Fifty-two percent of individuals incarcerated in state prisons and 63% of individuals in federal prisons are parents of minor children and many of them (22% of the children of state inmates and 16% of the children of federal inmates) are under the age of 5 years [1]. Research has demonstrated that children who have been exposed to arrest of a family member are significantly more likely to have been the victims of, or witness to, a broader range of violent and nonviolent crimes in their homes including child maltreatment or the use/selling of illegal substances [2-4]. Children exposed to the arrest of their parent have a greater likelihood of developing serious emotional and behavioral problems than children without this history [5], including children from the general population [6] and children from high-risk populations such as those involved in the child welfare system [7]. Given that the coping skills of young children are less developed than older children, they are at particular risk for negative outcomes associated with the arrest of a family member [8]. Besides the trauma of experiencing the arrest itself, young children in particular may also be affected by the sudden separation from a parent or primary caregiver [9]. While minimizing children’s exposure to the potentially frightening experiences often associated with arrest is needed, most localities do not have policies or procedures in place to screen for exposure to arrest or provide services to this vulnerable population of children [10]. Policies and procedures that allow for collaboration across systems (i.e., Law Enforcement, Child Protective Services and Mental Health Services) are needed to identify children exposed to the arrest of a family member in order to increase support and reduce the child’s trauma-related symptoms.

Some communities have begun to address this issue. Riverside County California has implemented the Police Action Counseling Team (PACT) comprised of licensed mental health professionals and law enforcement officers to respond jointly to emergency calls when children and families have been traumatized. Outcomes include increased awareness of family trauma and violence within law enforcement, increased reporting to Child Protective Services, and more children and families being referred to and accessing mental health services [11]. In Little Rock, Arkansas the Families Matter initiative, operated by the Centers for Youth and Families, aims to prevent intergenerational incarceration by improving parent-child relationships and reducing the trauma in children’s lives through the provision of comprehensive support and therapeutic services. These services include working with law enforcement agencies to improve response to families when a minor’s parent is arrested [12]. In New Haven, Connecticut, the Child Development-Community Policing Program (CD-CP), where, in addition to providing training to police personnel in child development and the impact of childhood exposure to violence, the program provides on-call clinicians who ride with the police when a violent event happens within the community. The clinicians are made to meet the families to help stabilize the child and to provide education on the psychological impact of exposure to traumatic events. Follow-up care is provided to families as needed [12]. Research on the CD-CP program has demonstrated this early intervention is effective in improving child well-being by disrupting the trajectory leading to violence; and, helping those children who are already caught in the web of exposure to violent crime and inner-city trauma [13,14]. The CD-CP Program serves as a national model for police-mental health partnerships and is being replicated in several cities, including Baltimore, Maryland, Buffalo, New York, Charlotte, North Carolina, Nashville, Tennessee, and Portland, Oregon [15].

Childhood trauma is a major public health concern that carries an enormous cost to society, both in the individual lives affected and dollars spent [16]. Research has shown that unrecognized and untreated exposure to trauma early in life can have negative effects throughout the lifespan, including problems with psychosocial development, heightened risk-taking behaviors, increased psychiatric conditions, and long-term physical health outcomes [17]. The annual financial burden to society of untreated childhood abuse and trauma—encompassing medical costs, mental health utilization, law enforcement, child welfare, and judicial system costs, is approximately $103 billion [18,19]. These costs, which greatly surpass the costs associated with prevention and early intervention efforts, could be avoided or minimized with a greater focus on early childhood vulnerabilities [19]. Early identification, intervention, and continued follow-up for children exposed to trauma has been found to be successful in reducing the impact of this exposure overtime [20,21]. The implementation of policies and procedures to identify children exposed to potentially traumatic events, including the arrest of a family member, is essential to the identification of children at risk so that services can be implemented and the potential impact of the trauma exposure remediated. Primary care providers, Child Protective Services, and law enforcement can all be part of this effort [22]. Increasing the access to programs where mental health professionals are partnered with law enforcement responding to events where children are present is essential for crisis stabilization. Given the alarming rates of exposure and its known impact on child outcomes, identification, intervention, and treatment geared at ameliorating the potential negative impact of the exposure are increasingly important.

References


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