FRIENDS WORLD COMMITTEE FOR CONSULTATION (QUAKERS)

Avenue du Mervelet 13

CH-1209 Geneva, Switzerland



**Quaker United Nations Office**

Tel +41 (22) 748-4801

Fax +41 (22) 748-4819

Email [orobertson@quno.ch](mailto:orobertson@quno.ch)

www.quno.org

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**Submission: Study on Children’s Right to Health**

Summary

This submission has two sections, both related to the health impacts on children of having a parent incarcerated, in particular the effects on their mental health and wellbeing. Section one focuses on the emerging findings of the COPING Project, a three-year, pan-European study funded by the European Union into the mental health and resilience of children of incarcerated parents. It finds that a significant minority of children with incarcerated parents are at high risk of mental health problems and describes in detail the ways such problems can manifest, as well as available sources of resilience and barriers to realisation of health.

Section two focuses on children whose parents have been sentenced to death or executed, and the particular impact of such a sentence on the children’s wellbeing and mental health. It describes the emotional and psychological impact on children of having a parent sentenced to death or executed and highlights the public health aspect of capital punishment.

The issues raised in both section affect the child’s right to the highest attainable standard of health. However, as decisions about parental incarceration or execution are usually made without consideration of the impact of such decisions on the child, they fail to comply with CRC Article 3. Compliance with Article 2(2) (non-discrimination on the basis of the parent’s status or activities) may also be compromised if the child’s access to support or services are denied or restricted because of the parent’s crime.

SECTION ONE

CHILDREN OF INCARCERATED PARENTS

NB. Findings in this section come from the COPING Project (Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health), a three-year EU-funded study that is due to complete on 31 December 2012. All findings stated here are final and complete; however, other findings may emerge between the date of submission (1 October 2012) and the end of the Project.

Background

National, regional and international research is showing that when a parent is imprisoned, it can affect many parts of their children’s lives. Academic and policy studies have repeatedly shown that following parental incarceration, children can suffer change or deterioration in their living situation and conditions, contact with the imprisoned parent, financial situation, relationships with others and, most relevant for this submission, physical and mental health and wellbeing.[[1]](#footnote-1)

International attention to the issue has grown in recent years. The UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) include multiple references to children of women prisoners, both those living in prison with a mother and children living in the community.[[2]](#footnote-2) In 2011 the Committee on the Rights of the Child devoted its Day of General Discussion to ‘children of incarcerated parents’[[3]](#footnote-3) and the 2012 Human Rights Council Full-day Discussion on the Rights of the Child, on the topic ‘children and the administration of justice’, included discussion on children of incarcerated parents.[[4]](#footnote-4) The HRC’s 2012 omnibus resolution on the rights of the child (A/HRC/19/L.31) included a section on children of incarcerated parents for the first time (OP 66-69).

Recent findings from the COPING Project

The findings presented below are specific to the four European countries studied as part of the COPING Project. Many of the findings will be relevant to other countries, but some interventions in particular may not be universally applicable. Many findings and interventions are preventative in nature, working to ensure that the mental health issues that affect some children do not develop in others.

The COPING Project used quantitative and qualitative methods to gather information about children of prisoners in Germany, Romania, Sweden and the United Kingdom. More information about these methods is included in Annexe 1.

Statistical analysis of the quantitative data found that in Germany, Sweden and the UK at least 25% of children of incarcerated parents aged 11 years or over – according to their parent/carers’ ratings – are at a ‘high’ risk of mental health problems when compared to the general UK population.[[5]](#footnote-5) This figure rose to over 50% for children in Romania. Children appeared to be at particular risk of internalising difficulties (emotional problems) and having difficulties with peers, rather than externalising problems (hyperactivity and conduct problems). Analysis of children’s self-esteem was more mixed, with children of incarcerated parents in Germany and Romania having reliably higher average (mean) self-esteem scores than their respective country norms, whereas UK children had reliably lower self-esteem than children in the general population.

Qualitative results across the four countries provided additional detail to these findings. Internalising problems included emotions such as sadness, isolation and withdrawal; externalising problems included anger and antisocial behaviour. Other behaviours following parental incarceration included lying and attempted suicide. Some children experienced psychosomatic symptoms such as headaches, pain in the stomach and bed-wetting, while others developed separation anxiety following the loss of their parent.

