

Breaking Through the Bars: Exploring the Experiences of Addicted Incarcerated Parents Whose Children Are Cared for by Relatives

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ABSTRACT

Researchers conducted a series of open-ended semistructured interviews with 25 incarcerated men and women who received substance abuse treatment while their children were being cared for by relatives. Research questions were developed on the basis of the gaps in knowledge identified in the available data on addicted incarcerated parents whose children are in kinship care. Respondents in this study were asked questions designed to explore issues such as parent–child bonding, relationships with caregivers, and the impact of drug abuse and incarceration on the family. Results of this study indicate that there is a need for a multidisciplinary, wraparound approach to designing services for affected parents, children, and caregivers.

Although research on addictions, incarceration, and kinship care has attracted the interest of social workers (Beckerman, 1994; Bloom, 1995; Gaudin & Sutphen, 1993; Katz, 1998; Moon, Rolison, Akande, & Fletcher, 1994; Moon, Thompson, & Bennett, 1993; Phillips & Harm, 1996), little research is available that provides insight into the unique experiences of incarcerated parents who are receiving substance abuse treatment and whose children are being raised by relatives. Studies of incarcerated parents have shown definitive evidence that maintaining strong family bonds reduces chemical dependency, improves inmate behavior, increases postprison success, enhances parents' and children's mental health, lessens violent behavior, and facilitates family reunification. Yet many of these

incarcerated parents do not experience this beneficial contact with their extended family, especially those who are in need of extra support when recovering from drug and alcohol addiction. As rates of incarceration and drug use increase, so does the number of children being raised by relatives.

In the present study, we sought to clarify the issues encountered by incarcerated parents, their children, and relative caregivers in an attempt to develop recommendations for a multidisciplinary, wraparound approach to designing services for these families during and after incarceration. The following literature review is designed to explore kinship care issues as they relate to incarceration, addictions, incarcerated parents, and family involvement as presented in recent research.

Addictions and Incarceration

Califano (1998) reported that alcohol and drug abuse and dependency are commonly implicated in many crimes, including assaults, rapes, and homicides. Furthermore, thousands of adult individuals are sentenced for committing robberies and burglaries aimed at supporting drug habits. In 1991, the National Institute of Corrections reported that drug abusers were involved in three to five times more criminal incidents and arrested significantly more often than those who did not use drugs (Kaplan & Sasser, 1996; Moon et al., 1994). Women are more likely to serve sentences for drug-related crimes than violent crimes. In 1991, 33% of incarcerated women and 21% of incarcerated men were serving sentences for drug-related crimes (Conly, 1998; Kaplan & Sasser, 1996).

With the crack cocaine epidemic, the number of women arrested for drug offenses between 1982 and 1991 increased 89%, growing at twice the rate of men arrested during that same period (Kaplan & Sasser, 1996). In addition, women are more commonly serving time in prison for crimes against self such as prostitution, drugs, and property offenses, but they are less likely to be sentenced for crimes against others, such as violent crimes. Nearly 50% of incarcerated women commit their offenses while under the influence of drugs or alcohol (Mumola, 2000; Phillips & Bloom, 1998; Phillips & Harm, 1996; Singer, Bussey, Song, & Lunghofer, 2000; Snell & Morton, 1994; Young & Smith, 2000). In 1999, an estimated 72% of women in federal prisons were convicted of drug law violations (Greenfeld & Snell, 1999). Results of a study in which researchers examined gender differences between substance-abusing inmates indicated that women inmates report higher rates of depression and anxiety, and they experience greater employment problems and lower incomes than male inmates do (Peters, Strozier, Murrin, & Kearns, 1997).

Incarcerated Parents

Since 1991, the number of children with incarcerated mothers has increased 98%, and the number of children with incarcerated fathers has increased 58% (Mumola, 2000). In 1996, the Department of Justice reported that an estimated 76% of incarcerated women and 59% of incarcerated men were parents of dependent children (Phillips & Harm, 1996). Greenfeld and Snell (1999) reported that in 1997, approximately 2.8% of all children under the age of 18 had at least one imprisoned parent. As a result, more than 1,498,800 minor children in approximately 336,300 U.S. households were affected by the sentencing of their resident parents (Seymour, 1998; Mumola, 2000).

