“Wading Against a Tide”: Emotions, Ethics and the Interstitial Space of Community Service Provision for Criminalized Mothers.

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Abstract

"Wading Against a Tide": Emotions, Ethics and the Interstitial Space of Community Service Provision for Criminalized Mothers.

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In this dissertation, I examine how community-based service providers support criminalized women navigating motherhood, substance use and identity change. To date, researchers have focused on the experiences of incarcerated people, with lesser attention paid to post-release realities. A dearth of research focuses on community-based organizations and the service providers that work within them to support criminalized people.

Community service provision involves navigating the emotional dimensions of providers' work while supporting clients through emotionally charged experiences. Emotions are culturally and socially shaped experiences and are entangled in the precarity, structural and systemic conditions experienced by criminalized people. Service providers support their clients and witness emotions experienced by their clientele as they navigate child protection systems, substance use recovery and identity change processes. Simultaneously, service providers engage in emotion management while encountering the intimate details of their clients' lives and advocating for them against the realities and gaps of criminal legal, child protection, and welfare systems.

In this interstitial space of service provision, I ask how service providers engage in this emotion management strategies to support criminalized women. I examine the role of service providers in the context of structural and systemic gaps experienced by their clients. Through interviews with 23 community-based service providers working with criminalized women in

Atlantic Canada and reflexive journaling, I argue that service providers engage in the emotional terrain of supporting their clients. I mobilize the concept of emotional-ethical dilemmas, which I argue form the backdrop of service providers' work and highlight the constraints in their capacity related to organizational mandates, limited funding, and compassion fatigue.

Key findings underline the importance of trauma-informed and harm reduction practices and services as supports for criminalized women and to ease the emotional-ethical dilemmas experienced by service providers. The findings draw attention to the persistent complex unmet needs of criminalized women in Atlantic Canada, such as housing and poverty. I argue that community service providers largely fill gaps in how the state fails to attend to these needs. These unmet needs highlight how we respond to and support community-based service provision working to support criminalized women in the context of systemic and structural gaps, not individual failures.

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Dedications

I dedicate this to the feminists who came before me and those on their way.

For H and P – les féministes.

For Moira and Joan – who lit the path.

For fighters, resisters, and survivors.

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List of Abbreviations

Fetal alcohol spectrum disorder
(FASD).. 6
Substance use disorder
(SUD).. 8
Diagnostic and Statistical Manual of Mental Disorders
(DSM-5).. 8
Correctional Service of Canada
(CSC).. 25
New Brunswick
(NB).. 38
Nova Scotia
(NS).. 38
Prince Edward Island
(PEI).. 38
Newfoundland and Labrador
(NL).. 38
Intimate partner violence
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Child protection systems
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National Crime Prevention Strategy
(NCPS).. 211
Substance Use and Addictions Program
(SUAP).. 212
General Educational Development
(GED).. 213

Chapter One: Introduction

It's a hot afternoon in June. I'm at the park, eating a Mr. Freeze when I notice people at the park are carefully watching a man behaving erratically. He looks to be about 50 and appears agitated, pacing and yelling at times. He isn't violent. It's the type of behaviour that the general public doesn't know how to respond to. They don't know whether to avert their eyes. A woman is nearby attempting to speak to him; she seems insistent in her need to calm him down. She gets frustrated when others in the park tell the man he needs to leave. I notice that the woman is much younger than him, and she is with her three young children, two girls and a baby in a stroller. It's a beach day for them. The park prevention team is gathered and watching closely; one staff member is on the phone with who I assume is the police.

The woman appears incredibly concerned with the man's well-being, and it doesn't seem they are together. She tells him she can't go up the road with him because her children are with her at the park. It's as though her seeing him agitated has her in a spiral reaction. As though she were having a beach day with her kids seeing this situation play out caused her to fall into an all-consuming series of moments.

The police arrive along with an ambulance. The man stops pacing; he sits down calmly and very still. He answers the police officer's questions. At the same time, the woman attempts to tell the police to bring the man to the hospital for a psychotic episode, that he shouldn't be arrested. Unlike the man who became still when the police arrived, the woman becomes more upset to get her point across to the police. Another officer directs the woman to speak to him away from the agitated man. She is upset and insists that he shouldn't be arrested. The officer (one of many in the four cars that responded to the park) tackles her to the ground. Another officer arrives and sits on her legs. They place her in handcuffs and put her in their car. Her children have watched this situation play out.

The park prevention team, a group of young university-age employees in a summer job, is unsure what to do. One of them notifies the police that the children are hers, while another lifts the baby out of the stroller as the infant has started to cry. I stare at the children, and their mother's flip-flops now left on the grass nearby. The agitated man is taken in an ambulance. The mother is taken away and under arrest. The police, realizing there are children involved, attempt to speak to the oldest, who is about six years old. The park employees, who know the rest of the children's belongings are still at the beach nearby, take the two older children who are still barefoot to the beach and return soon after. The girls have found their sandals. The employees carry a bag with towels and a container of sand toys. It was an afternoon at the beach until it wasn't.

I leave the park that afternoon thinking about the mother, the children, and how differently the entire situation could have been:

If there had been an unarmed response team without police involvement.

If the children hadn't witnessed their mother on the ground with two officers on top of her.

If the woman's emotions had been validated.

If there had been someone who listened to her.

-Journal entry, June 29, 2022

Research Problem

In this dissertation, I explore the role of community service providers working with criminalized women in Atlantic Canada. My project examines the work of these service providers within the lived realities and experiences of criminalized mothers navigating structural barriers manifesting in daily life. In this research, I consider how criminalized women often meet the same structural barriers (e.g., poverty, limited education and employment history, and inadequate housing options) in the community following release from prison or involvement with the criminal legal system[1], encounter and are supported in various ways by community organizations and direct service provision. Participants in this research work with criminalized women and mothers daily and support and bear witness to experiences of marginalization, poverty, racism, and social exclusion impacted by women's histories of criminalization, victimization, motherhood, and substance use.

Criminological work to date examining emotional dimensions of criminalization and community service provision responses has been largely left unattended (however, see Kilty et al., 2014 and Kilty & Fayter, 2022 for in-depth attention). Remaining underexplored are the interconnections between emotion management and structural and systemic factors such as poverty and gender-based violence. Similarly, the similarities between how service providers practice emotion management strategies to help their work and support their clients in meeting their goals calls for further research. In this research, I work to contribute knowledge to these areas.

[1] Not all criminalized women are sentenced to custody. Hence not all are released. Criminalized as a concept refers to the process of actions being deemed criminal through laws and courts. Thus, criminalized women may have served a sentence in custody, in the community, or some combination thereof.

Sociologist Arlie Hochschild (1979) refers to emotion management (also called emotion work) as our process for encouraging or discouraging feelings to have them fit the 'appropriateness' of a situation. In the decades since Hochschild published *The Managed Heart* (1983/2012), the sociology of emotions field has expanded into a vast area of study. Yet, within the criminological canon, emotions have remained a peripheral point of theorization and analysis despite the apparent connections to the impacts of criminalization on daily life, meaning, identity, and understandings of self. Further, service provision, an area of work often engaged in by women, commonly involves addressing the emotional terrain of clients' lives. Yet, the impacts of this knowledge on individuals' professional and personal lives have remained underexplored.

Scholars have sought to explain how emotions are socially and culturally shaped (Davis, 2016; Hochschild, 1983/2012) and underpin our cognitive processes (Feldman Barrett, 2017). I take an integrationist approach to emotion which I understand as embodied feelings, affects and sensations. Our emotional experiences are made up of a complex and ongoing process of our perceptions, categorizations, and internalizations (Feldman Barrett, 2017). As I discuss later, in this view, emotions are not discrete entities or universally experienced or expressed (Feldman Barrett, 2017). However, our emotional experiences and emotion work also impact our identity (Reddy, 1997) and how others interpret our behaviours, actions, and motivations (Thoits, 1989; Wirth-Cauchon, 2000, 2001). By engaging with emotions literature in this project, I intend to bring emotions into dialogue with critical and feminist criminological work examining the realities of criminalized women, community re-entry, and the criminal legal system more broadly in Canada. In doing so, I discuss how community service providers working with criminalized women partake in emotion management while navigating emotional-ethical dilemmas in their

work that can hinder them from addressing structural issues and systems entangled in their clients' lives.

The participants in this research are community service providers involved in the lives of criminalized women as witnesses of their clients' emotional experiences and navigating their own emotion management within their work. In addition, some participants in this research were/are also criminalized; thus, an overlap exists between criminalization and service provision.

I consider how trauma-informed, harm reduction and feminist approaches embedded in community-based service provision support criminalized women navigating substance use and recovery in Atlantic Canada. I also examine how the impacts of this work against funding precarity and advocating for change with systemic issues contribute to emotional-ethical dilemmas for community service providers. I argue that both the emotional terrain of working with criminalized women and of service providers' own emotion management occurs in the context of system failures and the responsibilization policies and discourses. Finally, I articulate how community-based service provision works within gaps between structural causes, individual circumstances, and individualizing discourses.

Research Questions and Context

In this dissertation, I use qualitative interviews and reflexive journaling to examine a central research question of how service providers engage in emotion management work and support their clients as they witness intimate details of their clients' lives related to motherhood and substance use and their inclination toward identity change. I consider this question within the context of Atlantic Canada, and I argue that service providers encounter and navigate emotional-ethical dilemmas supporting criminalized women in their daily work. I discuss these dilemmas in

the context of funding precarity, organization mandate constraints, and participants' understanding of structural issues experienced on an individual level by their clients.

Data in this project stems from 23 qualitative interviews with community service providers living and working in one of the four Atlantic provinces (Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador). Interviews were semi-structured and occurred between May 2021 and May 2022. Some participants shared that they had lived experiences of criminalization, substance use, recovery, mental illness, or some combination therein. Thus, service providers and women with lived experience in these areas are not mutually exclusive groups in this project. I engage in a semi-grounded theory approach to this work, referring to an ongoing spiral process of 'diving' in and out of research data while re-reading literature and building analysis and a theoretical framework out of this process (Charmaz, 2014; Hesse-Biber & Leavy, 2011). I also engaged in reflexive journaling throughout the data collection, analysis, and writing processes. Entries from that journaling are found throughout the following chapters.

Researcher Positionality

The decision to pursue a Ph.D. and a particular project can be varied and deeply personal. When I began this Ph.D., I wished to pursue research about health and justice systems further. I had worked in a community organization for several years at that point, focusing primarily on fetal alcohol spectrum disorder (FASD) in Newfoundland and Labrador and Atlantic Canada. I wanted to explore different but interconnected territory. In some ways, I wanted to examine other facets of the topics and issues I was familiar with. Pursuing this Ph.D. was not necessary; as my friend and fellow PhD-er says, it was "a purely gluttonous exercise". I prefer to think of it as

indulgent, and at the same time, it felt somehow necessary, at times urgent. I pursued this Ph.D. rather quietly at first; few people know of my roles inside and outside of academia, which I compartmentalized and juggled throughout the last few years. There have been many instances in which I felt that I belonged to two separate worlds. Through the process of completing and writing this dissertation, I have realized that this project brings those worlds together. I position myself in this research as a white woman and queer feminist who, because of intersecting privileged identities and experiences, has not experienced criminalization. I also approach this research with an understanding and deep appreciation of the challenging nature of community-level work and a commitment to community responses and care to push for social justice. I engage with this work as a person whose life has been impacted profoundly and in complex ways by substance use.

This dissertation is, at its core, a feminist project. For me, it is feminist worldmaking. This project has been shaped and informed by the work of brilliant feminists. It has been inspired by work on fetal alcohol spectrum disorder (FASD), dear friends in recovery, friends navigating substance use in various ways, and reflections on the recapitulations of substance use and its impacts on my life. The participants in this research make visible the complex ways that community organizations can support, how systems can fail to support our community members, and how community organizations commonly operate between systems intertwined in their clients' lives. Participants bring attention to the emotion work of offering support to others and the precarity that can accompany the limited resources and funding that enables organizations to exist for another fiscal year. For me, this project has been what Ahmed (2017) calls feminist homework, the best kind of homework, with feminist teachers and opportunities to bring our

feminism with us everywhere we travel. Despite its significance to me, research is rarely earth-shattering, but like community work, it is slow good work. Thank you for being here.

Language Use

I offer a comment now about the language I use in this dissertation as intentional for several reasons. Commonly in criminological writing, in government, penal, and legal systems, people charged with a criminal offence are referred to as offenders. For women, this label is commonly more precise as female offenders. In her book *Unruly Women*, Karlene Faith (2011) discusses that these terms imply that people are deemed offensive to society and labelled as such. As a term, female offender carries notations of being offensive as both individuals and as women for having transgressed norms of femininity (see Bosworth, 2000; Comack, 1996). Throughout this dissertation, I use the term criminalized women, first, to recognize criminalization as a social process shaped by temporal laws and practices, and second, to use the term women to refer to cis and trans women.

In this dissertation, I use the term substance use to refer to the use of both legal (e.g., alcohol) and illegal substances (e.g., cocaine) in Canada. I do so to recognize how people can use substances for various purposes at various points in their lives. I also do so to avoid using words that have added to stigma and labelling when assigned by others, such as 'alcoholic,' 'addict,' or 'clean'[2]. I also do not assume that participants in this research or their clients have a formal substance use disorder (SUD) diagnosis as per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

[2] I recognize that these terms have historical and current meanings in 12-step programs such as Alcoholics Anonymous and Narcotics Anonymous. However, much of the literature from such programs emphasize that an individual must decide if they are an alcoholic or an addict (Alcoholics Anonymous, 1939/2013) rather than a label given by others.

The term service providers refers to participants in this research who work for community-based organizations (commonly but not always non-profits) in Atlantic Canada. I choose this broader term as it encompasses much of the work underway and recognizes the breadth of service provision from counselling, housing support, drop-in, peer support, harm reduction programming and services, and resource mothers, among others.

I use the term criminal legal system to refer to the various elements of the courts and their various powers (e.g., custodial sentences and court-ordered conditions, among others). The term recognizes the system of law and its power to determine the punishment of what constitutes illegal acts. Further, it is a purposeful shift from the widely used term criminal justice system, which, as some argue (for example, see Karakatsanis, 2019; Vera, 2022), justice is rarely involved in law[3].

Overview of Chapters

In Chapter Two, I discuss important literature about criminalized women in Canada, motherhood and substance use. I explore these issues as they relate to the lived realities of criminalized women, divergent approaches to community-based work, and the current context of incarceration in Atlantic Canada. Finally, I discuss emotions literature to situate power dynamics present in criminalization processes and the need to centre emotions in criminological work.

In Chapter Three, theoretical framework, I explore the role of community service provision and emotion management. I discuss the emotion work of service providers embedded

[3] Similarly, others use the term criminal injustice system to name the various forms of injustice that occur within legal, correctional and criminalization processes. For an in-depth discussion, see Karakatsanis, 2019.

in supporting criminalized women. In this framework, I highlight the gendered nature of emotions and emotional labour and service providers' role in bearing witness to these processes while simultaneously managing their own emotions and experiences.

In Chapter Four, I explain the methodological framework and discuss how a feminist methodology and critical and feminist qualitative criminology inform this research. First, I position myself as a researcher with non-profit community experience but no history of criminalization. Then, I address my ethical responsibilities within this project and describe the data collection, transcription, coding, and analysis process.

In Chapter Five, I begin the analysis of interview data by discussing service providers' reflections on their work related to the emotion management strategies they employ. These strategies include trust management, intimacy and boundary management, resource insecurity management, stress management, and emotional-ethical dilemma management. I present how these strategies are employed in discrete and overlapping ways through the discussion of three themes: trust and relationship-building with clients, the bounds of community service provision work, managing funding, advocacy, and ethics, and managing emotions. I argue that service providers' work occurs within emotional-ethical dilemmas and between the constraints of trust, organization capacity and professional responsibility.

In Chapter Six, I continue interview analysis by discussing service providers' understanding of salient issues experienced by their clients and further explore their role within support needs and limitations. I discuss strategies service providers employ to emotionally manage their clients and support their goals within systemic and structural realities. These strategies include readiness for change management, recovery management, identity change management, resource insecurity management and negative emotions management. I present

these strategies by discussing themes, including catalysts for change, barriers to recovery, and clients' emotion management. In this chapter, I also discuss themes related to systems and supports, unmet needs of criminalized women and mothers, and stability seeking. I present an analysis highlighting emotional-ethical dilemmas as service providers work between clients and the criminal legal, child protection, and welfare systems.

Following this, I address policy and practice recommendations in Chapter Seven, including the values underpinning community-based organizations supporting criminalized women and mothers in Atlantic Canada. First, I provide an overview of the persistent and complex unmet needs of criminalized women, including housing, harm reduction approaches and programming, and ongoing pressures from systems in their lives. Then, I discuss community-based work in Atlantic Canada, and I highlight the need for stable and sustained support for organizations conducting harm reduction-oriented and trauma-informed work in both rural and urban areas of the Atlantic provinces. Throughout, I address how the various emotion management strategies employed by service providers can be understood as attempts to overcome the gaps existing in their work (e.g., funding, mandate, individual capacity) and their clients' lives (e.g., poverty, systems involvement, gender-based violence). As such, emotion management strategies, and the emotional predicaments that underpin them, can also be understood in the broader sociological context of this study.

Figure 1. Sociological context for this research.

As evident above, this context includes the problematic tensions between clients' punishment and care, between gendered and sex-based discrimination and risk determination for clients, problematic responsibilization of clients in the face of structural and systemic barriers, and problematic reproduction of clients' trauma via pressures places on service providers in their efforts to support clients.

Finally, in Chapter Eight, I summarize this research's key findings and contributions, its limitations, and discuss future research directions.

Chapter Two: Literature Review

"I remember sitting with a woman who came into custody, and her child was taken into care all on the same day, and she was so distraught, and she just kept repeating, how could I choose drugs over my kid? But … the only way she knew how to cope with that was to continue to use [substances], because she didn't know how to cope with any of those feelings, and then, continuing to feel more shame and guilt …it took a lot of work for her to realize that it's not as simple as that black and white statement" –Regina[4], service provider

As a starting point for understanding the experiences of service providers and the criminalized women they work with, I begin by discussing the current demographic and socio-economic realities of criminalized women in Canada. I consider these realities against significant events that have shaped changes to Canada's penal system since the 1990s. I argue that these changes have contributed to and underpinned the heavy reliance on risk and responsibilization discourses, which have also brought disproportionate impacts for criminalized Indigenous and Black women. I then attend to salient factors such as provincial and federal sentences and discuss the location of this current research, Atlantic Canada. Following this, I discuss structural factors that shape criminalized women's experiences, such as poverty and access to housing and consider their repercussions in the context of women's substance use, in their roles as mothers and how they coalesce into stigma and blame. Next, I discuss the various and divergent roles and goals of community-based organizations that work with people experiencing marginalization, oppression, and criminalization. It is the service providers within such organizations that comprise the research participants in this project. I then introduce sociology of emotions literature to consider additional perspectives surrounding psy power dynamics that contribute to

[4] All names of participants are pseudonyms.

the interpretation of women's moods, states of being, and emotions. Within this discussion, I underline tactics and logics that understand criminalized women's experiences as individualized issues instead of unmet needs within broader structures and systemic gaps. Instead, women are constructed through a lens of risk and responsibilization for experiences and potential outcomes. However, the need for critique must be careful not to overpower or silence individuals 'on the ground' while simultaneously contextualizing structural and systemic factors that impact individual-level experiences. As I explore in this research, community service providers commonly encounter a multitude of impacts related to insufficient and precarious unmet needs for criminalized women. Service providers also often fill a role, at times unofficially, of system navigators. Yet, they do so within the context of their organization's mandate, funding limitations, and sometimes confront ethical dilemmas in the process. Community service provision has important implications for the lives of criminalized women. When readily available, low barrier and ongoing service provision can provide important support in counselling, housing, employment and substance use recovery opportunities.

The Role of Community Service Providers

Within this project, I centre much of the analysis in later chapters on the position of community service providers and their unique role(s) in working with criminalized women in both community and through prison in-reach work. In this research, community-based service providers refer to an umbrella term that may include social workers, program assistants or managers, outreach/in-reach workers, and recreational therapy workers, among others. Community service provision has significant implications for how marginalized and criminalized people in communities seek support in various forms. Researchers note that criminalized

women's chances at community success and re-entry are often contingent on well-resourced and supportive services available in their communities (Maidment, 2017; Richie, 2001; Shantz & Frigon, 2009). Such services, community organizations, and service providers' work have particular importance and relevance when they provide women-centred responses informed by women's lived experiences and viewed in the context of economic and social systems that have historically excluded them (Covington & Bloom, 2007; Pollack, 2009a).

Community organizations and service providers regularly support criminalized individuals at various points in their interactions with the criminal legal system. Commonly offered services available through community organizations are wide-ranging including prison in-reach and outreach work. Additional services may include programming and workshops, employment skills, group counselling, drop-in services, access to technology such as computers and printers, clothing and personal care item provision, free meals, accompaniment to appointments and court dates, system navigation, and supportive housing, among other services[5].

Differing approaches to services provision exist and impact both organization philosophy and work mandates, funding sources, and practices around working in cooperation with or independent from the criminal legal apparatus. These factors influence working relationships, organizations, and their employees' views of their role in service provision and support in the lives of their participants[6]. Further, the ethos of community organizations has additional impacts on how they view their role and offer services. For example, some organizations may enact their work and offer services through a pastoral care lens, reflecting a pastoral power dynamic as

[5] In Atlantic Canada, some of the numerous organizations conducting this type of work include but not limited to Elizabeth Fry societies (NB and NS), Stella's Circle (NL), First Light (NL), and Coverdale Courtwork Society (NS), among many others.
[6] Organizations will often use different language to refer to the individuals who access their services; these may include clients, peers, participants, members, guests, or patients.

described by Foucault (see Foucault, 1982) with attention to their participants' well-being, moral discretions, and provision of what is 'best'. Others, including Martin and Waring (2018), have written about Foucault's work on pastoral power in more recent years. They put forward an analysis of the concept of pastoral power as a contribution to critiques of governmentality as lacking attention to human agency. Martin and Waring (2018) discuss the operation of pastoral power using examples from healthcare sectors and argue that the concept has potential utility beyond this sector. For example, they discuss the potential role of pastoral power for community pharmacists who may play a role in their patients' medicine-related behaviours and increased adherence to physicians' prescription orders. Such potential, they argue, could compel patients to take medications as expected and improve future self-regulation with medication adherence (Martin & Waring, 2018).

Jones (2018) also considers more concrete applications of pastoral power in understanding and enactment of self-care in the healthcare sector. As Martin and Waring (2018) point out, the balance of enacting power and offering care is maintained carefully and simultaneously in pastoral power. This form of power is understandably tied to Foucault's (1991) notion of governmentality, explored earlier in detail. These scholars' interpretation of Foucault's (1982) concept of pastoral power offers a framework of interpretation for some community organizations' approaches to engaging participants through 'inscriptive practices' by encouraging and shaping 'desired' behaviours.

Researchers have identified other organizations that embody a more radical approach of participant-centred philosophy in which the organization and its employees work to meet the needs identified by the participant. Such approaches can include harm reduction practices and what is referred to in the community as 'meeting the person where they are'. Such organizations

may choose less traditional approaches, including policies of not reporting non-adherence to programming to governing or surveillance bodies or maintaining a 'don't ask, don't tell' policy regarding participants' ongoing criminal involvement.

