

November 1, 2005

The Oklahoma Commission on Children and Youth (OCCY) is pleased to release the final installment in a series of three reports regarding the Study of Incarcerated Women and their Children. This report provides a glimpse into the lives of children who have been displaced due to the mother's incarceration. The report is being issued under the authority of Senate Joint Resolution Forty-Eight.

Senate Joint Resolution Forty-Eight directs the Oklahoma Commission on Children and Youth to take the lead and work with the Department of Mental Health and Substance Abuse, the Department of Human Services, and the Department of Corrections, to study the living conditions of children of incarcerated women and make reports with recommendations that will help break the destructive cycles and restore the opportunities for the children to live healthy and productive lives.

This report contains qualitative data that is useful information regarding incarcerated mothers and their children. A few of the highlights include:

- The state now ranks first in per capita incarceration of females (129 per 100,000 female residents). Oklahoma's incarcerated female population was 2,257 as of October 24, 2005.
- Over 50 % of caregivers talked about financial hardship created when additional children were added to their family.
- The study found that in more than one-fourth of the cases, siblings had been placed separate from one another, due to the mother's incarceration.
- Approximately 75% of the caregivers voiced concerns about visitation between the child and incarcerated mothers. Concerns ranged from lack of transportation, to expense of transportation, to a lack of child-friendly visitation areas, and a lack of structured visitation programs sponsored by Department of Corrections.
- The majority of caregivers raised concerns about the consequences of obtaining legal guardianship and involvement with the official system.

It is the intention of the SJR Forty-Eight Taskforce to develop recommendations that will reduce the trauma children suffer as a result of the incarceration of their mothers. Some of the preliminary recommendations include:

- The coordination and offering of voluntary services early, following the mother's incarceration.
- Locating community organizations to assist in service delivery and visitation.
- A comprehensive review of the present federal welfare reform act due to the provision that requires incarcerated women to pay back TANF payments, if drawn by relatives, to support their children during incarceration.

We recognize these are complex issues that one solution will not resolve; however, we have started a dialogue of working toward change that has the potential to positively effect the lives of children, youth and families. We offer thanks to Senator Debbe Leftwich and Representative Barbara Staggs for sponsoring this initiative and bringing these concerns to the forefront.

Respectfully,

Janice Hendryx  
Director

## Description of the Study

Oklahoma's female prison population was 2,257 prisoners as of October 21, 2005. The state now ranks first in per capita incarceration of females (129 per 100,000 female residents), Mississippi ranks second with an incarceration rate of 107 per 100,000 female residents. In comparison, the national incarceration rate is 62 per 100,000 female residents, with Oklahoma more than doubling the national average for incarcerating women, a trend which is itself significantly higher than even ten years ago and still increasing (Harrison and Beck, 2004). The majority of incarcerated women are mothers, making it imperative that we study the effects of these incarceration policies on their children. These factors underline the importance of examining the effects of maternal incarceration in Oklahoma on the children involved. The Angel Tree Ministries served 1,909 children in 2004, whose mothers were incarcerated or in a required substance abuse treatment program.

The current study was conducted in three phases, with final reports on Phase I and Phase II delivered in late 2004 and early 2005 (Sharp 2004; Sharp 2005). In the first phase of the study, 203 female prisoners were administered a survey containing questions on demographics, criminal record, and information about families such as contact with children, placement of children, and problems with children. This is less than the proposed 250 women due to refusal

of a substantial number of those randomly selected for participation at Mabel Bassett (random sample was of 132 women). Subjects came from four facilities: Turley Halfway House (n=14, 6.9%), Hillside Community Correctional Center (n=41, 20.2%), Eddie Warrior Correctional Center (n=92, 45.3%), and Mabel Bassett Correctional Center (n=56, 27.6%). A random sample was drawn by the Department of Corrections to get a representative number of prisoners from each level of incarceration, stratified by race and time in prison. The response rate at Turley was 66.7%, at Hillside it was 78.8%, at Eddie Warrior it was 87.6%, but at Mabel Bassett only 42.4% participated in the survey. One reason for this was that several of the women selected in the random sampling were incarcerated for harming their children. Additionally, the prisoners at Mabel Bassett were less interested in participating once they realized that there would be no direct benefit to them. This may be a reflection of the more serious nature of the offenses of these women as well as their unwillingness to assist in research. Volunteers from Phase II were obtained by asking those completing the Phase I survey to complete a separate page requesting to participate. Phase II participation was limited to those women who had minor children in their homes at the time of incarceration.

In the first administration of the second phase of the study, 54 female prisoners were administered a survey containing questions on demographics, criminal record, and information about families such as contact with children,

placement of children, and problems with children. Additionally, the women were asked in-depth questions about their own life experiences. The subjects were drawn from those who had volunteered during Phase I of the study. There were ninety-six volunteers from Phase I, but examination of the surveys indicated some did not qualify for participation in Phase II. Additional subjects were no longer at the facilities at which they had been surveyed. Two refused after examining the survey, leaving fifty-four completed surveys. Unfortunately, the Phase I survey had been administered at Mabel Bassett on a day when a staff member fell and had to be removed by ambulance, throwing the schedule off. Some of the women did not want to participate since it cut into their meal time. The subjects for the first administration of Phase II came from three facilities: Hillside Community Correctional Center (n=9), Eddie Warrior Correctional Center (n=28), and Mabel Bassett Correctional Center (n=17).

The difficulties with obtaining adequate subjects for the caregiver study (Phase III) led to an additional collection of data for Phase II at Mabel Bassett Prison on July 20, 2005, resulting in an addition of 65 subjects to Phase II for a total sample of 119 prisoners.

Phase III interview subjects were drawn from referrals given by the women who participated in Phase II. At the end of the Phase II survey, there was a request to contact the children's caretakers. To give consent to this contact, the prisoners were asked to provide contact information and to sign the

paper and then separate it from their surveys to avoid compromising their confidentiality. A list of potential Phase III subjects was then compiled, and letters explaining the research were sent to them. They were then contacted by telephone and asked if they were willing to participate. In several cases, the contact information was incorrect and the letters were returned as undeliverable. Many of those contacted by telephone refused to participate and expressed distrust of the research. A few did not seem to understand what the survey was about, stating that the children's mothers were in prison and not available to be interviewed. From the list of potential subjects garnered from the first administration of the Phase II survey, ten subjects agreed to be interviewed. From the second administration of the Phase II survey, twelve subjects agreed to be interviewed. However, two ended up canceling the interviews, stating that they had decided against participating.

Thus, a total of twenty caregiver subjects were interviewed during Phase III. Because participation was voluntary, the sample ended up being small and potentially skewed. It is quite likely that the interview subjects are not truly representative of caregivers for the children of women prisoners.

This report will contain updated information on the Phase II participants as well as on the caregivers. Additionally, problems faced by the prisoners' children will be explored from both the prisoner and the caregiver perspectives.

## Phase II - Revised

### Demographics

The demographic data for the combined Phase II samples are presented in Table 1. The subjects in Phase II ranged in age from 19 to 65, with a mean age of 36.5 and a median age of 37. Over one-third (34.7%) of the women were between the ages of 30 and 40. Slightly less than half of the sample was white (n=57, 47.9%), and an additional 29 (24.4%) were African American. The sample contained 18 Native Americans (15.1%) and four Hispanics (4.4%). The remaining subjects described their race as “other” (n=11, 9.2%).

In terms of education, thirty-one subjects had not completed high school (26.7%), nine of whom (7.8%) reported an eighth grade education or less. An additional forty-three (37.1%) reported that high school graduation or a GED represented their highest educational attainment. An additional 21 women (18.1%) reported vocational or technical training, and 20 (17.3%) had some college.<sup>1</sup> Clearly, the majority of these women have low educational attainment, at high school level or below. Reasons given for dropping out of school included pregnancy (n=23, 19.3%), getting married (n=6, 5.9%), boredom with school (n=24, 20.2%), inability to keep up in school (n=7, 5.9%), legal problems (n=1,

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<sup>1</sup> Three women did not respond, so percentages are based on the 26 responses given.

