



Passport To Healthy Families

By Janet Schadee

Staff member Marvin Kirkland escorts inmate Amanda Vibbart and her daughter Brenna Wilson during summer camp.

The Indiana Women's Prison (IWP) was established in 1873 as the first maximum-security female correctional facility in the country. It is located one and a half miles from the center of Indianapolis; as a result, the urban community grew up around the one city block, 15-acre establishment. Since that time, Indiana's female population has grown from 16 to more than 1,700 offenders housed in four correctional facilities across the state. IWP remains a maximum-security facility and includes death row, with a maximum capacity of 400 women ranging in age from 17 to 80. Every female offender sentenced to the Indiana Department of Correction is admitted, processed, evaluated and classified by IWP's intake unit. Approximately 1,000 offenders came through this unit in 2001. During the past few years, IWP has expanded its mission to include the housing, programming and treatment of "special population" females regardless of their security level. This population includes offenders with serious mental illness or developmental disabilities, serious medical problems, and geriatric needs, as well as juveniles sentenced as adults and pregnant offenders.

Last year, IWP's special offenders population continued to increase: 219 had severe psychiatric and/or medical conditions, 145 were adolescents and 86 were pregnant. Fifty-four percent of the women were white, 42 percent were black and 4 percent were Hispanic. The common profile of an adult female offender in Indiana is a single woman with a history of domestic violence, untreated sexually transmitted diseases, a lifestyle likely to produce HIV and hepatitis C exposure, multiple unplanned pregnancies, limited income and little or no self-esteem. More than 75 percent of these women are substance abusers, 72 percent are high school dropouts and more than 85 percent suffered physical abuse or neglect and/or sexual abuse as children. The percentage testing positive for HIV upon admittance to IWP is relatively low at .8 percent, but the drug abuse and high-risk sexual behaviors of these women necessitates routine HIV testing.

A Typical Story

The following recent case scenario represents a typical female offender profile of those remanded to IWP during the past year. "Tanya" is a 26-year-old female entering prison for the first time. She is four months pregnant with her fourth child and she has used crack cocaine, marijuana and crystal methamphetamine as frequently as she could get it — weekly, if not daily. In addition, she dropped out of school prior to completing ninth grade. Her only work experience is bartending part time, and she has received benefits from supplemental security income most of her life.

Tanya has received numerous psychiatric diagnoses, including borderline personality disorder, multiple personality disorder, paranoid schizophrenia, bipolar disorder and obsessive-compulsive disorder. She has taken many medications in the past, but at this time, she is not taking any. Since she was 8, Tanya has been seeing psychiatrists, and by 13, she was placed in the first of six inpatient medical facilities for mental health care. She was made a ward of the state by age 14, entering foster care, group homes and, ultimately, juvenile detention centers. Tanya admits to attempting suicide when she was 13 and has attempted several times since — the last attempt being this past year. She has a history of sexual, physical and emotional abuse. Since age 3, her father, her mother's boyfriend and her own boyfriends have sexually abused her. Her father molested her when she was 9, and her brother attempted sexual relations with her. Her mother's boyfriend raped her at age 14. She considers herself to have been emotionally abused since birth and does not remember having a good relationship with her mother.

Each of Tanya's pregnancies has been unplanned, and the fathers of these children have been casual acquaintances. She no longer has custody of her three children and has no plan for securing a caregiver for the child she is carrying. Her long-term goals are to see another psychiatrist and to get her GED. Since Tanya will remain incarcerated

ated throughout her pregnancy, she will participate in the Responsible Mother, Healthy Baby Prenatal Program, which will provide her with prenatal education and care, and assistance in finding a safe placement for her infant. Upon release, she will receive continued family support through the Family Preservation Program's outreach component. Typically, women like Tanya have been underserved in their communities and upon entering the prison system, more than 80 percent leave, according to IWP's assessment histories, children behind whom, even before their mother's incarceration, could be considered high-risk and underserved.

