

## Part 3:

# Home Front: Families and Drug Policy

The family<sup>1</sup> is at the core of the social, emotional, and psychological development of the child. It therefore has a special place in the UN Convention on the Rights of the Child, in which the family is seen as key to the full realization of the rights contained within the treaty.<sup>2</sup> No book about children in the context of the war on drugs would be complete if the effects on families were omitted. Drug dependence within a family, for example, can have a massive devastating influence. This is particularly the case when it comes to children of drug dependent parents.<sup>3</sup> This section, however, is not about drug use and drug-related harms. It is about how *policies* affect families—policies relating to drug dependence, law enforcement, prisons, and child protection.

The section begins with “Dancing with Despair: A Mother’s Perspective,” a personal account by Gretchen Burns Bergman, executive director of A New PATH (Parents for Addiction Treatment and Healing) of her experiences as a mother of two sons who are both heroin dependent. Both have been involved in the criminal justice system. She tells of her own feelings of despair, fear, and guilt, the effects on her family, and the conclusions she has reached about drug policies based on her experiences. For Bergman, the war on drugs only served to further harm her sons. While many parents who have lost children to drug dependence or overdose call for tougher law-enforcement measures with the intention of protecting others from such tragedy,<sup>4</sup> Bergman calls for harm reduction and legal regulation of drugs with the exact same intention.

The following two pieces deal more closely with the effects of incarceration for drug offenses on women, children, and families. Jennifer Fleetwood and Andreina Torres show how women, intentional targets of the war on drugs, are overrepresented for minor offenses (the chapter may be read in conjunction with Part 2). “Mothers and Children of the Drug War: A View from a Women’s Prison in Quito, Ecuador” shows how the proportion of women—many of whom are primary caregivers to children—in prisons for drug offenses has risen, due to a focus on drug mules in order to meet arrest and prosecution quotas. Through ethnographic research at a women’s prison, the effects

of incarceration on these women and their attempts to continue being active mothers despite their imprisonment (sometimes far from home) are discussed. For some, their only option is to have their children imprisoned with them in the same poor, overcrowded conditions.

Not all harms are headline catching. Some are smaller, more personal, yet of great importance for the individuals affected. Focusing on the effects of incarceration of parents and/or siblings, Asmin Fransiska, Ajeng Larasati, and Ricky Gunawan, consider two case studies in Jakarta, Indonesia: Diego, a young boy whose mother (who is drug dependent) has been both incarcerated for drug offenses and placed in compulsory residential treatment; and Mario, the eldest child of a poor family entrapped for a minor possession charge, and imprisoned. “Between Diego and Mario: Children, Families, and the Drug War in Indonesia” discusses the economic, emotional, and psychological harms associated with incarceration and experienced by the whole family. For many, imprisonment of a family member will plunge the whole family further into poverty. The authors ask whether it is defensible, from a children’s rights perspective, that the best interests of dependent children are not currently a consideration in sentencing for nonviolent drug offenses.

A recent report from the UK charity ChildLine highlighted the neglect, abuse, and distress experienced by children of drug- and alcohol-dependent parents through direct quotes from callers to the charity’s helpline:

“My dad is beating me and my younger brother. Dad injects something into his arm and shouts at me and beats me. My brother and I have bruises. My teachers see this and when they ask, I tell them I had a fall.” (Tyrone, age twelve)

“My mom hit me and pushed me into a wall. Every weekend she gets drunk and has a go at me. Mom leaves me in the house until 11 pm. I have to make my own food. My dad died when I was five.” (Michelle, age nine)

“My mom is taking drugs and stealing my things, which is upsetting me. I live alone with mom. My brother died when he was two years old and my dad committed suicide.” (Angie, age thirteen)<sup>5</sup>

It is important to note, of course, that all of these children were calling a helpline because they were already in distress, so this is not to suggest that these experiences are indicative of every child living

in a household with drug- or alcohol-dependent parents. But there are nonetheless too many children experiencing these kinds of problems, as a range of qualitative research studies show.<sup>6</sup> Such potential for harm justifies increased, close attention to parental drug use. In turn, policies relating to parental drug use demand scrutiny.

Part 3 concludes with “ ‘Ants Facing an Elephant’: Mothers’ Grief, Loss, and Work for Change Following the Placement of Children in the Care of Child Protection Authorities,” by Kathleen Kenny and Amy Druker of Canada, which considers the aftermath of removing a child from custody of mothers with drug and/or alcohol problems. It is not disputed (by the authors or the mothers represented in the chapter) that the best interests of the child must come first and that removal of a child from an unsafe environment may be necessary. In some cases it is requested by the mothers involved. However, the authors, through a description of their work with mothers who have lost custody of their child(ren), challenge the widely held view that mothers who use drugs are always or necessarily bad parents. They also challenge the presumption that removal from custody is always in the child’s best interests, and they detail the women’s recommendations for improved child protection policies<sup>7</sup> and parental support.<sup>8</sup>

## Endnotes

1. There is no universally accepted definition of family. For the purposes of Part 3, “family” is not limited to the nuclear or traditional family, but includes extended families, single-parent families, and so on.
2. See Preamble, UN Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, UN Doc. A/44/49 (1989), entered into force September 2, 1990.
3. As an example of the intensity of feeling surrounding this issue, there have been calls in recent years for people who use drugs to be sterilized in order to protect their unborn children from future abuse. See, for example, Jenny Kleeman, “Should Drug Addicts Be Sterilised?” *Guardian*, June 12, 2010.
4. The case of the formerly “legal high” mephedrone in the United Kingdom serves as an example. See BBC News, “Scunthorpe Parents Call for Mephedrone Ban,” March 17, 2010.
5. ChildLine Casenotes, *Children Talking to ChildLine About Parental Alcohol and Drug Misuse*, ChildLine and NSPCC, August 2010, [www.nspcc.org.uk/inform/publications/casenotes/clcasenoteparentalalcoholdrugabuse\\_wdf78112.pdf](http://www.nspcc.org.uk/inform/publications/casenotes/clcasenoteparentalalcoholdrugabuse_wdf78112.pdf). See also D. Olszewski et al., *Children’s Voices: Experiences and Perceptions of European Children of Drug and Alcohol Issues* (Lisbon: European Monitoring Centre on Drugs and Drug Addiction, 2010), 5–13.
6. From the UK, see, for example: Joseph Rowntree Foundation, *The Effect of Parental Substance Abuse on Young People* (2004), [www.jrf.org.uk/publications/effect-parental-substance-abuse-young-people/](http://www.jrf.org.uk/publications/effect-parental-substance-abuse-young-people/); Advisory Council on the Misuse

of Drugs, *Hidden Harm: Responding to the Needs of Children of Problem Drug Users, Report of an Inquiry* (London: Home Office, 2003); D. Forrester and J. Harwin, "Parental Substance Misuse and Child Care Social Work: Findings from the First Stage of a Study of 100 Families," *Child and Family Social Work* 11, no. 4 (November 2006): 325–35; A. Wales et al., *Untold Damage: Children's Accounts of Living with Harmful Parental Drinking* (Edinburgh: Scottish Health Action on Alcohol Problems, 2009); M. Barnard and J. Barlow, "Discovering Parental Drug Dependence: Silence and Disclosure," *Children and Society* 17, no. 1 (2003): 45–56.

7. A recent story from the United States highlights the need for such improvements. In the summer of 2010 a mother in the state of Florida was arrested for child neglect because her baby tested positive for cocaine through breastfeeding. The woman had called the Department of Children and Family Services as she was concerned that her drug use might be harming her child. The baby was screened and tested positive for traces of cocaine and oxycodone. Despite the mother's proactive decision to seek assistance, she was arrested for child neglect, jailed, and the baby placed in foster care. While the mother and baby are now reunited, under the court-ordered supervision of a drug treatment center, the case raises important questions on the way in which authorities deal with mothers who are drug dependent, and how they can encourage them to come forward for help. NBC Miami, "Drug Addicted Mom Abuses Child by Breastfeeding," September 23, 2010; *Palm Beach Post*, "Tequesta Woman Charged with Child Neglect After Drugs Found in Baby's Blood," September 23, 2010.
8. See D. Forrester et al., *Happiness Project Working with Resistance in Families Experiencing Violence: Option 2—Cardiff and Vale—Evaluation Report 2008*, report prepared for the Welsh Assembly Government, UK, 2009. "Option 2" is a service funded by the Welsh Assembly that works with families in which parents have drug or alcohol problems and there are children at risk of harm. A particular focus of the service is reducing the need for children to come into public care. The intervention is short (four to six weeks) and intensive (workers are available 24 hours a day). Workers use a combination of motivational interviewing and solution-focused counseling styles, as well as a range of other therapeutic and practical interventions.

## 8. Dancing with Despair: A Mother's Perspective

*by Gretchen Burns Bergman*

The world of addiction is like a never-ending dance, twisting, turning, and weaving a web of disaster. For people with addictive illness, the twirling and whirling engagement with drugs continues to escalate until an outside force restrains them or they die. For the family members, it is an intricate, partially choreographed and partly improvisational pattern. You exhaust yourself with hope, and then release yourself to frustration. You manipulate for change, only to abandon yourself to abusive victimization.

Long before I became a social advocate, and way before I was a mother—in fact from the time I was five years old—I have been a dancer. I taught dance for more than twenty-five years and seem to see the universe in terms of dance movement. I chose the label of “dancer” for myself, because it identified how I felt, and I believe that the quest for self-knowledge is one of life’s most important journeys. I have become very aware of labels over the years, as they can often be punitive and discriminatory, particularly when society places them on you. “Codependent,” “addict,” “dysfunctional family,” “ex-convict,” “enabler” . . . these are all societal assignments.

Of all the roles I have played in my life, motherhood is the most treasured. I delivered my babies by natural childbirth because my pregnancies gave me a real sense of the central core of myself, and I just knew that returning to the natural rhythms of life was right. I mean, who were these doctors to take away a woman’s right to be in charge of the delivery of her own child and be guided by her own maternal instincts! The fear of blundering when it comes to something so deeply important drove many women to turn the process over to a medical professional, and the fear of pain made it easier to numb the experience with drugs.

I loved being a mother and nursing my babies. It was a time of pure give and take, simple supply and demand. It felt natural and organic. It gave me a chance to breathe in the sweet sweaty smells of my infants’ heads and to rock in harmony with them and the universe. I enjoyed being a mother to young boys who were full of

life and mischief. I can still conjure up the smell of dirty socks after a little league game, the sound of laughter at “bathroom humor,” and wet kisses from an exuberantly affectionate eight-year-old.

I remember other parents having such tension-laden concerns about their children being smarter than others, as if it were a competition. My two sons were bright and beautiful. One had big brown eyes, brunet curls, and a thoughtful nature, and the other was a sunny freckle-faced blond with a carefree attitude. Both were clearly intelligent, so my greatest hope was that they become happy and healthy adults.

Sadly, happiness, for the most part, has eluded them, and their health has been severely affected by the insidious disease of drug addiction. Both began experimenting with drugs in their early teens, and drugs became the sludge that seeped through all the layers of our lives. Now, in their thirties, both are heroin addicts, one in long-term recovery and one still struggling to find a way to leave the tenacious and demanding grip of narcotics. They will grapple with the challenges of this chronic illness throughout their lives, and our family will continue to work to denounce stigma-induced guilt, and to walk the never-ending tightrope of when to help our loved ones and when helping is hurting.

