Raising a Child through Prison Bars

A Manual for Professionals

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Introduction

There is evidence that parental imprisonment disrupts, to a great extent, family ties as well as children's lives, especially when the incarcerated parent is the mother. In addition, most incarcerated women belong to high risk groups (i.e. socially excluded groups such as immigrants, groups of low educational and/or socio-economic level, substance abusers) and the possibility of having experiences of physical, sexual and psychological abuse during their childhood and/or adult lives is much higher than in the general population of women. These risk factors are expected to have undermined both the capacity of attachment and parenting skills of imprisoned mothers which in turn, will impair children's capacity for attachment, their overall mental health and will increase the risk of being abused and neglected.

In this context, the **European project Daphne III entitled "Raising a Child Through Prison Bars"** *(JLS/2008/DAP3/AG/1260)*, which was implemented during 2009 - 2012 in Bulgaria, Greece and Romania, aimed: i) to support women prisoners, who are also mothers (imprisoned mothers), to handle their own experiences of abuse [either Intimate Partner Violence (IPV) or Child Abuse and Neglect (CAN)] and to accomplish their parental role in as an effective way as possible, and ii) to prevent and combat CAN as well as to provide support to children of imprisoned parents in order to both disrupt the cycle of violence and to enhance children's resilience. Thus, the project aim was to contribute to the primary, secondary and tertiary prevention of IPV & CAN, through its activities that enhanced the parental skills of imprisoned mothers (IM) and the resilience of children of imprisoned parents (CHIP) through the implementation of Support Groups for IMs & CHIPs. This 2-year project's activities included: i-ii) *Research & Needs Assessment surveys (with IMs & prisons' personnel)*, iii-iv) *Mothers' Support Groups* (M-SG) & *Family Ties Building Activities* in 5 women's prisons (1 in Bulgaria, 2 in Greece and 2 in Romania), v) *Children's Support Groups* (CHIP-SG) & vi) development of *Supportive Material* addressed to all target groups, namely:

➜ a leaflet for imprisoned mothers
➜ a leaflet for children of imprisoned mothers (CHIM)
➜ a series of 3 booklets for the scientific staff of women's prisons, in which the current Manual belongs.

Professionals working with IMs and/or CHIPs (i.e. psychologists, social workers, sociologists) in the course of their regular activities and obligations (i.e. in women's prison settings) are invited to respond to the needs of both target groups, which renders their lifelong theoretical and experiential training necessary, in order for them to obtain and/or enhance their skills as well as their knowledge on issues such as IPV, CAN, healthy ways of parenting, and conflict resolution techniques.

In this aspect the training of professionals working with imprisoned women (IW) and/or children of imprisoned parents in conducting Support Groups (for IMs and/or CHIPs) contributed to the accomplishment of the above mentioned objectives. Particularly, the trained professionals,

including social scientists, such as psychologists, social workers and sociologists, working in women's prisons -in the context of this project's building capacity activities- obtained skills enabling them to meet the special needs of two particularly vulnerable groups, namely imprisoned mothers & their children, as effectively as possible, contributing to the prevention or the combat of the negative effects parental incarceration and CAN might have on CHIPs.

The "Raising a Child through Prison Bars" Series for Professionals

The "Raising a Child through Prison Bars" series of booklets addresses professionals who are interested in conducting Support Groups (SG) with Imprisoned Mothers (IM) and Children of Imprisoned Mothers (CHIM) or of Imprisoned Parents (CHIP). It was developed in order to guide an implementation -as uniform as possible- of all of the Support Groups with IMs and CHIPs, that were conducted in Greece, Romania and Bulgaria in the context of the above mentioned DAPHNE project. Hence, the methodology was designed intentionally in such a way (literature review & step-by-step) that it might also constitute a self-training module **only for** qualified professionals experienced in Group facilitation. It consists of the following three booklets:

➔ **Booklet I:** "Raising a Child through Prison Bars: A Manual for Professionals"
➔ **Booklet II:** "Step-by-Step Guide for Facilitating a Mothers' Support Group in Prison"
➔ **Booklet III:** "Step-by-Step Guide for Facilitating a Children's Support Group"

The first booklet in hand, entitled **"Raising a Child through Prison Bars: A Manual for Professionals"** is the introductory booklet of this series, providing a general theoretical background to all professionals who, in the course of her/his work, come into contact with IMs and/or CHIPs. It is based on a review of the relevant –albeit unfortunately, very limited- literature.

The second booklet, entitled **"Step-by-Step Guide for Facilitating a Mothers' Support Group in Prison"** is addressed only to professionals experienced in group facilitation, who intend to work with imprisoned mothers. This booklet provides step-by-step guidelines, in order for professionals to undertake the organization and implementation (as group facilitators) of a Support Group inside prison for imprisoned mothers with children from 0 to 18 years old as well as for pregnant inmates. Its main corpus consists of the description of the organization and implementation process to be followed by the professional – group facilitator on the basis of 12 thematic sessions (devoted to different topics, related to mother's imprisonment, children's development, parenting skills, child abuse and neglect (CAN) and Intimate Partner Violence (IPV).

The last booklet, entitled **"Step-by-Step Guide for Facilitating a Children's Support Group"** is addressed only to professionals, experienced in group facilitation, who intend to work with children of imprisoned mothers and/or fathers. This booklet provides step-by-step guidelines for training peer-educators (adolescents) through drama techniques in order for them to lead a group of younger children, namely, to "teach" their younger peers about conflict resolution, by also using drama techniques. Its main corpus consists of the description of the organization and implementation process of a drama workshop. Although the implementation of this drama workshop was designed for CHIPs, it might also constitute a useful guide for qualified professionals working with children and adolescents, who either belong to high risk groups, socially excluded or disadvantaged groups or even the general population of children and adolescents.

The "Raising a Child through Prison Bars" series of booklets is also available in Greek, Bulgarian, Romanian and Hungarian languages.

To whom does this Manual address?

The Manual in hand was developed to address all professionals working with imprisoned mothers and/or children of imprisoned parents, either experienced or inexperienced in support group facilitation. Hence, this manual might also be used as a reference tool by any professional who might be interested in issues related to the relationship between an imprisoned mother and her child/-ren, the impact her imprisonment may have on her child/ren, as well as to the special needs of and the existing interventions for such particularly vulnerable target groups.

In particular, it might be used by a professional belonging to the scientific personnel of a women's prison, with the specialty of social scientist, such as a psychologist, a social worker or a sociologist, who would like to be theoretically prepared for the implementation of a Mothers' Support Group and/or who might need some solid evidence from international literature on issues related to the special needs of imprisoned mothers and their children, to which needs s/he has to respond to in the course of her/his daily practice in prison. Parts of this Manual could also be useful for the operational staff of women's prisons in order to be able to better understand and respond to the special needs of imprisoned mothers as well as to stakeholders in the Ministries of Justice that are in a position to design and/or to enforce policies and practices which could have a great impact (positive or negative) on the mother-child relationship and communication during the period of the mother's imprisonment.

Furthermore, the present Manual addresses all professionals, who intend to prepare themselves for implementing a Children's Support Group, including theatrologists, actors, and social scientists trained in theater pedagogy, who might be employed in settings, such as a minors' prison, a women's prison, associations counselling children & adolescents whose parent is/was incarcerated, including prisoners and ex-prisoners organizations, institutions or shelters hosting CHIPs etc.

1. Theoretical Background

1.1. THE ATTACHMENT PERSPECTIVE

A parent's imprisonment seems to disrupt family ties and relationships in many ways, especially when the incarcerated parent is the mother. Interestingly, there is a great lack of existing evidence regarding the impact maternal imprisonment has on the quality of the mother-child attachment[1] relationship (Johnson & Waldfogel, 2002), including data regarding the attachment style for both the groups of imprisoned mothers and children of imprisoned mothers. From an attachment perspective, it is clear that enduring separation from the mother during infancy and toddlerhood constitutes a serious risk factor for future maladaptive outcomes (Dallaire, 2007). However, according to Bowlby and Ainsworth, children's reactions to separation from the attachment figure depend on the nature of separation as well as on the quality of the attachment relationship prior to the separation (Kobak, 1999, as cited in Murray and Farrington, 2008).

In particular, existing evidence indicates that not all cases of maternal incarceration have the same impact on children; in other words, maternal incarceration does not in itself lead to child psychopathology. However, parental incarceration constitutes a strong risk factor for long-term child psychopathology (Murray & Murray, 2010). The quality of the mother-child relationship prior to the mother's incarceration, the quality of children's living conditions during their mother's incarceration (Johnson & Waldfogel, 2002), the children's prior attachment relationships, such as the attachment with the other parent (Murray & Murray, 2010) might be of great importance in order to understand the impact of the mother's imprisonment on the mother-child attachment relationship.

Murray and Murray (2010) conclude that children's attachment security might be threatened not only because of the mother's separation from her child/ren due to her imprisonment, but also because of their restricted contact, the unstable living arrangements as well as the vague communication in the child's environment with regards to his/her mother's absence. They also conclude that maternal incarceration is more likely to cause insecure attachment than paternal incarceration. Murray and Murray's conclusions are derived from a literature review on the theory and research on attachment and parental incarceration.

A study (Poehlman, 2010) assessing the representations of attachment relationships in children from 2,5 to 7,5 years old whose mothers were currently incarcerated, indicated that most children (63%) had insecure-negative attachment representations of their mothers. Interestingly, in the same study, secure relationships were found to be more likely when children reacted to separation from their mothers with sadness rather than with anger and when children were older. She also found that 83% of the children repeatedly called for their mothers during the first 2 weeks of separation. However, there was no control group in this study. Consistent

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[1] According to Bowlby (Ainsworth, 1969; Posada, 2008), attachment refers to an enduring emotional bond that an infant constructs and develops with a specific caregiver, typically his mother, in the context of interaction experiences.

with the high-risk status attributed to children of incarcerated mothers, Poehlman's (2005) findings demonstrated that the majority of children with imprisoned mothers in her sample were not securely attached to their mother, whereas those securely attached were more likely to have experienced continuous and consistent care during their mother's incarceration. Another study (Poehlmann, Park, Bouffiou, Abrahams, Shlafer, Hahn, 2008) that examined children's (3 to 7,5 years old who were living with custodial grandparents because of maternal incarceration) representations of family relationships, indicates that those children having representations of bad family relationships and whose grandparents were less responsive to them were more likely to exhibit externalizing behaviour problems.

Shlafer and Poehlman's (2010) findings from a longitudinal, mixed method study (interviews and questionnaires included) of children of incarcerated parents, aged 4 to 15 years old who have participated in a mentoring program, indicate that children from 9 years old and older who reported having no contact with the incarcerated parent also reported negative feelings of alienation toward that parent; however, some children viewed their incarcerated parents as positive attachment figures.

Findings regarding the impact of frequent visitations in prison on children with incarcerated mothers are contradictory. Some researchers suggest that parental visiting is a protective factor against behavioural and emotional problems, whereas other studies suggest that fewer visits in jail predict a relatively greater likelihood for secure attachments in the sample (Kazura, 2001; Snyder-Joy & Carlo, 1998; Poehlmann, 2005, as cited in Dallaire, 2007). Before drawing any concrete conclusions, it is suggested to evaluate each case separately based on the special conditions of each prison. For instance, consider the situation where a child visits his/her mother in a noisy room with no separate and/or specially designed spaces and sees her behind a protective glass wearing a uniform in a maximum security prison.

Byrne, Goshin and Joestl (2010), using the *Strange Situation Procedure*, assessed the attachment of infants who co-resided with their incarcerated mothers in a prison nursery. Those infants who co-resided with their mothers for a year or more had significantly more secure and fewer disorganized attachment patterns than expected on the basis of their mother's attachment status, as measured by the *Adult Attachment Interview*. Remarkably these findings challenge the assumption of intergenerational transmission of attachment insecurity, suggesting that, even when a mother's own internal attachment representations are categorized as insecure she can raise an infant (in prison) who is securely attached to her; more impressive is the fact that the rates of securely attached children (60% were secure, n=16) found in infants who co-resided with their mothers in prison for a year or more, were comparable to the rates found in meta-analytic samples (from 15 U.S. studies) of infants residing in communities with low-risk mothers (62% secure infants, n=16). In addition, a significantly greater proportion of secure infants were found in the group of infants co-residing for at least a year in prison with their mothers, than in other meta-analyzed samples of infants with depressive, drug/alcohol abusive, of low socio-economic status and maltreating mothers (high-risk mothers).

The findings of a recent longitudinal study (Cerezo, Pons-Salvador, Trenado, 2008) indicate that mothers considered as being high-risk for committing child physical abuse, were less sensitive, more intrusive and less discriminative regarding their infant's behavior compared to low-risk mothers, while they were significantly more likely to develop insecure attachment. Adolescents who were victims of parental abuse were found (Sternberg, Lamb, Guterman, Abbott, Dawud-Noursi, 2005) to have significantly lower levels of attachment to their mothers than non abused children, independently of whether their abuse was perpetrated by their mother or not.

According to the *Harvard Child Maltreatment Project* (Cerezo, Pons-Salvador, Trenado, 2008), abused children are more likely to be classified as insecurely attached in significantly higher rates as compared to non-maltreated children.

1.2. THE TRAUMA PERSPECTIVE

Most female offenders seem to be "trauma survivors", since they have been physically and/or sexually abused both as children and as adults (Covington, 2007), especially in conditions of interpersonal violence (Battle, Zlotnick, Najavits, Gutierrez & Winsor, 2003; Browne, Miller & Maguin, 1999; Greene, Haney & Hurtado, 2000; Jordan, Schlenger, Fairbank, & Caddell, 1996; Owen & Bloom, 1995; SURT, 2005; Teplin, Abram, & McClelland, 1996). In different studies it is estimated that 44% to 80% of incarcerated women have experienced interpersonal violence within their families or in their intimate relationships, a rate which is higher than that reported in the general population (Gilfus, 1992; Greenfeld & Snell, 1999, as cited in O'Brien & Young, 2006). The results from a SURT's study (2005), in which a representative sample of female prisoners in Catalonia was studied, reveal that the percentage of inmates who declared having experienced one or more forms of violence against women exceeded 80%. Green, Miranda, Daroowalla and Siddique (2005), as cited in Covington (2007), report that 98% of imprisoned women who had participated in a jail study had been exposed to a traumatic event, while 90% of the sample reported at least one interpersonal trauma and 71% were exposed to domestic violence. Trauma exposure, especially interpersonal trauma, also appears to predict risky health behaviour, including substance abuse (Rheingold, Acierno, Resnick, 2004, as cited in Green et al., 2005), which is found in the vast majority of female incarcerates.

Furthermore, as Covington (2007) states, trauma is not restricted to suffering violence, but also to witnessing violence and extends to the stigmatization of incarceration, especially for a mother, as well as serving time in prison per se. In this article it is suggested that the experience of the criminal justice system may be (re)traumatizing when it triggers memories of earlier abuses, like when abused women are submitted to a body search or must shower close to male guards or when they are yelled or cursed at by a staff person, concluding that trauma may hinder their psychological development. On the other hand, it is also important to acknowledge that prison is the first safe place for some female offenders, compared to violent and abusive experiences at home or on the street (Covington, 2007).

In regards to children whose parent(s) are incarcerated, there is some research evidence in the context of parental divorce, suggesting that children's difficulties following separation from a parent are not caused primarily by separation from the attachment figure, but rather by other stressors existing prior to separation, such as interparental conflicts (Murray & Farrington, 2008). As it is also supported by the attachment theory, the adverse effects on children due to separation from their parent can be mitigated by children having secure working models (representations) of their parent, for instance "by planning and negotiating separations, by continuing communication and by maintaining children's confidence in the accessibility and responsiveness of their parent" (Murray & Farrington, 2008, p. 274).

Contrary to separation because of parental divorce, parental incarceration is often unexpected, unexplained, frightening and violent (Hairston, 2007; Murray & Farrington, 2008). From a trauma perspective, it is expected that separation caused by parental imprisonment might be more harmful for children because its nature is far more traumatic than other forms of separa-

tion from the parental attachment figure (Murray & Farrington, 2008) and might be preceded by other (traumatic) risk factors such as child neglect and abuse or mother's substance abuse problems etc. In addition, Greene et al. (2000), as cited in Dallaire (2007), suggest that the "cycles of pain" that imprisoned women went through are replicated in the lives of their children.

Murray and Farrington (2008) used data from the prospective longitudinal Cambridge Study in Delinquent Development (from a sample of 411 males, 8 to 48 years old), to study the effects of parental imprisonment on boys' internalizing problems during their first 10 years of life. The findings from their study, which included four control groups, indicate that boys separated from their parents because of parent's imprisonment experienced worse internalizing problems in adolescence and in adulthood as compared with all four control conditions, including (a) boys who did not experience separation, (b) boys who were separated because of parental death or hospitalization, (c) boys whose parents were incarcerated before their birth and (d) boys separated for other reasons (usually parental disharmony). Hence, this study suggests that parental imprisonment constitutes an independent risk factor for sons' internalizing problems, even after controlling for other risk factors, confirming thus the previous assumption on the impact of the traumatic separation that parental incarceration involves compared to other types of separation from the attachment figure; it is worth noting though that in the experimental group of this study mostly children of incarcerated fathers were included and only a few with incarcerated mothers (namely 20 children of imprisoned fathers, two of imprisoned mothers and one having both parents in prison).

