, arranging transportation to bring children to see their incarcerated mothers can be a challenge (Nickel et al., 2009). Additionally, visitation areas and times must meld with institutional requirements and policies. Visitors may not understand the rules or reasons for the policies, leading to the perception that prison staff are punitive towards them (Nickel et al., 2009). Telephone contact is made through collect calls, and the rates are high. It is noteworthy, however, that the telephone rates for collect calls from Oklahoma prisons have been reduced.

Some policies have been developed to facilitate contact between the mothers and their children, most notably the play days at Dr. Eddie Warrior Correctional Center. Transportation from various communities throughout the

state is provided through church groups. One of the strengths of the program is that participation is limited to prisoners who have completed the Parenting Program, wherein healthy parenting skills are taught to the prisoners. The women then get the opportunity to apply the learned skills in a supervised setting during the four play days that occur throughout the year (Davis, n.d.).

Children are affected in many ways when a parent is incarcerated. First, the family unit is disrupted. The child may be traumatized by the arrest of the parent, especially if they view the arrest (Nickel et al., 2009). This may lead to a host of problems for these children. In particular, depression, academic performance, conflict with friends and caretakers, and alcohol and drug problems may be prevalent (Sharp, 2008a; Nickel et al., 2009). Research must focus on inmates' families as well as the caregivers of minor children to gain a clearer perspective on the

**Table 7. Contact with Children among Women Living with Children Prior to Incarceration**

<i>Visits</i>		
Once a year or less	60	43.8 %
Twice a year or more but less than monthly	20	14.6 %
Once a month or more	48	35.1 %
Unknown	9	6.5 %
<i>Telephone calls</i>		
Once a year or less	39	28.5 %
Twice a year or more but less than monthly	34	24.8 %
Once a month or more	56	40.9 %
Unknown	8	5.8 %
<i>Mail</i>		
Once a year or less	37	27.0 %
Twice a year or more but less than monthly	31	22.7 %
Once a month or more	61	44.5 %
Unknown	8	5.8 %

unintended consequences of incarceration. Prior research has indicated that children of incarcerated parents are at high risk of emotional and behavioral problems. Some of the risks are due to exposure to drug use, mental illness and

poverty prior to the parents' incarceration. However, these risks are exacerbated by the instability that results from the parent going to prison (Nickel, Garland & Kane, 2009).

We also asked the women

about problems their children might have been experiencing both before and during the mother's incarceration. The results are reported below in Table 8.

School problems, problems with guardians and depression

**Table 8. Number of Children Experiencing Problems Before and Since Mother's Incarceration, as Reported by the Mothers**

	<i>Problem Before Mother's Incarceration</i>	<i>Problem Since Mother's Incarceration</i>	<i>Problem Both Before &amp; Since Mother's Incarceration</i>
<i>Bad grades</i>	18	35	16
<i>Expelled</i>	6	12	7
<i>Dropped out</i>	8	12	
<i>Trouble with guardian</i>	10	33	11
<i>Run away</i>	2	10	5
<i>Arrested</i>	3	8	5
<i>Drug problem</i>	4	11	5
<i>Depression</i>	10	47	16
<i>Suicidal</i>	3	14	6

were the most commonly reported problems. The women reported 35 children who had developed bad grades since incarceration of the mother, 18 who had bad grades before the incarceration, and 16 who had bad grades both before and since. In addition, 12 children had been expelled from school since the mother's incarceration and 12 had dropped out. In comparison, 6 had been expelled and 8 had dropped out prior to the mother's incarceration, and 7 had been expelled both before and since she was incarcerated.

Problems with guardians were also very common. Ten children had problems with a guardian prior to the mother's incarceration, 33 since her incarceration, and it had been a problem for 11 children both before and since the mother's incarceration, according to the subjects.

The other frequent problem that the mothers reported their children experiencing was depression. They reported 10 children had a problem with depression prior to the mother's incarceration. However, 47 children had experienced problems with depression since the mother had been incarcerated. It had been a problem both before and since the incarceration for 16 children, according to the mother's reports. Even more disturbingly, the mothers reported that a few children had been suicidal. Three children were reported as suicidal prior to their mother's incarceration, 14 since the mother's incarceration, and 6 at both times.

These reports are based on the mother's perceptions and thus cannot be taken as absolute facts. Nonetheless, these numbers give

cause for alarm. Furthermore, we have seen from the work of Dr. Felitti and colleagues that there is a strong link between childhood trauma and mental health problems. Clearly, for many of these children, there has been considerable trauma and instability in their lives, both from their environments prior to the mother's incarceration and as a result of having the mother taken from them. For many children, the mother's incarceration has resulted not only in the absence of the mother but often disruption of the entire family unit. Siblings are often separated when the mother goes to prison, and children are uprooted and taken to live with relatives or even strangers. Therefore, it is not surprising that some of these mothers are reporting serious problems in their children.

#### **Concerns and Recommendations from the Women**

At the end of the survey, there were two open-ended questions that focused on concerns the women had about their children and suggestions they wanted to make. Quite a few of the women were concerned about the conditions in which their children were living. Some mentioned children being in foster care, with one saying her child had bruises the last time she visited, but that her child was placed in foster care because she was around drugs and crime when staying with family members. Several expressed concerns about the drug or alcohol abuse going on in the homes in which the children lived. Children being left alone was also frequently mentioned. One woman stated, "He gets lefts at home by himself all the

time do to the father having to work." She added she was concerned because her son was, "Hangin (sic) out with older kids. Getting into the gang life."

Being unable to see their children due to conflict with caregivers was also frequently mentioned. One woman said that her ex-mother-in-law had the children to avoid DHS involvement but was not allowing contact. Several mentioned that the children were not with the original caregiver, and some expressed concern about adequate food and shelter for the children.

We asked the women what they thought might be beneficial to them and their children. The answers tended to fall into two categories: therapeutic and pragmatic. On the therapeutic side, many women recommended counseling for both themselves and their children. In the words of one woman, "I believe that there should be counseling for the whole entire family." This was echoed by many other women. These women seem poignantly aware that reuniting with their children will not be a simple matter and that groundwork and counseling prior to release is needed to begin mending their familial relationships. The women also were aware that their children were suffering. One woman stated,

*"The ability to go to counseling with my children once I am released. I have been away for nearly 5 years and they mainly my oldest child is having a hard time with me being in prison. I would like to attend counsel-*

*ing together and individually. I want them to learn and be able to express their emotions in a healthy manner and not end up where I have been. I want them to be ok and have a healthy mind, mannerism, and be able to express themselves healthfully."*

Visitation and contact with the children was also frequently mentioned. One woman addressed the fact that her children's caregiver was a convicted felon and thus could not bring the children to see her. Others suggested programs to provide transportation for the children. Still others suggested making visitation more child-friendly. Yet another suggested changing the telephone call system to a phone card system, wherein prisoners could buy phone cards from their accounts rather than having to make collect calls. The women also suggested more programs like C.A.M.P, Play Day and Girls Scouts, and more activities to allow them to engage with their children in a healthy manner. Some pointed out that the C.A.M.P. program was not very effective because it occurred when children are in school or caregivers are at work, thus limiting participation. Many of these women are concerned that they are having difficulty continuing to mother their children due to the conditions and restrictions placed on visitation. In the words of one woman,

*"The state and prisons work very hard at making it impossible to keep a bond or relationship with family Remember our children & Fami-*

*lies are doing time with us. You treat them like criminals too."*

Other women mentioned more pragmatic issues. Many women expressed concern about the limited programming available to them, and some suggested programs be made more available to those who come under the 85% rule. More drug treatment was frequently mentioned, as was counseling. Many of the women focused on issues to facilitate their reintegration when they are released. Some noted that finding safe and affordable housing was a priority, while others mentioned concerns that transportation would be a problem for them on the outside. Assistance finding a good job was a high priority for many, as well. The women also were concerned about barriers they would face upon release. One stated,

*coming out of prison a felon should be able to get a job so that we can reintegrate (sic) back into society and take care of our families and responsibilities & housing and transportation should be a must especially in this state. ("How can we change when we are constantly held back from opportunities (sic) in life").*

These women appear to be genuinely concerned about very real problems their children are experiencing. Additionally, the majority of the suggestions they made are realistic and make sense. Many expressed appreciation that they had been asked about their

concerns or what they felt would be of most benefit to them and their children. Overwhelmingly, the women were concerned about the limited availability of education and treatment programs while incarcerated.

Additionally, they were concerned about contact with their children as well as the need for mother and children to work through issues together prior to the mother's release. Finally, many were concerned about the problems they would face re-entering society and had concrete areas that they felt needed to be considered, such as jobs, housing, transportation, and acceptance back into their communities.

## Caregivers of the Children of Female Prisoners

At the time of the administration of the survey, we asked those mothers who were willing for us to contact the caregivers of their children to provide us with contact information. Over 70 names were given to us. However, in many cases contact information was incomplete. We sent a letter explaining the study to those caregivers with complete contact information. Several of those letters were returned due to incorrect information. In one case, the caregiver had been living in a motel and had moved from there. We then contacted by telephone those for whom we had telephone numbers and requested an interview. Many did not want to speak with us. In some cases, the mother's rights had

been terminated, and they did not feel that the study applied to them. In several cases, interviews were scheduled, but the individuals failed to show for the interview. We had the protocol amended to allow us to complete some interviews by telephone where distance was problematic. Eventually, we were able to complete 24 in-depth interviews with the caregivers. Caregivers ranged in age from 29 to 69, with a mean age of 51. Nineteen (79.2 percent) were female. Sixteen (66.7 percent) were White, four (16.7 percent) were African American, one (4.2 percent) was Hispanic, two (8.3 percent) were Native American, and one claimed both Native American and White (4.2 percent). The modal educational category was high school diploma or GED (n=8, 33.3 percent), but five (20.9 percent) had less than a high school education. The overwhelming majority were related to the children (n=21, 87.5 percent). In 83.3 percent of the cases (n=20), the child had been living with the mother prior to her incarceration, and it was the first incarceration of the mother in two-thirds of the cases (n=16). In 66.7 percent of the cases (n=16), the child or children had siblings or half-siblings living elsewhere. Two-thirds (n=16) of the caregivers had legal custody of the child or children in their homes. The number of children living with the caregivers interviewed ranged from 1 to 4, with a mean of slightly fewer than two children.