My story of lives being derailed by addiction has an even darker chapter and a deeper emotional wound, as my older son spent eleven years of his young life in the criminal justice system cycling in and out of prison for nonviolent drug offenses and relapses. It took him longer to stop seeing himself as an ex-convict who did not deserve to have an enriched and fulfilling life, than to stop seeing himself as a hopeless addict.

People who do not have addictive illness cannot understand why an addict does not just stop the destruction of their disease. What we do not understand, we fear, and what we fear, we hate. This is how prejudice is nurtured, and why the war on drugs became such a lethal plague to our society, a constant and continuing battle that does worse damage to children and their families than the drug abuse.

When I was riding the emotional waves of my first son’s active addiction and incarceration I wrote a piece of prose called “Strangulation Tango” to describe the enmeshed interaction and relationship between mother and son. I described the incomprehensible irony of my son’s

drug use as choosing only neon sparklers in a sea of gray, instead of the vibrant and constant colors of life.

The pain that families endure is almost unbearable, but what is more intolerable is that they must also deal with the anger, blame, and shame of a fearful and ignorant society. The spider web of the criminal justice system and the punitive policies of mass incarceration that are unleashed by the drug war throw acid on open wounds. Nonviolent drug users are thrown into a violent prison atmosphere that is a breeding ground for their transformation into criminals and drug dealers.

Like a floodgate, images come back to me of the frail bodies and hollowed eyes of my eldest son and his girlfriend during their heroin heydays; of trashed apartments filled with the stench of stained mattresses, week-old garbage, dog feces, and piles of dirty clothes. I remember searching for him at night on the streets, days after vowing to let him go, but unable to rest until I found him alive. I piercingly remember earlier days and the hatred in his eyes when I tried to step between him and his drugs, and I choke over the memory of him being led down the courthouse hall, drug-sick in manacles, attached to a line of other young men. I clearly recall visiting him in prison when he appeared behind glass in an orange jumpsuit, and I could not reach out and touch my own son, whom I had nursed and nurtured; and I screamed at the cruelty of a system that would not allow a mother to hug her own sick child. Then he started the prison swagger and clipped convict conversation, and I watched his expression disappear behind a blank facial facade.

I re-experienced the survivor's guilt after each weekly prison visit, having endured the process of going into the prison and being made to feel like a criminal myself; the depression provoked by the cold, cruel atmosphere seeping into my bones; the relief of freedom when the outside gate clicked behind me, and the immediate feeling of a mother's guilt that I was leaving my son behind in this violent cement jungle.

It is impressive to see how each parental fear led to forced acceptance, only to be replaced by a greater trepidation. The first fear was about drug use—then expulsion from high school—then homelessness—then arrest—then overdose—then prison—then overdose again. A close friend and social worker says that mothers of drug addicts have a high tolerance for aberrant behavior. She is right,

and most of us have tried and would again try anything to save the lives of our children. When people tell us to let them “hit bottom,” we know that after witnessing so many overdoses, their “bottom” could mean death, so we continue to try to keep them “alive for the cure.”

It is generally accepted that drug addiction is our number-one public-health problem, yet despite decades of research showing that addiction treatment is successful at reducing drug use and arrests, we continue to employ “tough on crime” tactics, rather than providing treatment programs. We allow addiction to be handled by a criminal justice system that is totally incapable of understanding the intricacies of the disease, and is highly motivated to incarcerate its way out of the problem.

My experiences have led me to advocate against this failed policy. Our children are at the forefront of the war on drugs, and our families are the collateral damage. Instead of working in partnership with health care providers and criminal justice to intervene and usher a sick individual into proper services, families are stranded in our collective frustration and grief. There are an estimated 2.3 million people behind bars in the United States today (one in a hundred adults).<sup>1</sup> Approximately one-quarter of those people held in U.S. prisons or jails have been convicted of a drug offense.<sup>2</sup> Half a million people are incarcerated for drug crimes, more than the European Union incarcerates for all crimes, and they have 100 million more people. The United States represents 5 percent of the world’s population, but 25 percent of the world’s prison population.<sup>3</sup> Now California has a \$10 billion prison budget, largely because of drug offenses and drug-related parole violations. California spends approximately \$49,000 per year to house an inmate.<sup>4</sup> Two-thirds of people admitted to prison in California are parole violators,<sup>5</sup> which I find to be the absolute definition of “revolving door” insanity.

The increasing incarceration numbers are a direct response to our failed policies. Now it is estimated that one in four U.S. families struggles with a loved one’s addiction to drugs or alcohol,<sup>6</sup> so in addition to coping with the painful process of addictive illness, more and more families are also experiencing the devastation of having a loved one behind bars. In many neighborhoods of color and/or poverty, it has become the norm to have a parent locked away in prison for drug use or drug-related behavior. The consequences of a drug conviction may include permanent loss of educational and employment opportunities,



as well as public housing, food stamps, and in many states, the right to vote.

My younger son has recently been arrested on drug possession charges, so once again our family is trying to navigate the cumbersome and challenging criminal justice system. In the year 2000 I served as California state chair of Proposition 36, which mandates treatment instead of incarceration for nonviolent drug offenders. It was passed by 61 percent of state voters, proving that the people were ahead of the politicians in understanding this problem and the need for alternative sentencing. Every year since 2001, more than 30,000 individuals have been sent to this court-mandated treatment, and half of them had never received treatment before.<sup>7</sup> At the time Proposition 36 was passed, my older son was in prison, and although I knew that he would not be helped by this measure, I felt that it would help so many others for years to come, and would be instrumental in changing public opinion about the true nature of addictive illness as well as the addicted individual's right to services and recovery. How ironic that my second son just received alternative sentencing under Proposition 36 a decade later. It would seem that we have come full circle.

But now funding for this life-saving law has been slashed, while the war on drugs costs U.S. taxpayers roughly \$40 billion annually in direct costs and tens of billions in indirect costs.<sup>8</sup> And yet, after four decades of the drug war, it seems that drugs are cheaper, purer, and more easily obtained than ever before, while our prisons are filled with drugs, drug users, and drug dealing. We will never eradicate drugs from our society, so we had better figure out how to more conscientiously reduce the harm.

A dancer is both an artist and an athlete . . . a risk-taker with a safety net. You must be a daredevil in order to explore freedom of expression, while at the same time remaining grounded and controlled while practicing and strengthening the body. With a dancer's spirit I understand the hunger to get high, to experience more, and to enhance emotion. What is hard to fathom is watching a beautiful and bright individual lose his freedom and soul by not being able to stop the drug demons from destroying his life. But what is even more difficult to accept is the calamitous devastation of the drug war.

As I get older I am less free as a dancer. I can no longer fling myself into the universe with the same spirit of abandon. Thoughts of protecting bones and joints caution me to be more careful, just as

I try to avoid the emotional turbulence of an addicted offspring. My experience warns me not to get so distraught over their troubles, if I am to be around to enjoy their reemergence into life through eventual recovery. I say eventual, because my heart cannot dance without hope, as long as the music of life is still playing.

Ending our dependence on drugs is not just a problem in the United States; it is a global concern. The ravages of the drug wars seep through layers of our lives, and the futures of our offspring. It is not just in my own family, our communities, our state, and our country, but in other countries as well. It affects our relationship with the rest of the world. We need to teach our children to fight for human rights and dignity, and to believe in the importance and sanctity of human existence. We must advocate for an end to the war on drugs, and begin policies of tolerance, compassion, restoration, harm reduction, and healing that are directed to positive solutions for the future of our children.

## Endnotes

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# 9. Mothers and Children of the Drug War: A View from a Women's Prison in Quito, Ecuador

*by Jennifer Fleetwood and Andreina Torres*

## Introduction

The “war on drugs” harms women and their children worldwide. Mandatory minimum sentences for drug possession have driven the dramatic increase in the number of women in prison, not only in the United States but across the globe wherever a war on drugs is being fought. This chapter looks at the case of Ecuador where the number of women imprisoned has soared since 1991. The chapter draws on ethnographic research conducted by both authors in the largest women’s prison, located in Quito, the capital city of Ecuador. The first section looks at the supply-side interdiction policies implemented in Ecuador and demonstrates that women are not collateral damage but intended targets. Next, it describes how the war on drugs has changed prison and the profile of inmates as a result of interdiction efforts. The second section describes the effects of these policies from the perspective of two groups of women imprisoned in Quito: Ecuadorians and foreign nationals. We conclude that while these women’s experience as mothers/prisoners differs greatly, the war on drugs produces a number of outcomes that disproportionately punish women and their families.

## Women Mules: Targets of the “War on Drugs”

Women drug mules are often described as “collateral damage” of the war on drugs.<sup>1</sup> However, the situation in Ecuador clearly demonstrates that interdiction efforts focus disproportionately on low-level offenders, where most women in the drug trade are positioned. Furthermore, international policies have had indirect consequences that have negatively affected women and their families, both locally and internationally.

International interventions have promoted a “head count” logic to drug interdiction in Ecuador. In 2005, Ecuador and the United States

signed a bilateral agreement stipulating that for an investment of \$15.7 million in the security of the country, the United States demanded a 12 percent increase in the capturing and processing of “narco-traffickers” and a 10 percent increase in the capture of drugs in relation to the year 2004.<sup>2</sup> This logic of quantification directs interdiction efforts to interventions where large numbers of people can be arrested; in short, toward mules instead of middlemen or managers. This has disproportionately affected women.

These internationally set quotas are “topped up” with street-level drug users and dealers. The majority come from marginal populations; many are homeless, ethnic-minority women, and men of color who are arrested with insignificant quantities of drugs.<sup>3</sup> Since there is only one drug law, users and dealers are sentenced as if they were international traffickers.

Sentencing practices also fail to take into account the reasons for women’s offending, or the outcomes of imprisoning women for very long periods of time. In Ecuador, the *Law of Narcotic Drugs and Psychotropic Substances* (Ley 108) was passed in 1991. The minimum sentence was originally ten years. In 2003 this was increased to twelve years, one of the highest sentences for drug trafficking across the continent.<sup>4</sup> Mandatory minimums rule out the relevance of mitigating circumstances. In 1997, the law was modified to allow judges to take into account some extenuating circumstances such as terminal illness, age, and good behavior but not child care.<sup>5</sup> Judges adhere strictly to standard penalties to avoid potentially career-ending accusations of bribery and corruption. Thus, family situations, such as being the sole caretaker of children or parents are not taken into consideration. This disproportionately affects women, insofar as many drug mules become involved in response to poverty as a way to provide for their families. The only way to reduce one’s sentence is to provide information to the police, something few mules are able to do.

## Women’s Prisons in the Epoch of the “War on Drugs”

The war on drugs has had a dramatic effect on the structuring and functioning of prisons in Ecuador. The 1980s marked the beginning of a radical change in the profile of the female prison population, a process that took place throughout Latin America.<sup>6</sup> Women’s involvement in

drug trafficking replaced traditionally “feminine” criminalization—murders enacted in the private sphere, usually against husbands, brothers, or sons. Between 1936 and 1941, these crimes constituted 82 percent of those committed by women in prison, while 18 percent were property crimes.<sup>7</sup> By 1980, 38.2 percent of imprisoned women had committed drug-related crimes, while homicides represented only 21.8 percent of offenses and property crimes, 20.4 percent.<sup>8</sup> In 2004, the proportion of women imprisoned for drug-related charges had risen to 77 percent, many of whom were “mules,”<sup>9</sup> making the increase for such charges much more significant in women’s prisons than in men’s. By 2004 the proportion of men imprisoned for drug offenses was just 33.5 percent, while property crimes represented 36.4 percent and homicides 15.8 percent.<sup>10</sup> Consequently, the female prison population increased dramatically in recent decades; by 2004 it represented 10 percent of the total prison population, while in the 1970s it was only 4 percent. Such an increase can only be understood in the context of the aforementioned policies that have promoted a “head count” logic to drug law enforcement, often leading to the use of women as scapegoats in sentencing processes under Ley 108.

