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Advocates' perspectives on the Canadian prison mother child program

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ABSTRACT

Aims: Over twenty years ago, Correctional Services Canada launched the Mother Child Program (MCP) to mitigate harms of separating incarcerated mothers from their babies. It has never been subjected to internal evaluation or independent study. The aim of the qualitative study was to explore the experiences of advocates employed by Elizabeth Fry Societies (EFS), community organizations dedicated to the support of incarcerated women, with respect to supporting people who were pregnant or had young children while federally incarcerated and did or did not participate in the MCP.

Design: This study uses a qualitative design, rooted in abolition feminism.

Methods: Data were collected between 2020 and 2021 through semi-structured interviews with twelve people employed by EFS in advocacy roles. Data were analyzed using thematic analysis.

Results: Respondents described supporting clients who experience the trauma of repeated separation from their children, increased vulnerability to child protection services, inadequate health care, and the conflict between addressing immediate harms and resisting prison expansion.

Conclusion: Advocates working for EFS have an in-depth understanding of the complex factors underlying client participation in the MCP. Findings point to the urgent need to address the inadequacy of the MCP as a solution to parental incarceration.

Impact: Although we make recommendations related to recognizing the impact of maternal incarceration on children and families, improving access to perinatal care, and collecting data on the number of children affected by parental incarceration, our overarching recommendation is to question if expanding the MCP is the best possible recourse to the trauma of maternal criminalization.

Patient or public contribution: This study was designed in consultation with advocates working for Elizabeth Fry Societies with experience supporting people who had been pregnant or parenting while federally incarcerated, and people with lived experience of being pregnant or parenting while federally incarcerated.

1. Introduction

For mothers in prison, a dominant concern is maintenance of their relationship with their children (Breuer et al., 2021). Mother child programs (MCP), which allow children to live with their mothers behind bars for the first months or years of their lives, are often touted as solutions to the socio-psychological harms associated with increasing rates of maternal incarceration (Riley, 2019). But incarcerating children with their mothers is not a new phenomenon in North America (Yager, 2015). The well-known Bedford Hills Correctional Facility prison nursery in New York began in 1901 and continues to operate. In Canada, there is evidence mothers kept their babies with them in prisons since the 1850's (McCoy, 2016). In its current form, the federal MCP in Canada allows incarcerated mothers who meet eligibility criteria to have their children reside with them full-time up to age four, or part-time to age six, irrespective of whether the child was born while the mother was in custody. The MCP applies to each of the six federal prisons for women across the country. Federal prisons incarcerate people who have received a sentence

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of at least two years; provincial jails in Canada incarcerate people with sentences of less than two years or who are remanded to custody pending trial. On any given day, there are approximately 700 people incarcerated in federal prisons designated for women in Canada, most of whom are mothers (Correctional Services Canada, 2019). Data about pregnancies and births among federally incarcerated people are not available.

Canada's MCP stemmed from recommendations made in a national report called *Creating Choices*, published in 1990 by the "Taskforce on the Future of Federally Sentenced Women" (TFFSW). The TFFSW was a partnership between women's organizations including the Canadian Association for Elizabeth Fry Societies (CAEFS), a consortium of non-profit organizations dedicated to supporting incarcerated women, and Correctional Services Canada (CSC), the federal prison service. *Creating Choices* presented a "women-centred" vision for the future of the women's federal institutionalization, involving a system of regional cottages across the country, no fences, and an MCP. While regional facilities were built, and the MCP established by about 2000, the general implementation of *Creating Choices* did not live up to expectations. Since that time, the MCP has been subject to minimal internal or independent evaluation (Paynter et al., 2020). Furthermore, CSC does not track or publish the number of pregnant people in their facilities, births that take place while people are federally incarcerated, or the number of children affected by maternal incarceration.

Participation in Canada's MCP requires classification as minimum or medium security; assessment and approval by the provincial child protection agency; not having a mental health diagnosis indicative of being "incapable" of caring for a child; not being convicted of an offense against a child or endangering a child; and not subject to a court order preventing them from having custody (Correctional Services Correctional Service Canada, 2020). Participants must identify an "alternate caregiver" in the community in which the prison is located "who agrees to make decisions related to the child and/or care for the child in the event of emergency, suspension of the program and/or termination of the program." (CSC, 2020, p. 1). With only six prisons for women in the country, mothers are unlikely to have a strong support person nearby. That likelihood is lower for Indigenous people from remote reserves or the North. MCP participants must also select a babysitter within the institution to watch the child while they attend mandatory programs. The babysitter must meet the same eligibility requirements and complete training including First Aid/CPR.

Our earlier papers examined participation levels in the MCP (Paynter, Martin-Misener, Iftene, & Tomblin Murphy, 2022b) and experiences of federally incarcerated mothers with respect to the MCP (Paynter et al., under review). In the first paper, we found evidence of very low rates of MCP participation over the past two decades, particularly among Indigenous women. In the second paper, we found most mothers felt participation in the MCP was impossible given strict eligibility requirements; or problematic, involving the acceptance of layers of surveillance, not only from the federal prison system but also provincial child protection systems.

The prison and child protection systems colonial structures disproportionately control and harm Indigenous people in Canada (Truth & Reconciliation Commission of Canada, 2015; National Inquiry into the Murdered and Missing Indigenous Women and Girls, 2019) and represent extensions of the Residential School regime. The Residential School regime caused the forced displacement of 100,000s of Indigenous children from their families and communities to church-run institutions where the children were subjected to sexual, physical and mental abuse, and thousands were killed, resulting in generations of trauma and health harms (Bombay, Matheson, & Anima, 2014; Knockwood, 2015; Wilk, Maltby, & Cooke, 2017). Many survivors of the regime, or children of survivors, experience continued institutionalization through the prison system.

Indigenous women are grossly over-incarcerated in Canada: over 50% of people in federal prisons for women are Indigenous (Office of the Correctional Investigator, 2021), despite being less than 5% of the population of women in Canada (Statistics Canada, 2021). The incarceration of Indigenous women forces untold numbers of Indigenous children into foster care arrangements. In Canada, more than 52% of children in foster care are Indigenous (Canada, 2022). Further, perinatal health services in Canada are experienced as sites of anti-Indigenous racism, neglect and violence, with punitive consequences for Indigenous women and their children (Smylie & Phillips-Beck, 2019).

