

# *Substance Use, Pregnancy, Trauma & Incarceration: A Discussion of the Collective Impacts on Families in Maine*

*Amanda Edgar, Incarcerated Women's Advocate, Family Crisis Services  
(Cumberland County's Domestic Violence Resource Center)*

*Roland "Buzz" Sawyer, QMHP, Corizon Health Services  
(Cumberland County Jail)*

*Kelly Dell'Aquila, Director, My Sister's Keeper  
(Cape Elizabeth United Methodist Church)*

# *Workshop Objectives*

*Gain understanding of who Maine's incarcerated women are*

*Expand knowledge of the connection between victimization, substance use and incarceration*

*Discuss the challenges of pregnancy during incarceration, with particular regard to addiction*

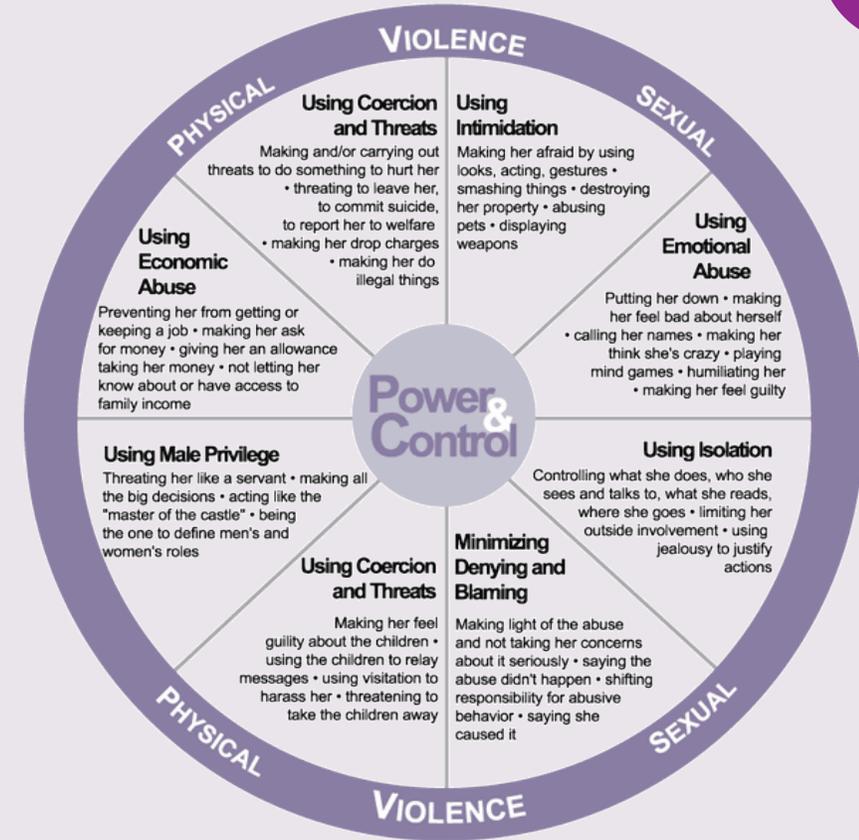
*Discuss collaborative solutions to support Maine's women (and their families) during **and after** their incarceration*

---

# Family Crisis Services: Working to End Domestic Violence in Cumberland County

Family Crisis Services provides many services to victims of domestic abuse. Some of the services we assist with are:

- \*Free & Confidential 24-Hour Hotline / (207) 874-1973
- \*Emergency Shelter
- \*Assistance with Safety Planning
- \*Court Advocacy
- \*Emotional Support and Information
- \*Elder Advocacy
- \*Support Groups
- \*Education/Training
- \*Incarcerated Women's Program
- \*Human Trafficking Advocacy, Support and Community Education
- \*Enhanced Police Intervention Collaborative (EPIC)
- \*Young Adult Abuse Prevention Program (YAAPP)
- \*Volunteer Program



Number of original hashtagged posts:

**85,687**

#WhyIStayed across all media

**185,794**

#WhyILeft across all media

**63,883**

Non re-tweets:

**66,174**

"Non-influencers" using the hashtags

**75%**

Total number of original posts and retweets

**198,696**



## *Family Crisis Services' Incarcerated Women's Program*

*In 2002, Family Crisis Services conducted a study which found that approximately **95% of incarcerated women were currently or previously in an abusive intimate relationship.***