One of the most visible consequences of this population increase is the current state of women’s prisons, characterized by overcrowding, lack of funding, and generally precarious living conditions for inmates. This research was conducted in “El Inca,” the second largest women’s prison in Ecuador. Women’s prisons (like men’s prisons) suffer from chronic underfunding. State funds barely cover the cost of low-quality food (the prison spends an average of 75 cents per prisoner per day on food) and the salaries of underpaid prison guards and administrative staff. Consequently, inmates routinely complained about deficiencies in personnel that often led to mistreatment:

*prison guards here lack any formal training, they are ignorant and don’t know how to treat inmates. . . . We know we are prisoners but we are human beings and they treat us as if we were the “worst,” even though some of us have a university education. (Interview with Teresa, El Inca, January 2005)*

Overcrowding, lack of resources (including staff) meant that much of prison management was done by inmates. Improvements in infrastructure (mainly cells) and the provision of basic utilities, such as gas for the kitchens in each pavilion/block, are obtained either through collective fundraising or individual resources that usually

come from family support. In this context, “rehabilitation” efforts also become the responsibility of imprisoned women:

*if it weren't for us, we would not have anything, our own initiative has allowed us to have sewing workshops, dance, theater, and choreography groups, the choir . . . but this is only possible because of our own enthusiasm, if it weren't for us we would only have the labor workshop in which we are exploited. (Interview with Luisa, El Inca, January 2005)*

Depending on which prison block an inmate lives in (there are three), life at this women's prison can be more or less expensive.<sup>11</sup> Moreover, inmate designation to the different pavilions responds to class and ethnic rather than “technical” criteria, such as crimes committed, time of sentence, past offenses, and so forth.

*We try to group inmates according to a certain degree of affinity or homogeneity for them to be able to share a very small space. . . . We believe we can strive for a “progress” regime for those with a higher status, better customs, and who play an important role in prison and excel. These people are placed in the new pavilions and obviously have certain privileges, such as sharing a room only with one more person.<sup>12</sup> (Interview with prison psychologist, El Inca, February 2005)*

### Interrupted Motherhood in “El Inca”

Conventional conceptions of motherhood center on the notion of the family that lives together, has shared priorities, and in which the mother is the primary caregiver.<sup>13</sup> For all women interviewed for this research and their children, being arrested and imprisoned caused a sudden, unanticipated interruption in their lives, relationships, and identities. Motherhood is a central aspect of Ecuadorian and foreign national women's experience of imprisonment. A survey of inmates showed that most of the women imprisoned for drug trafficking were married or in common-law marriages.<sup>14</sup> About 40 percent of respondents were mothers, half of them shared parenting duties with their partners and the other half were single mothers.<sup>15</sup> A large proportion of mules and women involved in international drug trafficking were single mothers, but these groups were primarily composed of foreign nationals. Imprisonment posed specific challenges to Ecuadorian and foreign national women. These will be examined in turn.

## Mothering on the Inside: National Women and Their Children

Faced with little or deficient state responses for their children's situations, Ecuadorian women make difficult decisions about continuing to be mothers after imprisonment. Some who choose to have their children imprisoned with them experience the pain of seeing their children grow up in a highly negative environment. Others choose to leave them in the care of relatives and try to maintain contact with their children through visits. Some women prefer to cut themselves off entirely from the life of their children to spare them from the stigma attached to criminalization. None of these are easy decisions.<sup>16</sup>

### “Shared” Parenting

In contrast to foreign nationals, Ecuadorian women are more likely to maintain their romantic relationships once in prison. In fact, many couples “do their time” in prison together. Through a series of interviews conducted with women drug mules it was possible to identify the importance of women's romantic relationships in their decisions and motivations to get involved in drug trafficking. Many women saw their involvement in drug trafficking as an opportunity to “save” a relationship troubled by a difficult economic situation, as well as an opportunity to provide a better future for their children.

*there really aren't any jobs, there are no jobs . . . it's not easy to find a job and even though it is hard for many of us to get involved in drug trafficking, it's something easy, and you can get money, this is the most important thing, that you can get the money you need to support your children, to support your family, that's why as head of our households we are immersed in all of this. (Teresa, mother of two, El Inca)*

In other cases women become the victims of their partner's illegal activities and enter drug-trafficking activities without having full knowledge of their partner's role. In these cases they are legally incapable of accusing their spouses and are charged with the same punitive sentences. As a result many women put an end to their relationships.

For the majority, however, maintaining contact with their partners after imprisonment becomes paramount. Having their partners'

emotional and economic support may facilitate motherhood while in prison. The possibility of having a weekly or monthly conjugal visit is an important element in maintaining family unity and support. At El Inca, inmates fought for the right to have a weekly visit to the men's prison in Quito, where many of their spouses were imprisoned. In order to make this possible they had to pay collectively for the bus ride, given prison authorities' reluctance to provide this service.

While maintaining contact with spouses provided women with hope and made them feel they were not alone in motherhood, often their partner's lack of interest and responsibility for their children's upbringing generated anxiety and resentment, especially when they did not help financially. Following persistent gender patterns, when both parents are in prison, women or relatives (especially mothers or grandmothers) are ultimately responsible for the care of children.

### Imprisoned Children

Women at El Inca are also allowed to live with their children in prison. The majority of women who opted for this arrangement were Ecuadorians who did not have the resources or family support to arrange for the care of their children outside the prison. For many of these women the only other option was to leave their children in the streets. Other women simply did not trust state or privately funded services available for their children's care. Institutional ambiguity regarding the age limit of children allowed to live in prison with their mothers generated complex situations. This was illustrated by the case of a seven-year-old boy who suffered from learning disabilities and whose sexual behavior (as well as inmates' behavior toward him) was beginning to concern the authorities.

Prison authorities did not make any adjustments to assess and meet the needs of mothers. Since children were not considered part of the prison population, there was a lack of basic services such as food and accommodation. Many women had to share prison food with their children or make arrangements to buy additional food. Mothers along with their children were also concentrated in one of the most crowded pavilions, characterized by concentrating a large number of poor black and indigenous women. This pavilion was the most problematic in terms of general lack of coverage of basic necessities, intensity of conflicts and fights, drug consumption, and other issues. Many



children had to grow up and live their childhoods in this environment. This was a large price to be paid by women who fought to be close to their children or simply had no other choice.

Institutional support for imprisoned women's children was deficient. The only service available was a day-care center for infants (four to five months up to two years old) in which they were able to spend the day until lockup time (from 8 a.m. to 4 p.m.). Additional resources for Ecuadorian women were provided by private foundations, religious organizations, or state-funded programs. Nonetheless, imprisoned women have developed strong distrust regarding the services provided by these outside institutions. There is a general fear about the way their children are treated by strangers, and reports of actual cases of abuse and mistreatment. This fear and distrust explained why some women preferred to have their children inside the prison, despite the harsh reality that prison life entailed for them.

At the day-care center children received general supervision and food. However, this center was severely underfunded and depended largely on charity. During a visit to this center we were informed that much of the food provided to children came from discarded produce donated by large supermarkets. The caregivers also demonstrated a lack of sensitivity toward the mother's situation and continually expressed disapproval of their care practices. Children were viewed as victims of their mothers' "wretched" behavior and lack of responsibility. While this was particularly emphasized in the case of drug users, who were often accused of trading goods such as clothes, diapers, or formula in order to obtain drugs, very little attention was given to the rehabilitation of drug users inside the prison.

Imprisoned women's ability to be "good" mothers was called into question. Their efforts to stay close to their children were seen as selfish and irresponsible. These judgments were also made regarding women who became pregnant after being imprisoned. In fact women were required to be practicing contraceptive methods in order to be granted the conjugal visit. As the director of the day-care center expressed:

*We need to make mothers realize that they cannot have any more children. Their children are future criminals. (Interview with director of day care "La Macarena," El Inca, January 2005)*

Thus, women's desire to be and become mothers while in prison

was seen as irrational. Such accusations failed to understand motherhood as a source of pride and a reason for women to maintain a sense of purpose. Borrowing from Bourgois's account of the meanings of motherhood among women living in El Barrio (East Harlem, New York), it is precisely the "wretched living conditions" of imprisonment that make "motherhood so appealing."<sup>17</sup> In a context in which women are considered to have transgressed the law but also the gender norm, reclaiming femininity becomes an important way to achieve redemption and forgiveness. For women involved in prison politics, motherhood gave female prisoners a moral advantage (regarding their male counterparts) and became a source of legitimating their claims as imprisoned women but above all as imprisoned mothers.

### Mediated Motherhood

Continued family support is also an important element for Ecuadorian mothers doing time at El Inca, especially for those who prefer to leave their children in the care of relatives. Women at El Inca were allowed three visit days per week (Saturday, Sunday, and Wednesday). These days were extremely important for prisoners as they represented an opportunity to stay in touch with relatives, their children, and their partners. During visits relatives brought in food and general goods (hygiene, cleaning products, money, etc.) essential for survival inside the prison. Visits lasted all day.

Even though these visits may represent an advantage for Ecuadorian women, life in prison undoubtedly took a toll on family relationships and motherhood. With time, visit days generated anxiety and sadness in those who noted with melancholy how visits gradually became more scarce and irregular. Thus, maintaining contact with their children through visits and the help of relatives could become a fragile and ephemeral enterprise for imprisoned women.

Mediated motherhood was not possible for all Ecuadorian women. Some of them did not have relatives or friends who lived close enough to be able to visit regularly, or at all. Others had relatives who condemned their incarceration and preferred to isolate children from their imprisoned and "immoral" mothers.

*In one visit my relatives told me that my sister resented me, that she didn't understand how could I have done this, how could I become involved in something like this, and she didn't want to*

*come, she didn't want anything to do with these type of things.  
(Teresa, mother of two, El Inca)*

In other cases, women themselves prevented their children from knowing that they were imprisoned. Many told their children they were working or studying far away. These women could only stay in touch with their children through phone calls. Many Ecuadorian women felt as isolated from their family as foreign nationals. In turn they had to develop similar strategies to stay in touch or reinvent their role as mothers while being far away.

## Interrupted Motherhood: Foreign National Women and Their Children

At the time of this fieldwork (2005–7) approximately one-third of women in El Inca were foreign nationals. They came from all over the world (Europe, North America, Africa, and Southeast Asia) but most were Colombian. As noted above, almost all of the foreign women imprisoned in El Inca were drug offenders, the majority of whom were drug mules. Women mules became involved in the international drug trade through diverse routes. A minority had been coerced through violent threats (toward them and their families); many worked as drug mules in response to relative deprivation. This section looks at how foreign national women in prison managed being mothers and coping with motherhood while imprisoned far from home for long periods of time.