In this paper, we explore the experiences of advocates working for Elizabeth Fry Societies and their support for clients with respect to the MCP. Elizabeth Fry Societies are the primary organizations in Canada dedicated to the support of incarcerated women, trans and non-binary people, through legal advocacy, housing support, employment opportunities, and other services. CAEFS has authorization to enter all the federal prisons for women to examine the conditions of confinement and communicate concerns with prison administration as well as the Office of the Correctional Investigator (OCI), the federal prison ombudsperson, and the Minister of Public Safety, responsible for the federal prison portfolio. Elizabeth Fry societies are mostly staffed by women and most roles are frontline-service-oriented, such as organizing housing, providing programming, or advocating for human rights protections. These advocates, mostly women, trans and nonbinary people, are infrequently given a platform to share their knowledge.

At the frontlines of advocacy for prisoners, CAEFS workers face the further conflict of needing to address urgent human rights abuses they observe in practice-often by negotiating with wardens and parole officers-while aiming to advance the long-term goal of reducing the presence of prisons in society. Indeed, since 1993, despite the presence of CAEFS in federal prisons for women to bear witness to and speak out against poor conditions, the promises of *Creating Choices* were never achieved, and the population of women in these prisons has ballooned. An abolitionist approach to examination of the MCP recognizes the MCP as a prison expansionist project that not only normalizes the incarceration of pregnant people and parents of young children but incarcerates the newborns themselves.

We conducted a qualitative study to explore experiences of advocates employed by Elizabeth Fry Societies with respect to supporting people who were pregnant or had young children while federally incarcerated and did or did not participate in the institutional Mother Child Program.

1.1. Literature review

The association between MCPs and reduced recidivism is often cited as justification for their operation (bib_goshin_et_al_2014Goshin, Byrne, & Henninger, 2014). The appropriateness of reduced recidivism as a goal for MCPs-as opposed to improvements in indicators of maternal and child wellbeing-is suspect. Furthermore, recent review of the evidence of reduced recidivism found methodological limitations such as inadequate statistical analyses that do not demonstrate statistical significance and inappropriate control populations, muddying conclusiveness of these studies (Dodson, Cabage, & McMillan, 2019).

In the research literature, health outcomes associated with MCPs, including maternal health, are a subordinate concern to infant attachment (Byrne, Goshin, & Joestl, 2010). In a review of MCP health outcomes, Paynter et al. (2020) found studies addressed development, infection, maternal mental health, and pregnancy. While attachment was supported, the impact on other outcomes was not uniformly positive. Some studies found mothers describe MCPs as empowering (Tuxhorn, 2021). Others critiqued the overly restrictive nature of the programs (Luther & Gregson, 2011), and exposed how they causes high levels of guilt and anxiety (Nuytiens & Jehaes, 2022). No study examined the health outcomes associated with the MCP in Canada.

Brennan (2014) and Miller (2017) explored reasons for low participation in the MCP in Canada, finding explanations include: an increasingly punitive correctional culture; race and gender bias in security assessment; rising numbers and dwindling space; and mandatory child protection surveillance. Paynter et al., (2022a) found 133 mothers

participated in the program from 2001 to 2018, with Indigenous women less likely to participate. A 2021 report found most mothers unaware of the application process, and those who did not qualify experienced extreme distress, characterizing the process as unjust and arbitrary (Paynter, 2021). The Senate of Correctional Service Canada (2020) recommended CSC "work with the provinces and territories" to eliminate barriers of access to the MCP.

There are strong human rights arguments both for and against MCPs. Children have the right, enshrined in the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989) and federal laws in the US and Canada, to form secure attachment with the parent (Beit, 2020). However, the UNCRC requires state legislation and government policies, such as those pertaining to sentencing, consider the best interests of children in their design and implementation. Critiques of MCPs highlight how they put mothering under discriminatory state surveillance (Haney, 2013). Goshin (2015) cautions against more use of MCPs without development of evidence-based standards, alignment with the UNCRC, and meaningful consideration of alternatives.

Abolition identifies the alternative to the MCP as not necessarily separation from the child but rather non-carceral responses to the parent's experience of criminalization. The United Nations Minimum Standards for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), adopted unanimously by the UN General Assembly in 2010, set out international expectations for women's prisons. Several rules pertain to mothers and children. Rule 2 requires childcare be arranged prior to maternal incarceration, and suspension of custody be considered.

The Corrections and Conditional Release Act (CCRA) (Canada, 1992) governs federal corrections. It does not mention mothers or pregnancy. It stipulates state responsibility for health care, and that health care must meet professional norms in community. It stipulates policies must be gender-responsive, and CSC must consult women's organizations regarding the development and delivery of women's programs. However, CSC does not have a perinatal health program. Acknowledging disproportionate incarceration of Indigenous peoples, Section 81 of the CCRA states the CSC "Commissioner may transfer an offender to the care and custody of an appropriate Indigenous authority, with the consent of the offender and of the appropriate Indigenous authority." This provision could allow for Indigenous mothers to remain in home communities with their families, but is used infrequently (Combs, 2018).

2. The study

2.1. Aims

The aim of the qualitative study was to explore experiences of advocates employed by Elizabeth Fry Societies with respect to supporting people who were pregnant or had young children while federally incarcerated and did or did not participate in the institutional Mother Child Program.

2.2. Design

This study used a theoretical framework of abolition feminism (Davis et al., 2021; Lawston & Meiners, 2014; Paynter, Jefferies, Heggie & Goshin, 2022), which recognizes criminalization as a social process and consequence of structural inequities, and prisons as sites of violence and perpetuation of social harm. This approach, grounded in Black feminist thought, critiques punitive responses to harm and redirects focus onto underlying social issues driving criminalization: racism, colonialism, poverty, misogyny and systemic oppression (Alexander, 2020; Wilson Gilmore, 2007). Abolition feminism recognizes the critical role women play in building community safety, and the gendered impact of the oppressive criminal justice system. For health professionals, codes of ethics (Canadian Nurses Association, 2017), juxtaposed with health harms of prison, including increased risk of sexual assault, injury, illness, and death, demand critical reflection about the friction between health services delivery and carceral regimes (Hayes & Gomez, 2022; Paynter, Jefferies, Carrier, & Goshin, 2022).