*Recognizing the connection between incarceration and domestic abuse, we began to offer support groups for incarcerated women at the Cumberland County Jail (CCJ) and the Maine Correctional Center (MCC). We are one of only a handful of domestic violence agencies in the country that offer such programs; our work is supported by grants from both the Violence Against Women/Department of Justice and the Cumberland County Violence Intervention Partnership.*

---

# ***Family Crisis Services: Current Programming for IW***

## ***Cumberland County Jail***

**\*Located in Portland; houses anywhere from 60-80 women daily; most awaiting sentencing**

*The incarcerated women's advocate offers **twice-weekly support groups** for women who are or have been victims of domestic violence. These groups are open, educational discussions that provide information on identifying abuse, patterns of abuse, why women stay, effects of abuse, healthy relationships, and self-care.*

## ***Maine Correctional Center***

**\*Located in Windham; only women's prison in Maine; houses ~80 women**

*The incarcerated women's advocate facilitates **ongoing support groups** for incarcerated women at MCC where topics may include exploring women's use of violence, addiction, self & relationships, art, reading groups, and creative writing. FCS' own curriculum, "Stories from the Life," addresses the impact of sexual exploitation and human trafficking.*

## ***Our additional services for incarcerated women include:***

*Confidential one-on-one discussions*

*Information and referrals for community resources*

*Information and referrals about services provided by domestic violence projects*

*Safety planning for release*

---

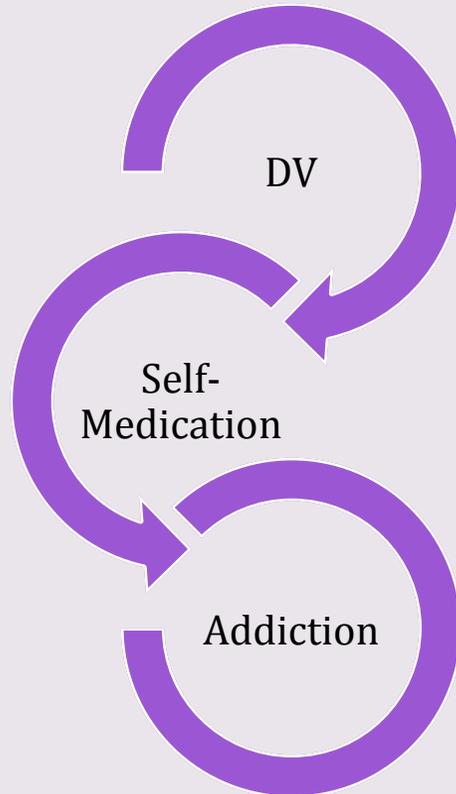
## *Family Crisis Services' Incarcerated Women's Program: Who We Serve*

<b>2014 TOTAL # OF...</b>	<b>JAN – JUNE</b>	<b>JULY – DEC</b>	<b>TOTAL</b>
<b>WOMEN SERVED</b>	173	131	<b>304</b>
<b>CCJ GROUPS HELD</b>	45	46	<b>91</b>
<b>CCJ GROUP HOURS</b>	75	58	<b>133</b>
<b>MCC GROUPS HELD</b>	20	36	<b>56</b>
<b>MCC GROUP HOURS</b>	51	53	<b>104</b>
<b>CCJ 1:1s/INDIVIDUALS</b>	72	65	<b>137</b>
<b>CCJ 1:1 ADVOCACY HRS</b>	78	69	<b>147</b>

*Family Crisis Services' Incarcerated Women's Program:  
Additional 2014 IWP Demographics:*

- \*3 Transgender (self-identified)
  - \*7 pregnant (provided direct services to)
  - \*5 Black/African American
  - \*1 Native American
  - \*4 Hispanic/Latino
  - \*11 Human Trafficking (self-identified)
  - \*Ages 25-59 = greatest # of women served
-