Family Preservation Program

In 1996, the Indiana State Department of Health's Maternal Child Health Services and the Indiana Division of Family and Social Services assisted IWP in developing the Family Preservation Program. The program is based on national and local research suggesting that offenders' children have a higher incidence of violence in their lives and are more likely to be developmentally challenged than the general population. The research also suggested that without support from caregivers and professionals, incarcerated parents are often unable to develop or maintain healthy bonds with their children. The Family Preservation Program was founded on the belief that through mentoring, education, counseling and role modeling, family members will less likely continue to be victims of substance abuse or violence and the mothers would stop neglecting or abusing their children. The program was designed to provide education and community support, as well as foster positive interaction among the mothers, their children and the children's caregivers to create and maintain a healthy home and family relationship. Program staff collaborate with local service providers and offer activities that empower incarcerated mothers and caregiving families. Each project initiative is focused directly on offenders and their families, health care providers, mental health and social services providers, and the many community programs that provide continuity of care.

The Family Preservation Program has seen the enrollment of pregnant offenders and women with children who visit them in prison expand by more than 33 percent during the past year. Of the 37 pregnant women remanded to IWP during the last quarter of 2002, 35 had serious mental health issues and/or a dual diagnosis — one was HIV positive and two had active hepatitis C complications. Without the development of a strong infrastructure, the positive steps toward healthier families recently taken by IWP would falter. Staff are overwhelmed as they identify multiple serious, unmet health, mental health and social needs in this high-risk population.

The women have often said they have difficulty obtaining needed mental health medication, as well as family-sensitive substance abuse services when they seek help outside prison. Child care, transportation, knowledge of affordable mental health resources and cost of medications

is a real problem for these women. Without extensive community linkages, appropriate housing and wraparound services, some of the women return to prison. Ex-offenders use the Indiana Family Helpline for information and advocacy assistance and many e-mail prison staff when all else fails.

To address the ever-changing needs of the offenders and their families, IWP is expanding and strengthening the program with the assistance of the federal Health Resources and Services Administration's Maternal and Child Health Bureau grant. This \$300,000 grant is being used to fund IWP's Passport for Healthy Families program — a component of the Family Preservation Program — which is committed to providing the special population of female offenders with "passports" to healthier families while they are in prison and once they are discharged. The Family Preservation Program has received additional grants through the March of Dimes, Indiana Department of Family and Social Services Administration, Indiana State Department of Health, Ascension Health Partnership, United Way of Indianapolis, Purdue Extension-Marion County, Marion County Health Department, and the Lutheran Child and Family Services.

The Family Preservation Program is also supported by the strong commitment of area hospitals, and health, social service and mental health community agencies, which knit together a continuum of healthy family services that provide women access to basic supports, including food, housing, health care and mental health care. It is the project's intent to decrease both the recidivism rate of these women and the number of children who follow in their footsteps.

There are four major components of the Family Preservation Program: therapeutic education and support groups; parental bonding/visitation; responsible mother, healthy baby prenatal and postpartum coordination; and community outreach services. The program is directed by a registered nurse and two full-time social service workers; one oversees the children's visitation center and the other is responsible for community outreach services. Another registered nurse coordinates the Responsible Mother, Healthy Baby Prenatal Program. (The two nurses, who are grant supported, work for the Family Preservation Department.)

Learning to Parent

Incarcerated mothers have a lot to learn regarding healthy parenting. Experts agree that in most cases, children benefit from ongoing healthy contact with their incarcerated mothers, since most of them will return to their children after prison. They further recommend that families begin the process of healing and rebuilding their relationships the moment the mothers enter prison.

Once these females feel safe and begin to rebuild their lives, they request help in meeting their parental needs and responsibilities. IWP's incarcerated mothers and their families may volunteer to learn improved life skills and develop supportive linkages to the community. Requests for such

assistance has grown from 35 women and families in 1996 to more than 200 in 2002. Eighty percent of these women have children younger than 18. Eighty percent of the children live in the community with a family member or friend and approximately 20 percent are in foster care. Since less than 1 percent of the children have been adopted, nearly all of them will return to their mother once she is released. As these numbers indicate, children are also victims of their mother's crime, and it is critical to provide intensive services and intervention to high-risk women and their families. Staff know firsthand that unhealthy lifestyles and violence is passed from generation to generation, as there are mothers and daughters at IWP and their sons and grandsons are in the male correctional facilities. Services such as those provided by the Family Preservation Program have been shown to decrease the effects and stop the continuation of an unhealthy and often violent lifestyle that includes drug-addicted newborns, and abused and/or neglected children who often pursue violent activities of their own.