### Arrest and Interruption

All of the foreign national women were arrested as they were leaving Ecuador. Most had stayed in the country for a short amount of time and had left their children at home, usually with friends and family temporarily since many were single parents. Most claimed to be going to visit a relative or friend in another city or to be working away. All expected to be back in a few days time. Of the many worries women experienced once they were arrested, those with children were immediately concerned with the urgent issue of child care:

*I was frightened. And I was thinking my God, my life is over. . . .  
My children, what's gonna happen to them? Are they gonna go into  
my house and take all my family away? (Sarah, mother of two)*

Most respondents urgently needed to contact their family after they were arrested. However, there was no provision for arrestees to phone home. Some respondents had to wait several days before they could telephone (usually through a guard or lawyer). In some cases, families were notified by their national embassy. Donna remembers her first phone call home:

*One of the policemen . . . made me call my mom. He hid me in the cell . . . and I called my mom and said please forgive me. She says, "you're really in jail?" I said "yes, in Ecuador, in Quito". . . I was like crying and I was flipping out going please don't tell my daughter. She goes, "Your daughter heard me." So my daughter knew I was in jail but she didn't know why. (Donna, mother of one)*

In the short term, children usually moved in with godparents or relatives since most women were single parents; in the long term, most women lost their family home.

Children of drug mules lost their parents suddenly and in secretive circumstances. Women experienced an acute sense of shame and most kept the reasons for their arrest hidden from family. Some claimed to be at college or imprisoned for less problematic crimes such as incorrect immigration documentation. However, due to the high-profile nature of the crime, children sometimes found out why their parent was in prison from other sources. Children of drug mules experienced additional stigma in relation to their parent's crime. Older children often figured out that their mother was in prison and had to keep it a secret from younger siblings. Although there are important differences according to the offense committed, the effects of having a parent imprisoned are well known. Children often experience behavioral difficulties, and may become withdrawn and feel abandoned and rejected.<sup>18</sup> Children of drug mules experienced additional confusion and trauma due to the sudden and secretive nature of their parent's disappearance compounded by not being able to visit prison. Those who did know that their mother was imprisoned in Ecuador were very worried that something bad would happen.

Many women were the sole earner supporting children and/or parents before they were arrested, and loss of the breadwinner caused financial difficulties for the family. Additionally, many of the costs of imprisonment were passed on to the family: especially legal and health care costs. Although lawyers were formally provided by Ecuador, they

were notoriously unreliable and corrupt. Already poor families had to raise sums, sometimes several thousand dollars, to get a fair trial. As described above, most inmates had to pay their own way while they were in prison. This included health care, and sometimes even meals and taxis for the guards who accompanied them to hospital. Foreign national prisoners were often perceived to be rich and were tricked or bribed by corrupt guards as well as their fellow inmates.

### Long-Distance Motherhood

Drug mules served long sentences of about six to eight years. Exiled from the context in which they had learned to mother, imprisoned women invented new ways to be part of their child's daily life and to maintain their identity as mothers. Nonetheless, women's attempts were severely limited by physical distance from home and the lack of resources available to support their efforts.

Since visits were impossible, phone calls were elevated to a new level of importance as an opportunity to maintain the parenting bond and reassure children that they still cared about them:

*When I talk to them on the phone you know, they know that their mommy still loves them and one day I'm gonna get out of here safe and sound and things, you know, for me to go home and take care of them, they're depending on me, their father left them, I'm a single parent: they're my first priority. (Amanda, mother of four)*

However, the prison made no provision for inmates to maintain contact with their children. The small number of public telephones in prison were identical to those on the outside in price and function.<sup>19</sup> Calls to the United States were some of the least expensive but calling farther away (to Africa or the Far East) was more expensive. Inmates were not monitored by staff but had little privacy as a result of prison overcrowding. Considerable effort was put into raising the funds to be able to call home. Many foreign national women worked in a greeting card-workshop run by an international group of missionaries. Some managed small "businesses" such as cutting hair, sewing, or selling crafts as well as cooking and cleaning. Thus, inmate mothers replaced the everyday labor of parenting with the labor of raising funds to maintain contact with children.

Women struggled to make sense of ways to be a mother when they

were so far from home when their family was facing a crisis. This was especially the case if a family member died. Two women lost their children while they were in prison. Women, either individually or collectively, had no way to deal with the death of a child. Women spoke of feeling powerless to do anything for their families. Praying took on a new importance as something that was not weakened by either distance from children or lack of economic resources. Women prayed together as an act of solidarity. For many women prayer was seen as a strong enough force to effect material change in their children's lives.

In addition to the daily task of raising resources to maintain contact with children, women embodied motherhood in daily life. In their rooms, they proudly displayed photos of their children and drawings or letters from children. Others had their children's names tattooed on their bodies: a permanent reminder of their identities on the outside. Furthermore, women cared for children who were resident or visiting prison. Renewing their identity as (and ability to be) a mother was constructed in light of the crisis in identity experienced when they were arrested. The mothering-caring identity, as the opposite of the criminal identity, was for many to form the basis of a renewed identity when they would leave prison.

Planning and preparing for their release from prison was an important aspect of being a mother in prison. Many commented that they were in prison for a higher purpose. In particular, those with drug addictions used imprisonment as an opportunity to get "clean" so that when they returned home they could be better mothers than they had been. Nonetheless, the very small drug rehabilitation unit was underfunded and overcrowded. Its success was largely dependent on inmates who ran it themselves. Furthermore, there was almost no training or education for women in prison. The only classes available were high school classes that were of little use to foreign national women.

Finally, while this chapter has focused on mothering, this was one of many "caring" relationships and responsibilities in women's lives. In the same way that women felt anxiety for having "abandoned" their children, many women (not all of whom were mothers) felt ashamed that they could not fulfill their duty to care for parents and grandparents, especially as they grew older.

*I want to go home to see my kids, my husband and all, but most of all, my mother. Jennifer, it's like please, please do not die when*

*I'm here. You know, (voice starts to break) the way she's sick 'n everything is like, God, don't let anything happen to her while I'm here! Let me go home to hug her, just to hold her. You know, cause she's getting weaker every day. She can't walk anymore, and you know, I think my mom's the most special person to me. And if she did die while I'm here, I know I wouldn't be able to deal with it.*  
(Sarah)

## Conclusion

Men and women do not forfeit their right to parent their children because of involvement in drug trafficking. The women we spoke to in El Inca fought hard to be mothers in very difficult circumstances. Nonetheless, it is clear that motherhood and families are brutally interrupted and reconfigured by imprisonment. It would be easy to conclude here with a set of recommendations. Women's prisons should be better resourced to take into account the needs of families and it is clear that deporting foreign national women to serve their sentences at home where they can be closer to their families would give families a chance. However, we offer a more radical conclusion. As stated at the start, the large number of women imprisoned worldwide as a result of the "war on drugs" is not "collateral damage" but rather supply-side policies premised on a "head count" logic that makes women intentional targets. Such policies have disproportionately affected women and their families.<sup>20</sup> Furthermore, mandatory minimum sentences that do not take mitigating circumstances into account punish women disproportionately.<sup>21</sup> Moreover, we contend that the suffering of women in prison that we witnessed served no purpose. Women mules did not need to spend eight years in prison to prevent them from reoffending. They did not become rehabilitated or better able to provide for their family as a result of imprisonment.

However, positive directions for the future can be found in Ecuador. Since finishing fieldwork in 2007, some significant changes have occurred. At the end of 2008, about 1,500 "micro-traffickers" were released (those arrested with less than two kilos of drugs).<sup>22</sup> By September of 2009, the number had risen to 2,570.<sup>23</sup> The "pardon for drug mules" approved in July 2008 had a significant effect on women. El Inca experienced a dramatic drop in its prison population. While in 2007 the population had risen to 507,<sup>24</sup> by 2009 this figure had fallen

to just 296.<sup>25</sup> The pardon recognized that a large portion of people imprisoned for drug crimes were not appropriate targets, but rather minor players who were being punished as scapegoats. This measure, however, will have lasting effects only if it is accompanied by a broad reform of drug legislation, a process that seems to be brewing but has yet to materialize.<sup>26</sup>

### Author's note:

Jennifer Fleetwood revisited the prison in October 2010. The pardon for “micro-traffickers” has had a dramatic effect on conditions in the prison. The prison is visibly and audibly calmer. Women reported that they had been sentenced quickly, were accommodated in humane conditions, and even had access to a small number of rehabilitation programs. Nonetheless, sentences remained high (around six to eight years), the effects of the pardon are not permanent, and the number of women in prison for drug trafficking is slowly increasing.

### Endnotes

- † The authors would like to formally thank the inmates of El Inca women's prison in Quito, Ecuador, who participated in research and kindly shared their stories with us. Jennifer's Fleetwood's research was supported by a 1+3 studentship from the Economic and Social Research Council [PTA-030-2004-00460].
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## 10. Between Diego and Mario: Children, Families, and the Drug War in Indonesia

*by Asmin Fransiska, Ajeng Larasati, and Ricky Gunawan*

### Introduction: Incarceration, Family, and the Best Interests of the Child

Indonesia ratified the UN Convention on the Rights of the Child (CRC)<sup>1</sup> in 1990.<sup>2</sup> Twelve years later, Child Protection Law No. 23 was adopted to incorporate the CRC into the domestic legal framework. According to the convention, the best interests of the child must be “a primary consideration” in all matters concerning children (Article 3). When laws are adopted, policies developed, or decisions made in specific cases, the best interests of the child (determined with reference to the facts of the case and the full range of the rights of the child)<sup>3</sup> must be foremost in the conclusions reached.

The role of the family, and the importance of the family environment for the development of the child,<sup>4</sup> is explicitly stated in the convention. The preamble, which reflects the ethos of the document, though it is not legally binding itself, recognizes the family as “the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children.” It says that the family “should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community” in order that the child “for the full and harmonious development of his or her personality” may “grow up in a family environment, in an atmosphere of happiness, love and understanding.”

The binding articles of the treaty follow from this. Article 5 requires states to “respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family . . . to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.” Article 7, unique to the CRC within the UN human rights treaties, states that the child has the right “as far as possible to know and be cared for by his or her parents.” Article 8 states that the child’s “identity, including nationality, name and family relations” shall be respected without unlawful interference. Article 18 is specific to the family and requires, among other guarantees, that “For the purpose of guaranteeing and

promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children” (Article 18.2).

The family is therefore strongly protected within the Convention as an essential condition for the full realization of the rights of the child.

Imprisonment of a parent is specifically referred to in Article 9 in the context of the separation of a child from his or her parents. The article requires that children should be informed of the whereabouts of their parents where this is in their best interests (Article 9.4). While it is not explicitly stated in the CRC, it seems clear that the effect on the child or children of the accused (or dependent siblings or other children dependent on the accused), must be taken into account in criminal proceedings and sentencing. This may not be determinative, but without such consideration, the best interests of the child, and the protection afforded the family in the CRC, are not being given due regard.

Indonesia is a country that strongly adopts the war on drugs approach. The government has made drugs the first and foremost enemy and made it a top priority to eliminate drugs from Indonesia to the extent that visitors entering the country are greeted with signs reading “death penalty for drug traffickers.”<sup>5</sup> This hard-line approach has been reflected in law and policy for decades. The Narcotics Law states that all drug-related offenses shall be punishable by penal sanctions. A provision exists to permit offenders to be diverted to a rehabilitation center, but this is at the judge’s discretion and as such is rarely used. For most it remains simply words on paper. There is, however, little attention to the consequences for children when a parent or sibling is imprisoned in this way. Law enforcement bodies tend to strictly enforce the laws in a legalistic manner, and pay no attention to the social background of a defendant. How the law, as applied, can somehow affect a dependent child’s life has never been taken into consideration.