# *Pathways to Co-Occurrence of Substance Use/Abuse & Domestic Violence*



## *DV/Sexual Assault & Substance Use Fields: Common Roots*

- **Rooted in experience of survivors**
  - **Lack of trust in other systems**
  - Development of **peer support and self-help models to address poor system response** to survivors' experience of trauma, blame, and stigma
  - Ending a relationship **can be lethal**
  - **Not a choice**
  - **Barriers exist**
  - It takes DV victims 7-10 times to leave an abusive relationship. Leaving an abusive relationship is a **process**; you don't "just leave"; **recovery is a process**
  - Survivors might experience a **feeling of loss**
  - Just because you have a **family history** of abuse/violence/addiction, doesn't mean you will become abusive/addicted
  - Often **labeled (victim/addict)** and society has **an idea of what a victim "looks like"**.
  - There is often **shame** in acknowledging that a loved one might be suffering; people experiencing it may feel judged
  - External **safety measures** often need to be utilized
-

# THIS ISN'T JUSTICE.

There are **832% MORE** women in prison now than in 1977

Black women are incarcerated **3 TIMES MORE** than white women

**1 IN 25**  will give birth **SHACKLED** in prison.

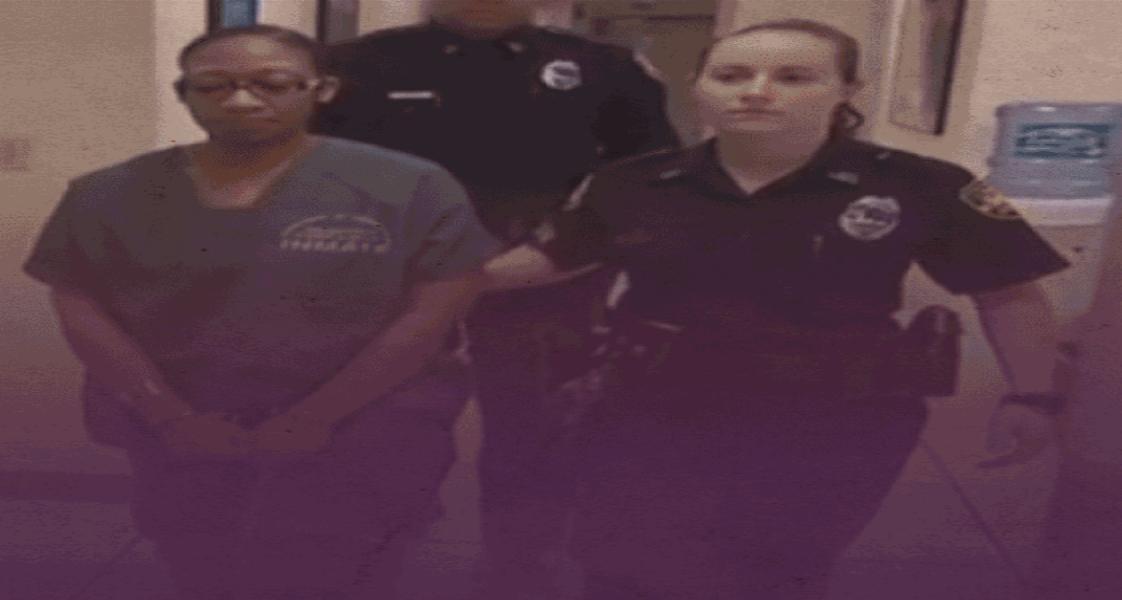
**1 IN 10** will be sexually assaulted in prison

**75%**  ARE DOMESTIC VIOLENCE SURVIVORS

**82%** are survivors of SEVERE CHILD ABUSE

[colorofchange.org](http://colorofchange.org)  [ultraviolet](https://www.instagram.com/ultraviolet)

SHARE IF YOU THINK IT'S TIME TO STOP CRIMINALIZING WOMEN AND SURVIVORS.