There were significant differences according to age, prior relationship with the incarcerated parent and the child’s individual character and situation. The child’s situation could reflect the response of their incarcerated and non-incarcerated parents and carers, with children’s mental health and wellbeing declining when parents/carers coped poorly with imprisonment; conversely, when parents/carers could support children and speak only about the situation with them, children’s resilience could increase. Children who were not told what had happened to their parent experienced anxiety and worry about their parent’s situation. While being told about the incarceration could aid resilience, some children experienced anxiety and stress if they felt they had to keep the incarceration secret, which affected other aspects of life, such as contact with friends and academic achievement.

In certain situations, including but not limited to those that involved parental abuse, the child’s physical and emotional wellbeing can improve following parental imprisonment.

The quality of contact with the incarcerated parent, in-person and indirectly, had a major impact on the child’s quality of life. Good quality interactions generally involved ‘normalising’ the contact and making it closer to the interaction that would take place in the community. Examples of changes that improved visit quality included:

* allowing longer and more frequent visits (themselves aided by having the parent incarcerated close to home);
* allowing physical contact between parent and child;
* having special child-friendly areas;
* having staff who interact in a child-friendly manner;
* having age-appropriate activities for the children to do with the incarcerated parent;
* allowing privacy during visits;
* allowing visits in the community rather than in prison; and
* permitting overnight stays.

Examples of changes that improved indirect contact included:

* allowing children to communicate with incarcerated parents in ways with which they are familiar (SMS and electronic communication, rather than telephone calls and letters);
* allowing children to phone the parent and to have telephone contact at times of their choosing, rather than requiring the incarcerated parent to initiate the call at times prescribed by the prison; and
* supporting incarcerated parents to record messages or bedtime stories, which their children can then watch or listen to

Other identified sources of support included:

* Stability in other areas of life, including home, daily routine and social environment.
* Having a confidante to whom the child can talk. This may differ by age and can include teachers or other school staff like school nurses (for smaller children) or peers (for older children).
* Listening to music, playing computer games, spending time with friends or other activities to distract them from thinking about the imprisoned parent all the time.
* Counselling for children and families, such as family counselling that includes the imprisoned parent.
* Interventions and support by social services and other statutory support agencies, particularly when they intervene to remove a child from a harmful situation.

There are various barriers to the realisation of health for children of imprisoned parents. Existing financial difficulties could often be exacerbated by parental imprisonment, with families incurring more costs (visiting imprisoned parents and potentially providing direct financial support to the prisoner) and having less income (loss of earnings from the imprisoned parent and loss/denial of state benefits, for which prisoners’ families are often ineligible). Lack of money or parental time to support children undertaking leisure activities can prevent children accessing a ‘problem-free’ part of their lives in which they can develop self-esteem through achievement. Ignorance about the needs of children of incarcerated parents among providers of mental health and other services can mean the children do not receive the support they need; conversely, children may be unaware of the support available. Bullying and stigma can make children and their non-incarcerated parents/carers unwilling to access support, even when it available. Finally, poor interaction between different service providers (e.g. social workers being unaware of key dates in the parent’s sentence and therefore unable to support children around those dates) can damage the quality of the service that children receive.

Recommendations for governments and decision-makers:

* Criminal justice professionals, in particular judges and sentencers, should include the best interests of the child as a primary consideration when making decisions about their parent, in particular decisions on incarceration and release.
* Training for health and criminal justice professionals should include information about the impact of parental incarceration on children, including the health impacts.
* Governments should recognise children of prisoners as a group in need of particular support and assistance.

SECTION TWO

CHILDREN OF PARENTS SENTENCED TO DEATH OR EXECUTED

While many impacts of parental incarceration also occur when a parent is sentenced to death or executed, there is a small but growing body of evidence that documents the specific and serious mental and physical health implications of this sentence. This evidence, from around the world, highlights the public health implications of capital punishment, in particular the major and under-recognised implications for the health of the children of the offender.

Children endure emotional and psychological distress from major grief and trauma. The family's financial situation is often affected, with implications for the child's access to adequate food and medical care. This is especially true in legal systems where the family of the offender is required to pay 'blood money' to the family of the victim[[6]](#footnote-6). In some countries, especially where the death sentence is routinely applied in cases of murder by domestic violence, the child loses both parents and often ends up on the street. It is widely acknowledged that poor health is a chronic problem for street children around the world (see WHO 2000).

Recent studies in the USA reveal the major psychological distress experienced by children and family members of inmates sentenced to death in the USA (Long 2011, Beck, Britto and Andrews 2007, Jones and Beck 2006, King 2003, 2006, 2007, Sharp 2005). Findings consistently suggest that the death sentence and execution of a parent has psychological impacts on the child, characterised by symptoms corresponding with post-traumatic stress disorder, ambiguous loss and complicated and disenfranchised grief (Long 2011, Beck, Britto, and Andrews 2007, Jones and Beck, 2006, Sharp and 2005).