The growing interest of researchers and clinicians on the treatment of trauma survivors results in a variety of existing treatment approaches. One of the most popular treatment approaches to trauma, also considered to be effective, is the Triphasic Model (Baranowsky, & Gentry, 2002; Baranowsky, Gentry, & Schultz, 2004; Herman, 1992). The three phases of this model are: (i) safety and stabilization, (ii) remembrance and mourning, and (iii) reconnection. The first stage of recovery from trauma (safety) involves the clinician helping the client to gain both internal and external control in order to be able "to make a gradual shift from unpredictable danger to reliable safety" (Webber, Mascari, Dubi and Gentry, 2006, p. 18). In the second stage of recovery (mourning and remembrance) the survivor talks about her/his trauma, reconstructs her/his traumatic story in minute detail, transforms the traumatic memory, works through connecting her/his thoughts with her/his feelings and "mourns the old self that the trauma destroyed" (Covington, 2007, p. 17). Within this phase several techniques appear to be effective, such as EMDR (Eye Movement Desensitization and Reprocessing) (American Psychiatric Association, 2004; Webber et al., 2006). Although cognitive behavioral therapy (CBT), exposure therapy, narrative therapies, sensorimotor therapies and others are considered to be effective treatments for trauma, incarcerated women are seldom able to receive individual therapy, especially if one takes into account the ratio of professionals per prisoner (Pomeroy, Kiam, & Abel, 1998). Within the third stage of trauma recovery (reconnection) a survivor faces the task to move beyond her/his trauma, to engage more actively in the world and to develop a new self (Covington, 2007). Interestingly, Foa, Davidson, and Frances (1999, as adapted in Webber, Mascari, Dubi and Gentry 2006) summarize the preferences of expert clinicians in the field of traumatology in treating trauma survivors, including psychoeducation and play therapy for children among the most recommended psychotherapy techniques based on effectiveness, safety and acceptability criteria; namely psychoeducation is considered to be one of the fastest acting techniques and one of the techniques preferred across all types of trauma; psychoeducation along with play therapy for children are also recommended among the most acceptable and safest therapeutic techniques for trauma survivors.

According to Covington (2007) it is necessary for the effectiveness of interventions targeting female inmates, to take into account the impact of trauma on these women, in brief, to become "trauma-informed"[2]. As Herman (1992, as cited in Covington, 2007) describes it, trauma survivors seem to feel unsafe both inside and outside, namely in their relations to other people. Taking into consideration the treatment of trauma in developing interventions for incarcerated women in prison settings, it is recommended to ensure a safe environment inside a support group and to emphasize confidentiality and informed consent before sharing any information with other health- or social care professionals. As described by WHO (Paton and Jenkins, 2002) the focus of a support group for trauma survivors in prison should aim to help participants to regain some sense of control, feel less lonely and learn some skills in order for them to cope with their overwhelming feelings. Particularly, some women who may disclose that they have been sexually, emotionally or physically abused as children will need long-term therapy; in such cases appropriate referrals for some long-term psychotherapy either in prison or after release -in agreement with prison's mental-health services whenever applicable- are suggested (Paton and Jenkins, 2002). Other interesting in-prison resources for trauma treatment as suggested by WHO (Paton and Jenkins, 2002) are the organization of a survivors of abuse mutual support group facilitated by a well-trained external counsellor or therapist, or the development of a lending library for imprisoned women, which may include several self-help guides suggested by professionals. Last but not least, trauma-informed interventions should also target prison's personnel and other scientific staff in prison, such as counsellors, in order for them to be able to promote and not hinder the coping capacity of trauma survivors (Covington, 2007).

1.3. RELATIONAL THEORY

Covington (2002, p. 3) argues that, in order to develop effective services for female incarcerates in women's prisons, we should avoid "re-creating in correctional settings the same kinds of growth-hindering and/or violating relationships that women experience in society at large"; in this context, the understanding of the relational theory and how it applies to correctional settings is a prerequisite.

Jean Baker Miller (1976, as cited in Covington, 2002, 2007) challenged the assumption of traditional and accepted theories of personality development stating that "separation was the route to maturity" (Covington, 2007, p. 3). She suggested that this path to maturity applies for men but not for women, who need connection with others instead of separation in order to develop a sense of self and self-worth (Covington, 2007). In other words, connection with others is not considered as "a sign of deficiency" for women but rather "a guiding principle of growth" (Covington, 2007, p. 3).

Miller's work motivated a group of researchers to create the *Stone Center* at *Wellesley College* for the purpose of studying the qualities of relationships that promote healthy growth and psychological development in women (Jordan, 1984, 1985; Jordan & Surrey, 1986; Kaplan, 1984; Surrey, 1985, as cited in Covington, 2007). The *Stone Center* introduced the relational model, which assumes that "connection" with others as well as differentiation from others are

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[2] Trauma-informed services are services which are provided primarily for problems other than trauma, but they do acknowledge the impact of trauma in their target population (Covington, 2007).

two basic human needs, but females are more attuned to connection while males are more attuned to differentiation (Covington, 2002, 2007).

The initial relational model on women's psychology developed by the theorists of the *Stone Center* was originally called *Self-in-Relation Theory* while currently it is called **Relational-Cultural Theory** (Covington, 2007). The relational model places emphasis on the experience of women in relationships, namely "connections" with others, and "disconnections", with repeated disconnections having adverse psychological outcomes (Covington, 2007). The three key concepts in relational theory, according to Kaplan (1984, as cited in Covington, 2007, p. 5), are:

➜ *Cultural Context:* *this theme recognizes the powerful impact of the cultural context on women's lives.*

➜ *Relationships:* *this theme stresses the importance of relationships as the central, organizing feature in women's development. Traditional developmental models of growth emphasize independence and autonomy. This theory focuses on women's connections with others.*

➜ *Pathways to growth:* *the third theme acknowledges women's relational qualities and activities as potential strengths that provide pathways to healthy growth and development. In traditional theory, women's ability to more freely express emotions and women's attention to relationships often led to pathologizing them.*

According to the relational model, connection is defined as "an interaction that engenders a sense of being in tune with self and others and of being understood and valued" (Bylington, 1997, p. 35). True connections refer to mutual, empathic, creative, energy-releasing and empowering relationships for all participating parties; these connections produce psychological outcomes that constitute the psychological growth for women, such as: "1) increased zest and vitality, 2) empowerment to act, 3) knowledge of self and others, 4) self-worth and 5) a desire for more connection" (Miller, 1986 as cited in Covington, 2007, p. 4). Furthermore, the qualities of mutuality, empathy and power with others, and not power over others, constitute the qualities of a growth-fostering relationship for women, namely a relationship that promotes the healthy growth of personality. Disconnections or violations within relationships, either in families or in society at large, such as non-mutual or abusive relationships have adverse psychological outcomes for women, which Miller have defined as "depressive spiral", namely "(1) diminished zest or vitality, (2) disempowerment, (3) unclarity or confusion, (4) diminished self-worth, and (5) a turning away from relationships" (Miller, 1990, as cited in Covington, 2007, p. 5). Disconnections may be evident in all relationships, referring to times when people feel there is distance between them or psychological isolation (Covington, 2007). Miller (1990) has described the state of "condemned isolation" which refers to the times when a woman feels isolated in her important relationships and blames herself for being the source of the problem; this condition is termed as condemned isolation because she feels that there are no alternatives in order to change this situation. Covington (2007) also claims that women in general tend to consider themselves as lousy partners ("something is wrong with me"), taking all of the responsibility for a bad or non-empathic relationship and trying to find ways to change themselves. This state of psychological isolation seems to be highly correlated with drug use, as drugs become the means to deal with such painful and intense feelings. However, in growth-fostering relationships such disconnections can be turned into connections with effort on behalf of each party in the relationship, contrary to non-mutual and/or abusive relationships in which disconnections are not turned into connections.

According to Covington (2002) the understanding of the relational theory is highly suggested for those who work in the criminal justice system and specifically for those who design and/or implement intervention programs for female offenders on the basis that disconnections and violations in family and/or other relationships instead of growth-fostering relationships characterize the childhood and/or adult life experiences of most females in the correctional system. In addition, incarcerated women appear to have repeatedly experienced "non-empathic relationships" (Gilligan et al., 1990, as cited in Covington, 2002), meaning that they may lack empathy for both self and others or be extremely empathic[3] toward others but non-empathic toward themselves. Consequently, Covington (1998, 2002) suggests that any intervention program targeting women offenders, not only during their incarceration but also upon their release, should be based on relationships, because these women and girls need relationships that do not repeat their experiences of abuse, neglect and loss, either as children or as adults. A report regarding gender-responsive services for adolescent female offenders (Belknap, Dunn & Holsinger 1997, p. 23) implies the same concept in regards to the relational basis of the services provided to female incarcerates: "Programs for boys are more successful when they focus on rules and offer ways to advance within a structured environment, while programs for girls are more successful when they focus on relationships with other people and offer ways to master their lives while keeping these relationships intact".

The concept of the impact of the cultural context on women's lives has an additional value in the context of prison settings where culturally relevant services, programs and policies are a prerequisite in a multi-cultural population. Generally, it is suggested that (Jordan et al., 1991, as cited in Covington, 2007, p.9) there is "a tremendous cultural shaming" on issues such as women's desires for "connections, sexuality and emotionality". Specifically, there is a risk when prison staff fosters such culturally biased beliefs and stereotypes (Wrenn, 1962); in other words, when the prison's personnel cannot overcome its ethnocentrism and consider as abnormal what is normal in a minority group (Falicov, 1998).

Based on the relational approach, the American Correctional Association (ACA, 1995) suggests that the correctional system should "facilitate the maintenance and strengthening of family ties, particularly between parents and children", while other policy makers in the United States place emphasis on the relationships of incarcerated mothers with family members with the purpose of "potential rehabilitative effects in terms of motivation for treatment and economic responsibility" (Covington, 2007, p. 7). The European Parliament's Resolution of 13 March 2008 (OJ C 66, 20.03.2009) also refers to the situation of women in prison and the impact of the imprisonment of parents on social and family life; in this Resolution the European Parliament (EP) notes with regret that many women in prison are single mothers who have lost contact with their children, sometimes forever, and asks the Commission and the Member States (MS) to deliver and implement alternative policies in order to avoid total separation as well as to promote the carrying-out of prison related research from a gender point of view [...] with a view to improving the participation of prisoners, male and female, in social, family and working life. The MS are asked by the EP to take all measures necessary to provide psychological support to all women prisoners and, in particular, to those that have been **victims of violence** or mistreatment and to **mothers raising children alone**, in order to assure them better protection and improve their family and social relations and, therefore, their chances regarding social reintegration; to make it easier for families to stay in touch, in particular imprisoned parents and their

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[3] "An empathic person both feels personally authentic in the relationship and feels she can *see* and *know* the other person" (Covington, 2007, p. 4).

children, unless this is counter to the child's best interests, by creating a visiting environment with an atmosphere distinct from that of prison that allows joint activities and the appropriate emotional contact. The EP recommends to MS that prison staff should receive training on and become aware of the particular vulnerability of these prisoners; prisoners should be provided with antenatal and postnatal care and parenting classes of a standard equivalent to those provided outside the prison environment and qualified staff to assist prisoners who are mothers with their parental responsibilities and the necessary care.

1.4. LIFE COURSE THEORY

The relevance of life-course theory with this project lies with one key process in an individual's life course, that is parenting and family relationships, specifically the mother-child relationship that may contribute to the onset of delinquent behaviors. An individual's life course refers to the sequence of socially constructed age-graded phases of a person's life, from childhood through adulthood (Elder, 1985, as cited in Sandifer, 2008). Strong family relationships may prevent someone from a pathway to crime (Sampson & Laub, 1993, as cited in Sandifer, 2008). On the contrary, parental incarceration may trigger a series of events in the child's life course that direct him/her to criminality (Hagan & Palonni, 1990, as cited in Sandifer, 2008). The theory supports the idea that a criminal life course can change or be prevented by effective parenting which promote children's development. Thus, the criminological life course theory offers a "multi-focus approach for examining how both parenting and parent-child relationships affect the criminological behavior of both incarcerated mothers and their children" (Sandifer, 2008, p. 424).

According to the life course theory, by enhancing mother's parenting skills and by strengthening mother-child relationships both the mother and the child are supported. Particularly, ineffective parenting and poor parent-child relationships involve the following characteristics according to the theory (Sandifer, 2008, p. 425): "lack of parent-child involvement, emotional ties, supervision or discipline; parental absence and parental criminality; harsh, inconsistent or ineffective communication or discipline; parental rejection; rigid control; and inability to set behavioral limits (Farrington, 1986; Glueck & Glueck, 1950; Loeber & Stouthamer- Loeber, 1986; Patterson, Reid & Dishion, 1992, as cited in Sandifer, 2008)".

1.5. SOCIAL LEARNING THEORY

Social learning theory and especially Bandura's famous "Bobo doll"[4] studies (Bandura, 1973) showed that children learn and imitate behaviours, especially aggressive responses, that have observed in others. The component processes underlying such observational learning are: 1) *attention*, including modeled events (distinctiveness, affective valence, complexity, prevalence and functional value) and observer characteristics as: sensory capacities, arousal level, perceptual set and past reinforcement; 2) *retention*, including symbolic coding, cognitive organization, symbolic rehearsal and motor rehearsal; 3) *motor reproduction*, including physical capabilities, self-observation of reproduction and accuracy of feedback, and 4) *motivation*,

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[4] The children in Bandura's studies observed an adult acting violently toward a Bobo doll. When the children were later allowed to play in a room with the Bobo doll, they began to imitate the aggressive actions they had previously observed.

including external, vicarious and self reinforcement. Furthermore, Bandura stated that the aggression reinforced by the parents is the major source of behaviour modelling for their children, to the extent that children might use the same aggressive tactics that their parents demonstrate when dealing with others (Bandura, 1976).

Hence, according to social learning theory parental imprisonment might cause antisocial behaviour to children of imprisoned parents because they become more likely to imitate their parent's antisocial behaviour that preceded their incarceration. The findings of a small-scale clinical study (Sack, 1977) demonstrated that some of the boys whose fathers were imprisoned imitated their father's crime. In addition, the assumption of the imitation of the parent's antisocial behaviour by the child is related to another assumption (Murray & Farrington, 2008), that the child becomes more aware of his/her parent's criminal behaviour after the parent's imprisonment. However, there has been no reliable research evidence supporting the assumption that a parent's imprisonment makes the child more aware of the parent's criminality and that "this awareness mediates the relationship between parental imprisonment and child's antisocial behaviour" (Murray & Farrington, 2008, p.173). Finally, the potential antisocial values that are transmitted to the children of imprisoned parents through their environment can also account for such undesirable effects of parental antisocial behaviour.

2. Incarcerated Mothers

2.1. A STATISTICAL OVERVIEW OF INCARCERATED MOTHERS

Remarkably, official demographic information regarding the number of incarcerated mothers in the female prison population is particularly limited for the entire EU region, but especially in the Balkan area.

Incarcerated women in Europe constitute an average of roughly 4,5% to 5% of the total prison population (from 2.9% in Poland to 7,8% in Spain); this percentage appears to increase in many European countries, in some of them faster than the size of the men's prison population (European Parliament, 2008, February). The Council of Europe (Cliveti, 2008) estimates that the number of imprisoned women is constantly increasing (by a percentage of 68% - 410%) in Europe, although 9 out of 10 imprisoned women are convicted for non-violent offences. Among the members of the European Union, the United Kingdom has (in March 2004) the highest rate of female imprisonment, and the steepest rate of increase (Black, Payne, Lansdown, & Gregoire, 2004). It is estimated that the average proportion of imprisoned mothers in European prisons is significantly high, although variations among countries also exist (Cruells & Igareda, 2005). Interestingly, there was a European Parliamentary Assembly Resolution in 1995 (Recommendation 1257) which suggests more restricted recourse to prison sentences for women offenders (Munro, 2007), however many recent reports for Europe's female prisons confirm an increase during the past decade in the population of female detainees, such as the case of the UK's female prisons. Furthermore, the European Parliament (2008) reports that more than half of female prisoners in European prisons are mothers of at least one child; particularly in Greece and in Spain this proportion of imprisoned mothers out of the population of imprisoned women is reported as «particularly high», but no specific statistical data are provided in this report.

A similar picture applies to the **United States** as the number of incarcerated women is expanding more rapidly than that of male incarcerates (Muth, 2006). More specifically, taking into account that imprisoned women constitute only 10% of the overall imprisoned population in the United States, incarcerated females still represent the fastest growing population within prisons (Fearn & Parker, 2004; Harrison & Beck, 2004; LaLonde & George, 2002). Although the rate of female offenders sentenced to prison has increased, as Covington (1998) mentions, this rate has tripled during the last decade, the proportion of women sent to prison for violent crimes continues to decrease in the prisons of United States (Covington, 2002). The increasing number of imprisoned women may be due to the increase of drug-related convictions and more specifically due to the mandatory sentences to prison for such offenses (Covington, 1998). The Child Welfare League (CWL) (2004) in the United States estimated that 3/4 of all female prisoners were mothers; 72% of these mothers were the primary caretakers of their children prior to arrest and 2/3 of the mothers had children under the age of 16 (Muth, 2006). It is also reported that 6% of imprisoned women are pregnant at the time of arrest (Fearn & Parker, 2004; Harrison & Beck, 2004; LaLonde & George, 2002).

2.2. A PROFILE OF INCARCERATED MOTHERS

Although existing research evidence for incarcerated women and particularly mothers is mainly derived from the United States, the profiles of imprisoned women described in literature have more or less common characteristics for Europe as well.

The European Parliament (2008) reports that the majority of imprisoned women (in Europe) are aged from 20 to 40 years old, while Bloom, Owen and Covington (2003, as cited in Covington, 2004) report early to mid thirties as the most common age of imprisoned women in the United States; consequently, these women are likely to be mothers at the time of arrest or about to become mothers. Other data also confirm that the majority of women prisoners are mothers (Dünkel, Kestermann, & Zolondek, 2005). Those women arrested who are already mothers are often the primary or the only caregivers of their children (Cruells & Igareda, 2005; European Parliament, 2008, February). In addition, evidence from the United States (Bloom & Steinhart, 1993, BJS, 2000, as cited in Covington, 2002) describe that imprisoned mothers are more likely to be single mothers, with an average of two children and having custody of their children prior to their arrest.

Most imprisoned women are convicted for offences related to non-violent, property or drug-related crimes (Quaker Council for European Affairs, 2007; Covington, 2002) with the **drug offences** reported as the largest source of convictions for women offenders in the United States (Bureau of Justice Statistics, 1999; Hotelling, 2008), but also worldwide (Taylor, 2004).

The Regional Office for Europe of the World Health Organization (2009) estimates a high turnover rate among incarcerated women, which is partly attributed to the fact that a large number of women serve short sentences. The United Nations Office on Drugs and Crime (2008, as cited in WHO Regional Office for Europe, 2009) also reports that, in many countries, the number of imprisoned women in **pre-trial detention** is equivalent to or even larger than the number of convicted imprisoned women.