# *Family Crisis Services' Incarcerated Women's Program: Challenges Regarding Incarceration, Addiction and Pregnancy*

## *Guttmacher Institute State Policies: Substance Abuse During Pregnancy, September 1, 2015 - HIGHLIGHTS*

*\*One state (TN) allows assault charges to be filed against a pregnant woman who uses certain substances. 18 states consider substance abuse during pregnancy to be child abuse under civil child-welfare statutes, and 3 (MN, SD, WI) consider it grounds for civil commitment.*

*\*18 states require health care professionals to report suspected prenatal drug abuse (ME is one), and 4 states (IA, KY, MN and ND) require them to test for prenatal drug exposure if they suspect abuse.*

*\*19 states have either created or funded drug treatment programs specifically targeted to pregnant women, and 12 provide pregnant women with priority access to state-funded drug treatment programs (ME is one of them).*

*\*The Supreme Courts in AL and SC have held that drug use while pregnant is considered chemical endangerment of a child and constitute criminal child abuse.*

---

# *Family Crisis Services' Incarcerated Women's Program: Statewide Anti-Shackling Legislative Advocacy*

## **LD 1013:An Act To Prevent the Shackling of Pregnant Prisoners**

*This bill prohibits the use of restraints on a pregnant prisoner or detainee except in extraordinary circumstances. When restraints are used, the corrections official must document the extraordinary circumstance that required the use of restraints.*

*The bill clarifies that when a pregnant prisoner or detainee is admitted to a medical facility or birthing center, a corrections officer may not be present in the room during labor or childbirth unless specifically requested by medical personnel. The bill also requires the adoption of policies on the treatment of pregnant prisoners and detainees and requires that information about those policies be disseminated to all prisoners and detainees.*

---

# *Cumberland County Jail: Statistics*

**All female intakes over the past 6 months: 623**

## **Mental Health & Substance Abuse:**

- \*Diagnosed with a mental illness: 54.8%
  - \*Report a history of mental health problems: 52%
  - \*State that they use drugs: 36.5%
  - \*State that they drink alcohol: 34.2%
  - \*Have a history of suicide attempts: 18%
  - \*Have a history of victimization: 15.93%
-

# *Cumberland County Jail: Pregnancy*

**20 reported pregnancies or tested pregnant during intake.**

## **Procedures:**

- \*Confirm pregnancy.
  - \*Physical examination.
  - \*Verify and administer medications, supplements, etc.
  - \*Usually extra milk at meal times.
  - \*Additional supports in accordance to individual needs.
-

# ***Cumberland County Jail: Mental Health Services Overview***

- \*Assess risk of self-harm and/or suicide, and take preventative measures to insure safety.*
- \*Assess ability of inmates with significant mental illness to function in General Population.*
- \*Behavior stabilization and/or crisis management with inmates.*
- \*Screen, assess, and triage for psychiatric medication management.*
- \*Assist with facilitation and transition of inmates to State of Maine psychiatric assessment facilities (Riverview, IMHU at Warren, etc.).*

## ***Release and transition planning, which includes:***

*Information gathering.*

*Diagnostic assessments.*

*Advocacy for services.*

*Identify and refer inmate for special support services.*

---

## ***Cumberland County Jail: Barriers to Treatment While Incarcerated***

### **Access to inmates due to safety and security concerns.**

- \*Outside providers.
- \*Specialized providers.

### **Limited hours of availability to the inmates. High number of inmates in the facility.**

- \*Federal inmates.
- \*Overflow from MCC.
- \*Holds from other county jails.

### **Unable to access health insurance (if they have any).**

### **Lack of communication with:**

- \*Probation
- \*Attorneys
- \*Outside providers
- \*Family and/or community supports.

### **“Triggers”**

- \*Inmate feeling safe.
- \*Avoid re-traumatizing inmate.

### **Training**

- \*Very limited correction focused therapeutic trainings.
  - \*Limited training budgets
-

# *Cumberland County Jail: Supports While Incarcerated*

## **Established services/classes at CCJ:**

- \*AA and NA
- \*Domestic Violence

## **Individual support:**

- \*Being trauma aware (aware of triggers).
- \*Going at inmate's pace.
- \*Treatment limited to:
  - \*Education
  - \*CBT-based
  - \*Identifying Cognitive & Thought Distortions
  - \*Worksheets
  - \*Always maintaining accountability for behavior

## **CCJ MH Referrals:**

- \*Psychiatry and medication management.
- \*FCS; SARSSM; PSATC; etc.
- \*DHHS Adult Mental Health Services.