Additionally, a third type of community organization which I refer to as para-state work alongside the criminal legal system apparatus (e.g., probation and parole systems, prisons, and lawyers, among others). Further, they may be viewed by participants and/or may view themselves as an extension of or tangential to state agencies tasked with monitoring and/or reporting individuals for their behaviour, whereabouts, substance use, or close contacts (Holtfretter et al., 2004; Maidment, 2017). Organizations may not view or define their alignment with the criminal legal system as a conservative or more pastoral approach. However, as Maidment (2017) explains, organizations can still uphold processes of social control through transcarceration and thus keep women enmeshed in systems of control while living in the community. Maidment's (2017) argument hinges on the reality that for some community organizations, their funding stems from the Departments or Ministries of Justice and thus influences the organization's need to uphold and maintain the goals of the state through control and "behaviouralist agendas" (p.32) to not lose operational or project funding. I wish to add to this analysis in this research by examining the complexity of community non-profit organizations working with criminalized women and considering the ethical and emotional implications for service providers working within such organizations facing this and other critiques. As I articulate in later chapters, service providers often have a heightened awareness of divergent goals and individual and organizational ethics as they work with criminalized women. Moreover, their interaction with their clients is often shaped by the type and orientation of the organization in which they are employed. In this sense, I argue that a more complex exploration of the role of

service providers and community organizations more broadly in the lives of criminalized women is required.

At their core, community organizations' work aims to fill gaps in how the state supports or fails to support its citizens. Depending on organization mandates and philosophies, the types of support(s) can vary; for example, there may be an emphasis on times or circumstances when they may be most vulnerable. This notion of vulnerability may be viewed differently by organizations as being caused by individual, community, and/or state failures. For example, community organizations may favour and support police and prison abolition and simultaneously support individuals as they navigate experiences within these systems. Practically speaking, community-level work is often conducted through multiple collaborations with other community organizations, shared physical space, and volunteer work. There can also be heavy reliance on fundraisers, community and corporate donations to address an overwhelming need and insufficient funding. Beyond financial limitations, community organizations may also be limited because of jurisdiction, staffing concerns, and participants' eligibility and accessibility for their programs (e.g., if they age out, complete parole, or are no longer physically able to leave their housing to attend programming due to age, disability, or illness) (Holtfretter et al., 2004; Maidment, 2017; Shants & Frigon, 2009).

Service providers working within these community organizations can engage in considerable emotion work. For example, they may experience high burnout rates or compassion fatigue resulting from continuous exposure and interaction with individuals with painful life histories and complex current circumstances. The cumulative impacts of these issues and organization policies and mandates ultimately involve emotional dimensions for service providers working within community organizations. Such dimensions have been largely not

considered in the context of supporting criminalized people. Notably, some researchers, such as Kilty et al. (2014) and Kilty and Fayter (2022), consider emotional dimensions in conducting critical social science research in carceral spaces. Their findings highlight considerations of understanding emotionality within the research process and encountering emotional responses while interacting with research participants (Kilty et al., 2014). More recently, Kilty and Fayter (2022) explored emotional dimensions of conducting research with incarcerated women, specifically when researchers themselves may also share histories of criminalization. In this chapter, I discuss many factors and realities impacting the criminalization of women in Canada. However, I do so to establish the emotional terrain upon which community service providers conduct their work with criminalized women. Further, I do so to examine how service providers respond and adapt to this work through emotion management strategies.

As discussed in later chapters, these realities can often be addressed through various approaches to reduce employee burnout and turnover. Though service providers commonly receive training to provide skills to better cope with their work's emotional challenges, it is an important factor in navigating their work. Overall, examining community organizations' philosophies, approaches, mandates, and policies can assist in gleaning insights as to how community-based service providers conduct their work in community as they navigate their clients' histories of criminalization, substance use, and motherhood. Further, we can consider how social justice's goals underpin these issues' complexity. Finally, by engaging with a range of community service providers and understanding how they do their work, we can learn from divergent and convergent approaches to working with criminalized women and the ethical and emotional impacts of engaging in this work.

Criminalized Women in Canada

In recent years, women[7] have become the fastest-growing prisoner population in Canada (Balfour, 2006; Sapers, 2015). This rise is attributed to several factors, including the neoliberal criminalization of poverty and cutbacks to social services (Balfour, 2006). Economically marginalized women experience criminalization and incarceration in higher numbers resulting in segregation from their community and their families (Pollack, 2009b). On a broader level, the increase in incarcerated women has also indirectly diverted community program funding toward the prison system (Chesney-Lind & Mauer, 2003). Criminalized women in Canada (i.e., those charged with a criminal offence which may or may not have served a custodial sentence) are likely to be female, under 40 and have experienced poor socioeconomic conditions and disadvantaged backgrounds (Balfour, 2006; Comack, 2018). The life histories of these women are heavily intertwined with their involvement in the legal system (Comack, 2018; Sapers, 2015). Women's entry into the legal system is often related to property crime, substance use and other non-violent offences (Belknap, 2014; Covington & Bloom, 2007). Once released, women navigate other challenges, including parole or probation conditions, employment barriers, accessing community supports, and rebuilding relationships with family, particularly their children (Giordano et al., 2002; O'Brien, 2001). They often face these challenges, having been exposed to responsibilization techniques applied through neoliberal governance strategies in

[7] Women refers to cisgender and transgender people. In Canada, individuals can request incarceration in a facility based on their gender identity (vs. sex). In 2018, approximately 52 of the 14,081 individuals in federal custody in Canada required accommodation based on gender identity. Of those 52 individuals, approximately 63% were residing within male facilities (Zinger, 2019). Much of the literature does not specify or address gender identity among their participants. Prison classification in Canada and in many other countries is limited to a dichotomous male/female system and facilities. Within this project, the term women refers to individuals, both cisgender and/or transgender, who define themselves as such.

Canadian correctional systems (Hannah-Moffat, 2000; 2006). Thus, questions of responsibility, rehabilitation, and resilience remain in the context of their criminalization.

Of the women in federal custody in Canada, 70% are mothers of children under 18 years, often have histories of trauma, mental health complications, and have struggled with substance use (Balfour & Comack, 2014; Sapers, 2015). In addition, criminalized women report higher rates of physical, sexual and emotional abuse, low education, poverty, and use of welfare. They are also more likely to be diagnosed with mental health conditions than non-incarcerated women and incarcerated men (Hannah-Moffat & Shaw, 2000; Sapers, 2016).

Incarceration disproportionally impacts racialized individuals, including Indigenous, Black, and South Asian women in Canada (Sapers, 2015). Relative to their representation in the general population, Indigenous peoples are significantly overrepresented in Canadian prisons. Further, visible minority women (excluding Indigenous women) accounted for 12% of women in federal institutions in 2019 (Zinger, 2019). While in 2015, Black prisoners in Canada were incarcerated at a rate three times higher than their general population representation rate (Sapers, 2015).

Regardless of race, many of these women are separated from their children either due to incarceration or by child protection intervention (Lockwood & Raikes, 2016). While men are also separated from their children while incarcerated, women prisoners were often primary or sole caregivers before incarceration (Covington & Bloom, 2007). Thus, women's incarceration often carries a 'double sentence' by disrupting their child(ren)'s primary caregiver, custody and living arrangements. Unlike criminalized men, women also commonly have less extensive criminal histories and are less likely to be reconvicted (Belknap, 2014). However, they may face re-incarceration due to breaches of parole or probation conditions (Comack, 2018; Comack &

Balfour, 2014). Women’s entry into the legal system is commonly related to property crime and substance use, often stemming from non-violent offences. Women are assessed as a lower risk to the community than their male counterparts (Belknap, 2014; Covington & Bloom, 2007; Pollack, 2009b). The bulk of crimes committed by women in Canada are non-violent, property-based offences (theft under $5,000 and fraud) (Pollack, 2009b). This trend is also evident elsewhere, and researchers have found strong relationships between economic inequality, cuts to welfare and social programming (Ferraro & Moe, 2006; Mosher, 2014). In short, incarcerated women's experiences are unique and differ from those of criminalized men (Belknap, 2014). Further, their crimes are commonly survival based and shaped by early life experiences and traumas. Despite the commonalities across criminalized women’s experiences, their circumstances are commonly understood as individual rather than systemic issues.

The life histories of criminalized women are heavily intertwined with their involvement in the legal system (Sapers, 2015). Thus, uncovering the life histories, the role of socio-demographic factors, and pathways to criminal activity highlight the circumstances that can bring women into contact with the criminal legal system and the mechanisms that can keep them within it.

Studying Criminalized Women to Inform Service Delivery

The study of the experiences and realities of criminalized women brings to light underlying tensions of the often-contradictory intention of prison and the criminal legal system more broadly, that is – a system to rehabilitate or punish. How women have been historically studied, omitted from research, or pathologized within traditional and mainstream criminological

work has long been problematic (Chesney-Lind & Morash, 2013; Daly & Chesney-Lind, 1988). The emergence of feminist criminology as a distinct field occurred in the 1970s and was an effort to address the androcentric nature of the discipline. The second-wave feminist movement heavily influenced feminist criminology, and at its core, the goals and focus have been to produce and circulate women-centred knowledge (Comack, 2011). The attention to criminalized women's experiences has been central to the development of feminist criminology and plays an important role in understanding the historical and current context of criminalized women in Canada (Chesney-Lind & Morash, 2013; Daly & Chesney-Lind, 1988; Moore, 2008). Feminist criminology is now a diverse field that has benefitted from third-wave, intersectional and multi-racial feminism. Feminist criminologists' early work focused on establishing how and why criminalized women's experiences differ from their male counterparts. These differences have become a central point of debate, tension, and evolution of feminist criminologists' work. Of particular interest to feminist criminologists is women's unique pathways to crime and how those pathways differ from men's. Researchers overwhelmingly found connections between women's experiences of victimization (i.e., childhood abuse, sexual abuse) and criminal involvement, in addition to experiences of violence and neglect (Chesney-Lind & Rodriguez, 1983; Daly, 1998). In their ground-breaking work, Bloom, Owen, and Covington (2003) and Covington and Bloom (2007) drew on this knowledge to outline principles of practice to improve how women are managed, supervised, and treated in correctional settings. The principles included acknowledging gender differences, creating safe and respectful environments, and addressing mental health, substance use, and trauma issues. The findings of such research also provide frameworks for program design and service delivery, often offered by community-based service providers. Further, the principles of gender-informed service delivery inform how community organizations

deliver their mandate and support their clients in particular ways. For example, providing services that recognize the prevalence of early life experiences of victimization, parent and caregiver responsibilities, and employment barriers coupled with low-pay work.

The work described above aims to capture women's experiences and the changes needed to correctional policies to correspond with women's needs. Yet, a key issue emerges in studying the phenomenological dimensions of criminalized women's lives, which is that the inescapable tension of the purpose of incarceration lies at the centre of incommensurate goals: to punish or to rehabilitate. As a participant in Pollack's (2009b) research succinctly pointed out, "call it prison and we're going to punish people. Don't call it rehabilitation and reintegration, because it's not. You can't have it both ways" (p.119-120). This tension also emerges in community service provision, with some community-based organizations taking on the role of parole supervision upon release and thus situating themselves as responsible for both provision of care services (e.g., counselling, housing supports) and punishment (e.g., reporting to violations of curfew or substance use to parole officers) (see Maier 2020b, 2020c). In the Canadian context, this need for the centring of criminalized women's voices in research about them has been shaped by both the development of critical and feminist criminological research and significant events that have brought criminalized women's experiences and activists' and scholars' calls for change into public view. However, further attention is required to examine community service provision and its sometimes divergent responses and tensions faced in attending to the needs of criminalized women in the community.

A series of events in the late 1980s and early 1990s at P4W, the former federal prison for women in Canada, resulted in an inquiry and calls for meaningful change to women's penal

practices. These calls led to the release of the *Creating Choices* report, and its recommendations were largely accepted by the federal government and the *Correctional Service of Canada (CSC)*. However, it was also evident that CSC adopted a new language of empowerment and responsibilization, leading feminist activists and scholars to publicly criticize the co-optation of feminist values. They noted that the values underpinning their work had been co-opted to shape a new penal agenda that responsibilized the criminalized women for their life circumstances (Comack & Balfour, 2014; Hannah-Moffat & Shaw, 2000). For example, Kelly Hannah-Moffat has charted how the new Canadian prison approaches focused on governmentality aimed toward self-responsibilization[8] (2000). Scholars argued that these attempts enabled institutions such as the CSC to co-opt language and goals reflecting empowerment and the potential for positive individual change to gain legitimacy. However, the prisoners living within these regimes experience few opportunities and possibilities to meaningfully engage in their rehabilitation (Hannah-Moffat, 2001; Leblanc et al., 2015). It is this language of empowerment and co-optation of feminist values that some scholars have argued is also evident in some community-based organizations funded through Departments of Justice and responsible for overseeing women's parole release (Maidment, 2017; Maier, 2020b, 2020c). As I discuss in subsequent chapters, however, some organizations and service providers opt to avoid such approaches in favour of feminist, client-centred, and harm reduction-oriented philosophies and mandates.

[8] The term self-responsibilization is used by Rose (2000) and taken up by Hannah-Moffat (2000) and Moore & Hirai (2014) to describe governing strategies at a distance focused on educating individuals to be responsible for and care for themselves. The term self-responsibilization is often discussed in critical and feminist criminological literature about penal governance strategies focused on creating the responsible prisoner.

Risk, Women, and Responsibility

I turn now to the topic of responsibilization in more detail. In part, the co-optation of feminist values and approaches aimed at self-responsibilization have been produced and reproduced by increased attention to policies surrounding risk. Community-based service providers are privy to such discourses around client risk and may work within organizations with divergent views of risk assessment and 'management'. Further, their work with clients often involves clients' internalization of the responsibilization rhetoric they have been exposed to while incarcerated (see Sheppard, 2022). Prison is a unique site of psychological knowledge because prisoners' behaviour can be interpreted as problematic, and burdens are placed on them to become responsible and productive prisoners in ways that are not possible in the 'free' world (Hannah-Moffat, 2000). In this sense, the use of psy sciences in prison environments responsibilizes individuals and determines their propensity for rehabilitation or the need for further punishment. As evident in the following discussion, these determinations are parts of the mechanisms of power employed to achieve an end of punishment or rehabilitation. Further, such mechanisms can also follow women into the community if their options for accessing community-programing is hinged upon participating with organizations enacting transcarceration.

The "psy sciences" (i.e., psychiatry and psychology) play a central role in constructing psychological knowledge employed by psy professionals, prison staff, and administration. Psy sciences are considered a 'natural' fit in prison as they contribute to the provision of explanations, reasons, and calculations (e.g., constructing the prisoner as deviant, sick, or risk-laden), which have the effect of constructing the individual as pathological. These explanations are deemed proof of psychological states and become constructed as the truth about the

individual (Hannah-Moffat & Shaw, 2000). The connection between psy sciences and prison creates ample opportunities to monitor, label and classify women's experiences and behaviours under diagnostic labels (Leblanc et al., 2015). For example, incarcerated women in Canada have higher rates of mental health conditions than non-incarcerated women and are more likely to seek medical care than incarcerated men (Sapers, 2016). Scholars (see Leblanc et al., 2015; Maeve, 1999) argue that the tendency to place diagnostic labels fails to recognize prison's complex impacts on individuals or provide a more holistic understanding of the individual's needs. Put differently, incarceration results in imprisoning both women with pre-existing mental health conditions or needs, women whose experiences of being incarcerated have contributed to the interpretation of mental illness by psy professionals, and an overlap of these two groups. Pollack (2005) contends that the blurred boundaries between prison, health, and the psy sciences result in overlapping goals of punishment (i.e., goals of control, discipline, and reform) and care (i.e., intervention, correction, rehabilitation, treatment), which are at odds with each other.

Governmentality, a concept stemming from Foucault (1991), refers to the emergence of forms of power that work diffusely from the state through various social institutions, sites, and social groups to create and maintain self-policing individuals and external forms of governance (e.g., surveillance, corrective training) (Lupton, 1995). According to Foucault (1991), governmentality emerged in the sixteenth century and has evolved since. Both coercive (i.e., using force or threat of force) and non-coercive strategies may be employed in governmentality approaches. Power relations in governmentality support a multitude of goals (Foucault, 1991) and operate throughout social institutions, including the family, schools, bureaucratic government groups, and more overt forms of power such as the police. A central aim of neoliberalism is to move away from the welfare state or dependence on the state toward self-

governance through individual responsibility. Critics have argued that neoliberalism places pressure on the individual to be responsible for their own destinies and ignores broader structural and social factors (Chesnay, 2017; Hannah-Moffat, 2000; Kilty, 2012). In this sense, neoliberalism can be conceived as a shift in discourses of governmentality.

Governmentality complicates what is viewed and understood as private versus public and the role of the state within both (Foucault, 1991). A person incarcerated in a carceral institution experiences the transition from a private individual into a public responsibility, with the institutional body legally responsible for them during their sentence. Governmentality involves a relational web of connections between a subject and state or carceral power. Such relationships are also visible in other institutions and forms of discourse, including psy professions and medicine. Psy discourse is part of governmentality, as are carceral institutions, which in this context exemplify a goal of a governmentality regime as they draw from broad knowledge domains and organizations. Further examples of contributing sources of knowledge and organization may extend beyond the state to include psy professionals (for assessment and diagnosis), family (for intimate knowledge and history), and private businesses or organizations (for programs, services or placements). The impacts of governmentality are woven through this transition via governance policies and regimes in prisons. As such, determination of the responsibilization strategies to be employed on the incarcerated individual (and how and when they might once again return to a private or self-governing individual) becomes part of the role of the carceral administration. As evident in modern carceral institutions, governmental regimes promote self-responsibilization, thereby displacing the responsibility for harm from the state to the individual or other social institutions. Governmental regimes promoting self-responsibilization are also evident when community organizations take up supervision of

criminalized women and thus become a mechanism for enacting power over clients on their caseload. In this sense, community service providers become agents of enacting the power of knowledge and criminal legal policies or conditions (e.g., violating curfew, consuming substances, and having no contact with particular people).

The role of social institutions in governmentality approaches has various implications, both in prisons and psy sciences. Governmentality approaches are entangled in how social institutions seek to individualize understandings of the issues at play. For example, the anti-psychiatry movement of the 1960s has long critiqued the psy sciences (i.e., psychological explanations) for their problematic use and reliance on the pathological mind or body as a root cause of criminality and for ignoring structural factors that largely shape individuals' experiences and perceptions (Leblanc et al., 2015). However, psy interventions are heavily relied upon within carceral spaces such as prisons precisely because of their reliance on pathologizing human behaviours through diagnoses and the tendency to conduct analyses at the individual level. Further, they are compatible with the use of risk management through medication, which arguably suppresses emotions and is employed both "in the name of treatment" and as a means of social control (Leblanc et al., 2015, p. 127; see Kilty, 2012).

Thus, there is an inescapable tension between CSC's continuum of care (see Correctional Service of Canada, 2012) and Foucault's (1979/1995) carceral continuum, indicating varying levels of severity of punishment and corresponding classifications, in which medical formulations and approaches to explain, measure, and calculate behaviours and risk are privileged (Hannah-Moffat, 2000; Kilty, 2012; Monture-Angus, 2000). The result is a hybridized punitive-care institution with outlined goals to address punishment and rehabilitation through neoliberal governance. In such institutions, individuals are constructed as responsible for

minimizing and managing their own 'risk' (Hannah-Moffat, 2000). Consequently, risk assessments are heavily relied upon at various points in criminal legal decision-making, including correctional and parole/probation systems. In terms of community-based programs involved in transcarceration practices, risk assessments can determine which women are eligible to participate in their treatment and supervision programs. Assessments comprise both static risk (those deemed unalterable such as the age of the first arrest) and dynamic risk (alterable or treatable such as anti-social peers). While static risk factors can serve as informative, dynamic risk factors are considered causal (Ward, 2016) and inform how prisoners are categorized, determine how changeable they are, and statistically predict their likelihood of recidivism (Hannah-Moffat, 2016). Thus, the use of risk assessment, and subsequently, classification, is prevalent throughout many modern carceral institutions, practices, and approaches. In the discussion that follows, the implications of risk calculations and their impacts are further explored.

As Hannah-Moffat describes, CSC uses various risk measurement tools to determine prisoners' security classification, visitation privileges, contact with other prisoners,[1–3] access to programming, and yard time (Hannah-Moffat, 2005, 2016; Hannah-Moffat & Shaw, 2000). Scholars contend that discourses of risk and self-governance are masqueraded through the language of empowerment, thereby placing the burden of responsibility (for oneself, success, and regulation) on the individual (Balfour & Comack, 2014; Hannah-Moffat, 2000; Monture-Angus, 1999). As Hannah-Moffat (2005) articulates, the reliance on risk assessment tools within CSC fails to recognize the corresponding 'need' for each assessed 'risk'. In turn, rather than attending to meeting 'needs', higher 'need' women are classified as higher risk and further marginalized by limiting access to programming, socialization in shared spaces, and regular communication

with family or children. The implications of these practices result in incarcerated women being held responsible for the outcomes of their sentences without the ability to meaningfully engage in their treatment or punishment. Individual outcomes and choices become a central focus of women's perceived risk and rehabilitation while simultaneously ignoring the effects of trauma and disadvantage due to broader social structures. Importantly, responsibilization rhetoric and individualization of experiences and circumstances can continue to impact criminalized women upon return to the community. Community-based service providers may further encourage or discourage such rhetoric, depending on the approach and mandate of the organization.

The attempts to responsibilize women prisoners place them as responsible for their own destiny (i.e., in charge of their futures, law-abiding behaviour and productivity). Yet, they cannot address societal, systemic, and carceral factors contributing to their circumstances. Criminalized women are assumed to experience and have access to similar conditions and resources as non-incarcerated women by individualizing women's circumstances and ignoring broader structural issues. Hannah-Moffat (2000) argues they they are measured against the same standards as 'free women,' which further legitimizes the responsibilization approach. The use of risk assessments remains prevalent throughout carceral systems and are heavily relied upon to determine historical, current and, importantly, assess future risk and propensity for further criminal activity. In the following discussion, it is evident that criminalized women are not facing the same circumstances as free women, as assumptions of CSC's approach indicate. Further, it is apparent that heavy reliance on risk assessment tools disproportionately impacts some criminalized women more than others. It is precisely on this terrain that much of service providers' work occurs against the backdrop of risk and responsibilization rhetoric directed toward many of their clients through the criminal legal apparatus.

Indigeneity, Women, and Incarceration

One of the distinct features of Canadian incarcerated populations is the overrepresentation of Indigenous peoples, especially Indigenous women. In 2020, Indigenous women comprised 42% of the women in federal prison but only 4% of the general women Canadian population (Zinger, 2020). By 2021, these numbers had increased and approached 50% (Zinger, 2021). The rates of Indigenous women incarcerated in Canada have jumped by 72.5% between 1996 and 2004 (Sapers, 2006) and doubled between 2005 and 2015, while non-incarcerated Indigenous populations grew by only 10% (Sapers, 2016). Though alarming, the incarceration rates do not convey the structural or systemic reasons behind the reality many Indigenous women face, including histories of colonialism, trauma, and/or violence, all of which are correlated with criminalization (Comack, 2018). As Duran, Duran, and Yellow Horse Brave Heart (1999) articulate, colonialism has disrupted healthy coping and functioning for communities. As a result, this it has contributed to unresolved cumulative trauma compounded by the passage of time and generations. Haskell and Randell (2009) point out that colonization is a historical and current ongoing process. In this sense, the dynamics and practices impacting Indigenous women's experiences in the criminal legal system largely mirror the disadvantages many Indigenous people face in Canadian society. Thus, belonging to a group (e.g., Indigenous women) who have experienced more trauma unsurprisingly may result in visible manifestations of trauma (i.e., through behaviours or coping strategies). However, such trauma behaviours can be further interpreted as signs of risky individuals in carceral contexts. For community-based service provision, these realities can translate in some cases to higher numbers of Indigenous women accessing services upon release and the need for culturally-informed service delivery

(Gartner et al., 2018, also see Correctional Service of Canada, 2022). However, culturally tailored approaches are not always readily available through community-based organizations. For example, in later analysis chapters, I found that service providers' often did not delineate or specify the race or ethnicity of their clients in their reflections of how they navigate emotional dimensions and emotion management strategies within their work.

