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THE HEALTH CONSEQUENCES OF INCARCERATION FOR FAMILIES

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Introduction

The number of incarcerated individuals in the United States has risen dramatically in the last half century. In 2016, 6.6 million individuals were incarcerated in a local jail, a state prison, or a federal prison in the United States (Kaeble & Cowhig, 2018). This high number has captured the attention of researchers across a variety of disciplines, practitioners, and policymakers in efforts to understand the consequences of incarceration for those who both directly and indirectly experience it. Research highlights that incarceration has deleterious consequences for currently and formerly incarcerated individuals and that incarceration has broader consequences for families and communities (Travis, Western, & Redburn, 2014).

Currently and formerly incarcerated individuals are not solitary individuals. Instead, currently and formerly incarcerated individuals have many familial connections, identifying with roles such as romantic partner, parent, and child (Chung & Hepburn, 2018). It is therefore unsurprising that incarceration is a stressor that is consequential for aspects of family life, altering the structure and function of families who experience the stressor (Arditti, 2012; Comfort, 2008; Turanovic, Rodriguez, & Pratt, 2012; Wildeman & Muller, 2012). Incarceration is associated with an increased likelihood of union dissolution (Massoglia, Remster, & King, 2011; Turney, 2015a), impaired relationship quality (Turney, 2015b), challenges in the co-parental relationship (Geller, 2013; Turney & Wildeman, 2013), and reduced contact with parents (Turney, 2014a). Incarceration is a stressor that reverberates throughout families.

The stress process perspective, which highlights how stressors are both concentrated among disadvantaged groups and create health disadvantages (Pearlin, 1989), suggests that incarceration may have deleterious health consequences for family members. Accordingly, a burgeoning literature investigates the physical and mental health consequences of family member incarceration. In this chapter, we review both theoretical and empirical literature linking incarceration to family member health. First, we provide an overview of the stress process perspective. Following previous research (Pearlin, 1989; Turney, 2014b; Turney, Wildeman, & Schnittker, 2012), we conceptualize incarceration as a stressor for the incarcerated individual and those

connected to the incarcerated individual via family ties (including romantic partners, children, and other family members). Next, we review empirical findings linking incarceration to the physical and mental health of incarcerated individuals and their family members, focusing mostly on the proliferation to family members.

Incarceration in the Stress Process Perspective

The stress process perspective provides a useful theoretical lens for understanding the familial health consequences of incarceration. Four aspects of the stress process perspective are especially useful for understanding this relationship: (1) social groups are unequally exposed to stressors; (2) stressors have deleterious consequences for physical and mental health; (3) stressors can proliferate in two ways, first by proliferating to create additional stressors and second by proliferating to those connected to the individual experiencing the stressor; and (4) social support and coping resources can buffer the deleterious health consequences of stressors. We describe each of these aspects below, highlighting the role of incarceration as a stressor.

Unequal Exposure to Stressors

First, the stress process perspective suggests that groups from disadvantaged social contexts are more likely to experience stress than their counterparts from more advantaged social contexts (Pearlin, 1989). Indeed, incarceration is a stressor that is unequally distributed across the population. For example, Blacks and Hispanics are more likely than Whites to experience forms of criminal justice contact such as incarceration (Sugie & Turney, 2017; Western & Pettit, 2010). Disparities in exposure to incarceration also persist according to socioeconomic status, with economically disadvantaged individuals more likely to experience incarceration than economically advantaged individuals and those with lower educational attainment more likely to experience incarceration than their counterparts (Wakefield & Uggen, 2010).

Accordingly, experiencing family member incarceration is unequally distributed across the population. Consider the risk of exposure to parental incarceration. Notably, children of color are most at risk for experiencing parental incarceration (Turney & Haskins, Forthcoming). Demographic estimates show that about 25% of Black children and 10% of Latino children, compared to 4% of White children, are expected to experience parental incarceration (Sykes & Pettit, 2014). The risk of parental incarceration is also structured by indicators of socioeconomic status. Children who live in poverty are three times more likely than other children to experience parental incarceration (Murphey & Cooper, 2015). Children with parents who did not graduate high school are more likely than other children to experience parental incarceration. For example, 15% of White children and 62% of Black children born to parents without a high school degree, compared to 2% and 10%, respectively, of children born to parents with some college, can expect to experience parental incarceration by age 17 (Sykes & Pettit, 2014).