In 1993, CAEFS passed a resolution in support of prison abolition (CAEFS, 2022). The prison abolition movement identifies the prison as a social problem, a product of a society founded on colonialism, racism misogyny, homophobia and transphobia, discrimination, and violence (Davis, 2003; Ritchie, 2012). Abolition exposes how efforts to reduce repressive conditions and to reform the prison apparatus inadvertently drive prison expansion. Simply closing prison buildings without shifting the structures of oppression in greater society will not amount to meaningful change (Ben-Moshe, 2013). Instead, abolitionist efforts address the root causes of most social harms, such as trauma, poverty, homelessness, substance use, and discrimination. They include community-based solutions to prevent harm, such as mutual aid, resource sharing, communal approaches to accountability (Law, 2011), and creation of housing, health care, and education programs.

Despite the 1993 resolution, CAEFS long maintained an exceptionalist approach to abolition, continuing to see sex work as gendered exploitation requiring criminalization of demand (Carrier & Piché, 2018). Only in recent years has CAEFS shifted its position to recognize the autonomy of sex workers and to advocate for complete decriminalization of sex work. Many women's justice organizations are divided along the tension between carceral feminist responses demanding criminal consequences for gendered violence versus recognition that criminalization disproportionately punishes the most vulnerable in society. Feminist abolitionists decry the use of state violence as a solution to interpersonal violence (Critical Resistance- INCITE! 2003).

The study design is qualitative case study, appropriate for in-depth investigations of specific contemporary social experiences (Yin, 2003). Yin's methods require the "case" be a social phenomenon that can be clearly defined in advance. In this study, the "case" refers to the experience of pregnancy and parenting very young children for people incarcerated in federal prisons designated for women in Canada, whether or not they participated in the MCP. This article focuses on findings generated from interviews with community-based advocates working for Elizabeth Fry Societies who support incarcerated parents. It complements our other articles related to this case, which include qualitative interviews with mothers with lived experience (Paynter et al., under review), and quantitative analysis of secondary data pertaining to MCP participation (Paynter et al., 2022c). Yin supports the incorporation of multiple sources of data and of using quantitative and qualitative data to fully understand the phenomenon in question.

2.3. Sample/participants

This article analyses data from interviews with 12 advocates working for Elizabeth Fry Societies. The interviews were conducted in English during January–March 2020. Using criterion-based sampling (Sandelowski, 2000), participants were selected for their roles with Elizabeth Fry Societies. We intended to interview a diverse group of people holding these roles. Recruitment and data collection continued iteratively until data saturation was achieved (Guest, Bunce, & Johnson, 2006). The twelve advocates held various roles including housing support, programming coordination, and leadership, with between one and over 30 years of experience. The first author communicated with the executive directors of seven prominent E Fry Societies across the country and the national CAEFS organization to seek advice about who was most appropriate to invite for interviews.

2.4. Setting

The first Elizabeth Fry Society in Canada opened in Vancouver in 1939; there are now approximately 25 of these non-profit, board-governed societies across the country, most of which belong to the national body, CAEFS, which was established in 1978. The societies each have

different individual scopes of operation depending on local needs and resources, but all aim to protect the rights of incarcerated women and to prevent further criminalization. The first author has worked collaboratively with CAEFS for several years, and through that experience understood the nature and extent of advocates' support for parents in prisons designated for women.

2.5. Data collection

Interviews were semi-structured, conducted in person or by telephone by the first author, and audio recorded. A professional transcriptionist transcribed the recordings verbatim. Questions addressed experiences supporting people who were pregnant or had young children while federally incarcerated; their knowledge about the health of incarcerated people in the perinatal period; and thoughts about pregnancy and early parenting in the context of criminalization. As case study uses multiple data sources, this study also considered relevant publicly available documents, such as the CSC commissioner's directives governing the institutional mother child program (768) and health (800).

2.6. Ethical considerations

The XXX XXXX Research Ethics Board approved this study in 2019 (#2019-XXXX). All participants were provided with a consent form in advance. Advocate participants were not compensated for participation.

2.7. Data analysis

We used thematic analysis (Braun & Clarke, 2013) to analyze the transcripts. The first author repeatedly read the transcripts, developed a data archive, and generated early code ideas. The first author reflected on how relationships with participants affected the data and analysis, writing reflective memos and discussing analytic progress with the research team.

Data was managed using Microsoft Word and Excel software applications. The first order of coding, conducted using these applications, reflected core ideas in the interview questions. By juxtaposing data from interviews with advocates with the other data sources including interviews with mothers with lived experience of incarceration, policy documents and quantitative data, the first author formulated a coding matrix. The second author (XX) coded 25% of the staff interview transcripts using those codes. The team debriefed frequently to refine the matrix and develop themes.

2.8. Rigour

Detailed descriptions of the specific context of our study allows others to determine how our findings may translate in other contexts (Lincoln & Guba, 1985). Our use of investigator triangulation among team members supports rigour.

3. Findings

3.1. Demographics

Although participants were not required to complete a demographic questionnaire, many shared information through their interviews. The twelve advocates were based in BC, Alberta, Saskatchewan, Ontario, Quebec, New Brunswick and Nova Scotia. They included white, Black, and Indigenous cisgender women. Several identified as members of Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (2SLTBQ+) communities. One identified as Francophone but conducted the interview in English. They had worked for Elizabeth Fry Societies for one to over thirty years.

3.2. Themes

We have grouped the qualitative findings into four themes and six sub-themes that capture respondents' descriptions of the trauma of repeated separation between mothers and children, the increased vulnerability to child protection services caused by participating in the MCP, inadequate health care in prisons, and the conflict between addressing immediate harms and resisting prison expansion.

3.2.1. Theme 1: "trauma bond"

Advocates described successful MCP applications among their clients as rare. They recounted most clients experience separation from their young children while federally sentenced, developing not a maternal/parental-child bond, but what a participant named a "trauma bond":

> This is not going to help mom to not recidivate, is it not going to help mom to not turn back to substance use. We are actually retraumatizing people. And repeating these trauma bonds if you will. For a lot of women, they've had separation from their own caregivers, their own significant others, their Indigenous communities. And we are replicating that in their lives, in new generations. [S04].

While the MCP involves 24/7 co-residence with the child, outside it, advocates described contact between incarcerated mothers and their families, even by phone, as minimal. Bureaucratic barriers prevent contact. For example, one advocate explained it can take 90 days to initiate phone cards. While explaining her advocacy efforts made a difference in expediting contact, she said, "there are 175 women in [Prison Name] right now. I can't arrange that for everyone." [S16]. Not all of those women are mothers, but most are, and all would have been eligible for her support as an Elizabeth Fry Society advocate.