The statistics related to the criminalization of Indigenous women also do not reflect alternative approaches and practices of Indigenous communities such as restorative justice and communal healing as more holistic approaches to holding individuals responsible for their choices and actions (Monture-Angus, 1999). Importantly, such alternative approaches are not universally accepted and may be controversial or troubling amongst Indigenous women or groups, particularly when related to intimate or domestic crimes (Stubbs, 2002, 2010). However, as Starblanket (2019) articulates, the possibilities and effectiveness of Indigenous justice systems lie in the need to be designed and enacted by those who are supposed to be supported and protected by such systems. Notably, the risk assessment and management system used by CSC were also adopted at the Okimaw Ochi Aboriginal Healing Lodge, one of the five regional facilities for women that opened in the 1990s. In addition, many practices and policies originally put in place through consultation and planning with Indigenous women when the facility opened were quickly dismantled (Boyce, 2017; Malloch, 2012). As Monture-Angus (1999) and Comack (2018) argue, the use and reliance on risk measurement tools fail to address the colonial oppression of Indigenous people in Canada. It problematizes at an individual level but renders structural and systemic factors invisible. In this sense, Monture-Angus (1999) articulates that it is not individual 'risk' that is being assessed and measured, but rather risk assessments affirm Indigenous prisoners as members of an oppressed group in Canada.

As a result, in Canadian prisons, Indigenous women are often deemed a higher risk (need), resulting in a higher security classification and placement in maximum security settings. Ironically, this classification determination, in turn, makes them ineligible for transfer to the Healing Lodge, where prisoners can access culturally informed programming and direct interaction with Elders (Monture-Angus, 2000). Such a practice places barriers between Indigenous women deemed too 'risky' and culturally informed resources and programming to better address their needs. As a result, they also have reduced eligibility for programming and visitation and are less likely to obtain statutory release[9] (Comack, 2018). Thus, the tension between the goals of punishment and care manifests as a contradiction. Furthermore, risk assessment practices used on incarcerated women serve as an iteration of individual discourses of responsibilization, which for Indigenous women include responsibilization for the effects of colonization. In this context, 'risk' is measured through association or membership in a marginalized group and simultaneously becomes individualized, framing the experience of incarcerated Indigenous women as outside of broader social, historical and cultural contexts.

CSC's practice of evaluating risk and placing restrictions on incarcerated women based on their institutional and criminal histories was later found discriminatory by the Human Rights Commission (Moore, 2008). The commission's report (2003) stated, "Using indicators that relate to prohibited grounds of discrimination to assess potential recidivism has human rights implications that must be scrutinized closely" (p.25). The report further states that CSC

> needs to exercise caution in using characteristics such as race, ethnicity or disability as indicators of programming needs. Instead, indicators of programming needs must be carefully designed to respond to unique needs and backgrounds. It is important to avoid assessing offenders based on a perception that those with a disability or those who are

[9] Statutory release, sometimes called day parole, refers to parole eligibility when an individual has served two-thirds of their sentence in a federal institution (Parole Board of Canada, 2019).

members of racialized groups, for example, pose increased risk. (p. 25-26)

Further, the *Correctional Investigator of Canada* found that the use of segregation for prisoners with complex risks/needs has been reduced for federal prisoners in Canada, except for Indigenous prisoners (Sapers, 2016). However, on a broader level, the use of risk assessment remains problematic, even if discriminatory elements of such assessment tools were removed. In other words, even if risk assessments were formulated to be non-discriminatory for Indigenous people, the assessment of risk maintains its attention at the individual level. Thus, social and structural issues remain individualized, while the effects of contextual factors such as colonization and trauma contribute to persistent disadvantage and marginalization. As I explore in later chapters, community-based service providers often conduct much of their work with individual clients while recognizing and advocating for systemic change. In this sense, criminal legal practices of assessment Indigenous women as higher risk can further perpetuate punitive approaches. However, community-based service provision that do not encompass transcarceration practices of overseeing criminalized women's release conditions can actively contribute to implementation of provision of care, rather than punishment.

As Monture-Angus (1995) argues, criminalized Indigenous women's experiences and circumstances may be difficult to understand separately from their gender, race, and class. Thus, Indigenous women's incarceration remains a serious issue tied to historical and current colonial policies and practices. While the overall women incarcerated population is disadvantaged compared to their 'free' counterparts, it is evident that Indigenous women are relatively worse off when we look at differences within that population. Considering the reported rates of incarceration amongst Indigenous women in Canada coupled with the implications of being deemed high risk, it is clear that the use of risk assessments disadvantages Indigenous prisoners

and serves as a tool to reinforce colonial policies and practices. However, as Comack (2018) points out and as explored in the discussion that follows, a limitation confounding our understanding of Indigenous women incarcerated and incarcerated individuals more broadly in Canada is the lack of information concerning conditions in provincial prisons. Community-based service provision can provide alternative frameworks of care that juxtapose punitive and risk-based approaches toward criminalized Indigenous women. However, such service delivery may not necessarily be culturally specific, particularly in smaller provinces in Atlantic Canada where smaller populations can result in fewer service options. Despite the unique realities and overrepresentation of criminalized Indigenous women, as evinced by my research, service providers do not necessarily delineate between their work with Indigenous and non-Indigenous clients.

Provincial and Federal Prisons in Canada

Community service providers delivering programs often work with women who have been incarcerated in federal and/or provincial institutions. While the location of where their clients serve a sentence does not necessarily impact where criminalized women can access community-based services, it can impact the services they were able to access while incarcerated. Federal institutions are generally reserved for individuals serving lengthier sentences (two years plus a day). They thus also imprison individuals charged with more serious and/or violent offences or with accumulations of numerous charges (CSC, 2018). In Canada, federal institutions are operated by the *Correctional Service of Canada* (CSC, 2018). Serving sentences in a federal institution can result in a larger geographic distance between prisoners' home province/territory, thus carrying implications for visitation from family, friends, and children, and release planning (i.e., they may be required to serve parole in or near the federal

institution and not in their home province or territory) (Balfour, 2014; Comack, 2018). It is common practice that prisoners can be transferred between federal prisons. In addition, any institution may receive prisoner transfers from other federal institutions for women in Canada. CSC estimates that approximately 5% of individuals in federal custody in Canada are women (CSC, 2020a).

Individuals ordered to serve custodial sentences may do so in a provincial/territorial or federal institution based on sentence length and type of conviction. For example, individuals sentenced to custody lengths of two years less a day will spend their sentence in provincial/territorial institutions. Additionally, individuals held on remand (awaiting trial or for their matter to be held in court) reside in a provincial/territorial institution. As a result, provincial/territorial prisons have a higher turnover of prisoners, shorter sentence lengths, and variability in over or under-crowding (Comack, 2018). Additionally, individuals sentenced to serve time in a provincial prison are more likely to have been convicted of a less serious and/or less violent crime (e.g., fraud, theft under $5,000)[10].

It is more difficult to measure the situation of incarcerated women in provincial/territorial facilities because they fall under the jurisdiction of their respective provincial or territorial Department or Ministry of Justice. Thus, reporting practices on the number of women incarcerated, the presence of separate prisons or co-housing men and women prisoners in different prison sections, and the presence of programming and release planning can differ among provinces/territories. As a result, in criminological research, many researchers have primarily turned their attention to current and former federal prisoners in Canada, with less

[10] *The Criminal Code*, made law in 1892, outlines summary and indictable criminal offences in addition to sentencing guidelines for various types of crime.

research emerging from provincial facilities[11]. Moreover, the bulk of women incarcerated in Canada are serving sentences in provincial prisons (Mahony et al., 2017). For example, Malakieh (2020) states that women account for 5% of the population in federal custody and 11% of the population in provincial custody. Thus, less attention to provincial institutions also means less understanding of the situation of incarcerated women, including the impacts of shorter sentences served in provincial institutions, access to programming and the general conditions within provincial facilities (Comack, 1996, 2018; Micucci & Monster, 2004; Monster & Micucci, 2005; Sheppard & Ricciardelli, 2016). For these reasons, one particular interest in my research is how variability between provincial and federal sentences impacts criminalized women's access and/or willingness to seek out or participate in substance use programs.

Atlantic Canadian Context

In this research, I focus on the conditions and experiences of service providers working in Atlantic Canada. Four provinces comprise Atlantic Canada, located on the country's east coast, including New Brunswick (NB), Nova Scotia (NS), Prince Edward Island (PEI), and Newfoundland and Labrador (NL). The region is home to numerous provincial prisons and four federal institutions. Nova, the only federal prison for women in Atlantic Canada, located in Truro, Nova Scotia, is where many women from the four Atlantic provinces serve federal sentences (CSC, 2021). The number of women in Nova and the surrounding provincial prisons may vary on any given day. According to Statistics Canada, in 2018/2019, there were 2,052 total custodial admissions in Atlantic Canada based on their biological sex (female) and 39

[11] Though not explicitly stated why this is the case, it may be due to various reasons, including differing provincial prison policies around research, the Correctional Service of Canada's existing research arm, the seriousness of crimes that result in federal sentences, the length of sentences, or because many individuals in provincial prisons are on remand awaiting trial and thus not convicted.

admissions of individuals classified as sex unknown. Such admissions include various forms of sentences, such as custodial, intermittent, and remand, among others (Statistics Canada, 2021). Importantly, admissions do not represent the number of women in custody on any given day and may include women who have had multiple admissions in one year. Rather, it illustrates the cyclical nature of criminalization and the ways in which women are criminalized but not captured if we only consider the number of women in custody.

Nova Institution, one of six women-specific federal institutions (five prisons and one healing lodge) in Canada, is a multi-level (security) facility with a rated capacity of 99 women (CSC, 2017). As a federal facility, the policy indicates that Nova is amongst women's institutions able to offer a Mother-Child Program, defined by CSC as:

> A continuum of services and supports which aims to foster positive relationships between mothers incarcerated in women offender institutions and units and their child and to provide a supportive environment that promotes stability and continuity for the mother-child relationship (CSC, 2020a)

The program permits eligible women access to their child or children and parenting programming. Eligibility is dependent on the security classification of each prisoner. Some women's institutions, such as Joliette Institute, located in Joliette, Quebec, offer programming allowing incarcerated women and their child to live together until age six within a minimum-security housing area of the prison (2020b). This is not always the case at other federal women's institutions in Canada. Similarly, provincial prisons housing women in Atlantic Canada do not offer this type of programming. Thus, incarceration is often a time when women have limited, if any, access to their children and families.

Upon release from prison through parole or statutory release, women in Atlantic Canada face challenges accessing housing, including supervised sites, to complete their parole. Women often also face challenges finding affordable housing in which they will not be discriminated

against based on their criminal record and gaps in employment (see Paynter & Snelgrove-Clarke, 2017). In addition, women who must finish the remainder of their sentence on parole face limited options, at times outside of their home province or region and thus, even when released, are often at a lengthy geographical distance from their families and communities. In essence, many dynamics in the central and western Canadian prisons also exist in Atlantic Canada. However, the numbers of incarcerated women remain lower than their Central and western Canadian counterparts, mirroring population density more generally in Canadian provinces. Together, these realities contribute to the terrain upon which community-service provision occurs, supporting criminalized women in Atlantic Canada. Further, it is a region where lesser attention has been paid to the criminalization of women owing in part to lower population and largely provincial institutions.

Criminalized Women and Housing

A primary concern of community-based service provision in Atlantic Canada has centred around issues related to housing. Criminalized women in Atlantic Canada face some unique geographic and resource challenges associated with provinces with low populations and fewer community organizations prepared to adequately meet the needs of criminalized and formerly incarcerated women. A central challenge faced by criminalized people and the community organizations that support them is access to and maintenance of safe and affordable housing (Gaetz, 2013; Griffiths et al., 2007;). For women, challenges related to a lack of housing and barriers to qualifying for housing are discussed broadly across criminological literature and cited as a significant contributor to instability, challenges escaping violence, survival sex, poverty, access or custody of children, and persistence (Haskell & Randell, 2009; Maidment, 2017;

Maier, 2020a; Pate, 2011; Pollack, 2009a). Access to suitable, safe, and prolonged housing is a significant contributing factor to individual 'success' in desisting from crime and avoiding additional criminalization (Griffiths et al., 2007). Tangible supports at the early time of re-entry, such as access to housing and food, show positive benefits and provide individuals with more positive conceptions of their future circumstances and mobilities (Maier, 2020a).

However, time in custody (even short sentences of several weeks) can disrupt housing, child access, breastfeeding, employment, work training programs, and educational opportunities (Pate, 2011; Paynter & Snelgrove-Clark, 2017). These impacts also hold significant relevance for understanding the impacts of short stays in provincial prisons and abrupt releases back into the community. For example, after serving longer sentences in federal institutions, the cost of housing relative to low-income/government benefits presents many challenges for newly released prisoners. However, they may be required to live in a federal halfway house as part of their parole conditions. Some parolees report viewing this living requirement positively since it is free for the individual and an opportunity to make the most of the time on parole (Maier, 2020a).

The impact of shorter sentences on women's access to housing is a gap in current knowledge. This is important because, more broadly, re-entry is a precarious time as interruptions in living in the community due to criminalization can further impact important personal relationships and personal belongings and further contribute to social isolation. All of these factors carry considerable repercussions on individuals' abilities to find and maintain suitable housing. The absence of and limited access to suitable and affordable housing can result in criminalized individuals living in densely populated or precarious situations where crime may be present and various support services may be absent (Griffiths et al., 2007). Nevertheless, as

Martin et al. (2017) articulate, women are often released from prison seeking and in need of supportive options, housing, rebuilding relationships, and opportunities for meaningful work. When provided with such opportunities, women can experience much success. Thus, housing remains a complex and crucial point of re-entry as well as a key mechanism for maintaining stability in the community. It is especially poorly understood for women serving sentences. Criminalized women can benefit from tangible supports throughout this process, but much work remains to adequately meet the needs of criminalized women and housing. Housing and resources have important implications for criminalized women once released into the community. Safe, affordable, and stable housing can provide an important step toward employment and substance use recovery opportunities.

As I explore in this research, community service providers commonly encounter a multitude of impacts related to insufficient and precarious housing for criminalized women. Service providers also often fill a role, at times unofficially, of system navigators, involving the navigation of housing options. Yet, they do so within the context of their organization's mandate and funding limitations and sometimes confront ethical dilemmas in the process. Community service provision has important implications for the lives of criminalized women. When readily available, low barrier and ongoing service provision can provide important support in counselling, housing, employment, and substance use recovery opportunities.

Motherhood and Incarceration

In this section, I discuss how perceptions and realities of housing stability also carry implications for criminalized mothers and custody and access to their child(ren). This intersection of housing as a form of stability with direct implications for child custody was discussed by research participants and explored in later chapters. As a result of the social roles that motherhood can entail, disruptions such as incarceration and criminalization can bring unique impacts on both women and their child(ren). Further, limited or no access to children, geographic barriers, visitation policies, or custody issues can further negatively impact the ability to maintain relationships with child(ren) (Barnes & Stringer, 2014; Ferraro & Moe, 2003, 2006). For example, despite being legally entitled to attend family court matters involving their child(ren), many women are not able to because of the geographical location of prison or parole (i.e., in a city other than where their children live), staffing constraints within the prison, or otherwise have limited means (Codd, 2013). In addition, for some women, prison visitation policies prohibiting physical contact, such as hugging or holding hands between a mother and her child(ren) are too painful and difficult to explain to their child(ren). Instead, they may opt not to have their families visit them during their time in prison (Comack, 2018). As women are more likely to be the primary caregivers of their child(ren), at the time of incarceration, such limitations and restrictions on visitation policies often impact them differently than incarcerated men (Barnes & Stringer, 2014).

Within women's prisons, programming intended to improve parenting skills is readily offered (Hoffman et al., 2010), but this raises questions about whether there is an underlying assumption that incarcerated women need assistance in knowing how to parent or if offerings are based on higher levels of child protection involvement (McCormick et al., 2014). Furthermore,

upon release into the community, women may not be able to regain access or custody of their children easily due to child protection orders, parole or probation orders, or inability to provide financially for them (Dunlap et al., 2006). In this sense, mothers' criminalization and incarceration carry an unintended "double sentence" that punishes the woman for a crime through incarceration and the child(ren) via disruptions in custody and residential stability. Further, once released from custody, child protection involvement often results in involvement in family court and additional legal system navigation. However, unlike for male counterparts, women are also impacted by the level of custody, access and well-being of their child or children (Myers et al., 2017). Community service providers commonly work with criminalized women at a time when they may not have access to or custody of their children and may be seeking reunification. While the implications of this process are numerous and complex for criminalized women, the impacts are also experienced by community service providers. These include managing their own emotional responses to their clients' situations, conditions, and experiences, and working to support their clients' own emotion management (e.g., dealing with child protection systems, family court processes, and managing expectations and timelines).

Criminalized Women and Substance Use

Community-based service providers are commonly implicated with clients to provide support around substance use, housing, and motherhood. However, there is relatively little research that captures the lived experience of criminalized women as they navigate motherhood and substance use. Even less captured is how women's substance use coalesces with criminalization to influence stability-seeking and identity change or how service providers bear witness to or support these processes. This is important because the stigma surrounding

motherhood and parenting can continue to impact women for long periods. Moreover, intertwined in the possible circumstances and implications of problematic substance use are the impacts on motherhood and identity as a result of criminalization and incarceration. Criminalized, substance-using, and formerly incarcerated women may also face unsympathetic attitudes regarding their substance use and criminal activity and its impacts on mother and child relationships. They may experience feelings of shame and grief associated with 'what is' compared to 'what could have been' and can embody a form of disenfranchised grief (Aston, 2009; Janzen & Melrose, 2013, 2017; Poole & Greaves, 2009). However, the impact of shame and sanctions on emotion management and their link to social and cultural contexts are absent from much of the analyses on criminalized and stigmatized individuals' experiences. As I explore in later chapters, it is these processes of emotion management that service providers engage in within themselves and as part of their work of supporting their clients.

As mentioned, criminalized and formerly incarcerated people in Canada experience higher substance use rates than non-criminalized people (Sapers, 2015). For criminalized women, these higher rates of substance use are intricately linked with trauma histories and coping strategies (Balfour & Comack, 2014). The term substance use may refer to illicit substances (e.g., cocaine) or legal substances (e.g., painkillers or alcohol)[12]. It is understood that problematic substance use can often develop as a coping mechanism stemming from trauma. As Burstow (2003) articulates, substance use can be viewed as a means of "actively coping" (p.1311), at least on a short-term basis but may not be ready to take further steps to reduce or stop their substance use. Maté (2008) also emphasizes that the link between substance use and

[12] In academic and professional literature, wording such as problematic substance use or substance (mis)use is used at times as an intentional attempt to minimize stigma and centre the individual rather than defining them through a label (e.g., addict, alcoholic) (Blaska, 1993; Dunn & Andrews, 2015). Although, more recently, there has been a further shift toward the term substance use.

trauma provides an interesting convergence between health, substance, and emotions research. While the role of emotion concepts and emotional experiences is more fully explored later, Maté's (2008) work illustrates the need to ask "why the pain" instead of "why the addiction" (p.34) when trying to understand problematic substance use for both men and women. Maté's (2008) articulation of the connection between pain, emotional experiences, and substance use provides additional context for considering criminalized women's substance use in the context of their lived experiences and trauma histories. Further, such connections help to elucidate criminalized women's substance use as a coping mechanism for pain compared to incarcerated men and non-incarcerated women. These connections can also inform how community-based service provision can be best informed regarding supporting criminalized women in the community.

Many women use substances for different reasons than their male counterparts. For example, trauma is often considered a gendered concept in that women experience trauma differently than men, more frequently engaging in substance use and self-harming behaviours as a coping mechanism or a trauma reaction (Comack, 2018; Covington & Bloom, 2007). In addition, criminalized women often also carry different histories of victimization and trauma than their male counterparts, which are intricately tied to their criminal histories.

For mothers (criminalized and non-criminalized), current and historical alcohol[13] and substance use can significantly impact their access to their child(ren) and be a reason they may not have contact or custody (Reid et al., 2008). Substance use during pregnancy can also affect children, e.g., the potential symptoms from drug exposure or the development of fetal alcohol

[13] Due to its legality, varying levels of social use, and acceptance, alcohol can be a particularly complex form of substance use to address as it may appear to be the least 'harmful' compared to other substances that may be used to self-medicate (Poole & Greaves, 2012). For this reason, alcohol will sometimes be discussed as separate from substance use. However, for criminalized women, these can be heavily intertwined.

spectrum disorder (FASD). Additional impacts may include the involvement and surveillance of child protection services. In addition, mothers face further stigmatizing discourse as having harmed or failed to care for their pregnancy/baby. However, a lack of understanding of why women use substances (e.g., coping, numbing) and may not yet be ready or have access to supports (e.g., stable childcare while seeking treatment) is necessary to take steps to stop or reduce substance use (Poole & Greaves, 2009, 2012; Poole & Isaac, 2001). These realities are compounded by additional shame, stigma, and surveillance in relation to entanglement with the criminal legal system for criminalized women. Substance-using mothers or those who have lost custody of their children may be viewed as having failed the role of 'good mother' and, thus, face both victimizing and vilifying narratives (Greaves & Poole, 2004; Reid et al., 2008). Further, building relationships and environments in which women feel comfortable and safe to share information about substance use during pregnancy requires heightened levels of trust and trauma-informed care and must be fostered by service providers.

Criminalized and formerly incarcerated women's experiences are generally impacted by and interconnected with expectations of gender roles and being law-abiding citizens. Frigon (2007) refers to this as double deviance (p.244) in the sense of having violated norms of what it means to be a woman and having transgressed the law. The loss of custody or access to children can also worsen substance use for women, who may turn to increased or prolonged usage to cope. As Comack (2018) writes, compounding these issues is the connectedness of women's substance use and criminal involvement. These interconnected elements and the addition of differing laws, regulations, and societal attitudes about various substances (e.g., alcohol as legal and socially acceptable and meth as illegal and stigmatized) point to additional manifestations of stigma in the lives of criminalized women. The high numbers of incarcerated and criminalized

women who have children combined with the known coping mechanism of substance use as a trauma response and how children can serve as a motivating reason for change illustrate a convergence of these issues.

In this sense, community organizations and service providers accessed by criminalized women upon release from custody highlight an important element of support in navigating community and government services, advocacy on their behalf, and addressing social isolation as they may work toward rebuilding relationships with their family, community, and children.