Consequences of Stressors for Physical and Mental Health

Second, the stress process perspective suggest that stressors have consequences for physical and mental health (Pearlin, 1989; Thoits, 2010). Stressors such as job loss, death of a family member, and divorce have deleterious consequences for mental health outcomes including depressive symptoms, major depressive disorder, substance abuse, and alcohol dependence (Turner, 2003; Turner & Avison, 2003; Turner & Lloyd, 1999; Turner, Wheaton, & Lloyd, 1995). In fact, the consequences of chronic strains on the mental health of individuals are more powerful than the negative events or traumas that precipitated the chronic strain (Turner, Wheaton, & Lloyd, 1995).

Scholars have theorized incarceration as a stressor (Foster, 2012; Massoglia, 2008a; Turney, 2014b; Turney, Wildeman, & Schnittker, 2012). During incarceration, individuals are limited in their time outside of their cell, have an enforced routine, and face uncertainty about their lives upon release, all of which may be consequential for physical and mental health. By extension, experiencing the incarceration of a family member is a consequential stressor for physical and mental health (Pearlin, 1989; Pearlin, Aneshensel, & LeBlanc, 1997).

Stress Proliferation within and across Individuals

Third, the stress process perspective suggests that stressors can proliferate in two ways, with stressors accumulating within individuals and with stressors proliferating from one individual to others connected to that individual.

The first dimension of stress proliferation, the within-individual stress proliferation, involves the emergence of multiple stressors resulting from one stressor. In other words, initial stressors (often called primary stressors) can accumulate and give rise to additional stressors (often called secondary stressors). These primary and secondary stressors pile on the lives of individuals, facilitating an entanglement of stressors that may be different from what they started with (Pearlin, Aneshensel, & LeBlanc, 1997). Thus, being exposed to a new stressor leads to another event or triggers more strains (Pearlin, 1989).

The second dimension of stress proliferation is the transferring of stress from one person to another, sometimes called stress contagion (Barr et al., 2018; Wethington, 2000). In this type of stress proliferation, stressors in one person's life can lead to stressors in another person's life. Pearlin et al. (2005) discuss how an individual linked by a shared membership in a specific role may be subject to experiencing the initial stressors encountered by only one member. Thoits (2010) further elaborates this process in one of the most important relationships—that between children and parents—and suggests that stressors parents experience could have consequences for the stressors that their children encounter. This transfer of stressors is important to highlight because it demonstrates that there could be reproduction of social disadvantages from one generation onto another.

In particular, the stressor of incarceration can proliferate within individuals. The confinement associated with incarceration is a stressful experience (Sykes, 2007). Given the primary stressors that are associated with incarceration (such as confinement, regimentation, and isolation), incarcerated or formerly incarcerated individuals experience multiple stressors simultaneously (Pearlin, 1989; Turner & Avison, 2003; Wheaton, 1994). For example, the primary stressor of incarceration could develop into additional, or secondary, stressors such as difficulty finding employment upon release or strained relationships with family members. Both these primary and secondary stressors can affect the health of the incarcerated individual and his or her family members.

Additionally, the stressor of incarceration can transfer from an individual to his/her family members, both directly and indirectly influencing their health. The effects might be direct, as experiencing family member incarceration may facilitate depression or anxiety. But the effects might also be indirect. For example, one of the most prominent stressors that is heightened through family member incarceration is financial insecurity. This is particularly true when incarcerated individuals were primary or important sources of income for their families (Comfort, 2008; Schwartz-Soicher, Geller, & Garfinkel, 2011; Western, 2006), and this financial insecurity likely has deleterious health consequences (Burgard & Kalousova, 2015). Similarly, it is challenging for incarcerated individuals to maintain strong relationships with family members, which may facilitate health problems among those family members (Lopoo & Western, 2005; Massoglia, Remster, & King, 2011). Furthermore, stigma can be experienced by the person who is incarcerated and it can spread to people who associated with the incarcerated individual (Braman, 2004). In summary, stress proliferating from incarceration can affect physical and mental health of family members.

Coping and Social Support as Buffers

Finally, the stress process perspective suggests that coping and social support buffers the relationship between stressors and health. Coping is an action—either cognitive or behavioral—made by an individual to reduce, master, or manage life strains and stress (Lazarus & Folkman, 1984; Pearlin & Schooler, 1978). Individuals have coping resources that can buffer the deleterious consequences of a stressor, reducing the accompanying adverse mental and physical health risks of stress (Taylor & Stanton, 2007). Specifically, extensive research has focused around the usage of coping resources and availability of them to individuals. In having different pockets of support and resources, individuals are better able to cope with the stressors in their life and, by extension, the deleterious effects of stress are reduced (Billings & Moos, 1981; Kessler & Essex, 1982; Pearlin & Schooler, 1978).