Interestingly, the Penal Reform International (2007) suggests that those women held in pre-trial detention might experience restrictions on maintaining contact with their families, including visits, which disproportionately affects imprisoned mothers and their children themselves. Other research evidence from a state prison in the United States (Mumola, 2000) indicates that 60% of convicted mothers report weekly contact with their children, mainly by mail or phone rather than in person. As the United Nations Office on Drugs and Crime (2008) explains, a major factor that should also be accounted for such a limited number of regular **visitations** in prison, is the distance and costs involved in visiting imprisoned mothers held far from their homes. Such visitation costs might become a real burden for incarcerated mothers and their families, taking into account that imprisoned mothers seem to live in worse economic conditions than either incarcerated men or other economically disadvantaged women in the general population (Hotelling, 2008).

The Regional Office for Europe of the World Health Organization (2009) reports that a large proportion of incarcerated women have lifetime **abuse experiences** including **child abuse and neglect** and **domestic violence**. Other reports in women's prisons of Europe (Cruells & Igareda, 2005), as well as worldwide (UNODC, 2008) also confirm the overrepresentation of victims of child abuse and neglect and of intimate partner violence among imprisoned women. Particularly, incarcerated women who have been convicted of committing violent crimes usually have been physically and/or sexually abused by the person they assaulted, such as their spouse, ex-spouse or partner (Covington, 2002).

Moreover, a high percentage of imprisoned women have problems related to **drug use**, while some research evidence has shown that problematic drug use rates are higher among imprisoned women than among imprisoned men (Quaker Council for European Affairs, 2007, as cited in WHO Regional Office for Europe, 2009). It is also interesting that imprisoned women are more likely to inject drugs compared to imprisoned men in the region of the European Union (European Monitoring Centre for Drugs and Drug Addiction, 2004, as cited in WHO Regional Office for Europe, 2009). It is also estimated that at least 75% of women, at the time of their arrest, face some kind of drug- or alcohol related problem (Fowler, 2002, WHO Regional Office for Europe, 2007 as cited in WHO Regional Office for Europe, 2009).

In addition to the drug and alcohol abuse problems, the same review (WHO Regional Office for Europe, 2009) reports remarkably high rates of **mental health problems** among imprisoned women, such as post-traumatic stress disorder, depression, anxiety, phobias, neurosis, self-mutilation and suicide. It is noteworthy that according to research evidence (Covington, 2007; Bastick, 2005, as cited in WHO Regional Office for Europe, 2009, p.26) imprisoned women seem to experience "mental health problems to a much higher degree than both the general population and male prisoners". Another research in the population of imprisoned women in England and Wales (WHO Regional Office for Europe, 2007), has shown that 90% of these women have a diagnosable mental disorder, substance use or both, while it is estimated that 9 out of 10 of incarcerated women have at least one of the following: neurosis, psychosis, personality disorder, alcohol abuse or drug dependence.

Although **suicide and self-harm** outside prison seems more common for men than women (WHO Regional Office for Europe, 2009), it seems that, inside prison, women are more likely to harm themselves repeatedly and commit suicide than male prisoners (Quaker Council for European Affairs, 2007). The Regional Office for Europe of the World Health Organization (2009) also reports higher rate of self-inflicted deaths among imprisoned women during the pre-trial and early periods of imprisonment. Interestingly, although maternity appears to be a protective factor against women's suicide in the general population, this protection does not apply to imprisoned mothers separated from their children (Corston, 2007).

2.3. RISK FACTORS, NEEDS AND CHALLENGES

In order to design and implement effective interventions for imprisoned women-mothers, it is a prerequisite to know who these women are, predicting thus what they may bring into the intervention setting. "If programming is to be effective, it must (...) take the context of women's lives into account" (Abbott & Kerr, 1995, p. 3).

The Regional Office for Europe of the World Health Organization (2009) reports that in all 53 countries of the WHO's European Region, women prisoners are a small minority compared to the male prison population in Europe (4–5% on average); consequently, in this male-oriented prison system women's special needs are often either ignored or hidden (WHO Regional Office for Europe, 2009). Covington (2002) confirms that women are often invisible in the correctional programming, which is based on male offenders.

The notion that incarcerated mothers constitute an **at-risk group in regards to their parenting role** is derived from scanty findings in the literature related to the mother's separation from her children, imprisoned women's substance abuse problems, mental health problems they face and their own history of abuse and neglect either as children or adults. It is also suggested

that the poor parenting incarcerated mothers received as children (Browne, 1989) in connection with the prisons' conditions (Hairston and Lockett, 1985 as cited in Browne, 1989) may adversely affect them as individuals and as mothers.

The **mother's separation from her child/ren** due to imprisonment is juxtaposed with the dual process of grieving the loss of a parent due to death or divorce and adjusting to the new life conditions both for the incarcerated mother and her child/ren (Browne, 1989; Parke & Clarke-Stewart, 2002). In general, parenting has been related to specific attitudes, behaviors and emotional reactions (Chase-Lansdale & Pittman, 2002), such as "warmth and responsiveness" to the child's needs or cues which promote the development of "secure attachment", "control and discipline", by setting limits for the child while facilitating his/her autonomy, "cognitive stimulation", by engaging and teaching the child key skills, "modeling of attitudes, values and behaviors", by conveying their attitudes and values to the child, "gatekeeping", by becoming the mediating link to the outside world for instance with school, community etc and "family routines and traditions", by creating a daily routine and family traditions such as helping the child to structure his/her expectations. Incarceration disrupts the accomplishment of such parenting tasks and often mothers lose contact with their children's activities (Moore, 1995). Furthermore, in almost all societies, the mother is expected to be the primary caregiver of the child, assuming the major responsibility of the upbringing of the child (Wortis, 1974 as cited in Moore, 1995). In this respect, imprisonment has a disproportionately greater effect on women and on children of imprisoned mothers than on men and children of imprisoned fathers (Bershad, 1985).

Regardless of their ethnic group or age, incarcerated mothers report **feelings of shame or guilt** because they committed crimes that separate them from their children (Baunach, 1985). As a result of imprisonment, mothers often experience "frustration, conflict and guilt of being both separated from and unable to care for their children" (Barry, 1987, as cited in Dodge & Pogrebin, 2001). Emotions of despair and depression are described as dominant within the imprisoned mothers' population, even on the part of those who characterized themselves as inadequate parents when they were living with their children (Crawford, 1990, as cited in Dodge & Pogrebin, 2001). The **fear over losing custody** of their children is considered as another reason for anxiety (Bloom, 1995, Fletcher, Shaver & Moon, 1993, Knight, 1992, Pollock-Byrne, 1990, as cited in Dodge & Pogrebin, 2001). Coll, Surrey, Buccio-Notaro & Molla, (1998) characterize the frequent behaviour of negativism, manipulation, rule breaking and fighting among imprisoned women as "resistance for survival", namely responding to the overwhelming feelings of shame, guilt and grief they experience as mothers who are separated from their children.

It is suggested that separation from children because of imprisonment provokes considerable **distress related to parenting** which is manifested in psychological and behavioural maladjustment in prison settings (Houck and Loper, 2002, as cited in Kennon, Mackintosh & Myers, 2009) and threatens mothers' self-esteem (Dodge & Pogrebin, 2001). Particularly, Houck and Loper (2002, as cited in Kennon et al., 2009) examined parenting stress in a sample of incarcerated mothers and found that symptoms of elevated anxiety and depression were related to the stress regarding mothers' competence as parents. Qualitative data of another study (Fogel and Martin, 1992, as cited in Kennon et al., 2009) in a smaller sample (N=35 incarcerated mothers) indicated that many of them reported that the greatest stresses during their confinement were the separation from family and the anxiety about their children. A quite recent study (European Parliament, 2008, February, p. 14), conducted on behalf of the European Commission, confirms that "losses and ruptures due to separation from [...] children were very much emphasized by all country reports as a major source of pain in prison for women". A variety of

personal socio-behavioral problems such as poor interactional skills, conduct disorders, oppositional and attention-deficit disorders have also been related to incarcerated mothers' profile characteristics (Palusci, Crum, Bliss and Bavolek, 2008). Browne's research (1989) demonstrated that incarcerated mothers constitute an at-risk group regarding their parental practices because of their low self-esteem and lack of empathy for their children. In reality, the separation from their child/ren, the restricted or non-existent communication or visitation with them and the stress regarding their upbringing during their internment have profound effects on the mothers' behaviour in prison (Covington, 2002).

Furthermore, mothers during their incarceration express fears, readjustment difficulties and reservations regarding their parental sufficiency, notably upon their release (Baunach, 1979; Chapman 1980 as cited in Browne, 1989). A recent study confirmed that incarcerated mothers recognize their deficiencies as mothers while expressing their desire to "maintain parental ties to the children, typically lacking a realistic perception of the difficulties they would face integrating into the family" (Hanlon et al., 2004 as cited in Hanlon, Carswell and Rose, 2007, p. 354) Another literature review (Bruns, 2006) also concludes that incarcerated mothers express their desire to create and sustain a relationship with their children and hope to resume their maternal responsibilities after release.

In addition to the "loneliness of separation" from their children, imprisoned mothers often experience an additional **separation**, that from their **husbands** or **partners** (Dodge & Pogrebin, 2001, p. 43). Stanton (1980, as cited in Dodge & Pogrebin, 2001) reports that the **marital status** of a great number of inmates **changes** during imprisonment, since their husbands or partners in cohabitating relationships divorce or desert them. Consequently imprisoned mothers, unlike imprisoned fathers, seem unable to "count on a spouse or significant other to provide home for their children" (Rafter, 1985, as cited in Dodge & Pogrebin, 2001 p. 43), which invokes in them feelings of more distress. Bloom and Steinhart (1993) report that only 22% of imprisoned women claim that they can depend on their spouse or intimate partner **to take the responsibility of their children** while serving their time in prison.

The **stigmatization** of incarcerated mothers also carries great costs for them, as they are often perceived by the community, not only as criminals, but also as inadequate mothers (Dodge & Pogrebin, 2001). "Most representations of incarcerated women, portray them as inadequate, incompetent mothers who are unable to provide adequately for the needs of their children" (Coll et al., 1998, as cited in Covington, 2002, p. 6). Gender stereotypes influence the beliefs regarding the appropriate roles women and men should have in society; consequently Covington (2002, p.2) argues that when society expects a woman to be the nurturer and the primary caregiver of her children, "a pregnant chemically dependent woman is often viewed with disdain because she violates society's image of a good mother". Qualitative data based on non structured interviews with female parolees in a U.S. correctional facility (Dodge & Pogrebin, 2001) demonstrate that incarcerated mothers often perceive themselves as "bad people", express feelings of abandonment by a husband or partner, while they experience the problem of their children's displacement as insurmountable. Shame for these women on parole derives from them being unable to meet the societal expectations of what it means to be a good parent, a woman and/or a responsible citizen (Dodge & Pogrebin, 2001). The label of "bad mother" (Burkhart, 1973) seems unbearable for the incarcerated mother who experiences the pain of social stigmatization and "self-imposed punishment", namely internalized shame or guilt related to internalized and external norms (Cochran, Chalin, Wood & Sellers, 1999, Grasmick & Bursik, 1990, as cited in Dodge & Pogrebin, 2001), which goes well beyond the actual time they serve in prison. In ad-

dition, the social stigma associated with criminal behaviour becomes the primary characteristic of a woman's personality, referred to as her "master status" (Becker, 1963).

"**Prison setting deemphasizes parenting**" according to Fagan & Hawkins (2001, p. 127). That means that the prison's environment is not considered a safe place to expose oneself and express deeper vulnerable feelings about being a parent. In addition, **the context of prison** favors and promotes the inmate's dependency leading to "a behavior unconductive to the development of responsibility for one's children" (Baunach, 1979 as cited in Browne, 1989, p. 212) that restrains further the maternal role. The American prison system, as described by Covington (2000), encourages victimization, shame, learned helplessness and violation of human rights. Isolation, confinement to small cells, strip-and-cavity searches and control primarily by male staff are some risk factors that may provoke retraumatization (Johnsen, 2006; Covington, 2000, as cited in Sandifer, 2008). In addition, from a practical perspective, there is also the geographical distance from their home to the prison settings which impedes children from visiting their mothers, especially if taken into account the restricted number of women's prisons in most of the countries; due to the relatively small number of women prisoners compared to the male prison population, there are only a few women's prisons -in some Member States of the EU, only one- implying that most women are held far away from their family. It is estimated that almost half of female prisoners are held more than 50 miles away from their homes and in these prisons there has been a significant decline in the number of received visits (Munro, 2007).

Many women in prison have **grown up in dysfunctional families**, mainly because of parental drug or alcohol abuse, physical and sexual abuse and incarceration of a parent (Chesney-Lind, 1997; USDJ, 1994, 1999 as cited in Sandifer, 2008). The intergenerational transmission of dysfunctional patterns of family relationships is well-accepted, meaning that those being poorly parented may parent their own child/ren in a way that puts them at risk of developing antisocial behaviour or delinquency (Sandifer, 2008). Moreover, from a social learning perspective, growing up in an abusive family teaches the individual to consider aggression to be a viable means for dealing with others and is more likely to become involved in future aggression (Bandura, 1973, as cited in Kwong, Bartholomew, Henderson, Trinke, 2003). Although the findings in the literature are sparse and unsystematic (Browne, 1989) they indicate that a large percentage of adults involved in criminal activities were abused and neglected as children; individuals with histories of child abuse and neglect are also more likely to abuse and neglect their own offsprings (Alfaro, 1986, Garbarino & Gronginger, 1983, Len, 1978, Velimesis, 1975, as cited in Browne, 1989). O'Brien (2001), in a qualitative study assessing the factors which promote women's successful reentry upon their release, emphasized the importance that released mothers attached to repairing their disrupted relationships with their own mothers, who had been the caretakers of participants' minor children during their imprisonment; in particular, 10 out of the 18 sampled incarcerated mothers reported that their relationships with their mothers were almost always problematic and sometimes abusive. It is noteworthy that, for some of these 10 women, the failure to repair their damaged relationship with their mothers impeded their ability to resume a primary parental role with their own children.

Covington (2002) claims that many female offenders first encountered the justice system as juveniles who had run away from an abusive family or home, which may have involved physical and/or sexual abuse. Under such conditions, substance-abuse, prostitution and property crimes become a way of life for the majority of these girls and women. Covington (2002) also emphasizes the role of gender on the pathways into crime, since women are at greater risk for experiencing sexual abuse, sexual assault and domestic violence; such risk factors appear to be

"major roots for subsequent delinquency, addiction and criminality" (Pollock, 1998 as cited in Covington, 2002). **Abusive relationships** seem to be common in the lives of most women and girls in the correctional system (Chesney-Lind, 1997; Owen & Bloom, 1995). In particular, as Covington (2007) cites, the criminal involvement of female incarcerates is often related to their intimate relationships and the importance the latter have in their lives; more specifically, women often were first introduced to drug use by their partners who usually continue to supply them. In such cases, prostitution or other delinquent activities are often the means for some women to supply their partners with drugs, and when they fail to do that the latter respond using violence (Covington, 2007). A study on female offenders (Coll & Duff, 1995 as cited in Covington, 2007) reports that 70% of participants have repeatedly been abused verbally, physically and/or sexually as adults.

A substantial number of incarcerated mothers have **substance-abuse issues** (European Parliament, 2008, February). Particularly, the Regional Office for Europe of the World Health Organization (2009) reports that imprisonment often entails an increased risk of becoming seriously ill or a lost opportunity to recover from an existing illness or dependency. In addition inmates who enter the prison healthy have a considerable risk of leaving it with HIV, tuberculosis, a drug problem or poor mental health (WHO Regional Office for Europe, 2009). It is also reported (Finkelstein, 1993, Finkelstein & Derman, 1991, Wilsnack et al., 1986, as cited in Covington, 2007) that those women offenders which are at high risk for drug use are typically socially isolated, for instance single mothers, the unemployed, divorced, widowed or recently separated. Assessments (Hanlon, O'Grady, Bennett-Sears, Callaman, 2004) in regards to the caregiving experience of the incarcerated substance-abusing mothers themselves indicated that most of the mothers had difficulties fulfilling the responsibilities of the primary caregiver role and, thus, developed a general sense of incompetence or inadequacy with regard to their parental performance prior to their incarceration.

A high prevalence of **mental health problems** is considered an additional common characteristic within the population of incarcerated women (Eddy, Powell, Szubka, McCool & Kuntz, 2001). Rates of schizophrenia, bipolar disorder and depression appear to be about 3 times higher than the respective rates in the general population (Teplin, 1990). More recent studies on prisoners' mental health in England and Wales (Birmingham, 2003) found mental disorder (including substance misuse diagnoses) in 57% of sentenced women prisoners and 76% of women remand prisoners. It is also cited (European Parliament, 2008, February) that imprisoned mothers' concern over their children is one of the most important risk factors for depression and anxiety as well as for self-harm.

Kennon, Mackintosh and Myers (2009), report that most incarcerated mothers will resume the primary **caregiver role upon their release**. In addition, family members who have been the substitute or temporary caregivers of children during their mother's incarceration often expect her to take the care of her children immediately after her release (Young & Smith, 2000 as cited in O'Brien & Young, 2006). Regardless of the quality of the mother-child relationship prior to incarceration, mothers need to develop a unique set of parenting skills during their detention (Loper & Tuerk, 2006 as cited in Kennon et al., 2009). In their children's minds, and in their own minds as well, incarcerated mothers are still their children's mothers (Kennon et al., 2009); further, incarcerated mothers need parenting support because their children need help, given that children of incarcerated mothers are at risk due to their separation from their mothers along with a variety of other risks (Kennon et al., 2009). In addition, the way mothers manage their emotional issues in regards to their incarceration affects the way their children adjust to the new

conditions (Hairston, 2007). After all, incarceration does not entail that a parent, especially the mother, cannot continue a loving relationship with her child or children; in contrast, it is essential that these relationships be sustained or reconstructed upon the mother's release whenever this is in the best interest of the child/ren (O'Brien & Young, 2006). It is important to note that qualitative findings indicate that incarcerated mothers almost unanimously report their desire to do the right thing for their children (Kazura, 2001; O'Brien, 2001; Smith, Krisman, Strozier & Marley, 2004, as cited in Cecil et al., 2008). From this perspective, planned efforts to strengthen their maternal role as well as their relationships with their children can only be helpful.