0.8%), family moving often (n=3, 2.5%), having to support self (n=3, 2.5%), and other (n=12, 10.1%).<sup>2</sup>

**Table 1. Demographics**

	<b>N</b>	<b>Percent</b>	<b>Cumulative* Percent</b>
<b><i>FACILITY</i></b>			
Hillside	9	7.0%	7.0%
Eddie Warrior	28	21.7%	28.7%
Turley	10	7.8%	36.5%
Mabel Bassett	82	63.5%	100%
<b><i>AGE</i></b>			
21-30	34	29.6%	29.6%
31-40	40	34.7%	64.3%
41-50	36	37.0%	95.7%
50 and older	5	4.3%	100.0%
<b><i>RACE/ETHNICITY</i></b>			
African American	29	24.4%	24.4%
Hispanic	4	4.4%	28.8%
White	57	47.9%	76.7%
Native American	18	15.1%	91.8%
Other	11	9.2%	100.0%
<b><i>EDUCATION*</i></b>			
Less than HS	31	26.8%	26.8%
HS Grad/GED	43	37.1%	63.9%
Some college	20	17.3%	81.2%
Vo-Tech	21	18.1%	99.3%
BA degree or higher	1	0.8%	100.0%

\* Some categories do not total 100% due to rounding error.

<sup>2</sup> Some women gave multiple responses, or the question did not apply to others.

Sixty-eight (57.1%) of the women reported they supported themselves and their children at least in part through their own employment prior to arrest. An additional thirty-seven (31.1%) reported their spouse or partner worked. Other sources of support included help from family or friends (n=36, 30.3%), child support (n=10, 8.4%), TANF (n=18, 15.1%), social security or SSI (n=9, 7.5%) and unemployment compensation (n=3, 2.5%). Eighteen women (15.1%) reported other income. Fifteen (12.6%) of these indicated that drug sales were a source of income.

In terms of the offenses for which they were in prison, slightly less than half (n=52, 43%) reported drug offenses as the controlling offense. Twenty-three women (19%) were incarcerated for murder or manslaughter, six (5 %) for assault, and three (3%) were incarcerated for motor vehicle theft. Most of the remaining women were incarcerated for some type of theft or fraud.

There continues to be evidence of intergenerational imprisonment. A total of 158 incarcerations of relatives were reported by the 119 women. Seven (5.9%) reported their mother had gone to prison. Twenty-two (18.5%) reported their father had gone to prison. Three (2.5%) reported a grandparent had gone to prison. In one case, the prisoner reported both her mother and a grandparent had been to prison. A large number also reported that an aunt or uncle had been in prison. Twenty-one percent (n=27) of the sample reported either an aunt or an uncle had gone to prison, and five (3.9%) reported both an aunt and uncle had

gone to prison. Siblings also had been incarcerated, with fourteen (11.8%) women reporting a sister had gone to prison and thirty-nine (32.8%) reporting a brother had gone to prison. It is evident that for the majority of the women, imprisonment is somewhat familiar due to familial incarcerations.

### **Abuse Histories of Women Prisoners**

The women in this survey have experienced considerable violence and abuse, both as children and as adults. More than half of the women (n=63, 52.9%) reported parental violence in their homes while growing up. Thirty-three (27.7%) reported that only their father was violent around the family, while fifteen (12.6%) reported that only their mother was violent around the family. Fifteen subjects (12.6%) reported both parents were violent around the family.

A vast majority of the women had experienced physical or sexual abuse before the age of eighteen. Eighty-six (72.3%) of the women reported experiencing one or both kinds of abuse during their childhoods. Fifteen (12.6%) reported experiencing physical abuse only, and twenty-three (19.3%) reported experiencing sexual abuse only. Almost half the subjects reported experiencing both physical and sexual abuse before age 18 (n=48, 40.4%).

**Table 2. Family Violence and Abuse Histories of Phase II Subjects**

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Parental violence in home	63 (52.9%)
<i>Father violent around family</i>	33 (27.7%)
<i>Mother violent around family</i>	15 (12.6%)
<i>Both parents violent around family</i>	15 (12.6%)
Childhood abuse	86 (72.3%)
<i>Physical abuse only</i>	15 (12.6%)
<i>Sexual abuse only</i>	23 (19.3%)
<i>Both sexual and physical abuse</i>	48 (40.4%)
Abuse experienced as adult	94 (79.0%)
<i>Physical abuse only</i>	54 (45.3%)
<i>Sexual abuse only</i>	2 (1.7%)
<i>Both physical and sexual abuse</i>	38 (31.9%)

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The women also reported experiencing abuse as adults. Ninety-four (79.0%) had experienced some type of abuse. Fifty-four (45.4%) reported being the victims of domestic violence, and two women (1.7%) reported sexual abuse only. An additional thirty-eight subjects (31.9%) reported they had experienced both domestic violence and sexual abuse.

Family members were likely to be perpetrators of both physical and sexual childhood abuse. Forty-eight (76.2%) of the sixty-three women who reported childhood physical abuse reported that a parent or step-parent had been the perpetrator of childhood physical abuse, and an additional eleven subjects (17.5%) reported another family member as perpetrator. Nineteen (26.8%) of the seventy-one women who had experienced sexual abuse reported that a parent or step-parent was the perpetrator. Thirty-four (47.9) reported another relative was the perpetrator.

However, the women were not as likely to report having received counseling for their past abuse. Only forty-seven of the eighty-six women reporting childhood sexual or physical abuse and ninety-four women reporting abuse as adults had received any counseling for past physical or sexual abuse. However, forty-two women did report receiving mental health treatment, either inpatient or outpatient, prior to their incarceration. Half of these subjects (n=21) reported one or more hospitalizations for mental health problems. Furthermore, eleven of the women who had received some type of mental health treatment

prior to incarceration had received no services in prison, including seven who had one or more mental health hospitalizations.

### **Substance Abuse by Women Prisoners**

We then created a variable to measure heavy drug use. Cases were coded 1 if the subject reported using any of the following drugs more than once per week: marijuana, crack, cocaine, methamphetamine, heroin, speedballs (cocaine and heroin), non-prescription methadone, other narcotics, barbiturates, tranquilizers, PCP, LSD or Ecstasy. All others were coded 0. Eighty-six (72.3%) of the sample reported heavy drug use in the month prior to incarceration. Forty subjects (33.6%) reported heavy alcohol use, defined as more than once per week. However, there was a large overlap between these two groups, with thirty-three subjects reporting both heavy alcohol and heavy drug use. A total of ninety-three (78.2%) subjects reported heavy alcohol and/or drug abuse.

In contrast, fifty-six subjects (47.1%) reported they had never received any substance abuse treatment prior to their incarceration. Eight others (6.7%) stated they had tried unsuccessfully to get substance abuse treatment prior to incarceration. A total of eighty-seven reported receiving some form of treatment in prison. When examining the ninety-three women who reported heavy use of drugs, alcohol or both, we found that thirty-nine (41.9%) reported no treatment prior to their incarceration, and an additional seven (7.5%) reported unsuccessfully trying to get treatment prior to this incarceration. Twenty (21.5%)

of the ninety-three women with heavy substance abuse reported not receiving treatment in prison. Several others reported twelve-step programs only (n=12, 12.9%). This means that more than one third (34.9%) of those women with substance abuse problems as measured by heavy and frequent use had not received any formal substance abuse treatment in prison at the time of the survey. It is evident that a significant number of women with substance abuse problems may not be receiving adequate drug treatment while incarcerated.

### **Children of Incarcerated Mothers**

Female inmates are 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 the children's living arrangements.

Females are also less likely than males to report that their children are now living with the other parent. Taken in conjunction, these two statistics emphasize the fact that children of incarcerated mothers may find themselves not only without their mother but also without their home (Mumola 2000).

### **Children Living With Mother Prior to Her Incarceration**

The number of children living with the women prisoners at time of arrest is reported in Table 3. Thirty reported one child in the home, nineteen reported two children in the home, and fourteen reported three children in the home. Nine subjects reported living with four children; two reported living with five children, and two reported living with six children in the home at the time of

incarceration. The total number of children living with a mother at the time of her incarceration in this phase was 168 children. The children living with their mothers prior to incarceration ranged in age from 0 to 17.

**Table 3. Number of Children Living with Incarcerated Mother at the Time of Her Arrest**

<b>Number of Children in Home</b>	<b>Women Reporting Number</b>	<b>Cumulative Number of Children</b>
1	30	30
2	19	68
3	14	110
4	9	146
5	2	156
6	2	168

\*Four women did not report the number living with them in the home.