Research indicates that programs that support and provide positive interactions between mothers and their children will reduce the costs associated with criminal justice. In fact, one program participant asserted that "my connection to my son has been my key to survival." The Family Preservation Program was developed with several outcome objectives, including to:

- Provide opportunities for mothers and children to maintain a family bond;
- Decrease the recidivism rate;
- Decrease child abuse and neglect;
- Assist mothers in addressing the special education and early intervention needs of their children;
- Provide linkages to primary care physicians for mothers and their children;
- Identify and provide referrals to address the substance abuse and mental health needs of mothers and their children;
- Assist mothers in becoming self-sufficient;
- Improve mothers' parenting skills;
- Increase mothers' and children's knowledge and ability to use community resources; and
- Decrease unplanned pregnancies and STDs.

The Family Preservation Program is comprised of four separate program components that holistically enrich the lives of mothers, their children and the caregivers through the prenatal, parental bonding, therapeutic education and outreach programs.



Inmate Michelle Hyser and Myah Hyser share Christmas moments together in the Family Preservation Children's Center.

Prenatal Program

The Responsible Mother, Healthy Baby Prenatal Program focuses on the needs of the 80 to 100 pregnant offenders who come through IWP's doors each year. Last year, 22 adolescents (ages 17 to 21) and eight offenders with significant special needs (mental, medical and developmentally delayed conditions) were part of the population of pregnant offenders.

The prenatal care coordinator meets individually with each pregnant offender upon entering the facility. Because all pregnant offenders remain at IWP after the intake/orientation process, this meeting strengthens the relationship between the offender and the program coordinator. The program coordinator completes a comprehensive assessment to identify the health and social care needs of the mothers, unborn babies, the baby's siblings and their caregivers. Expectant mothers receive their intake physical and mental health exam and are referred to the facility physician to begin prenatal care. The program coordinator and facility physician work as a supportive team with concern for the expectant woman as their sole focus. Some of the program coordinator's responsibilities include meeting regularly with offenders to review their needs and engage in problem-solving strategies and offer support; reviewing with offenders a comprehensive packet providing information on prenatal care, nutrition, shaken baby syndrome, HIV and AIDS, and substance use prevention; enrolling offenders in a prenatal education and support group that is provided in collaboration with a local hospital's prenatal nurse educator; assisting offenders in making appropriate placement decisions for their newborns or arranging for foster care or adoption; coordinating all arrangements for

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delivery, including interaction with the social services department; facilitating the labor and delivery coach program; visiting offenders in the hospital upon delivery to ensure proper care of the newborns; facilitating postpartum groups; and contacting caregivers to ensure successful placement.

Parental Bonding

The parental bonding component of the Family Preservation Program is designed to promote positive relationships between mothers and their children and is managed by a children's center coordinator. There are four program areas within this component: visitation, summer day camp, teen day and special holiday parties. Located in the recreation building, the children's visitation center, which was established in 1997, is a large family friendly room equipped with age-appropriate children's books, a large sandbox, kitchenette, toys and activities for mothers to do with their children. The center coordinator oversees all visits, assists with problem-solving and promotes mother-child interactions. Mothers in the program are given six extra visiting hours per month after completing a parenting class, being assessed and maintaining good behavior. If problems arise during the application process due to child abuse or neglect issues, the staff psychologist may intervene and provide counseling to the mother for approval to visit her children. On average, the children's visitation center serves 150 families a year.

The summer day camp, which is open to offenders' children and grandchildren ages 5 to 12, is the only camp in the country held behind the walls of a maximum-security prison. The five-day camp runs from 8 a.m. to 4 p.m. Monday through Friday during the last week of July and includes a variety of activities designed for increasing mother-child interaction. Also during the camp, the children tend to form strong bonds with one another since, for many, it is their first interaction with other children who have a mother in prison.

The children arrive Sunday night and are picked up late Friday afternoon by their caregivers. Special transportation arrangements have been made in past years to ensure that all the children can attend the entire length of the camp no matter what part of the state they reside. The Indianapolis Children's Bureau provides housing for children who live out of town. The camp is a holistic venture, as staff from each department, volunteers and offender volunteers participate to make it a success. Last year, 54 children attended the camp.

Once a year, teens ages 13 to 17 are invited to spend an activity-filled day with their mothers or grandmothers. During teen day, the teens and their mothers or grandmothers engage in problem-solving activities that are intended to establish family team-building skills. The day-long event takes place on a Saturday and includes a two-story climbing wall, computer games, a cable ride and woodworking. Last year, 47 teens and 22 mothers and grandmothers participated.