Qualitative and anecdotal evidence from the People's Republic of China, Jamaica, Uganda and the Islamic Republic of Iran also point to serious psychological and emotional repercussions for the child of a parent sentenced to death (Kearney 2012 and forthcoming).

Furthermore, evidence suggests that the health implications for children extend beyond the immediate family members. Psychiatrists in the Islamic Republic of Iran have studied the prevalence of post-traumatic stress disorder in primary school children after seeing a criminal hanged outside their school (Attari et al 2007). They studied 200 children aged 7-11 and identified symptoms of post-traumatic stress disorder in 104 children (52%), with 88 suffering re-experiences, 24 avoidance and 62 hyperarousal. The mean stress severity was moderate to severe. The study highlights the serious emotional effects on children who witness traumatic events.

ANNEXE 1: METHODS USED IN THE COPING PROJECT

**Questionnaires** were administered to approximately 800 individuals (children and non-imprisoned parents/carers) across the four studied countries of Germany, Romania, Sweden and the UK; embedded in these were four existing studies recording mental health and wellbeing, to allow for cross-comparison with the general population of children in each country. The embedded studies were:

The Goodman Strengths and Difficulties Questionnaire (SDQ) – to identify possible

mental health problems and the impact these have for the child

The Rosenberg Self-Esteem Scale (SES) – to identify levels of self-esteem

In addition to these, two further studies measuring quality of life were included (KIDSCREEN and the WHO Quality of Life questionnaire), but analysis of these is incomplete at date of submission.

**In-depth interviews** were conducted with around 40 children and their incarcerated and non-incarcerated parents/carers in each country, to understand their situation in greater detail.

**Stakeholder consultations** were conducted with selected other groups that engaged with children of incarcerated parents (prison staff, social workers, schools, NGOs, staff in institutional homes caring for children and government officials), and with the children, imprisoned parents and non-imprisoned parent/carers to talk about the issues more widely (not focussing on their personal situation).

**Mapping of services and interventions** available to children of prisoners in the four countries was undertaken. It included services focused specifically on children of prisoners in prisons and in the community, other non-specialised services used by children of prisoners, and mental health services used by children of prisoners.

The COPING Project used a positive, child-focused approach that emphasised children’s coping and resilience. In each country, an academic institution and a relevant non-governmental organisation conducted the research. Ethical approval was obtained for the project in each of the four core countries, from the relevant academic institutions and from prison authorities. Consent was obtained from families and other stakeholders when conducting research with them.

1. Liz Ayre, Kate Philbrick & Marielle Reiss (2006) *Children of imprisoned parents: European perspectives on good practice*, Eurochips; Social Care Institute for Excellence (2008) *Children of prisoners – maintaining family ties*, available at <http://www.scie.org.uk/publications/guides/guide22/index.asp> (accessed 1 October 2012); Oliver Robertson (2012) *Collateral Convicts: Children of incarcerated parents: Recommendations and good practice from the UN Committee on the Rights of the Child Day of General Discussion 2011*, Geneva, QUNO; Joseph Murray (2007) ‘The Cycle of Punishment: Social exclusion of prisoners and their children’ in Criminology and Criminal Justice 7(1): 55-81 [↑](#footnote-ref-1)
2. To view the text of the GA Resolution go to: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/526/28/PDF/N1052628.pdf?OpenElement>. To view the accompanying commentary, go to: <http://www.unodc.org/documents/justice-and-prison-reform/Expert-group-meeting-Bangkok/ECN152009_CRP8.pdf> [↑](#footnote-ref-2)
3. The official report of the 2011 DGD is available at: <http://www2.ohchr.org/english/bodies/crc/docs/discussion/2011CRCDGDReport.pdf> and a longer report by QUNO, detailing the recommendations and good practice, is available at: <http://quno.org/geneva/pdf/humanrights/women-in-prison/201203Analytical-DGD-Report-internet.pdf>. [↑](#footnote-ref-3)
4. The report of the discussion is available at A/HRC/21/31. [↑](#footnote-ref-4)
5. Analysis of findings compared to individual country norms is ongoing. A supplement to this submission with such information can be provided on request, from early November 2012. [↑](#footnote-ref-5)
6. *Diyeh* or *diyya* in Islamic countries, *mimaikin* in Japan. *hapuigeum* in Korea and blood money in Xeer, the Somali people's customary law. [↑](#footnote-ref-6)