Researchers have reported that incarcerated fathers are more likely to depend on the children's mother or presume that the mother will provide care during incarceration. According to Mumola (2000), 28% of incarcerated women and 90% of incarcerated men reported that at least one of

their minor children was being cared for by the other parent. Although parents' experiences and relationships with their children differ before and after incarceration, one researcher found that 85% of paroled mothers had lived with their children prior to incarceration and that 84% of the mothers were living with at least some of their children after release (Hunter, 1984).

Incarcerated women tend to have unique experiences, particularly because they are more likely to be the primary caregiver for children before incarceration. Boudin (1998) examined the emotional issues of incarcerated mothers and emphasized how women's ties to their children can be sources of both pain and optimism:

When a woman goes to prison, her relationship to her children is a central emotional focus: she is torn by guilt, anxiety and a sense of failure, yet, at the same time, her child continues to be a source of hope, a connection to a part of herself, a motivation for her to change. This crisis is potentially an opportunity for enormous growth. (p. 104)

Family Involvement

The amount and quality of parental contact with children and their biological families during incarceration are important factors to explore when examining parental perceptions and experiences in correctional facilities.

Substantial evidence indicates that visits between incarcerated parents and their children are mutually beneficial. Researchers have overwhelmingly reported that family contact is an instrumental factor and critical resource that positively influences inmate behavior and postincarceration success (Hostetter & Jinnah, 1993; Kaplan, 1998; Mustin, 1987; Young & Smith, 2000). According to Holt and Miller (1972), strong familial relationships and contact during incarceration powerfully and consistently decreased violent inmate behaviors, decreased chemical dependency, and increased parole success. This can be especially important to addicted incarcerated parents in recovery from drug and alcohol abuse. Similarly, Kaplan (1998) found that religion and family were the two most reliable indicators of inmate rehabilitation. Family contact throughout incarceration often lessens the stress felt by separated parents and children while simultaneously preserving attachments, maintaining family bonds, and enhancing mental health (Hairston, 1991, 1996; Howard, 1994; Young & Smith, 2000).

Furthermore, visits with family members facilitate future reunification and reassure children that their mothers and fathers are safe. Without these visits, children often feel isolated and rejected (Katz, 1998; Young & Smith, 2000). Beckerman (1998) stated that visitation with the incarcerated mother provides significant emotional benefits to children by enabling the mother to "assure her children that she has not abandoned or rejected them" and affording children the opportunity to see the parent's environment for

themselves rather than relying on imagination (p. 525). Facilitating family connections and strengthening communication throughout the incarceration period can mitigate children's negative reactions to parental separation and alleviate some of the parents' emotional burden.

Despite the overwhelming evidence that supports the importance of parent-child visits and ongoing contact, researchers have reported that around 50% to 60% of incarcerated parents do not receive any visits from their children (Bloom, 1995; Barnhill, Petit, & Woodruff, 1998; Koban, 1983). Typically, visiting is inhibited by policies, facility practices, caregiver's distance, transportation difficulties, financial constraints, inhospitable visiting facilities, caregiver reluctance, and parental hesitation (Hairston, 1991, 1996; Seymour, 1998). For example, some parents serving short sentences in city and county jails rationalize that they will be away from home only a few weeks or months and that children are better off not seeing their parents under conditions of confinement (Hairston, 1991). Phone calls and letters are more common. However, these too are limited by a family's ability to afford expensive collect phone calls and by inadequate reading levels among some parents, children, and caregivers (Seymour, 1998; Snell & Morton, 1994).

Unequivocally, when parents are incarcerated, their children are sentenced as well and left behind as victims of their parents' crime and absence. In total, the cost of incarceration to children, families, and communities is staggering. In the present study, we sought to examine the concerns and experiences of individuals whose children are cared for by relatives in order to explore how the separate systems affecting these families can provide critical services and develop a systematic and supportive response that helps children, caregivers, and the imprisoned parents adjust to the disruption and trauma of parental incarceration and addiction.

Method

Participants

A sample of 5 male and 20 female adults incarcerated at a southern metropolitan county jail participated in this study. Participants' average duration of incarceration was 164 days. The sample met the following inclusive criteria: (a) all interview participants were parents of dependent children at the time of the interviews, (b) all were involved in a 6- to 8-week substance abuse program, and (c) all had at least one child being cared for by a relative. Participation in the study was voluntary. Eighty percent of the participants were female and 20% were male.

In this study, kinship care was conceptualized to involve relative caregiving that occurs both informally and formally within the child welfare system. *Kinship care*, for the purpose of this study, is defined as the full-time care, nurturing, and protection of children by relatives; by members of tribes, clans, or groups; or by any caring adult who has a kinship bond with a child (Barnhill et al., 1998).