2.3.1. Pregnant Inmates

In addition to the special parenting needs of incarcerated mothers, there is a fast growing population of expectant mothers, who face many more challenges than other mothers regarding their **high-risk pregnancies** as well as the painful experience of the preplanned **separation from their children**, often after birth takes place (Hotelling, 2008). Namely, in addition to the stress related to pregnancy, imprisoned expectant mothers have concerns regarding the placement of their infant after his/her birth, the forthcoming labor and the possible separation from their newborns (Daane, 2003).

Existing reports (Baldwin & Jones, 2000 as cited in Hotelling, 2008) demonstrate that pregnant inmates **lack adequate prenatal care** which presupposes medical, nutritional, educational, environmental and family-support services. Their pregnancies are also characterized as risky because they are often complicated by drug use and alcohol abuse, smoking and sexually transmitted diseases (Baldwin & Jones, 2000; Covington, 2000; Fearn & Parker, 2004; LaLonde & George, 2002). These, along with poor social support and abuse experiences, can explain the fact that **expectant inmates are at greater risk** than most expectant mothers for increased perinatal and postnatal morbidity and mortality (Understanding Prison Health Care, 2002, as cited in Hotelling, 2008; Siefert & Pimlott, 2001, as cited in Fearn & Parker, 2004). In addition to the high rates of infant mortality "babies born in prison were more likely to display growth retardation, be born prematurely, and require neonatal intensive care" (Fearn & Parker, 2004, p. 38).

The lack of (official) management policies for pregnant inmates in many institutions, along with the lack of specialized personnel and available health-care services for imprisoned pregnant women, especially those addicted to drugs (Siefert & Pimlott, 2001, as cited in Fearn & Parker, 2004) challenge further both the mother's and her newborn's health and well being. This report, describing the difficult conditions in prisons for incarcerated pregnant women suggest that, unfortunately, many women's prisons in the United States tend to provide pregnant inmates with the minimum of medical services that is required in order to avoid legal penalties.

Ironically, prison may be the only place for some pregnant women, providing a shelter as well as protection from malnutrition, abusive partners and substance abuse (Hotelling, 2008). Interestingly, research has revealed that the longer a pregnant woman is in prison before giving birth, the "better the birth outcome and the greater the infant's birth weight" (Daane, 2003, as cited in Fearn & Parker, 2004, p. 38), suggesting that where awareness regarding the special health needs of pregnant inmates is raised, improvements in the type of care or the services provided are made (Fearn & Parker, 2004). Furthermore, according to Hotelling (2008, p. 38), "failing to provide preventive and curative health care for incarcerated mothers may cost more to society than funding programs that might improve attachment and parenting behaviors, facilitate drug rehabilitation and reduce recidivism among this population".

To conclude, as it is well recognized in the European Parliament's Resolution (2008, March):

➡ a mother's mental and physical health is linked to that of her child [...] the maintaining of **family ties** is an essential means of preventing repeat offences and aiding social reintegration; it is also a right of all prisoners, their children and other family members; the exercise of this right is often complicated for women, in particular by the scarceness and, therefore, potential geographical remoteness of women's detention centres

➡ pregnant women in prison should be able to receive the required support and information and essentials for a healthy pregnancy and motherhood [...]

➡ a large number of women prisoners have been victims of violence, sexual abuse or mistreatment by their family or partner and suffered a state of economic and psychological dependence; this has contributed directly to their criminal record [...] visible measures adapted to the specific needs of women should be put in place.

2.4. PARENTING INTERVENTION PROGRAMS

Although a variety of services targeting the special needs of imprisoned women have been developed during the past few years (e.g., Covington, 1998; Zlotnick, Najavits, Rohsenow, Johnson, 2003), such specialized services continue to be the exception rather than the rule. The lack of parenting programs in women's prisons suggests that many imprisoned mothers find it hard to maintain their identity as mothers during their time in prison, within a system which at times seems reluctant to acknowledge them as parents (Raikes, 2009). Van Voorhis, Salisbury, Wright and Bauman (2008) emphasized the significance of **needs assessments**, specifically for women prisoners, before implementing any intervention activities in this population; however, they also reported that the existing needs assessments have been originally designed for men and then applied to women, thus, women's special needs have not been identified appropriately. An emerging literature on "gender responsive" programs in prisons (Belknap & Holsinger, 2006, Blanchette, 2004, Blanchette & Brown, 2006, Brennan, 1998, Brennan & Austin, 1997, Farr, 2000, Reisig, Holtfreter, & Morash, 2006, as cited in Voorhis et al., 2008) reveals such deficiencies of commonly used needs assessments to tap the special needs of imprisoned women in regards to mental health, trauma and abuse, parenting and children, relationships, self-efficacy, self-esteem, personal safety, and poverty. Specifically, a search of the literature for studies on intervention programs for incarcerated mothers revealed some sparse efforts, varying in their sampling criteria, content (eg, parenting self-efficacy, communication skills) and techniques (eg, role playing, group discussions), but all have been named "**parent training programs**" (Kaminski, Valle, Filene, Boyle, 2008; Parke & Clarke-Stewart, 2002). Furthermore, Kaminski et al. (2008) in their meta-analytic review of components associated with the effectiveness of parenting programs, divided the extant literature into two wide categories, called "**preventive**" and "**treatment**" **parenting interventions**, namely those which focus on preventing adverse child outcomes, like child abuse and neglect, and those which aim at treating existing child behavior problems.

A national survey of parenting programs (Clement, 1993 as cited in Kennon et al., 2009), targeting female inmates from 43 state and federal prisons in the USA (as of June 1989), confirmed the **significant variability** of such interventions regarding their duration, their depth and their content, along with little attention to the **qualifications of the facilitators**. Additionally, a quite recent review (Sandifer, 2008) suggested the paucity of the extant research on

evaluated programs as well as on tested and **proven to be effective** models aiming at the improvement of parenting skills and parent-child relationships for incarcerated mothers.

Parenting programs may be defined as interventions addressing the maternal role of a woman -or the paternal role of a man- and the enhancement of their parental attitudes, skills or practices (Pollock, 2002). It is not strange that extant parenting curricula aimed at the general population, often do not address the special needs of incarcerated parents; thus, parenting programs for incarcerated mothers should not be an adjustment of the programs targeting parents in the community (Loper & Tuerk, 2006). In particular, typical parenting programs are not sensitive to the contextual demands of prison, while many of the skills taught cannot be implemented directly (Kennon et al., 2009) due to the physical distance between imprisoned mothers and their children as well as the restricted visitations, given their frequency and their duration, of children to their incarcerated parent(s). Statistical data of US prisons (Bureau of Justice Statistics, 2000, as cited in Kennon et al., 2009) indicate that more than half of the incarcerated mothers (54%) never received a visit from their children. Moreover, contact with their children is often restricted by the prison's rules. The programs targeting imprisoned mothers range from parenting classes of a few hours to prison nurseries where incarcerated mothers and their infants live together during imprisonment.

In the general population, **behavioral parent training programs** is an evidence-based approach which involves only parents, generally in small groups, coordinated by an expert following a specific curriculum in 6 to 15 sessions of one to two hours, covering themes of child management strategies (Kumpfer & Alvarado, 2003). Particularly, parents participating in such parenting programs learn alternative ways of interacting in a positive and healthy manner with their children through "improved communication with clear requests and consequences", "positive play" or "ignoring the unwanted behavior" (Kumpfer & Alvarado, 2003, p. 460). Some of the most frequently used techniques are short lectures and discussions, interactive exercises, modeling[5] and role plays[6], charting and monitoring of parenting and children's behaviors.

Evaluation research on the effectiveness of such behavioral parenting programs (Knapp & Deluty, 1989; Patterson, Dishion & Chamberlain, 1993; Patterson & Narrett, 1990, as cited in Kumpfer & Alvarado, 2003) suggest that with high-risk parents, like those of low socioeconomic status, role playing guided by the facilitator of the group is considered as a more effective technique than discussions or reading, while it is estimated that a duration of at least 45 hours is needed. Moreover, several randomized clinical trials indicate some improvements in parents' practises of behavioural management strategies (eg effective use of discipline techniques, rewarding the child etc) and a reduction of children's conflicting overt behaviours.

Additionally, Barlow and Cohren (2004) reviewed publications with the aim to study whether group-based parenting programs are effective in improving maternal psychosocial health including anxiety, depression and self-esteem. The studies selected included at least one group-based parenting program and one standardised instrument measuring maternal psychosocial health. The findings of this review suggested that parenting programs, irrespective of the type (or content) of the program, can be effective in improving important aspects of maternal psycho-social functioning. Interestingly, a meta-analysis of the follow-up data indicated a continued improvement in self-esteem, depression and marital adjustment.

Another multi-component approach for parent training is **family skills training programs** which include behavioral parent training, children's social and life skills training and family practice sessions (Kumpfer & Alvarado, 2003). Such approaches frequently target high risk

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[5] Live or recorded demonstrations of parenting behaviors.

[6] In-session opportunities to practice skills with the trainer or a peer through rehearsal.

groups of children and families (Kumpfer & Alvarado, 1998). Parents and children attend different groups and the family has practice time together. Parents are taught therapeutic play with their child (Foreland & McMahon, 1981, Herschell, Calzada, Eyberg & McNeil, 2002, Nixon et al., 2003 as cited in Kumpfer & Alvarado, 2003), which aims at improving positive play by following the child's lead and reducing conducts of correcting, bossing, criticizing or directing (Kumpfer & Alvarado, 2003). Teaching parents therapeutic play has been **evaluated** (Egeland & Erickson, 1990 as cited in Kumpfer & Alvarado, 2003) **as effective** regarding the amelioration of the parent-child attachment and the positive changes in the behavior of emotionally disturbed and behaviorally disordered children. There is also evidence (Kumpfer & Alvarado, 2003) suggesting that such interventions, including common tasks for parents and children, are more effective with elementary and middle-school aged children.

The adjustment of such parenting programs to the target group of incarcerated mothers though, is not well-evidenced. However, there is some evidence (Clements, 1986, Hairston, 1987, as cited in Parke & Clarke-Stewart, 2002) arguing that interventions **focused on the family unit beyond the incarcerated parent** may be predictive of post-release success for inmates who have maintained family ties during incarceration. Interventions programs targeting the family unit which has one incarcerated parent may take different forms, such as aiming to improve the marital relationship or to provide services to all family members (Parke & Clarke-Stewart, 2002). The underlying idea is to positively affect, either directly or indirectly, through parenting, the quality of the marital relationship, because it has been well-documented as being closely related with adverse child outcomes (Grych & Fincham, 2001). It is reported (Parke & Clarke-Stewart, 2002) that several countries, like Mexico, Sweden, Denmark, Canada and, to some extent, the USA, implement conjoint family services when one parent is incarcerated.

Another intervention, more common in the USA, for incarcerated parents is **visitation programs**, which are widely implemented in women's institutions. These programs include special play areas for parents and children, extended visits, more flexible scheduling and special housing for children in the institution (Clement, 1993 as cited in Parke & Clarke-Stewart, 2002). Such programs usually provide transportation for the children as well as educational and entertaining activities for the mother and the child (eg. crafts, games, reading etc) in a room setting provided by the prison (Snyder-Joy, Carlo, 1998; Fishman, 1983; Bloch & Potthast, 1998 as cited in Parke & Clarke-Stewart, 2002). An evaluated visitation program, entitled "The Girl Scouts Beyond Bars Program" (Bloch & Potthast, 1998), indicated that the frequent visitations of daughters to their incarcerated mothers improved the mother-daughter relationship, enhanced the daughters' self-esteem and reduced the problems associated with mother-child separation. Snyder-Joy and Carlo (1998, as cited in Parke & Clarke-Stewart, 2002) initiated another mother-child visitation program for 40 mothers and their children, through providing special monthly visits in addition to regular visits; they found, based on interviews with 31 mothers and 27 waiting-list control mothers, that program mothers' fears about their parenting abilities decreased, and they viewed their children as doing better than control mothers did. Interestingly, they indicated that mothers' perceptions of the quality of their relationships with their children were not different in the two groups.

Muth (2004) reports the benefits from **family literacy practices** to incarcerated parents and their children, since reading and writing letters are often the most important communication modes between incarcerated parents and their children, even when the parent has limited literacy ability. Prison-based family literacy programs refer to the programs that primarily support incarcerated parents through literacy techniques, such as learning to read and/or write to

their children or family, and sometimes support their children as well. Ports (2003, as cited in Muth, 2006) described a 10-week literacy program implemented in prison that targeted incarcerated mothers. The literacy practices included journal writing, reading storybooks, discussion, and written and oral narratives. Its objective was to increase mother-child interactions through teleconferencing, recorded books and messages. The findings indicated that both the quality and quantity of communication with children via written correspondence increased. Another example of literacy programs targeting imprisoned mothers is the M.O.T.H.E.R.S. (Mothers of Tots Help Expand Reading Skills) program (Cunningham & Baker, 2003), which was conducted in three prison facilities in North Carolina (USA) with the aim to help mothers to read with their children. Muth (2006) reports some encouraging results from the implementation of such programs but rigorous studies are limited. In general, most family literacy programs, including prison-based ones, emphasize two key concepts that are particularly meaningful in prison settings (Muth, 2006), that is the need for building *trust* among the teachers or practitioners, the learner parent and her/his family along with the need for practitioners to show *respect* for the cultural issues, linguistic and other strengths of the incarcerated person and her/his family, rather than taking for granted their literacy deficiencies. As Muth (2006) suggested, these are some issues which may put at risk even well designed prison programs (Muth, 2004; Warner, 1998) when, for instance, prisoners belonging to cultural and linguistic minorities in a classroom are eventually excluded by those practitioners who represent the dominant languages and cultures.

Kaminski, Valle, Filene and Boyle (2008) reviewed **parent training programs aiming at the prevention of children's early behavioral problems** (0-7 years old); interventions for incarcerated parents were also included in this review. Some of the topics covered with these groups were related to: (1) providing knowledge on typical child development, behavior and developmentally appropriate care, (2) learning positive, non-disciplinary interactions with children, (3) responsiveness and sensitivity to a child's emotional and psychological needs and nurturing, (4) emotional communication, like active listening, (5) disciplinary communication by giving clear and developmentally appropriate directions, (6) discipline and behavior management, by learning specific reinforcement and punishment techniques, like intentional ignoring and time outs, (7) promoting children's social skills by educating parents to teach children to share and cooperate and (8) promoting children's cognitive or academic skills by fostering children's language or literacy development. The delivery methods found in the review included the use of an established course of parent training, such as manuals, modeling –either live or recorded demonstrations of parenting behaviors- written, verbal or behavioral homework to be completed between sessions, rehearsal, role-playing or practice with a parent or a peer; separate skills training for children and complementary services, such as stress/anger management were also included in these groups. Their meta-analytic findings (Kaminski et al., 2008) suggest that programs using practicing techniques or active involvement during sessions appear to have significantly larger effectiveness than programs without such components. In contrast, parenting programs designed on the basis of a standardised curriculum or manual were not found to be effective (Kaminski et al., 2008). As the authors themselves comment (p. 581) though, this finding could be an artifact, namely the effectiveness "may be confounded with the quality of the components selected for inclusion in the manual".

Taking into consideration the high prevalence of drug use in female prisons' population including incarcerated mothers, some evidence pertaining to the effectiveness of parenting interventions for drug-dependent mothers may be useful. In particular, Suchman, Mayes, Conti, Slade & Rounsaville (2004) argue that behavioural parent training programs targeting high risk

mothers, like drug-dependent women, have limited success in improving parent-child relationship or the child's psychological adjustment because they do not focus on the emotional quality of the relationship. In contrast, interventions structured at the theoretical framework of attachment theory, which implies that the emotional quality of the mother-child relationship predicts children's psychological development through school age and adolescent years, are suggested by the authors for high risk mothers, like drug-dependent women. Within such recommended attachment-based interventions basic developmental information regarding children's emotional needs, psychosocial capacities and relationship dynamics are provided (Suchman et al., 2004). In general, parenting interventions emphasizing on altering parental mental representations of attachment are few and with vague effectiveness evaluations.

In conclusion, obviously there is not enough well-evidenced information about which types of interventions for incarcerated parents, and especially for mothers −if any− are the most effective. The methodological limitations of such interventions studies, such as the lack of comparison groups, the failure to carry out systematic evaluations of the impact of the interventions, the use of non-standardized measurement instruments, and the limited follow-up to assess the long-term effects of the intervention, should be taken into account (Parke & Clarke-Stewart, 2002).

Some parenting interventions that were related with the intervention activities of the "Raising a Child through Prison Bars" project are presented in more detail at the end of this Manual (see Appendix 1). The eligibility criteria for including a parenting intervention in the Appendix were to be a group parenting program, implemented in prison settings, designed on the basis of parent training or psychoeducation and having been evaluated. As a result, the interventions presented in the Appendix do not represent a comprehensive review of all interventions related to parenting for imprisoned mothers.

2.5. CHALLENGES IN RESEARCH AND INTERVENTION WITH INCARCERATED MOTHERS

Dallaire (2006) argues that the paucity of high-quality research on incarcerated parents and their children may be partly attributed to some unique characteristics associated to this population, as well as to the prison setting. In particular, some risks and barriers (Dallaire, 2007; Eddy, Powell, Szubka, McCool, Kuntz, 2001) associated with difficulties in intervening with incarcerated mothers and/or their families are:

➜ when the children are not aware that their mother is in prison
➜ the high prevalence of mental impairment in inmates
➜ the effects on the child of prenatal alcohol and drug exposure may be another obstacle working with families of incarcerated mothers
➜ the distrust of the research or the non-acceptance of the project, especially by correctional officers who have the responsibility to summon and/or escort inmates to parenting classes
➜ barriers have been described in parenting projects on the part of inmates as well; for example, as described by Eddy et al. (2001, p. 58) for a specific intervention, "the project was initially viewed with skepticism by many inmates" because it was "an intervention that included interviews on the sensitive topic of family violence and classes on child development and nonviolent forms of discipline"
➜ the transience of the prison population, including pre-trial detainees or those transferred to other facilities challenges follow-up research

➜ literacy or cultural issues may hinder communication with foreigners and the same is true for foreigners who do not speak the local language

➜ the dynamic family structure of incarcerates may also challenge follow-up research or the inaccessibility to children due to disruptions in living arrangements and caregivers; "in contrast to a 'typical' family -which may be understood to be consisted of a parent or parents, children and relatives in relative stable roles- inmates' families are often (...) exhibit frequent changes in relationships and roles among family members" (Eddy et al., 2001, p. 59)

➜ interventionists should not undermine the "co-caregiving relationships" that exist between incarcerated mothers and the current custodial caregiver(s) of their child/ren, often the grandmother; thus, parenting interventions may play a key role in promoting the protection of a functional family (Cecil, McHale, Strozier, Pietsch, 2008)

3. Children of Incarcerated Mothers

3.1. A STATISTICAL OVERVIEW OF CHILDREN OF INCARCERATED MOTHERS

As noted by the UNODC, (2008), it is not possible to estimate precisely the number of babies and young children who are separated from their mothers worldwide, due to mother's incarceration. An estimate has been made in regards to imprisoned mothers and children in Europe by the Howard League for Penal Reform, a non-governmental organization in the United Kingdom, according to which "there are about 100.000 women in prison in European countries... this means that some 10.000 babies and children aged under two are affected by this situation" (Council of Europe, 2000, as cited in UNODC, 2008, p. 18). Data from England & Wales only, showed that 2/3 of women prisoners have dependent children and it was estimated that each year 17.000 children are separated from their mothers (Carlen & Worrall, 2005; Munro, 2007).