In Indonesia, bonds within a family are strong. Family, as Indonesians are taught from elementary school, is the primary environment for the development of the child and from which people are prepared to enter into society. One’s behavior is a reflection of one’s family. The problems of one member of the family will affect the other

members. It should be understood that incarceration for drug-related cases is not just a punishment for defendants—it also affects their families. If they have children, young sisters or brothers, or parents living with them, imprisonment will cause them considerable harm, including reduced economic security, reduction in psychological and emotional well-being, and stigma within the community or in school.

Some crimes, of course, are serious and require imprisonment. But in the context of drugs, the vast majority are sentenced for nonviolent drug offenses or simply for personal possession. The price, paid by the defendant and the family, is extremely high.

The following two stories, based on interviews with the families involved, highlight the negative emotional, economic, educational, and psychological effects of incarceration on children. They show how the best interests of the child and the protection of the family are ignored in the war on drugs in Indonesia. They are just two of many, many similar stories.

### **Diego: A Boy with a Big Dream**

Diego<sup>6</sup> is a twelve-year-old boy. He is a sixth grade student at a public elementary school. Just like many other children he likes to play football [soccer]. His favorite player is the famous Cristiano Ronaldo. He has always been a huge fan of Ronaldo, but although he adores an international football player, he never forgets where he came from, and that is Bandung, West Java, Indonesia. He is a diehard fan of Persib, a local football club. At school, perhaps like many other children, he does not like mathematics, but he likes Indonesian and nature science, particularly astronomy. “But he doesn’t want to be an astronaut or astronomer” says Diana, his grandmother, with whom Diego lives, “he wants to be a football player, just like Ronaldo.”

In addition to football he is also crazy about rock music. He likes Linkin Park, a modern-rock band from the United States. This is nothing strange for a twelve-year-old boy, but what is surprising is that he is so fanatical about Metallica, a legendary rock band. This is odd because Metallica is not that popular among others of Diego’s age. But this is not strange for him—his father was a vocalist in a famous underground, heavy metal band in Bandung. His father, a drug user, died of cephalitis on July 26, 2006.

Diego and his mother have lived with his grandmother since he was born. However, since last year, his mother, Rose, has not lived with them. She was put on trial for drug use, incarcerated, and later placed in a drug-dependence hospital located in Cibubur, outside Jakarta.

Rose has been using drugs for more than ten years, during which she has been arrested a number of times. On January 23, 2009, she was arrested by the police, and after a lengthy legal process, received a court decision on July 27. The court ordered her to be imprisoned for one year and eight months, but to begin with a period of rehabilitation for six months. This meant that once she got out of rehab she would still have to stay in prison for one year and two months. Since she had already served six months in detention waiting for her court hearing, however, that would be deducted from the total sentence. However, as it happened, Rose had to endure imprisonment first and then rehabilitation.<sup>7</sup>

Rose was transferred from Pondok Bambu Detention Center to Cibubur Drug Dependence Hospital (RSKO Cibubur), on Monday, February 8, 2010. It took months after her July sentence for the corrupt detention system to actually move her to the hospital. Once she arrived, hospital staff examined Rose regarding her addiction, and gave her some medication. They charged a fee of around US\$42. Lembaga Bantuan Hukum Masyarakat (LBH Masyarakat) argued on Rose's behalf that she was transferred to the hospital by court order, and that she came from a poor family. Therefore, she should be released from any fees. The administration officer at the RSKO Cibubur responded that in order to get free drug treatment, a health insurance card (*jamkesmas*—insurance for poor people) would be required. Otherwise, Rose would be liable for the fees of about US\$270/month for six months—an astronomical sum for an impoverished Indonesian family. After a lengthy, tortuous, and bewildering process, Rose was finally accepted for treatment at the hospital without any cost.<sup>8</sup>

It has been a tough and difficult year for Diego since Rose was arrested, imprisoned, and placed in rehabilitation. When Rose was at home, she liked to take Diego to school and pick him up afterward. She liked to help him with his homework. “She is very caring when it comes to studying together. She helped me a lot,” says Diego. Often, Diego slept in the same room with Rose because it helped to

comfort him, especially having lost his father. He was particularly upset that he could not celebrate his graduation to junior high school with his mother. Since the trial, Diego has seen Rose only once after she was transferred to the drug dependence hospital. When Diego came to visit his mother, Rose advised him to study well and obey his grandmother's guidance. "I was told not to play around and [that I] should study more often," said Diego.

Diana shared her grief about the change in Diego's behavior since Rose has been absent. He has become "dispirited" ever since, and "indisposed to study." He is reluctant to listen to his Grandmother's guidance and his schoolwork has deteriorated. Diana has to give extra attention to Diego, and she needs to get tough in order to ensure that he complies with her direction.

The family's income has been badly affected. Before Rose was arrested, Diana had run a small kiosk to support the family needs, but since the arrest, Diana has had to close it to pay full attention to Diego's development.

Diego does not know why his mother is staying at the hospital. He has been told she works there. He also does not understand the connection between Rose's case and the hospital. Once Diego attended a hearing, but thought that Rose was on trial for a traffic offense. Diana has sought to protect him from the stigma associated with having a parent who is a drug user. She kept Rose's addiction from him to protect him emotionally and psychologically and to ensure that he would not be bullied at school. It is widely known that drug users or addicts in Indonesia are portrayed as morally corrupt. A number of government-initiated advertising campaigns depict drug users as an evil that needs to be eliminated from earth, and other such messages. This is a result of the government's so-called war on drugs policy. As a natural consequence of the narcotics law and the advertisement campaigns, discrimination against drug users is a common feature in Indonesian public life.<sup>9</sup> "I don't want my grandson to suffer stigma and be ridiculed by his friends at school because of his mother. He has enough of it," said Diana.<sup>10</sup>

### Mario: The Hope of a Family

Mario is twenty-one years old and grew up in a dense, grubby, slum area. His house, along with hundreds more, is located next to

a railway in Roxy—one of many highly populated places in Central Jakarta. From the main street, it is about ten minutes' walk to reach his house. The street is not paved. At the end is a traditional market that makes the streets wet and attracts flies. At the end of this street market, Mario lives with his sister, Kate (age fifteen), three brothers, Mike (ten), Tony (five) and Andy (two), and his parents. Kate has a four-month-old baby named Jane. Mario's house is only two floors of six square feet, consisting of one room, where they watch television in the afternoon and sleep at night, and a very small bathroom on the first floor. The second floor is wooden and crosses from one side of the street to another side, like a bridge. It is also used as a bedroom.

Mario's father, John, works as waste plastic scavenger. He spends most days collecting waste, such as water cups and plastic drink bottles. In a week, he could collect approximately twenty kilos, earning about IDR 10,000 per kilo from scrap dealers—about US\$1. Meanwhile, his mother, Mary, works as a coconut seller at the market, just five meters away from their house.

As the oldest child, Mario's family has huge expectations of him. Since finishing high school, Mario has helped his parents to earn money by working as an *ojek* (motorcycle taxi) driver. He is the backbone of his family.

Unfortunately, Mario was entrapped by the police not far from his house in March 2009.

Mario and his friend were sitting on a couch in front of his house having returned from work. It was almost two o'clock in the morning when another friend arrived asking if they wanted to use *shabu* (methamphetamine). Mario himself is an occasional drug user, using drugs only when gathering with friends who also use. Mario was given IDR 100,000 (about US\$10) and asked to buy the *shabu*. The dealer's house is not too far from Mario's but moments after knocking on the door, two police officers arrested him. He was charged with drug (psychotropic) possession despite the fact that he had not yet paid for the drugs.<sup>11</sup> On July 13, 2009, Central Jakarta District Court found him guilty of possession and sentenced him to one year and four months imprisonment and a fine of IDR 2 million (about US\$220). If a defendant cannot pay such a fine, he or she must spend two more months in prison. This was the case with Mario, taking his sentence to a year and a half.

During the process, Mario was detained in Salemba Detention Center, and that was when the family's misery began. For rich people, going into a detention center will render them poor, and poor people will become poorer. That is what happened to Mario's family. His income as an *ojek* driver was eliminated and the costs of visiting him in prison and keeping him safe inside placed enormous burdens on the family.

Mario's family visits him once a week or once every two weeks. They take public transportation and travel quite a distance to see him. Even though it costs only about IDR 3,000–5,000 (about US\$.50 cents) per person for the transportation, this is still a large amount for this family. On arrival, more money must be spent. Every door they pass requires money: to allow Mario to come out of his cell to a hall in which he can meet his family. Every time they visit Mario, they have to spend more than IDR 300,000. This money is spent to buy decent food for Mario because of the poor quality of food in the prison. They give daily allowances of about IDR 100,000 so he can buy essential items and mobile phone vouchers costing approximately IDR 10,000–25,000 every two days (this is despite the fact that mobile phones are prohibited). This voucher is used to be resold again inside. In a month, the total expense for Mario is approximately IDR 700,000–1 million (about US\$900).

Spending an extra IDR 700,000–1 million is extremely difficult for this family. Their monthly income is only about IDR 1.5–2 million. Sometimes, the income is less if the parents do not sell coconuts or cannot go out to collect plastic waste. Half of the income is consumed by Mario's needs. The other half is used for the family. It is a very small amount with seven people to care for including two young children in school, a preschool-age child, and a baby. Every family member, including the children, faces hardship and must forgo not just treats, but essentials such as milk, clothes, and books.

Added to this, and perhaps the saddest aspect for Mario's siblings, is the feeling of being neglected. Since Mario was arrested his parents have had to give their full attention to him. Even though they do not visit Mario every day, most of their days are preoccupied with worrying about his condition. Before the arrest Mario's parents loved to play with their daughter, sons, and granddaughter. Now, the children are often left behind at home when the parents visit Mario, with no one to watch them.



The children have also lost Mario, and he was very much relied upon. Even though Kate can sometimes substitute for Mario's role as the oldest, she has a baby to take care of. Andy, the youngest, is always asking about Mario. "When will *aa* (brother) come home, mom?" he asks.

## Conclusion

It is informally known that every police officer has an arrest target of a minimum of five drug cases a month. This quota makes drug users primary targets, not to mention those innocent people who also become targets because of the need to reach quotas. Entrapment is common. Based on the Narcotics Law, entrapment and undercover purchasing of drugs is permitted. Illegal entrapment (i.e., without a superior's explicit permission as per Article 79 of the Narcotics Law) is a widespread occurrence.

Arrest quotas, entrapment, and these high conviction rates increase the number of people in already overcrowded prisons. One chamber is often occupied by 10 to 20 people, while the actual capacity is only half that. Food is poor, sanitation even worse. If a prisoner falls ill, the medical center inside cannot provide the appropriate treatment. This includes, of course, people who are drug dependent. These conditions are what Mario faces in prison. This, too, is what Rose faced. Meanwhile, Mario's family has suffered and Diego and Diana have suffered along with them.

The verdicts in these two cases failed to consider the best interests of the children who would be affected by the decisions. In Rose's case, the judges did not take into account the fact that she is a mother. In Mario's case, his importance as a breadwinner and emotional and practical support within a poor family was not considered. These factual backgrounds must be taken into account as a matter of priority if the best interests of the child as enshrined in the Convention on the Rights of the Child and Indonesian Law are to be given due regard. In this context, there is no evidence that the war on drugs has led to a decrease in drug use and/or criminality. Indeed, the evidence appears to point in the opposite direction.