Instrumentation

The research questions evolved from and were evaluated according to the interview-guided approach of grounded theory. We designed a 39-question, open-ended interview protocol, ensuring clear and appropriate language commensurate with sixth-grade reading levels. The McAdoo

Extended Family Support Scale was used during the creation of the interview instrument because it is a culturally competent measure that is strengths based and inclusive of extended family systems (Harris, 1999; McAdoo, 1977). Prior to implementing the interview protocol, we had an advisory board evaluate the instrument further; this

board comprised biological parents, kinship caregivers, and interested professionals working within various systems such as corrections, education, child welfare, and aging systems. The instrument was then pilot tested with five parents from diverse socioeconomic backgrounds within the community who did not participate in the study. The researchers made changes following feedback from the advisory board and completion and evaluation of the pilot tests.

Procedure

The interviewer visited each substance abuse class held in the county jail, described the research, explained the interview format, and articulated the inclusive criteria. Following each brief presentation, volunteers were asked to participate, and on-site interviews were scheduled. Prior to each interview, the interviewer read the consent form to the participant, answered questions, and obtained the participant's signature on the consent form. After the interview instructions were read, each open-ended interview began. Interviews were audiotaped, and notes were taken by the interviewer. These items were numerically coded to ensure participant confidentiality.

Design

Content-specific codes were progressively developed and revised as data collection continued. Descriptive statistics were used to describe participant demographics. Interpretive analyses using Atlas TI (Scolari, 2000) were used to highlight the quality and nature of parent-child interactions.

Our results also support the importance of emphasizing the strengths and resiliency of the extended family ...

Results

Demographics

Parents. The analysis of demographic variables revealed a well-distributed racial composition in the sample, and the majority of subjects were women (see Table 1). The mean age of respondents was 25 years old, with an age range from 21 to 55 years old. Each respondent was the parent of at least 1 child who was receiving kinship care.

Children. The majority of respondents (56%) had over 2 children; the average number of children was 2.9. The range of the number of children per parent was between 1 child ($n = 5$) and 11 children ($n = 1$). The age of children ranged between 4 months old and 19 years old. The mean age of the children in kinship care was 8.9 years old. Fifty-two percent of the respondents had only 1 child in care, 32% had 2 children in care, and 16% had 3 or more children in care.

Caregivers. According to respondents, 46% of the children in kinship care were residing with at least one of the participants' parents, and 24% of children were being cared for by at least one parent of the nonincarcerated parent. The largest category of primary caregivers in this study was maternal grandmothers (60%). Far fewer caregivers (16%) were reported to be paternal grandmothers, the next largest category of caregivers. Of the participants who indicated that a maternal grandmother was caring for the child(ren), 93% expressed satisfaction at having this relative care for the child(ren) in their absence.

The length of time participants reported caregivers had been caring for the children varied, with a third (33%) of the respondents citing less than 1 year and another third (33%) stating 6 to 10 years (see Figure 1). Sixty percent of respondents stated that the caregiver began taking care of their child(ren) before they went to jail, and a large majority (76%) stated that this care was continuous rather than intermittent. The majority of the respondents (68%) stated that they decided where and with whom their children would live.

Substance Abuse Patterns

All of the respondents indicated that they abused substances, and the vast majority (80%) of respondents reported polysubstance abuse (see Figure 2). Half of the polysubstance abusers reported combining drugs and alcohol, whereas the other half used multiple drugs but no alcohol. Examples of drugs commonly used by polysubstance abusers included powder cocaine, prescription drugs, and heroin. The remaining participants used crack cocaine only, alcohol only, and marijuana only. The duration of use ranged from 2 or 3 years to over 25 years. The highest percentage (20.8%) of respondents in the study indicated using substances for 9.5 to 11 years. The mean duration of substance use was 12.6 years. Eighty percent of respondents indicated that they felt drugs and alcohol had negatively affected their family.

Family Involvement

A majority (72%) of respondents stated that they had not seen their children since they were incarcerated. However, 52% claimed they had communicated with their children either by phone or letters, and 32% stated they had communicated with their children by both telephone and letters. More than 83% of respondents stated that they did not have as much contact with their children as they would want, yet 88% stated that they were responsible for initiating contact with their children. Responses concerning the location of the children's nonincarcerated parent revealed that 26% were also incarcerated, 35% were living locally, and 13% were deceased. According to the respondents, the largest percentage (41%) of the children had had no contact with the nonincarcerated parent.