With only six prisons designated for women in Canada, advocates described how travel costs, logistical and literacy barriers prevented in-person visits and exacerbated the trauma of separation. Video visits required the same arduous paperwork as in-person; for a grandmother caring for multiple grandchildren while a parent is incarcerated, this was overburdensome- and potentially impossible. As an advocate explained, "A major problem is literacy in small towns where a lot of these families are from, way up north in northern bands" [S01]. Grandmothers were simply unable to complete the necessary forms.

Sending children to live with grandparents put incredible stress on intra-family relationships, "A lot of times the families may not even be as supportive but feel like they have no choice but to take this child, right? And a lot of it creates bitterness and more guilt for the mother." [S14] When family members were not able to facilitate visitation and contact due to the challenges, advocates observed how intergenerational relationships faced further erosion. Mothers struggled emotionally. Eventually, as one advocate explained, "They [mothers] draw their line in the sand, either their child can't get to see them or it's so difficult … so they tend to sort of stop this parenting relationship and just die of guilt as a result of that" [S14]. Further, she found correctional staff misinterpret motional withdrawal-stemming from the trauma of being prevented from parenting, isolation, and lack of support-as "bad" parenting. Advocates explained this happened systematically to Indigenous clients, repeating the family dissolution central to the Residential School regime. One despaired, "It doesn't matter what type of mom that mom was, they [children] want their mom and wouldn't it make perfect sense to work with that mom instead of taking those children somewhere else?" [S14].

3.2.2. Theme 2: "shadow side" of the MCP

Advocates' dominant reaction to the MCP was concern about the negative impacts it had on parents in the prison. Because most mothers were unable to participate, the very existence of the MCP created inequity among their clients. Further, mothers in the program were subject to intense scrutiny and their participation was precarious. Subthemes to this theme include "Hidden Requirements", "Strategic Advocacy", and

"Adverse Effects".

3.2.2.1. Hidden Requirements. Advocates described the challenges of trying to support clients to meet the MCP participation criteria and the frequency of encountering hidden requirements or complex considerations. One described the dilemma a client faced when she wanted to participate in a prison educational program, but, because she did not have adequate childcare in the prison, she would not also be able to participate in the MCP. She sent her baby to live with its grandmother. Bureaucratic delays caused the prison program to be delayed for six months, resulting in the client missing all that time with her infant. Yet advocates also explained if a client failed to complete mandatory or recommended programs, and not fulfill their CSC correctional plan, they could lose the opportunity for parole. Advocates were constantly weighing these different risks as they supported clients.

Advocates described how their clients carefully considered how to maximize contact with children overall by weighing whether it was more strategic to quickly complete required programs or seek approval to participate in the MCP even if it meant prolonging the period in custody. Having other children at home affected how clients made these decisions.

Several institutions only had MCP spaces in the Minimum-Security Unit (MSU). Advocates explained that to move down from medium to minimum security required completion of programming, and institutional inflexibility created barriers. For example, instead of allowing MCP participation in medium security, or allowing a mother to complete programming from the MSU, as this advocate recounts, "Client [name] was also told that her child was going to be taken away from her and put into temporary foster care after she was born so she … could complete her programs and then qualify to go to the minimum security unit where the mother child program is at [Prison]" [S08].

Although the requirements for the MCP are laid out in commissioner's directive 768, a publicly available document, advocates described layers of subjectivity to approval between institutions, with individual wardens making the final call. Even with support people inside and outside, and with a positive assessment from provincial child protection services, the warden could, in the end, deny MCP participation, with no process for appeal. The advocates found there was less flexibility and institutional support for Indigenous clients:

> We'll talk to the management team and [they're] like, "Well, she [Indigenous mom] hasn't completed program yet." And I'm like, "Well, you didn't make these other three women complete program?" Just arbitrary extra levels, layers for them to overcome that's just them treating the Indigenous moms differently." [S16]

Advocates pointed out that, traumatized by separation from their newborn, parents were unlikely to successfully complete a required program:

> She doesn't qualify for Mother Child [program] so they have to take her child. Like there isn't even any kind of analysis about how that might impact her finishing her programs. Like the trauma of having your child taken whether or not you believe you'll get your child back or not, like it's not even addressed. [S13]

One mentioned Renee Acoby, an Ojibway woman, and the first woman to be labelled a dangerous offender in Canada. Early in her first federal sentence, Acoby's daughter was removed from her while in the MCP at Okimaw Ohci prison in Saskatchewan. An advocate believed the experience drove Renee "off the rails" [S10]. This advocate believed the MCP was a vector of coercion, to "break" the mothers.

Advocates described the MCP as being treated like a privilege the prison staff could withdraw over any infraction. Other mothers, out of resentment and jealousy, might complain about a participant's parenting, prompting the removal of an MCP participant. The behaviour of other people in the prison could affect eligibility. For example, an advocate explained that if a participant's support person, such as the babysitter, was suddenly unavailable-if the babysitter was involved in a violent altercation and had her security classification escalated-the mother would be removed from the MCP. There could also be sudden clinical problems. For instance, an advocate explained that a pregnant person assessed as having a high-risk pregnancy would be removed from Okimaw Ohci, because it is over 5 h drive to a perinatal care centre and sent to another institution. Although the warden at Okimaw Ohci may have approved MCP participation, the warden at the institution to which they are transferred may not, or there may not be space. As one advocate summarized:

> I think it reads very well [CD-768], I don't think it's executed very well. Oftentimes, women's access to that program to have either their newborns, their babies, or their toddlers with them was very contingent on the politics and the management at the time. And it was often presented as a carrot on a stick in that you need to be exactly this profile of "inmate" to be able to benefit from this program and then when you were in the program there was this constant fear and risk of if you do this, that or the other, we can remove you from the program [S15].

3.2.2.2. Strategic self-advocacy. Advocates described mothers' covert practice to share information about the MCP among each other, "Women were sourcing that information from other women or asking us [Elizabeth Fry Society advocates] because they didn't want to seem problematic by asking the prison staff about what their rights were or what the process was" [S15]. The advocates found that navigating the hidden, often unfair requirements of the MCP placed mothers under extreme pressure, when they were already vulnerable to poor mental health.