### **Backgrounds of the Incarcerated Mothers and the Children**

Several of the caregivers spoke about difficulties that the

prisoners had faced prior to their incarceration. Some talked about mental illness issues, while others talked about abuse the prisoners had suffered during childhood. One mother of a prisoner, who is raising that prisoner's son, went into detail about sexual abuse that had occurred.

*[S]he was a victim. Her father started molesting her before she could remember, and I did not know it. I divorced him when she was six years old. And I did not know what was going on before then, or after. I had it pointed to me and I could see some signs were there, but she fooled the psychiatrists. She attempted suicide when she was 14 and I had her in Baptist for a month and she was on my state insurance when I was working at Central State, and they kept her for, they said it would be a month, and they kept her six weeks. And they said it was some adjustment problems, they didn't know she'd been molested. her father went in and talked to 'em too, and the man was a Deacon at the church. You know, the typical pedophile. She wasn't his only victim.*

This prisoner had ended up in abusive relationships as an adult as well. In one event, her child had been present during an altercation between the woman and a boyfriend, and the child was hurt. The prisoner's mother felt that the prisoner was using drugs to deal with her abuse.

Several of the caregivers

also expressed concern that the state was responding to mental illness and substance abuse by incarcerating the women. These caregivers felt that the prisoners had not received needed help. One mother felt that the way the daughter was handled by police had been harmful, and that prison was not a good place to treat her mental illness and substance abuse problems..

*And being that somebody has some kind of mental problem like that. This ain't the place for that. You know it's just like the officer talked to her the way she did. That's not helping her. That's just making her more angry. The bi-polar that she has... it's not going to help her. I just think that. I think that she should be in a drug rehab. And uhh... A drug rehab where they can teach her about the drugs.*

This caregiver was certainly not unique in these concerns. Other caregivers expressed similar thoughts.

*[W]e truthfully miss her, the only complaint that I actually have and I think that [child] actually has, is I feel like [prisoner] should needed mental help rather than the penitentiary, and I feel like their locking too many people up in the penitentiary that really have deep mental problems that need mental help, they do not need to be incarcerated or kept in a, in a place at, you know, in mental*

health facility, but as far as thrown in a penitentiary, I just don't, I don't agree with that at all. And I guess they're starting to come up with some legislation now where they're having people evaluated better somehow, but of course, what do they do with people like that...state hospitals, but they are overcrowded...and all that, but anyway, that's.

And I feel at the time they arrested her, they found a glass pipe, which is a crack pipe. They found Brillo pad which is what they stick in it to be able to smoke the crack in there. And they found a wire that she cleaned. They found 2 crack pipes. You'd think that finding that evidence on her would tell you that she's got a drug problem right. Being where she is... That's not helping her. You know... She needs to get help with the drugs to teach her what effect it can do to you. And that's why I feel they put her in the wrong spot.

The women's backgrounds, mental illness and substance abuse meant that many of the children have had highly unstable childhoods. The majority of the caregivers reported that the children had been in situations that were not very stable prior to the mother's incarceration. In one case, a child's father had killed his girlfriend and then himself. This and the mother's instability have caused turmoil in this girl, who is now acting out and was violent

toward the caregiver. Although the child is still under the age of 18, the caregiver has evicted her from her home, and the girl does not have a stable home at this point in time. The grandmother was in the process of terminating her guardianship and reported that the girl was "supposed to be a gangbanger."

*She's really got a lot of issues and problems. You know, I can't get through to her...We've taken her to psychiatrists...medication...uh, she can't go to public school because she can't get along with nobody. We had her in home school, and uh, she jumped on me, a few weeks ago. Of course, I had to fight her off of me too, 'cause I tried to break her neck. And uh, I told her she couldn't never come back here—you know, you don't hit me, I'm the one that's been taking care of you. You're mad at your momma—that's who you need to be talking..you know, you wanna fight? Fight her, but don't fight me.*

This child had three half-siblings, and the mother had been in and out of the lives of all four children. The oldest is now 19 and living on her own. The caregiver, who was the mother of the prisoner, expressed concern that the children would get their hopes up and then the mother would start using drugs again.

*She would call and they would talk and she made all her promises to them...that she had met the Lord and that*

*she was gonna do this and she was gonna do that. But she got out, and when she got out, they were looking for what she had told them. And, and, she couldn't produce. She didn't produce. So that's what's got that 17 year old all messed up, too. Because, she love her momma. And her momma told her, now, when I get out I'm gonna do this, I'm gonna get myself together and we're gonna all get to live together. And so on, and so forth. And when she got out, she wasn't out over 24 hours, she was right back at the drug house.*

Additionally, these children tend to act out more when the mother is around, according to the grandmother caregiver, who reported that the youngest child tells her she does not have to obey her because she is not her mother. The youngest child, age 8, is behind in school work. The school wanted to hold her back in the fall, but the grandmother hoped to work with her over the summer to bring her up to grade level. This child also has a therapist who comes to the house weekly. The child's father is also incarcerated, and the child visits him regularly with her paternal grandmother. The other child in this household was autistic. This child was bright but needed a controlled and safe environment. The grandmother was concerned because she was graduating from the elementary school where she had been in a special class and would be starting middle school.

*She's like in a special...I don't want to say special education class. But, for autism. And, the school that she was going to—everything she needed, it was there. And they taught her well, you know? She, she learned a lot...she learned so much that when she got ready to graduated, they started—the teacher started crying because they did not want her to leave...I don't let her go to camp, because she cannot communicate that good. If something happen to her or somebody hurt her, she can't tell me who did it. So I'm very protective of her.*

Some of the children were exposed to violent situations prior to the mother's incarceration. This has resulted in some problems in these children.

*I think he had the anger and everything before because mom was always with men who were abusive, verbally you know. Sometimes physically. There was always fighting and stuff going on.*

Although some caregivers talked about the children being in very unstable situations with their mothers, others pointed out that the mothers were caring and present in the lives of their children prior to their arrests. These caregivers saw the mothers as women with drug problems who wanted the best for their children but were struggling with addictions. One grandmother caregiver talked

about confronting her daughter, who lived with her parents and children, about exposing the children to drugs. This woman, after being confronted, was very careful to use drugs away from their home.

*You know a lot of parents. You know. They forget about activities with the kids. They worry about themselves too much. But her, she seemed like... she was doing the normal. You know, I really couldn't tell. The only way... I think that if she was doing... She was doing it the one day that I caught her. After that happened, she was doing it away from the home.*

This was not the only caregiver who felt the mother had been doing a decent job with her children. A grandmother caring for her daughter's two children had this to say:

*She'd bring them over if she's working, I'd keep them. Or if she had to run somewhere right quick. I'd keep them. Not that long. She was always with them, always with them except if she's working.*

A 61 year old father of a teen-age boy had hope that his wife would do well when released. He talked about the instability prior to her incarceration and then about their ability to meet at church and how they were working on their problems.

*And, uh, I had to get control some way or another of the household finances and uh, uh, raise my son in a stable environment. So, uh, when she went, when she went in the penitentiary she was really bad on drugs, and uh, to a point where she was almost dead. And, uh, she's changed tremendously, she's back to her old self, and we both love her to death. And, uh, are there for her while she's in the penitentiary, but, uh...it's hard...it's hard on me, it's hard on [child], her son.*

#### **Experiences of the Children at the Time of Arrest**

In some cases, the family did not know what had happened at the time the mother was arrested, which created more difficulties. The caregivers sometimes found out from DHS workers and then picked up the children to keep them out of DHS custody. One father described what it was like to not know what was going on. Both he and the child were inside the house when the mother was arrested outside, yet they were not informed and found out from neighbors. No effort had been made by law enforcement to ensure that the child was not left in the home alone.

*So I came back here and they'd arrested her and taken her to jail, and they didn't tell me, they didn't tell [child], they didn't tell nobody, right out of the front yard, and I was a little disgusted with*



*that, cause you know, hey at least tell her son or tell somebody what's going on, you know? 'Cause he was a minor at the time, and he's still a minor child and uh, but when they come in here and arrested her I was here and [child] was here, we were both here and they arrested her and took her off.*

Another father expressed frustration with DHS and his efforts to gain full custody of his son. He was upset because the DHS worker indicated that the mother might be able to regain custody. Therefore, although he was taking care of the child, DHS actually is maintaining custody. He is engaged in a fight with the system right now to be able to keep the child in his home. He also expressed frustration about the number of people involved with him and his child.

*The other issue I had, you asked me earlier about the DHS, they straight up told me that they wanted to maintain custody of the child, for me to be the, he could live with me, but their intention was to give her the chance to get the child back after she gets out of prison.*

Well I'm fighting with DHS to get custody of my own child... I'm fighting with DHS. CASA is involved because of the court situation. The Cherokee Nation is involved because he's half Cherokee. Uh, DHS is involved, and the baby has a

*court-appointed lawyer. There's lots of people involved. He has foster care, so they're involved. Uh, and one of DHS requirements was for me to take parenting classes, so now the parenting class people are involved.*

One woman reported that the child she is caring for was left with a friend of his mother initially. When she found out, she went to check on him, but the woman was not there. The friend then brought the child to this caregiver. She had not planned on becoming the child's caregiver but felt she had little choice.

*So and uh I heard he was there with her friend so I went and checked on him and uh made sure he was ok and she said [name] was gone for a little while and she was gonna come back. Well the next day I got off from work and she was at my house. She said she can't no longer take care of [child 1] because, uh, she was pregnant and she had one child already. And, uh she couldn't take care of him and she just dropped him off at my house so therefore I felt like uh you know I need to take care of him and be responsible for him.*

The caregiver was eventually able to get guardianship of this child.

She [the mother] knew I had to have papers to take care of [child]... she had - I got papers from the tribe for

*guardianship then she had lost the title and stuff she had lost the paper that I had given her but while she was incarcerated she found another one, it was a lot better in detail. And so she had it notarized and signed she gave me the guardianship.*

A sister of the prisoner was also present during the interview described immediately above, and she described difficulties that the caregiver had faced. The caregiver has been unable to get a more formal arrangement such as familial foster care. Thus, this child, unlike his sibling, receives few services.