Qualitative Results

Participants in this study were asked open-ended questions designed to explore their perceptions about their relationships with their children along with the impact of drug use and incarceration on the family. Several common themes emerged, including positive feelings regarding the children's placement with relatives, concern for their children and for their children's caregivers, desire for more contact with the children, apprehension about what would happen when they leave jail, and perceived connectedness with their children.

Positive feelings regarding kinship care. Many participants in this study indicated that they were aware that kinship care provides benefits to their children, and parents almost unanimously expressed their gratitude to caregivers for assuming that role. Following are some typical participant responses:

I feel thankful. If it wasn't for them my son would be in foster care or HRS, and it would have torn him apart.

Thankful I have her. She is the next best thing to me being there.

Grateful. From birth she bonded with her grandma.

I feel good. My son is well taken care of and loved.

He is doing what I wanted to do for them. I am very grateful.

Four of the respondents also described conflicted feelings about the caregivers; appreciation was mixed with feelings of jealousy, anger, or criticism of the caregiver:

Grateful, but jealous.

A lot of gratitude, as angry as I feel. They [my aunts] are judgmental.

Really glad, but jealous, like crazy.

Concern for their children. Many of the participants' comments indicated that they believed their substance abuse and incarceration have negatively impacted the children. They often expressed regret and concern for the children. Here are some typical responses:

The children have a lot of issues that need to be dealt with.

I didn't realize how I hurt them until I saw how my husband hurt me through his drug use.

The hurt in their eyes is something I never want to see again.

I never want them to experience what I've been through because of drugs and alcohol.

My children told me they were sentenced, too, and we are now jailed apart.

Concern for their children's caregivers. Comments indicated parental recognition of the stressors inherent to the caregiving experience in areas such as finances and health. Following are some typical responses:

She struggles. I have put a lot on her and made life harder for her.

I hope she gets into a better financial situation and gets out of that hole and into a new house.

I hope she never goes into a nursing home.

I hope they have better health.

She has no insurance.

[I wish] for her to not have so much stress.

Desire for personal contact with children. The majority of participants stated their desire for more in-person contact with their children, emphasizing the importance of physical contact. Here are some comments:

I would like to hold her and to be on the same side of the glass. I would like to be able to kiss, hold, hug, and love her.

I wish they could come see me.

Don't really have any contact since visits are through the glass, and we talk over the phone during visits. I would like contact during visits.

I want him to come visit me every weekend. I just want to see him more often.

Apprehension about what will happen when they leave jail. The comments of many participants indicated that they rec-

ognized they would face challenges when they left jail in areas such as finding a job and housing and staying away from drugs and alcohol. But the majority of concerns that they raised dealt with building trust and reuniting with family:

My mom might throw my past back in my face.

I am scared of failing as a father; scared they won't respect me [and] may use this against me.

To jump back into their life is gonna be upsetting and confusing, but eventually I would like to have them home.

My aunt does not want me to take my daughter back from her.

He [my son] gonna be a teenager soon, and that will be harder to deal with.

Perceived connectedness with children. Despite being separated from their families because of incarceration and substance abuse, many parents in this study described connectedness to their families through perceived shared experiences and values in several areas. Parallel themes were evident in areas such as their reports of how they and the children were handling their separation (see Table 2) and their very similar hopes and dreams for themselves and the children (see Table 3). Twenty-one respondents stated that their dreams involved rebuilding a family, further illustrating their desire for connectedness with the children.

Discussion

On Kinship Care

The results reveal a pattern of kinship care that differs from the pattern in some child welfare literature. Whereas research suggests that incarceration typically initiates the kinship care situation (Seymour, 1998), our results reveal that kinship care often began prior to incarceration. In addition, although most kinship care situations are thought to involve intermittent care provided by the relative caregiver, our findings suggest that the largest percentage of the sample considered care continuous. In fact, results showed that one third of children had been in kinship care for 6 to 10 years, which indicates that many children lived with a kinship caregiver for the majority of their childhood years.

Because so many parents in this study reported that children had continuously resided with relative caregivers for a long period of time beginning before the parents' incarceration, the children may have experienced minimal disruption while developing strong bonds with extended family members. Hence, the findings of this study may support research contending that kinship care can minimize the disruption of youth when separated from parental care (Crumbley & Little, 1997).