Indeed, coping can moderate the effects of stress on the incarcerated and their family members. Incarceration presents a unique and straining set of challenges that prompts those affected by it to find ways to cope. Research has shown how imprisoned mothers, in efforts to cope with not being fully present, have conversations with their children and loved ones about their actions and scheduling frequent visitations (Celinska & Siegel, 2010; Enos, 2001). Maintaining this source of social or familial support results in families managing the stressor of incarceration that may moderate the relationship between incarceration and health. Another result of incarceration is that family members are left to cope with stigma associated with incarceration, thus building networks and shielding themselves or their children from understanding the issue of their incarcerated family member (Nurse, 2002). Avoidance of the stressor could be understood as a successful coping strategy because it may help the children get past the stressor during its duration.

Research Linking Incarceration and Health

The stress process perspective suggests that incarceration is a stressor that can have spillover consequences on the health of family members. In this section, we review research linking incarceration and health, some of which is explicitly grounded in the stress process perspective. We first briefly summarize the relatively large literature that examines how incarceration is associated with one's own physical and mental health. We then more comprehensively summarize the smaller literature that examines the health consequences of incarceration for family members of the incarcerated. Currently and formerly incarcerated individuals are embedded within families and their incarceration can have proliferating consequences for their romantic partners, children, and other family members (i.e., parents and siblings).

Consequences of Incarceration for Individual Physical and Mental Health

A relatively large literature examines the physical and mental health consequences of incarceration for currently and formerly incarcerated individuals (for reviews, see Massoglia & Pridemore, 2015; Wildeman & Muller, 2012; Wildeman & Wang, 2017). Overall, this research suggests three key findings.

First, current incarceration can be protective for some aspects of individual health. Specifically, incarcerated individuals have lower mortality rates than comparable individuals who are not incarcerated (Patterson, 2010). This research suggests incarceration can provide a respite from substance abuse and violence and that incarceration can provide an opportunity for health care that might be inaccessible on the outside, both of which may shield against mortality (Binswanger et al., 2007; though see Baćak & Wildeman, 2015). Other research, though, finds the protective function of incarceration does not extend to mental health (Turney, Wildeman, & Schnitker, 2012).

Second, any beneficial consequences of incarceration dissipate upon release, whereas formerly incarcerated individuals are more likely than their not formerly incarcerated counterparts to have physical and mental health impairments. An incarceration history is associated with a greater likelihood of mortality (Binswanger et al., 2007); severe health limitations (Schnittker & John, 2007); infectious diseases (Hammett, 2006; Massoglia, 2008a); chronic diseases (Binswanger, Krueger, & Steiner, 2009); health limitations (Turney & Wildeman, 2015a); fair or poor health (Curtis, 2011; see also Massoglia, 2008b); mental health conditions including major depressive disorder, bipolar disorder, and dysthymia (Esposito et al., 2017; Massoglia, 2008b; Porter & Novisky, 2017; Schnittker, Massoglia, & Uggen, 2012; Sugie & Turney, 2017; Turney & Wildeman, 2015a; Turney, Wildeman, & Schnittker, 2012); substance use including heavy drinking and illicit drug use (Turney & Wildeman, 2015a; Yi, Turney, & Wildeman, 2017); health behaviors including fast food consumption and smoking (Porter, 2014); and sleep problems including short sleep duration and insomnia (Testa & Porter, 2017).

Third, research highlights that stress proliferation processes may link incarceration to physical and mental health outcomes. For example, one study suggests that incarceration is a primary stressor that leads to secondary stressors related to reintegration (including reductions in socioeconomic status and impairments in family functioning), and the accumulation of both primary and secondary stressors is associated with depression (Turney, Wildeman, & Schnittker, 2012).

Health Consequences of Incarceration for Romantic Partners

The consequences of incarceration for physical and mental health do not end with the consequences for the incarcerated individual. Instead, the consequences of incarceration proliferate to family members of the incarcerated. One strain of research documents deleterious health consequences for romantic partners connected to incarcerated individuals. For example, Megan Comfort, drawing on years of ethnographic field work and in-depth interviews with women visiting men in a California prison, finds that women in romantic relationships with incarcerated men—even though they themselves are not incarcerated—undergo secondary prisonization, a form of socialization to correctional norms. Women describe this experience of secondary prisonization, which can include the loss of liberty experienced while visiting, as both traumatic and anxiety-producing (Comfort, 2008).