Criminalized Mothers, Stigma, and Shame

To address the forms of emotional work involved in service provision, I draw on various other areas of scholarship that have focused on exploring stigma, shame, and grief. In particular, sociology of emotions literature provides a useful pathway to understanding these topics and the connections between dominant broadly shared social and cultural scripts and the service providers that work with criminalized women. For example, Scheff (1990) explores how conformity and social sanctions have deep connections to individual feelings of shame, a cultural and social phenomenon. Criminalized and substance-using mothers may also carry the stigma of a “self-earned illness” (Kleinman, 1988, p.22) (i.e., illnesses stemming from lifestyle choices or substance use) (Goffman, 1963/2009), which may serve as a barrier to seeking treatment or support (Poole & Greaves, 2009). As Kenney and Craig (2012) theorize, emotional pain that is not deemed worthy of sympathy or involves the suffering of highly stigmatized groups (e.g., prisoners) is conceptualized as *illegitimate pain* and exists on a continuum with experiences of pain that are legitimate. For Kenney and Craig (2012), illegitimate pain is broader than shame or disenfranchised grief on its own. At a broader level, community-based service providers support

clients navigating experiences of illegitimate pain. For example, criminalized and substance-using mothers also face what some view as self-earned pain. From this perspective, criminalized mothers may be viewed and treated as having failed their child(ren) and created the circumstances of their failures, thereby ignoring larger structural elements (e.g., poverty, trauma, education, history of abuse) and instead individualizing their circumstances to understanding women's pain and its consequences in their lives. Within this nexus of stigma, substance use, and motherhood, community service providers navigate supporting their clients' emotions while managing their own in conducting their work. As I discuss in later chapters, service providers engage in various emotion management strategies to cope with the impacts of their work and to support their clients. Examining the context of women's experiences as they are released from prison and how service providers attend to their needs provides insights to better understand how individualized approaches are constructed and their subsequent 'success' or 'failure' in the community within broader structural conditions.

Psy Sciences, Health, and Post-incarceration Well-being

As discussed earlier, psy interventions and their relationship to strategies of responsibilization, and neoliberal governmental regimes, have been heavily discussed and critiqued across much of contemporary criminological scholarship, particularly critical and feminist criminology (Chesnay, 2017; Hannah-Moffat, 2000; Leblanc et al., 2015; Shantz & Frigon, 2010). These discourses are very prominent in the work of service providers as they must negotiate them and, at times, take them up in the course of their work. However, scholars have also argued that focusing entirely on the critiquing of psy interventions and responsibilization approaches can render invisible individuals' efforts to seek psy interventions as a form of

treatment (Whynacht, 2017) or self-governance as a means of changing circumstances that are within their reach (Kilty, 2012). Some scholars, such as Kilty (2012), argue that it is not the psy sciences nor interventions in themselves that are the issue. Instead, it is the problematic connection and power held over the psy intervention services by correctional institutions. Such connections lead Kilty (2012) to argue that on, a practical level, they must be separated. In other words, in prison contexts, psy interventions must be separated from the prison administration to play a more meaningful role in the lives of incarcerated women. Such a separation may be possible in a practical way of division of responsibilities in carceral space but challenges the current penal practices in many countries, including Canada. However, it is clear then that when examining women's carceral and post-carceral realities, a critical gaze is needed to understand the overlap between medical and penal power in the lives of criminalized women. Keeping these nuanced and contextual elements in view is vital in my analysis.

Incorporating the study of emotions into a broader understanding of health and wellness can lead to more holistic treatments. Based on the role of emotions and service providers' role in emotion management of experiences interconnected with criminalization, drawing on the sociology of emotions can be helpful as it centres emotionality as a central analytical tool to understand individual and societal experiences, actions, and responses. Currently, processes of criminalization and carceral spaces largely fail to recognize the connection between criminalized women's presented 'symptoms' and the expectations and norms placed upon them by society as a whole and within carceral institutions, nor how criminalized women may have internalized and emotionally manage violating those norms. As Hewitt et al. (2000) state, "no matter how it may be disordered, mood must be *interpreted* in order to be experienced. Such affective states are open to a variety of interpretations depending upon the vocabularies available to the person or

pressed upon the person by others" (p.173). While affect is understood as liking or disliking an object or idea, moods are more ephemeral and often not connected directly to a situation (Thoits, 1989). While definitions of emotions vary, Thoits (1989) explains that emotions are types of feelings or affects that are shaped and impacted by culture. Further dimensions of emotions are explored in the following chapters. However, I argue the concepts contributed by emotions scholars provide useful tools to understand and interpret how service providers engage in their work with criminalized women. Further, service providers' clients' emotional reactions to criminalization can be understood in the broader context of their life histories and against the backdrop of the learned ways of coping with trauma, abuse, neglect, and poverty. More broadly, the relevance of sociology of emotions literature lies in community service provision engaging with criminalized women by service providers managing their own emotions and supporting their clients to do the same throughout their work. As I explore in the next chapter, this analytic framework of emotions permits analysis of this dimension of service provision work. Further, it sheds light on elements of governmentality, including emotional components that are interconnected on individual and collective levels.

Several elements emerge that are relevant for research on the dynamics of women's emotional and psychological experience of criminalization. It is crucial to interrogate differing definitions and perceptions of well-being and healthy emotions amongst community-based service providers working with criminalized women. This is particularly relevant given the diverse ways that sociocultural factors shape emotionality in addition to life experiences. Further, it highlights how community-based service provision occurs between individuals (their clients) and structural factors (influenced by systems).

Conclusion

This research works to fill this gap and provide a contextualized understanding of service providers' experiences working with criminalized women as they navigate motherhood and substance use against the backdrop of criminalization in Canada. In doing so, this research engages with various topics of study, including gender and surveillance, and health. Foucauldian ideas of governmentality and surveillance are considered (Bosworth, 2007; Foucault, 1995; Hannah-Moffat, 2001; Rose, 1993), given the extensive surveillance in these women's lives by justice and health systems, child protection, parole, and probation systems and the role that service providers may engage in or resist in this surveillance.

Critical and feminist criminologists have sought to explain and critique penal approaches through understandings of governmentality and responsibilizing criminalized women (Hannah-Moffat, 2000). In this research, I incorporate both critical and feminist criminology perspectives in conjunction with literature from the sociology of emotions to examine the complex emotional terrain upon which community service providers work to support their clients. This approach permits a more complex interrogation of how service providers experience their work with criminalized women around motherhood and substance use. This research explores service providers' engagement in emotion management strategies to respond to the predicaments they encounter while supporting their clients' experiences of criminalization. I do so by examining the role of service providers within community organizations who often greet women upon release from prison and may accompany them through various stages of the criminal legal process.

The research outlined in the following chapters aims to address some of these issues from service providers who support criminalized women experiencing realities and/or gaps in state provision of punishment and care. Service providers working within community organizations

commonly aim to fill the remaining gaps. However, doing so first requires considering a theoretical framework which considers the emotion-laden nature of service providers' work in offering such support(s). In doing so, I aim to understand how service providers negotiate emotion management of themselves and their clients in the context of structural and systemic realities. In the following chapter, I engage with the work of sociology of emotions scholars to consider the implications on health and emotional well-being as service providers navigate emotion management and support and bear witness to criminalized women's lives.

Chapter Three: Theoretical Framework

It's winter, and I'm conducting interviews; ideas are starting to form.
I see the news; another woman has been killed in Atlantic Canada. A man is in custody.
A service provider contacts me. The woman who was killed was living in a for-profit unstaffed shelter. Precarious housing in the inner-city. Housing marked by violence, poverty, and lack of oversight. She was living there following her release from prison. Advocates and community organizations are once again calling for provincial oversight and increased funding for adequate, safe, stable housing. They're naming gender-based violence, again. -Journal entry, winter 2021

In this chapter, I explore the intricacies and the role of emotions in community service providers' work with criminalized women through a sociology of emotions framework. Informing this framework are concepts put forward by Hochschild (1983, 1989) and Davis (2016). I discuss their work in relation to the emotional experiences of community service providers as they support criminalized women. I articulate how service providers' work in community organizations illuminates their role within the overall systems of criminalization while supporting criminalized women. In doing so, I explore how service providers engage in their own emotion management while supporting criminalized women post-release as they negotiate re-entry, substance histories, motherhood, and reaching their goals. The purpose is to theorize the role of community service providers within the social and structural conditions that impact both criminalized women and service providers conducting this work. In this context, I argue that community service provision involves ongoing management and negotiation of emotional-ethical dilemmas. Such dilemmas refer to the complex emotional and ethical producing terrain that forms the fabric of service providers' work. I refer to a transformation process in which service providers' emotions occupy an important role within their work as they navigate their own emotion management in both conducting their work and supporting clients in meeting their goals. This emotional terrain of work does not occur outside societal and structural contexts and

thus carries inevitable emotional impacts for service providers and their clients. One of these contextual factors is the emotional labour that is part of the work of service provision. Service providers' emotion management to support their clients' goals related to substance use, recovery, motherhood, and other various goals are impacted by clients' material conditions and emotional relations and the emotion management strategies employed by service providers. Community service providers often assist criminalized women in emotionally navigating external and internalized social and cultural norms and expectations. This is particularly evident in internalized shame and blame that substance-using women experience in being constructed as 'bad mothers'. I discuss these elements and consider how and to what extent the emotional management strategies of service providers occur within problematic tensions existing between punishment and care, gendered and sex-based discrimination, responsibilization for clients within structural and systemic barriers, client traumas and pressures placed on service providers.

To understand these processes, I engage with ideas and concepts put forward by emotions scholars, including Davis (2016) and Hochschild (1983, 1989). Emotions, as discussed throughout, refers to embodied feelings, affects or sensations that are socially and culturally shaped and impacted by gender (Hochschild, 1983; Thoits,1989). Emotions also involve an ongoing complex process involving awareness of our perceptions and categorizations of feelings and sensations (Feldman Barrett, 2017). In my writing, I refer to emotions as cultural constructs that assist in creating categories of experiences (Reddy, 1997). Emotions are not discrete nor universal (Feldman Barrett, 2017). de Courville Nicol (2023) draws upon several scholars' work to define emotion as embodied representations and monitor and appraise both sensations and perceptions. While mediated by both neurological and psychological elements, emotions are shaped by experiences and sociocultural scripts (de Courville Nicol, 2023; Feldman Barrett,

2017; Hochschild, 1983). I combine these two definitions in my work not to analyze the origins of how providers learn emotions but to examine how they discuss the emotion management of themselves and their clients within their work.

Emotions have remained on the periphery of understanding criminalization processes and impacts (however, see Giordano et al., 2007; Katz, 1988; Kilty et al., 2014; Kilty & Fayter, 2022) but merit further exploration, given how emotions and emotional experiences are socially and culturally shaped. Emotional experiences underpin our cognitive and affective processes (Feldman Barrett, 2017) and go along with criminal involvement and long-term change and thus impact how service providers engage in their work. By utilizing a sociology of emotions framework, I explore how emotion management by service providers permits them to conduct their work and to support their clients in meeting their goals. I highlight how service providers working with criminalized women partake in emotion management as they navigate emotional-ethical dilemmas and provide emotional guidance to their clients. Beyond this, I consider how individuals engage in emotion management has implications for possible identity shifts and how service providers may, in various ways, support or bear witness to that shift.

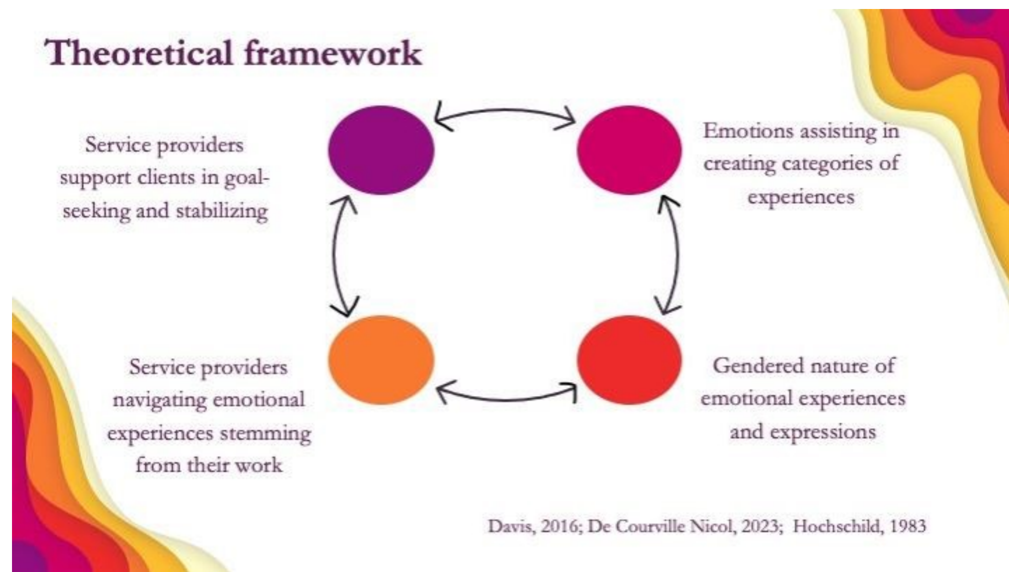

Figure 2. Theoretical framework.

In the following chapters, I explore how emotion management by service providers is intertwined with criminalized women's strategies and attempts at various goals and stability-seeking. I examine these emotions experienced by service providers that often occur in the shadow of what scholars have argued is a neoliberal agenda understood as governing individuals deemed unable to govern themselves (Hannah-Moffat, 2000; 2006; Maidment, 2017).

Emotion Management and Predicaments

The nature of community service provision that the participants in this research project are engaged in often demands emotional responses inside and outside of their formal employment. Hochschild's (1983) scholarship on the emotional dimensions of paid and unpaid work provides a framework for the type of work undertaken by service providers. Hochschild (1983) defines emotion management (also called emotion work) as the mechanisms that

individuals engage in or expend energy toward reaching a particular goal. Emotion management can be understood as omnipresent in our social lives and interactions with others. Further, emotion management also encompasses a separate but interconnected concept of emotional labour, referring to emotion work that is involved in paid work (Hochschild, 1983). For example, Hochschild (1983) focused on emotional labour within particular types of work, including customer service and flight attending and drew attention to the potential health impacts of negotiating emotional labour that can be at odds with internal feelings (e.g., having to treat customers as 'always right' despite being treated rudely or presenting as having a pleasant mood despite internal feelings otherwise). Other researchers have sought to illustrate how emotional labour forms part of other areas of work, such as nursing (Delgado et al., 2017) and social work (Winter et al., 2019). Winter et al. (2019) found dynamics between social workers and clients are often emotionally charged and overlooked as such. Further, the impact of this work is often shaped by organizational norms. Certain forms of labour, arguably, have an emotional dimension beyond emotional labour but also encompass emotion management more broadly due to the impacts of their work experiences and attempts at coping with the impacts of what they encounter at work. For example, as I explore later, participants in this project engage in emotional labour when supporting their clients' needs and experiences. However, they also engage in emotion management when discussing the various and sometimes divergent strategies that they employ to navigate the emotional dimensions of their work. In this sense, emotion management refers to the subtle and ongoing internal process of navigating emotional experiences, expressions, and coping, which occur within but are not limited to acts of emotional labour.

The strategies employed to manage, cope or negotiate emotion management and labour are also discussed in Hochschild's later work (1989) on the domestic division of labour and responsibility within married couples. Both pieces of Hochschild's work (1983 and 1989) draw attention to how individuals and couples navigate and employ strategies of emotion management, responsibility, and task completion (paid and unpaid). Hochschild highlights the various and potentially harmful costs of emotion management and emotional labour on health and well-being. Hochschild points out that the demands of emotion management and emotional labour can be more exploitative of particular groups, for example, women, racialized people, the working class and service sectors (Hochschild, 1979, 1983, 1989). In terms of community service providers, the impacts of emotional management and emotional labour can contribute to various experiences such as burnout and vicarious trauma (see also Wagaman et al., 2015; Winter et al., 2019).

Davis (2016) further builds on Hochschild's concept of emotion management by exploring the idea of emotional predicaments, which refers to emotional conflicts experienced and struggled with that an individual seeks to overcome (Davis, 2016). Davis explains that emotion experienced that precedes the predicament are not necessarily inappropriate based on normative understandings (e.g., feeling happiness at a funeral); rather, it is the sense of powerlessness or failure toward a situation or feeling that creates the predicament. In situations where the feeling persists, a gap exists between what an individual feels is appropriate (based on their interpretation of appropriateness) in the circumstances. It is precisely in this gap between what an individual feels and what they deem appropriate to feel that an emotional predicament exists. Thus, this predicament can be internalized as a failure to manage one's emotions. Davis (2016) argues that individuals evaluate whether their feeling is appropriate based on the social

context of their lives or circumstances (e.g., grieving too long for a relationship that did not last a lengthy period of time). In this sense, Davis' (2016) concept of emotional predicaments represents a feeling of emotional deviance experienced within an individual resulting from them not feeling or ceasing to feel as they think they 'ought' to. In terms of community service provision, providers may experience emotional predicaments as part of their work and any actions to close the interpreted ‘gaps’ between what they feel and what they think they ‘ought’ to feel. Further, they may, in their work, support their clients in navigating emotional predicaments related to feelings resulting from the impacts of criminalization, marginalization, substance use, and motherhood.

In the longer term, this internalized view of emotional deviance can impact individuals' reflections on their self-worth and, in turn, further intensify the predicament itself and sense of distress or failure. Emotional predicaments and how we engage in strategies to manage them also speak to how social and cultural norms can be internalized within individuals creating gaps between what is felt and what they view ought to be felt (Davis, 2016). Emotional predicaments can generate the need for emotion management and the employment of various strategies in order to achieve the intended goal. Thus, I seek to explore these implications, combined with the various strategies employed by service providers working with criminalized women in later chapters. I then discuss the concept of emotional-ethical dilemmas to account for the tension felt by service providers between the emotional dimensions of their work, their personal ethical approaches and those of their employing organization. In this sense, this concept builds on but differs from Davis ’(2016) emotional predicaments and Hochschild’s (1983) feeling rules.

Service Provision, Transcarceration and Emotion Management

In terms of service providers' role in working with criminalized women, consideration of their clients' carceral and post-carceral emotionality can be understood in the context of responsibility, punishment, and care by systems entangled in their lives. This entanglement plays an important role in the emotional predicaments and management strategies service providers use as they negotiate criminalized women's carceral and post-carceral emotionality and attempts toward recovery, stability and goal attainment.

Service providers interviewed in this project expressed their awareness of surveillance in the lives of their clients, including transcarceration practices within some community programming. As I discuss in later chapters, service providers discussed how they often engage in various strategies to set themselves apart from such surveillance practices and to signal to clients that they are trustworthy as a result.

Hochschild (1983) explores the impacts of unequal emotional exchanges among individuals when such exchanges become the norm. Further, as de Courville Nicol (2011, 2021) articulates, the effects of prolonged emotional experiences, such as stigmatization and marginalization and ensuing social incapacity, can contribute to physical and mental diseases. Service providers commonly offer support to clients experiencing these emotions and unequal emotional exchanges while simultaneously navigating unpleasant emotions in their daily work. For example, negative emotions related to feelings of helplessness to address structural issues in their clients' lives, grief as a result of the death of a client, or frustration and judgment related to the various impacts of substance use in their clients' lives (e.g., during pregnancy, impacting parenting).

Service providers working with criminalized women may, in some respects, become an extension of the system that criminalizes them in that they become responsible for reporting parole condition violations such as curfew, substance use, or contact with specific individuals. However, not all community organizations engage in this type of surveillance work at the community level. I explain further in chapter four how only a small number of participants in this research work within programs or services that have any type of duty to surveil, supervise or report on their clients. Yet, service providers, even those working with organizations with a feminist ethos of non-surveillance, women-centred approaches operate in the interstitial space between criminalized women (their clients) and systems at the community level. This is particularly true involving systems with embedded surveillance, such as child protection and the legal and correctional system.

Emotions and Implications for Supporting Service Provision

The connection and exploration of the relationship between emotions and cultural norms have long-held importance in the sociology of emotions literature. Yet, they have remained under-explored and under-theorized in the realm of community service provision (see Winter et al., 2019, for an account of Hochschild's conceptual framework as applied to social workers in particular). Hochschild (1983) developed the notion of feeling rules*,* which refers to a type of norm or script (internalized norms) that guides our emotion management because of its power to establish how emotional exchanges *should* take place. In other words, norms and scripts associated with feeling rules guide and regulate our emotional experiences, intensity, timing, context, and expression (Hochschild, 1983). This concept can provide ways to analyze how service providers discuss and make sense of their emotional experiences working with

criminalized women. In this sense, the concept of feelings rules can help us understand the many ways that emotions are managed. Feeling rules are shaped by our family, friends, and social groups, and the rules themselves may vary from group to group. Importantly, such groups can also include workplaces and organizations such as community service providers where internal feeling rules may exist and shape how providers are expected to interact with their clients. Described differently, feeling rules are norms related to and shaped by emotions. We can recognize feeling rules by how others around us react or by asking ourselves, what do I feel? Moreover, what should I feel? Others correct or remind us of feeling rules through cues and comments. We may also recognize feeling rules through internalized processes based on and learned through social and cultural norms (Davis, 2016; Hochschild, 1979, 1983). As Hochschild (1983) states, "We can offend a feeling rule when we grieve *too* much or *too* little when we overmanage or undermanage our grief" (p.64). Hochschild (1983) explains that individuals who do not feel what they are 'supposed to feel' experience an emotional predicament and can be sanctioned (e.g., via shaming or teasing). Such sanctions inform us to adjust our expression in line with convention. Service providers engage in emotion management strategies as they experience encounters with feeling rules associated with their work. Relatedly, they may also emotionally manage their clients' experiences with encountering feeling rules.

Put differently, feeling rules become visible when violated or transgressed. Thus, the perception of feelings rules can provide insights into the social nature of emotions. Davis (2016) agrees "norms become visible in those moments when they are violated" (p.34). This is evident in social norms in general and in emotional norms such as feeling rules. Davis' (2016) and Hochschild's (1983) work are lenses through which we can understand emotional experiences as linking individuals and social structures. Service providers may perceive, encounter and

experience feeling rules in their work with criminalized women as they navigate their own normative assumptions of their feelings and those of their clients and the resulting impacts on their work with clients. Additionally, service providers may adjust their emotion management strategies resulting from interactions with their clients in which feeling rules are transgressed. By the time service providers meet and work with criminalized women, their clients have already likely encountered multiple situations in which their emotional experiences (or seeming lack thereof) have been interpreted (i.e., discussed or written about in legal decisions and media covering the case) by others. Such interpretations of emotional experiences carry multiple meanings and implications and often involve criminal legal actors, parole officers, and psy professionals. Beyond how others may interpret expressions of emotion, criminalized women themselves may experience internalized conflict related to their self-worth and stigmatized identities. Such realities also provide additional ways of 'knowing' through which service providers may interpret criminalized womens' mechanisms for doing emotion work differently or in ways that transgress emotional norms. The emotional experiences of criminalized women are important to understanding the context in which service providers engage in emotional management strategies to support their clients' emotionality and their own emotional experiences of doing this work. Hochschild's (1979, 1983) concept of emotion management highlights how we may encourage or discourage our feelings to make them 'appropriate' to a situation.

Beyond individuals' management of their feelings, organizations can create and recreate emotion cultures that are encountered by individuals working within them. Emotion cultures can shape and be further shaped by various mechanisms and policies available (or unavailable) for employees to address emotional dimensions of their work (e.g., communication, debriefing sessions, boundaries about work hours, attitudes and policies around absences, and time off,

among other factors). As Fineman (2009) discusses, norms and values exist within organization and emotion cultures, and in turn, employees within organizations. Further, Martin et al. (2009) describe how service providers working within organization fraught with emotion work (e.g., crisis sexual assault centres) can be "captured" within emotion cultures. Thus, how organizations encourage or discourage different forms of boundaries with colleagues and clients can further shape emotion cultures along with approaches to respect, empathy, concern and compassion (Martin et al., 2009).