**Placement of Children During Mother’s Incarceration**

The children who had been living with their mothers prior to the mothers’ imprisonment have had to be placed with others. Table 4 reports the placement of the children who were living with their mothers.

**Table 4. Mothers' Report of Placement of Children Who Were Living With Them Prior to Their Incarceration**

Where Children are Currently Living	N*
With Children's Father	25
With Subject's Mother	34
With Subject's Father	5
With Both of Subject's Parents	12
With Subject's Siblings	4
With Subject's Grandparents	3
With Subject's Other Relatives	4
With Partner's Parents	5
With Partner's Grandparents	2
With Partner's Other Relatives	2
With Friends	4
In Foster Care	7
State Agency	2
Unknown	5

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

Twenty-five mothers reported that one or more of their children were living with the children's father, although in two cases there was another family member such as a grandparent in the home. Thirty-four of the subjects reported one or more children living with their own mother, five reported one or more

children living with their own father, and twelve reported children living with both of their parents. Four lived with the subject's sister, three lived with the subject's grandparent, and four lived with other relatives of the subject.

Only a few subjects reported children living with their partner's family members. Five reported one or more children lived with one or both of their partner's parents. Two reported children living with their partner's grandparents, and two said one or more children lived with other relatives of their partner. Four women reported children living with friends, seven reported children in a foster home, two reported children with a state agency, and five reported not knowing where the child was.

The living arrangements of the children were not always stable. The subjects reported that sixty-two children had moved around to more than one household since their incarceration.

The majority of the women planned to live with their children after their release. Eighty-two of the women reported they planned to live with their children. Seventy-three women reported they still had legal custody of at least one child. Several women also reported that they had children living with them at the time of their incarceration that were not their own children. Many of these mothers plan to reunite with their children upon release. With limited contact between mothers and children during the incarceration period, reintegration may be more difficult. Thirty-five reported receiving visits from their children

less than once per month, with forty-one more reporting that they never received visits from their children. Fifty women reported they never received telephone calls from their children. Twenty-four women reported never receiving mail from their children.

### **Issues with Children**

Children may be affected in many ways when a parent is incarcerated, leading to numerous problems. In Table 5, we report problems the children have had since the mother's incarceration, including a separate report of those among whom the problems occurred both before and since incarceration and those who had problems prior to incarceration of their mother.

Depression and bad grades were the problems most often reported by the mothers. Twenty-seven women reported one or more of their children had developed problems with depression since their incarceration, while an additional five reported that depression had been a problem both before and since their incarceration. The women reported depression in a child prior to incarceration in only five cases. In six cases, the women reported a child being suicidal, with one woman reporting a suicidal child prior to her incarceration.

**Table 5. Problems Experienced by Children**

<b><u>Problems Experienced By Children</u></b>	<b><u>Before Incarceration Only</u></b>	<b><u>Both Before and Since Incarceration</u></b>	<b><u>Since Incarceration Only</u></b>
Bad Grades	11	13	29
Expelled from School	4	3	14
Dropped Out of School	3	3	14
Trouble with Friends	4	1	15
Trouble with Guardians	8	5	20
Running Away	3	0	13
Arrested	3	1	20
Incarcerated	0	1	9
Alcohol Problems	1	2	14
Drug Problems	1	1	15
Depression	5	5	27
Suicidal	1	0	6
Became pregnant or got someone else pregnant	3	1	7

A number of women also reported their children were having problems with school. Twenty-nine women reported that a child had developed bad grades since incarceration, with an additional thirteen reporting problems both before and since incarceration. Fourteen women reported a child being expelled

since incarceration, with three reporting a child expelled both before and since incarceration. Fourteen women reported a child had dropped out of school since her incarceration, another three reported children who had dropped out both before and since her incarceration, and three reported children who had dropped out prior to their incarceration.

Trouble with parents/guardians was also a frequent issue. Twenty subjects reported this had become a problem since their incarceration, compared to five who reported problems both before and since incarceration and eight who reported problems prior to incarceration. Thirteen reported a child who had run away since their incarceration, while only three reported this as a problem prior to incarceration. Twenty reported a child had been arrested since incarceration, and nine reported a child had been incarcerated.

Fourteen subjects reported alcohol problems in children since incarceration, and fifteen reported drug problems. In contrast, only two reported alcohol had been a problem both before and since her incarceration, one reported it had been a problem only prior to incarceration, and one reported drugs had been a problem prior to incarceration. Finally, seven mothers reported a child became pregnant or got someone else pregnant since their incarceration.

Prior research in Oklahoma suggests that children are being placed in homes with a history of abuse (Sharp and Marcus-Mendoza 2001). Therefore, it was important to examine whether children were being placed in homes where

the inmate reported abuse or violence or abuse had occurred. The results are reported in Table 6.

Twenty-two subjects reported children now living with the inmate's parents when one or both of the inmate's parents had been violent around the family while the inmate was growing up. Turning to physical abuse, thirty-four subjects reported children living with one or both parents when a parent had been the perpetrator of their own physical abuse. Thirteen reported children living with one or both of the inmate's parents when another family member had been the perpetrator of physical abuse during the inmate's childhood.

In terms of sexual abuse, thirteen women reported that children were living with one or both of the prisoner's parents when a parent had been the perpetrator of sexual abuse during the inmate's childhood. An additional thirteen women reported that children were living with the inmate's parent when another relative had been the perpetrator of childhood sexual abuse.

It is apparent that at least some children are living in situations with a relatively high potential for violence or abuse. While it is not possible with these data to determine whether or not the other relatives who were perpetrators are different from the other relatives with whom children are living, there is still reason for concern.

**Table 6. History of Family Violence, Physical Abuse or Sexual Abuse and Placement of Children.**

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	<b>Children Live With One or <u>Both Parents</u></b>
<b>Parental Violence</b>	
<i>Mother Violent Around Family</i>	7
<i>Father Violent Around Family</i>	15
<b>Physical Abuse as Child by Family</b>	
<i>Parent or Step-Parent Perpetrator</i>	34
<i>Other Relative Perpetrator</i>	13
<b>Sexual Abuse as Child by Family</b>	
<i>Parent or Step-Parent Perpetrator</i>	13
<i>Other Relative Perpetrator</i>	13

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**Concerns of Incarcerated Mothers**

The primary goal of this study was to explore the situations and problems faced by caregivers of the children of incarcerated mothers. However, there were considerable difficulties that developed during our attempts to interview caregivers. There may be several reasons for these problems. First, many families are “flying below the radar,” attempting to avoid contact with any official agencies out of concerns about losing the children or having maternal

rights terminated. Second, some of the placements are not ideal environments, and caregivers may not want their own living arrangements and problems documented. This has possibly resulted in those caregivers with excellent living environments being more willing to participate than some others. We have documented that many of these children are living in households that the prisoners described as abusive when they were growing up. Some of the prisoners also expressed concerns that similar situations were currently occurring. Before turning to the analyses of the caregivers' interviews, we will examine the concerns expressed by the prisoners about the placement of their children.

We asked the prisoners if they had any concerns about where their children were living. Twenty-nine (24.4%) of the women expressed concerns. They were asked then to describe their concerns. The results fell into several categories. Some women were concerned about the caregiver's age and the burden on the caregiver. In one case, three young children were living with the prisoner's grandmother, who was in her seventies. The prisoner expressed concerns about the stress of taking care of small children on a woman that age.

Another prisoner commented:

My youngest stays with my mother and she's up in age and I'm so scared something will happen to her while I'm gone and I don't know where that will leave my youngest

The most common concern expressed was that the environment was not safe. Comments along this line related to concerns about physical or sexual abuse, drug use in the household, and neglect.

I don't know if my daughter's dad is taking care of her, if he is back on drugs. She stays with her friend half the time.

My mother (son's guardian) is an alcoholic. My son has gotten into a lot of trouble. It seems to be a cycle w/her & any children around her (myself & son). He gets no emotional support and little affection.

Their father allows them to drink and get high. He allowed our 13 year old daughter's boyfriend to live with them resulting in her 14 year old pregnancy. He allowed and encouraged our 10 year old son to sell marijuana for him and join a gang.

I don't know where she is at this time. She has been raped, done drugs, been in fights.

They are all separated! 2 of my little girls 6 yrs & 2 yrs are with foster mom that has been abusive to them! I'm very afraid for them!

