

Parental Incarceration and Child Development: Considerations for Physicians

Approximately five million, or one in 14, U.S. children have experienced the incarceration of a parent,¹ a prevalence comparable to childhood conditions such as ADHD (one in 15) and asthma (one in 14) that are commonly encountered by physicians. Increasing attention to the social determinants of health and adverse childhood experiences (ACEs) provides the healthcare sector an opportunity to better support families affected by the criminal legal system.² In this article, we describe the characteristics and needs of children with incarcerated parents, and offer considerations for physicians.

Who is Affected by Parental Incarceration?

Most adults in jails and prisons are parents with minor children. Although a majority of incarcerated parents are fathers, the rate of maternal incarceration has outpaced paternal incarceration in recent decades.³ Because mothers are more likely than fathers to have served as the primary caregiver prior to incarceration, maternal incarceration may be particularly destabilizing to the family unit and child wellbeing. A parent's incarceration is not a single, isolated event; it is often preceded and succeeded by many other experiences that may be traumatic for children (e.g., parent arrest, court hearings) and compromise child wellbeing.

Incarceration is not evenly distributed in our communities and there are structural inequities at every level of the criminal legal system. People from racial and ethnic minority groups are more likely to be



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stopped by police, arrested, and incarcerated than white people. As a result, children of color are disproportionately impacted by their parent's incarceration. Indeed, African American children are 7.5 times more likely and Hispanic children 2.5 times more likely to have an incarcerated parent than white children.³

What are the Developmental Consequences of Parental Incarceration?

The medical and public health literature on parental incarceration is relatively nascent and is limited by certain methodological issues, such as the presence of multiple risk factors that often coexist particularly within socioeconomically disadvantaged families. Factors such as poverty, housing instability, parental substance use, parental mental illness, and aspects of the criminal legal system (e.g., witnessing the parent's criminal behavior, arrest, and/or court proceedings), all collectively shape children's development and may be difficult to disentangle within research studies.^{1,4} Nonetheless, it is clear that the incarceration of a parent within jail (typically for shorter periods of time) or prison (typically for sentences of a year or more)⁵ creates a window of risk above

and beyond that of other related experiences.

A growing body of research has documented associations between parental incarceration and adverse outcomes across the lifespan. Across the literature, associations between parental incarceration and children's outcomes often depend on a number of factors including which parent is incarcerated, and the child's age, gender, and their relationships with their parents and other caregivers.

In their recent review of longitudinal population-based studies, Poehlmann-Tynan and Turney (2021) conclude that, even after accounting for key sociodemographic factors, parental incarceration is negatively associated with outcomes across the life-course, including increased risk for behavior problems, poorer mental health, and worse academic outcomes.⁶ For example, in early and middle childhood, parental incarceration is associated with increased risk for internalizing and externalizing problems, more emotional difficulties, lower levels of school engagement, and more problems at school. In adolescence, youth with a history of parental incarceration have higher rates of internalizing and externalizing behaviors, and a higher likelihood of problems in school. In adulthood, there is evidence that parental incarceration is associated with decreased odds of completing high school and increased odds of felony convictions.

Parental incarceration likely engenders these effects through multiple pathways. Parental absence from the household—along with surrounding circumstances such as witnessing arrest—can constitute a traumatic experience that alters children's stress response systems (e.g., hypothalamus-pituitary-adrenal axis).⁷ Loss of wages and

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challenges with employment and housing post-release can strain family economic resources and subsequent uptake of health-promoting services and supports. Such stressors can also affect the parenting and mental well-being of parents—which in turn influence their capacity to build the stable, responsive parent-child relationships that underlie healthy cognitive and behavioral development.

What can Physicians do to Help?

There are a number of things that physicians can do to address the needs of children and families affected by incarceration (Table). First, physicians can integrate screening for ACEs into routine pediatric care, such as well child visits.^{8,9} In the context of an established, trusting patient-provider relationship, physicians can use nonjudgmental language to ask about household composition and changes at each visit. In addition, physicians should encourage regular appointments and closely monitor developmental milestones, academics, and social functioning. Using a two-generation approach—one that simultaneously provides support for parents/caregivers and addresses children's needs—is likely to promote family wellbeing. Physicians should identify and foster protective factors, including practices known to support development such as reading or singing together or open parent-child communication. In addition, promoting healthy relationships between children and non-parental adults (e.g., coaches, mentors), involvement in athletic or after school activities, and religious or civic groups can also be protective.¹⁰ Finally, physicians can support children and families by offering referrals for supports and services families may benefit from, including financial support, housing and childcare assistance, family therapy, and legal advocacy. When afforded resources and supports, children are capable of developing appropriately—and even thriving—despite the risks posed by the incarceration of a primary caregiver.

Ultimately, mass incarceration has impacted the lives of many families seen by the healthcare system, especially communities of color. Physicians and other healthcare providers are well-positioned to identify affected children and link them to supports that

sustain healthy developmental trajectories.

For additional information on parental incarceration and child development, see the following resources:

- Heard-Garris N, Shlafer RJ. Developmental and behavioral implications for children of incarcerated parents. UpToDate. Updated November 9, 2020.
- Martoma R. Tips to Support Children When a Parent is in Prison. American Academy of Pediatrics Healthy Children website. Updated July 1, 2020.
- Coping with Incarceration. Sesame Street in Communities website. ♦

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References on next page.

Table. Possible developmental consequences of parental incarceration with associated clinical considerations

Domain	Possible experience*	Clinical considerations
Short-term		
Socioeconomic	↓ household income ↓ employment post-release ↓ housing stability	Referral for public benefits or financial supports; sliding scale payment option for services
Custodial status	Child cared for by non-incarcerated parent, grandparent, other relative, or foster care system	Attention to caregiver coping, social support, and medical/mental health status
Behavior	↑ externalizing symptoms (e.g., disruptive behaviors) ↑ internalizing symptoms (e.g., depression)	Monitoring child emotional or behavioral symptoms using formal (e.g., Pediatric Symptom Checklist) and informal approaches
Long-term		
Cognitive/academic	↓ school readiness ↓ high school completion ↑ grade retention ↑ special education placement	Assessment of functioning, progress, and behavior in academic settings with referrals where indicated
Delinquency	↑ truancy and school discipline ↑ justice system involvement	Assessment of behavioral issues at home or school (e.g., discipline) with referrals where indicated
Physical health	↑ activation of stress response ↑ high cholesterol ↑ asthma ↑ migraines	Monitoring and promotion of child physical health (e.g., diet, sleep, exercise) despite stressful circumstances
Behavioral health	↑ depression and anxiety ↑ suicidality ↑ substance use ↑ risky sexual behaviors	Monitoring child emotional or behavioral symptoms using formal (e.g., Pediatric Symptom Checklist) and informal approaches

* Possible experiences are based on available evidence on children with incarcerated parents and may not capture the history of all affected families. Certain characteristics, such as which parent is incarcerated and the timing or duration of parental absence, influence the degree to which children are affected. Individual circumstances and needs must always be considered.

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