For example, such emotion cultures can become visible in moments where certain emotions are 'expected'. Acorn (2004) writes about the notion of compulsory compassion. Though Acorn (2004) discusses this concept within a critique of restorative justice, certain lessons apply to understanding areas of care work, including community-based service provision. To an extent, compassion is an expected emotion response within the work of community service provision to be demonstrated and enacted in particular ways. In this sense, governmentality can be understood as a disciplinary force shaping the cultivation of compulsory compassion within service providers. Further, in certain contexts, compassion in its presentation can also be self-serving. For example, service providers are viewed and interpreted as compassionate providers of care for their clients. This is not to say that compassion felt by service providers is necessarily compulsory, but rather that service providers' awareness of expectations by employers and the broader public to be compassionate within their work shapes and is shaped by emotion cultures and feeling rules within organizations. For service providers, the expectation of compassion (or compulsory compassion) within their work can present an additional emotional predicament wherein they experience a gap between what they feel and what they 'ought' to feel (i.e.,

compassion – understood as a 'positive' emotion response) (Davis, 2016). Thus, compassion can present further unhealthy dynamics for service providers when compulsory.

In this project, I engage with the concepts of feeling rules and emotional predicaments as they can be useful illuminators of experiences and moments in which service providers describe how they meaningfully engage in their own emotion management while doing service provision work while supporting their clients in their emotional experiences in ways that are helpful to them.

The interpretation of feeling rules also plays an important role in the sanctions their violation elicits. This is evident in Hochschild's (1983) illustration of the psychiatrist's role, "psychiatrists have had a lot to say about feeling rules. For them, 'inappropriate affect' means the absence of expected affect" (p.59). Hochschild's attention to the dynamics of psychiatry relating to the interpretation of feeling rules holds relevance for understanding how criminalized women may be diagnosed or labelled with numerous conditions. Women's emotions are interpreted by psychiatrists based on and compared against gendered emotional norms framed by the psychiatrist's view at a professional and individual level. Community service providers, however, often play a different role than psychiatrists in that they observe the impact of feeling rules in their clients who have higher rates of being diagnosed (by psy professionals) with mood and personality rates than non-criminalized women (Kilty, 2012; Zinger, 2020).

Outside of a few exceptions I discuss in the following chapters, the service providers as participants in this project largely conduct community-level work in this same interstitial space between state-level surveillance and their clients. Criminalized and incarcerated women have been described as having a doubly deviant status (Frigon 2003, 2007), having 'violated' the law,

as well as gender norms of femininity (Bosworth, 2000). However, I also draw attention to multiple layers of deviance and highlight that beyond criminalization processes, emotions are commonly interpreted as violating gender norms (Feldman Barrett, 2018; Hochschild, 1983). Further, I suggest they can also be understood as violating commonly held feeling rules. For example, in custody and post-release contexts, women may be vulnerable in their emotional state of being. This may be pathologized (e.g., diagnosed with a mental health condition) by the psy professionals and prison and parole staff who observe or interact with them. Yet, their emotional experiences and expressions, whether they be those of distress, anger, fear, sadness, or numbness, are not necessarily interpreted in view of social, cultural, or emotional contexts, specifically the current context of being incarcerated and the past context of pre-incarceration. Rather, criminalized women and their emotion management are compared against the norm of 'free women' existing in different circumstances and non-carceral environments and histories. Incarcerated and criminalized women are diagnosed by the same criteria used for 'free women' despite vast differences in stressors, life histories, social determinants of health, and trauma. In this sense, de Courville Nicol's (2023) point that emotional experiences are dynamic and contextual rather than discrete and given is especially relevant. Other factors highlighting these vast differences include levels of surveillance, evaluation, and gaze they are subjected to in carceral spaces (Maeve, 1999; Robert et al., 2009). Thus, I position my research in this interstitial space of extended criminalization in the community.

These dynamics continue to carry ramifications upon release when women are, in some ways, freer while still under the carceral gaze of parole, probation, and child protection systems. From an emotions perspective, we can explore how their experiences and emotional modes of being are evaluated and interpreted within community-level work and in tension with state

systems. For example, how women's feelings (e.g., stress, sadness, anger, fear, or ambivalence) are interpreted in the context of the disruption and chaos that is present in their lives during and after incarceration or because of being separated from their communities, family and children as a result of criminalization. Service providers working with criminalized women become directly involved in emotion management to navigate their work and support their clients' emotion management. In part, service providers' work can illuminate their role within the overall systems of criminalization as they work with criminalized women. With this approach, I examine this research's central question: how service providers engage in emotion management work and support their clients as they bear witness to intimate details of their clients' lives related to motherhood, substance use, and their inclination toward their goals. Ultimately as I explore in more detail in Chapter Five, I argue that service providers engage in several emotion management strategies in response to the predicaments they face and in confronting the emotional-ethical dilemmas in their daily work. I incorporate Davis ’concept of emotional predicaments and Hochschild’s (1983) concepts of emotion management and feelings rules in my analysis. However, I primarily centre the concept of emotional-ethical dilemmas, as I argue that their presence forms the fabric of much of community service provision. Further, I articulate that emotional-ethical dilemmas are evident in broader tensions and divergent goals experienced by service providers. For example, this is visible between their clients ’unmet needs (individuals) and broader systemic gaps (structural issues) and between punishment (criminalization and stigma) and care (service delivery and trust building). In this sense, emotional-ethical dilemmas differ from Davis ’(2016) emotional predicaments and Hochschild’s (1983) feeling rules in that they account for and include the tension between the service providers’ personal ethical

approaches in relation to their organization's ethical approaches.

Conclusion

The work of emotions scholars illustrates the potential of incorporating broader questions of emotion management in the face of structural realities and criminological work. The work of service providers engaged in their own emotion management and providing emotional support to criminalized women can be illuminated through concepts such as Davis' (2016) emotional predicaments and Hochschild's (1983) feeling rules. These concepts, in addition to the concept of emotional-ethical dilemmas, provide useful lenses for considering how service providers employ various strategies to manage their emotions and support criminalized women's emotions in diverse ways.

In the following chapters, I explore how service providers engage with women as they manage their emotions in relation to emotional-ethical dilemmas and how this may provide insights into understanding how they support clients' individual and structural realities. Further, I discuss how, in this space of this work, service providers employ various emotion management strategies as they navigate tensions between their clients' individual needs and structural and systemic realities work within various tensions. Finally, in the following chapter, I outline the methodological approaches I employ to mobilize this framework, and I situate myself as a researcher relative to the topic and the research participants.

Chapter Four: Methodology

In this chapter, I discuss this project's practical and logistical elements and the methods employed. Before this discussion, I explain feminist and trauma-informed methodological components and their importance in this research. I then position myself as a researcher conducting this work amongst community organizations and participants, some of whom I have called colleagues for the last few years. Next, I describe this project's ethical considerations and the participants who took part in this project. I then explain the data collection process involving in-depth semi-structured interviews and reflexive journaling. Finally, I discuss in detail the coding process, analysis, and thematic development of the data, which form Chapters Five and Six.

Methodology

Methodology provides researchers with a path to understanding both what we know and the environment in which the knowledge is produced. Choosing a methodology involves engaging in various ways of knowing, practicing, and understanding place and space (Hesse-Biber & Leavy, 2011; Pink, 2012). Thus, the methodology provides a framework that guides a researcher's approach to working with and understanding their data. I engage feminist and trauma-informed methodologies within this research that guide my approach to these topics. Due to the nature of participants' work in which they encounter ethical and emotional issues daily, asking them to recount their work experiences benefits from methodologies attuned to the sensitive nature of the topics discussed. Together, these methodologies complement one another and provide more meaningful and carefully thought-out research.

Feminist Methodology

Feminist methodology centers upon sex-based oppression and gender (often but not always referring to the social construction of gendered norms, practices, and behaviours) as a critical point of inquiry within the research process (Hesse-Biber, 2011). Feminist methodologies are women-centred and can provide an opportunity to recognize power imbalances and to account for such imbalances within the research design and process. The focus on addressing power imbalances stemming from sex and gender-based relations is a key element of feminism and recognizing who holds power to know and create or produce knowledge. Thus, feminist methodologies can center both the researcher and the researched within the research process and, importantly, are one method that balances the power and authority within this relationship. The researcher's reflexivity is a crucial element in maintaining this balance. It can aid in recognizing, examining, and ultimately better understanding the social background, location and assumptions impacting their work (Hesse-Biber, 2011). In this sense, I engage with service provider participants to better understand the important social context of community-based work supporting criminalized clients.

Criminalized and formerly incarcerated women may have faced a multitude of forms of oppression in which their voices are often silenced (Comack, 2014, 2018). The clientele of the service providers interviewed is criminalized women who have often experienced marginalization due to poverty and stigma. Such factors impact the clients' employment potential and mental health (Chesnay, 2017; Shantz & Frigon, 2009). In addition, service providers often work with clients through emotional experiences such as dealing with the child protection system, navigating the criminal legal system, and substance use. In this research, a

feminist methodology is an important tool to permit flexibility and ensure service providers' experiences are captured to better understand their work in communities and in the lives of criminalized women. The participants involved in this research are not defined as a vulnerable population. I take a feminist approach in this research for several reasons, namely, to explore an area of work traditionally deemed 'women's work' or 'care work', i.e., service provision. Second, I do so to explore how this area of community service provision works with a population of stigmatized women (i.e., criminalized women). Finally, I analyze how community service provision can be oriented toward doing feminist work, specifically to counter systems that work in inherently non-feminist ways (e.g., criminal legal, child protection, and welfare systems).

In this project, I have chosen to interview service providers instead of criminalized women themselves for two reasons. I intended to conduct interviews with criminalized women in my original research plan. However, the COVID-19 pandemic occurred, and I was forced to rethink conducting interviews due to travel and public health restrictions. Conducting interviews via video software became an option. However, this approach would limit my ability to speak with women already potentially experiencing poverty, and precarious housing, making things like video calls extremely challenging. Beyond the logistical limitations, my work in the community made me aware of how COVID and public health restrictions had created additional isolation and uncertainty for many marginalized people. Asking criminalized women to discuss life experiences that may be painful and difficult against the backdrop and context of their current circumstances without any means to offer support to them or address their circumstances felt extremely problematic. This went against my own ethics as a researcher. Instead, I looked to service providers who worked with women, who could speak to their day-to-day involvement, to conducting in-reach and outreach work in prisons and the community. While shifting the project

in this direction was easier logistically, it was also more sound and aligned with my own ethics. As the project began to take shape, I realized that I was extremely interested in the emotional work conducted by service providers as they support criminalized women. Following an extensive literature review, I found that frameworks and orientations that consider emotions have been largely left out of criminological research. In particular, I realized that service providers are both bystanders and participants in their own emotional management while conducting their work. It was an unexplored topic and became my keen point of interest. Feminist methodology, therefore, provides an approach to learning from service providers and exploring how they support the criminalized women they work alongside.

Trauma-informed Methodology

Trauma-informed approaches play an important role in not contributing to harm within this research and acknowledging the lived realities and working conditions of service providers interviewed. Incorporating a trauma-informed approach with community-based service providers is important for two reasons. First, it recognizes that providers are regularly privy to details about their clients' trauma histories and realities and may be vicariously impacted as a result. Second, it recognizes that service providers may themselves have histories of criminalization and may or may not choose to disclose this during a research interview. Trauma is a well-documented element in the lives of many criminalized and incarcerated women (Comack, 2018) and is regularly discussed with and encountered by service providers in their work (Gartner et al., 2017). Values paramount to trauma-informed care include recognizing the violence, abuse, and other adverse early life experiences that can have on an individual and their development (Evans & Coccoma, 2014). The pathways approach to understanding women's lives and trajectories

toward criminal activity also recognizes trauma and trauma-based reactions as key elements in those trajectories (Cimino et al., 2015). As I explain later, the overlap between service providers with personal experiences of criminalization highlights the importance of recognizing the impacts of trauma and trauma-informed approaches.

In this research, trauma-informed care translates to the service providers having and maintaining control throughout their involvement in various aspects. Central decisions such as the choice to participate in the research and how much and the type of information they choose to share must remain the participant's choice, which can be revoked or adjusted based on their comfort level. Additional examples included skipping questions, discussing in-depth responses, or revisiting questions from earlier in the interview. These elements are common across qualitative methods more generally; however, part of trauma-informed approaches involves building an environment between researcher and participant in which participants are comfortable enough to voice their preferences. While service providers themselves may not be directly experiencing trauma by discussing the experiences of criminalized women, the nature of their work may impact them through compassion fatigue. Service providers spoke of how they encounter difficult information or situations so regularly that they must navigate their own feelings of powerlessness or indifference. They also recounted lasting memories of certain clients whose stories and experiences continue to profoundly impact them years later.

Service providers with lived experience of criminalization chose to share as little or as much of these perspectives based on their comfort level. I specifically chose not to explicitly ask participants questions about whether they had lived experience in their field of work. Instead, sharing and discussing this information with me was each participant's unprompted decision. Service providers may also experience vicarious trauma due to the nature of their work (e.g.,

intensely emotional conversations) and the information and situations they are exposed to or engaged in (e.g., being unable to address issues beyond their specific work mandate). For example, participants discussed the impacts of their clients' deaths, permanently losing access to their child(ren), and their clients' disclosures of horrific forms of abuse. Thus, trauma-informed methodology helped to inform what and how questions were asked (e.g., asking broad questions such as successes and challenges of their work to allow them to share as much or as little depending on their comfort level), given that the work of service providers is, at times, emotionally burdensome. In this sense, this work remains trauma-informed, reducing the potential harm posed by asking sensitive questions.

Importantly, identifying information or detail surrounding service providers, the organizations they work for, and their clientele is protected through a composite representation of organizations and individuals (i.e., blending or changing details to protect individuals from being identified). In this way, the research project can protect service providers, their work, and their clientele and maintain a person-centred focus on presenting clients' stories through their lenses.

Researcher Position(s)

In this research, I remain attentive to the experiences of service providers working directly with criminalized and formerly incarcerated women's experiences. Such experiences are impacted by gender and by what I call socio-demographic fractures (i.e., working with women's experiences of structural marginalization). I engage with service providers from a wide geographic area who work with diverse groups of women, as other feminists have done before me. I enter this research as a white woman and queer feminist with no history of criminalization

and as someone who has been employed and heavily entrenched in non-profit community work in Atlantic Canada for the past nine years. This experience, the contacts, and the relations I am entangled with helped grant me interviews with service providers and their respective networks. I will discuss this in more detail later in this chapter. However, this position within community-level work has largely informed my approach to this research and my ties to it. In this sense, community work has shaped my understanding of this project about how research can be made accessible to and mobilized within community. It further shaped who I interviewed, such as the voices centred in this work who are doing feminist community-driven work across the Atlantic region. My awareness and understanding of limited community resources also impacted how I was respectful of providers' time and often demanding work schedules. Community-level work is where I hold my commitments as a researcher. My experiences of working within community-level work in Atlantic Canada over the past, I approach this project with the awareness and responsibility of being accountable to the community – the individuals working within community organizations and those who access their services.

As I discussed in chapter one, this project was initially conceptualized to take a different approach to health and justice systems topics. Through a Ph.D. project, I wanted to explore the role of community-level work in peoples' lives and contribute to understanding how community organizations can support and navigate system failures in supporting community members. I have wanted to spend time thinking about the complexities of these truths. My experience working in the community has made me attuned to the multitude of needs of community organizations and the need for community-focused research. This project is a small contribution to that need.

I remained focused on being sensitive to and inclusive of the diversity of culture, class, and background among the participants who participated in this project. Thus, intersectional approaches to feminist criminology remain important throughout all research design, data collection, and analysis stages. An intersectional approach refers to a fuller account than just a sensitivity to race, class, and gender. Rather, I remained attuned to service providers' intersecting roles and identities within their responses to my questions. For example, some service providers had previously worked as social workers in child protection and spoke about the complexities of having witnessed 'both sides' of working with criminalized mothers. Participants with this experience recounted instances of ambivalence, having worked within child protection services in the past. They discussed how such services could be viewed as a form of violence for their current clients. In these instances, I observed participants pausing before speaking about how they view issues and experiences in the context of their past and current roles.

Interestingly, I observed service providers also engaging in this process. They were attuned to how their own identities and perspectives may differ or be similar to their clients. They appeared careful not to speak of clients in broad strokes, instead opting to speak to particularities they have encountered or observed and their own positionality within their work. I interpreted this reflexivity on the part of the service providers as one of the ways they cope with their work. In other words, speaking to and focusing on particularities of their clients' experiences can permit insights into successes within their work even when confronting structural, system and organizational limitations. Intersectionality can be incorporated into the method and data analysis process, including, but not limited to, researcher reflexivity. As the work of Rice (2009) and McCorkel and Myers (2003) suggests, strong reflexivity can provide a deeper understanding of the researcher's impact on the data (through one's identities and social

location) while also remaining aware that the researcher is not the central focus of the data. For example, within this research, my own experiences within community-level work have informed my approach and understanding of various issues. However, I balanced this ‘insider’ knowledge by posing my open-ended questions and pursuing follow-up questions according to participants’ responses rather than my own experiences.

Service providers participating in this research may share similar experiences of working with criminalized women whose lives intersect with child protection, criminal, and legal systems. Yet, service providers and their clientele are very much still impacted by their own lived experience, history, and interaction with gender, class, race and sexuality. Thus, operating within a feminist framework in this research intentionally recognizes both service providers' diversity, clientele, and experiences. In this project, the experiences of service providers’ emotion management strategies are the center of the research. The approach to the method is feminist, not the method itself (Hesse-Biber & Leavy, 2007). In other words, the method of semi-structured interviews is not in itself feminist; rather, it is the methodology that underpins the method. In the following section, I discuss the methods employed in this project.

Ethical Considerations

Before commencement, this project required ethics approval from Concordia’s University Research Ethics Unit. This research involved human participants and discussions of clients who have experienced marginalization, oppression, and problematic power dynamics in other facets of their lives. Thus, special care was taken to protect the service providers' anonymity and their clientele. The research ethics approval process included measures to mitigate potential risks to the participants in the name of research. In this research, interviews were conducted with service

providers and not their clients directly; nonetheless, the discussion centred around populations of individuals who require additional factors for ethical consideration. Groups defined as vulnerable populations may include those temporarily or permanently impact their decision-making ability. In addition, such groups include prisoners or those otherwise controlled by justice and legal systems (e.g., probation or parole). Further considerations accounted for the overlap between formerly incarcerated and criminalized women and Black and Indigenous women in this research. Despite this research not focusing exclusively on Black and Indigenous women due to their overrepresentation of women in prison in Canada (Zinger, 2020), I inquired with participants about their clients' demographic and racial identity. I pursued this in further lines of questioning.

Service providers regularly discuss and consider clients' needs and experiences in clinical or advocacy settings. Further, many have training and experience to protect their own well-being in facing potentially troubling details of clients' experiences. As a result, this research posed a low risk of harm for participants but did require consideration of power, consent, and privacy when discussing their experiences working with their clients. Notably, some participants disclosed their personal experiences of criminalization and/or incarceration. These experiences factored into how they discussed best supporting their clientele and navigating the criminal legal system more generally as a service provider.

Of utmost importance throughout this research and, more generally, should not cause or contribute to harm. An essential element was maintaining options and room for choice among participants. This approach also coincides with trauma-based approaches that provided participants with opportunities to decline to have their interview recorded, to change the subject, or not answer questions. Further, I paid close attention to participants' mannerisms and body

language, and I periodically checked in throughout the interviews to ensure the participants were comfortable and willing to continue.

Method

This project consists of interviews with service providers (e.g., social workers, community outreach workers, and program coordinators) working with formerly incarcerated women and my reflexive journals written throughout the research process. These methods were employed to answer the original research questions; how service providers work alongside, and support criminalized women's' emotional management strategies around motherhood, substance use, and their inclination toward goals; and how service providers themselves partake in emotion management strategies as they conduct their work. Finally, drawing upon their professional experiences, how do provincial health, justice, and family policies impact and shape how they construct the narrative of their work with criminalized women and their clientele's past and current realities? In the following section, I discuss this project, the participants, research sites, and data collection and analysis procedures in more detail.

Research Sites

This research comprised semi-structured in-depth interviews with service providers working in one of the four Atlantic provinces (Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island). This region of Eastern Canada is chosen for several reasons, namely that: it is home to one women's federal institution, Nova Institution for Women (Nova), located in Truro, Nova Scotia, outside of Halifax. This institution houses federally incarcerated women from all four Atlantic provinces, some of which also have a designated

provincial prison for women. Thus, women from three Atlantic provinces who serve federal sentences must do so outside their home province. Nova also confines women from other areas of Canada. The presence of one federal institution for women accompanied by vast geographic and travel cost-associated barriers and insufficient funding designated for criminalized women results in some women being unable to return to their home province, region, or community upon release. In Atlantic Canada, organizations and programming specifically for criminalized women are under-resourced and unable to provide supportive wraparound options to the extent that are needed. Thus, the Atlantic region and community organizations within it are a necessary place to locate this research.

The differences between provincial and federal prisons are meaningful for several reasons and carry impacts on women, including how service providers work to meet their clients' needs. These needs may include lengthy sentences and thus time away from family and children, access to additional programming in federal custody, and differing policies surrounding their release. In addition, these differences may carry numerous impacts on participants, including addressing substance use, familial relationships, bonds with children, housing, employment history, and health. In other words, community service providers are commonly working to address various and complex unmet needs of criminalized women upon release from provincial and federal sentences.

Participants

Service providers interact daily with women through in-reach work in prisons and/or women who were recently released from prison who may be experiencing various challenges as they navigate their realities, including residential instability, precarious employment, substance

recovery or use. Further, service providers are aware of much of their client's past criminal histories and potential ongoing engagement in criminal activities. Yet, they may negotiate ways of not asking questions or engaging in conversations that may result in a client sharing information about an ongoing criminal matter. Service providers, however, experience and engage in emotion management to navigate their daily work. They do so while also experiencing limitations in their ability to make systemic or structural changes in their clients' lives. Thus, much of their emotionality occurs within repetitive individual-level contexts. For example, service providers have often worked with many criminalized women over several years and witnessed how factors like poverty contribute to their client's circumstances. Yet, as discussed in the following chapters, service providers often pointed to the fact that when their clients experienced failures and setbacks, they viewed them as their own personal failures rather than systemic ones. Simultaneously, however, service providers also commonly work at the individual level and can face limitations in their ability to make broader changes in their clients' lives. As I discuss in later chapters, some participants described the impact of this on them related to feeling burned out, stressed, or how they focus on small successes within their work as a form of management.

The participants who contributed to this study are service providers who work with a clientele of criminalized mothers living in the community and self-identify as having a complex history of substance use. Participants in this research work or have worked with criminalized women accessing support (e.g., counselling, drop-in hours) through community organizations. Their clientele includes women who have served custodial sentences in provincial (2 years less a day) or federal (2 years plus a day) facilities in Canada in addition to non-custodial sentences (e.g., suspended sentence or probation) and women servicing non-custodial sentences.

The research participants were all women, and despite the focus of this research being purposefully woman-centred, this is also an unsurprising characteristic considering the context of community organizations being comprised mainly of women. Many participants were white, while others self-identified as Indigenous. However, despite this, the participants did not work for organizations that worked specifically with Indigenous clients. Further, they did not speak about how Indigeneity intersects with their work as community service providers. Several participants were registered social workers, a predominantly women-dominated profession (Hick, 2006; Walton, 1975). Some participants had experience working in various provinces and, in some cases, multiple provinces in Atlantic Canada. Participants lived and worked in both rural and urban settings and often spoke about how their respective locations impacted their work and access to other services and supports for their clients. Several participants disclosed having their own histories of criminalization and substance use and spoke about how their lived experiences guide their work with clients. Most participants had worked with criminalized women and families experiencing poverty ranging from two to thirty years. They ranged in age between mid-twenties and mid-fifties. In total, 23 service providers took part in this research. Of those 23, approximately 4 participants worked in para-state organizations involving surveillance and supervision of criminalized women. Community organizations employed other participants with no formal surveillance or supervision component of their work; they had no duty to report law violations beyond that of the general public. Finally, some service providers indicated their organization served only women, others stated they are gender-inclusive in their offerings, while others indicated their mandate includes women and non-binary people. No participants spoke of their organizations offering services based on sex categories alone. Some others indicated their organizations will also (quietly) serve trans men but do not advertise this openly as it is beyond

their funding mandate and could result in losing funding from various sources. In cases where participants worked with people of multiple genders, I asked them questions specific to women.