One prisoner went into considerable detail about her concerns. The situation sounds very serious, and I haven't written to the prisoner (who put her name and DOC number with her comments) asking her for more information in case a report needs to be made. To date, she has not replied. She did provide me contact information for another relative who is engaged in trying to get the child. I spoke with him, but he is in another state, limiting my ability to interview him. The inmate's statement follows:

My 14 year old daughter is being physically & verbally abused by my mother. . . She is treated as a slave & a robot. She has been coached & trained on a daily basis what to say to child welfare if they are called. She has threatened to kill my daughter & repeatedly tells her she hates her. She also calls her very, very vulgar names. . . She also bites her, pulls her hair and just so much more. Then after the abuse occurs she is made to feel sorry for my mother. If someone who just gets her out of there long enough, a professional can break her silence. . . This needs to be reported ASAP to the proper authorities in Columbus, Ohio.

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

## Caregiver Concerns

Before going into an in-depth discussion of the issues brought out by the caregivers, a brief description of the twenty interview subjects is needed. The caregivers ranged in age from 24 to 72, with a median age of 54. Fifteen females were interviewed and five males. Thirty-five percent reported living at the present address two years or less, while thirty-five percent reported living at the current address ten or more years, indicating a range in terms of housing stability. Eleven were white (55%), six were African American (30%), one was Hispanic (5%), and two were Native American (10%). Nine (45%) of the subjects reported that a high school graduation or a GED was the highest level of education attained. At the other end of the continuum, three (15%) reported post-graduate degrees. Five (25%) of the interview subjects were retired, and five (25%) reported full-time work. The others were unemployed, stay-at-home caregivers, students, or part-time workers. Two subjects were not related to the children in their care. The majority were the children's grandparents (n=12, 60%). There were also three siblings of the prisoners, one great-grandmother, one second cousin, and an uncle.

The caregivers were also asked about programs in which the children were involved. Seven (35%) reported that the children were receiving counseling. Eight (40%) reported that one or more children in their care were

involved in special education programs through the schools. Seven (35%) also reported sports involvement, and three (15%) reported children involved in substance abuse treatment. Three types of programs were the most commonly reported. Eleven (55%) reported children involved in church activities, and twelve (60%) reported that the children received free school lunches. Sixteen caregivers (80%) received Medicaid for the children, although in some cases there were difficulties with this due to lack of legal guardianship.

The interviews also revealed several themes. The interview subjects brought up issues related to guardianship or custody of children (or failure to have guardianship or custody). Additionally, caregivers discussed health and mental health problems, school problems of children, substance abuse and criminal behavior of the children, financial problems, financial issues, problem behavior of other family members, sources of support for themselves and the children, visitation, and their own perceptions of kinds of services most needed.

### **Guardianship/Custody Issues**

Several of the caregivers expressed frustration related to whether or not they had legal guardianship, custody, or were foster parents. Part of the difficulty lies in the efforts of the caregivers to avoid as much interaction with Department of Human Services as possible. Several caregivers said that they knew that they could receive more funds for the children by becoming foster care parents, but in the words of one non-related caregiver, "We made the

decision to just go ahead and not deal with DHS on the matter...We weren't sure if we went to DHS if they would say, 'Oh, you have got a child whose parent is in prison. You need to turn him over to us so we can put him in foster care.'" In this case, the child was fifteen and very fearful of foster care.

Reportedly, his uncle had been in a foster home and was sexually and physically abused. Unfortunately, because the non-familial caregivers had no legal standing in regards to the child, they experienced serious difficulties in obtaining Medicaid for the child. This came to a crisis when the child was diagnosed with a brain tumor and needed surgery.

That was a big issue with his medical care, we finally went to a lawyer who went before a judge and declared it an emergency, and they gave us temporary custody...They would not do the surgery until they had the guardian to sign off on it...I didn't know how to go about getting Medicaid. They were not sending me applications to extend it. They would not, when I finally got the right number – they would not give me any feedback because I was not his guardian. I finally just made enough phone calls that someone felt sorry for me and gave me the case number. Then I could get help – then I knew where to go apply for Medicaid because brain surgery is not a cheap operation. If he were not on Medicaid, I don't know what we would have done. He wasn't our child so he didn't qualify for our insurance.

Yet another grandparent guardian stated that she cannot apply for guardianship or she would lose the child's medical benefits (Sooner Care).

However, because she does not have guardianship, she is vulnerable to having child taken away by the mother. In her eyes, this is a "Catch-22." She talked at

length about her concerns about the mother taking the child away when she is released from prison.

For the state of Oklahoma the laws need to change. Grandparents have no rights. If the daughter/son drops them off on a parent and then comes back, they grandparents have no rights. You're – I don't have custody of (child). (Child's name) never went through the system... If something happens to me, my two middle daughters promise that (child's name) will be taken care of. I trust them.

In another situation, the caregiver is a second cousin to the prisoner. She, too, has minimized her involvement with Department of Human Services, although she has obtained Medicaid for the child. Her decision to not apply to be a foster parent or to place the child in the foster care system has had a negative impact on her own family.

This stupid law about being within 3 degrees of kinship is, uh, is totally damaging. The only way around that is to make (child's name) a ward of the state, and all my social worker friends say, "Honey if there's anyway at all for you not to do that, please don't because she's better off," the judge even said it. You know, DHS said it, everybody says it, don't you know we'll take her if we have to, but if you can avoid it don't. And so we're being, we're being penalized financially because I don't want to hand her over to the state, I don't want to make her a taxpayer burden... And the, the reimbursement rate, like I said, its right where it was in the 80s. So it's not enough money to live decently, and it's, - somebody willing to open their heart and their home having to just take a serious, serious financial risk, and it's the kids that suffer the most. Um, the legal limbo, um, isn't and, and I'm not sure that I'm really advocating for it to be easier to terminate parental rights or not...

## Health Issues

Ability to access services, particularly medical services, is extremely important for many of these children, who suffer from a variety of health and mental health issues. Some of the children have health problems related to maternal drug use. Three examples are given below.

(Child's name) for starters was about, mmm, three to four weeks premature. And didn't have major physical problems from that but was born just a little bit medically fragile. Um, she had considerable prenatal exposure to all sorts of substances, although she was not born addicted, she did not go through withdrawal. But she has - her mother was in a methadone maintenance program while she was pregnant. She used cocaine; she used alcohol, which is the most dangerous of all of them. She smoked tobacco and marijuana; her lungs never met a drug she didn't like. Um, we really don't know what all she, she - well - has taken, but I know that she has had problems with prescription drugs and stuff in the past as well. ....So the baby just had, you know, all sorts of stuff um even though she wasn't born addicted, because of that she got a whole constellation of symptoms that I discovered after we started going to the child study center; how very, very typical the kids with this kind of exposure. Um, the delays in language and um walking, that kind of stuff

I watch (child's name) very closely because when (mother) carried him, her placenta wasn't feeding him and he wasn't getting the nourishment he needed. So he didn't develop well. They decided to take him despite the fact that his lungs weren't developed and other things weren't developed. He was in intensive care for a long time before we brought him home... So, uh, I've kind of watched him through the years to see - to see if there are any problems here or there. He does have a bowel problem that we're in the stage of correcting right now. And, uh, I'm hoping this will work. The doctor is very - very much on top of it. Um, so on the first of the month, I can get that checked.

She complains of pain in her stomach all the time and the doctor put her on medicine. She's been taking it, but she still has it. The doctor put her on medication for it, but they need to check her out to see if she has an ulcer.

In most cases, the children's basic medical needs were being covered by Medicaid. However, in the case described earlier, the child had a brain tumor, and the caregivers had difficulty obtaining Medicaid. In another case, the child had hearing problems but was unable to obtain a hearing aid.

He has a problem in his left ear. One of his ears is hard of hearing and we had him to the hospital to (physician) and (physician's) facility is very poorly, because, um, they should, was supposed to get him like ear, really an ear hearing aid. And that haven't come about yet. And you can tell that he's hard of hearing, 'cause like he turn the TV up loud, and you have to talk to him loud, sometime, you know, in one of his ear. And it has been tested, that he do have problem with his ear.

A number of the children are being treated for depression or other emotional problems. The caregivers generally attributed those problems to separation from the mother.

And there's times that she'll say that she forgets what her mom looks like or feels like. The doctor put them on Prozac but I took one of them off - now both of them are off.