*Since he was just given to my mom she would have to go to court to try to get him and we just didn't have the money to do that. Because the DHS - they got it - at the end child welfare got involved with [another child of the prisoner] and then my mom had to go to classes and the DHS helped and - and they had we were foster parents... he gets medical till he is eighteen and stuff like that. The state takes care of that but not with [child 1] - you know we would have to put money in and do it ourselves you know and my mom got that guardianship paper and my mom and I does his WIC and we had the uh permission slip to take him to take him to the doctor and stuff but ...*

Another caregiver spoke about getting the children as soon as she found out the mother had

been arrested to prevent them from becoming wards of the state.

*As soon as parents go to jail or prison, wherever, DHS wants to go right in and take the kids. And that's why I got legal guardianship of my kids right away. Cause I feel they shouldn't be blamed for anything. They didn't commit no crime. They shouldn't be punished.*

It is not unusual for children to go into the foster care system when the mother is arrested. Then, relatives must try to gain guardianship or custody of the children. One caregiver reported that the children were in Florida when the mother was arrested. They became wards of the state of Florida, and she then had to maneuver through the system to get them.

*I had to go through quite the thing to finally get them here as an interstate contact. I had to get there quickly... But I got them here. And they were in foster care for 6 months. So umm... For a year after they first got here, Florida retained umm... jurisdiction over them. And so they were considered foster care through Florida.*

This caregiver also talked about negative experiences the children had while in foster care.

*The foster mother made them eat on the kitchen floor because she didn't want them to mess up her dining room*

*table... [Child 3] was in third grade and she was responsible for cleaning up the kitchen and sweeping the floor and mopping it and everything. And umm... The foster mother would not let the girls sleep together. She would not let them sleep together. I said "They've always slept in the same room" I said and umm... you know... this is traumatic for them. They need to be next to each other but she wouldn't... Ohh... They only got one helping of food okay. And umm... It didn't matter if they were still full...When they came here they had one big suitcase for all of them. All the clothes I sent them for Christmas, the toys I sent them for Christmas, none of it was there. They had absolutely nothing decent when they got here.*

This caregiver went on to state that she felt that the process to gain custody should be simplified in order to allow the children to be placed as quickly as possible with stable family members. She believed that it would have taken far longer if she had not complained to the agency head. She is concerned that children may suffer emotional damage due to the red tape involved in gaining guardianship or custody once the child goes into the system. And, disturbingly, when the children finally arrived, she was not even asked to provide proof of her identity.

*I think they need to streamline the process. I realize that there's umm... trying*

*to make sure the children you know... are in a safe environment, but you know... But to put a child in foster care and then you know ... If the grandparents have no record you know... there's nothing. I mean cause you can run a criminal background check in no time, just like that (snapped fingers). Do that and take those kids to their family you know... whatever family is willing to take those kids. Don't make them go to foster care while DHS goes through all their paperwork and everything you know... Because we have all heard the horror stories about what happens at foster care. You know... and that's irreparable damage*

The experience of having to retrieve the children from the state foster care system was cited by several people. One woman talked about it taking almost four months to retrieve her sister-in-law's children from the DHS system. These children were in a shelter first and then in a foster home.

*When they first went in, let's see they first went to jail October...October 21 or 22 of 2006, so they were in a shelter until January 4 of 2007... Three months, it was, I mean, we had a hard time getting 'em outta that shelter even though we were family. DHS just... They lost our paper work three times ... They lost our paper work and they would not work with us. And one of the case workers that I*

*talked to yesterday, ... she told me, "You should've had them within a week." She said, "What was the deal?" I said, "I don't know, all I know is they kept telling me they couldn't find my paper work, so they were over in the shelter 3 months before we got them." And then they were in foster care for like 10 days, so. We actually got them out of foster care before we got them.*

*We didn't get to see the kids, we didn't have contact with the kids, nothing. We, all I knew is they were in the shelter, I didn't know where, I didn't know what was going on...they wouldn't tell us nothing...except for you need to come here and fill out more paper work...I said, "I have filled it out twice." Well, we can't find it, it's not on file...well, umm, the case worker I was dealing with, [name], now after, after the paper work went through everything went fine, he was all nice, nice, and you know...couldn't ask for a better case worker, but they were rude, they were hateful, like it was my fault and... I would call twice a day everyday and would leave messages, and would not get a return phone call.... The biggest problem I had with 'em was losing that stinking paper work cause it'd be...it wouldn't be one or two pages...it would be either 15 to 20 pages of paper work that you would*

*have to fill out and they would lose it...and then we had the issue when they had us umm, we had to go get finger printed...DHS told us...even our younger kids ... We had to have physicals, I had taken a federal employment physical the day before... It was not approved by DHS...*

Another caregiver also reported that she has had difficulties with getting the paper work processed for custody.

*Custodial care only, it has not gone through the courts due to, uh, errors that DHS would prepare for, we were told that they would help prepare us, then a woman changed offices or positions or something, she lost all of the paperwork, we had fingerprint cards, we had 10 letters from friends and associates recommending, ahh, very good letters, and we had completed the background information and had the FBI checks done, fingerprints taken and ahh, she lost all of that, uhh, but a year after that I called DHS uh, in Norman they had no record ...They had lost that and um, I called Oklahoma city and they did have a record of him and I asked them, you know if DHS was gonna take him or whatever and they said no, he is placed with you and that's where he needs to be and he will always be with you, I don't know how she came to that conclusion, but she evidently had some kind of a re-*

*cord of a file but I don't know what she did with it, but that was Oklahoma city, the Norman office lost everything, the Cleveland county office.*

The caregiver went on to say that now her daughter is willing to let the child be adopted so that he can receive more benefits. However, the caregiver expressed concern that this could mean that anyone could adopt the child and that she would lose custody.

*Well, recently, two weeks ago she told me that she would let me adopt him that she would sign the adoption papers, and when she does that I don't think she realizes that she is just giving up her child and he could be placed with any, with anybody legally.*

This family has run into additional problems, especially in obtaining benefits for the child. The caregiver was unable to access benefits after the child turned five because she did not have a social security number for him. However, she did not have the legal right to obtain a social security number for him because she was not his parent.

*When he was under five, they gave me an Advantage card or something like that. And they had him on state insurance and he got, I got, \$77 a month on his card to spend on his needs. Ahh, but when that card expired, I don't remember if it expired or whatever, but they sent me*

a letter asking for his social security number. He didn't have one. His mother had not applied for one in the hospital. Also, Social Security they won't give me his Social Security card. I had a letter from [mom's name] giving me permission for me to get it. They would not let her fill out the form, or notarize it in prison, for me to get his security card for our son and so they, we didn't have his Social Security number, we lost all help from DHS. And.. Now they've got our Social Security numbers, my husband and I, and my daughters, I guess but they don't have his. And, I have trouble getting a Birth Certificate; I couldn't get him a birth certificate... He's got no health insurance, because he's not adopted and I don't have, uhh, I don't have foster care. After everything I went through with them I'm scared to go back. I'm frightened to go back... not having the money to adopt him and DHS could help us adopt him, [caseworker's name] said she would, get us foster care. And I don't know how much more we can give her. So, we had, we went and got our FBI checks from the sheriff's department fingerprinted at the sheriff's department and all that costs money, we got those 10 letters and we filled out, she filled out the forms and stuff and then just lose it. Just lost it. And, you know, we'd have to get a lawyer, to

represent us, we can't afford it.

Another caregiver expressed frustration about how the state handled things when the mother was arrested. The mother had her baby with her, and the other children were with the current caregiver. The baby was taken into DHS custody. The mother was then released. The DHS workers told the caregiver that she had to bring the other children to them. The mother lost custody of those children, and the family no longer has contact with them.

*The first three, she went 'cause she took the baby and was trying to steal from Wal-Mart. So they took her to jail and the baby. I had the other ones. They called me and told me to bring the other ones up there. And I said... She got out of jail and they went back to their mom. I said I don't have them. Well you better tell her to bring to the other two up here or we're going to get you for kidnapping and her too. Well it scared me so I went got a hold of her and told her and it scared her and she took them up there...they said once parents lose rights, grandparents lose theirs.*

One caregiver had a less negative experience. She reported being able to get the children without too much difficulty. This occurred by taking very quick action.

*[T]hey were living at home with her and uh when the police came and arrested*

*them, their mom and dad both were arrested. Uh then they took the boys to a shelter, and I got a call from the other grandparents that live close there and they called and said that they weren't gonna be able to take the boys ... So, uh the next morning I went down early, seen a lawyer and would talk to people at DHS and all and they advised me that, you know, I went to a lawyer before the kids got into the system, then it would be easier for me to get them and all. So, I got them that next day and hauled them home.*

Another caregiver did not initially have the children. This woman is the paternal grandmother to the prisoner's children, and the children were initially with the mother's grandmother. However, that situation was not stable, with other family members in and out of the household using drugs. She eventually went through the courts to get guardianship of the children but has to take them back to visit the maternal great-grandmother as part of the custody agreement. She reported that she stays up there with the children while they visit their great-grandmother to ensure they are safe. Because of the time and expense involved, she is not able to take them to see their mother, however.

#### **Problems Experienced by the Children**

We asked the caregivers to describe problems that the children were experiencing. Some caregivers struggled with whether or not

to tell a very young child where her mother was and what it meant. Because of her dilemma about telling the child, a caregiver has not taken the child to see the mother.

*I want to tell her, you know, but what she does know is that it's horrible living up there. I mean, she said it scared her to death. But...I don't know how much to tell her. And I know that she needs to know the truth.*

Another caregiver did give minimal information to a child who was quite young when his mother was arrested. However, she is concerned about how others might treat the child if he told them his mother was in prison.

*[W]hen he asks questions I answer them. I don't volunteer a lot more than what he asks, ahh, but he does know her now, he's always known that she was in prison and everything but ahh, I told him, you know it would be best if you don't talk about that with your friends. If you need to talk about that you can talk to the family*

The concern about how others might react was voiced by several caregivers. One caregiver reported the children had problems at school because their mother is in prison.