Recruitment

Service providers in Atlantic Canada were invited to participate in this research through targeted recruitment (See Appendix A). Community organizations that offer supports and services for criminalized and marginalized women were emphasized in this process. Recruitment was sought through my professional network in the non-profit sector in the region. In addition, snowball sampling was also utilized for recruitment. I tried to recruit service providers employed by community organizations whose feminist ethos is embedded in their approaches to clients and whose work aims to create safe and respectful environments for women to access supports and services according to their needs. My network and connections in community-based organizations in Atlantic Canada gave me access to service providers who either spoke with me or connected me with their contacts. Some participants articulated that their willingness to participate was somewhat hinged on knowing that despite being a researcher, I also work in the community. Thus, I understand how community organizations work in collaborative ways and how organizational tensions can, at times, contribute to how and with whom work is undertaken.

Recruitment materials were developed and distributed by email and phone calls to a pre-determined list of contacts and community organizations. I also spoke with several individuals familiar with the terrain of non-profit work involving criminalized women who are not currently engaged in service provision. However, they were able to connect me with their networks of contacts. Not all attempts to recruit participants were successful. In some cases, there were no replies to emails sent to service providers. In another instance, a service provider replied and

indicated they could not dedicate time to research interviews. Finally, one service provider rescheduled an initial interview and did not show up at a rescheduled time. However, some participants indicated that the language I used in my recruitment materials (e.g., criminalization as a social and legal process versus labels such as 'female offenders') gave indicators of my general approach, and thus, they wanted to participate. Others were familiar with my community work in Atlantic Canada and indicated that, as a result, they were keen to participate.

Informed Consent and Opportunities for Withdrawal

Prior to the interviews' commencement, participants had the opportunity to review the informed consent document (see Appendix B) explaining this research, the type of information they would and would not be asked, and whom to contact should they have any concerns. Consent forms were reviewed and signed prior to the commencement of the interviews. Beyond reviewing the consent form, I discussed the document's purpose and meaning in plain and clear language and took the time to address any questions or concerns. In doing so, accommodations can be made for various learning styles, literacy, and education levels. Participants could keep a copy of their signed informed consent, while I also had a copy. Throughout, I checked in with participants to ensure that their consent was ongoing or if it might require renegotiation (e.g., changing the topic, taking a break, ending the interview) (Miller & Bell, 2012). However, topic changes were often fluid or conversational or as a result of me asking another question. No participants took a break or ended the interview. Being trauma-informed in this context meant I took time waiting for participants to answer, as they would often appear to reflect quietly before beginning to respond. This was particularly the case as the interviews progressed and questions became more reflective in nature. At the end of the interview, many participants noted that the

interview was a helpful process for them. They cited the interview as “therapeutic” and “an opportunity to vent”. Another participant said she felt grateful to have conversations like ours in the interview. She compared the feeling after the interview to how she feels after doing prison in-reach work and stated she felt she would have “an emotional hangover”. Despite this not being the intention of the research, it was interesting to hear and reflect on this element of the interviews as providing an outlet for service providers to discuss their work in depth outside of their work environments. In my view, this speaks to the tension service providers face of needing to maintain confidentiality for clients, knowledge learned on the job, and the need to vent/discuss the stresses and emotional and ethical implications of their work. As a result, this limits whom providers may vent or discuss the emotional nature of their work with. Occupational elements such as being overworked or understaffed can further limit the ability to vent with colleagues. Thus, these interviews became confidential spaces to disclose how they felt about their work.

Data Collection

Data collection began in May 2021 and continued until May 2022. Throughout the data collection process, participants alluded to or discussed ongoing criminal or other activities relating to their clients’ parole or probation conditions or conditions relating to their access to their children. However, questions and discussions about specific individuals were avoided to protect potentially identifying information of the service provider or their client(s). Interviews were audio and video recorded. During the interviews, I explored topics including how service providers view support criminalized women as they navigate substance use and motherhood, how they understand and define success in their work and their clients’ lives, and the role they place in emotion management in their clients’ lives. A further focal point was how service

providers view women's histories of crime, substance use, and programming as they relate to the service provider's organizational ability to support current or future access to their children, re-entry and stability and goal setting. I asked participants about how they cope with the emotional dimensions of their work and how they navigate such dimensions while working to build trust with clients. I provided a general comment to participants that there were no 'right' and 'wrong' answers. Rather, I was interested in hearing their perspectives and experiences. I asked participants to choose a pseudonym that they would be referred to as within this project and can recognize their contributions or quotes attributed to them. As a point of clarification, one participant chose the pseudonym of Katherine, spelled differently than my own name.

Interviews lasted between 60 and 90 minutes and were semi-structured (see Appendix C). The semi-structured nature of the interviews permitted further exploration of participants' responses through probing and follow-up questions. It also gave participants more control discussing their experiences, issues, and ideas. As a result of the timeframe for data collection, I benefitted from coding earlier transcripts while conducting further interviews. This process informed further lines of inquiry in later interviews in the data collection process. As a result of the COVID-19 pandemic and related health and travel restrictions, interviews were conducted via Zoom video software. The pandemic impacted how many service providers conduct their day-to-day work. For example, many organizations shifted to virtual programs and hybrid service delivery, which reduces person-to-person contact. As a result, many providers used video conferencing and other technologies that support distance work. By utilizing Zoom teleconferencing, service providers could interact during the interview process, similar to the adaptations put in place to work virtually during the pandemic. Though conducting interviews via video conferencing was an unexpected adaptation because of the pandemic, it provided the

ability to read facial expressions and body language throughout the interview, above and beyond what would have been possible through audio only.

During interviews, I was attentive to how participants used language and intentionally mirrored my language to match theirs. For example, I asked service providers how they refer to people accessing their services; responses included participants, clients, guests, peers, and families (referring to both two-parent and one-parent families). I then mirrored the service providers' language during interviews. However, for clarity, in this dissertation, I refer to service providers who participated in this research as participants and the women they work with as clients within this and the following chapters.

Reflexive Study

Throughout the data collection process, I engaged in reflexive journaling about my role as a researcher in this project. Reflexive journaling can be used in the research process to capture personal reflections, accounts, and depictions of events surrounding the research and record thoughts, insights, and experiences (Chabon & Lee-Wilkerson, 2006; Hayman et al., 2012). Reflexive journaling can also serve as a way of documenting and reflecting upon the practice and process of research (Banks-Wallace, 2008) and as a form of data collection to record information for later analysis (Valimaki et al., 2007). Within this research, reflexive journaling provided a medium to capture my various research and data collection process elements.

Throughout the data collection, analysis and writing process, reflexive journaling offered an opportunity to note ideas and reflections on the interviews and my own position as someone who works in a community organization. Keeping a reflexive journal throughout this project also allowed me to reflect on earlier ideas that I had previously written. The journal also provided a

way to capture my reflections on cases involving criminalized women in Atlantic Canada between 2021 and 2022. Such cases included situations where women were killed while experiencing many issues outlined and discussed in this project, such as precarious housing and familial alienation. In other cases, I journaled about women charged with various crimes awaiting trial at the time of writing. In this sense, the interviews with participants illuminated much of the social and economic terrain upon which women experience criminalization or acts of violence towards them. Inevitably, this research topic and the experiences of service providers as they described their own and their clients' realities felt heavy. For example, some participants discussed their clients who had died from causes such as unsafe drug supply, overdose, suicide, or homicide. Yet, it felt and continues to feel necessary to stay with heaviness and bear witness to the realities facing criminalized women and service providers in Atlantic Canada. Again, given that data collection was spread over 12 months, journal entries reminded me how my thinking on interrelated topics had evolved over this period. Some journal entry content is contained within various chapters of this thesis.

Sensitive Data

This research engages with participants whose work centres around a larger group that has faced marginalization by their community and society. As a result, participants also discussed the implications of stigma and power inequalities in their professional lives and client interactions. As a researcher, I encountered information from my interactions with participants that may be damaging for them or their clientele (e.g., criminalized women) (Barker & Langdridge, 2010). Thus, I maintain a heightened responsibility and awareness to carefully consider the implications of the information I am privy to. The information shared by the

participants in this research included mention of their clients' demographic factors, familial details, criminal histories, experiences of substance use, and access to their child(ren). My experiences working with sensitive research data and working with vulnerable populations in community work in non-profit agencies provide me with a heightened awareness of the need to protect anonymity and maintain confidentiality. Importantly, I paid close attention not to stigmatize the participants in this research or their clients and to remain aware to not problematize their experiences based on my own subjective understanding of clients' realities (Smith, 2013).

Data Storage

All forms of data gathered in this research are protected through various mechanisms. Audio-video recordings and transcripts were stored on a USB and further protected as locked documents. In the transcription process, pseudonyms replaced participants' names, and any identifying details were omitted or changed to prevent possible identification. Other documents, including transcripts, informed consent forms, and reflexive journals, are stored in a locked filing cabinet with protected audio-video files.

Data Coding and Analysis

Interviews were transcribed through live transcription software during the interviews. Transcripts were then reviewed and cleaned by myself and my research assistants. Personal identifiers, including names and organization titles, were removed and replaced with the participants' chosen pseudonyms and generic descriptions (e.g., type of program to replace a reference to a specific program title). Transcripts were read multiple times and coded using Microsoft Word and Excel. In some cases, I printed the transcripts and coded them on paper. I

intentionally chose this approach as I subscribe to van den Hoonaard's (2012) argument that data analysis software can contribute to not being as connected to the data and, in some ways, can impede the analysis process. By having printed copies of transcripts, I could spend time with each document, refer back to earlier pages, highlight sections, and make notes in the margins.

Data analysis began once several interviews were completed. Analysis continued intermittently as interviews and journaling progressed. Data were subject to open coding, in which I identified and labelled major themes in both interview transcripts and reflexive journal entries. Open coding as a practice is related to semi-grounded theory approaches and involves approaching the data without preconceived codes, which may impact the data's richness (see Charmaz, 2014; van den Hoonaard, 2012). Rather, open coding prompts a researcher to consider and explore what is happening in the data. Semi-grounded theory refers to the ongoing spiral process of diving in and out of the research data. While the data informed the theoretical approach, a new theory is not generated by the data. Rather, the data informed the application of an appropriate sociological theory. In such an approach, the language of the transcripts or data itself becomes a code. Further, the processes of coding, re-reading the literature and conducting additional data collection inform one another and further data collection (Hesse-Biber & Leavy, 2011). As Hesse-Biber and Leavy (2011) explain, once there are categories of codes, it is important to re-examine the data and see if older initial codes 'hold up'.

Coding began following interviews which were followed by additional interviews, transcription, and further coding. Research assistants read the transcripts, and together we reviewed and discussed our coding processes and observations. I read all transcripts, including those coded by research assistants, as it was helpful to examine what they had noticed and coded, given that they were less entrenched with the data and the topics. In addition, I revisited the

literature and theoretical framework to further reflect and write about various elements of the discussion that participants raised in the interviews. In this sense, the coding and data analysis process was conducted through an inductive approach, similar to that described by Hesse-Biber and Leavy (2011) as a dynamic dance to the inductive processing of qualitative research.

An initial read of the data helped identify important issues and informed the subsequent development of codes (Hesse-Biber & Leavy, 2011), while further reading involved focused coding and further exploring earlier broad codes and additional open coding re-coding (van den Hoonaard, 2012). Once I had read and completed the early coding of the transcript, I would write a memo noting ideas and notable elements of the transcript or coding process or literature that would be helpful to revisit for further reading. I later referred to these memos as they were helpful for the organization and development of thematic chapters. Subsequent reading of the transcripts revealed similar codes, later grouped under broader meta-codes (Hesse-Biber & Leavy, 2011). During focused coding, I completed multiple subsequent readings followed in conjunction with re-reading literature on these topics to help identify themes and contexts. This reading of the transcripts drew attention to specific codes, often developed using the participant's language. The process of focused coding made visible previous early codes that were less helpful or meaningful in thematic development. This process required me to stay close to the data and remain engaged in its analysis. Doing so also enabled me to remain attentive to what participants were saying and their various points of view. I developed themes and sub-themes from this focused coding process that form the subsequent analysis chapters. Toward the end of data collection, I began coding my reflexive journal. This provided insights into my thought process over the previous months. It also allowed me to compare my own journaling and observations with codes of the participants' observations. For example, I became informed of related issues

that I had not previously considered in my interview guide or lines of questioning (e.g., the role of anonymous mental health supports being used by pregnant women to share they were struggling with substance use during their pregnancy)[14]. In some cases, these related issues are more peripherally intertwined with this project and may inform future research. Finally, the journal entries also provided starting points for writing the following analysis chapters.

Throughout the coding process and thematic development, I remained attuned to my positionality in relation to the data. For example, I found myself aware of moments when service providers voiced a stance that they explicitly stated differed from their client's view or interpretation of the same issue. In these instances, my experience working in non-profit organizations informed my awareness of various philosophical and practical approaches of services providers regarding how their organization's mandate is delivered (e.g., meeting the client where they are or viewing their role as a facilitator of a 'pro-social' path for the client).

Conclusion

In this methodology chapter, I have explained in detail how feminist and trauma-informed methodology formed the basis of my approach to this project and the methods employed. This project contributes to feminist qualitative criminological work in a Canadian and specifically Atlantic Canadian context. I employed semi-structured in-depth interviews with service providers working with criminalized women in the Atlantic provinces in this project. Throughout the data collection process, I maintained a reflexive journal which also formed the body of data in the project and was subjected to open and focused coding. This data included

[14] I do not discuss this explicitly in this dissertation. However, I have written about pregnant women sharing about substance use with mental health support services that provide anonymity and non-reporting practices in further detail elsewhere (Dunbar Winsor, under review).

discussions of sensitive topics and experiences, such as the impacts of grief on service providers when their clients have died. This type of discussion highlighted both the importance of feminist and trauma-informed methodology in the research process and the fact that these impacts are not often shared beyond community service providers and their clients. In this sense, this project contributes to that sharing process. It provides an opportunity for service providers to voice the realities of their work and their clients' experiences confidentially and anonymously that might not otherwise be available. This was also evident when service providers discussed how they found the interview “helpful”, “therapeutic”, and an “opportunity to vent”. In the following chapters, I discuss the thematic findings and analysis developed because of the processes described in this chapter. Participants’ voices are included in excerpts and highlight some of their experiences of working with criminalized women in Atlantic Canada.

Chapter Five: "Wading Against the Tide": Emotions, Ethics and Community Service Providers' Views of Their Work

> We're fighting against the community, and it's not just our community. I think you could say it about any community in which judgments are made around people and people's choices that are so unfair that it's actually quite shocking. So, we all feel good…in December when we donate to the food bank because food banks really need food in December. In January, we are not sympathetic to people who can't make their oil payments…Our generosity is based on an old model of charity…I think what we're fighting against is that charity-based model in which I'm going to give to you but I'm giving it to you to add value to my own life. As opposed to giving to you because it's the right and human way to do it. – Florence, service provider

In this chapter, my goal is to first establish service providers' views of their work and role and highlight the emotion management strategies that they engage in as part of their work. Community service provision, broadly speaking, can involve one-time or ongoing contact between clients and service providers. In my interviews with service providers, their contact with clients was ongoing for varying periods, ranging from a few weeks to many years; as a result, they spoke of ongoing dynamics in navigating these relationships with clients, barriers to the work that they conduct and managing emotional and ethical implications in their work.

The process of relationship-building between a service provider and a client involves developing trust. The interviews reflected how exchanges and interactions between service providers and their clients often involve intimate knowledge of the clients' lives, usually through the client's own disclosure, but in some cases, also from records and documentation about the client. Many of such details can be challenging to learn about, and service providers spoke of navigating their own reactions and feelings of sadness, anger, and frustration related to their clients' experiences of trauma, abuse, poverty, and mistreatment by various systems. Service

providers manage their emotions while providing support and maintaining their own professional and/or emotional boundaries. As such, service providers often employ various forms of emotion management strategies (Hochschild, 1983, 1989) to navigate this terrain and discuss multiple ways in which they encounter their own emotional predicaments or recognize them within their clients (Davis, 2016).

In the interviews, I asked questions about the ways in which participants interact with criminalized women, including the frequency, the type of information they have access to about their clients and general information about the nature of their employer organization and the client demographics. In addition, I encouraged participants to reflect on what they, as service providers, feel they are working against at a broader structural and societal level. I also asked participants to discuss their interpretation of 'success' in their work in the context of these broader structural and societal realities. These discussions of success were accompanied by questions about how service providers cope when they encounter grief, sadness, and ethical dilemmas in their work. Such questions helped to highlight service providers' complex understandings and interpretations of their work and their experiences of emotion management in supporting criminalized women.

In the current chapter, I discuss various emotion management strategies employed by service providers that I identified in analyzing the interview data, including trust management, intimacy and boundary management, resource insecurity management, stress management, and emotional-ethical dilemma management.

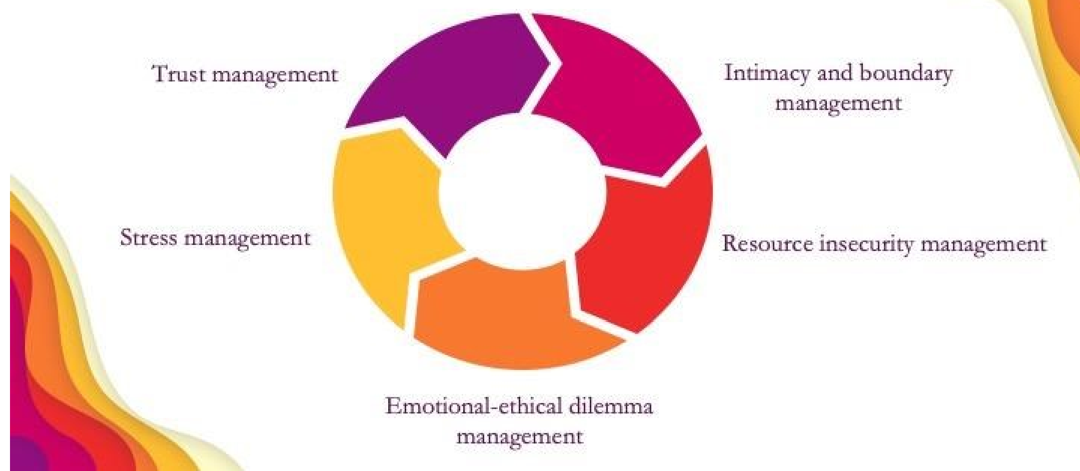

Figure 3. Service providers' emotion management strategies.

I note that these strategies are not emotions or feelings; rather, they serve as mechanisms or pathways that providers engage to navigate how they feel conducting their work. I discuss these strategies as themes, including trust, barriers they identify in their support work and how they engage in emotion management. I engage with these themes and their interconnections with sub-themes such as relationship-building, lived experience of criminalization impacting service provision, and dealing with grief and loss in service providers' work. I develop a concept in this chapter that I call emotional-ethical dilemmas, referring to the complex ethical and emotion-producing terrain that essentially forms the fabric of service providers' work. Finally, I present service providers' discussion of how they work to support their clients at an individual level while recognizing their role in the client's life or that their time in their employment role may be temporary. In this sense, tension emerges for service providers in which they face the dilemma of encouraging clients to be reliant on systems rather than individuals and the feeling that these practices evoke for providers (e.g., helplessness, urgency, satisfaction). I conclude the chapter by

discussing salient tensions within participants' experiences and the implications of the challenges in community service provision in Atlantic Canada as put forward by participants.

Trust Management

> I feel good when I feel like they [clients] trust me like I've done something right…I must be doing something ok to make them feel that way. Because at the root of trauma is the betrayal is trust, and knowing that they trust me makes me feel good in the sense of I am good at my job, and it also makes me feel and really hope I don't fuck this up. There is a feeling the that the stakes are high; as a provider, I don't want to mess up the trusting relationship with clients. –Anna

Service providers discussed the importance and role of trust and relationship building with clients as a fundamental precursor to further 'work' and integral to their role in their clients' lives. Participants described how they engaged in trust management to develop and maintain trust and navigate challenges in doing so, such as deeply rooted distrust of systems that their clients may have due to previous and current experiences with the criminal legal system and other government agencies. In this discussion, many participants described the importance of distinguishing themselves as different from other systems that their clients may distrust (e.g., child protection and/or police).

Relationship-building

Relationship-building was a process that involved more than time; rather, service providers discussed this strategy as the interconnection of establishing trust and safety with clients from the outset of their interactions. Service providers discussed the importance of relationship-building and having the client lead in any goals they may have. Doing so involved establishing non-judgmental safe spaces where clients could identify their own goals. This process, however, was not always easy or quick. Rather, participants discussed this being an

ongoing process on which the bulk of their work focused. As Sally, a service provider with over 20 years of experience, explained:

> Working with women, developing a relationship is where 90% of the work is. So, the quicker you develop the relationship, I think the easier it will be for them to engage, transition, stay, complete, connect, all the good stuff that we know helps women work towards transforming.

Sally's comments were echoed by other participants, such as Anna, who spoke of the importance of having good listening skills and practicing empathy as part of the process of relationship-building. The process of relationship-building often involves the service providers informing their clients what information they do and do not have access to in their clients' history or current realities. However, participants also explained that these skills do not negate the difficult dimensions of their work. For example, Anne stated, "lots of times you feel frustrated by clients' decisions and lots of times where I've felt, underappreciated is not the right word, but maybe it is." In such instances, Anna discussed managing her emotions by reminding herself of the reasons (i.e., hardships experienced) why her clients may feel or behave in particular ways. Acorn's notion of compulsory compassion is notable here in such instances where providers may use emotion management strategies or remind themselves to feel compassion for their clients. In this sense, governmentality can act as a disciplinary force within Anna's work and community service provision more broadly via compulsory compassion. Despite these feelings, participants discussed the act of naming information sources as a way of explicitly practicing transparency and addressing the deep mistrust of systems held by their clients. The first time she offered a program with a high number of criminalized mothers, Charlie noted their apprehension and how they were closed off and not receptive to speaking. She discussed the realization that clients assumed that she had access to their child protection and criminal history information. The

realization occurred when Charlie initiated a conversation icebreaker activity at the beginning of the group meeting and asked participants to recount something about their past. Charlie stated that a client replied, "I don't know why you're asking us that anyways; you already know all of our stories". Charlie explained to the group that she did not know any of their information beyond names and phone number unless they chose to disclose information. She explained to the group that she knew as little about them as they knew about her. Realizing that the group members had viewed her as a social worker or caseworker, Charlie explained:

> They're [group members] going through all of those processes, where everybody is… looking at them as authority figures… not necessarily looking down at them but may be judgmental…That's how they were feeling.

This instance pushed Charlie to change her approach with future groups and to change her trust management strategy. During the first meeting of program delivery, she now says to each group:

> I make that known that I know nothing of their story,… the reason that they're there, or you know, unless they choose to open up and expose that then.. and I find that it gets them to open up much much much faster.

In this example, Charlie's retelling makes visible how community work involving criminalized women and mothers often involves deep histories of having details of your life documented and shared between professionals and agencies such as child protection. Charlie makes intentional attempts to present herself as neutral and separate from systems clients may have previously been involved with. In doing so, she puts aside and thus manages any ambivalent feelings that may arise in the initial relationship-building with clients. As Hochschild (1983) points out, such realities comprise unequal emotional interactions that carry impacts on individuals' well-being if they persist as a norm. Thus, community service providers may find ways to distinguish themselves from other agencies or systems as a path to building client relationships through trust

management strategies. But, in doing so, they also show their understanding of their client's choice to disclose (and to what extent), and share will be based on the client's level of comfort.