I think to visit with the Youth Services is good for them because they have a lot of issues. The oldest one has a lot of anger. He, uh, he has anger in him - and - and, uh, I'm not sure what the anger is. Definitely it's because his mom isn't here and because we have no family members here whatsoever. And so he doesn't have that male supportive role, you know, that - that I think would be necessary for his well-being.

When he was picked up, before he went to jail, he had to go to, uh, for psychiatric counseling, and it was, he went before too, 'cause when he found out he had ADD, um, they put him on the medication, they, they told him, "Now, (child's name), you've got some problems, but a lot of your problems are self-made, you know." And, he went periodically, you know, to see the counselor there, it was a psychologist, not a psychiatrist. They also had him on Zoloft for depression, and, um, he was kind of okay as long as he was taking his medicine, but then he stopped taking his medicine because he didn't, that didn't work for him... he'd take knives, you know, and kind of tap on his arm, you know ... and I said, "Hey. If you're gonna do it, do it. You know. Don't play around. Don't play head games with people." And he says, "Well, what says I won't?" I said, "Then go ahead." I said, "But, you know, you're not going to hold heavy, heavy over all of our heads, and if we don't do what you want us to do or give in to you every time you make a demand, you're going to go over there and cut yourself, cut yourself! And if you become too much of a problem, I'm going to have you EOD'd." And he would go, "You'd do that?" I said, "In a heartbeat!" I said, "If you're that bad, then you're a danger to yourself and you're a danger to others."

Another caregiver said that the two children living with her felt that they did not need counseling or other services. Their needs were being met by supportive friends.

I talk to them about that and they don't want to hear about that. They say they have nice friends, and um they have grandma, and they have big brothers. I spoke to them about counseling and they say what would counseling do; we have a church family, we have so, here they are; there is a 15 year old and, and a 17 year old, so they, they know what that they want and I don't push them.

### **School:**

A couple of the caregivers were concerned about issues related to the children's education. In one case, the caregiver observed that the children's

grades had dropped. In another case, the caregiver, a young daughter of the prisoner, faced problems enrolling her younger brother in school.

Authorities questioned why his sister rather than a parent was enrolling him. Although she eventually was able to get him enrolled, she found the experience frustrating.

### **Substance Abuse and Legal Problems of the Children**

Several caregivers described severe substance abuse problems in teen-aged children. Three had obtained substance abuse treatment, but it appeared that others might also need this service. The teenaged child described below had not received any form of treatment at the time of the interview.

He would experiment with pills, downers mostly, and he had an episode one night, he got a hold of some bad stuff, and he was gone all night. He had his grandmother worried to death, you know, 'cause he had had some threats, they had had some drive-by shootings at the house, you know, people coming and busting out windows and all and writing graffiti on the walls outside. She didn't know what had happened to him. And, uh, he came home the next day, and he looked like death run over, you know, and she said, "Where have you been?" And he said, "I can't honestly tell you. I don't know." She said, "What do you mean you don't know?" She said, "You've been gone all night." He said, "Grandma," and he sat down and he started crying, he said, "I got a hold of some drugs last night." He said, "They were not what they were supposed to be." He said, "And, I don't remember where I was."

A male caregiver was interviewed and indicated that another family member had several of the prisoner's children living with her. One child had been staying with the male caregiver, but the other family member had

demanded that the child move in with her. The subject considered the situation dangerous for the children and thought someone should intervene. He had contacted the state Department of Human Services, but the caseworker did not seem to think there was a problem. The children were allowed to remain with the other family member. At the time of the interview, he was involved in legal proceedings to get custody of the child who had been living with him.

These kids need intervention and counseling. They need to be taken out of their father's home – drugs, crime. The boy has been arrested – I suspect the children have been sexually abused. The little girl has been suicidal. When her grandparents took her, she started freaking out. Running away, threatening to kill herself. Her grandmother slaps her, threatens to kill her if she doesn't act right, so she gets immobilized.

A few of the caregivers talked about the legal problems experienced by the prisoner's children. One man expressed frustration with his grandson, who had been arrested. When he asked his grandson why he got into trouble, his grandson said he just lost his mind. The subject thought that was funny and did not see the theft as serious. He just wants his grandson to finish school (vo-tech high school) and get a job. A grandmother talked about her teen-aged grandson's recent arrest, while another caregiver talked about the mother's incarceration as a cause of the child's legal problems. That teenager has been arrested numerous times and entered the juvenile justice system.

We were out of town, and when we came back, there was a message from a probation officer to call. That's how we found out. It was really stupid. He broke into a concession stand at the ball

field just a few blocks from here and stole the money, but there wasn't much so he stole candy.

I said "(to the other grandmother) he hasn't had a rough life, he just hasn't had his mother here. That does not justify him acting the way he's acting." So she did. She told me, she said, "I can't pay it anymore, and you're just going to have to, you know, deal with it." And so they, he went to juvenile court at first, I think he was about 15 when he got in trouble...

### **Financial**

The majority of the caregivers talked about the financial hardship that having a child added to the family created. In one case, the caregiver had been working in a business with her husband but had to quit due to difficulties with child care.

I was working with my husband and had to quit work and stay home. She was in an in-home daycare. It was a hassle – DHS was paying for it. The woman closed for the whole month of June and it was just too much of a hassle to transfer her to another center then back – this one was down the street from me and real convenient. So, I just gave up. Sometimes my husband's work puts us out of town – I couldn't go because of keeping (child).

In other cases, there was an impact on the entire family, and those who received TANF felt that it did not even begin to cover the expenses of an additional child. In addition, in households with other children, there was simply not enough money for all the children to participate in activities, so rather than playing favorites, the caregivers' own children had to give up the activities in which they had previously been involved.

One of the problems that, that family have is even if you can get a little bit of money for the kids, you can't get enough for them to, the whole family ends up taking a nose-dive into serious poverty when you take on more kids.

Uh, there's a direct relationship between, between that and the fact that - that we're having a hard time keeping our heads above water right now. And it hurts, it hurts (child) more than you know, it hurts all my kids, I mean, it, it hurts the entire family. And if I just weren't pig-headed and stubborn, there would really be no option other than to turn her over to the state. And then she'd just be another notch, in the, the whatever.

It's not a problem, but it's a hardship. It's made it hard for my husband and me. (My husband) has a hard time finding anyone to help.

Those who did receive assistance felt like the small amount they received from Department of Humans Services was insufficient to cover the basic living expenses of one or more additional children. Older children often complained that the caregiver spent no money on them.

I get TANF money – not much, \$78 a month. With the TANF I usually buy her clothes. Once in awhile I have enough to buy some groceries.

Now if my husband didn't have a good job and we didn't have the means - like food, the food stamp issue. You know, they give me \$87 a month TANF. My brother's a big little boy. He can put \$87 of food away in a week, probably. And the clothes issue, he's still at that stage where they grow so fast. And, I mean, we just don't - for other people there could be more.

The oldest one will say "You ain't bought us no clothes, you ain't bought us no clothes." And I tell them that we need a new carburetor and you gotta have car insurance and I don't get no food stamps so I gotta try and keep some groceries in here and so I said okay now that check that you all get I'm going to let you all have it

and you can buy your little personal things and then they complained “\$87 won’t even buy no tennis shoes!”

On interview subject was taking care of her husband who is an invalid needing full time care. This woman stated that the state told her that they would only give her 75 dollars a month in food stamps for the two kids but that the prisoner would have to pay it back once she was released. So, she would not apply for the food stamps as she believed that the added financial burden on the prisoner would reduce the chances of successful reintegration.

Some caregivers felt that the activities schools offered were beyond their abilities to afford. One suggested that free tickets to some of the events or even not receiving notices would be preferable to having to tell the children they could not participate.

Well, at school they’re always sending home letters and announcements about things that are available to the kids. Holiday time, summer time, whether it’s ball games or swimming. But, for each kid it’s like \$35 or \$45 dollars, for a, uh, couple of weeks or a session of something. And, you can’t do one without the other. Because then you’re playing favorites, and they don’t – that’s not right. So, I wish that they would not put such a high price tag on some things. I mean, if they want to that’s all right.

Um, one thing I get upset about – sometimes they’ll come home with, um, coupons to go to a circus. They can get in free. But – in order for them to come in free, you have to pay an adult ticket. Have one for each child, an adult ticket. So, there you are. I have to buy three adult tickets in order to take them in free. So, they actually get their money. So, I can’t take them to that. And I can’t take them to the aquarium. Or even like the zoo. It’s almost impossible. It’s – it’s just things like that that make me feel terrible.