In a child welfare context, situations of relative caregiving that do not involve any physical removal of the child from

his or her place of residence but instead involve a change in custodial arrangement of a child are called *nonremoval placements* (Testa, 1997). In examining kinship care in Illinois, Testa (1997) found 18% of all Chicago kinship placements to be nonremoval placements. Children who reside in the home of a relative prior to child welfare system involvement can perceive familiarity and security that promotes positive development and strong family bonds with extended family members. In this study on addicted incarcerated parents, it was reported that one third of the children experienced nonremoval from a relative's home.

Our results also support the importance of emphasizing the strengths and resiliency of the extended family, which enable the family to take care of one another during times of crisis and conflict. Familial sense of duty and responsibility have long been demonstrated in African American families' reliance on extended family members to provide informal support to one another (Brown, Cohon, & Wheeler, 2002; Burton, 1995; Crosbie-Burnett & Lewis, 1999).

Numerous researchers have identified grandmothers as the kinship caregivers most likely to take on the role of rearing their incarcerated sons' and daughters' children (Hairston, 1991; Mumola, 2000). The incarcerated parents in this study were also more prone to identify maternal grandmothers as the preferred caregiver to take on the responsibilities of raising their children.

On Substance Abuse

Drug use occurred over many years for the majority of respondents, often beginning in adolescence. It can thus be inferred that drug abuse may have affected the incarcerated parent's developmental life course and maturation process, which may in turn have had a negative impact on their parenting skills and relationships with their children. Because one third of the children in the study have resided in the home of a relative consistently for between 6 and 10 years, these children may be less likely to experience the damaging effects of parental substance abuse. However, even without consistent direct exposure, the parents' drug abuse may still have had a negative impact on their children, especially if the biological parent had intermittent face-to-face contact with children during relative care. The incarcerated parents' comments in this study indicate that they believe their substance abuse and incarceration had harmful effects on the children. They also often voiced concerns about the children's well-being and hopes that the children would not repeat their pattern of substance abuse and imprisonment. Because the children of substance abusers are often raised in kinship environments, kinship care programs may benefit from including drug prevention programs for the children currently in care in order to prevent the cycle of substance abuse and incarceration.

On Family Involvement

Although research has shown that family visits with incarcerated parents are beneficial to parents and their chil-

dren (Hairston, 1991, 1996; Howard, 1994; Young & Smith, 2000), and parents have indicated that they wished for more physical contact with their children, our results indicate that most of the respondents have not seen their children at all since being incarcerated. This lack of in-person visitation could suggest that the family structure is fragmented in a way that alienates the incarcerated parent while bonding the children with the relative caregiver. However, after reviewing the responses, the incarcerated parents' feelings about their own absence from their family and their perceived feelings about how their children experience the separation often appear to be similar. This may suggest that although the incarcerated parents have little or no regular in-person contact with their children, the parents may still feel very connected and bonded with their children, even when the children are receiving care from a relative. The perception of shared experiences and connectedness may function as a coping mechanism for the absentee parent and/or as a defense mechanism that helps them psychologically manage incarceration better. Despite the absence and period of adversity in their family life, the parents' comments indicated a mutual connectedness with their children when they discussed feelings about separation and hopes for the future.

This perceived parallel experience was first noted when the incarcerated parents were asked about how they handled being separated from their children. The quotations in Table 2 illustrate feelings of sadness and grief along with the use of coping mechanisms, such as suppression and acting out. At the same time, when asked about how their children dealt with this separation, the parents' responses often paralleled their own feelings and use of coping mechanisms. Another domain in which the parents articulated a bond with their children was their shared hopes and dreams (see Table 3). When asked about their hopes and dreams for themselves and for their children, again common statements were made and mutual themes were derived.

None of the parents in the sample indicated that their children were faring better in their absence, although this may be a reality for many of the children who flourish in the safe and stable home of a relative. The parents may have projected their own feelings when describing their children's reactions in order to help them cope with separation, deal with past mistakes, or otherwise better manage their restrictive lifestyle. However, the parents appeared to recognize the needs and concerns caregivers may have experienced when raising relative children. The parental perceptions of the caregiver suggested recognition of the sacrifices, the losses, and the stressors associated with caring for children, along with the joys of parenting. With this recognition, some parents indicated contradictory feelings of appreciation and jealousy for the caregiver.