Service providers also voiced the importance of relationship-building related to their presentation and choice of clothing. The connection to briefcases, jackets and formal office attire can become conflated with professionals and agencies in which service providers' clients have historically had little to no agency and may essentially mean an unwelcome arrival in their lives. The service providers that I spoke to often highlighted the need to present themselves as different from child protection, police, or probation officers to have an opportunity to build relationships with their clients. Impression management, in this sense, is more of a tactic taken to attempt to manage their client's perception of them and their client's emotions. As Anna explained, "Setting it up as boundary management. I want to appear informal compared to a health authority [professional]; however, I'm still not your friend."

Quinley, a service provider working in a rural Atlantic Canada community, discussed her choice to wear more casual clothing while working with clients. Her choice to do so stemmed from the awareness that her presentation impacted clients' views and trust in her. She explained this further by stating, "wear my legging and a half dressy shirt and my sneakers or whatever…because I found that if you present that you are better than them [clients], we'll say that they will feel that, you know, ok, I can't trust this person". The rural context here is important to note, as Quinley stated that clients would see her outside of work, running errands or walking her dog because of the small community. Thus, it was important to her to have clients realize she looks similar in work and non-work activities and is, thus, trustworthy. In other words, Quinley's presentation of self in her work life and her personal life holds meaning for clients to trust that she is whom she says she is. Quinley describes this importance in further

detail when describing visiting clients' homes to drop off supplies that encompass some of her work:

> If I went to somebody's house… I can tell you right now…dressed right up, you know, with a nice jacket and stuff…I probably wouldn't get in the door ever…and if I with a briefcase, you might as well just knock me out.

Some service providers I interviewed were social workers who had previously worked in child protection, often at the beginning of their careers. These service providers had a unique view of recognizing the harm that could be caused by systems in which they had worked while also reflecting on instances in which they could build trust, albeit sometimes in unexpected ways. As a result, they had a unique perspective of the challenges experienced working within systems such as child welfare. I found service providers with experience on 'both sides' were simultaneously critical of systems and sympathetic to the people (their former colleagues) working within them. For example, Bertha, a service provider with over 13 years of experience in both child protection and community organizations, recounted a former client whose child had been removed from her custody. Bertha explained that while she was not the social worker responsible for the child's removal, she was involved in helping the mom navigate the process toward regaining custody. During this time, the mom was held for a period at a mental health unit for forensic assessment related to criminal charges. Bertha decided to visit her client at the forensic unit and, on the way, picked up a bottle of Diet Pepsi as she knew her client drank the beverage often. Following this visit, Bertha explained that her client's demeanour changed completely with her, as though Bertha's act of bringing a favourite beverage and stopping by for a visit changed her level of trust in her. Months later, Bertha accompanied her client to Court, and during the hearing, her child was returned to her care. Bertha stated:

> She put her hands on me, kind of patted me on the back, like thanks [Bertha], I couldn't have done it without ya….It was just a really cool experience because you actually can gain trust…it's just really hard to do so when you're working from the system that kind of works against them for most of their lives.

Despite this incident having occurred years before our interview and before Bertha's employment in a community organization, it stood out for her, and she recounted the story fondly and stated it had a lasting impression on her. She also explained that she viewed this ability to build a relationship with her client as possible *because* she had not been the social worker who had been tasked with the child's removal from her care. Bertha explained that had she been the social worker tasked with the removal, this form of relationship with her client would have been unlikely, and for the mom, she would "forever be the person who took [her child] away". Thus, it was the combination of Bertha's role and the trust management strategy that she employed that contributed to establishing trust with her client. I note that at times in the interviews, participants sometimes described their emotion management strategies in more depth than their own emotions within their work experiences. I interpret this in part as a habit of how providers may tend to discuss clients and in part as discussing the management strategy as a form of coping with emotions that are or were felt.

The experiences recounted by these participants bring attention to the uphill battle community service providers may face in establishing trust with their clients because the women they work with often have decades of negative experiences with systems such as child protection and sometimes dating back to their own childhoods. However, as Bertha's and Charlie's examples illustrate, clients' demeanour can begin to change once relationship-building and trust begin to be gained, even with just the individual rather than the system. Further, service providers articulate a keen awareness of beginning their work with criminalized women with

deeply entrenched distrust. Yet, by engaging trust management strategies toward relationship-building and showing their trustworthiness, there is further possible transformation as defined by their clients.

Lived Experience and Trust

Some of the service providers interviewed also shared that they had their own lived experiences of criminalization, mental illness, and/or histories of substance use. Some participants shared this information early in the interview, while others mentioned it later once the interview had progressed. In my experience, this is not uncommon in community organizations and can present an important opportunity for women to engage in work that they find meaningful, in which they do not face employment discrimination as a result of a criminal record, mental health diagnosis, or history of struggling with substance use. These participants discussed their lived experience as a form of trust management strategy that they employed while working with their clients; for the participants who shared their lived experiences in their interviews with me, engaging in their own experiences as a form of trust management often involved negotiating how much to share with clients, what information to hold back, in what context to share, and re-experiencing or processing elements of their own substance use or criminalization.

Angela, a service provider whose work primarily focuses on women's substance use recovery, spoke of her lived experience as an asset to her work and as a factor that establishes a different level of trust with women seeking help. Angela, like, other participants, spoke of dress codes impacting trust but cites her lived experience as an important distinguishing feature:

> When I first started here, there was a dress code, and I was like, 'no, I'm not, because I'm no different than any woman that shows up here, so I'm going to wear my jeans and

> sneakers, and like, I'm not putting on anything that will divide me from them because literally, I showed up at this door and rang the doorbell.

Angela's statement illustrates the importance of being open about her own struggles with substance use and not creating any divisions or hierarchy between her and the women arriving at the organization where she works. In this sense, sharing her lived experience with clients, Angela employed a trust management strategy that worked against creating hierarchal dynamics with clients. In this sense, Angela was able to take an approach similar to what she found helpful through her own lived experience. Angela's experience of understanding women's circumstances that she encounters in her work was echoed by Sarah, who described a moment when a client realized that Sarah had been formerly incarcerated:

> You know, I had a client today, who I thought after [number of years she has known client], she knew that I did a [type of] sentence, but lo and behold, in the backseat of my car her chin is probably still on the floor. I honestly thought she knew. [Laughter]
>
> Seriously, but you know… we were having a conversation when I said that, and that's what made me think of this.. you know, when I said…'I totally understand', she's [client] like [stating] the exact response I would have given, 'no you don't', and I'm like '*yeah* [emphasis original], I do'. You know and being able to make those connections and build those relationships and bonds.

Sarah's explanation of her encounter and disclosure with a client about her own experience being formerly incarcerated brought a reaction of shock to her client. For Sarah, it was the choice to share this information with her client that can help support developing trust and mutual understanding. Sarah's example also illustrates how she employed this trust management strategy of lived experience by sharing the information in specific ways in client interactions. Sarah described this interaction in a serious tone of voice and laughed afterward, seemingly because of the look of shock and surprise on her client's face after sharing that she had

experienced serving a custodial sentence. In this encounter, Sarah discussed her lived experience as a way of building trust with her client while also navigating intimacy and boundary management by sharing her experience but not taking the emphasis off of her client.

Renee also described her lived experience with mental health and addictions, and criminalization as an important element of her work but described getting to a place to be able to help others as taking time and work. Like Angela, Renee explained that she also relied on peer support as a part of her journey. For Renee, peer support offered an important outlet, particularly with discussions of certain topics that she felt were too stigmatizing to discuss with others. Thus, she identified peer support as a positive and non-judgmental outlet. “That trust level was there that I felt comfortable opening up. Too often, I shared things with my peer supports that I didn’t necessarily feel comfortable sharing in the clinical setting or with family”. In this sense, peer support and creating roles with organizations intended for people with lived experience related to the organization’s work can provide an additional layer of support and trust.

In addition to supporting trust and relationship-building, Angela’s lived experience also provides an understanding of encounters she has with women who may ultimately choose not to pursue substance use recovery or may choose not to at that time. In this sense, trust is reciprocated back to clients as they navigate recovery and/or substance use on their own terms. Angela explains that this, too, is informed by her own experience and approach of not forcing recovery or changes that are not client-led:

> My [family member]…was a volunteer here at [name of Angela’s employer]… [Family member] brought me to my first meeting. I was 16, and I, [pauses] I was not ready yet. But when I was, I knew where to come…I very much encourage them [her clients] to come… and see what it’s all about… Maybe you do decide that you know this isn’t for you, and that’s ok because if something happens down the road, you’ll know where to come.

The emotional experience of client-led change described by Angela relates to empathy and her ability to understand ‘walking in another’s shoes’. As a result of her own lived experience, Angela is empathetic toward clients who may not be ready, as this was once an experience she had, and she knows how they feel. Angela’s view here highlights three interconnected elements: 1. The need for the availability of community programs and readily available resources if and when people are interested, 2. The importance of not forcing interventions on clients, rather, letting people explore their options related to recovery and 3. The benefits and importance of making resources known to the community broadly to increase the public’s awareness of available supports. Together, such elements can work to inform the broader community and targeted populations (people who may seek supportive services in the future) about their options. Further, doing so can provide important context about the prevalence of substance use or mental illness and the potential benefits for individuals accessing support to navigate daily life. It is clear in the discussion above that lived experience informs how providers approach their work in terms of integrating or sharing their own histories. Further, it is evident that lived experience also has implications for how providers engage in emotion management strategies as they share and cope with their clients and their work.

Limits to Trust

Trust and relationship-building is not a process without challenges and limits. Despite the trust and relationship-building strategies discussed by participants, there was a notable area in which they stated there would need to be a lot more trust to discuss with their clients. This area was discussions around substance use and specifically alcohol in pregnancy. Participants noted that substance use is significant in the lives of the criminalized clients with whom they work. In

this way, the topic of substance use during pregnancy was recognized by participants as a topic in which they lacked strategies to address. At times, providers discussed this as a reality that speaks to larger societal norms, and they shared various management strategies they practiced as a result. They reported awareness and knowledge of the implications of substance use and pregnancy. Participants also reported that the majority of clients that they worked with were mothers, many of whom did not have custody of their child(ren). One participant, Sally, explained that in her view, the topic of substance use and pregnancy was rarely discussed by her clients because of its interconnection with shame and blame.

> When you develop that relationship with these women [clients], then you might find out more information. I think it's a huge mistrust for people. It's like the ultimate in shame, guilty and blame for women.

In Sally's articulation, she highlights how developing trust and boundaries with clients has a direct impact on providers' work and what clients share with them. Sally also indicated that despite having built trust, some providers might avoid discussions about substance use during pregnancy with clients to avoid their own negative emotions of judgment toward their clients. Further, women's awareness of the possible implications of substance use and pregnancy can thus result in non-disclosure without deeply trusting relationships with service providers. Researchers argue that women's main reason for not disclosing substance use during pregnancy relates to fear of losing their child, being viewed as a 'bad mother' and the ensuing shame and stigma that could follow (Carlson, 2006; Stengel, 2014). Sally explained that such a level of trust is not quick to be established. In her experience, clients with whom she had worked for years may eventually share. For example, one woman that Sally worked with only spoke about her substance use and pregnancy when her child was almost an adult and had returned to Sally's mom to question it. Sally explains:

> Sally: I've known her for 20 years. Until her kid came back, it [substance use during pregnancy] was never mentioned.
>
> Katharine: Yeah.
>
> Sally: Never talked about, never, until her kid threw it in her face, and she needed some support around managing that. And part of it might have been she didn't know, and part of it might have been, why did this never come up? There's a… part of the knowing, I think, but I think it's just pure, 'unless I have to, really have a look at it, I'm not going to look at it'.
>
> Katharine: Yeah.
>
> Sally: So maybe it is when kids get older and start asking their own questions, then it's harder to run from. I don't know, it's interesting.

Sally's role here remained focused on supporting her client as she [the client] navigated her child's reaction to becoming aware of substance use during pregnancy. Sally's long-standing relationship with this particular client likely played a significant role in the decision to share. Sally's experience also brings attention to the unspoken nature of substance use and pregnancy, largely due to the fear of shame and stigma (Wolfson et al., 2021). As such, service providers reported that approaching the topic with clients remains difficult to employ strategies to address. Despite this, some providers stated that such conversations were not explicitly within their role or responsibility and explained that other providers in the community would address such topics.

Anna, a service provider who works with incarcerated women, had a similar experience "I think there's so much shame to that" referring to admitting to oneself and others about substances consumed during pregnancy. However, service providers' own comfort level with having sensitive conversations with women is also a factor for consideration. In this sense, some providers were more comfortable avoiding topics of conversation and instead relegated communication to a colleague. For example, Bertha recounted an experience she had early in her career prior to working with child protection:

> Before I was a social worker, I used to do supervised access with a mom…and the social worker [involved with the mom] did not have a very good relationship with her and asked me to have conversations about birth control with the mom…probably because she already had a baby and was pregnant again. And that was, not really sure that was my role, either, but we did have lots of conversations or stuff like it, easily kind of just intertwined in. I don't know if she [social worker] would have been able to have a conversation about alcohol use with her, with mom, [or if the social worker] could even engage in those conversations.

In this example, the social worker involved with the mom did not have a strong relationship with her and attempted to rely on Bertha's rapport with the mom to have conversations about birth control. In Bertha's view, it would have been impossible to approach conversations about alcohol use due to the nature of the relationship between Bertha's colleague and the client.

Service providers' views of disclosure, non-disclosure and trust are in line with research on the multitude of reasons why women may opt not to discuss substance use during pregnancy (Carlson, 2006; Stringer & Baker, 2018). Further, service providers' comments highlight considerations about the strategies they may employ or choose to avoid conversations about sensitive topics with criminalized women. Anna also articulated that service providers may experience their own challenges in having such conversations with their clients because they may struggle with feelings of judgment themselves. For example, Anna discussed various strategies to manage such feelings, including talking to co-workers, acknowledging the judgment, talking herself through her thoughts, and practicing empathy for her clients. Anna mentioned that such strategies are commonly practiced within the emotion culture of her employing organization. She highlighted how she understands her clients as often being in survival mode and doing what they need to do to have their needs met. Practicing these strategies are some of the ways that Anna and other participants described managing negative feelings toward clients. In these instances, it is evident that service providers' emotion management

strategies to conduct their own internal emotion work converge with the emotion management strategies that they may or may not employ to support their clients. In this sense, we can also recognize that service providers' work may be impacted by their own experiences, values, and judgments and thus impacts their willingness and ability to navigate complex topics laden with emotional responses.

The Bounds of Support Work

Service providers recounted multiple barriers to the work they pursue or issues that arise beyond the scope of their employment or their employer's mandate. These were often interconnected areas of service delivery and policy change that they identified as needing urgent attention in Atlantic Canada, including gender-specific services, funding barriers, and organizational limitations.

Limitations and Challenges to Organization's Work

Participants commonly voiced frustrations about limitations to what their work or organization could accomplish. This was related to the various identified needs of their clients or resulting from structural or systemic changes that they could contribute to working against. However, service providers' work often focuses on individual clients and their circumstances. They voiced frustration with persistent gaps related to system policies, access to housing, employment, child custody, and substance use supports that they often encounter yet feel limited or powerless to attend to. Service providers also discussed how these gaps contributed to clients and providers feeling emotionally fraught and encountering emotional predicaments within such

experiences (Davis, 2016). For example, Anna spoke of the need to provide more services while women are still in prison as a way of building further connections:

> You know, consistently, all the women…access our services, they come to groups, they access the psychologist, they access [community organization] but…they just keep saying 'but it's not enough, I just need like, something to do every day. So there just needs to be more services inside the prison... I feel helpless sometimes and I feel bad for them, it is really fucking boring [in prison] and they are trying to do stuff differently, and they're sober, and they want to try and there is nothing to try for and I do feel helpless with a tinge of anger."

Attending to such service provision has been discussed as a way for community organizations and service providers to make contact and build rapport with criminalized women, as they will commonly greet the women in the community upon release (Fortune et al., 2010; Pollack, 2009a). In my interviews, one service provider cited a 60% who reconnect rate within her organization between their in-reach prison work and subsequent connection following release when women are back in the community. The participant described focusing on the 60% reconnect rather than those who do not and stated, "they're not ready right now. So, I focus on the 60% because that's where I can help. They're not ready, but they know I'm here and that I'm someone who cares, that my [organization] cares, and that makes me feel good and proud of the work we do here because I think that we do have a great reputation."

While Anna's earlier comments reflect the need for additional services available to incarcerated and criminalized women, other participants voice limitations to the services they do deliver. For example, Angela cited the limits of what her employer can and cannot provide to women in need as one of the most complex parts of her job:

> Yeah, boundaries and especially being so emotionally close to a lot of these issues that these women are facing. Like I just want to, I want to take them home and drive them here…and like, I find that to be the most difficult part is having to say like 'no, sorry, that's not my job'.

In this comment, Angela described feeling 'emotionally close' as many of the issues her clients are facing are similar to her own lived experience. Thus, her proximity to the work and her intimacy and boundary management strategies can differ from or be more intense than for other providers. I asked Angela how she addresses this frustration and she stated that she engages in other strategies. For example, she says:

> I try to really keep myself informed of what other help is in the community…I like to be able to say 'I can't help you with that, but, you know, let's call this person, let's walk down here. …I try to make sure I know if I can't help them, who can.

Here, Angela ensures she stays well informed of other supports where she might be able to refer or send women who require assistance beyond the bounds of her organization's mandate or capacity. Angela responds to these issues by engaging in multiple emotion management strategies, first, intimacy and boundary management, as she navigates feeling 'emotionally close' to the issues that she encounters in her work. Second, she employs a resource insecurity management strategy to better support her clients by ensuring she is well-informed about other supports in the area to meet clients' needs that extend beyond the mandate of her organization. Resource insecurity management refers to the internal management described by participants in negotiating the limitations of their organizations' ability to support clients but also to continue their employment. For example, participants described wondering if their employer would be able to afford their position in the following fiscal year. Their management of this stress, in addition to the funding limitations in the delivery of their job, encompasses resource insecurity management. In part, the need to do so stems from the nature of community-based service provision in which some organizations offer multiple broad services. In contrast, others' mandates are more specific and narrower, thus dividing what services are provided by each respective organization.

The difficulty in having to say no to potential clients was voiced by other participants as well. As Katherine explains, having to say no is sometimes closely connected to realizing that programming and services are not for everyone depending on their needs at that given time. Katherine also cites this as one of her work's most challenging elements.

> I struggle with [that] the most, telling somebody no, that I can't help you. You don't qualify for my program. Even when you know it's the right thing and that you likely wouldn't offer them the help that they needed anyways, like it wouldn't have been the right fit. Because a lot of times we say no to people simply because we're going to make their situation worse. You know…we're going to put so much responsibility on them that it's going to create a scenario in which they can't be successful. And even when you know it's the right thing to do, it's awful.

Katherine's acknowledgement that the program could make things worse for potential clients is partly due to the guidelines to which the program adheres, as it follows stricter compliance rules than other programs. In this sense, boundary management related to the program rules intersects with resource insecurity management as her strategies, as she is aware of the confines of the program she works within. Thus, she is aware the program is not necessarily the best fit for all and is mainly contingent on potential clients' readiness, commitment, and stability. Yet, these instances also bring challenging feelings for service providers to navigate and manage. Service providers discussed their acute awareness of working within systems with numerous limitations. Florence acknowledged this reality in relation to high burnout rates for community service providers:

> I hear from staff all the time this frustration around fighting against a community who really doesn't always honestly understand issues like gender-based violence and homelessness and poverty and racism, and…all of those sort of systemic issues…I think that's what burns people out in this particular field of work is just it always feels like a constant struggle.

Florence articulates that it is not only the limitations of the work and organizations' mandate and funding that contributes to burnout but also maintaining the 'fight' against community attitudes around the circumstances of marginalized people.

The 'fight' in this sense refers to countering public attitudes, blame, and stigma that can be deeply embedded in neoliberal ideas of individuals' successes and failures, of 'making it' and of 'not trying hard enough' (Costelloe et al., 2009). Such attitudes are also related to attempts to responsibilize marginalized people for their own circumstances while failing to acknowledge system and structural issues (Balfour & Comack, 2014; Hannah-Moffat & Shaw, 2000; Lupton, 1995). In this sense, Florence highlights the tendency to individualize challenges faced by people in the community while simultaneously ignoring how systemic issues underpin those individual experiences. Further, her comments draw attention to the impacts of these dynamics on service providers that contribute to burnout. Thus, service providers engage in intimacy and boundary management and resource insecurity management strategies to mitigate the tensions they encounter and experience while conducting their work. For the service providers I interviewed, their discussion of these strategies, in turn, shaped how they discuss the difficult and emotional parts of their job while attempting to maintain some distance from its impacts.

Funding, Advocacy, and Ethics

Community organizations commonly face funding uncertainty, and their resources can be limited in amount, scope, or duration. This can result in organizations not knowing if their program delivery will be funded beyond the current fiscal year. Funding oversight and reporting requirements can also differ significantly between funding sources, and organizations who also receive donations to supplement formalized funding may find that the donation is tied to an 'ask'

such as photos or testimonials. Decisions around funding can carry multiple implications related to an organization's ethics and to what extent they publicly advocate for change, given that such calls for change may also be a direct critique of current governments and, thus, funding sources. In other words, organizations will often wrestle with advocating 'too hard' or 'too strongly' and risk 'biting the hand that feeds them', i.e., risk losing core or project funding from various levels of government. As Marilyn explains, outspoken advocacy work can be challenging and uncommon, particularly if organizations are also stretched thin and must allocate resources carefully:

> They're [Marilyn's employer] very outspoken in the sense of actually wanting to make some of the changes to the systems that we're, you know, supporting people and navigating…I think I find it to be a bit rare with a lot of community work… I mean people are overstretched and like don't have a lot of the capacity… I also think about…how all of these sorts of systemic barriers and harms that people experience kind of underpin a lot of these interactions. And it's probably the thing I think of the most is…the fact that people do not have the means to be able to live, basically.

While these dynamics occur at the organizational level, they also carry implications for service providers who work within organizations and face job insecurity and precarity year to year. For example, as Marilyn articulates, service providers often work with clients realizing that they or their employer cannot address more systemic issues. Yet, they have a hyper-awareness of how such issues can result in their clients not having the means to live (e.g., living below the poverty line, employment barriers, and precarious housing). Marilyn's point also underlines how service providers bear witness to their clients' emotional predicaments (Davis, 2016) and how without organizational response to address meaningful change, there are also negative impacts on service providers themselves. This discussion highlights how service providers employ different strategies to navigate boundaries in their work, resource insecurity stemming from advocating 'too much' or 'too little' and stress management in how these dynamics impact providers

directly. As I mentioned earlier, service providers discussed the impacts of employment and financial uncertainty related to possible funding cutbacks or restructuring and that this precarity also impacted their capacity to navigate the emotionally challenging dimensions of their work.

Clients accessing programs with a high turnover of employees are also impacted when an organization discontinues programs due to funding cuts or reallocations. Grace explains that funders' requirements of specific allocation of monies mean that money has to be spent in areas where it is not needed, while clients' other needs are not met:

> Our funders need to shift and let us out of the box a little bit more. Not necessarily more funding but being able to move and respect our ability to be good [at organization's role]… Yes, I'm looking at being accountable but be able to be respected… if you give us 90 cents, let us figure out how to use that 90 cents because we know the [clients].