The statistical data from the **United States** are described as sketchy (Muth, 2006). The Child Welfare League in the United States (2004) estimated that 2 million children or more had lost one or both parents to prison while a former report (Mumola, 2000) estimated that 1,3 million minors have a mother who is under some form of correctional supervision in the United States. Another survey (United States Department of Justice, 1998, as cited in UNODC, 2008) estimated that during 1998 there were a quarter of a million children whose mothers were incarcerated.

Another survey (Caddle & Crisp, 1996 as cited in Munro, 2007) estimated that 71% of incarcerated mothers had been living with their children prior to their arrest, while only 1% of them kept their babies with them in prison; grandparents cared for 24%, female members of the family or friends of the mother for 17% and 8% of the children had been placed in local authority care, while only 9% of the children in this sample were cared for by their fathers. This finding is also verified by other data (Carlen and Worrall, 2005) showing that 25% of incarcerated mothers delegate the care of their children to their partners, compared with 92% of incarcerated men. If this imbalance is taken into account, one can anticipate that mother's imprisonment will impose more severe consequences on children.

In most cases in United States' prisons, mothers of newborn infants are permitted to keep their baby only for a few days, before relinquishing her/him and returning to prison; very few mothers are permitted to keep their newborns with them during incarceration (Gabel & Girard, 1995). In most European countries though, babies and infants can stay in prison with their mothers until the age of three[7], which is the most common age limit (WHO Regional Office for Europe, 2009).

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[7] However, there are also countries, such as Bulgaria and Romania, where the age limit is 1 year old.

3.2. THE IMPACT OF MOTHER'S INCARCERATION ON CHILDREN

The invisibility of incarcerated mothers in the policies of the penal justice system often applies to their children as well (Covington, 2007). Children of incarcerated mothers have long been a "hidden" or almost "invisible" population (Rosenkrantz & Joshua, 1982; Hairston, 2007). In the literature children of imprisoned parents have often been described as the "forgotten victims" of crime (Matthews, 1983) or of imprisonment (Robertson, 2007), the "orphans of justice" (Shaw, 1992), the "hidden victims of imprisonment" (Cunningham & Baker, 2003), "the Cinderella of penology" (Shaw, 1987), the "unseen victims of the prison boom" (Petersilia, 2005) ,"a growing but understudied group" (Poehlmann , 2005). Data from the limited research on children of incarcerated parents that is available though, indicates that parental incarceration may adversely affect the emotional, behavioral and psychological development of children (Stanton, 1980; Baunach, 1985; Bloom & Steinhart, 1993). On the other hand, a causal relationship between parental incarceration and children's problems has not been established in the research literature (Hairston, 2007). Additionally, taken into account findings which indicate that children of imprisoned parents are at increased risk of impaired health, behavioural problems and substance misuse, Kinneret et al. (2007) suggest that parental imprisonment under some circumstances may result in improved outcomes for the child's life. That means that the parental inadequacy considered to be as one of the implications of the above mentioned risk factors for incarcerated mothers which, along with maternal imprisonment per se, can have devastating effects on the children (Murray, 2005; Murray & Farrington, 2005), ranging from depression, hyperactivity, aggressive behaviour, withdrawal, regression, sleeping and eating problems, running away from school or home, poor school performance and delinquency; children are also at greater risk of being homeless or institutionalized (UNODC, 2008), incarcerated themselves in the future (Murray, 2005) as well as of being exposed to CAN and IPV (Prison Reform Trust, 2000).

Children of incarcerated mothers in particular, are characterized as being one of the **most vulnerable and at risk populations**, because they experience several risk factors such as poverty, separation from primary caregivers, and home and school displacements, which can account for developing psychopathology and/or engaging in delinquent activities (Dallaire, 2007). It is estimated that children of incarcerated mothers are six times more likely than their peers to go to prison (CWL, 2004), are three times more likely to drop out of high school and to participate in more delinquent activities, such as lying, stealing and cheating (Johnston, 1995, as cited in Dallaire, 2007); other researchers (Hairston, 2007; Christian, 2009; Myers et al., 1999) though, have questioned these estimations on the basis of the argument that they are not based on reliable evidence.

There is, however, some consensus in the field (Parke & Clarke-Stewart, 2002; Robertson as cited in European Parliament, 2008, February), that the extent to which a child will be affected by his/her parent's incarceration depends on a wide range of variables, such as the developmental level of the child including his/her age at the time of his/her mother's incarceration; the nature of pre-incarceration family living arrangements; the duration of separation; the child's relationship with his/her new caregiver; the existence of a support network for the child in the extended family; the availability of any formal institutional support for the child; the stigma that the child's community associates with parental imprisonment; other parental at-risk characteristics, such as substance abuse, mental health problems and the amount of contact children have with their incarcerated parent(s). As Johnson & Waldfogel, (2002) comment, there are several studies emphasizing the difficulties of drawing general conclusions concerning

the impact of mother's incarceration to children, without examining such confounding variables; the design of the existing studies however does not allow generalizations about the effects of mother's incarceration separately from the effects of other variables, such as the presence of pre-incarceration risk factors.

Incarceration is approached in literature as "a dynamic process that unfolds over time" rather than a separate event (Parke & Clarke-Stewart, 2002; Moore, 1995). In addition, the period of parental incarceration is often preceded by periods of intimate partner violence (IPV), domestic violence, child abuse and neglect (CAN), and/or parental substance abuse (Parke & Clarke-Stewart, 2002). Although the exposure to violence among children of incarcerated mothers is implied by the findings which indicate high rates of mothers' abuse experiences prior to their imprisonment (Glaze & Maruschak, 2008), there is significant lack of research literature focused on directly to children's exposure (DeHart & Altshuler, 2009).

A study on incarcerated mothers (Dalley, 2002) found that 80% of the participants reported that they used drugs daily or weekly at some point in their lives and 92% reported that their children had experienced some kind of serious or chronic problem prior to their incarceration. In addition, the substantial rate of recidivism and re-incarceration among prisoners implies that children of incarcerated parents may re-experience such potentially traumatic separations from their parent/s several times during their lives (Harm & Phillips, 2000, USJ, 2000, as cited in Phillips et al., 2002). Generally, the literature on imprisoned parents and their children indicates that maternal incarceration may have several immediate, short-term and long-term negative outcomes on children and their development (Hairston, 2007; Wintfeld, 2008) based on the developmental stage of the child at the time of the parent's crime, arrest and incarceration. Moreover, some research findings (Fritsch & Burkhead, 1981, as cited in Weissman & LaRue, 1998) suggest gender differences on children's reactions to parental incarceration; namely, acting out behaviours, such as truancy or running away, was associated with paternal incarceration, while acting-in behaviours was associated with maternal incarceration. Particularly, when the mother is the incarcerated parent, as Wintfeld (2008) describes it, there are three main avenues found in the literature, through which children may be adversely affected:

➜ trauma of separation
➜ disruption in the family or home environment and
➜ social stigma associated with the mother's incarceration

Mothers and their children often experience a tremendous sense of loss when incarceration occurs; attachment theory, discussed earlier, separation anxiety theory[8] as well as post-traumatic stress[9] are suggested as theoretical frameworks which may account for the effects of mother-child separation due to imprisonment (Hairston, 2007). The underlying concept of such theories does not specifically refer to parental incarceration as a cause of separation anxiety or post-traumatic stress, albeit emphasis is placed on the child's separation from the main attachment figure which is induced due to mother's incarceration; namely, children dealing with their mother's imprisonment may display the same symptoms with children experiencing other trau-

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[8] Separation anxiety refers to the children's distress about harm that may happen to themselves or to their parent when they are separated. Separation anxiety is considered as a normal developmental phenomenon in early pre-school ages. A major, sudden and unexpected event, such as the death of the parent can induce excessive distress and separation anxiety (Hairston, 2007).

[9] Trauma may affect the mother-child attachment if the child believes that s/he cannot trust his/her parent in order to protect her/him from harm. Children's reactions to trauma depend on their parents' reactions to the crisis (Hairston, 2007).

matic events or may undergo similar phases in coping with them (Hairston, 2007). On the other hand, separation by maternal incarceration differs from separation from the mother due to other reasons because of the lack of control that parents and children have over their communication or contact, the conditions under which this contact occurs and the social stigma associated with parental incarceration (Hairston, 2007).

Children of incarcerated mothers, when compared with other at-risk children whose mothers were absent from home but not due to incarceration, appear to suffer additional **negative psychosocial symptoms**, such as trouble sleeping and problems in concentrating (Kampfner, 1995); other research findings indicate that these children also display signs of depression or suffer disturbing memories of separation (Miller, 2006 as cited in Wintfeld, 2008), aggressive behavior and withdrawal (Baunach, 1985) or criminal involvement (Johnston, 1991, 1992). Miller (2006, as cited in Wintfeld, 2008) argues that the effect of mother-child separation due to mother's incarceration may be much worse than it is for children who lose their mother due to death, because in the case of mother's incarceration the mother-child separation is not a natural or final event but an ambiguous situation, which children do not know how to deal with since their parent is absent but still alive.

Children who witness their mother's arrest or criminal activity may experience further trauma (Dallaire, 2007; Parke & Clarke-Stewart, 2002; Wintfeld, 2008). Dallaire and Wilson (2009) examined the psychosocial maladjustment of 32 children with an incarcerated parent. The findings indicated that incarcerated parents' reports of their children's exposure to parental criminal activity, arrest, and sentencing predicted caregivers' and children's reports of maladjustment over a 6-month period. The results also suggest that children with incarcerated mothers, in comparison to children with incarcerated fathers, are exposed to more of these events and may be experiencing greater maladjustment. It is estimated (Johnston, 1991) that one in five children witness their mothers' arrest by authorities, while more than half of them are under the age of seven and in the primary care of their mother. Although the degree of trauma may vary based on the child's age, it is suggested that the experience of witnessing the crime or the arrest of the mother may be an extremely upsetting experience even for grown children (Moore, 1995). The children witnessing their mother's arrest report suffering from nightmares and flashbacks of the arrest incident (Jose-Kampfner, 1995). Dubose (1977, as cited in Moore, 1995) reports that women arrested usually do not inform arresting officers about their children because of fear that their children will be taken to foster homes. Consequently, school aged children may return from school to an empty residence and be unaware of their mother's arrest (Fishman, 1983) or stay alone for hours until someone is alerted (Carroll, 1980, as cited in Fishman, 1983). As Parke and Clarke-Stewart (2002) conclude, there is still an incomplete picture of the impact of the initial arrest on children.

In addition to the trauma of the separation from the mother, children of incarcerated mothers may also be affected by the **disruption of their daily routine** and the stress induced by the adjustment to new living conditions which are often unstable (Wintfeld, 2008; Moore, 1995). After their mother's incarceration children are usually relocated and grandparents assume their care (Moore, 1995). Sometimes siblings may be separated because of different child care arrangements, for example different foster care institutions (Dubose, 1977; La Vigne, Davies, Brazeell, 2008), while this new living situation may change many times during incarceration (Wintfeld, 2008). Such disruptions may also involve geographical relocations, change of school or loss of peers (Moore, 1995). In particular, the possible changes in schools, homes and different caregivers, may prevent the development of secure attachments (i.e. with peers), putting the child

at risk of poor school performance and delinquency (Green & Scholes, 2004). Furthermore, the constant **changes in living arrangements** are often accompanied by financial problems regardless of the person who takes the children's custody (Wintfeld, 2008).

Although **stigma** is considered to be one of the key issues that children of incarcerated parents may experience, along with feelings of shame or embarrassment, there is limited research assessing the impact of social stigma by peers or neighbours on the children of incarcerated parents and how they manage it (Hairston, 2007). The lack of evidence in the field can be explained by the limited access to children of incarcerated parents experiencing social stigma for research reasons, due to the fact that such families are described (Lowenstein 1986, as cited in Murray, 2005) as having a higher probability to have deceived children about their parent's absence than families not experiencing social stigma. However, there seems to be consensus in literature on the basis that parental incarceration may lead children to experience stigma, bullying and teasing (Boswell & Wedge 2002, Sack 1977, Sack & Seidler 1978, Sack, Seidler & Thomas, 1976, as cited in Murray, 2005). The stigmatization from neighbours and members of the community which leads to social exclusion from peer groups may be related to the nature of the parent's crime (Hairston, 2007), even though there is no evidence supporting this claim. It might be expected that in neighbourhoods with high imprisonment rates, children may feel less social stigma since they may feel that other children face the same difficulties with them (Schwartz and Weintraub 1974, as cited in Murray, 2005). On the other hand, stigma might be especially high in neighbourhoods with high imprisonment rates because many victims of crime also live there and, thus, may exclude or ostracize the offenders (Braman 2004, as cited in Murray, 2005). Furthermore, parental imprisonment might put a label on children, which is not confined to his/her parent's incarceration period (Murray, 2005). Hairston (2007) also introduces another form of stigmatization experienced by the prisoner and his/her family at an institutional level, termed institutionalized stigma; for example former prisoners convicted of drug offenses are in some countries legally barred from many jobs as well as loans. The experience of social stigmatization by children of incarcerated parents may contribute to several trauma-reactive behaviours on the part of these children.

Children may also be deceived about their parent's incarceration or may be directed by their caregivers or other family members to keep it secret. These often encountered phenomena in literature among children of incarcerated parents have been defined as "**conspiracy of silence**" (Jose-Kampfner, 1995) and "**forced silence**" (Johnston, 1995). The "conspiracy of silence" seems to undermine children's ability to cope with the parent's absence, work through their negative feelings and adjust successfully to the new living arrangements (Gabel, 1992; Hanlon et al., 1984; Parke & Clarke-Stewart, 2002). Murray (2005), summarizing the arguments of many researchers and prisoners' families' support groups, suggests that children do better when they know the truth about their parent's imprisonment, rather than when experiencing confusion and deceit. Furthermore, as Hairston (2007) observed in an overview of research literature, many children of incarcerated parents who participated in interviews reported that they were often in an awkward position because they had to guard the secret of their parent's imprisonment. However, research on the impact of this "conspiracy of silence" on children of incarcerated parent(s) are scanty and, thus, a lack of consensus among professionals seems to exist regarding how to guide imprisoned parents in decision-making (Hairston, 2007). Poehlmann's (2005) findings may be indicative; from a sample of 54 children aged 2 to 7 years old whose mothers were incarcerated, those children who were told about their mother's imprisonment in an open, honest and age-appropriate manner, were slightly more likely than other children in the study to

have secure and positive perceptions of their caregivers. On the other hand, as Johnston (1995) notes, the "conspiracy of silence" may prevent other complications both for incarcerated parents and their children, such as the loss of child custody, social stigma, the fear of losing or finding a job due to having an incarcerated relative, or even jeopardizing the housing arrangements. Unfortunately, there is limited evidence revealing the possible reasons why imprisoned parents may not tell to their children the truth about their confinement. Prisoners' personal feelings of shame or embarrassment may be one factor, given the fact that the parent's absence is usually explained to children using socially acceptable reasons, such as working abroad (Hairston, 2007). Other reasons may include, as described in parent support groups, the desire of the imprisoned parent to protect the child from feeling ashamed of his/her parent, from being hurt or because of fear that their child is not old or mature enough to understand the situation or that s/he might stop respecting him/her as a parent (Hairston, 2007).

Changes in a **family's financial resources** because of maternal or paternal imprisonment may not be understood by all children, but they do experience and feel their consequences (Hairston, 2007). If the mother was, prior to her confinement, the primary family breadwinner, it is reasonable that, upon her arrest, the family's income may decline significantly. Additionally, when a parent goes to prison, most families bear an extra burden of additional financial expenses (Hairston, 2007), such as paying for the lawyer's fees until the trial is over or subsidizing prison operations, for example by sending money to the prisoner to pay for phone calls, toiletries, food as well as paying for travel expenses when visiting the incarcerated family member in prison, which is often located many miles away from the prisoner's home; these expenses are applicable to the families of many female and male prisoners in Europe as well. Hence, less money is available to provide for the children; for instance less money may be available for children's extracurricular or recreational activities, for clothes, food or even for paying the mortgage (Hairston, 2007). Obviously, the frequency of visits or communication children have with their incarcerated parent may also be determined by the family income (Hairston, 2007). There are no studies assessing the economic consequences of maternal imprisonment on children and on the family income; the only related study found was a national study in the USA (Johnson, 2007, as cited in Hairston, 2007) which indicated that the family income declines significantly during imprisonment when the incarcerated parent is the father who had been living with the family at the time of his arrest. Although in most cases the family income of incarcerated parent(s) is reported as poor (Hairston, 2007), there is not enough evidence proving this.

Several primarily **methodological limitations** found in the studies on the impact of maternal or parental incarceration on children should be taken into consideration for future research: the majority of the extant research findings is based on small-scale studies, namely they have small, non-representative, samples or is based on samples of prisoners rather than on children with incarcerated parent(s); typically, most studies assessing the consequences of parental incarceration on children are descriptive, rarely including comparison groups or providing longitudinal data following children through the different stages of parental incarceration and/or release or data disaggregated by the child's gender or even by maternal versus paternal incarceration. Last but not least, most of the studies do not assess the risk factors in children's lives during the period prior to parental incarceration (Hairston, 2007; Phillips et al., 2002; Seymour, 1998; Simmons, 2000).