They described how their clients worried that "pushing" prison administrators would negatively affect chances of being with their child-either in the MCP, or after release. Things had to be egregious for clients to object. One described helping clients file grievances when prison staff strip-searched their babies, a clear violation of policy. They felt advocacy was imperative to be successful:

> [Name], she fights for, and she is very astute at getting what she wants. It points to self-advocacy, and if you have the strength. That she's learned from her grandmother who raised her as best she could, who is now raising her sons as best she can, with a lot of help from all kinds of organizations including me, E. Fry. I think that if you're a shrinking violet that can't voice your opinions, your needs, your rights as a incarcerated woman in the system … you have to be able to [use your] voice and many, many women don't have that because they've been at every corner either judged, put down, not listened to, abused in some way so they have no self-esteem, no self-advocacy happening because they, it's always been a negative experience [S01].

One advocate affirmed the importance of persistence because "Once you back down, it's harder to stand up again and every time you back down it gets harder and so then you do get targeted. And in my experience the ones that the [prison] system knows will not back down, they back off of." [S10]. They felt mothers had to be strategic and able to navigate the consequences, to "choose their battles appropriately" [S16] and manage being labelled a "troublemaker".

Client self-advocacy could be interpreted by the institution as adversarial and indicative that a client did not "really" want to see their kids:

> For women who have stood up for what they thought was wrong or what they felt was right or, then it was like, "You don't really care about your kids do you? You're fighting with us in here, you don't really want to get out and see those kids." Like you can't win. You cannot win, you can't be an advocate, you have to be submissive and put your head down [S14].

Indigenous women's self-advocacy was interpreted differently. One advocate said, "The Indigenous moms are treated more harshly than the non-Indigenous moms and that if they push back, the ones that are being told, "You are being too difficult" and "This is going to impact your correctional plan"" [S16].

3.2.2.3. Adverse Effects. While some advocates did have positive things to say about MCP participation, such as "The whole attitude and mood within the institution dramatically changes when a baby is present" [S06], they cautioned that was no justification for putting a baby or its mother in the prison:

> The first time I visited that jail there were a ton of kids in there, it was the most humanizing part of any jail I'd ever seen but it's exactly the same argument used to put women in prison, in men's prisons as well. That women humanize and calm down the institution. That is not a reason to put anybody in prison as far as I'm concerned, youth, women, whoever. [S10]

Advocates believed positive experiences had to be compared to not only the trauma of mother-child separation, but the context of their clients' lives before incarceration:

> It [the MCP] was probably one of the best things they had to experience, because they had nothing else good to compare it to. So if you compare it to an abusive relationship in the past, so it might have felt quite comfortable for them to be part of the mother child program but that doesn't take away from its deficits, it doesn't take away from the fact that the women have to provide the necessities for baby when they are only making $5 a day or whatever it is and some of them don't have access to family members who can bring things in for them. Like ya for the ones who do, that is great, but what about everyone else? [S16].

An advocate pointed out correctional staff would act surprised to discover an MCP participant was a capable parent. She explained how women who commit crimes were generally "demonized" by society, and incarcerated mothers were labelled as a "Bad Mom". She said, "They [correctional staff] just couldn't believe what a good mother she is. Of course, she should be a good mother! We wouldn't say that about other people" [S04].

Advocates explained the consequences of the requirement that participation in the MCP hinged on a successful assessment from the provincial child protection agency. Even if a mother received approval, and participated in the MCP, the child protection file could follow her when she was released and be scrutinized by another child protection office. They may react to the very existence of the file with the assumption it is associated with abuse. In effect, participating in the MCP placed the mother at risk of life-long child protection interference.

Sometimes, advocates observed MCP participants chose to restrict the child from visitation with other family members, including the child's father, grandmother or aunties, because of fear their names will be flagged by child protection. As one advocate said,

> You have to agree, like absolutely agree, that Children's Aid is going to be in your life if you want to keep this child, or you want to have this baby. It's not like you can say no I changed my mind, I'm not going to have this baby, I'm just not going to do it, or I'm going to hold this baby till I get out, like it just doesn't work like that. And so, to me that's coercive, that's egregious, that's criminal, it's criminal that they make women do this. [S14]

Advocates said that because CSC did not prepare MCP participants for life afterwards, once paroled, clients faced new issues: poverty, homelessness, and few supports for parenting. They turned to "survival crime" and were re-incarcerated. Advocates believed clients did better on parole if they lived at an Elizabeth Fry halfway house that accommodated children and if they had a supportive parole officer who would come to the house rather than require a client to travel with children in tow.

3.2.3. Theme 3: inadequate health care

Within the theme of Health Care Issues, we developed three subthemes that capture the challenges participants describe experiencing with respect to health services: "The Care is Just Not There", "It's a Community," and "Security over Care".

3.2.3.1. The care is Just Not There. Unlike established relationships with correctional administration, Elizabeth Fry advocates explained they did not have many connections to CSC health care staff, "We never meet health care … in terms of the regular health care in my entire time with E Fry I have not met [anyone]." [S05]. Further, they thought about health not only in terms of clinical services, but as whatever clients needed to be healthy-starting with food. One advocate said people in prisons are "severely malnourished" [S16]. Another explained:

> It's hard again just to isolate your health issues from the situation that you're in you know in terms of the quality of food, there's the co-living with other women you don't know, the anxiety of losing your job, of maybe losing your home, of losing your kids. Like there's so many variables that are going to have an impact on someone's physical and mental health … How do you deliver mental health care in a system that causes mental health issues, that compromises mental health? [S15].

Advocates explained pregnant clients arrive at prison with multiple disadvantages: usually very young, and unlikely to have received any prenatal education. They lacked continuity of care from provincial correctional facilities, where clients may have been held on remand until sentencing, and sometimes went months without care. Many experienced substance use disorders and were confused about the impact of substances on the fetus. Medications might have been switched by CSC health staff without explanation-even if related to clinical concerns about teratogenicity or impact on the fetus. Without sufficient information, advocates explained their clients "just think of it [medication switching] as some kind of cruel and inhumane treatment of them" [S16].

While advocates noted there are difficulties to access health care through CSC, they felt that as marginalized, racialized, poor and stigmatized people, clients also faced difficulty accessing care in the community.

> We don't have great mental health systems across Canada so now the default is go to the prison and you can get mental health care there. And when you're in there that's the understanding, that we're giving them the counselling and the structure and the therapy and the DBT and all the things that they need to be successful in community while not acknowledging the fact that they've been removing them from community and their families, and their children is causing more significant mental health issues for the women [S15].