# *Family Crisis Services: Partnerships*

- \*CCJ Mental Health
  - \*Sexual Assault Response Services of Southern Maine
  - \*My Sister's Keeper
  - \*Planned Parenthood of Northern New England
  - \*City of Portland Public Health
  - \*Goodwill Industries of Northern New England
  - \*Portland Recovery Community Center
  - \*Maine Pretrial Services
  - \*Preble Street Anti-Trafficking Coalition
  - \*Frannie Peabody Center
  - \*Maine Behavioral Health Care
-

# *My Sister's Keeper*

My Sister's Keeper (MSK) is a network of volunteers from Greater Portland and the Southern regions of Maine who have been assisting women released from corrections to re-enter the community since 1999. The MSK model uses a lay **mentoring relationship** with material and other resource assistance from the greater community and multi faith-based organizations. The goal of MSK is to reduce the recidivism rate by **providing humanitarian, material and spiritual support to women in transition** from corrections back to the community.

---



# ***Mentoring: A Pathway to Re-entry for Women***

## ***Common Themes***

- *Needs women face as they transition include substance use treatment, health care, mental health treatment, trauma informed care, education, housing and family reunification (Richie, 2001).*
  - *Women identified self-esteem, addiction/trauma and **social networks** as motivation for change and success for change. In addition, **support of family, the community and on-going services of care** were identified as essential for successful re-entry (Doherty 2014).*
  - *A Social justice focus of **citizenship, respect, rights and inclusion** (Cook 2006) supports relational theory and **strengthens women's readiness to participate in society** as positive productive citizens (Fortune 2010).*
-

# *What we know*

- With a strong emphasis on positive pro-social support, successful outcomes of re-entry are dependent upon family support, supportive parole/probation officers and obtainable methods to services post release.*
  - Unsuccessful long term re-entry reflected upon a lack of positive networks, strained relationships with probation/parole officers and the inability to sustain continuity of care with the multiple expectations and conditions offenders face upon reentry. (Cobbina 2010).*
  - Understanding cultural, economic and gender needs of women is necessary to successful re-entry (Richie 2001).*
-

# *Mentoring Works!*

*“I just need that constant daily support and someone I can be totally honest with, someone that isn’t going to judge me.” “She brings me right back on track with relationships. If I’m depressed or sad or anxious or feel like using, she’s there to have me think it out, tell me my consequences” “It was just a really, really low time for me, no friends or family, no one contacting me or offering support and I got it from her.”  
(Interview, Brooker 2013).*

*“She finds me support in other ways, like she told me to get the case manager. With probation, she helps me navigate that and not get myself in trouble all the time. She basically- it’s like she sets me up so I can be pushed out of the nest, which I need. I just can’t remember how to act like I did before I was arrested, before my addiction, before anything, I can’t remember who I was. She’s definitely assisting me in finding, not even who I was, but who I feel that I want to be. “(Interview, Brooker 2013)*

---

## *VIDEO: Second Chance After Prison (UMTV)*



# *My Sister's Keeper Services*

- *Aids in connecting with appropriate community services*
  - *Advocates in matters of important concern and decisions*
  - *Appreciates mentee's strengths, abilities, and unique self*
  - *Encourages self-care and the development of a healthy support system*
  - *Supports necessary rehabilitation and medical programs*
  - *Mutually agree upon best method of personal regular contact*
  - *Provides guidance with respect to child care*
  - *Helps with strategies to accomplish positive goals*
  - *Offers understanding and acceptance when there are disappointments*
  - *Connects with the faith community of the mentee's choice*
  - *Assists with new opportunities such as schooling, job training, employment and personal growth*
-

# ***Mentor Memories***

***Think about...***

*a person in your lifetime who was there for you in crisis and need.*

*the detail of the relationship.*

*What was that relationship like for you?*

***Share***

---

*Our life mentors usually  
become a major source of  
our becoming who we are.*

# Contact Information

**Amanda Edgar, Family Crisis Services**

[amanda\\_e@familycrisis.org](mailto:amanda_e@familycrisis.org)

(207) 272-0090

@truthaboutus\_ME

**Buzz Sawyer, Corizon Health (CCJ)**

[roland.sawyer@corizonhealth.com](mailto:roland.sawyer@corizonhealth.com)

(207) 774-5939 ext. 2225

**Kelly Dell'Aquila, My Sister's Keeper**

[mysisterskeeper@ceumc.org](mailto:mysisterskeeper@ceumc.org)

(207) 712-5962 or 799-8396

---