We don't really go out to too many places or do a lot. Financially it's just almost impossible. But, so when we do go out or they get involved in things they enjoy it so much. And, uh, they're just happy, you know. The things we do basically don't cost us any money or a little bit. They just appreciate so much, they just are, "Thank you, thank you."

One caregiver very graphically described all the added expenses of suddenly adding a small child to her household. Because the child was an infant, she lacked the basics to care for her and turned to community agencies and friends for assistance.

Oh, when I first got her, I yelled to everybody I know, "Help." I hadn't had a baby in, you know, 15 years or whatever and, ah, and I need help. I have gotten help from other sources, uh, agencies and stuff like that... I was on the board of Mother to Mother ... they're an independent ... nationwide organization that pairs, um, mentored moms with moms at risk... they, they helped come up with baby stuff, and that kind of stuff when I first...cause I had nothing. I mean, my youngest was fifteen, and, and we didn't have anything...baby beds and all that. And the decision to take (child) was something that happened in a split second. I mean I went from 0 to 60 in 3.2 seconds. And, and we were in no way prepared...I needed everything from car seats to crib to diapers.

### **Problems Related to Family Members**

In several cases, siblings were separated from each other, creating additional problems. The grandmother of a five-year-old described the minimal contact her charge had with two sisters.

One child lives in same town and is on sports team with (child's name). The other child lives with her father in Texas. I don't bother them.

In another case, the teen-ager living with the caregiver was the youngest of three children. She had taken both boys into her home, but the older one moved out at age 17. The middle child, a sister, lived in eastern Oklahoma with her aunt. The children had very little contact with each other.

In a number of caregiver situations, a concern was criminal involvement of the child's father or of other family members. In some cases, involvement was multi-generational. In one interview, the subject started to discuss his brother's incarceration, and then he stated he did not want to talk about that subject as he felt it had nothing to do with the children. In another, the subject did not mention other family member's legal problems until the tape-recorder was turned off. However, several caregivers did provide information about other family members who were involved with the criminal justice system.

My grandparents ... took in (child's) mom ... and her sibs, when (child's) mom, when (child's) grandma went to prison. (Child) is the second generation of her family - the third generation of her family to go through this, not the second but the third. She is the third generation. My mother's sister went to prison, and my grandmother raised her kids. (Child's) grandmother went to prison, and the same grandparents raised her kids, they were great-grandparents to (child's) mom ... So this is really the third generation, and if anybody thinks that this doesn't have an impact on families, far, far beyond, just the obvious, then they've got their heads up their butt.

Both of my brothers - (name) has five years and (name) - he got out of RID in 2004 - in May of 2004. He did the RID program and he's already back in jail. This time, really, his thing, was, uh, larceny of automobiles. I don't know anymore. His dad's dead.

His mom's locked up. And he don't have nobody. He's 19. ...But I can't have him around here.

Several of the caregivers also reported that the child's father was involved in crime and drug use. Some had contact with the children, while others did not or had only minimal contact.

(Child's) father and uncle are in prison. And, their phone calls are probably \$8- \$8.50, eight or nine dollars per phone call for 15 minutes. I may take a phone call once or twice a month. So he can stay in touch with his son. His son doesn't know him really.

(Child's) father is in jail, too. His rights have been terminated. If we allowed him to see (child), DHS would take (child) away.

So, I took by (child) there, (another person) was there – (child) wanted to stay, (father) told him he'd come and get him in an hour. Never showed up. He does that all the time, – I mean, his dad's just....He does that to (child) all the time,.... I don't want my kids seeing me and him getting into it, him getting louder. I'm sure he'd probably tear up my house, you know, or my car. That's the kind of stuff he likes to do.... He's been put in jail numerous times. Numerous times. And I don't see how he don't stay out of prison. All the trouble that man gets into, and the things he – he still does.

In one case, the caregiver had tried to obtain child support through the system. The father had worked for her and her husband, so she had his birth date and social security number. Unfortunately, the attempt was unsuccessful, which she blamed on Department of Human Services.

I gave DHS his SSN, his name and everything. I got a call from a man up around Tulsa. "My friend has been accused of being your little granddaughter's father. He isn't." When I asked his birthdate and everything, it wasn't the right man. DHS couldn't even get it right when I gave them everything. I filled out court papers on him. The real father, when he was around – he used to work for us

and was married to someone else – he didn't buy a diaper or a can of milk. No help. (Child) is confused about her name. Her last name is (mother's last name) but she goes by my name at the school. She doesn't know who she is.

### **Emotional Support**

In general, caregivers seemed to feel that they had inadequate support from others, both government officials and family. Since many of the caregivers were older, they felt socially isolated with the addition of a young child to the household.

I'm 54, all my friends' kids - half my friends are grandparents. I, so, I'm not part of, when my kids were, were that age, you know, part of, I had sibs, and cousins and stuff, we just had the family hand-me-down network. And my friends had kids in this same age range and that kind of thing. Um, and even though a lot of people my age are raising grandkids, not being a part of that. You know, when we go to play day at the park or something like that, everybody thinks I'm a grandma. Um, so that's kind of isolating, it's not uncommon these days to be, to be a grandparent, or somebody a grandparent age raising a kid.

Others reported being part of support groups or receiving support from members of their church, from church-related groups, or from community service agencies. These groups and services provided much needed emotional support to both caregivers and children.

The therapy at the Child Study Center is helpful, really to both of us. It's helpful to (child's name), in that they're helping her overcome some of her, um some of her delays. Uh, and it's uh, uh a safe place for her.

It's a group of the church that is some different denominations. We support each other, with, you know, family problems. I can go and

cry on the shoulder and they can cry on mine. And we meet once a month in somebody else home, everybody have a turn.

We get a lot of – the sisters in my church are very kind. They – if I need a babysitter or if we have an appointment for one, whether it be dental or doctor or whatever, they'll watch the other two. If not, I take them. They're – even in church when one of the children gets a little rowdy, one of the sisters will come by and, um, sit with one of the kids or they go sit with them. Or whatever – they're very good. Very good. They all have a bunch of kids, too, so - I can – if I have a problem, I need to discuss with somebody, I feel comfortable enough I can call somebody and go over it with them and see if they have experienced it, too. And, uh, it's a good relationship. The kids feel comfortable with it, too, you know.

### **Visitation**

Most of the caregivers voiced concerns about visitation. Most felt that the existing visitation policies were inadequate. Some complained of the Department of Corrections policies, while others discussed past policies that they believed had been beneficial for the children.

They had a little area outside where, you know, they had toys out there, you know – it all fenced in, razor wire and all that stuff, you know, you weren't going to get anywhere. But, uh, they stopped letting us go outside and everything.

It's all indoors – there's nothing outdoors. When they were in Oklahoma City they had a big sand area there, and monkey bars, and, you could go out doors and it was nice.

They even used to have dinner over there. Christmas and Thanksgiving. It was great. And Santa Claus was there on Christmas – that was great fun. I have pictures, you know, of [prisoner] and the kids. But where she is now, they have a big play area. It's indoors. And, how do you keep kids quiet? And from running, you know? They do play around.

I don't know what that program was called when I was little but it was sure helpful to me. We – we would go spend the weekend with our mom, and we'd spend Friday night and Saturday night and come home Sunday. It was really, really helpful. And, uh, I know the CAMP Program, my mom wants me to bring him up there 'cause she pays for it, but every time – I can't take him out of school. But, that CAMP program, if they even had it like some - it's just during the day and you can't take them out of school... I mean, you know, I know it's important for him to see my mom, but I don't feel like it's that important to miss school.

Other caregivers complained the prison staff and policies made visitation very unpleasant and difficult.

And last week I had to leave, it was so hot in there. I had my baby. And they didn't turn on the air like they were kind of wanting people to leave. It was so hot in there – my mom, she's a diabetic, and so she was having hot flashes and sweating, and – we were all uncomfortable before we decided to leave. There's a play area in there but all the toys are broke...they used to have games, like checkers, and UNO, and we used to sit and play checkers or dominoes with my mother, but they took them all away.