Advocates perceived CSC lacked expertise in perinatal care, and explained that patients were sent out of the facility for appointments. Transport was complicated by lack of medical escorts. One advocate explained,

> CSC can't recruit enough prison guards. They have a chronic employment shortage problem. So, they don't have capacity to take women out of the institution. Women's access to health care, even when there is willingness to provide access to health care, they don't have the organizational capacity to do so and the only way that women can get around that is if they allow overtime but who's going to allow that? [S04]

They described how this problem was exacerbated outside of business hours, when no CSC health care staff were on site, and correctional staff lacked sympathy or understanding of health issues. This caused disputes between the patients and correctional staff because, "When you're

pregnant and you think there's something wrong, it has to be addressed right away" [S19].

Some advocates recalled serious consequences to care gaps, such as two clients who were held in segregation while pregnant and lost their pregnancies. "There's not that many [miscarriages] that get documented. And so an anomalous situation "of one or two women" over a couple of years or over a decade doesn't seem like a systemic issue." [S10].

Elizabeth Fry advocates felt CSC provided bare minimum care. "Things that we would expect for pregnant folks in the community don't get extended into the institution because there is this idea of the bare minimum in order to fulfill legal requirements, not actually thinking about meaningful care" [S08]. Reproductive mental health counselling and postpartum support were not available: care ended at birth.

> There were so many different stories of women who right before they were incarcerated had an experience of either a pregnancy, they thought they were pregnant, or they just miscarried, or they had a stillbirth. Like, they had lived these experiences around maternal health right before their incarceration and then found themselves incarcerated and having to self-cope with not only the hormones in their bodies, like the actual physical repercussions of carrying and then not delivering or to term, but also the mental consequences of not really having anyone or anybody to talk to about that … If you're not "pregnant pregnant" then they don't really care about all the other states you might be in. If you're not carrying a physical baby then all of those other experiences of maybe a false pregnancy or maybe an abortion or miscarriage, all of that, that doesn't get you extra medical care, it doesn't get you fast tracked to psychological or counselling services. It's not real. Like what you're feeling and what you're going through. [S15]

CSC also failed to support breastfeeding. Rather, the advocates said their clients were encouraged to bottle feed: "… because of those things, it's just seen as more practical, rather than to be able to express milk and send it with the baby." [S04].

3.2.3.2. Security over care. Advocates felt security dominated CSC operations. Patients could be denied transport to an appointment because of what CSC would describe as security concerns, but, because the patient (and advocates) were not permitted to know about the appointment in the first place, they could not make a complaint about denial of care. Meanwhile, external health care providers would consider the patient noncompliant for not showing up, and develop negative opinions about the patient. Further, advocates believed security policy was also used to justify denying pregnant people held in segregation meagre amounts of supplemental food. Another example an advocate recounted was when a client was denied a sonogram photo for security reasons:

> You know the ultrasound scans? I've heard from a number of women inside that they didn't get the pictures of their babies or they had to fight to get the pictures of their babies, like their scan, images. It [ultrasound photos] sort of remains outstanding, like a trauma for them. Like it was withheld, you know they feel really strongly about this, like if I weren't this incarcerated person no one would ever tell you, you didn't have a right to that picture, right? But they're being actually told they didn't have a right to the scanned image, to have a copy of it. Which feels really harsh, like what's it to you? But it's meaningful to a mom, it's absolutely meaningful, and like it's just a small thing, right? But I think if you're made to feel while you're incarcerated that you're not entitled to your baby's scan, how can you build yourself up as a good mom? Like even in your mind, how are you going to do that? [S13].

Advocates felt CSC health care staff prioritized security and in so doing routinely violated their codes of ethics, mistreating patients, and breaching confidentiality:

> CD [Commissioner's Directive] 800 says they have equal access to the same level of care as they would have in the community, and I wish I could say that at some level that is happening but no, it's not. And it starts, the first step is the attitude. So they [clients] are met with friction, and aggression, and lack of just respect from the health care professionals from the get go … They are told, "If you don't like it, don't come to jail." That is the first thing said by these nurses, "If you don't like how I am speaking to you, don't come to jail." And so that just sets the tone for the women, as soon as our women are treated in a nasty way, they don't have tolerance for that, and they reflect it back. And the nurses should be the ones in a professional setting to de-escalate that kind of stuff, but they are not. So then it's a relationship that is based on a lot of friction and nastiness so that's what frames their entire conversations [S16].

Unable to trust care providers to maintain confidentiality, advocates explained that their clients refused health services. Clients feared that if they disclosed emotional challenges to their care providers, "that it will end up on their file when they go up for parole, it will come back to indicate they are not suitable, or something that they said indicates that they are not ready to be let out into the community" [S08].

Advocates felt CSC health care staff "get contaminated by the institutional ethos" [S10]. Not only were providers confused about ethical and legal responsibilities to incarcerated patients, advocates found patients were not aware of their rights:

> One of the women who's pregnant who's going out for regular medical appointments is routinely being taken out in shackles. She didn't know that she shouldn't be and so it'll be one of the ones that we'll see what happens, we're really monitoring because part of the problem is not only health professionals don't know the rules, but women themselves don't and you know historically advocates don't always know the rules either. [S10].

This advocate asked, "how do you know someone is voluntarily coming for treatment if you're dealing with them and they're in full restraints or they've got a guard standing with them?" She suggested if care providers do not feel safe with a patient, "then you need to check that yourself, but you probably shouldn't be treating the person, pass it to somebody else who is not concerned about safety with this individual" [S10]. Having said that, she found that care providers who resisted institutionalization would be "overruled by security" and "lose their contracts" [S10]. She cautioned "One of the challenges of encouraging nurses to be advocates is what happens when they do it and they're not backed up either by the [nursing] profession or by the health community" [S10].

3.2.3.3. "It's a community". Elizabeth Fry advocates described how mothers cared for each other, to "make sure that woman who's experiencing a pregnancy or a pregnancy loss, has a sense of identity as a mother despite the fucked up system that they're in" [S15]. One described it as an "informal doula process" [S15]. Young mothers relied on the mothering of elders:

> Some of them are only I would say babies having another baby. And it's the older women that are there that I think guide them more than, because we're [Elizabeth Fry advocates] only there once a month at the institution. So, it's the other women that have experience that can guide them, that guide them and give them very good information, "You have to do this, you have to call the nurse, you have to see the doctor." It's not the [CSC] staff, I can tell you right now it's not the staff, it's the other women inside that guide them [S19].