*I had to get them with the House of Representatives. I had to have them call down to the school because I have had so many problems with the*

*school too. They get teased because their mom is in prison... And that's what I'm saying that mentally it is affecting the kids because of the school too. The kids have gone "ha ha ha your mom's in jail. Your mom's in jail. You've got no dad. ..." It's not helping me any and I've gone to the school and told them that these kids need to quit telling them stuff. I'm sure their mom's aren't the only that are there. There are other kids, the parents are incarcerated too.*

Another caregiver reported having to teach the child how to decide who was safe to tell.

*[T]he real problem was uhh... when they first were incarcerated and they first get around people and uhh... and try to decide to tell people that their mother or their father is in prison. ... And I told her to... I said that there are some people that you can tell and it's alright. And umm... you know I said "you'll be able to tell who the good people are". I said "some teachers you'll be able to tell and some you won't." She's been very... It's been amazing how discerning she has been and who she can tell. And they have been real good to her. Those people she can open up and tell things to. Most of her teachers she's been able to tell, but I noticed that there was one teacher that she never told.*

*I noticed that there was one girl who they go to church with that found out that their mom was in prison and she... she just found out. It wasn't something... that my granddaughter told her. I can tell that there is a little bit of uneasiness.*

In one case, the caregiver ended up moving the entire family due to community reaction. This was a case where there had been a violent and high profile crime. The incarcerated mother's husband had committed the crime, but she had been convicted as an accessory for failure to tell authorities that her husband had committed the murder.

*[I]t was a very small community, and most of the time people to your face would treat you very well... So I didn't lose any friends. But there were just certain things that would happen and they were very... I don't know... I would say there were all B.S. about it but I would volunteer for certain things. Before, I would be called right away and after a while I was no longer being called to help out. And you know... I had insurance agents all of a sudden - want to know a lot of information. Wanted papers signed regarding having somebody that had committed a felony on my premises and umm... I realized that he may have indeed had some concerned being protected.*

*But I took it personally and I decided that my grand-*

*daughter may not be able to live in that town and have all that known about her grandparents. The police, you know, they... When something like that happens, you feel like the police automatically associate the family, anybody that's involved, related to those people, they are automatically guilty as well. So get a little bit different behavior from police at times. And so I decided that we just couldn't live there. And them being treated fairly and on their own merits. So we moved here.*

Sometimes, the child is not necessarily rejected but does not fit in well with other children in the caregiver's neighborhood due to socioeconomic differences. This can be a real problem when the caregiver is of a much higher socioeconomic status than the prisoner and her children. One foster caregiver commented about this issue.

*[H]e told me this several times that when he would go to their houses or go do things with them he felt really awkward because, um, even though he was very open about being a foster kid and very open about, um, his parent's background and his background, he just, there was a socioeconomic divide you know where he was from a very poor, and the kids at his school were very well-to-do.*

One caregiver summed it up succinctly, stating, "When you have something like that happen,

it's really tough on the family. You know, you don't get sympathy because you're... there is no sympathy... it's just a real tough thing."

Rejection from others in the community can be very hard on the children of prisoners. It may add to the problems these children are dealing with. They are often already experiencing depression and anger because the mother is not there. This theme was repeated by numerous caregivers.

*Uh, the worst problem that [child] has...is probably missing his mother and not having his mother to talk to...*

*Mentally it has affected them. They've got some kind of problems in school with some... like they're mad or angry and stuff... Uhh.. I believe it is interfering with them but the schooling and the homework and stuff like that. There's a part of them that is missing that that piece needs to be put back so they can be one whole person again. Umm... and he's got real bad temper... real real bad... and I'm. you know it's... I haven't had this problem in the past but they are bothering them because their mom's not here.*

*Oldest one has umm... has kind of anger problems...*

*[S]he had a hard time adjusting to uh not being able to talk to her mother, not being able to see her mother.*

*They have counseling. Just this last year in school ... Now they don't act so you know... depressed... I'm the one that went to the school and talked to them and they said well we've got counselors... counselors here. You know... I said fine I want them. Cause you know they do... want their mom... They cry sometimes. They'll say "when mom gets out..." which she's supposed to get out in January... supposed to... supposed to... hopefully...*

*He had a lot of anger issues, so we went through counseling, um and worked him in school slowly from August to February the following year we had him tested and um and went on ahead a started him an hour a day so I had to take him to school for an hour and pick him up. Once he got to where he was comfortable with that then we went up to two hours a day, then three hours a day, until we got him to stay all day.*

*[W]hat we finally came to the conclusion was with him is that he had separation anxiety and after, after we had him and that's why we had trouble with school and everything else is because he was afraid...*

*... Most the time he's okay but I think he has some anger brewing under the surface... Because every once in a while it comes out.*

*the main problem with her is not being able to be with her mom and dad and not understanding, you know, why that is not possible. And...she has...some anger issues that we need to deal with. I'd like to get her counseling for that.*

*Then, I think there's also some depression because of the situation. Umm, she, up until probably, two or three years ago, she still, I think, kind of hoped that she would be able to move back in with her mom, or that her mom would change and you know, they could be together again.*

*Umm, I'm trying to get her into counseling. I have already been out there for one interview, if you wanna call it that where they were just kinda getting the background information and, They're supposed to be calling me back.*

*Every now and then she'll throw a temper tantrum, and you know, she's always wantin' to see her mommy, which I don't blame her, so do I, [laughs], but she'll throw a tantrum "I want to see my mommy"*

*Just, under heavy stress, missin' her mama. And, that's probably affecting her school work more than anything else. And I think that's what that bedwetting is too, cause I noticed it's more frequent when she does have the*

*fits and say, you know "I miss my mommy" and that.*

*But uh, you know, and may, and that's the first time, and I (I) read [Child]'s letters to his mother and they're very eye opening, very enlightening. And their communication is open, they, he so wants to see his mother.*

*Um, he's going through actually a lot. As far as he'll miss his mother and wanting his mother and uh crying almost every night to this day for his mother. And uh he's on medication for depression - bipolar which his doctor thinks is genetically passed down from her cause she's bipolar. Uh, so he is on medication. But he goes through a lot. He wants his mom.*

*And he has behavioral problems, he has anger problems. And uh he is a very loud child, he's very hard to take care of. He goes, he ranges from right here to way up here in a matter of seconds. And uh he can get you to uh from 0 to 100 just like that. I mean, you know. He's so calm and all of a sudden he's berserk.*

It is evident from the caregiver accounts that many of these children are experiencing emotional upheaval due to the mother's absence. It often leads to problems with school work and peers. This supports the mothers' perceptions that the children are depressed and having school problems or prob-

lems with others.

*He would, I'd say learn to uh, at school they say he's uh, I call it hyper, he can't sit still, and they want him to uh, the school they asked me would I put him in counseling because he can't sit still and I don't understand that. He can't sit at one place long enough, but here I tell him to sit on that couch and be still, he'd be asleep [laughs]. But at school, they can't seem to get him to calm down.*

*When school began, his daddy called him. And he went to school and oh, he cut up over there, and uh, he have emotional problems.*

*[T]he young one, uhh... I have kind of problems with her because she doesn't listen. The teacher was sent. She's on medicine now. I don't like that but she's on medicine. The teacher said she does better but now she don't. She won't listen. She'll get up and walk out of the classroom and go to the bathroom.*

*But uh, at times he want to fight the children in school, but out here, he won't try to do it, and I just don't understand that. And, uh, I think twice this year, I had to go to the school and pick him up because he kicked the teachers, spit on the teacher, and all of this, so he do have some emotional problems, you know, I guess because he can't see his father, his mother, and what*

not, so. They was wanting me to take him to uh, see about his emotions. But when he around, you know, family, he's alright; but when goes off, he has those tantrums.

And now, when he started kindergarten it was kinda rocky, at the very beginning he got suspended twice and things like that, then we worked through it.

Children separated from the mother at birth may have special issues. The failure to initially bond with the mother can lead to difficulties attaching to others. One father described what his newborn son experienced.

At first, ... they pretty much warned me a baby that's been separated through foster care from birth and all that, for 4 1/2 to 5 weeks, it was nurses; pretty much who was on duty. He was stand-offish.

This child was born addicted to the drugs the mother had been using, so he was first in the hospital and then in a foster home until the father could get guardianship of him. The child experienced withdrawal from the drugs, then went into a foster home for awhile. Because of dealing with the system, it took awhile for the father to be approved to have his son. This appears to have been detrimental to the child because of the failure to develop an initial attachment. He is now starting to bond to the father,

but he does not want contact with anybody else. Furthermore, his interaction, even with the father, is limited. This restricts the father's ability to do things outside the home.

But I couldn't take him home. I got an hour a week with him in an office over there at DHS, so he spent the first three months of his life having no one to bond to. Even the foster mother had a job, so there was constantly different people in his life...He bonded to me, and he didn't want nobody else touching him or anything. Uh, now he's more, getting more loving. He won't, you know, he won't give hugs and kisses but he will lay his head on my shoulder

Some of the older children were starting to use alcohol or drugs and to get into other types of trouble. One grandmother talked about her grandson, who is currently in a residential program due to law-violating behavior.

[T]he oldest who just turned 17 is, um I wouldn't say incarcerated, but he has a program that he has to complete at the [program name deleted to protect confidentiality]. Um, and they have a 24 bed unit, half of which are for drug offenders and half of which are for sex offenders.

The boy had been living with his step-father after his mother went to prison. The step-

father was occasionally drinking and smoking marijuana with his stepson. Other caregivers also reported alcohol use.

And uh, uh, well he thought it was all right for someone to get him a bottle of alcohol and he was sitting in here drinking it

Well, I woke up and come in here and there's 25 guys in here all drunk,

Unfortunately his little sister was at our house when it all, we had intercepted, I had his cell phone because he was being disciplined and I had taken his cell phone away and I was reading these text messages in regard to obtaining liquor and so then he came home with it that night and so he came home with it that night and his little sister... um we had a huge explosion. The, you know, he was going to leave that night and the sister was helping him pack. And he was like telling her 'Get rid of these, get rid of these' so they were in his room.