3.2.1. From a developmental perspective

Johnston (1995) summarizes her findings (see Table 1) on possible developmental effects of parental crime, arrest and incarceration, according to the developmental stage of the child.

Incarceration and infants. Infancy, namely from birth to the age of two, is well-accepted as a critical period of development. Infants are totally dependent on the primary caregiver(s), especially the mother, need special and qualitative nutrition, frequent health care, such as vaccinations or monitoring of development, adequate sleep, frequent physical contact, lots of face-to-face interactions and to receive consistent, individualized attention (Cunningham & Baker, 2003; Goldstein, Freud, Solnit, 1973 as cited in Moore, 1995). During this developmental stage the infant needs to form attachment and trust (Johnston, 1995) with the primary caregiver(s), in order for him/her to be well prepared during the next developmental stage to explore actively and safely the surrounding environment through all of his/her five senses.

Consequently, babies that have been separated from their mothers because of their mother's imprisonment may be severely traumatized (Goldstein, Freud, Solnit, 1973 as cited in Moore, 1995) firstly, in practical ways, since their daily routine is disrupted, which is a prerequisite for developing a mother-child secure attachment; such a disruption, for instance, could be the termination of breast feeding (Cunningham & Baker, 2003). There is converging evidence pertaining to the high rate of changing living arrangements and more specifically substitute or custodial caregivers, since most babies lived with their mother after their birth and prior to their mother's arrest (Cunningham & Baker, 2003). Dallaire (2007) estimated that a typical child of an incarcerated mother changes his/her living arrangements at least once during the first year of imprisonment. Secondly, such changes in caregivers and their different parenting styles seem to disrupt the child's sense of security (Hanlon, 2007), implying serious developmental effects on children of incarcerated parents due to the impairment of the parent-child bonding (Johnston, 1995). The failure to form secure attachments constitutes another risk factor for the child displaying delinquent behavior in the future (Green & Scholes, 2004).

Incarceration and pre-schoolers. Children from two to six years old are characterized as having increased physical independence and increased but incomplete individuation from the parent (Cunningham & Baker, 2003). A central issue of this developmental age (especially for children from 2 to 4 years old) is denial, stubbornness and egocentricity. It is the time when children need to have control of their bodies and their environment. During this period children should develop a sense of autonomy, independence and initiative (Johnston, 1995).

Pre-schoolers still lack the cognitive skills to understand complex situations or the intentions behind actions, such as the process through which their mother's crime led to the outcome of her imprisonment. As Cunningham & Baker (2003) describe it, children are focused on the outcome itself, which is the maternal imprisonment, through concrete thinking and use of extensive generalizations which may lead to distortions like, for example, blaming themselves for their mother being taken away or seeing their mother as being a bad person. In addition, they may not be able to understand conflicting messages, like "Mommy loves you" when Mommy is obviously absent (p. 27). Although they experience many intense feelings that may be extremely overwhelming when their mother goes to prison, their ability to verbalize them is limited; thus, as they cannot seek support from peers or channel their aggression, for example through sports, rather they may exhibit regression in areas such as toilet training, clinging to adults or

not being able to successfully complete the tasks previously mastered. Most pre-schoolers have a basic vocabulary for verbalizing their own or others' feelings (e.g. sad, happy, mad etc), while they recognize emotions by associating them with specific behaviours, for example "grandma is sad because mommy is away" (p. 27); typically, they empathize with the feelings of significant others, especially their mother's, for instance they are likely to be distressed if their mother calls from prison and is crying.

Furthermore, young children (from 2 to 6 years old) with incarcerated parent(s) have been observed to suffer a variety of adverse outcomes consistent with the research on the effects of insecure attachments (Johnston, 1995 as cited in Parke & Clarke-Stewart, 2002). As might be expected, when the mother is being released, she returns to an infant or young child who is not emotionally attached to her (Myers et al., 1999 as cited in Parke, Clarke-Stewart, 2002).

It is needless to say that all of the expected attitudes that are described here are based on typical characteristics of this developmental stage and must be interpreted in the light of several concurrent and pre-incarceration risk and protective factors in the child's life.

Table 1. Possible developmental effects on children of parental crime, arrest and incarceration

Developmental Stage	Developmental Characteristics	Developmental Tasks	Influencing Factors	Efects
Infancy (0-2 years)	Total dependency	Attachment and trust	Parent-child separation	Impaired parent-child bonding
Early childhood (2⁺-6 years)	Increased perception and mobility; incomplete individuation from parent	Sense of autonomy, independence and initiative	Parent-child separation; Trauma	Anxiety, developmental regression, acute traumatic stress, survivor guilt
Middle childhood (7-10 years)	Increased independence, ability to reason, importance of peers	Sense of industry, ability to work productively	Parent-child separation, enduring trauma	Acute traumatic stress and reactive behaviors
Early adolescence (11-14 years)	Increasing abstract thinking, future-oriented behavior, aggression, puberty	Ability to work productively with others, control of emotions	Parent-child separation, enduring trauma	Rejection of limits on behavior, trauma-reactive behaviors
Late adolescence (15-18 years)	Emotional crisis and confusion, adult sexual development, abstract thinking, independence	Achieves identity, engages in adult work & relationships, resolves conflicts with family and society	Parent-child separation enduring trauma	Premature termination of parent-child relationship; intergenerational crime and incarceration

Source: Dr Denise Johnston, "Effects of Parental Incarceration", in Gabel and Johnston, 1995, p. 68

Incarceration and school-aged children. Emotionally healthy children between the ages of 7 and 10 are expected to have achieved independence from their family or to have developed their self-worth (Moore, 1995). At these ages, children are able to think in more complex ways, speak reasonably and understand the difference between right and wrong. Academic and social success at school, such as friendships with peers will contribute to the forming

of their self-image. Toward the end of elementary school they start thinking of how they are perceived by the members of the opposite sex and will identify with the same-sex parent (Cunningham & Baker, 2003).

At this developmental stage, children will understand how confinement may affect their mother, but they are not ready to judge her or see her as "a bad person". Parental imprisonment seems to hinder a child's identification process with his/her parent's expectations, demands, and social ideas (Moore, 1995). It is very difficult for them to deal with negative criticism or comments about their mother's criminal activity or imprisonment and they may defend her; girls may take the role of substitute caretaker for their younger siblings and boys may take the role of protector for their siblings during maternal imprisonment (Cunningham & Baker, 2003), albeit such claims and hypotheses are not supported by scientific evidence. On the other hand, school-aged children may be uninformed about their mother's incarceration or may be forced by the current caregiver(s) to keep this information a secret. Guarding such a secret or managing such information especially in school settings, where questions pertaining to the parent's occupation or to his/her availability are typically asked by teachers or schoolmates, may be extremely challenging for children with an incarcerated parent (Hairston, 2007). The "forced silence" may also hinder seeking help or support from teachers and peers in order to deal with difficult emotional and practical issues following a mother's imprisonment.

Furthermore, home and school displacements may also undermine the creation of a positive academic environment, which needs stability (Dallaire 2007; Wintfeld, 2008). It is indicative, as George and Lalonde (2002, as cited in Dallaire, 2007) reported, on the basis of the results from a sample of 35.000 children of incarcerated mothers, that, despite the fact that incarcerated mothers served less than a year in prison, their children's home and school lives were disrupted twice during that year: first when their mother went to prison and secondly when she was released. In addition, the results from a study (Tennessee Department of Corrections, 1995, as cited in Dallaire, 2007) on a sample of 260 incarcerated mothers demonstrated that nearly 31% of mothers reported that at least one of her children failed a grade in school. Other studies (Sack, Seidler & Thomas, 1976; Stanton, 1980, as cited in Parke & Clarke-Stewart, 2002) also confirm poor school performance among children of imprisoned parents, such as poor grades. Sack, Seidler & Thomas (1976, as cited in Parke & Clarke-Stewart, 2002) also found that 16% of young children aged from 6 to 8 years old exhibited school phobias, namely they refused to go to school a month and a half after their parent went to prison. It is also suggested (Trice, 1997, as cited in Parke & Clarke-Stewart, 2002) that suspension and drop out rates are higher for children who have a parent in prison.

In addition, school-aged children may also experience emotional, social and psychological difficulties (Dallaire, 2007). In particular, Johnston (1995) reports that children might experience embarrassment or shame over their mother's crime and incarceration. Block and Potthast (1998, as cited in Dallaire, 2007) found that incarcerated mothers report that their school-aged daughters faced particular emotional problems, including depression and anger, or experienced more "nocturnal enuresis (bed-wetting)" upon their mother's incarceration. Furthermore, Hagen and Myers (2003) found that school-aged children of incarcerated mothers faced severe behavioral problems, reported low levels of social support and low levels of secret keeping. Other research findings also indicate that social support and hopefulness are protective factors against the development of internalizing and externalizing problems for children of incarcerated mothers (Hagen & Myers, 2003; Hagen, Myers & Mackintosh, 2005 as cited in Dallaire, 2007). Specifically, the school-aged children who were hopeful -regardless of the number of concurrent

stressful life experiences- showed fewer externalizing and internalizing problems than children who did not have such hope (Hagen, Myers & Mackintosh, 2005 as cited in Dallaire, 2007)

Incarceration and adolescents. Early adolescence is characterized by issues of emancipation and individuation from the family (Moore, 1995), increased abstract thinking, future-oriented behavior, aggression and puberty (Johnston, 1995). Later adolescence involves emotional crisis, concerns about the future and personal purpose, confusion, adult sexual development, abstract thinking and issues of independence (Johnston, 1995; Moore, 1995). Thus, the adolescent in order to establish his/her own adult identity often rebels against any parental authority, which is considered to be a developmentally age-appropriate attitude (Moore, 1995). However such disruptions or breaks in parent-child attachment should be initiated by the adolescent and not be imposed on him/her by his/her parent, for example through rejection or abandonment (Goldstein, Freud and Solnit, 1973, as cited in Moore, 1995). Typically adolescence is a period of increased sensitivity and emotional creativity (Cunningham & Baker, 2003). Adolescents need their parents' supervision, monitoring, open communication, rules and guides even though they may not readily accept them. On the other hand, parents play a key role in this developmental stage through a solid and reassuring presence in order for the adolescent to safely test boundaries (Cunningham & Baker, 2003). Last but not least, the increased peer group influence and the desire for acceptance by peers also are characteristics of this particular developmental group.

Instead of seeking autonomy and independence, an adolescent who has a mother in prison may skip this critical developmental stage in order to assume pseudo-adult roles, such as taking care of his/her younger siblings (Cunningham & Baker, 2003; Henriques, 1982; Shaw, 1987). According to Cunningham & Baker (2003), if it is taken into account that the adolescent might have assumed the caretaking role in his/her family prior to his/her mother's imprisonment (e.g. because of his/her mother's substance abuse or mental health problems or even her criminal activities), it becomes clear that the mother-child roles have been reversed; in such cases the adolescent may also often bear the emotional burden of a vulnerable mother, striving to protect or care for her and deal with his/her mother's possible negative emotions. Cunningham & Baker (2003) suggest that maternal incarceration may be experienced by the adolescent either feeling that s/he failed to protect his/her mother, which results in accusing him/herself or s/he may tend to blame his/her mother for failing again. In both cases, the mother cannot stand as an authority figure, who sets rules and boundaries and, consequently, it is difficult for the adolescent to identify with her. Teenagers may experience such emotional strains alone, since it seems that they are less likely to seek support or share their burdens with peers (Cunningham & Baker, 2003). The embarrassment of having a mother in prison may induce feelings of isolation from peers, likely due to the fear of stigmatization. The stigma of parental imprisonment makes the identification with the parent, as a role model, more difficult (Weissman & LaRue, 1998).

Dallaire (2007) suggests that adolescents whose mothers are in prison are at greater risk to associate with delinquent or deviant peer groups, such as gangs. According to the survey conducted by the Tennessee Department of Corrections (1995, as cited in Dallaire, 2007) in a sample of 6.146 imprisoned mothers and fathers, imprisoned mothers tend to report higher rates of their adolescent children's criminal justice involvement (17% of adolescents with an incarcerated mother sampled had been engaged in delinquent activities, including their confinement in juvenile's detention center), compared to the lower rates of such delinquent activities by adolescents reports by incarcerated fathers in this sample. As Murray (2005) suggests, parental

imprisonment might "cause" children's anti-social or delinquent behavior if children identify with their parent's criminality and imitate their parent's behaviours.

Teenagers with imprisoned mothers may also be more likely to indulge in casual and indiscriminate sexual relationships and to experience a teenage pregnancy (Jose-Kampfener, 1991, as cited in Young & Smith, 2000).

The reported rates of emotional and behavioral problems experienced by teenagers with incarcerated parents are significantly higher than the rates of similar problems found in adolescents in the general population (U.S. Department of Health and Human Services, 1999, as cited in Phillips et al., 2002). Interestingly, Phillips et al. (2002), in their study with a sample of adolescents receiving routine mental health services, compared adolescents who have experienced parental incarceration (43% of adolescents had experienced parental incarceration including both parents' imprisonment and 6% had experienced only maternal incarceration) to other youth receiving treatment, and found that the former group had been exposed to a higher total number of risk factors in their lifetimes, such as parental substance abuse, poverty and a history of abuse or neglect. The adolescents with incarcerated parent(s) were more likely to be treated for attention-deficit/hyperactivity and conduct disorders and less likely to have major depression compared with the control adolescents, whose parents were not incarcerated. Several limitations should be taken into account when interpreting such findings; in this study, for example, the temporal relation between CAN (Child Abuse and Neglect) and parental incarceration was not measured.

However there is some optimistic evidence (Hanlon, Blatchley, Bennett-Sears, O'Grady, Rose, Callaman, 2005) from a study on adolescents (9-14 years old) of incarcerated substance-abusing mothers, indicating that the majority of these children were neither especially deviant nor maladjusted and had successfully avoided substance abuse, despite the expected neglect they may have experienced by an addicted mother; these interesting findings suggest the protective role of the continuity of care by substitute caregiver(s) during maternal confinement, since in most cases mother surrogates, such as a grandmother or other family member, had been the children's primary caregivers even prior to their mother's incarceration.

3.2.2. The intergenerational cycle of criminality and incarceration

Murray, Farrington, Sekol and Olsen (2009), based on narrative and meta-analytic reviews, found that children of prisoners have about twice the risk of antisocial behaviour including criminal behaviour compared to children without imprisoned parents, notwithstanding that the reviewed evidence demonstrating causal effects may be systematically biased as they do not control for important confounds associated with parental imprisonment, such as prior child behaviour. Furthermore, they conclude that children of incarcerated parents are at greater risk than their peers to exhibit criminal or delinquent behaviour, but, insofar, the causal effect between parental imprisonment and children's delinquency has not been evidenced. On the other hand, studies (Lawrence-Wills, 2004, Hanlon et al., 2005, as cited in Hairston, 2007) on teenagers whose parents were incarcerated do not support the claim that these children participate in high rates of delinquent activities, but neither of these studies had a control group with children whose parents were not incarcerated. Interestingly, a cross-national comparison of two longitudinal studies on later-life incarceration among children whose fathers were incarcerated seems to provide contradictory evidence in regards to intergenerational incarceration. The first one (Murray & Farrington, 2005) found that paternal incarceration predicted boys' delinquency

in an English cohort (411 males from London, born during 1953), even after controlling for parental criminality and other childhood risks; namely 48% of the boys, separated from their parents before the age of 10, because their father was imprisoned, were convicted themselves as adults up to the age of 32, compared to only 25% of boys who were convicted as adults but were separated from their parents for other reasons (i.e. death, hospitalization, family discord) or who were not separated from their parents at all. The second study (Murray, Janson and Farrington, 2007) aiming to examine if the findings in the longitudinal study in England would be replicated in Sweden, partially confirmed the findings of the first study. Particularly, on the basis of a larger sample of boys (15,117 children) from Sweden who were born during the same year as the English cohort (1953), it was found that although children who have experienced their parent's incarceration up through the age of 6 were more than twice likely to be convicted of a criminal offense between the ages of 19 and 30, compared to children whose parents were not incarcerated during their early childhood; however, the negative effects of parental imprisonment disappeared after statistically controlling for the parent's incarceration history (number of times the parent was incarcerated). According to Murray, Janson and Farrington, (2007) the Swedish penitentiary and social welfare system might explicate this cross-national difference.

Another longitudinal study on delinquency (Huizinga, Loeber & Thornberry, 1995, as cited in Alvarado & Kumpfer, 2000) found that the most important protective factors in promoting resilience to delinquency in high-risk youth are parental supervision, attachment to parents and consistency of discipline. The key role that parental attachment plays in adolescents' associations with delinquent peer groups is also stressed in research literature (Marcos et al., 1986; Warr, 1993, as cited in Ingram, Patchin, Huebner, Cluskey and Bynum, 2007), which suggest that those youth with strong parental attachments are less likely to get involved with delinquent peers, albeit the sample studied did not include imprisoned parents. Interestingly, even though children of imprisoned parents were not sampled, Ingram et al. (2007) found that parental attachment had no direct effect on delinquency among preadolescent youth, whereas delinquent peer associations have a strong and direct effect. According to the authors, these findings suggest that early involvement in delinquency or antisocial behavior are influenced by parents and peers, indicating that interventions aimed at preventing delinquent behaviors among high risk youth should include enhancement of parental practices, in order to be able to encourage their children's prosocial relationships with non-delinquent peer groups. In all cases, more research is needed in order to test the assumption of intergenerational criminality, delinquency or incarceration among children of imprisoned parents.