Advocates described a community of care enveloped children in the MCP. Babies had multiple adult caregivers, "It's a community, right? Baby has so many loving mother figures in their lives. It is really quite beautiful, if you can think past the human rights abuses of the actual

institution. The babies themselves are surrounded with caring and nurturing wonderful human beings" [S16].

3.2.4. Theme 4: "A harm reduction approach"

The final theme speaks to how, recognizing the problems with the MCP and health services, and their own philosophical commitments to abolition, advocates expressed complicated feelings about future directions. Some felt an urgent need to improve programming, and others rejected the idea that the prison could be improved. Many senior Elizabeth Fry advocates felt demoralized about how conditions had deteriorated over their careers. One, having worked in the field over 30 years, expressed regret at the outcome *Creating Choices* and for CAEFS' participation in the flawed process. Instead of actualizing its gender-responsive vision, the report was co-opted by CSC, and focus on facilitating mothering/parenting was lost.

I believe Creating Choices is dead, died a slow and painful death. Well, a fast death actually, within two years of it being in place. And they're [CSC] not very happy with me saying that. And CSC take complete ownership of Creating Choices. Creating Choices wasn't theirs; Creating Choices was ours, we co-chaired that with them so it was E Fry, it was women who were formerly incarcerated, it was NWAC [Native Women's Association of Canada], it was the Women's Disabled Network, [name]. It was like this group of amazing women who conceived and put together a system that if women had to be incarcerated, that this is what it would look like, and that parenting would be first and foremost in all the systems [S14].

One advocate proposed an alternative to visitation or the MCP, an external community-based space, for mothers, children, and care. "So women would come out of the prison, and children wouldn't go in the prison. And sort of have this neutral space and that's where you could have health care because I think they would get better healthcare" [S04]. They felt their clients deserved dedicated services in community, "We need to have different kinds of homes. Like transitional homes where they're still in an apartment with their own, but they might have some assistance coming in." [S14].

Some advocates wanted to be able to improve the conditions they found their clients in, to offer support-based, non-punitive programs. Without that approach, they expected their clients would avoid seeking help. This advocate led a parenting program, and wanted to do more to address perinatal and newborn needs:

> For them to feel like reaching out to [correctional] staff, like, "I need help with this again, I need help with this again," I imagine there is a certain instinct to not be 100% truthful about what they are experiencing and what supports they could use in reality versus what they are getting. Access to parenting programs and parenting support would be I think something that we could offer the women [S03].

Some felt it was a mistake to envision a better version of prison:

> I don't want to continue to tinker in system. I want us to work on guaranteed livable incomes, universal health care, universal mental health care, universal dental, pharmacare, education. Because if we create a more substantively equal starting point, we have fewer people, not just mothers, but fewer anybody in prison … Right now we are just loading the prisons with the least privileged and the people who have the least, and that's why women, particularly Indigenous women, are the fastest growing prison population. Not because of crime, it's got nothing to do with crime, it's got everything to do with relative lack of privilege and relative lack of opportunity. It's so discriminatory [S10].

Some, recognizing prison closure was not on the horizon, felt services inside needed to be improved to reduce immediate harms. "I'm an abolitionist, I believe that mom should be out. But if you're talking in a world where we have no choice" [S14]. One applied a harm reduction philosophy to this position:

> We need reproductive health programming in there regularly, but we also need parenting in there regularly, just women's bodily health and wellbeing programs in there regularly, and how to advocate for themselves and their human rights around their health and wellness-its all-encompassing. E Fry is not supposed to be advocating for bringing things into the prison, but we also have to take a harm reduction approach. They are not getting it, and they are not getting out to get it either, so. We have babies being born now, it's a vulnerable thing, from a harm reduction philosophy I think these things should be brought into prisons in the interim. Until we close down prisons [S16].

4. Discussion

As part of a case study of pregnancy and parenting young children in federal prisons designated for women, this article offers an in-depth exploration of the perspectives of Elizabeth Fry Society employees who act as advocates. It complements two other papers which present quantitative analyses of participation data and qualitative findings from interviews with mothers with lived experience This paper provides a critical reflection on how advocates working for Elizabeth Fry Societies assess patterns of harm associated with the MCP and the inadequate perinatal care provided by CSC.

Using a theoretical framework of abolition feminism (Davis et al., 2021), this study centred the work of grassroots organizations- and the women who run them with little funding-to protect mothers and children from carceral harms. Their expertise generated complex analyses of interlocking factors that influence MCP participation: strategic planning by mothers to avoid child protection surveillance; restrictive intra-program policies that result in participation precarity or ineligibility; and peer support tactics to share information and care. Our findings should give pause to policymakers, such as the Senate of Correctional Service Canada (2020), who are keen to promote the MCP as a solution to the increasing numbers of mothers in prisons. The MCP is flawed beyond its inaccessibility.

Many studies describe the trauma mothers feel when separated from their children while incarcerated (Clark & Simon, 2013). The findings in this paper characterize separation as not only a traumatic event, but a bond defined by trauma. Usually used to describe behaviour in abusive domestic partnerships (Hadeed, 2021), the term "trauma bond" here captures the frequent traumas incarcerated mothers and their children experienced-such as the repeated separation at the end of a visit or phone call. Trauma bonding extends into other familial relationships-overwhelmed grandparents, bound by ties of obligation, were burdened with childcare and heavy responsibilities to facilitate mother-child contact within complex, restrictive conditions. Advocates explained that when mothers could not cope with grief from these traumas, their techniques to survive-often substance use-drove further criminalization, stigmatization of their mothering, and alienation from their families. These findings support a conclusion that incarceration is a cause of maternal criminalization, resulting in cycles of separation, trauma, and re-separation.

Earlier studies have established that the MCP is infrequently used and has overly strict eligibility criteria (Brennan, 2014; Miller, 2017). Elizabeth Fry advocates had insight into the hidden requirements of participation and explained that the official policy on the MCP as articulated in CD-768 does not capture the complexity of interdependencies that support or preclude MCP participation. First, a mother's geographical location, and that of their support people, mattered: they must be in town. Indigenous mothers with family in the North or isolated on reserves could rarely meet this unspoken requirement. Heavy reliance on support people placed the mothers under extreme pressure, and if supports failed to be always available it jeopardized a participant's status in the program. Furthermore, approval from child protection services, and agreement from the warden, were unpredictable.