According to the National Narcotic Agency (BNN) annual report for 2010, 35,299 people were convicted of drug offences from 28,382 cases. Most are for non-violent or possession offences like those above.

Based on the two cases presented here, one can only imagine the scale of harm caused to their families, their dependents and their children.

## Endnotes

1. Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp., No. 49 at 167, UN Doc. A/44/49 (1989), entered into force September 2, 1990.
2. Presidential Decree 36 of 1990 (Keppres 36/1990).
3. The Convention on the Rights of the Child is a comprehensive human rights treaty covering civil and political rights, economic, social and cultural rights, juvenile justice, and humanitarian law. It also contains various rights unique to children, including the right to know and be cared for by one's parents (Article 7). It is the only UN human rights treaty to refer to drugs (Article 33), taking a strong focus on protection instead of criminalization and punishment. Indeed, the UN Committee on the Rights of the Child, which monitors implementation of the convention, has repeatedly stated that children who use drugs should be treated as victims and not as criminals.
4. Article 6 protects the right to life, survival, and development. It is construed broadly, relating to physical, psychological, emotional, social, and spiritual development.
5. See [www.humanrightsanddrugs.org/?p=166](http://www.humanrightsanddrugs.org/?p=166). See also P. Gallahue, *The Death Penalty for Drug Offences: Global Overview 2010*, International Harm Reduction Association, 2010, [www.ihra.net/files/2010/06/16/IHRA\\_DeathPenaltyReport\\_Web1.pdf](http://www.ihra.net/files/2010/06/16/IHRA_DeathPenaltyReport_Web1.pdf).
6. Diego's name has been changed to protect his identity, as have all the names in this chapter.
7. Ricky Gunawan, "Addicted to Corruption in Indonesia," <http://asiacatalyst.org/blog/2009/12/addicted-to-corruption-in-indonesia-1.html>.
8. Ricky Gunawan, "Indonesian Odyssey: A Drug Users Request for Treatment," <http://asiacatalyst.org/blog/2010/02/indonesian-odyssey-a-drug-users-quest-for-treatment.html>.
9. Martin Lundqvist and Ricky Gunawan, "War on Drugs in RI: Demonizing the Most Vulnerable," [www.thejakartapost.com/news/2008/12/12/war-drugs-ri-demonizing-most-vulnerable.html](http://www.thejakartapost.com/news/2008/12/12/war-drugs-ri-demonizing-most-vulnerable.html).
10. [Following submission of this piece, on August 6, 2010, Rose finished her drug treatment and was released. She returned to Bandung, and now continues her life with her only son and her mother.—Ed.]
11. During this time, the Indonesian government had two regulations on drugs: Narcotics Law No. 22, 1997 and Psychotropic Law No. 5, 1997. In 2009 both acts were integrated into Narcotics Act No. 35, 2009.

# 11. “Ants Facing an Elephant”: Mothers’ Grief, Loss, and Work for Change Following the Placement of a Child in the Care of Child Protection Authorities

*by Kathleen Kenny and Amy Druker*

## Introduction

Society most often associates the combination of illicit drugs and parenting with neglected children and inadequate parenting. This school of thought is deeply entrenched in the political ideology of the war on drugs and abstinence-based frameworks, and ignores the social, economic, and cultural realities shaping parental drug use.<sup>1</sup> It fails also to mention strategies parents may use to mitigate risks of drug use. Though placing children in the care of child protection authorities (CPA) may in some cases be necessary or requested by a parent, the long-standing fracturing of family relationships resulting from this practice can have far-reaching and devastating impacts on children and parents.

This chapter will shed light on the complicated grieving experience of mothers who have lost custody of their children to CPA. First, we present relevant research on this topic, including findings from community-based research conducted in 2008 in Toronto, Canada. Drawing on this research, we share women’s insights into the connection between diminished mental health and feelings of hopelessness, anger, isolation, loneliness, and suicide and how these affect drug use and relationships with their children. Second, we describe a recently established project that brings women together to support each other, to discuss coping strategies, and to learn and share experiences through telling stories, consciousness raising, art making, and social action. Finally, we discuss steps taken by the group to establish a dialogue with CPA, and how it is hoped this ongoing dialogue can contribute to a growing shift in practice within the CPA from an abstinence-based framework toward a harm reduction approach.

## Background Research

While some forms of socially induced suffering perpetuated by the war on drugs (e.g., militarization, police violence, drug overdose deaths, and incarceration of drug users), may be more readily identifiable, parental grief following the loss of a child to CPA remains largely hidden and unacknowledged in society. Though grief is a beneficial response in processing loss, a mother's grief following the loss of a child to CPA can be complicated by a host of factors rooted in society's judgment of those who transgress gender-appropriate mothering norms; ambiguity and confusion as to whether the loss is temporary or final; lack of societal acknowledgment and understanding of the loss; the resulting trauma and its compounding effects; and finally, systemic demands placed on mothers by CPA following the loss of custody.

There is a paucity of research and information on suffering experienced following the loss of a child to CPA. Socially unacknowledged grief has been referred to as "disenfranchised," defined as a grief that is not openly acknowledged, socially accepted, or publicly mourned, and where the griever is unrecognized and often cut off from social supports in dealing with her loss.<sup>2</sup> Rather than the traditional ritual of the community gathering to support each other in the aftermath of a loss, in the case of losing a child to CPA, the mother is often avoided and shamed for having deviated from mothering norms of caretaking and selflessness. A leading grief theorist, William Worden, whose work informs much of the practice of bereavement counseling and support groups in North America, describes the "tasks of grief" in four steps: to accept the reality of the loss; to experience and work through the pain of grief; to adjust to an environment in which the lost one is missing; and to emotionally relocate and memorialize the lost one and to move on with life.<sup>3</sup> Traditional funeral rites facilitate and validate the grieving process. The loss is announced; there is recognition of the deceased person's relationship to others; there is allowance for public expression of grief; there is support for the bereaved; and there is an opportunity for members of the community to gather and to support each other. In contrast, when a mother loses a child to CPA, the significance of the loss often goes unrecognized and there are no rituals to acknowledge it.

The uncertainty of permanence surrounding losses of children to CPA also complicates grieving experiences. Pauline Boss labels losses

that are not clear or final as “ambiguous.” She explains experiences of ambiguous loss as when a loved one is physically present but psychologically absent (e.g., the experience of caring for a loved one who has Alzheimer’s disease) or when a loved one is physically absent but psychologically present (e.g., the experience of parents with “empty nest syndrome” in the aftermath of a young adult moving out of the family home). When a woman experiences losing a child to CPA, the loss can be harder to resolve because the mother may be psychologically preoccupied with the absent child. The loss may also be perceived as reversible, and therefore Worden’s first task in accepting the loss is far more challenging and obscured by a mother’s hope for reunion with her child. This can have the effect of placing the mother on an emotional rollercoaster alternating between hope and hopelessness. The lack of formal rituals and recognition of grief can further increase one’s risk of continuously reexperiencing the loss as a trauma for years after the original event. It can also result in negative health outcomes such as depression, anxiety, psychic numbing, distressing dreams, and symptoms similar to posttraumatic stress disorder.<sup>4</sup>

The loss of a child to CPA may be framed as “both the loss of a loved person and the loss of an abstraction—one’s ideal image of oneself as a competent mother,” which for some women can lead to their feeling so depressed or hopeless that they are at risk of suicide.<sup>5</sup> De Simone has examined variables that obstruct grieving for women who previously relinquished an infant for adoption, and found higher levels of grief among mothers who believed they had been coerced by others into giving up the child.<sup>6</sup> Similarly, Holli Ann Askren and Kathleen Bloom’s review of twelve studies of mothers who had their children adopted, found that mothers’ initial grief reactions were “normal” (anger, guilt, depression) but observed these emotions to persist over time and to lead to chronic and unresolved grief.<sup>7</sup>

### **Research on Women’s Experiences of Losing Children to Child Protection Authorities**

In our community of South Riverdale, Toronto, Canada, a community-based study conducted in 2007 with women who use illicit drugs and engage in sex work found that a majority of participants did not have custody of their children.<sup>8</sup> In 2008, we aimed to gain a

better understanding of women's experiences of custody loss and its lasting effects. We conducted a qualitative research inquiry with a small group of women who had lost custody of their children. We asked them what had been helpful and unhelpful following the placement of their children in care, and what could be done to support them now.<sup>9</sup>

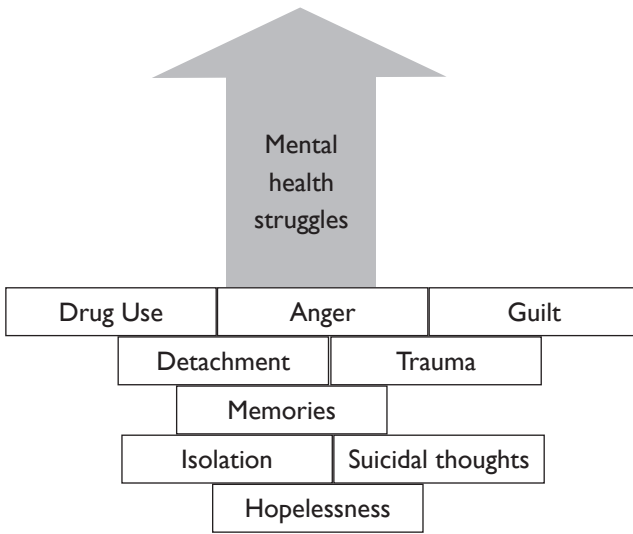
Two focus groups and three semistructured interviews were conducted with nine women who currently use illicit drugs and are street involved. Participation was voluntary and participants were provided anonymity. There was variation in the number of children women had lost custody of, as well as in the custodial arrangements with CPA and in the time period since children were placed in care. Overarching themes emerging from the data found that almost all those involved in the research project experienced increased mental health struggles and marginalization as a result of losing children to CPA. Participants also provided insight into what had been/would be helpful in terms of dealing with the loss. Significantly, many women expressed how the research process represented the first time they had been invited to share their experiences.

In our analysis, women's experiences are described on two levels, comprising both *individual* and *structural* dimensions of grief and loss.(see Figure 1) At the individual level, the women expressed a range of emotionally destabilizing factors that contributed to declines in mental health following the loss of their child(ren). Almost all of the participants described increased drug use or reinitiated drug use to cope with pain, and to numb feelings such as hopelessness and lack of purpose following the sudden and often unanticipated shift in parenting roles. As one woman recalled of her experience following the loss of her child:

*My life was empty. There was nothing else to live for. That was the purpose of my life. I had no purpose. My drug use got worse. I felt hopeless. Nothing helped.*

The women described the importance of holding on to memories of their child(ren) and viewed memories to have both negative and positive effects on their mental health. Half of the women expressed having suicidal ideation in trying to cope with the immediate aftermath of losing a child. One woman described the emotional impact of the experience as far-reaching and negatively affecting her mental and physical well-being:

Figure 1: At the individual level, almost all of the women interviewed reported increased mental health struggles (reflected in the upward pointing arrow), as a result of a range of destabilizing factors (reflected in the irregular structure of bricks supporting the arrow).