Several caregivers reported children being involved with gangs. One reported having things stolen from the home by the child's friends. Those friends went out to commit other crimes, resulting in their arrest, although the prisoner's child was not arrested.

Well, they stole about \$8,000 worth of stuff, they stole a loaded gun from my



bedroom, from my bedroom in my vanity in there...there's 5 of those kids that stole the gun, they're all in jail down there, for robbing a convenience store charges and they're using that for evidence, and they stole \$8000 worth of stuff from my house, and uh, uh, which I've recovered some, I haven't got it back yet cause the police department still has it, they're pressing.

Some of the children were receiving counseling, as we saw above. However, other caregivers did not seem to know where to access services for the children or had not yet gotten counseling. Cost was an issue in some cases where the child was uninsured. In others, finding a provider who would take SoonerCare was a problem. This was especially problematic in smaller communities. In one case, the caregiver said she would have to drive an hour and a half to take the child to the counselor and just felt it was not worth it. These are just a few examples of comments made.

*We tried through the school and they asked her, they did a survey and asked her if she wanted, you know, to get some help with her anger and she replied, she replied yes to it, but we never heard back from any thing.*

*One issue was with... I tried to get some counseling for [Child 2]. And I at one time I wanted it for [Child 3] too. And I called the DHS*

*office and they put me in touch with the lady that does it for DHS. Well she put onto someone else because she didn't deal with the children. Only with the adults. And she told me to take this guy who takes Sooner Care for that and I called him and he told me that he doesn't do it anymore. So I never did get... I was never able to get counseling services.*

*[S]he volunteered, my counselor, they volunteered recently to possibly give [child's name], if he needs it.. counseling...But I think, I say I think because I don't think they realize that he's not on our insurance. If we were to adopt him, he would get my husband's military insurance which is extremely good insurance, and he would, I guess get some Social Security too, I don't know.*

We also asked the caregivers to tell us about other services or programs in which the children were involved. In some cases, the caregivers did not seem to know much about what was available. One noted that DHS was where she had received information. This would suggest the importance of DHS workers being trained to network these families into all available resources, not just DHS programs. Since they are the most likely group to have contact with the families, it would be logical to make DHS a point for distributing information so that children are able to obtain needed services or locate needed programs.

*I didn't...I didn't know there was anything available for him other than what we have.*

*We don't receive anything ...probably (laughing) because we didn't realize we would be able to ask for it. I don't know if we thought we were entitled to any of that.*

*I don't know what programs are available. I don't uh, I know most of the children's programs that are available are church oriented, which is great with me if he'll go to them, you know? Uh, most other programs are so financially broke that they can afford to keep paying and keep the doors open.*

*I think that maybe some people aren't aware of all that they could be getting you know. Usually if you get anywhere into DHS they are pretty good to help you and to tell you different things that you know just like the respite program and you know and different things that can help you with the kids and all.*

A number of caregivers were aware of and involving the children in services and programs offered through non-profit groups such as the Girls Scouts program and several faith-based programs like summer camps and Angel Tree Ministry.

*There's that new program, called Girl Scouts. It's a... her name is Sharon, she's from the prison and uhhh...*

*and every third week of the month... every third Saturday of each month... They get to go from four to 6 o'clock... just the children to go spend 2 hours...*

*And there is another church in umm... Oklahoma City that started a Camp Faros, same kind of camp for the children of incarcerated parents. They take them out and have a lot of fun.*

*[S]he just started umm last year going to a camp that is for children with parents who are incarcerated. And then they do, umm, they do Christmas gifts for them also, and have a Christmas party. It's the same organization that, it's Camp New Hope.*

Two caregivers brought up the Angel Tree Ministry program, which they found to be very worthwhile. First, it provides gifts for the children in households that are economically very strained. More importantly, because the gifts are given "from the parents," it strengthens the parent-child bond and gives the children the sense that the mother does love them.

*[T]he Methodist church here...They collect gifts for the children and give them out every Christmas. So... yeah, what's really nice is that those gifts... the mother, you probably heard about this, but the mother's in prison get to, and the fathers too, suggest the gifts that are put on the*

*angel tree for people to buy. And so... and then... they also send a personal message from them to the children.*

In the families where the mother was incarcerated at Dr. Eddie Warrior Correctional Center, the play days also were important. Several mentioned how important it was for the children to be able to go and have that time with the mother. Another program mentioned multiple times was the book-reading program. A recording is made of the mother reading a children's book, and this is given to the child. This allows the child to recapture the experience of the mother reading to him or her, again strengthening the bond.

#### **Contact Between Child and Mother**

A few of the caregivers did not want the children to have contact with the mother. In one case, the father of the child did not think the mother really cared about the child since she had used drugs until the delivery of the baby, when she was arrested for child endangerment. In another case, a relative of the mother was very angry about the mother's behavior in the past and did not want contact. Most of the caregivers, however, seemed to want more contact between the prisoner and the child than they were able to provide.

Telephone calls remained problematic. As in the past, the expense was prohibitive for some families. However, many felt it was important to allow the contact. So, they scrimped in other areas to be able to pay. Others could not

accept the collect calls because they are so expensive. One noted that it costs the families, not the prisoners.

*GlobalTel handles that for the state and that's very expensive, we spend \$350 to \$400 a month talking...that is some mistake, it should be for dependents, it costs the dependents, it don't cost the incarcerated person and something a little more reasonable, it's like \$7 or \$8 a call, but uh, for her to call here and uh, of course we've got the money to be able to afford that, but I wonder about people that don't have the money I have, that are not in the financial shape that I'm in...how in the world do they afford \$200 to \$300 a month. I think communication, those that are incarcerated should be able to talk to at least their children, you know? It would be a big benefit, benefit to a child, because that child needs to talk to their parents and that's something...*

*We let her call because she has to call collect. We let her call once a week unless there is a special occasion, a birthday or something or if she needs to talk... yeah... you know because the phone bill tends to get a little expensive for that...*

*I try to keep to the phone calls down to twice a week at 4 dollars a pop it gets a little steep, but, she calls when she feels like she needs to talk. No problem. It's just*

*real expensive.*

*He don't, because its costs me to, for her to call here and I have to accept a collect call because you know they, when they incarcerated and they call, well the first minutes, you know it's like 3 or 4 dollars and then, the next minute it goes up and up so.*

*And, uh, of course she's able to talk through that Global-Tel, which is very expensive, and in fact, I don't see how a lot of people can afford it...*

*Cell phones were problematic, and the GlobalTel system requires advance payment by credit or debit card.*

*She can't umm, my phone doesn't take collect calls so, it's a cell phone so we don't, we don't talk to her unless we're at my brother's and that's hardly ever, cause she calls while we're down there so...but they write letters and stuff.*

*I have to get a debit card because I don't have long distance. Then Girl Scouts every third Friday takes them to see her.*

*[W]e've got cellphones is all we have, we've done away with our home phone, cause we're never here...and uh, she uh, I put money every month at the first of the month, I put money, well three times a month on his and twice a month on mine, sometimes*

*like three times a month on mine and I put in on in \$50 intervals, you know...so, and she calls me and just talks and of course me and [child] both, if we're here we talk.*

*My husband sends in a check... it's called advanced pay service ...It goes to the phone for her so she can make the calls to the kids.*

Visitation was also problematic for many. They cited the distance to the prison as well as the cost.

*Well, we haven't gone to visit her yet. That is a major problem. And that is one that someone can do something about. If they would have transportation so that we could go and visit her every Sunday. That would be a great thing.*

*[R]ight to begin with I was trying to go up once a month. Uh...now it's normally...now about every other month and uh where she will go and visit with the...her visitation is on Saturday and so I'll go up and take...and so she can go see her... on Saturday visitation.*

*We visit her... we go visit her once a month cause she is... you know almost to Oklahoma City... you know...*

*We don't visit as often. It is a little bit of a trip for us. We visit about once every two months. And then we try to*

*go on, if there is a special holiday or a birthday of hers.*

*For a while she was wanting us to come every weekend and I said I can't come every weekend. I got to do my things to you know I got to wash clothes and get ready for the next week.*

*[P]robably, once every 6 months. It's a long trip down there [laughter]. The last time it was, it was chaos ... Well, between that and finances, is the only reason I mean, you know if she was closer certainly we'd visit more often, but it's, it is a long trip ...and the last one we, I missed my turn so we had to make a really long detour and [laughter]...then we ran outta gas cause my gas gauge is messed up ...*

*[I]t takes me two and a-half hours just one way to drive to take them to see their mother. Uh, the boy has not seen his mother since uh Christmas. Um, and I take my granddaughter as much as I, as I possibly can, and I try and do that once a month*

In one case, the caregiver reported she had not gotten the children approved to visit. She thought this was in case the children ended up going to someone outside of the family.

*Umm, they have to be approved through DHS to go see them, and if they weren't approved and we took them*

then they couldn't go in there, so we didn't take the children (laughs). . . So, and I think a lot of it was that if something happened and we wasn't able to adopt and they had to go outside the family, they wouldn't have contact with the mother so it would make the transition easier and I'm sure that would be the cause...it makes sense.

Some of the caregivers noted how important the visits and telephone calls were to both the mothers and children. One caregiver wanted the child to become comfortable with his mother, whom he had not seen in awhile.

*and he's enjoyed visiting with her a couple times. And I'll only do that because he is scared of her and I don't want him to be scared of her*

*[W]henever we go to see her, he goes and cries whenever we leave - he don't want to leave her and I can tell, boy ... he's happy, but he knows that she can come out of that door and he will just smile. And, I don't know - it's just - it's just touching, you know, when you - you just sit there and watch and watch her - 'cause I watch 'em a lot and see his expressions ... and he's always glad to see her.*

*But, uh, I have a whole lot of feeling that the communication with his mother and being with his mother helps probably more than anything.*

*[H]e needs that communication with his mother as much as having communication with his dad.*

### **Problems Experienced by Caregivers**

Caregivers experienced a number of problems. The most often-described ones were economic strain, being too old to care for children, lack of time for self and difficulties getting children to places, either due to time constraints or lack of transportation. Economic Strain.