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Also, each year, various churches sponsor Valentine's Day, Halloween and Mother's Day parties. Thirty-five mothers and grandmothers and 75 children participated in the most recent party. Together they created crafts and paper airplanes, decorated cookies, painted faces and played musical games. The mothers and grandmothers and their children were also served a special lunch. Another special time of year for the inmates is Christmas, during which time they make their children gifts and hand them out during the holiday visit. In addition, several vacation Bible school church programs support a back-to-school book-bag program for children of offenders. School supplies, shoes and clothes are collected and distributed to each child registered in the Family Preservation Program.

These opportunities are important because many of the inmates have said that it is their growing awareness, through the Family Preservation Program activities, that their children need them that gives them the strength and desire to address their extensive problems. In fact, many say that is the main reason they participate in the prison's rehabilitative programs. As the women gain self-esteem, feel safe and become substance-free, their focus becomes their children and the future they hope to have as responsible mothers.

Therapeutic Education

Therapeutic education in the Family Preservation Program focuses on the needs of parents in a traditional group setting. Community agencies provide parenting classes that cover topics, such as methods of support, discipline, child development, child abuse and parenting from a distance. Similar classes that focus particularly on the needs of young mothers are provided to youthful offenders. Support groups provide mothers with encouragement and an opportunity to discuss issues relating to their situation. A support group, with an emphasis on making crafts, is provided for grandmothers to allow them to discuss their unique needs.

Outreach Program

The outreach program is designed to link mothers, caregivers and children to a network of community resources. Offenders either contact or are referred to the outreach coordinator if they believe that their children have unmet needs, which often are identified during visits. The results of this program component have been so successful that caregivers experiencing problems are calling the facility for assistance. Together the outreach coordinator and offenders complete an assessment that helps identify the social service, medical and educational needs of their children and provides assistance to the caregivers. The outreach coordinator then contacts caregivers or makes home visits, as needed, and identifies resources, such as child care,

clothing, job referrals, WIC (Women, Infants and Children), food stamps, Medicaid, TANF (Temporary Assistance for Needy Families), Social Security cards and birth certificates, that may assist the family. In addition, the outreach coordinator may intervene with school issues or issues of abuse or neglect. The coordinator uses problem-solving techniques and brainstorms with offenders and caregivers to generate solutions that best benefit the children.

A Success Story

"Sarah" was two months pregnant when she arrived at IWP two years ago. At 39, she thought of her ailing elderly mother caring for a new baby in addition to the two teenagers and the 3-year-old she left behind, and wondered how she could place this additional burden on her. At 14, Sarah had witnessed her father's murder, then dropped out of school and was in multiple abusive relationships. Her oldest daughter refused to talk to her because the daughter discovered that although she had earned high honors in school and was eligible for college scholarships, Sarah had paid for her first year of college with drug money. Sarah received letters from her 14-year-old son telling her that he was being approached to take over her business of selling drugs. She trusted no one and feared she had nowhere to turn. She was referred to the prenatal nurse coordinator. Seven months later, at 8:35 a.m. on Sept. 11, 2001, Sarah gave birth to a baby girl with her mother and the prenatal nurse at her side. The national tragedy she witnessed on television that morning made Sarah realize that her child represented hope for the future.

Through her many months of incarceration, she cried and experienced many emotions — anger, fear, desperation and joy — which she shared during her counseling and support groups. Her son and daughters visited and participated in the activities. She and her family worked hard to resolve their problems. Sarah worked toward her GED, attended life skills classes, volunteered for many projects, and worked on the yard crew and in the children's center helping new mothers adjust. She began to gain self-esteem and returned home October 2002 with a new outlook on life. The outreach coordinator maintains contact with her, offering support, monitoring her progress and ensuring continued community linkage. Sarah continued with drug counseling and guidance from a local domestic violence program. She has moved into a home with her children, who are doing well in school. Sarah is looking for a job, but has not given up hope; she received her GED and would like to return to IWP to mentor other women.

Sarah is a typical Family Preservation Program success story. This type of programming is critical to identify and develop the support needed to address lifetime issues, provide family-saving interventions and save tax dollars. Every incarcerated family deserves this passport to a healthy family.

Janet Schadee, RN, MHA, is family services director for the Indiana Women's Prison in Indianapolis.