3.3. INTERVENTIONS FOR CHILDREN OF INCARCERATED PARENTS - PROGRAM MODELS

Most interventions found in the literature focus on incarcerated parents rather than their children, while the latter are usually referred to as indirect recipients of the potential benefits of parenting programs. In other words, interventions which are designed to intervene directly with children seem to be proportionately less in literature compared to interventions targeting imprisoned parents. Interventions with children of imprisoned parents (CHIP) vary significantly in their methodology as well as content and delivery methods, ranging from individual to family and group interventions, such as visitation, mentoring and prison nursery programs, family therapy, group therapy, filial therapy and peer education programs. The following entities will describe only some types of the interventions reported in international literature, as well as a

few peer education programs that were found, which seem to be innovative in populations of children of imprisoned parents. In addition to the diversity of the program models targeting CHIPs, existing interventions seem to be largely determined by the national policies in the Correctional system, which makes them country specific; for instance, community-based services provided to children of incarcerated parents (CHIP) usually come from the United States, where community-based alternatives to incarceration programs are often implemented. If other confounding cultural issues are also taken into account, drawing generalized conclusions regarding their effectiveness is rendered more difficult. Another important challenge observed in literature pertaining to interventions directly targeting children of imprisoned mothers (CHIMs) or fathers, is that, although these children may be well represented on the client lists of mental health services, social services, special education or even public health services, there is no evidence as to what extent they are identified as CHIPs, rendering thus feasible the identification that these children constitute a high risk population with special characteristics and needs to be met (Cunningham & Baker, 2003; Weissman & LaRue, 1998).

Mentoring programs, which target young children and adolescents whose parents are imprisoned, aim at providing positive adult role models to these children by providing them access to other adults or even peers who share the same experiences of parental incarceration but have the time and the motivation to build a positive relationship with them (Hanlon, Carswell & Rose, 2007). In addition to the target group of the children of imprisoned parents, such preventive intervention programs might address children's current caregiver(s), i.e. grandmothers (Hanlon, Carswell & Rose, 2007). Empirical evidence on the effectiveness of these programs report positive benefits pertaining to academic performance, social behavior, communication, peer relationships and decision-making skills and the reduction of drug or alcohol use (Grossman & Garry, 1997, Sipe, 1996, Sherman et al., 1997, as cited in Hanlon, Carswell & Rose, 2007) For some young children or adolescents a positive, trustful, supportive and stable relationship with a mentor may be the single and most important protective factor against risky and delinquent behaviours, thus mentoring programs may be effective in engaging CHIPs in pro-social activities and behaviors (Hanlon, Carswell and Rose, 2007). The "Kids Helping Kids" program (Cunningham & Baker, 2003) conducted in Alabama, USA is one example of **peer mentoring programs**. Trained high school, college students and other children trained by an agency providing services to CHIPs are taught to work with children of incarcerated parents and to serve as their mentors. The main concept of peer mentoring programs is that CHIPs may feel less stigmatized knowing that they have the support of their peers.

Visiting programs targeting both IPs and their children are usually conducted by non-profit agencies and may include: i) specially designed spaces in prison settings providing a safe, child friendly and relaxed environment in order for parents and children to interact without distractions, ii) parenting classes in order to prepare parents for better interaction with their children and to provide them with the opportunity to practice newly learned parenting skills, and iii) transportation for children to penal facilities. An **over-night visiting program** (the Private Family Visiting program) conducted in Montreal in Canada enabled children to live with their imprisoned mothers in a trailer located on the facilities on a part time basis (twice a week) (Cunningham & Baker, 2003). Another model of visiting programs is **home visitation programs**. An example of this approach is the "Project Seek" (Alvarado & Kumpfer, 2000) which was conducted in the USA and targeted CHIPs from birth to age 11. The project's objec-

tive was to prevent these high risk children from engaging in delinquent activities and behavior by promoting a positive care giving environment while the parent was in prison, maintaining an appropriate parent-child relationship through visitations, and improving both the parent's practices and the children's social skills. The empirical evidence indicates increases in academic self-esteem, internal locus of control and lower rates of recidivism among released parents (Alvarado & Kumpfer, 2000).

Another approach that focuses on strengthening the parent-child relationship, and addresses both the parent and the child, is the model of **filial therapy**. Filial therapy training teaches parents basic child-centered play therapy skills using hands-on learning tasks (e.g. special play sessions with their own children), namely "helps them learn how to create an accepting environment in which their children feel safe enough to express and explore their thoughts and feelings" (Landreth & Lobaugh, 1998, as cited in Parke & Clarke-Stewart, 2002, p. 11). The group's leader provides parents with emotional support throughout the process. This model is based on the assumption that parents who have been taught therapeutic skills by child-centered play therapists and are able to employ them, will be able to help their children recover from trauma and developmental difficulties (Guerney, 1964, as cited in Smith, 2000). This model has been effectively used in a study with incarcerated fathers and their children (Landreth & Lobaugh, 1998). The findings indicated that the fathers who participated in the 10-week training program scored significantly higher on both their acceptance of their children and their empathic behavior toward their children compared to the fathers of a control group, whereas they scored significantly lower than control fathers on parenting stress and on perceptions of problematic behavior in their children (Parke & Clarke-Stewart, 2002).

Prison nursery programs allow incarcerated women to give birth in prison and to raise their infants within the correctional facility. Particularly, a prison nursery is "a living arrangement located within the correctional facility in which an imprisoned woman and her infant can consistently co-reside with the mother as a primary caregiver during some or all of the mother's sentence" (Goshin & Byrne, 2009, p.271). There is a lot of controversy regarding the positive and negative effects of such a co-detention model. Those arguing in favor of prison nurseries, suggest that such co-detention living arrangements have the potential to reduce recidivism among incarcerated mothers (Parke & Clarke-Stewart, 2002) as well as to provide the physical closeness between the mother and the infant, which is crucial for the development of a secure attachment (Goshin & Byrne, 2009, as cited in Parke & Clarke-Stewart, 2002). On the other hand, those arguing against prison nurseries maintain that the impoverished environment of prison may not only limit the child's freedom but could also have a negative impact on the child's cognitive development (Parke & Clarke-Stewart, 2002).

The concept of **peer teaching**, which was also selected for the intervention activity of the "Raising a Child through Prison Bars" DAPHNE project targeting children of incarcerated parents, dates back to Aristotle (Wagner 1982, as cited in Bango-Sanchez, 2010). According to Bandura (1986, as cited in Bango-Sanchez, 2010), peer teaching constitutes a social behavior that occurs between people and in different venues of teaching. In particular, people learn from observing peer's behaviors/habits or from valuing peers' knowledge (Bandura, 1977, as cited in Bango-Sanchez, 2010). Peer teaching may take different forms, "informal tutoring" such as group discussion (e.g. child to child, in youth centers) or the "buddy system", "formal tutoring" (e.g. child to child in the class setting), and counseling by peers (Turner & Shepard, 1999).

Although there is a gap in the research literature which examines the effectiveness of interventions for children with an incarcerated parent (Springer, Lynch and Rubin, 2000), in general terms there is consensus (Greenwood et al., 1984) that learning from peers can be equally or even more effective than learning from an instructor. More specifically, implementations of the peer teaching approach in several health projects that have been evaluated seem to indicate positive results compared to other treatment interventions. For instance, a nationwide study (Cottler et al., 1998) in the United States -aimed at preventing HIV risky behaviour among crack cocaine users and injecting drug users - compared a peer teaching intervention to a standard counselling intervention with a professional counsellor. The findings indicated that the participants in the peer teaching group were statistically significantly more likely to reduce their use of crack cocaine than those assigned to the standard counselling intervention (83% vs. 76%). Peer teaching also seems to have a greater impact than teacher led teaching on issues of drug use (Linsey, 1997, as cited in Bango-Sanchez, 2010).

More specifically, the peer teaching approach, especially in high risk populations, seems beneficial because of the creation of a learning environment where power, domination and authority do not exist (Boud, Cohen & Sampson, 2001). Peer teaching may also be beneficial as participants share similar experiences and challenges and, thus, may speak the same language (Boud, Cohen & Sampson, 2001; Kelly et al., 1991; Peers Ledwith & Johnston, 1993, as cited in Bango-Sanchez, 2010). On the part of peer educators, they may benefit themselves by being positive role models for their peers (Bango-Sanchez, 2010). Remarkably there is limited evidence concerning (Springer et al., 2000) peer teaching approaches to children of incarcerated parents.

4. Recommendations

On the basis of the experience obtained in the course of the project regarding the living conditions of imprisoned mothers and their relationships with their children while in prison, including several challenges and barriers encountered during the implementation of this project's intervention activities in 5 women's prisons of three countries (Bulgaria, Greece and Romania) the following recommendations are suggested for policy makers planning any future interventions that will aim to meet the needs of imprisoned mothers and to strengthen the family ties with their children while mothers are in prison.

Each of the recommendations below is valid for at least one of the participating countries (Bulgaria, Greece, Romania):

➜ Establish a routine process to inform each mother who enters prison (one-to-one and/or group counseling or provision of multilingual written material) about her legal rights in regards to her contact with her children, the available means she might use from prison in order to maintain contact with her children or even locate her children, any parenting programs she could register for, several Associations and support help lines, including child protection services and other services for children as well as Agencies she could refer to if she needs support or other type of advice.

➜ Respond to imprisoned mothers' concerns and responsibilities regarding their parental role by helping them to establish or maintain contact with their children and their current caregivers on a regular basis (i.e. inviting children to visit them in prison shortly after their arrest etc) in one-to-one counseling and/or group parenting programs implemented by the prisons' scientific personnel or by other external organisations.

➜ Establish the implementation of parenting programs and/or other types of support groups for imprisoned mothers on a regular basis.
  • Establish the implementation of language courses on a regular basis (as being able to speak the native language is the prerequisite for participating in any other support program).

➜ Re-assess the existing quality of children's visits in prison and
  • establish clear and unified (for all prisons of the country) regulations regarding the process of minor children's visitations in prison (i.e. duration, room, controls) and train operational staff on how to enforce them.
  • extend the duration of children's visits without a glass wall between them (by at least 1 hour)
  • establish child-friendly visitation rooms inside prisons, in regards to both the structure and decoration of the room (i.e. walls painted with colours, paintings on the walls, child-

protective carpet on the floor) as well as its furniture and available materials (separate tables and or carpets for each mother and her child/ren, toys, material for drawing, music player). These very simple, almost no budget interventions, are anticipated that will enhance both psychical and physical contact between the mother and her child/ren, strengthening thus their family ties even into such a "painful" setting as prison.

- establish into prison "Special Days" for mothers and their children, during which children could visit their mothers in prison and spend creative time together. Additionally, "Family days" can also be established in which children's current caregivers, who escort them to and from prison, will be allowed to participate, along with the incarcerated mothers and their children.

➡ Establish a routine process to record demographic and other information regarding each mother's child/ren and their whereabouts. For each incarcerated mother, the minimum data-set must include at least: number of children, sex, age, place of residency, current caregiver and contact information; an important piece of information, that must also be recorded as it is crucial in order to determine if contact with the mother is in the best interest of the child/ren, is whether the charges against the mother are related to any crime against her child/ren.

➡ Establish regular cooperation and/or strengthen the existing cooperation between Women's Prisons and agencies (Governmental and NGOs) that can provide protection, support or other types of assistance to children of imprisoned mothers and/or to their current caregivers.

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APPENDIX I
Parenting intervention projects in prison populations

1. INTERVENTION'S IDENTITY	
Project's Name	"**Helping your Child Succeed**" (HYCS)
Access (link &/or reference)	Palusci, V.J., Crum, P., Bliss R., and Bavolek S.J. (2008). Changes in parenting attitudes and knowledge among inmates and other at-risk populations after a family nurturing program. *Children and Youth Services Review, 30*, 79-89. **Link:** http://www.nurturingparenting.com/research_validation/prison_population.pdf
Responsible (organization &/ or person)	Not mentioned

IMPLEMENTATION	
Where? When? Duration	In a county jail in the USA (name not mentioned) 2000-2005 20 hours = (10 sessions x 2h each)

To whom? (if adults)	Sex	Participants' Identity	Relation to prison	How many participants?
	[X] Female [X] Male	[ ] Pregnant women [X] Mother [X] Father [ ] Other female caregiver [ ] Other male caregiver **Other:** The only eligible participants without children were prisoners registered in a substance abuse rehabilitation program in prison	[X] Prisoner* [ ] Ex-prisoner	N=836** of which 533 prisoners Females=169 Males=364

* Participant's eligibility criteria differed based on the location of the program (county substance abuse rehabilitation program, county jail batterers intervention program, residential substance abuse treatment facility, general community referrals, & community parenting camp program)
** Each class had 5-30 participants with mixed or same gender, depending on setting

Activities included	Lectures, discussion and experiential learning. Classes were conducted by trained parent counselors and social workers who followed a curriculum with sequential topics and individualized handouts. Individual and group counseling and support were included.

EVALUATION	
Evaluation Methodology	Changes in parenting knowledge and skills were measured by administering the revised Adult-Adolescent Parenting Inventory (AAPI-2) (Bavolek & Keene, 2001) before and after the implementation of the intervention program. In order to control for any confounding effects due to participants' different "risk to abuse children" the Child Abuse Potential Inventory (CAPI) (Milner, 1986) was administrated prior to the intervention in order to assess and stratify participants according to their potential for child maltreatment. Any confounding effect that age, gender, race as well as the differential attendance of classes (number of classes attended) might have on the AAPI scores was also statistically controlled. Participants were also invited to complete an open-ended evaluation form in which they could comment about the program, providers and setting.
Evaluation Results	• Inmate participants had higher CAPI abuse scale scores than parents from other settings, including community and substance abuse recovery settings • All participants demonstrated gains in their knowledge of appropriate expectations, use of empathy, use of corporal punishment and acceptance of appropriate child family roles. • Males showed greater improvement in AAPI-2 scores but lower pre-test and post-test scores than did females. • All groups had improvements of 6-16 points in total score in AAPI-2 scale, and those with higher child abuse risk had greater gains. • The score changes in the AAPI-2 scale in the jail groups were statistically similar with the batterer and community groups • No significant differences in changes in parenting attitudes were noted on the basis of age, race or location of the intervention.

USEFUL MATERIAL

Class topics included:

1. Positive attention/praise
2. Realistic and developmentally appropriate expectations
3. Family rules/ limit setting
4. Personal power/negative control
5. Managing anger
6. Corporal punishment and alternatives
7. Choices: Natural and logical consequences
8. Listening, communication and confrontation
9. Communication and confrontation
10. Assessment/seal the learning

Bavolek, S.J. (1999). *Nurturing Parenting: Teaching Empathy, Self-Worth and Discipline to School-age Children* (4th ed.). Park City UT: Family Development Resources, Inc.

2. INTERVENTION'S IDENTITY	
Project's Name	Not mentioned
Access (link &/or reference)	Kennon, S.S., Mackintosh, V.H., and Myers, B.J. (2009). Parenting education for incarcerated mothers. *Journal of Correctional Education, 60* (1), 10-30 **Link:** http://www.thefreelibrary.com/Parenting education for incarcerated mothers.-a0198414721
Responsible (organization &/ or person)	Department of Correctional Education and the Department of Corrections, Commonwealth of Virginia

IMPLEMENTATION	
Where? When? Duration	In two women's prisons in USA (a maximum-security prison and a minimum-security facility) Not mentioned 24 hours = (12 sessions x 2h each)

To whom? (if adults)	Sex	Participants' Identity	Relation to prison	How many participants?
	☒ Female ☐ Male	☐ Pregnant women ☒ Mother ☐ Father ☐ Other female caregiver ☐ Other male caregiver	☒ Prisoner ☐ Ex-prisoner **Other:**	N= 66 (each class had 12-26 participants)

Activities included	The lessons were structured with group discussion, peer support and encouragement. Videos, experiential exercises (e.g. making an audio–taped message to each child, writing letters and cards), guest visits by community experts (e.g. lawyers) and a workbook to read outside class. Individual consultation in solving practical problems, such as contacting children's schools was also provided.

EVALUATION	
Evaluation Methodology	The study was a quasi-experimental one-group design with 3 repeated measurements. The 1st measurement was conducted during a pre-session (before the implementation of the 12-session intervention), the 2nd measurement was conducted during the final session and the third measurement eight weeks after the completion of the 12-session intervention. Changes in parenting attitudes and knowledge were measured by administering (in the 3 time intervals described above): • the **Mother version of the Parental Acceptance-Rejection Questionnaire** (Mother PARQ) (Rohner, 1999) • the **Rosenberg Self-Esteem Scale** (SES) (Rosenberg, 1967) • the **Incarcerated Parents' Legal Questionnaire** created for this study in order to measure knowledge of legal issues relevant to parents' rights and responsibilities during incarceration, such as custody, visitation, responsibility to pay child support while in prison, termination of parental rights etc. • the **Communication Questionnaire** created for this study in order to measure frequency of communication with children and caregivers through visits, letters and phone calls. A questionnaire of four open-ended qualitative questions was also administered in the post-test, asking them to reflect on what they had learned in the class.

Evaluation Results	Contrasts of the three time points showed higher post-test scores (better) than pre-test in parenting attitudes (MPARQ), namely parental warmth and acceptance of the child, in self-esteem (SES) and the legal questionnaire but not for the three communication variables (visits, phone calls, letters). Follow-up scores in self-esteem(SES) were higher than post-test scores, and follow-up scores in parenting attitudes (MPARQ) were marginally higher than post-test scores.
	Scores on the *Incarcerated Parents' Legal Questionnaire* improved (increased) from pre-test to post-test, but worsened (decreased) from post-test to follow-up measurement. However the follow-up scores remained better (higher) than the pre-test scores.
	The qualitative analysis showed four themes regarding what their children needed from them: (1) love, understanding and support, (2) consistent reassurance that I care, (3) communication – letters, and phone calls and (4) to know it's not their fault.
	The intervention resulted in significant improvements in parenting warmth and mothers' self-esteem, while the themes identified from mothers' statements showed that mothers understood that children need love, letters, and consistency and that they should show the caregivers respect, gratitude and support.

USEFUL MATERIAL

Not included.

3. INTERVENTION'S IDENTITY	
Project's Name	"The Parent Education Project"
Access (link &/or reference)	Browne, D.C.H. (1989). Incarcerated mothers and parenting. *Journal of Family Violence, 4*, 211-220.
Responsible (organization &/or person)	PROGRAM for Female Offenders Inc. in Pennsylvania (NGO)

IMPLEMENTATION	
Where? **When?** **Duration**	A county jail in the USA 1984 96 hours = (48 sessions * 2h), 2 sessions per week (24-weeks)

	Sex	Participants' Identity	Relation to prison	How many participants?
To whom? (if adults)	[X] Female [ ] Male	[ ] Pregnant women [X] Mother [ ] Father [ ] Other female caregiver [ ] Other male caregiver **Other:**	[X] Prisoner [ ] Ex-prisoner **Other:**	N= 20

Activities included	The **curriculum** of the intervention was developed and field-tested by the Community Mental Health/Mental Retardation Center of St. Francis Hospital; it is entitled "The Education for Parenthood Curriculum" and covers the following four main sections: • **Needs**: this section presents the children's needs as motivators of behavior and explains how needs affect parent-child interaction on a day-to day basis. • **Emotional Involvement:** It presents Erickson's (1950) stages of emotional development, emphasizing the emotional needs of the child at each developmental stage and the different types of maternal behavior that promote healthy growth of the child. • **Development of Individual Personalities within a Family Setting:** in this section the effect of family interactions on individuals' self-concepts are also included. • **Self-Esteem:** it involves the improvement of the participants' self-esteem by learning positive communication skills. The role of their own positive self-esteem in the development of an emotionally healthy child is mentioned. A trained psychologist conducted the classes in which the Curriculum was used.

