



TESTIMONY TO MODIFY RAISED H.B. 5001

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Good afternoon Chairs and Honorable members of the Public Health and Children Committees, My name is Aileen Keays and I direct the Connecticut Children with Incarcerated Parents, or "CTCIP", Initiative within the Institute for Municipal & Regional Policy at the University of Connecticut. With me is my colleague, Irvine Peck's-Agaya. The CTCIP Initiative's mission is to improve the quality of supports for children with incarcerated parents (CIP) by using the various data and knowledge it gains to inform public policy and practice.

I am here to testify in support of Raised House Bill 5001, AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

Prior to COVID, the potential negative health, wellbeing, and educational impact of parental incarceration on children was finally coming to light, thanks to quality research.

Having an incarcerated household member has been recognized as an adverse childhood experience (ACE) by the Centers for Disease Control and Prevention "that significantly increases the likelihood of long-term negative outcomes for children"¹. However, it is distinguished from other ACEs by its unique combination of trauma, stigma and shame².

¹ Fetelli, V. J., Anda, R. F., Nordenberg, D., Williamson, D., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), pp 245-258.

² Bates, R. E., Lawrence-Wills, S., & Hairston, C. F. (2003). *Children and families of incarcerated parents: A view from the ground*. Chicago, IL: University of Illinois at Chicago, Jane Addams College of Social Work, Jane Addams Center for Social Policy and Research, Chicago, Illinois.

In 2014, Dr. Kristin Turney released findings from her research that demonstrated when demographics, socioeconomic status and familial characteristics were controlled for, parental incarceration was *independently* associated with:

- learning disabilities,
- attention deficit disorder and attention deficit hyperactivity disorder,
- behavioral or conduct problems,
- developmental delays, and
- speech or language problems.

As the author stated in her report, “results of this study suggest that children’s health disadvantages are an overlooked and unintended consequence of mass incarceration”³.

This snapshot of the potential poor health outcomes for children enduring parental incarceration were captured under pre-COVID conditions. The health and wellbeing of children impacted by parental incarceration has certainly been significantly impacted by COVID and its ripple effects. The Department of Correction suddenly stopped all in-person visits from March into October of 2020 (and then again just before this past Christmas). This was at a time when children were experiencing anxiety, fear, and confusion over their schools being closed to in-person learning, the kids’ inability to play with friends and visit family members. Programs and other supports that may normally provide CIP with positive distractions, connections, and support were also halted.

We also know that due to the disparate rates of incarcerating Black and brown parents, our CIP are disproportionately Black and brown also. Further, we know that Black and brown families have been disproportionately impacted by COVID. Therefore, I want to respectfully request that this committee consider intentionally including these children in supportive mental health programming and services including requiring that parent-child visits in correctional facilities be protected and permitted to continue (under pre-COVID guidelines for safety and security) and the implementation of teletherapy services for incarcerated parents and their children to repair the connections that have been significantly disrupted due to the state’s COVID response.

Studies show that a child’s separation from their parent alone can cause trauma⁴, and that trauma and toxic stress early in life can disrupt brain architecture⁵. These changes negatively

³ Turney, K. (2014). Stress Proliferation across Generations? Examining the Relationship between Parental Incarceration and Childhood Health. *Journal of Health and Social Behavior*, 55(3), 302 – 319.

⁴ Carrion VG, Weems CF, Bradley T. 2010. Natural disasters and the neurodevelopmental response to trauma in childhood: a brief overview and call to action. *Future Neurol.* 5(5):667–74

⁵ National Scientific Council on the Developing Child. (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3. Updated Edition.
<http://www.developingchild.harvard.edu>

impact child development and have been shown to effect impulse control, cause and effect learning, predictability, emotional regulation and reciprocal engagement⁶. Parents are, of course, responsible for their children in their role as parents. However, the state is also responsible for ensuring the safety, wellbeing and education of children. Therefore, when a child is facing the potential severe and lifelong negative health outcomes associated with having a parent in prison, we argue that the state has a responsibility to consider such consequences and seek to prevent unnecessary harm while, of course, promoting public safety and holding the parent accountable for their action(s). Therefore, we respectfully request the committees provide support specifically for children with incarcerated parents in H.B. 5001.

Thank you for your time, I would be happy to respond to any questions.

⁶ Adalist-Estrin, Ann. (2014). Children with Criminal Justice Involved Parents: Training for WOCM Model Probation Officers and Case Managers. The National Resource Center for Children and Families of the Incarcerated.