To navigate the MCP- and prison as a mother-the advocates explained their clients relied on strategic self-advocacy: not too assertive as to prompt punishment, but enough to be visible to decision-makers. Exposed to hundreds of clients over decades of service, Elizabeth Fry advocates observed Indigenous women to be systematically discriminated against in terms of MCP eligibility and with respect to how self-advocacy was appraised. Goshin (2015) has critiqued the arbitrariness of MCP eligibility; our findings echo the concern, with the added layer of anti-Indigenous racism and colonialism embedded in Canadian prisons. A program can hardly be praised for supporting mothers when it is driven by inequity.

As other researchers have found, the advocates we spoke with found participation in MCPs exposed parents to increased surveillance (Haney, 2013). Supporting clients in transition into community, Elizabeth Fry advocates attested that child protection continued to follow clients on parole, with long-term adverse effects. Clients could not shed the stigma and harm of a child protection file even once their sentences were complete. MCP participants did not receive CSC support to transition to life after release, and often experienced abject poverty, homelessness, lack of health services and inadequate childcare once back in community: the MCP was a stopgap that did nothing to address broader structural barriers to parenting in safety.

While this study affirms growing evidence of inadequate reproductive health care for incarcerated people in Canadian prisons and jails (Liauw et al., 2021), in this paper, advocates emphasized the role correctional staff shortages played to limit access to external care. These interviews were all conducted pre-COVID-19; the pandemic further eroded prison staffing (TheCanadian Press, 2022). In a time when health services also face serious human capital limitations, it is problematic to suggest increasing correctional staff as a solution to carceral barriers to accessing health care.

As advocates, Elizabeth Fry Society workers hold informed positions about violations of health professional ethics. They named this problem not only as one of care providers succumbing to institutionalization, but of simply not knowing their responsibilities under federal legislation or statutes like the United Nations Bangkok Rules. Likewise, advocates and clients did not necessarily know their rights with regards to health services. We identify health literacy and rights education as a critical area for improvement-not only among people in prison, but among professionals caring for and supporting them-including Elizabeth Fry advocates. Notably, in the two years since these interviews were conducted, CAEFS has increased its attention to health issues. From a clinical perspective, practice guidelines and standards to address perinatal care of incarcerated people, currently absent, should be developed by key regulatory bodies, such as the Society of Obstetricians and Gynecologists of Canada, the Canadian Family Physician Association, and the Canadian Association of Perinatal and Women's Health Nurses.

Advocates described how clients provided each other with intergenerational peer wisdom and care, even calling it an "informal doula" service. While doula programs in prisons have received some study internationally (Shlafer, Davis, Hindt, & Pendleton, 2021), there is little research about how incarcerated peers may formally provide this service, and little reckoning with how the availability of this service may further entrench and normalize the incarceration of pregnant people. This is an area that requires more attention, particularly as doula support is increasingly recognized as a response to maternal health inequities (Ogunwole et al., 2022).

Many advocates openly expressed abolitionist values and envisioned shifts to wrap-around support for clients and children in community settings. However, most were very senior members of their organizations, had witnessed the promises of *Creating Choices* be co-opted by CSC, and observed deteriorating conditions in prisons over time-despite the work of Elizabeth Fry Societies individually and of the national organization CAEFS. Their hope was punctuated by profound disappointment about increasingly punitive environments. These interviews were conducted before COVID-19 resulted in long-term lock-downs in prisons across the country, which worsened conditions (Walby & Piche, 2020). While some advocates called for improved programming and services inside, feeling more pull to address immediate needs, others rejected efforts to "tinker with the system" and insisted on abolitionist approaches.

Finally, advocates identified a pattern of correctional staff discriminating against Indigenous people through harsher security assessments, quicker leaps to punishment, and exclusion from the MCP. In recent years, the genocidal consequences of the Canadian Residential Schools regime received increased public recognition and promises for restitution. The imprisonment of Indigenous people results in the same dislocation from community and destruction of the family as did the Residential Schools and exposes Indigenous families to the long-term surveillance and punitive actions of the colonial child protection system. Prisons merit the same reckoning.

4.1. Limitations

All interviews were conducted in English, and no Elizabeth Fry advocate was interviewed in Quebec. Elizabeth Fry advocates have unique access to carceral spaces, extensive experience, and informed perspectives: they do not, however, provide first-hand, first-voice narratives.

5. Conclusion

This study explored the experiences of advocates from Elizabeth Fry Societies who support people who were pregnant or had young children while federally incarcerated and did or did not participate in the MCP. Far too often the voices of community-based service providers-disproportionately women-are ignored. Abolition feminism centres the knowledge of women resisting carceral systems and looks beyond uncritical reforms. Advocates working for Elizabeth Fry Societies have an in-depth understanding of the complex factors underlying MCP participation and the systemic issues driving increasing rates of incarceration and conditions in the prisons. They named a "trauma bond" between clients and children that develops because of repeated separation-a gendered harm of incarceration with inter-generational consequences. Rather than express support for improved or expanded access to the MCP, advocates warned about its "shadow side", as it made mothers vulnerable to child protection services, and once paroled, mothers were "set up to fail". Advocates had extensive concerns about prison health services - characterizing care as inadequate and problematic. Finally, they had developed non-carceral alternative visions for how the perinatal period could be managed, however, some had observed prison conditions only deteriorate over time, and their cynicism abutted with hope.

The MCP does not offer a solution to the increasing numbers of mothers in federal prison: further investment in and expansion of this approach is not recommended. CSC must address opacity about its reproductive health impact, and collect and publish information about the numbers of people in prison who experience pregnancy, their health outcomes, and the number of children affected by parental incarceration. While CSC has an immediate state responsibility to remedy inadequate and unethical perinatal health services identified in this study, this study exposes the institutionalization of CSC care providers, and fundamental incompatibilities between the federal prison system and patient well-being during the perinatal period. As one advocate put it, the "tinkering" is an inappropriate approach to addressing the profound indignities and impacts of maternal incarceration. "Women, who have responsibility for future generations, they should not be in prison, period" [S10]. This study provides yet more evidence of the urgent need to intervene in the cycles of trauma and criminalization wrought by maternal incarceration, for public commitment to non-carceral approaches to remedying harm, and for the extrication of health services from punitive regimes.

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Author contributions

MP: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. CH: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. RMM: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. AI: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. GTM: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Declaration of competing interest

The first author is a community-based prison justice advocate with ten years of experience in this sector. They have collaborated with many of the study participants on community projects before and after these interviews took place, including a partnership with Canadian Association of Elizabeth Fry Societies to design and facilitate reproductive justice workshops in the five English language prisons for women across the country.

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