Quantitative research examining the health consequences of incarceration generally finds that romantic partner incarceration can have deleterious and lasting health consequences for women connected to incarcerated men. Much of this research uses data from the Fragile Families and Child Wellbeing Study, a longitudinal survey of mostly unmarried parents in urban areas who had a child together around the turn of the century. One study using these data finds that women who share children with recently incarcerated fathers, compared to those who share children with not recently incarcerated fathers, are more likely to have major depressive disorder and life dissatisfaction (Wildeman, Schnittker, & Turney, 2012; see also Wildeman, Lee, & Comfort, 2013). This study uses a series of rigorous modeling strategies to account for the fact that these two groups of women—those connected to recently incarcerated fathers and those connected to not recently incarcerated fathers—differ across a number of dimensions even before their exposure to their partner's incarceration, and the association between romantic partner incarceration and mental health persists across these modeling strategies. Further, this study considers three sets of mechanisms that might explain the association between romantic partner incarceration and mental health—economic wellbeing and hardship, relationship status and quality, and parenting quality and stress—and find that these mechanisms (and, in particular, parenting quality and stress) explain this association (Wildeman, Schnittker, & Turney, 2012).

Other quantitative research, also using Fragile Families data, suggests additional negative consequences for the health and wellbeing of women who share children with incarcerated men. For example, one study finds that women who share children with recently incarcerated men are more likely than their counterparts to engage in substance use, including heavy drinking, illicit drug use, and smoking. This study also finds that the association between partner incarceration and substance use is partially explained by changes in mothers' economic wellbeing and mothers' depression and that the association between partner incarceration and drug use, in particular, is concentrated among non-Hispanic Black women (Bruns & Lee, 2018).

Additionally, another study documents that romantic partner incarceration is associated with perceptions of social support, an important dimension of health and wellbeing that may buffer the negative consequences of incarceration on physical and mental health (Thoits, 2010; Turney, Schnittker, & Wildeman, 2012). This study finds that women who share children with a currently or recently incarcerated father, compared to other women, report less in-kind support (measured by the availability of a loan for \$200, place to live, and emergency childcare) and less large financial support (measured by the availability of a loan for \$1,000, co-signer for \$1,000, and co-signer for \$5,000). Therefore, incarceration may produce a double disadvantage for romantic partners, by simultaneously increasing the need for support and decreasing the availability of support (Turney, Schnittker, & Wildeman, 2012).

Health Consequences of Incarceration for Children

Additionally, research documents that the health consequences of incarceration extend to the children of the currently and formerly incarcerated (for reviews, see Foster & Hagan, 2015; Haskins & Turney, 2017; Murray, Farrington, & Sekol, 2012; Turney & Goodsell, 2018; Wildeman, Goldman, & Turney, 2018). Parental incarceration, on average, has deleterious consequences for physical and mental health from infancy through adulthood.

First, parental incarceration can be consequential for mental health. For example, research using the 2011–2012 National Survey of Children's Health (NSCH), a nationally representative survey of children in the United States, shows that the incarceration of a residential parent is independently associated with a greater likelihood of learning disabilities, attention deficit disorder and attention deficit hyperactivity disorder (ADD/ADHD), behavioral or conduct problems, developmental delays, and speech or language problems. These associations persist even after adjusting for demographic, socioeconomic, and familial characteristics (Turney, 2014b).

Other research, using data from the Fragile Families study, suggests that the health consequences of parental incarceration (at least the consequences for young children's behaviors) may be limited to paternal incarceration (and not maternal incarceration). Research shows that paternal incarceration is associated with aggressive behaviors among three-year-old children (Geller et al., 2009); aggressive behaviors and attention problems among five-year-old children (Geller et al., 2012; Wildeman, 2010); and internalizing, externalizing, and delinquency among nine-year-old children (Haskins, 2014, 2015; Turney, 2017a; see also Jackson & Vaughn, 2017). Research also shows that maternal incarceration is not independently associated with behaviors among five- and nine-year-old children; instead, observed differences in behaviors between children who do and do not experience maternal incarceration result from characteristics associated with selection into experiencing maternal incarceration such as poverty and family instability (Wildeman & Turney, 2014; see also Turney & Wildeman, 2015b). Other research shows that children of incarcerated parents are more likely than their counterparts to experience unmet mental health care needs, suggesting that the children most in need of mental health care are the least likely to receive it (Turney, 2017b).