### **Economic Strain**

Many of the families were low-income. Adding children to the household strained an already shaky budget. Others made just enough money to not be able to get any assistance, but felt that assistance was needed.

*...and sometimes I have to go to the food bank to get food, because we don't have enough to last the whole month. You know like, Neighbor for Neighbor said they were paying utilities. Well I took mine up there Friday. I got a letter today saying they couldn't help me. So now, I got to figure out a way to get my utilities paid before my stuff get cut off.*

*I have a hard time I can't get this and I can't get that for 'em. Uh I need help buying diapers and stuff ...You got to feed 'em, get up with 'em, change 'em. So, water gas and electric and*

*stuff like that it's - it's hard. I manage. I try to - there is places where we have to do without and I had asked her to ask the father if he would buy some diapers. "Well didn't I just pay that money in didn't I just give that check for." Well, my water was turned off; I had to get some money for water . Well, I said, " I ain't gonna ask him no more. I'll just try to do the best I can." You know, getting diapers some way , you know. So my cousin, she had extra diapers at her house and she bring me some to hold us over.*

*Help with food would be nice but see like they consider our income for the food stamps. Even though you know.. were... so you know. We do okay but there are some grandparent that are out there that have their grandkids that are living on social security and are on retirement are just right over the level to get food stamps. And they really are struggling...*

*\$171 TANF check, and I get food stamps. I've got Soonercare. My friends and relatives try to help me with the utilities.*

*Well, like I said \$171 is hard to buy for two kids. I mean, I've got to get them shoes you know. Everything you know that a kid needs. Supposed to have. Clothes.*

*And they are hard on shoes and they are hard on clothes.*

*Then there's jeans and clothes that I have to get on sale. I looked for bargains and everything and try to go to garage sales - and sometimes my taste in clothes isn't exactly what his is.*

A couple of caregivers expressed frustration with the DHS system. Getting assistance was difficult. In one case, the woman lost her food stamps because she could not take off from her paying job to go to the DHS office.

*When I call him [DHS caseworker], I can't get to him and I have to leave a voice mail and when I go there's somebody else that comes out and helps me and I don't know if they don't have enough people working there or they're all interviewing other people or I don't - I don't know...So I went back and went in and filled out another paper for food stamps, but uh - that lady told me that all I had to do was come and get that paper - for me to go ahead and fill it out and she would go ahead and she would put it with my other paper work and maybe I'll hear back from her. I don't know, but nobody's called me, but they usually let you know through the mail. And I thought, well, I was kinda depending on the food stamps for [child's] birthday but I just thought well we will just do the best we can.*

*[T]hey cut me off [food stamps] for July because I didn't fill out a paper, and I called I didn't know I could go and pick one up there. I called 'em 'cause I was working to see if they could mail me one so I could fill it out about my income, and they never did and all of a sudden I got a letter saying that I was cut off from day care ...*

Most but not all of the caregivers received some form of assistance from DHS. In most cases, the children received Sooner Care. In some cases, with younger children, child care assistance payments were received. Several caregivers received TANF. Those who were familial (or non-familial) foster care providers fared slightly better, receiving a monthly subsidy to help with expenses, although many felt it was not enough to cover expenses.

*It helps buy their clothes, school supplies...a lot of people think their foster parents are just gonna to spend the money... They don't know nothing...it, it just barely gets them by, you know?*

*So I receive a monthly for him. And it just about takes care of his child care when he goes full time. And that's about it.*

In addition to having to cover the expenses of telephone calls, several caregivers noted that they had to also help the prisoner.

In most cases, the money they sent was for necessities. In other cases, medical expenses were problematic.

*I think that when a persons incarcerated with no insurance, I don't feel like that their loved ones should have to pay for it, for their, for their medical. And if I put money on her books they take it out of her books if she has to see the doctor...and that's, to me, not right. And uh, if they incarcerate her and she has no insurance, she doesn't now that she's divorced; they oughta take care of her medical.*

*I ordered her a TV last month ...and uh, uh, a fan and some bed sheets things like that, you know. And ... noodles and stuff like that...we spent about \$250 a month on just groceries*

*[A]ll the money that I send her, and the thing is I end up sending her money and it makes me feel guilty because then I can't do as much for the kids here.*

#### **Age of Caregiver**

Older caregivers are faced with having to parent small children. In the words of one subject, "I'm raising a second family now." This can cause problems for the caregivers in several ways. First, it may simply take a lot of energy, and the caregiver may not have enough.

*Well I'm Fifty-five years*

old you know... There's a lot of work in taking care of the kids. And I'm just tired.

That's all there is to it. For the most part, I think I do pretty good.

For me: it's my age and disability. I can't go and do the things always that I should be doing for her as a child. That's the problem.

Furthermore, older caregivers may have physical limitations that impact their ability to do things with young children.

Uh huh. So, if I could get around better and do, you know...um...we take her out, you know. I mean, she gets to go to the movies and there's all those things. Sometimes she misses out because of me, and that's not fair to her.

### **Lack of Time**

Lack of personal time to take care of oneself as well as lack of emotional support can be very difficult for caregivers.

Never getting a break...never getting a break. And then when I have problems I have nobody to talk to about 'em. You know, I just have to try to figure it out myself.

I have very little time for myself uh, very little time for myself really.

You know, I wouldn't trade them for anything in

the world, but sometimes I just want them to leave me alone... yeah... yeah... I get that way sometime.

So you don't really get a break from the kids. And sometimes I wish my husband and I could get away and do things. My mom is my main caretaker. And she is in her 70's and so you know. So it is a little hard for her.

The lack of time means less time for the marriage partner and other family members. Sometimes, the plans that the caregivers made have to be scrapped.

I do think that sometimes we do need a little more free time for ourselves. I feel like we don't, and we don't...and we went, we went out for our anniversary back in May and that has been the last time we have actually... but you know, just, and the hard part is, is we have small children is finding a babysitter...

I think part of it is not having my freedom and kind of putting our plans on hold. We've got this house and we have plans to you know, we'd just come home and take off on the weekend and go on a real short trip... we could... and now we can't do that.

In some cases, taking on the caregiving role means less time for the child, especially in the case of a single parent.

[M]y biggest stress is, it's probably just juggling the three kids. I mean, between them and the age groups, you know, the age difference I mean it's quite different, between all three of them, umm, just struggling then and trying to get everything done that I need to..

You know, I spend as much, I spend all my time with him. I don't go out at night, I don't go out on weekend... when I come home from work, I do the housework, the yard work, whatever, and then it's bed time. We don't have as much one on one time as I would like cause I'm having to do double duty.

### **Difficulties Getting Children Places**

One caregiver talked about having to let the children go places with other people because she did not have transportation of her own.

I don't have no vehicle. That's one problem. I mean I let them go to you know if they go pick them up and bring them back, I let them go because I don't have the vehicle to do it.

Another caregiver had a vehicle. However, the cost of taking the child to physicians and other appointments was prohibitive. This child receives disability income (SSI). The caregiver has to account for how she spends his money, so she can only use a small portion to cover the expense for transporting him to appointments.

*Yes, because uh, ...like, he goes to school, and sometime I have to go pick him up. I'm the one that has to put the gas in the car because I'm just allowed to spend so much of his money. So, traveling parts, when he has to go to the doctor, well they say you can call Sooner Care and you got to call them a week ahead but if he gets sick right now you can't call Sooner Care, so you have to try to get some gas in your car, you know, to take him.*

A non-familial caregiver spoke about the difficulties she had juggling appointments for the child with her own work schedule. She felt like the DHS workers did not take her job into account and expected her to take off work at inopportune times.

*I did um, the most problems that I had was the scheduling of when you know like DHS wanted me to do things, you know that was kind of hard, cause you know from my schedule and her schedule and trying to get them, with the things that they wanted me to do. That was the hardest thing, to schedule around what they wanted me to do ... then they wanted me to go take her to uh see the uh counselor and the doctor and all that, and most of that happened when I was at work, so I had to, they you know they had to come and pick her up and rearrange my schedule to come and take her to the visits*

*and stuff ... But at first you know they wanted me to have her at the counselor during hours that I had to be at work, and you know I couldn't do that, so it was a conflict of time issues.*

Another caregiver brought up the problem of having to work late. This would mean having to get another babysitter to care for the child after the regular day care closed.

*Uh, the problem is if I have to work overtime or something, I have to get a second babysitter because the daycare closes at 6.*

A couple of caregivers lost jobs due to the caregiving responsibilities. In one case, the child was sick quite a bit, and she had to take off work too much. In another case, she had worked a late shift. Because of child care problems, she had to give up that job. The day care available in the evenings was not, in her opinion, very good. The children complained about the person who was watching them.

*Well, he was sick a lot and I had to take off a lot to try to take him and bring him back where he had a lot of ear infections, and I had to take off to go take him to surgery, and then there was times when he had he his asthma and I had to stay there at home with him to try to get him well ,and that uses a lot of my time up and I could tell at work that they was kinda*

*getting upset about me not being there at work cause I had a job to do and I wasn't there to fulfill my job.*

*But really I needed a day job, so I had to quit this night job 'cause I got offered a day job and daycare pays for like eight to five, and um I could do that. But you know, one of the nights I couldn't, couldn't do that . They do have the 24 hour day care, but [children] went to the day care and they wasn't getting treated right. So we had to take them to another day care 'cause that one time we took 'em they were crying - my daughters kids were crying. They didn't want to go back and they told us that that woman said that she would spank 'em and if they told they would get into even more trouble.*

### **Suggestions from the Caregivers**

We asked the caregivers to recommend policies or programs that they felt would benefit either the children or caregivers. As noted earlier, many expressed frustration with DHS and other bureaucracies. The problems getting guardianship and custody were the foundation of some of these concerns. Some of the caregivers had recommendations.

*I just want more cooperation with DHS and if DHS could obtain a Social Security card for me. They require it and she's willing to sign a consent for it. If the*

prison system would allow her to formalize this... I mean she sent me power of attorney forms - they weren't notarized they were not legal. So, she's wanting to cooperate and always, she wants him taken care of. She is also concerned that, with what would happen if one of us died early.