They make it so hard for people to go visit. Every little thing. For the first two or three time I went there I had to go out to my car to take something back. Two or three times. "You can't wear this – you can't wear..." Certain things in the baby's diaper bag, like, Gabriel had a diaper rash. I couldn't take in his diaper cream but I couldn't go out to get it to change his diaper, because my visit would be, you know, terminated ... The guards hassle you – constantly. And they lock the bathroom doors. Where you can't get access to – you have to stand there and wait. And then, half the time they just sit there and look at you like, hold on. Hold on. Okay, like what if I really had to go, you know, really bad ... That place is terrible. I told my Mom, I'm calling Oprah.

For some, transportation and expense were roadblocks to visitation. In some cases, lack of transportation or the expense involved resulted in limited

visitation. One caregiver cannot drive the child to see the prisoner because he has lost his license due to a DUI. An elderly woman complained about the cost of visitation.

By the time you pay the toll – what I do is since we have to be there early in the morning, I pay the toll for three and half. And, uh, go – the kids are all comfortable and kind of doze off as we are going. By the time you get gas in your car, and I don't even know with the prices going up so high, and then you have to have twenty dollars or quarters when you go in to get anything out of the machine, and lunch with mom – we have like a little picnic at the table, you know.

However, many caregivers felt that frequent visits were good for both the children and the mothers. One caregiver commented that since she did not own a car, visitation was infrequent. She wanted rides to see the mother more often. She has noticed that when they cannot visit for awhile, the prisoner gets in trouble, becomes oppositional and defiant. The big problem is transportation and the cost of telephone calls. This caregiver wished they could send the prisoner a phone card to make calls. She commented that she hated to have to turn down her calls. Other caregivers talked about the effects of limited visitation on both the children and prisoners.

Alex is ah, he gets, he gets very depressed at times. You know, he misses his mother very much. You know and um, the happiest time is whenever we go to see her. That's the happiest time. And when we go, we go every other week to visit her and uh after that he is very, very happy.

She only gets one visiting day a week – I think they should have more - more opportunities for them to do things together. Other

than just, you know that one visiting day a week. But, after school hours. Maybe on Spring Break or Fall Break, or, you know.

### **Suggestions from the Caregivers**

Many of the caregivers had very specific suggestions on what would improve their charges' situations. Suggestion ranged from increasing programs like Big Brothers/Big Sisters to providing more counseling and financial assistance.

Well, I think something like Big Brother or Big Sister would be good, especially when there's only one child, you know. If their parent or mother is incarcerated, it makes them feel like they're all alone. Even though they do have family support, they don't look at it that way. They feel like they have been abandoned. If they had a sibling, you know, or something like that, it might help, but where there's no sibling, you know, someone else to take that position, I think, could be a big help.

It would be nice if like, it's a one parent and one grandmother who is, you know, health be starting to fail like mine. I can't participate like I would like to do, which I did with the other set of grandchildren, you know. I like to get them involved in things and, um, you know, like the Big Brothers program ... Me and my sister be discussing the same thing, 'cause she also have a son and just lost her husband, so, you know, if they had like, the program like that with like Big Brothers program, that could help us, you know. It could get the children more involved in things, 'cause really I'm not...

You know, I have to tell the truth, I'm not really up to this running around and, you know, and they need to take children places, you know, like the movies and stuff like that. That's how I'd like to see things, but...and I'm not really that eager to do like I used to do, so if they had like someone - Big Brothers program, stuff like that, someone that could, you know, program that the children could participate in, 'cause there really isn't nothing around here for the children to participate in, you know, like they should.

Medical attention, counseling too, because of course the children have problems when the parent is not, you know ... it's bad enough with being just one parent, hard on the child.

Then that's another thing, you know, they don't have no program to help the children finance with clothes and stuff . . . I got it, and then, you have to go way across town, to go do the shopping, I have to go like way southwest 74<sup>th</sup> and Shields, you know. Way out there. And then when I got there, that was so discouraged, um, she, the social worker, didn't, she didn't even sign it like it should have been signed . . . My car is down, as you can see out there now. It's still moving, but it's poorly moving. I do the best I can. And I'm the one that always has to go back and forth with the children. Yeah, so, you know, should be some, some ways, where they could help the grandparent to finance to help the children, you know, in the future.

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

I just hope they do have better programs for, um, the children, the parent's children that are in trouble, you know, for the children and for the mothers, the parents, that help...this probably don't have nothing to do with the parents, I guess, huh? 'cause they need, they got incarcerated because of certain problem that they have, and then when they get out, they have no, even in there, they had get no counseling and stuff like they should, which to me that is a very, uh, terrible thing . . . But I think they do need counseling in these prisons for these mothers and fathers, you know, 'cause I haven't heard of none in there myself, I don't know.

One caregiver felt that the state was not aware of the circumstances faced by the caregivers. Another one just wanted the children to see their mother.

I know it's so many women that are incarcerated and other family members have to take care of their children because I meet them all of the time and it's hard on us. I know it is hard on the state, but we need help.

The only help that they really need is to see their mom. That is the most important thing on their list.

Others had very specific issues they wanted resolved. In one case, the caregiver was not allowed to visit her daughter, the prisoner, due to a violation of mail policies by the prisoner. She stated that she had completed the necessary paperwork to receive visitation, but her requests have gone unanswered. In another case, the caregiver worried about the problems faced by the mother upon release, including the cost of reestablishing her driver's license.

(Child) is very concerned about his mother. Uh, because of the treatment she's getting in prison. Um, she doesn't get medical treatment when she needs it, uh, they have to buy everything which means people have to send her money and it's put into a, an account, you know, but she has to buy everything she uses . . . I mean, a bar of soap costs her \$4. And, you can't send her anything. They used to get like, they could get a Christmas box or a birthday box. That has been cut out, and I think, I don't think that's fair, and (child) didn't think that was fair. 'Cause he used to make her stuff and send to her.

Finally, several caregivers felt that the state should re-examine the incarceration policies. This was eloquently stated by one caregiver, although others expressed similar opinions.

We need to look at the way we deal with what are essentially victimless-crimes, or crimes of non-violent offenders. The way we lock up them, in, in the case of (child's) mother, her grandmother, and her great-grandmother. Three generations of these women have gone to jail for offenses that could have been handled with

treatment, you know, treatment for drug and alcohol addiction, restitution, um, and, and uh, uh a supervised environment that would not have removed them from their kids, or if they did, would have left them in a community, so that when they did finish with their sentencing, whatever that was. They would still be able to come out, have some kind of life, instead of being pariahs, instead of being ex-cons.

## Limitations of the Study

The study proposed to study the effects of incarceration on children of women prisoners, both from the mothers' perspectives and from the caregivers' perspectives. To have a clear picture of the scope of the problem, every attempt was made to have a representative sample. A random sample, stratified according to race and length of time in the Department of Corrections system was drawn.

However, research is based on voluntary participation, and the study was plagued by problems of this nature from the beginning. In Phase I, many subjects at one prison chose not to participate due to schedule conflicts or the fact that there was no direct benefit to them for participation. Furthermore, the initial sample also included some prisoners who were incarcerated for crimes against their children, and these women did not participate. Therefore, even though we attempted to get a representative sample, there is no guarantee that the women who chose to participate are representative.

Phase II required volunteers from Phase I, and it is possible that those who volunteered to participate differed in important ways from those who did not. This issue was of even more concern in the last phase of the study. Phase III participation required two types of willingness to participate, further affecting

the representativeness of the sample. First, the incarcerated mother had to be willing to give permission for contact with the caregivers. Second, the caregivers had to be willing to participate. Many of the women did not give permission, although there is no way to determine their reasons. Additionally, as discussed earlier, many caregivers did not want to be interviewed. Again, the reasons for non-participation are unknown. It may be that they were simply too busy, or it could be due to a distrust of researchers or anything to do with the Department of Corrections. In more than one case, the caregivers wanted to know how I had obtained their names. This had been clearly explained in the initial letter, but apparently the caregiver did not understand or did not trust the explanation. Another reason for failure to participate could be that the caregiver or others in the household were participating in behaviors they did not want noted. Regardless of the reasons, however, those who did participate describe problems that are cause for concern.

The lack of caregiver willingness to participate in the research had a further effect. Phase III ultimately included only twenty cases, although much of the data are qualitative and thus rich. Nonetheless, the data can only be considered as exploratory due to the issues with sample representativeness and sample size.