Studies focusing on adolescent and young adult outcomes finds that both paternal and maternal incarceration has deleterious consequences for health. For example, research using the National Longitudinal Study of Adolescent to Adult Health (Add Health), a longitudinal and nationally representative sample of adolescents in seventh through 12th grade in 1994–1995, finds that paternal incarceration is positively associated with substance use problems and that maternal incarceration is positively associated with depressive symptoms (Foster & Hagan, 2015; see also Lee, Fang, & Luo, 2013; Roettger et al., 2011).

Second, parental incarceration can be consequential for physical health. Most research addressing the link between parental incarceration and physical health uses Add Health data (though see Turney, 2014b). For example, one study finds that adolescent girls who experience parental incarceration, compared to those who do not, have a higher body mass index. This study also finds that these associations persist after adjusting for an array of characteristics associated with both incarceration and BMI and that these associations persist into adulthood. This study also finds no association between parental incarceration and BMI among boys or men, suggesting that parental incarceration may be a stressful experience that facilitates gendered responses (Roettger & Boardman, 2012). Other research finds that parental incarceration, net of characteristics associated with experiencing parental incarceration, is positively associated with cholesterol, asthma, migraines, HIV/AIDS, and fair/poor health in adulthood (Lee, Fang, & Luo, 2013). Parental incarceration is also positively associated with low-grade inflammation via C-reactive protein (CRP) levels among adult women (Boch & Ford, 2015).

Health Consequences of Incarceration for Other Family Members

Though most research on the spillover health consequences of incarceration focuses on romantic partners and children connected to the incarcerated, there is a small (and burgeoning) literature that considers the health of other family members such as parents and siblings (see Chung & Hepburn, 2018). One study of African-American mothers in Chicago finds that mothers who experience the incarceration of a son, compared to those who do not, experience greater psychological distress. This study also finds that the association between son's incarceration and psychological distress is strongest for recent incarcerations and that this association can be explained by financial difficulties and greater caregiving burdens (Green et al., 2006).

Other research uses data from the National Survey of American Life (NSAL), a nationally representative sample of Blacks and non-Hispanic Whites in the United States, to investigate the association between family member incarceration and psychological distress among men. This study finds that, after adjusting for characteristics associated with incarceration (including chronic strains such as criminal victimization), there is no average association between family member incarceration and psychological distress. However, this study also finds heterogeneity in the consequences of family member incarceration, with formerly incarcerated individuals who experience family member incarceration having lower psychological distress than their not formerly incarcerated counterparts who experience family member incarceration (Brown, Bell, & Patterson, 2016). Other research documents that the re-entry period may be a stressful time that poses unique mental health burdens on the family members of the reentering individual (Braman, 2004; Grieb et al., 2014; Western, 2018).

Finally, research using data from the NSAL shows that the health consequences of family member incarceration may extend to physical health outcomes. One study shows that family member incarceration is associated with an increased likelihood of obesity, having a heart attack or stroke, and being in fair or poor health among women. This study also shows no association between family member incarceration and health among men, suggesting women are especially vulnerable to physical health consequences (Lee et al., 2014; see also Lee & Wildeman, 2013).

Conclusion

As detailed above, the stress process perspective is a useful theoretical framework for understanding the deleterious consequences of incarceration for the health of family members connected to the incarcerated. A burgeoning literature shows that incarceration has deleterious health consequences for both the incarcerated and those connected to them. The incarceration of parents, romantic partners, and children is a stressor that proliferates across the family unit to compromise physical and mental health. And, further, given the concentration of this stressor among already vulnerable groups, this suggests that family member incarceration can both create and exacerbate health inequalities.

The stress process perspective also provides several opportunities to extend our existing knowledge about the health consequences of family member incarceration. Consider two possibilities for future research. First, the stress process perspective suggests that stressors will be more consequential among groups who are most commonly exposed to the stressor (Pearlin, 1989). Accordingly, this perspective posits that family member incarceration will be more deleterious for physical and mental health of people of color, the poor, and those residing in disadvantaged neighborhoods. Second, the stress process perspective suggests that coping and social support will buffer the deleterious consequences of stressors (Pearlin, 1989). Accordingly, this perspective suggests that having available emotional or instrumental support will reduce the deleterious consequences of the stressor of family member incarceration. However, despite theoretical reasons to expect heterogeneity in the relationship between family member incarceration and health (with the former suggesting heterogeneity by demographic groups and the latter suggesting heterogeneity by coping and social support), little research considers these contingencies. Understanding these contingencies could further advance our understanding of incarceration in the stress process perspective. It could also advance our understanding of how and under what conditions incarceration creates and exacerbates health inequalities, a critical endeavor given the concentration of incarceration among those most at risk for health problems.

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