Legal aid says we only represent people in criminal cases, we do not do family, there is no free legal service in this state for minor children. They should have the right to it, when they are abused, when they are neglected, when a state tears a person out of a family, right or wrong, if they are incarcerated. Even though it's just, they should provide for those children. They should not leave it to the families, 'cause not all families are like my husband and I.

He was three months old before I even get a chance to hold him in my arms. The, as far as the state programs, you know, I would like to see the fathers have a better chance of getting their own kids and providing a better life for them.

Some did not know what specifically to suggest, but they felt more should be done to identify and help the children. One expressed concerns that some of the families that she saw taking care of prisoners' children were neglectful.

*I wish that there was*

some kind of a task force or whatever you want to call it that could, umm, investigate where those children are. I mean, the, these parents that are incarcerated, some of them just leave their children with just whoever. Umm, and, they just, you know I've seen some of these people maybe just really don't care about those kids and they're, they're more of a nuisance, and I don't even know why they take 'em in but, I just wish there was something, which that's, you know, not our problem here in this situation but, for those other kids because I mean there's, there's a couple of kids here, and, just some of the uhh, neglect issues, and umm, complete lack of care, it just blows my mind.

I care about this and if I give any kind of data that can help anyone else not have to go through, the problems I've gone through. I mean the Legislature needs to be aware that their state agencies, ahh, are not taking care the children of Oklahoma. And they should take care of the children of Oklahoma. There is a lot of political talk about it, but I haven't seen too much behind that talk, they'll say anything to get elected and they turn around and when you ask for help from a representative you don't get it. I'm not gonna say who mine is, 'cause I don't wanna make 'em angry, but, ahh, they ignore you, and you should-

n't even have to go to a representative to get that kind of help.

I absolutely think they need to be helped. I don't know what the answer is. I don't have any faith in DHS.

As far as any specific program, it's like I said, I just don't know, cause I'm not sure of what is all out there to offer 'em. And it depends on where they live and if they're in a small community

A few mentioned the need for more financial resources. The cost of supplies for an infant were mentioned, as well as the cost for children to participate in extracurricular activities. Others saw a need for different resources for different aged groups.

I think it's just mostly the financial ...

When he was a baby, it would have been nice to have some resources to provide him with good food, formula, milk, and those types of things.

Uh, I think a nutrition program would be nice for most. Uh, I would even like to have better. Even the grocery store don't have, you can't go to the store and buy canned food that's got any nutrition in it. And I can see where nutrition can be an issue, I can see where some working dads just can't afford day care and clothes and cost of anything. Uh, I can see



where an older child...I can see where older children may need counseling and some program just to let them know that somebody loves them.

Sports -I know that's a good thing, but, most the places here, umm, it does cost quite a bit of money cause, even if you get a scholarship for the normal fee that you have to pay, you still have to buy the uniforms and the shoes and the socks and the soccer ball and traveling you have gas money to go to the games and practices all the time, and umm, which that's not so bad but, I dunno, they could even, it didn't have to be organized sport, if they could have some kind of activities or something that where the kids could go and interact

Two other issues arose in this portion of the interviews. First, most of the caregivers suggested programs or other efforts to increase the contact between the mothers and the children.

Well, if they had the opportunity to go visit with their parents or uh, something like that it would probably be the best for him, and I tries to do that, you know, so he can see his mother... It would be helpful if we had some assistance, because when you fill up, get up there and you come back, you got to fill up before you get back home [laughs]. I mean, I

don't really worry too much about the gas amount, because he, I keep my oil changed on my car and everything else but you know if something else breaks down, you know, it costs you. So if I had assistance to take him to see his mother that would be nice.

Plus, like some time where the kids could go out and play. You know, not just a time or like once a month; let 'em go out there, have some time with their kids. That would mean a lot to them, 'cause it's those kids being hurt, not the parents - it's those babies.

With the littler one, just that contact is good. I mean if they're going to get out within a year or so, or within that year or whatever, they need to have as much contact as possible. That's what we're going through now, having contact. Um, hearing their voices or whatever. If they would have started that from the beginning with [Child 2], at least taken him up there or something, he would have that bond with her but he doesn't... when she was incarcerated, they should have taken, like DHS should have taken him up there.

Of course, part of the difficulty with contact is transportation. One caregiver felt there should be a statewide transportation program to take the children to visit the mothers.

They, they, you know, they have Sooner Care for people, you know, like me, who can't get to the doctor and they come pick me up. They have to do the same thing for kids. It ought to be there for them because it's important for the children. It breaks, I mean, she's been living here for four years now. It will break her heart, just the thought, she can't see her mom or see her dad.

In addition to providing transportation, one caregiver suggested another way to strengthen the mother-child bond.

I mean if it was like a shop or something they could go to or you know earn the points to go to it - to go shopping for their kids, you know and send 'em home a box. That would be something. That - that would mean a lot to those kids.

Another caregiver felt that helping families understand both about prison and how to deal with prisoner's children would be very beneficial.

I know they wanted me to take him to the prison, but with my own self, I was too scared to because I'd never been to a prison. And maybe, I don't know, extra classes maybe on it, or something how to deal with a mother in prison with a child.

Another suggestion that

came up several times was to develop more programs designed to get children together that all have an incarcerated parent. Likewise, having therapists trained to deal with this population was seen as needed. The underlying theme was that the children needed to be able to talk to someone who truly understood what they were experiencing.

*But um I really think that the programs they have in place for the summer camps where the kids go to camp with other kids of incarcerated people, I think that's just a great think so the kids know that 'I'm not the only one.'*

*But uh I think kids should be introduced to other kids you know that their parents are in jail too. You know and uh get to know you know get a program where they could all get together and you know uh talk to each other, and uh talk more to their uh more to other kids than they do adults, they're more open about the way they feel and uh you know, at least I think there are. And uh I think it would be a good idea, like that. And I uh, in my place, uh I don't have the money to uh to run around, you know not running around, but I mean to go to take the kids to see their father and their mothers you know, I would like to.*

*Uh, I think just pretty much being around kids their age, just talking to, uh any kind of counseling program where other children that's in the same situation she's in or close to it, they have uh kids you know in their same situation that they can relate to. Um, any type of sports activity, you know just something to keep them well balanced and to know that uh their lives don't always have to be turned inside out.*

*[I]f I could get her into Counseling, umm, and there was somebody that was, umm, you know had experience, you know, with kids that had incarcerated parents. I mean that might make a difference, I just, to my knowledge, and I know they've gone to school and everything, but it's kinda hard for me to have some 22 year old that doesn't have children, I dunno, some, it just, some of the people that she's had counseling with are, it's just hard for me to understand how they're gonna understand what she's going through.*

*I think that if there was some uhh, even if it was like a hotline, or if there was some kinda group, or some kinda place that uhh, they could go or call to talk about their frustrations, umm, you know, just to get advice or, because whether it's your parent or caretaker, whoever*

*that you're talking to or that's taking care of you, as the child, you don't always want to go to them, especially if you're mad at them.*

Finally, several caregivers had recommendations about policies to help the prisoners themselves. One was concerned about the 85 percent law, that the mother would have to serve such a long period of time. Additionally, concern was expressed about how long it would take to be released after parole was approved.

*Can you do me a favor? Can you tell them to take that 85 percent off. Cause if they'd take that 85 percent off, she'd be home already. That 85 percent is just messing a lot of people up in these prisons. That is what's keeping these prisons overcrowded. That 85 percent. That's what she's on. You see her docket goes up. It goes up in uhh... She told me in December of 2011 and she'll go up for parole in January. And from there, depending on how many days Brad Henry takes to sign it. Then she'll be out. And that Brad Henry is one that... I've heard that he has dockets that he hasn't signed for a while.*

Another caregiver felt that more should be done to ensure that the women had an opportunity for a good job after release.

*And uh, but uh, she's currently in uh, uh, at Kate Barnard, which is a work release center, and she's look-*

*ing for a job, and of course jobs are hard to come by for anybody and I'm sure at [prisoner's] age and uh, uh all that that's she going to have a real tough time...she wants to work, she wants to get out and be a part of the world.*

Finally, one caregiver expressed concern about whether her daughter, the prisoner, was receiving adequate medical care while incarcerated.

*In prison, my daughter's been diagnosed with diabetes. Her blood sugar was over 500. She should have been in the hospital and they just let it stay that way for weeks. And my sister had to give them a call, to get help, so that she wouldn't die in prison. That's not right either. I mean, a person should do their time for their crime. I believe that 100%. And I think they should do more time than they're sentenced to... But while they're in there, they shouldn't be subjected to cruelty. And, to let some medical condition caused irreparable harm, 'cause diabetes is irreparable... 'Cause we didn't sentence her for that. We didn't give her a death sentence. We didn't give her a sentence to be disabled the rest of her life. We gave her a sentence to do time.*

### **Final Notes from the Caregivers**

It is worth noting that one

of the caregivers had involved the child with a mentor. This mentor ended up taking the adolescent out to drink at the lake. Several of the caregivers also reported past criminal histories or substance abuse problems. One grandmother caregiver had been addicted to drugs and showed the interviewer her old track marks as evidence that she no longer uses drugs. Another caregiver justified his own past arrests. In some cases, the child or children had not been with the same caregiver during the mother's entire incarceration but had lived with multiple people. Two of the three non-familial foster parents no longer had the children. In one case, the boy had gotten angry and left the home prior to reaching age 18. In the other case, a family member (the child's father) now has the child.

## **Summary and Recommendations**

As in past studies, we found that the prisoners had low educational attainment, histories of abuse, substance abuse problems and mental health issues. Over three-fourths of the women had only a high school education or less. Two-thirds had been physically and/or sexually abused as a child. This was linked to mental health issues and suggests the need to ensure that the majority of the women receive both trauma counseling and additional mental health services as needed. Additionally, abuse is strongly linked to mental health problems. More funding for both mental health treatment and substance abuse treatment is indi-

cated. Ideally, these services could be provided to many of the women in lieu of incarceration. Past research has indicated that long-term substance abuse treatment is the most successful, but there is very little of that available in Oklahoma to those without insurance. And, at this time the state is cutting funding for public mental health and substance abuse treatment services, opting instead for the more costly incarceration response to the problems of these women. Given that the majority of these women are using drugs to self-medicate, it seems overly harsh and punitive to incarcerate them when there are other options.