EVALUATION	
Evaluation Methodology	• The **Self-Evaluation Inventory** (SEI) (Schaefer et al., 1984) measures participants self evaluations of their personal characteristics and consists of five constructs, such as locus of control, efficacy, self-esteem, self-control and self-criticism • the **Adult Adolescent Parenting Inventory** (AAPI), which measures the parenting attitudes and knowledge were administrated in the pre-test and the post-test (immediately after the completion of the program). As for the post-measure of the AAPI, the instrument used was slightly changed in wording.

Evaluation Results	Paired t-test analyses revealed significant differences in measures of participants' Self-Esteem (in a positive direction), Beliefs in Corporal Punishment and Inappropriate Expectations (in a negative direction). There was a substantial improvement in the self-esteem scores, while efficacy, loss of control and self-criticism scores remained essentially unchanged. Strangely, mothers appeared to regress in such parenting attitudes as beliefs in the use of corporal punishment as a means of discipline or having low expectations about their children's skills after the intervention program. Browne (1989), in an effort to explain this results, which may be considered as an indication of ineffectiveness of the parenting classes, attributes this finding to the fact that only 3 out of the 48 sessions were devoted to issues of discipline methods and she argues that it might be unrealistic to expect changes in parenting attitudes after such a short intervention (6 hours).

USEFUL MATERIAL

Not included.

4. INTERVENTION'S IDENTITY

Project's Name	Not mentioned
Access (link &/ or reference)	Sandifer, J.L. (2008). Evaluating the efficacy of a parenting program for Incarcerated mothers. *The Prison Journal*, 88(3), 423-445.
Responsible (organization &/or person)	Not mentioned

IMPLEMENTATION

Where? When? Duration	A correctional institution for women in southern United States. September 2001-December 2002 72 hours = (24 sessions * 3h each), 2 sessions per week

To whom? (if adults)	**Sex**	**Participants' Identity**	**Relation to prison**	**How many participants?**
	[X] Female [ ] Male	[ ] Pregnant women [X] Mother [ ] Father [ ] Other female caregiver [ ] Other male caregiver **Other:**	[X] Prisoner [ ] Ex-prisoner **Other:**	N= 161* Treatment group (n=119) *each class had 15 to 25 participants

Activities included	A **classroom instruction** and an interactive component entitled **"Rebonding and Rebuilding (A Parenting Curriculum)"** (Meyer and Moriarty, 1995), organized into six main sections: **"Family and Child Development"**, **"Discipline"**, **"Difficult Issues"**, **"Personal Growth"**, **"Child Abuse"** and **"Special Issues for Incarcerated Parents"**, suggesting several practical methods such as practicing newly learned skills in letter writing or implementing written exercises that promote reflective self-evaluation. Suggested instructional methods included reading children's books, lecturing and using worksheets and written exercises that promote reflective self-evaluation, practicing newly learned skills through letter writing and during visitation and applying concepts learned in the classroom to life situations depicted in movies. The **interactive component** consisted of extended visitation time with a moderately structured program of activities (eg crafts and recreation) and unstructured time, during which incarcerated mothers could practice parenting skills and experience with their children. Program visits include "bonding visits" for mothers and infants, once a month, "play days" for children from 3 to 12 years old, and occasional programs for the incarcerated mothers' teenagers.

EVALUATION

Evaluation Methodology	A pre- and post-test nonequivalent comparison group quasi-experimental design was selected. • The **Parent-Child Relationship Inventory (PCRI)**, designed to measure seven skills and attitudes conducive to developing strong parent-child relationships, and • the **Adult-Adolescent Parenting Inventory (AAPI-2)** were used to assess change from Time 1 to Time 2 testing of the parenting class and comparison group participants. Eight of the 12 scales that composed the two parenting inventories were chosen to evaluate the program. Post-tests were administered on the next to last day of the parenting program for the treatment group and after a 12-week time lapse for the comparison group.

Evaluation Results	Paired sample t-tests of parenting class participants' (Time 1 and Time 2 scores on two parenting inventories showed **an increase in the parenting knowledge and skills of incarcerated mothers**. More specifically, test scores indicated increased child development knowledge, changed views of corporal punishment in a positive direction, changed attitudes toward parent-child role reversal and increased empathetic awareness of their children's needs. There was **no increase in feelings of emotional and social support, in the amount of satisfaction and pleasure derived from parenting and no statistically significant change in knowledge of parent-child communication skills**. No significant change was indicated in the comparison group of incarcerated mothers.

USEFUL MATERIAL

Not included.

5. INTERVENTION'S IDENTITY	
Project's Name	**M.I.L.K.** (Mothers Inside Loving Kids)
Access (link &/ or reference)	Moore, A.R. (1995). An evaluation of a program for incarcerated mothers: parenting training and the enhancement of self-esteem. **Link:** https://digarchive.library.vcu.edu/bitstream/handle/10156/2153/moorear_phd.pdf
Responsible (organization &/or person)	Virginia Correctional Center

IMPLEMENTATION	
Where? When? Duration	Virginia Correctional Center for Women Not mentioned Parenting classes lasted 18 hours = (9 sessions* 2h each)

To whom? (if adults)	Sex	Participants' Identity	Relation to prison	How many participants?
	☒ Female ☐ Male	☐ Pregnant women ☒ Mother ☐ Father ☐ Other female caregiver ☐ Other male caregiver **Other:**	☒ Prisoner ☐ Ex-prisoner **Other:**	N= 40 20 in contol & 20 in experimental group

Activities included	*Phase 1*
	 I. **Parent Education** (10h)
	    a) **Discipline**: Techniques teach parents effective problem solving with their children and encourage the use of natural/logical consequences in responding to children's behaviours.
	    b) **Communication**: three different forms: verbal, non verbal & symbolic. The focus is to develop appropriate communication skills with children.
	 II. **Child Development Education** (8h):
	    • course work in early childhood (0-5 years)
	    • child development 6-12 years old (middle school-aged children)
	    • adolescence (13-16 years)
	
	 Phase 2
	 • **A special day of mother-child visit**.
	 • **Support Groups for Mothers**: (max 15 participants), meet twice monthly. A trained group facilitator leads the process. The primary objective is empowerment.
	 • **Living skills classes**: (8 sessions*2h). The purpose is to give specific knowledge and skills which will enable maximum self-sufficiency upon release when re-entering the family and the community.
	
	 When the MILK participant is released Virginians for Child Abuse Prevention (VCAP) attempts to connect her with a Parents Anonymous charter or other support system to aid with the readjustment process.

EVALUATION	
Evaluation Methodology	A quasi-experimental and nonequivalent control group design was selected for this study. The design involved a control group and a comparison group to which both a pre-test and post-test were administered. The research tools were: 1. The **"Index of Self-Esteem" (ISE)** (Hudson, 1982), designed to measure the degree, severity or magnitude of a problem the interviewee may have with self-esteem. 2. The **"Nurturing Quiz"** (Bavolek, 1986), designed to assess a parent's knowledge of specific behavior management techniques 3. The **"Adult Adolescent Parenting Inventory" (AAPI)** (Bavolek, 1990), designed to access the parenting and child rearing attitudes of adults and adolescents 4. Demographic and criminal history information by using the **"Participants Demographics and Background Form"** designed by the author 5. The **"M.I.L.K. Program Survey Form"** designed to measure the degree of satisfaction of the implementation of the program. The "M.I.L.K. Program Survey Form" was administered only to the treatment group and only in post-testing, while all the other questionnaires were administered to both groups in pre-testing and post-testing.
Evaluation Results	Bivariate analyses revealed no significant differences between scores relative to treatment vs. control condition. However, the direction of scores changes fell in the desired direction on the "Nurturing Quiz" and on three subscales of the Adult-Adolescent Parenting Inventory: (I) lack of empathy for the child, (2) belief in corporal punishment, (3) reversing family roles. Namely, the program showed **positive effects regarding the acquisition of knowledge and appropriate parenting techniques**, but it **did not appear to have an impact on parenting attitudes or problems with self-esteem**. Hence, training appears to positively impact parenting techniques, but self-esteem appears to be more resistant.

USEFUL MATERIAL

Not included.

OTHER COMMENTS

The objective of this project, as described by the author, was to strengthen family relationships, by narrowing the gap between incarcerated parents, their children and the children's guardians, while the children are separated from their mother as well as to contribute to child abuse and neglect prevention and to decreasing recidivism among participants who graduate from the program.

In that sense, this project's objectives were the closest related to those of our DAPHNE project.

6. INTERVENTION'S IDENTITY

Project's Name	The Living Interactive Family Education (LIFE) program
Access (link &/ or reference)	Dunn, E., and Arbuckle, J.G. (2002). Children of incarcerated parents and enhanced visitation programs: impacts of the living interactive family education (life) program. Retrieved June 7, 2010 from: http://extension.missouri.edu/4hlife/guide/4HLIFE_guide_appendix_09.pdf
Responsible (organization &/or person)	The University Outreach and Extension of the University of Missouri.

IMPLEMENTATION

Where? When? Duration	A maximum-security prison in the USA (Missouri). 2001-2003 Not mentioned

	Sex	Participants' Identity	Relation to prison	How many participants?
To whom? (if adults)	☐ Female ☒ Male	☐ Pregnant women ☐ Mother ☒ Father ☐ Other female caregiver ☒ Other male caregiver **Other:** grandfathers, stepfathers other male caregivers and other close relatives having children between the ages of 4-19 years old	☒ Prisoner ☐ Ex-prisoner **Other:**	N= 7

	Sex	Participants' Identity	Age of participants	How many participants?
To whom? (if children)	☒ Female ☒ Male	☐ Impr. mothers' children ☒ Impr. fathers' children **Other:** grandchildren, other family members (eg nephews, nieces)	6 to 14 years old	N= 7

Activities included	There were two main components of the LIFE program: • **The 4-H** activities (meaning I pledge: My **HEAD** to clearer thinking, My **HEART** to greater loyalty, My **HANDS** to larger service, and My **HEALTH** to better living for my club, my community, my country and my world): At monthly meetings, **children and their fathers/relatives worked together** on traditional **activities** such as arts and crafts projects and curricula-based activities that focus on subjects such as conflict resolution, substance abuse resistance, teamwork, and character development.* • **Parenting training**: **Parenting classes** targeted only to incarcerated fathers/relatives and focused on areas such as **communication**, **anger management**, **teamwork**, and **positive discipline**. The inmates, played a major role in designing the format of the program, participated in an additional meeting every month to plan the upcoming program activities and helped determine policies such as membership requirements.

EVALUATION	
Evaluation Methodology	I) **A focus group interview** was conducted for incarcerated fathers/relatives after completing the program. The focus group elicited discussion on the impacts of the fathers' participation in the program on the quality of the parent-child relationship and on their child's well-being at home, in school and in the community. II) A questionnaire adapted from three different instruments (the **Rosenberg Self Esteem Scale**, the **4-H Four-Fold Youth Development Model** designed for the evaluation of this particular program and the **Life Skills Instrument**, comprised of scales such as academics and learning, problem solving, social competencies, decision making, goal setting and goal achievement) was administered in two assessment rounds to these children who had attended the program for at least three months (the time interval between the two assessments was 6 months).
Evaluation Results	I) Fathers/relatives reported that the classes had helped them to learn more effective communication skills, better discipline strategies, and other skills that had had positive effects on their relationships with their children. As for the interactive activities with their children they valued them as positive, namely providing them with new parenting skills and tools, and a greater understanding of their role. II) The correlation results suggested improvements in children's social competencies, communication skills and decision making skills.

USEFUL MATERIAL

* The constructive interaction activities (4-H activities) included the following thematic areas:

1. **Trust**: Participants played pin the tail on the donkey, with the children and fathers directing each other.
2. **Diversity and Tolerance**: Participants read excerpts from Martin Luther King's "I Have a dream" speech and discussed what the speech meant to them and how diversity and tolerance are important in society.
3. **Love and Appreciation**: Participants made Valentine's Day Cards to express appreciation for each other and other family members.
4. **Creativity**: Participants decorated Easter eggs together

7. INTERVENTION'S IDENTITY

Project's Name	Prisoners & their Families Project
Access (link &/ or reference)	**Link:** http://www.goodbeginnings.net.au/files/prisoners_families_14.PDF
Responsible (organization &/or person)	Good Beginnings, Australia

IMPLEMENTATION

Where? **When?** **Duration**	In 13 Prisons across Australia: Tasmania, South Australia, Queensland, Northern Territory, Western Australia, Victoria, New South Wales 1998 (pilot project) 2000-2004 (implementation) Parenting Programs: 14 – 24 hours (7 to 8 weeks * 2-3h per week)			
To whom? (if adults)	**Sex** [X] Female [X] Male	**Participants' Identity** [ ] Pregnant women [X] Mother [X] Father [ ] Other female caregiver [ ] Other male caregiver	**Relation to prison** [X] Prisoner [ ] Ex-prisoner **Other:**	**How many participants?** 223 prisoners 112 male 88 female 23 unspecified

Activities included	• Parent training for imprisoned mothers/fathers in prison on their roles and responsibilities as parents (Parenting Education Program) • Facilitating contact between children and their parents in prison (Parent's Days, Access to Phone Calls, Supervised Visits, Transportation for Children Visitors, Toys/Books for visits) • Assistance to prisoners on child/ family matters through counselling, information, mediation, advocacy, referral (Post-Release Support, such as home-visits to post-release prisoners and families, to aid them with their adjustment, One to One Support, namely individual counselling to prisoners) • Counselling, information and support to families affected by imprisonment of a parent (Family Support) [Finding Family Members, Programs for External Carers, Family Court Support] **Parenting Education Programs** included a series of educational sessions covering the following topics: 1. relationships and responsibilities 2. parenting and prison 3. ages and stages of children's development 4. play and enjoying being a parent 5. conflict and coping with hard times, including difficulties in communication and abuse 6. returning home - what to expect Some other parenting programs aimed to assist the participants in understanding what happened to them as children in order not to repeat poor patterns of response in the next generation.

EVALUATION	
Evaluation Methodology	Evaluated by a Melbourne consultancy, the *Success Works, via:* • a review of the relevant literature • development of an evaluation framework • development of data collection tools and a project evaluation logic map • collection of profile data for prisoners participating in the Program • tracking of a subset of prisoners participating in the Program to determine the impact of the Program over time • three rounds of site visits to each pilot location and interviews with program coordinators, program staff, prison staff, prison administrators, host organisations and members of local referral agencies • validation workshops with program coordinators and Good Beginnings' staff at key points during the project • development of an interim evaluation report in November 2003 based on the findings about the process of implementation
Evaluation Results	Only results from the process evaluation were found published: • The fact that there is diversity among the programs means that it is not possible to determine whether the content of the program is more or less successful in achieving the desired outcomes. Rather what seems to make the difference is the fact that there is a focus on prisoners as parents and prisoners have access to parental support. Thus, the results of such an intervention are positive. • The gender of the prisoners seems not to be a major determinant of the types of activities undertaken; however, coordinators in women's prisons all report spending more time negotiating visits for children in foster care or institutions and dealing with demands for crisis support through phone calls, urgent referrals and material aid. • Indigenous prisoners consisted a significant proportion of prisoners involved with the Program's activities in general but a lesser proportion participated in the parenting programs
USEFUL MATERIAL	

Not included.

8. INTERVENTION'S IDENTITY

Project's Name	Not mentioned
Access (link &/ or reference)	Eddy, B. A., Powell, M. J., Szubka, M. H., McCool, M. L., Kuntz, S. (2001). Challenges in Research with Incarcerated Parents and Importance in Violence Prevention. *American Journal of Preventive Medicine, 20* (1S), 56–62.
Responsible (organization &/or person)	Resource Development Institute, Kansas City, Missouri. The project was funded by the Centers for Disease Control and Prevention, Division of Youth Violence Prevention (Grant number: U81/CCU713461-03)

IMPLEMENTATION

Where? When? Duration	USA (local prison) 2001 4 sessions of 1-hour with time for discussion after each session

To whom? (if adults)

	Sex	Participants' Identity	Relation to prison	How many participants?
To whom? (if adults)	☒ Female ☒ Male	☐ Pregnant women ☒ Mother ☒ Father ☐ Other female caregiver ☐ Other male caregiver **Note:** The selected prisoners were parents with at least one child, between the ages of 3 and 10 years old, drug and alcohol abusers or with mental Health problems, & had contact with their child/ren at least once a month	☒ Prisoner ☐ Ex-prisoner **Other:**	90% of the sample of prisoners were males No other data regarding participants are available

To whom? (if children)

	Sex	Participants' Identity	Age of participants	How many participants?
To whom? (if children)	☒ Female ☒ Male	☒ Impr. mothers' children ☒ Impr. fathers' children **Other:**	3 -10 years old	Not mentioned

Activities included	Classroom sessions related to parenting skills, communication, problem solving and child development and a parent training curriculum developed for imprisoned parents emphasized positive reinforcement, problem solving, and alternatives to spanking as ways of preventing child abuse.

EVALUATION

Evaluation Methodology	Through self-completed standardised questionnaires and follow-up interviews with the imprisoned parent, the child, and primary caregiver at 12 months post-baseline.
Evaluation Results	Results are not reported because, according to the authors, the evaluation indicated controversial results due to radical changes in family roles and severed relationships that imprisoned parents had with their child/ren and families. Imprisoned parents' limited participation in the parenting classrooms also limits generalizable conclusions.

USEFUL MATERIAL

Not included.

Project's Coordinator

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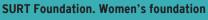Social Work Department
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External Evaluation

SURT Foundation. Women's foundation
Spain