Results reveal that not only did children lack visitation with their incarcerated parent, but also that a majority of children did not have any relationship with their second parent. This suggests that the children were deprived of

relationships with both parents and also that the kinship caregiver often did not receive any parental support for caring for the child. Although most of the incarcerated parents claimed that they were responsible for arranging to see their children, it appeared that they did not initiate this contact with their children. This finding suggests that kinship care programs may need to encourage and/or facilitate in-person visitations with children in care, their incarcerated parents, extended family members, and relative caregivers. Regular in-person visitation or other ongoing communication between incarcerated parents and their families may also help in reducing parents' apprehension about reuniting with their families following release from prison and may lead to more harmonious long-term family relations.

Study Limitations

It is important to note that the findings of this study are based on a small sample of 25 incarcerated, substance-abusing mothers and fathers whose children are cared for by relatives. Because this data was collected from a single county jail, the generalizability of the sample's findings may be questionable. It should be noted, however, that the state selected for this study is very diverse both demographically and geographically. Second, the study was designed using inclusionary data to determine a stratified sample because of the specific characteristics on which the researchers intended to focus. This could also affect this study's generalizability to a different population. Last, the survey tool was designed to focus on parental perception that was self-reported to the interviewer. The study's validity may be affected because of this self-report method.

Further Research

Further research is needed to confirm or deny the findings and to continue the quest to learn more about how social workers can best understand and therefore better serve kinship caregiving families. In addition, more research needs to be conducted that examines the best ways to coordinate systems of care that incorporate substance abuse treatment, that utilize criminal justice supportive services, and that employ child welfare support for relative caregiving families affected by incarceration and addiction. Finally, more research is needed to compare the experiences of children of addicted incarcerated parents with the experiences of children involved in kinship foster care within the child welfare system, especially regarding nonremoval placements.

Implications for Practice

Members of many systems of care, such as child welfare and criminal justice, have been concerned with the devastating effects of substance abuse on the family unit, especially its impact on children (Bloom, 1995; Boudin, 1998; Gaudin & Sutphen, 1993). With skyrocketing incidences of crimes related to substance abuse, more and more parents are being incarcerated (Mumola, 2000). In these times of

crisis, extended family helping traditions may be employed to maintain family bonds and provide a safe and stable home for the children left behind (Crumbley & Little, 1997). According to the reports of the addicted incarcerated parents described in this study, a large number of their children have lived for many years in the care of a relative prior to their incarceration. This suggests that families are supporting one another and valuing traditional helping patterns before any system involvement. This family helping tradition, especially when family members are battling the effects of substance abuse within the family, is a strength that should be recognized more often and emphasized by professionals at the initiation of system involvement. Encouraging ongoing involvement between incarcerated parents, their children, and relative caregivers may also prove to further build family bonds and empower family members. Because of the prevalence of substance abuse leading to kinship care arrangements and the added negative impact parents' substance abuse may have on the children, it may also be beneficial for kinship care programs to offer prevention and early-intervention programs aimed at ending the cycle of substance abuse and incarceration.

With the average duration of substance abuse by the parents at almost 13 years, these men and women will need not only assistance maintaining their recovery, but also help in relearning the roles and responsibilities of reliable parenting. If parenting education classes were available in more correctional facilities, these parents would have more opportunities to learn new behaviors and take positive steps toward planning for their release. Also, prison release programs can refer parents to available support groups for substance abuse recovery that are specifically designed for parents. These groups can offer child care, and members can discuss issues that encourage substance abuse prevention for children.

Professionals working in substance abuse treatment, child welfare, and corrections can benefit from gaining a better understanding of incarcerated parents' feelings and concerns about being separated from their children and the resulting impact on the children and relative caregivers. This awareness can contribute to treatment relationships that encourage an improved sense of self, more support for substance abuse recovery, and stronger familial relationships for incarcerated parents. We recommend that social workers include the biological parent in family decision making and facilitate visitation with all members of the kinship family system in order to help strengthen the parents' self-perception as well as their understanding of the children and relative caregiver. This inclusive process should also contribute to the effectiveness of social work interventions and program development for kinship family systems while leading to more successful reunification of parents who are released from prison with their families.

Unfortunately, few researchers have examined the impact of child welfare policies on those families involved in the criminal justice system (Hairston, 1998). System coordina-

tion must be encouraged in the areas of practice, policy, and research if family strengths are to be fully utilized throughout this family helping practice of kinship care. By developing coordinated, multidisciplinary case plans that address the diverse needs of incarcerated parents, their children, and relative caregivers, professionals may effectively empower kin families involved in multiple systems.

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