More than one-fourth of the women were in prison for drug court failures, probation violations or parole revocations. This suggests the need for making more resources available for probation/parole and drug courts, since those are far less costly than incarceration. According to a highly placed Department of Corrections official, due to short sentences and backlogs, many women are only in the prison system for a brief period of time, which is highly inefficient in terms of cost. Those women who had prior incarcerations and had returned to prison because of either parole violation or a new offense reported numerous problems they had experienced while between prison terms. Safe housing, employment and inability to pay fines, fees and court costs were all cited as problems they had faced. Additionally, the majority had difficulty staying drug free as well as staying away from friends and family who used drugs. This

suggests the need for detailed and careful reintegration planning. Unless we can better assist these women in successfully integrating back into their communities, the Department of Corrections will continue to have a revolving door for many. However, reintegration planning needs to be more than just a plan on how the woman will find work and safe, drug-free housing. Instead, focus should be on actually helping them to obtain these services. There are some good programs in place currently that should be expanded to facilitate this. Furthermore, reintegration planning should focus on how to better prepare these women to take back on the responsibility of raising their children, as many will be reuniting with minor children.

The women reported 265 minor children living with them prior to incarceration, and almost 500 additional children not living with them. The sample represents approximately 11% of the entire population and was drawn to closely approximate the women prisoners in this state, suggesting that there are between 2,000 and 3,000 children in the state who were living with their mothers prior to the women being sent to prison and an additional 4,000 to 5,000 additional children affected by maternal incarceration. However, information about these children is still limited as there is no roster or list of all children of incarcerated mothers. Many of these children are not receiving as much assistance as they may need, suggesting the importance of identifying and providing services to more of the children.

Contact between the moth-

ers and their children also remains problematic. Many of the women who had been living with their children reported limited visitation and telephone contact. This was echoed by the caregivers, who reported both transportation difficulties and the expense of telephone calls as problematic for them. The current method for telephone calls is very problematic for those who use cell phones only and those who do not have a debit card or credit card. The individual must pay in advance for future calls in increments of \$25. The GlobalTel system charges them over \$4 to place money in the phone account, and the phone calls are also quite expensive. Thus, some caregivers reported that there was no way for the prisoner to make telephone contact. Visitation was also an often-cited problem. Caregivers who lived in rural areas or smaller communities often had transportation difficulties getting the children to the prisons. Additionally, because many lived a considerable distance from the facilities, the cost of transportation was prohibitive, meaning that taking the children to see the mother was limited. Those who lived in Tulsa were more fortunate, as non-profit groups were involved in facilitating mother-child contact. More programs like the play days at Dr. Eddie Warrior Correctional Facility and the Girl Scout program are needed, and they need to serve communities throughout the state.

At the same time, both the mothers and caregivers described many of the children as depressed or experiencing behavioral problems. Both the mothers and the caregivers also reported older children becoming involved with alco-

hol, drugs and gangs. The caregivers and the women both felt that lack of contact with the mothers and their absence contributed to the problems the children were having. Depression due to not being able to see the mother was brought up by many of the caregivers. Some caregivers also expressed that they also missed the prisoners quite a bit, that they had been active and helpful in the caregivers' day-to-day lives.

One issue highlighted by many of the caregivers was frustration with state agencies and red tape. In more than one case, paper work was lost, slowing down the process of getting the children. This leads to a suggestion that agencies work more closely together and develop policies to allow dealing with some of the unique problems faced by caregivers. For example, one child cannot receive any services because he does not have a social security number. The caregiver cannot obtain one because the prisoner cannot provide a notarized form. Similarly, another caregiver did not have the financial resources to go to court to get guardianship of a child. Yet another caregiver had to get approval for the child to be in her home, including background checks and fingerprinting. While it is necessary to ensure safe placement of the children, many of the problems mentioned were more the result of red tape than any effort to protect children, such as refusing to take a federal employment physical paperwork in lieu of the state paperwork. Additionally, turnover in caseworkers led to delays. Children had to remain in shelters during this time, adding to

their trauma. A father had to wait three and half months before he could get his newborn child and still does not have custody, only guardianship. These kinds of problems were frequently mentioned. The recommendation is to put together a task force of agencies to develop a plan for dealing with issues of this type so that children receive needed services. Additionally, there appear to be differences in how different DHS offices handled these cases. An additional recommendation is that all workers be well-trained in how to process paperwork related to children of an incarcerated parent.

Caregivers also reported difficulty at times finding providers for mental health services for the children. This is especially problematic when the family lives in smaller communities.

Many caregivers felt that the faith-based and other non-profit organizations were doing a good job providing needed programs for the children, although more are needed. A number of caregivers, however, were not aware of all the programs that were available. One suggestion was made to use DHS as a central location for providing information to caregivers about the different state and private services available to children of an incarcerated mother.

The caregivers are often under considerable economic strain, and this was exacerbated because many familial caregivers felt obligated to provide money for the prisoner to buy toiletries and food. Caregivers also reported not feeling like they had enough time to care for themselves. Those who were familial foster caregivers did

have respite care, but some reported difficulty finding anyone willing to watch the children, even for pay. Juggling appointments and so forth for the children with their own work schedules is often difficult, and some complained that state agency workers were not very accommodating.

In terms of recommendations, the prisoners focused on contact with the children and practical help upon release, while the caregivers wanted state agencies such as DHS to be more helpful. Caregivers also had concrete suggestions about programs that would benefit the children, including one suggesting prisoners could earn points that could be spent buying things for their children. Several saw a need for therapists trained to deal with this specific population as well as support groups for children whose parents are incarcerated. Several stressed the need for programs that would facilitate mother-child contact.

In addition to suggestions for programs for the caregivers and children, several voiced concerns about the prisoners themselves. In one case, the mother of a prisoner felt that her daughter was not getting needed medical care. Another wanted the legislature to revisit the 85% rule. Many felt that the prisoners should be receiving mental health and substance abuse treatment services rather than being incarcerated.

It is clear that more work needs to be done to improve the situations of incarcerated women and their children. Our policies of incarcerating low level drug and property offenders are negatively impacting the children of Okla-

homa, and the financial burden for the state continues to grow, both in the cost of incarceration and in the cost of providing needed services to children. Nonetheless, many children are falling through the cracks because they are a hidden population and because bureaucratic red tape makes accessing services difficult. It is imperative that we direct our attention and resources to these children in order to break the cycle of incarceration in this state.

## References

- Broner, N., Kopelovich, S, Mayrl, D. W., & Bernstin, D. P. (2009). The contribution of childhood trauma to adult psychopathology in dually diagnosed detainees. In R. Gido and L. Dalley (Eds.), *Women's mental health issues across the criminal justice system* (pp. 129-159). Upper Saddle River, NJ: Pearson/Prentice-Hall.
- Christian, S. (2009) *Children of incarcerated parents*. Washington, DC: National Conference of State Legislatures.
- Dalley, L. P. & Michels, V. (2009). Women destined to failure: Policy implications of the lack of proper mental health and addiction treatment for female offenders. In R. Gido and L. Dalley (Eds.), *Women's mental health issues across the criminal justice system* (pp. 177-195). Upper Saddle River, NJ: Pearson/Prentice-Hall.
- Davis, H.D. (n.d.). Educating the incarcerated female: An holistic approach. Retrieved November 25, 2009, from [http://www.nwlincs.org/correctional\\_education/articles/educating-incar-female-davis.pdf](http://www.nwlincs.org/correctional_education/articles/educating-incar-female-davis.pdf)
- Duncan, R. D., Saunders, B.E., Kilpatrick, D. G., Hanson, R. F. & Resnick, H. S. (1006). Childhood physical assault as a risk factor for PTSD, depression, and substance abuse. *American Journal of Orthopsychiatry*, 66, 43-88.
- Felitti, V. J. (2004). The origins of addiction: Evidence from the Adverse Childhood Experiences Study. Retrieved November 15, 2009, from <http://www.acestudy.org/files/OriginsofAddiction.pdf>
- Gido, R. (2009). Introduction: The mental health needs of female offenders across the criminal justice system. In R. Gido and L. Dalley (Eds.), *Women's mental health issues across the criminal justice system* (pp. xix-xxiv). Upper Saddle River, NJ: Pearson/Prentice-Hall.
- Harrhy, J. & Murphy, R. (2009) *Children and families of incarcerated parents: Advisory committee report*. Washington State Legislature.
- Joseph, J. (2009). Women in mental health courts. In R. Gido and L. Dalley (Eds.), *Women's mental health issues across the criminal justice system* (pp. 98-116). Upper Saddle River, NJ: Pearson/Prentice-Hall.
- Oklahoma Department of Corrections (ODOC). (2009a). Facts at a glance, September 30, 2009. Retrieved November 12, 2009, from [http://www.doc.state.ok.us/newsroom/facts/Facts percent20at percent20a percent20Glance percent20September %202009.pdf](http://www.doc.state.ok.us/newsroom/facts/Facts%20at%20a%20Glance%20September%202009.pdf)
- Nickel, J., Garland, C. & Kane, L. (2009). *Children of incarcerated parents: An action plan for federal policymakers*. New York, NY: Justice Center/Council of State Governments.
- Phillips, S. D. (2008) *Making "The Bill of Rights for Children of Incarcerated parents" a reality*. Chicago, IL: Jane Addams College of Social Work.

- Sharp, Susan F. (2008a). *Breaking the cycle of violence: Study of incarcerated women and their children*. Oklahoma City, OK: Oklahoma Commission on Children and Youth.
- Sharp, Susan F. (2008b). *The real costs of incarcerating mothers in 2008*. Oklahoma City, OK: Oklahoma Commission on Children and Youth.
- West, H.C. & Sabol, W. J. (2009). *Prison inmates at midyear 2008: Statistical tables (NCJ 225619)*. Retrieved November 15, 2009, from <http://www.ojp.gov/bjs/pub/pdf/pim08st.pdf>

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