## Recommendations

The findings and recommendations represented reflect the opinions of the researcher and are not necessarily the views of OCCY and the Taskforce.

The findings suggest a need to provide services to children as an intervention, before serious problems develop. The recommendations of this report fall into three broad categories. In the first category, minor changes could be enacted including provision of transportation for children to visit, setting the CAMP program at a different time, and so forth. These types of changes would be relatively inexpensive. The second category would be more costly and intensive. This type of programming would include offering services to the children to ensure that financial and emotional needs are being met. The third type of recommendation would include providing more training, mental health/substance abuse treatment, and re-entry assistance in order to reduce recidivism and increase the stability of these families upon release of the mothers.

Fostering of mother-child relationships as well as dealing with the children's emotional trauma could be partially addressed through improved visitation policies. Contact between mothers and their children can be extremely beneficial to the child. For one thing, seeing the mother may help reassure a child about the mother's situation (Parke and Clarke-Stewart 2003). Additionally,

the mother-child bond can be better maintained with regular contact. Mother-child contact is most beneficial when the mother plans to live with her children after release, but it can be beneficial in any situation where the mother plans to maintain a relationship with her children. The women themselves consider this to be extremely important. One recommendation would be to ensure there are child-friendly visitation areas at the facilities in order to minimize the trauma to the children. Additionally, the women suggest providing specific types of programs to enhance contact.

Past programs in the Department of Corrections have included reward-based visitation such as C.A.M.P., which included overnight visitation and structured activities for mothers and children to engage in together. The C.A.M.P program has virtually disappeared, and according to one caregiver, what is available occurs on weekdays when the child should be in school. Transportation difficulties are frequent among caregivers, given the somewhat remote location of both the Mabel Bassett and Dr. Eddie Warrior facilities. Coordination with community organizations and churches for provision of transportation of children and caregivers would help improve the contact between mothers and children, thus improving the children's emotional states as well as the potential for successful reunification after release. This is particularly important currently, with high fuel prices and exorbitant rates for telephone calls from prisoners. Another suggestion made by a caregiver that had merit was to

allow prisoners to purchase phone cards with canteen funds rather than utilizing collect-calling for telephone contact. Although there could be security issues involved with this, it does not appear that they would be insurmountable.

When incarceration is the appropriate response to the crime, thorough assessment of the homes where the mothers plan to place their children is needed. We should ensure that the provisions of Oklahoma Statute Title 22, Chapter 20 are being carried out or the statute should be removed. If that occurs, another method of providing guidance and assessment should occur. The statute states that when a parent is incarcerated, "the judge of the district court shall inquire whether such person is a single custodial parent of any minor child. If such person is a single custodial parent, the judge shall inquire into the arrangements that have been made for the care and custody of the child during the period of incarceration of the custodial parent." The sentencing judge is charged with determining that there are acceptable arrangements for placement of the child. However, the statute does not require that there be adequate documentation of suitability of placement, particularly if the child is placed with the other parent or with a relative. Unless the judge has reasons for concern, he or she might not enact the additional provisions of the statute that require assessment and ongoing reports about the placement. One potential solution would be to shift this burden from the judicial system to other organizations or officials. However, any efforts to assess and ensure acceptable living

arrangements for these children will be costly, no matter who is responsible for it. In the long run, in terms of reducing intergenerational offending and other problems, it may end up being cost-effective.

The lack of assessment in placement of children coupled with the possibility of children being placed in potentially harmful settings strongly suggests the need to develop a consistent program for offering services to minor children of incarcerated mothers. This type of program would serve several purposes. First, it would reduce the likelihood of children being placed in situations where they may be abused or neglected. Additionally, thorough assessment of the children themselves would be extremely beneficial. Both the mothers and the caregivers indicated that these children tend to have emotional problems, school problems, and substance abuse problems. It is recommended that the children be assessed at the time of the mother's incarceration and then at regular intervals, perhaps every six months, to determine their ongoing needs. Additionally, ongoing assessment could reduce the potential for children being moved around from one household to the next as well as help to determine if a previously suitable placement has become less healthy and supportive for a child. A number of the caregivers reported having family members with legal problems and substance abuse problems. If those individuals were not in the household at the time of placement but later returned, the suitability of the placement might need to be re-examined.

Policies related to financial assistance of households with children of incarcerated mothers should be reassessed. Many of the caregivers are receiving only minimal assistance for the children in their care, primarily because most do not have legal guardianship or are not part of the foster care situation. While the majority reported that the children did receive Medicaid, the situation faced by the caregivers of the child with a brain tumor indicates the need to ensure that the prisoners' children are all receiving adequate medical coverage. Additionally, additional forms of assistance should be explored. Clothing, school supplies, and activities, often for more than one child, place a severe financial burden on low- and moderate-income households.

There are several issues related to guardianship and custody that may need to be examined as well. As noted above, failure to obtain official guardianship or custody inhibits the ability of caregivers to access services, but many do not want to have extended involvement with agencies such as Department of Human Services. Education of the caregivers about their options is needed. Many do not know exactly what is involved in the different types of legal arrangements, and they are often operating with incorrect information. Although the decision of whether or not to pursue guardianship, custody or foster-care status should remain their own, provision of information about the options and what each option entails is needed. Related to this issue, an unintended effect of welfare reform should be noted. The Personal

Responsibility and Work Opportunity Reconciliation Act (PWORA) has had an effect on the children of incarcerated mothers. It appears that caregivers are at times unwilling to access services from the Department of Human Services for these children due to concerns about the mother's ability to repay upon release. This is a realistic concern, as the earning potential of these women is generally relatively low. Upon release, many are faced with overwhelming financial responsibilities. They must pay restitution or court charges, parole fees, and often are required to obtain additional treatment. They are often trying to re-establish a household for themselves and their children, obtain drivers' licenses, etc. At the same time, their employment prospects may be quite limited due to their status as convicted felons. Many types of work, such as cosmetology, are closed to them due to felony convictions. Additionally, many employers are unwilling to hire former inmates. Repayment of TANF payments adds another financial burden, and it is somewhat unrealistic to believe these women can meet all of their obligations. Currently, Federal legislation is being considered that could address some of these issues. The Second Chance Act of 2005 is designed to reduce recidivism through increasing access to treatment and job training, while removing barriers to assistance at the same time (HB 1704). However, until such time as this or similar legislation is enacted, the children of incarcerated mothers may continue to be negatively impacted.

Counseling and support are needed for caregivers, children, and the mothers. First, caregivers are frequently older, and taking on a small child can result in social isolation for them, as their peers may not be dealing with the problems related to having young children. These caregivers are in need of counseling and support groups to help them deal with the stress of adding children to their households. An additional benefit of this would be reduction of the likelihood of abuse or neglect of the children by over-stressed caregivers. The majority of the caregivers seemed to feel that the children also needed to have some type of support network, and several suggested that organizations such as Big Brothers/Big Sisters could provide a much needed avenue of support for the children. There are already organizations in the state working on this, such as Children of Promise. To maximize the positive impact of those programs, there needs to be some referral mechanism in place. Counseling and parenting skill classes for the mothers is also highly recommended. Many mothers and their children will be reunited after the mothers' sentences are served. This suggests the needs for a variety of programs. First, joint counseling for mothers and children prior to release could help them address some of the issues that could create problems upon release. The services required by these families also would include reintegration planning. Successful reintegration will require counseling for family members as well as practical and financial assistance in setting up a household and finding employment. The women and

many of the **caregivers** recognize these needs. When asked what assistance they and their children would need upon their release, their words echoed these themes repeatedly.

The majority of the recommendations in this report hinge on coordinating and making available services to the children from the point of incarceration until release of the mother. This would require cooperation between a number of agencies as well as the court system. However, without some type of interventions and programs in place, the children of female prisoners, perhaps even more than those of male prisoners, are at high risk of becoming offenders themselves. These children may at times be in abusive or neglectful settings, suffer from emotional problems such as anger or depression, are developing school problems, and are at high risk for substance abuse.

One final recommendation should be noted. The state should consider focusing on alternative sanctions such as intensive supervision probation, day reporting centers or nighttime incarceration programs when possible. However, these programs will be successful only if there is considerable oversight as well as services to assist the women and their children improve their situations. Since the majority of the women sentenced to incarceration have a high school education or less, paying for substance abuse programs and additional court charges and probation fees, while a laudable goal, simply may not be feasible.

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