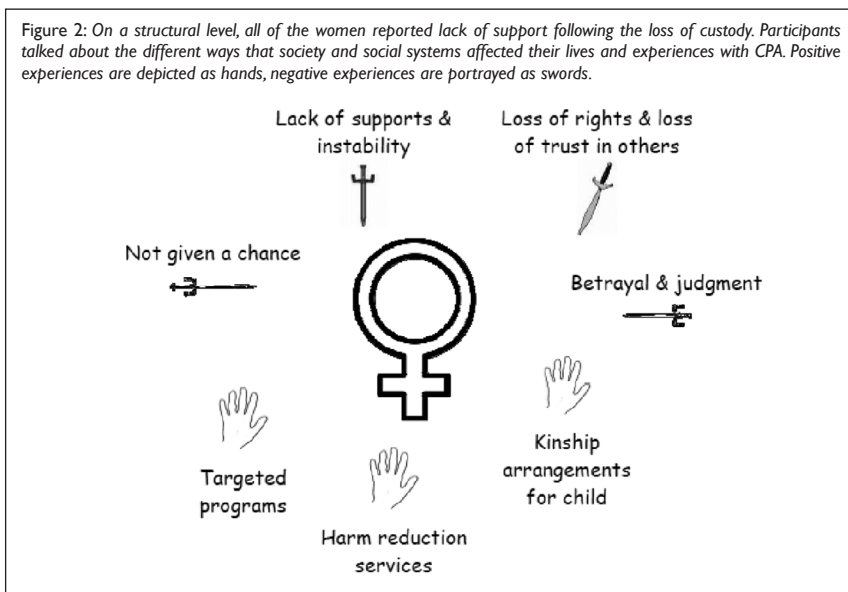
*I don't feel any more. I'm cold and distant. This feeling is not going away . . . I got into prostitution, drugs, I was suicidal . . . I don't give a fuck.*

Guilt was also identified as a source of anguish and diminished self-worth for some women, while others associated structural barriers as the target of their anger and blame rather than burdening the guilt upon themselves. A small number of women reported feelings of detachment from their child following apprehensions that took place directly after the child's birth. They described feelings of guilt because of the absence of an emotional bond with their children. For the majority, the trauma experienced following a child apprehension by CPA and the continuous reexperiencing of this event was viewed as debilitating and as having compounding effects on mental health problems. All of the women had extensive histories of trauma in their lives. One woman recounted her experience:

*It seemed like she just came out of my belly and these people were ripping her away from me . . . I lost my housing; I couldn't be in the house without my kid . . . I couldn't walk by her room to go to the bathroom and see the room empty. It was devastating.*

A consistent experience was the lack of support in dealing with the emotional pain, deep-rooted anger, and social isolation following the loss of custody, while concurrently facing great demands from CPA. Individual-level experiences following the loss of child(ren) were found to be largely mediated by structural forces such as poverty and unresponsive social service agencies. Commenting on their experiences of systems following loss of child custody, all of the women spoke about ways in which structural forces resulted in instability, feeling judged by society, and loss of parental rights. They expressed that they either had not been offered social support to deal with the loss of their children or that the support offered was largely unhelpful. They also shared a small number of initiatives considered helpful, and these included kinship custody arrangements through CPA, as well as harm reduction services and programs targeting pregnant women/mothers who use drugs and/or alcohol (see Figure 2). In terms of unhelpful experiences with systems, women expressed feeling powerlessness, as well as negatively and unfairly judged in their encounters with CPA:

*If you're poor, you're a bad parent . . . you're classified . . . belittled by [CPA]. . . You're judged.*





The experience of having a child placed in care had destabilizing effects on the participants' lives, including losses of housing and employment. Many demands were also placed upon them at a time when they considered themselves least capable of compliance. Such demands included urine screening appointments (often supervised by a stranger and not necessarily a woman), hair-strand testing, drug use counseling or treatment programs, housing appointments, parenting courses, and psychological testing.

A majority of the women considered CPA's role to be adversarial and felt they were not provided with opportunities to prove themselves as parents or to establish collaborative relationships with CPA workers. One research participant explained:

*I would have liked [CPA] to have given me a chance to prove myself. . . . Any mother who wants her children should be given a chance before putting her child up for adoption.*

Feelings of betrayal were also identified and were pointed to as a source of distrust felt toward CPA and other service providers. Three women reported how their children placed in the care of CPA had been raped, assaulted, and/or murdered. These women spoke about not being able to come to terms with having been unable to protect their children from harm. CPA had removed children from family situations considered to be high risk, but it was felt that these children faced far greater risk within the CPA system.

Through our research process, insights were also provided into what would be helpful to support the grieving process and to address the ongoing impacts of custody loss on mothers. Group support and one-on-one support were considered to be equally beneficial. In discussing the possible group structure, emphasis was placed on the importance of a small group size, art-based activities, and advocacy initiatives. One woman suggested:

*Groups would be helpful to share with people going through the same thing. We are all mums whether we have just lost custody or our kids have been adopted. Holding a discussion group for each CPA office would be good, to have them listen to parents and to understand what parents are dealing with, so they give the support parents need and are considerate of what parents are dealing with.*

In response to these recommendations, and with their active

involvement we began planning a pilot that would serve as a space for discussion of experiences, validation of grieving, and advocacy for social change. In June 2009 our planning culminated with the start of a fifteen-week pilot group called the “Grief and Loss Education and Action Project.”

## The Grief and Loss Education and Action Project

The Grief and Loss Education and Action Project is a partnership project between South Riverdale Community Health Centre and the Jean Tweed Centre in Toronto and is facilitated by a community worker from each of these agencies (the authors of this chapter). At present, the project has recently begun a third fifteen-week group with women who use illicit drugs and are street-involved. Each two-hour session begins with a ritual of meal sharing (with seasonally available foods) and check-in (where women share how they are feeling), and concludes with a check-out (where women evaluate the session) and the provision of public transportation tokens and a \$10 honorarium for each participant. During our initial meetings, we invite participants to create group guidelines, which include a “no judgment policy” related to drug use (in other words, women are always welcome to join us regardless of whether they are using or not). We also focus on having the women identify topics of interest for further exploration and we create a list of possible guest speakers (e.g., representatives of CPA, a family lawyer).

In response to the women’s interests and reinforcing the empowerment orientation of our group model, the group is planned around the central themes of telling stories, consciousness-raising, art making, and social action. Safer coping strategies and self-care are also regular topics at each group meeting, and each session typically includes the practice of grounding exercises, mindfulness meditation, or discussion of strategies for growing compassion toward self and others. The ongoing option of one-on-one support from a social worker or group facilitator is also available to participants if needed. We conclude the fifteen-week group with a celebratory lunch at a restaurant during which the women are presented with a certificate of participation. In response to participants’ expressed interest project “graduates” continue to meet on a monthly basis with facilitators, where they provide support to one another, carry on action-oriented

work aimed at outreach to other mothers, and raise awareness and advocate for changes in how CPA works with mothers who use drugs.

## Telling Stories

*Heavy is the heart whose story has not been told. My heart is lighter because you listened.*

Scottish parable

We live in a world full of stories. Stories tell us who we are and where we belong. Stories help us make meaning of our lives. Sometimes stories become saturated with problems, but there are always openings to create new meanings or ways of viewing ourselves in relation to others. Narrative therapy conceptualizes our identity as being shaped by narratives or stories shared about ourselves, and in this endeavor aims to expose alternative stories of resistance and resilience alongside problem-saturated stories. As a starting point in this process, we invite women early on in the group to bring with them something to share that is symbolic of their grief. One woman brought in lyrics of a song, another brought in photographs of her children, and another pointed to her tattoo. The activity creates an initial opening for stories of grief and loss to be told.

A second storytelling activity involved mapping out experiences of grief and sharing them. In this activity, we describe Worden's tasks of grief (explained earlier in this chapter) and explore how the grieving process unfolds in the absence of ritual or acknowledgment of the loss. We then invite the women to creatively represent their own stories of grief and to share these with the group. Feelings of anger, numbness, sadness, and guilt were strongly shared, as were love and hope to escape the cycle of grief in the future. Following this, women from one group brought together their grieving cycles and collectively represented their experiences in an explanatory brochure to share with others.

A third storytelling activity borrowed from narrative therapy, involved letter writing to a feeling (such as anger, hopelessness, etc.) that women identified as most affecting them in the aftermath of their loss. This technique aims to externalize the "problem" from the individual, and in so doing, allows women to reconsider their relationship to the "problem" and its range of influences in their lives—thus the narrative motto: the person is not the problem, the

problem is the problem. In discussing what to do with the letters, one group decided to discard their letters into the lake—a symbol of closure and desire to move forward from these feelings.

## Consciousness Raising

*Consciousness raising n. an intentional focused awareness on a social or political issue, usually involving the linkage of personal troubles to larger societal factors.*

Consciousness raising, often associated with the social and cultural “revolution” of the 1960s, is integral to the process of critically analyzing societal forces (e.g., classism, racism, sexism, drug policy) contributing to drug use and dependence and the loss of custody of a child. It is through group discussion that insights are shared and women deepen their social analysis of power and social justice, and how these intersect with individual and collective experiences with CPA. To further facilitate this process, we draw upon an art-based activity called *The Road Travelled*, a variation of a community development activity from the Elsipogtog First Nation, a Mi’kmaq community in New Brunswick, Canada. The objective of the activity is to examine the intersection of individual, community, and system-level factors contributing to CPA apprehensions.

The backdrop of *The Road Travelled* consists of a painted mural of a winding road with mountains, a sun in the background, and trees in the foreground. The road symbolizes the women’s journeys of losing custody of their child(ren). A series of symbols are then used to represent the many factors (individual, societal, or systemic) that have had positive or negative influences along the way:

Boulders represent barriers to keeping families together. Women identified a range of barriers including low self-esteem; childhood abuse; lack of parenting role models; low self-control; relationship problems; poverty; judgment concerning responsible drug use; lack of support; unfair bias toward parents who were raised in CPA foster care; power imbalance between parent and CPA; and loss of parental rights once a child is taken into care.

Turtles represent sources of healing for women following the loss of child(ren) to CPA, and included holding on to good memories; forgiving

oneself; having faith their child will grow up and understand; opening up to one's feelings; and feeling loved by child(ren).

Bears symbolize those strengths that have helped women to survive and overcome barriers. These included supportive friends; having faith in oneself; having a job; supportive community organizations; talking and sharing stories of children; and helping other women.

And finally eagles symbolize those commitments women are prepared to make to effect change either on a personal, community, or systemic level, such as building relationships with foster families to stay connected with children; finding hope and courage for reconnection with children; sharing experiences with others; and helping CPA to understand the trauma experienced by those who have lost custody of their child(ren).

Through this activity women gained more awareness of the social realities shaping parenting experiences, and were challenged to delineate between individual and societal-level forces that resulted in losing custody. Insights gained through this re-visioning exercise are summarized in a brochure developed by group members, which aims to educate service providers and CPA workers about women's experiences.

## Art Making

*We believe that the arts are a means of communication, education and liberation, answering the need to express common values, concerns and experience; that through the sharing and development of creative activity, people—who because of [the way that society is structured, pushing some to the margins] are seen as receivers and consumers—can become contributors and sharers.*

Fran Herman and James Smith, 1988<sup>10</sup>

Throughout the project women responded positively to opportunities to make art. These included ongoing availability of art supplies for doodling or drawing during meetings, as well as art-based activities such as grieving cycles and The Road Travelled. Body mapping, however, was enthusiastically embraced as the favorite activity.

