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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by the Friends World Committee for Consultation (Quakers), a non-governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[11 February 2013]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

The mental health of children of prisoners (including children of parents sentenced to death or executed)

Friends World Committee for Consultation (Quakers) would like to draw the Human Rights Council's attention to the issue of the health impacts on children of having a parent incarcerated, in particular the effects on their mental health and wellbeing.

The recently-completed COPING Project, a three-year, pan-European study funded by the European Union, investigated the mental health and resilience of children of incarcerated parents. It found that at least 25% of children of incarcerated parents aged 11 years or over in Germany, Sweden and the UK – according to their parent/carers' ratings – are at a 'high' risk of mental health problems when compared to the general UK population. 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). 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 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 abuse by the incarcerated parent, 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 is 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.

Friends World Committee for Consultation (Quakers) would also like to inform the Council about the impact on children's wellbeing and mental health of having a parent 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.¹ 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.²

Recent studies in the USA reveal the major psychological distress experienced by children and family members of inmates sentenced to death in the USA.³ 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.⁴

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.⁵

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 an offender hanged outside their school.⁶ 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.

FWCC (Quakers) calls on the UN Human Rights Council to urge States to:

- Ensure that all criminal justice professionals, in particular judges and sentencers, include the best interests of the child as a primary consideration when making decisions about their parent, in particular decisions on incarceration and release.
- Consider the impact on children, including the mental health impact, of sentencing a parent of theirs to death or executing a parent.

¹ Diyah or diyaa in Islamic countries, mimaikin in Japan. hapuigeum in Korea and blood money in Xeer, the Somali people's customary law.

² World Health Organisation (2000) Special Project on the Health of Street Children, WHO: Geneva.

³ Walter Long (2011) 'Trauma therapy for death row families' in *Journal of Trauma and Dissociation*; Elizabeth Beck, Sarah Britto and Arlene Andrews (2007) *In the shadow of death: restorative justice and death row families*, New York: Oxford University Press; Sandra Jones and Elizabeth Beck (2006) *Disenfranchised grief and nonfinite loss as experienced by the families of death row inmates*, Omega; Rachel King (2003) *Capital consequences: families of the condemned tell their stories*, New Brunswick: Rutgers University Press; Rachel King (2006) 'The impact of capital punishment on families of defendants and murder victims' family members' in *Judicature* 89:292-296; Rachel King (2007) 'No due process: how the death penalty violates the constitutional rights of the family members of death row prisoners' in *Boston University Public Interest Law Journal* 16:195-253; Susan Sharp (2005) *Hidden victims: The effects of the death penalty on families of the accused*, New Brunswick: Rutgers.

⁴ Long (2011); Beck, Britto and Andrews (2007); Jones and Beck (2006); Sharp (2005) (details as above).

⁵ Helen F Kearney (2012) *Children of parents sentenced to death*, Geneva: Quaker United Nations Office.

⁶ A. Attari, S. Dashty and M. Mahmoodi (2006) 'Post-traumatic stress disorder in children witnessing a public hanging in the Islamic Republic of Iran' in *La Revue de Santé de la Méditerranée orientale* 12(1/2).

- Ensure that training for health and criminal justice professionals includes information about the impact of parental incarceration on children, including the health impacts.
 - Recognise children of prisoners as a group in need of particular support and assistance.
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