Body mapping's effectiveness as a storytelling tool was first documented in sub-Saharan Africa, where women living with HIV sketched and painted stories of their journey with the virus. After

explaining this activity, women were invited to outline their bodies on large sheets of paper and then artfully represent their stories of grief, loss, and hope for the future with paints, words, photographs, fabric, and so on. The timing of this activity (about midway through the fifteen-week group) was in response to our sense that women seemed to be in different places, while some seemed to be wanting to keep telling their stories of grief and loss, others seemed ready to “take action.” We felt body mapping could meet both of these needs, in terms of the process of doing the activity (storytelling), and the outcome (the body maps themselves used as advocacy tools). Women were invited to write a narrative explanation to accompany their body maps. Those who wished, placed their body maps and narratives in a brochure with the objective of sharing their stories so that other women might not feel so alone in their struggles with CPA, and to help service providers gain insight into women’s experiences.

## Social Action

*Ac-tiv-ism n. a doctrine or practice of taking direct intentional action to achieve a social, political, economic, or environmental change.*

Early in the project, group members identified action-oriented goals aiming to change how CPA and other service providers work with parents who use drugs. We discussed different ways this might begin to happen. The women suggested that the group arrange a meeting with a CPA representative to tell their stories of loss and to share their ideas about how the child welfare system could change to better meet the needs of families affected by illicit drug use. Toward the end of our first group cycle, a meeting was arranged with a supervisor from Metro Toronto Children’s Aid Society (the largest board-run child welfare agency in North America).

The women were surprised at the respectful dialogue that ensued with CPA. During the exchange, women spoke about their experiences with CPA, both positive and negative, as well as their recommendations for change. Group members drew attention to the belief that poor families were unduly targeted, that families with histories of drug use were prejudged as unfit parents, as were those parents who themselves had been in the custody of child protection as children. The intrusiveness of child protection

services was also identified as feeling belittling and unfair toward families. In terms of positive experiences with CPA, one woman identified having a worker “who believed in me” and worked from a harm reduction perspective. For this woman, it was these two factors that made the biggest difference in mitigating the effect of having her child apprehended. On a macro level, women flagged issues of deep-rooted discrimination against people who use drugs, as well as the lack of affordable housing, and poverty. One woman discussed how society “assumes that women who use [drugs] don’t love their children,” and that “parents who use are bad parents” and highlighted the inherent injustice and incorrectness of these assumptions. Women also shared educational resources they had developed and addressed the urgent need for more child care respite to support parents, better screening of foster-care parents, as well as support for mothers before, during and after a child goes into CPA’s care.

The need for parents to be involved and consulted as much as possible in the process of taking children into care was also stressed. One woman proposed that a support person be selected by the parent to provide immediate support, as well as to inform parents of their rights, and to seek out safe housing and mental health support for the mother during and after the loss of custody.

The CPA representative listened to women and affirmed their grief, anger, and frustration with the system. She also reported on new directions being undertaken by CPA, including a “Best Practice” document for CPA intake workers on how to work with families affected by drug use. At the end of the meeting, the women were invited to consult in the development of this document. The women unanimously agreed to participate in an ongoing dialogue with CPA concerning this issue and the meeting, they described the experience as both positive and empowering, and felt their stories, concerns, and ideas were heard and validated.

## Learning from the Project

Drawing on quantitative and qualitative measures of grief, self-esteem, anxiety, depression, social support, and drug use, pre- and postevaluations were completed by almost all participants in the project. While a comprehensive review of our evaluation findings is

beyond the scope of this chapter and the number of mothers ( $n = 10$ ) who completed the program is small, participants spoke about the strength derived from sharing their stories and receiving support from group members to deal with their pain. Women further reported a positive effect of the project on their mental health, including increased self-esteem, hopefulness, resiliency, and personal agency, as well as reduced isolation, shame, and guilt. Though reunification of the family was not an intended outcome of the group, it is also notable that almost half of the women in the project have taken steps, with the support of group members and facilitators, to reconnect with their children in different capacities.

Two key themes of “dead alone” and “ants facing an elephant” emerged from women’s stories shared in the group and are explained below.

Dead alone was a poignant phrase one woman used to describe her feeling of isolation after losing her child, and this theme was unanimously agreed upon as a term that captured women’s experiences. Numbing was also identified, and increased drug use was viewed as a way of forgetting feelings of shame, guilt, “dead aloneness,” sadness, and anger. Women also described self-punishing behaviors, including unsafe drug use and sex work, and even the deliberate placement of themselves in harm’s way, as a means of coping with isolation, shame, and pain associated with their loss.

Ants facing an elephant was another striking phrase one woman articulated to describe the feeling of powerlessness in relationships with CPA. Women identified feeling powerless for many reasons—from the deeper issues of poverty, race, gender, and social environment, to the system’s failure to support mothers in the traumatic aftermath of losing custody, as well as exclusion from the legal process due to ineffective legal counsel. Group members also discussed the challenging power dynamics with CPA workers who consider illicit drugs to be more dangerous than licit drugs and equate parental illicit drug use with inadequate parenting. The women also reported difficulties with CPA workers who were not versed in (or plainly disagreed with) harm reduction approaches, including methadone maintenance treatment.



## Looking Forward

We began a third fifteen-week group cycle in January 2011 with nine women. In response to women's interest, project "graduates" from the previous two groups continue to meet on a monthly basis to support each other and to work on projects centered around outreach to other mothers, awareness raising, and advocacy efforts to support a shift in CPA from an abstinence-based framework toward a harm reduction approach. We have also been exploring a historical timeline of the child protection system and have begun public-speaking training with women to prepare for presentations and educational workshops that we hope to offer to social service providers, social work students, health practitioners and local CPA organizations.

Despite the turbulence of daily life and the challenge of working through one's own grief, the women in the project have demonstrated remarkable strength to support others who are experiencing similar pain. In this capacity, the women have opened up new spaces for dialogue with other mothers in our community whose families have been involved with CPA. Far exceeding our initial expectation for the project, the women have gained much momentum in working toward their goal of a transformed child protection system in Canada—where all women who want to parent their children are supported in their efforts to do so. Recognizing the complex factors shaping drug use and associated harms in Canada (e.g., poverty, drug laws, colonization of Aboriginal peoples, violence, and inequalities of race, class, sex, and gender), it is timely that we introduce alternate and nonjudgmental views of mothers who use drugs, particularly mothers who are poor and/or from racialized communities, who are most vulnerable to state intervention and intersection with the war on drugs. As for recommendations toward achieving this aim and realizing women's vision for systemic change, these are best set out in the words of the women themselves, who created a manifesto addressed to the Children's Aid Society (CAS) the Canadian equivalent of Child Protection Authorities:

## A Hope for Things to Change: Mothers & CAS

**1. We are ants facing an elephant.** We are women who have survived abuse, poverty, lack of parenting role models, and have been negatively labelled by society. These experiences make us strong and we want workers to see the positives in our lives.

**2. Programs and support should be available to keep our families together.** We need more affordable child care options, safer housing, and health and social services which meet our families' unique needs. Crisis counselling/grief counsellors should be present at time of apprehension to offer support to parents (and children).

**3. CAS workers should be trained on harm reduction.** We need workers who are knowledgeable about illicit drugs, methadone and other prescription drugs. We want workers who recognise ways in which women's drug use can be shaped by social factors, such as poverty, abuse, drug laws, and inequalities of race, class, gender, and sexuality. We need workers who believe in harm reduction and who respect us as people who practice harm reduction. We need workers to be considerate of our feelings as mothers and as human beings.

**4. CAS workers should see our strengths and be trained on anti-oppression.** We need workers who do not want to exert power over us. We want workers who see and want to build on our strengths, and work with us to figure out steps to reconnect or keep our families together.

**5. More rigorous and mandatory screenings and reviews of foster parents.** Too many children have experienced trauma and abuse while in foster care. Parents have rights to know where kids are and how they are being treated. We want the right to request a hearing if we suspect that our child is being mistreated in foster care.

**6. Parents should be provided with regular updates on their kids** (including report cards, activities, medical information). Kids have a right to know about their identity—their parents, grand-parents, cultural background, and medical history. Parents should be able to participate with CAS and foster parents in decision-making that affects their kids.

**7. Visitations should be more personal.** Parents should feel comfortable and not feel humiliated when visiting children. Parents don't always know how to act on supervised visits and should be given tips to relax and get the most out of each visit. Ideally, recreational programmes should be available to parents and children during access visits.

**8. Mothers should be offered well-informed and committed lawyers.** Women should be informed about their legal rights as parents, and workers should encourage a parent's right to have a lawyer to address issues with CAS.

**9. Mothers need parent-advocates within CAS.** Women need parent-advocates to support them and ensure they understand what is going on with their child and custody arrangement.

**10. Loosen the chains.** As women make progress to stabilise their lives, CAS should seek out and acknowledge positive changes and be open to re-negotiating custody and visitation arrangements.

**11. More support groups and counselling for women involved with CAS.** Governments should give money to support different community programmes for women who have been involved with CAS both pre and post apprehension. Free transportation should be available to ensure women have opportunities to share their grief and trauma, and to work for change.

## Endnotes

† This chapter is dedicated to the courageous women who have participated in the Grief and Loss Education and Action Project. It has been a privilege to learn from your immeasurable wisdom, strength, and vision. We also wish to acknowledge Molly Bannerman as a supportive force behind this project.

1. See Susan C. Boyd, *Mothers and Illicit Drugs: Transcending the Myths* (Toronto: University of Toronto Press, 1999); and idem, *From Witches to Crackmoms: Women, Drug Law, and Policy* (Durham, NC: Carolina Academic Press, 2004).
2. Kenneth J. Doka, *Disenfranchised Grief: Recognizing Hidden Sorrow* (New York: Lexington Books, 1989 [updated, 2002]).
3. J. William Worden, *Grief Counseling and Grief Therapy* (New York: Springer, 2002 [updated, 2008]).
4. Pauline Boss, *Ambiguous Loss* (Cambridge, MA: Harvard University Press, 1999).
5. S. Novac, E. Paradis, J. Brown, and H. Morton, "A Visceral Grief: Young Homeless Mothers and Loss of Custody," Research Paper 206, Centre for Urban and Community Studies, University of Toronto, 2006.

6. Michael De Simone, "Birth Mother Loss: Contributing Factors to Unresolved Grief." *Clinical Social Work Journal* 24, no. 1 (1996): 65–76.
7. Holli Ann Askren and Kathleen Bloom, "Postadoptive Reactions of the Relinquishing Mother: A Review." *Journal of Obstetric, Gynecologic and Neonatal Nursing* 28, no. 4 (1999), 395–400.
8. Molly Bannerman, "Women's Harm Reduction and Community Safety Project," South Riverdale Community Health Centre, Toronto, 2007.
9. M. Bannerman, K. Kenny, and C. Judge, "Women and C.A.S.: Experiences of Grief and Loss," South Riverdale Community Health Centre, Toronto, 2009.
10. F. Herman and J.C. Smith, *Accentuate the Positive! Expressive Arts for Children with Disabilities* (Toronto: Jimani, 1988), 5.

## Discussion Questions

1. The costs to individuals incarcerated for drug offenses, and to their children and families, are outweighed by the benefits gained by society. Discuss.
2. Arrest quotas feature in two of the chapters in this section. What is the role of such quotas in law enforcement? Are they a legitimate incentive, or do they lead to corruption and a focus on “soft targets”?
3. Fransiska, Larasati, and Gunawan call for the impact on child dependents to be considered in sentencing for nonviolent drug offenses. Do you agree? Which considerations could be taken into account? Above what threshold of seriousness might this consideration be disregarded?
4. The best interests of the child are always best served by removing children from the custody of a parent who uses drugs. Discuss.