To put Grace's example in context, requirements for funding accountability can result in money being spent on supplies, even if supplies are not needed at the time. However, an additional staff person to offer programming might be beneficial for clients but is outside the funding parameters. Participants also voiced how funding during the COVID-19 pandemic created new opportunities and challenges within community work. For example, Millie explains that increased and expedient funding during the onset of the pandemic had positive results for her organization:

> The amount of funding that opened up that was easier to apply for and easier to get really benefited that we were actually having resources available for people in the moment we had funding to buy food and give people weekly care packages of food, we had funding…As well as cell phone plans that we could say we're going to hook you up for two months so that you have a phone for two months. We had funding for the relief fund, we had funding… to bring on an extra staff person from an outside funding source to do more outreach.
>
> So, we had tangible resources, more than ever before, during the pandemic, so people were coming because they have heard through the grapevine… if you need shampoo and

> conditioner because you can't afford it, if you need extra food for you and your kids go talk to them [program employees].

For smaller or newer organizations or programs that had historically functioned with limited budgets, the increased flow of funding brought the opportunity to expand both staff and services provided. In Millie’s example, providing clients with cell phones and a cell phone plan permitted clients to be able to conduct work, maintain contact with their children (when child protection visits were reduced or suspended during the pandemic), or simply address isolation by being able to call someone they knew. Thus, access to funds made more readily accessible as a result of government responses to the COVID-19 pandemic ultimately resulted in fewer resource insecurity management issues for services providers as they were better able to support clients through increased funding sources. Service providers described this as being a period of tremendous relief – seeing how prompt and streamlined funding avenues directly impacted their organization’s ability to hire additional outreach staff and support clients in additional ways (such as purchasing cell phone plans or additional food resources).

Conversely, Florence articulates another dimension of the impacts of pandemic funding that she described as unpleasant and challenging. Namely, that funding for food and emergency-prepared meals for marginalized families in her region was accompanied by religious counselling and pamphlets:

> During COVID, during the emergency kind of food thing that the province has done or even, so it's more so the Federal Government has done, is that they provided a lot of money to a church-based organization for that sort of emergency food. So, people would call our [provincial phone line] system get referred to this institution that was supported federally by the government. And then, what happened was when the food was delivered, the religious pamphlet was placed in with it. So, the religious material was placed in with it. And we have a lot of Syrian families currently in our community, in which Christianity is not their faith. And they're new to a country in which now they've got food delivered,

> but is there an expectation that I'm now going to become a Christian because you gave me food?

Florence's comment here highlights the issue of federal and provincial funding intended for emergency food provision becoming tied to religious information directed toward recipients. Florence's concern is that when such practices occur with various levels of government as the funding source, it implies the need for recipients to engage in or align with an organization's religious views, despite their need being food. The issues that Florence raises extend beyond funding made available during the pandemic into the day-to-day operations of community organizations and the ethical implications of clients' dignity and agency:

> Some of them [local organizations] tend to be church-based organizations that we do not work with anymore. And we don't work with them, because…the food support that they provide is attached to either religious pamphlets or counselling of some sort. So, in order for me to get you know the $25 gift certificate from [regional grocery chain], I need to go in so someone can counsel me on my life choices. And we can't support that as an organization, so we just don't send people there. We will provide them with the $25 gift certificate and figure out how the hell we're going to pay for it before we'll send them there.

Organizations, such as Florence's place of employment, may choose not to engage in collaborative work and support their clients in ways that do not have strings attached, such as providing a grocery store card. As a service provider, Florence disagreed with the connection between the provision of essential items such as food and religious pamphlets and expressed disappointment and concern about this happening in her region. Her re-telling of this practice also highlights the feeling rules that Florence is aware she may be violating. The charitable work of church-based organizations is commonly viewed favourably by many in her community. Florence is aware of the appreciation felt by the community towards organizations supporting individuals in need; however, she does not feel the same. Rather, Florence feels conflicted and

uncomfortable with the knowledge of funding supporting essential goods being accompanied by faith-based messaging. This example is one of the ways service provision and organizations' ethics and funding are intricately connected. Further, it is indicative of divergent emotion cultures within organizations such as Florence's compared to others providing faith based messages. Margaret describes this along similar lines when she explains her view of service provision and working with clients in ways that centre individuals' agency and dignity:

> We try to let them [clients] know that we see them as the expert in their own lives… You know your life better than I do, I can tell you what I see and but I need to rely on you, as the person experiencing and having to live this life and how it feels to you I'm not here to tell you what to do, but I have some ideas you want to hear some ideas I have you tell me which ones feel best for you.

Margaret's comments draw attention to how organizations can push back on traditional charity-based models of knowing what is best for clients accessing services and programs. Margaret's example also speaks to her awareness that viewing her clients as experts in their own lives means de-centring her own understanding of feeling rules and emotional deviance. For example, Margaret may be aware that her clients' choices can be interpreted by others or her as emotionally deviant, but she avoids sanctioning clients to bring their emotions in line with feeling rules. Instead, Margaret's example illustrates how organizations' and programs' ethics and values directly impact service delivery and shape client interactions. In this sense, Margaret's approach also occurs within and is to an extent shaped by the emotion culture of the organization she works for. Florence also draws attention to the connection to financial and funding dimensions:

> It's organizations that perhaps support us through funding, who, then all of a sudden, want pictures and really real-life stories so that they can provide that to their donors, right…Provide those stories because that's going to make donors feel better about donating to us…If you can tell me about that family that you…provide $200 worth of groceries for and how thankful they were to get it. And it's not a popular stance when we

> say no, if your money is tied to a picture, or to real-life stories, we can't give it to you, because these are real-life stories of people, and they deserve to have their own privacy. As opposed to in a flashy pamphlet so your donor can feel good about the fact that $25 was taken out of their salary, you know every two weeks to give to, no.

Again, Florence acknowledges that her organization’s choice not to provide pictures and testimonials of gratitude to donors may not be popular, especially in the rural area where she works. However, Florence’s comments highlight the tension organizations face in centring their clients’ right to privacy and dignity with funding and donations from non-governmental sources. The examples discussed above highlight how service providers navigate external pressures related to funding sources, internal pressures related to their own awareness of feeling rules, and how they work to de-centre their own subjective experiences to support their clients. In doing so, service providers engage in various emotion management strategies to navigate feeling rules and emotional deviance.

Emotional-Ethical Dilemma Management

What emerges from my interviews with service providers is the numerous ways they navigate their work's emotional terrain through emotion management strategies. For example, the provision of services to clients dealing with marginalization, criminalization, and oppression, while sometimes having lived through such experiences, results in hyper-awareness and often the knowledge of the intimate details of their clients’ lives. How service providers were able to support clients and to what extent their organization had the capacity for such support in combination with systems involved in their clients’ lives often meant providers engaged management strategies for emotional-ethical dilemmas they encountered.

Emotional-Ethical Dilemmas

As Margaret states, this intimate knowledge can stem from mutual trust and respect and also means that service providers are commonly encountering and listening to traumatic realities of their clients' lives:

> They're [clients] comfortable coming to us and telling us the nitty gritty, horrific stories that they, you know it's not always pleasant… but they know that they're going to get 100% from us [program employees], you know and yeah… it can be challenging, but at the same time, it's rewarding.

Here Margaret addresses the fact that having built trust and attending to relationship-building with clients founded on respect and centring their lived experience can also mean that those service providers are confided in regarding historical or current trauma(s). However, her comments highlight how mutual trust and comfort between client and provider can result in providers learning difficult details and circumstances experienced by clients. Some of these disclosures and conversations may also be accompanied by mentions of ongoing criminal activities in which they or their friends may be involved. Service providers discussed various ways of addressing these pieces of information as a way to engage with emotional-ethical dilemma management. For example, Millie describes how these situations are addressed in a non-punitive approach, such as clients admitting they missed an appointment with their probation officer because they were too anxious. Millie explains that clients feel comfortable being that honest because they know Millie and her colleagues will not report to the probation office. However, when clients discuss that they know who was involved in criminal activity, Millie will choose to address the information in the following way:

> Sometimes even if people have gone down the road of like, 'Oh, did you hear about that, you know, robbery of the convenience store?' and we'll be like do you want to keep telling me this story, or would you like to stop. And they're like, 'yeah, I'm not, I'm not going to talk about my friend anymore,' and we're like 'ok good'.

In this way, Millie offers clients an opportunity not to simply not continue with their conversation and therefore avoids a situation where there may be a 'duty' to report to the police due to knowledge about an ongoing investigation. In this instance, Millie and her co-workers do not engage in reporting behaviours nor lecturing clients about their choices, friends, or acquaintances. But rather, she recognizes the current realities of clients in which knowledge of crime (particularly in small-medium size cities) and processes of criminalization are part of day-to-day life for clients. In this sense, by being transparent with clients about obligations to report knowledge of criminal activity, Millie emphasizes her clients' agency on whether they wish to continue telling a story to employ emotional-ethical dilemma management and thus avoid encountering knowledge or information that might be deemed 'reportable' to police. Millie's comments also highlight how she manages this dilemma by essentially voicing to clients that she needs to know as few details as possible.

Other service providers spoke of navigating decision-making about whether clients qualified for programs, as briefly discussed earlier, related to limitations of organizations' work. Katherine, a social worker and service provider, works within a court program, and as a result, this dictates many of the guidelines about program referrals and who qualifies. A legal framework surrounding service provision offers insight into what I refer to as an emotional-ethical dilemma:

> I had a woman last year, and she must have been in the application phase with us for like six months, she would just disappear and then pop up again. And she had an awful life, like she went through things no one should have had to experience, and she really wanted to change; she just wasn't ready to do it yet. She didn't know how to live without those substances…but it's a court program at the end of the day; that's what the lawyers always tell us. Like, we cannot have someone who is actively breaking the law by using illegal substances and who is in the program, and she just wasn't in a space where she could do that yet. And so, that was awful, and I still think about her, you know, and you hope that she's in a good safe space, but that part sucks.

Here, Katherine, whose job is 'the client', faces an emotional-ethical dilemma as she is reminded by the lawyers whose job is 'the law' of what is and is not tolerated or permitted for program participants. Katherine's encounter with this particular client stays with her, and I noticed during the interview that she was more reflective and quieter as she retold this story. It is also clear that Katherine faces the boundaries of her work within the confines of a court program and differently as a service provider whose main concern is the client. When I ask her about what problem(s) she sees she is working against, Katherine[15] states:

> Katherine (participant): Um, competing ethics
> Katharine (researcher): Can you say more about that?
> Katherine (participant): The justice system wants things done in one way and has very specific requirements that compete against a client-centred treatment approach.

Katherine continues describing how she experiences competing ethics by stating:

> At the end of the day, the court or the legal component is going to fall back on risk. So, they [the court] can't continue to support someone where there is risk in the community to re-offend and become a risk to community members…And I can understand where they [the court] are coming from, but that's not my job. So then, that's where that piece competes because my job is that person, is that client. And that's the competing ethic.

Katherine described these encounters as the hardest part of her job and her role in her clients' lives. While they seem to illustrate contradictions in program delivery and eligibility, it is Katherine's feelings about navigating these situations that illustrate how they are emotional-ethical dilemmas for her internally. In part, this is connected to working within a program that is unable or unwilling to be more flexible in its approach to clients. Further, Katherine's experience also highlights how she experiences feeling rules and emotional predicaments within her work (Davis, 2016; Hochschild, 1983). For example, Katherine is doing her job as is required by her;

[15] As I mentioned in Chapter Four, participants chose their own pseudonyms. This participant chose the same name as me but with a different spelling. In this passage, I clarify who the participant is and who the researcher is for the sake of clarity.

however, she experiences a gap between what she feels (i.e., sadness, disappointment, reflection) and what she ought to feel (i.e., the satisfaction of doing her job as expected). In experiencing this gap, Katherine encounters an emotional predicament as she works to internally justify and change her feelings by separating her own ethics from those of her professional role. In this sense, it is not simply the competing ethics of the job that Katherine describes but also the emotional impact on her as a service provider. In these passages, Katherine faces tensions between how she views her role as being client-centred and that of the court program, which relies on assessments of risk in the context of possible law-abiding and law-breaking behaviour(s) of clients. She faces an emotional-ethical dilemma within her work in the gap between her intention at a client-centred approach and the boundaries of legal problems. Katherine navigates the dilemma by employing boundary management and emotional-ethical dilemma management strategies and discusses how she separates her role of managing herself and the client, not legal components or risk frameworks. This example also underlines how emotion cultures within Katherine's employing organization are at odds with how she feels as a service provider within the organization. Further, how emotion cultures are shaped by harm reduction or zero tolerance approaches and policies within organizations.

In the examples discussed, service providers recounted challenging instances and encounters within their work that brought forward tensions between the emotional and ethical dimensions of conducting their work. To mitigate these tensions, providers described using management techniques such as information they should or should not be aware of or separation between understanding their own ethics and professional ethics associated with their employment.

Grief, Loss, and Trauma

Working with criminalized women as they navigate issues surrounding poverty, substance use, motherhood and custody, and historical trauma also has an impact on service providers. Scholars often refer to this as vicarious trauma or secondary trauma (Phipps & Byrne, 2003) and can contribute to higher rates of burnout and exhaustion amongst providers, particularly those in 'front line' work, i.e., working directly with clients (Hopwood et al., 2019; van der Merwe & Hunt, 2019). For example, as Anna shared, "I've worked with women who've been charged with killing someone, who have been charged with sexually abusing their children. That's hard. And sometimes I feel like I don't have anything left to give my family… Like there isn't more emotional work I can do in a day". In the interviews with service providers, I asked them how they cope with this. Beth explains that a supportive network plays an important role:

> I've always kind of been good at separating what I can do and what I'm responsible for. I've never really had like feelings of burnout or like vicarious trauma stuff. I mean I have moments where I've had people die, and I've been sad about that. You know and seeing somebody relapse and been sad about that, but…I tend to have a good ability to compartmentalize, and I also have like a really supportive network.

Here, Beth discusses vicarious trauma as something that has not impacted her throughout her career but explains that she still experiences feelings of sadness when clients experience relapses and when clients have died. Beth was not the only participant who described managing the impacts of her work by considering and separating what is and is not her responsibility. For Beth, a supportive network of people and the ability to compartmentalize work to keep it separate from her personal life are techniques for coping with her job's challenging elements and act as a form of stress emotion management. In another example, Sandra recounts an experience in which a client died at her place of employment:

> We had someone die at [place of employment] …They had pre-loaded [taken substances before arriving for prescribed dose] reportedly. They have told people that they had done that, and it had just been their birthday and they just broken up with somebody. I don't know if it was unintentional suicide, it was just a crisis moment, but they ended up coding in the in the [name of location] about 20 minutes after they had finished their dose. And they were talking with everybody like they were in good enough shape to dose, but I guess they were slowly, things were slowly metabolizing... I showed up just after they finished the code…They were in the ambulance, although I guess they had already passed away, but they were doing what they could up to the hospital.

Sandra expressed her sadness about having a client die. She explains something helpful in this instance:

> A police officer stated after this event transpired 'I don't want any of you to feel like you're doing anything wrong; you're so needed in the community.' And so, it was really, I guess in ways like that, even though that was awful and tragic, to have us be seen at least by the police, as being as being an important service, is doing a little bit of destigmatizing and level which can be highly stigmatized.

Here, the importance of Sandra's work in harm reduction was acknowledged and verbalized by police who attended the call. For Sandra, the external validation of her work also became a mechanism of emotion and stress management. Sandra's explanation highlights how this comment was significant to her. It was a reflection that despite having a client die, the work is important for the community, community members, and clients. In this sense, the external validation also serves to ease the emotional burdens that Sandra experienced in this instance. In my interview with Sandra, it was evident that she was deeply committed to harm reduction work and hyper-aware of just how stigmatized substance use and harm reduction programs can continue to be in the community and by the criminal legal system. The comment by the attending police officer simply highlights an external recognition of the vital importance of harm reduction.

Other service providers spoke about their place of employment contributing to challenges in coping. For example, Regina explains how prisons are not only stressful for incarcerated people but also impact how the staff or in-reach workers can cope:

> The jail is extremely stressful for everybody and even staff who are only in there, 8 to 12 hours a day. Our regular coping mechanisms are often removed too. Like we can't just go for a walk. I told the client that a couple weeks ago, I was really upset in a meeting, and I want it to like, essentially, storm out and go for a walk outside because I knew that's what I needed to do. But there's three doors controlled by main control before I can get outside, so I just storm off and then I get stuck at this door like trying not to cry, but waiting for someone else to…see me and open the door, so that I can go on.

Regina's usual coping mechanism for stress emotion management and feeling upset was to take a walk. However, in her example, she had to navigate the building and door systems to be able to do so, waiting for a door to be unlocked in order for her to pass through. This example highlights Regina's emotional experience of incarceration as a stressful time for incarcerated people and can be simultaneously stressful for people working within these settings. Regina's example also makes visible how stress management strategies can be impeded by providers whose work sometimes occurs within prison settings.

Angela also encountered realizations about her own early life after commencing her work with women and substance use:

> Working here, I've come to realize I had a very traumatic childhood…but before I really related to a lot of people, it was, I didn't know any different… To me, that was just normal, so.

Angela's experience with criminalization, substance use, and subsequent recovery process converge in her work with women tackling these similar experiences. Through working at her place of employment, Angela describes understanding her childhood in different terms and refers to it as traumatic. She states that prior to beginning her work with her employer, she

conceptualized her early life as ‘normal’. In this sense, Angela’s experience aligns with the complex ways that individuals may not refer to and understand events in their lives as trauma, as it is ‘normal’ (Comack, 2018; Covington & Russo, 2011). Angela’s account also speaks to how service providers’ work can provide unexpected self-realization. Service providers’ experiences of grief, loss, and trauma were discussed as common and as experiences that not only impacted them but left lasting impressions. Further, service providers discussed emotion and stress management strategies to navigate these experiences in addition to separating themselves from their work to mitigate their impact.

Coping

Confronting complex experiences, both one’s own and those of their clients, *is* very much the work of service providers. While attention to criminalized women’s coping mechanisms is attended to in the literature (for example, Comack, 2018; Pollack, 2005; Shantz & Frigon, 2010), I aim to also consider coping for service providers themselves and how various emotion management strategies are used in the process. As Anna explains, coping can be challenging when confronting systemic issues:

> I don't necessarily see my role as like a really big force of change for a lot of people, but every now and again, I'm like, ‘oh my god, I got that person housing; that feels so good to be able to like, help that person’…Sometimes it really does feel like I'm wading against a tide, that nothing is ever going to happen, but, you know, lots of times there are some real good concrete stuff I can do as well, like help people get housing, help people get into treatment. So, yeah, that's my role. And I have likened my role sometimes to like, triage. To be like, ‘I'm not necessarily going to be able to meet your needs, but I can direct you to where that needs to go’.

Here, Anna explains that for her, it is important to recognize the contributions she makes at an individual level, despite feeling at times that she is “wading against a tide”. Recognizing her role

in helping criminalized women address some issues while helping them navigate to other services and organizations that specialize in other areas is also important. Thus, Anna navigates the emotional-ethical dilemma of tension between individuals and systemic issues by focusing on individual-level change despite her awareness and understanding of structural and system issues in her clients' lives. In this sense, small concrete actions and changes initiated or supported by service providers become tangible ways of negotiating emotional-ethical dilemmas they encounter. In my interviews, service providers often recounted how system navigation remains an integral part of their work, even if it is beyond the scope of what they were hired to do. Anna also mentions the importance of focusing on successes when they do occur as a form of coping:

> You talk to your co-worker, you vent. And then you come home, and you just compartmentalize, leave it at work. And then you just think about the successes.

Anna's discussion of coping relates to the concept of emotional-ethical dilemmas experienced by service providers. She mentions focusing on successes, and while they were not discussed as being plentiful, providers mentioned how they were important in the grand scheme of their work, to feel as though they were contributing to positive change on some level. Some participants discussed the importance of boundaries and compartmentalization for their emotion management, such as maintaining strict working hours to cope with job-related stress. In this sense, some emotion management strategies, such as intimacy and boundary-keeping, also serve as forms of emotion and stress management. For example, Grace states:

> It's a hard line to walk because you really want to help these families [referring primarily to single mothers and their child(ren)], you really want to reach out, and you know how much they need, but at the same time, you also have to realize that you [service provider] have a life, and you have family…children…a lifestyle, and you need to do that, in order that you can arrive at eight o'clock in the morning and be that perky uplifted person that can deal with the situations.

Florence makes a similar point by stating, “we cannot have, we will not have healthy staff who are putting their work ahead of their own personal health and the health of their families.” Their discussion highlights the role of centring on personal and family health as a way of managing emotions associated with not being able to meet all of their clients’ needs. As Florence and Grace both discussed, this form of emotion management is taught early on to employees through organization policies.

Conversely, for other providers, being available for clients was discussed as a form of success; it meant the client was comfortable enough to reach out.

> I find success, and you know, and someone even calling me at 11 o'clock at night, or on messenger and saying, can I talk? I’ve looked at that as like success, even though they're in a troubled time, they feel comfortable enough to message me or call me at that time and say, you know what do I do?

Here, Quinley cites a client contacting her on messenger while experiencing difficult circumstances as an example of viewing her as a form of support. Notably, there was a lot of variation in the location of service providers, so rural and urban contexts can be helpful here. In more rural areas, service providers such as Quinley discussed this laxer boundary between work and personal life. Thus, a laxer boundary in this case also meant a different strategy to manage emotions connected to meeting clients' needs. A more definitive line was discussed between work and non-work boundaries in more urban areas, even smaller cities or regional hubs. These examples highlight how boundary management is not interpreted or practiced in the same way across organizations, service providers, or regions.

In cases where decisions had to be made by the organization’s managers regarding whether a client could continue to participate in programs, staff did not necessarily agree with one another. For example, Grace recounted a situation in which a mother and child who were

accessing programming at her organization engaged in persistent harassing behaviour toward staff for over six months. Ultimately program management made the decision to no longer work with the woman. The decision also meant that her child could no longer access the programming.

> For some of the staff, they were relieved. Other staff, they're really like, 'what the hell? that child needs us, and we need to keep that child here.' But how can we keep the child here when the parent is phoning us every day or emails that are very harassment orientated that they are very disparaging to our staff, where she's openly told our staff, you know that they are ignorant, hateful people and not just once or twice, but for six months?

In this example, staff struggled to agree on the best way to move forward and struggled with the limits of what they deemed to be unacceptable behaviour within their programming. Grace described the staff being upset about different elements of this experience, with some staff being upset at how the client had behaved and others upset at how management addressed the issue. As Grace's comments point out, her co-workers encountered an emotional-ethical dilemma in part because of the dynamic presenting with the client and in part because they did not agree on how to address the dilemma. In this sense, this experience constitutes an emotional-ethical dilemma because it unearthed tensions in how the organization versus various service providers addressed an issue involving a client. Further, the management's decision produced emotional reactions regarding the 'correct' course of action. This example also underlines how emotion cultures can exist within particular organizations, yet, how an organization's policies and guidelines are enacted by service providers can vary (Fineman 2009). Some staff members at Grace's organization interpreted the clients' outbursts toward staff as the reason or need for their support. In this sense, they felt compelled to show compassion toward the client and that it would be inappropriate to end the working relationship. In contrast, other staff saw the need to end an organizational relationship with this client to protect staff from verbal abuse. In other words,

emotion cultures can become enacted depending on the staff person, provider, or supervisor and their relational understanding of their work and the need to illustrate emotions such as compassion toward clients. In both views of the issue Grace mentioned, service providers had divergent views on what it meant to take a compassionate approach in this instance. In turn, governmentality is evident as a disciplinary force factoring into how staff responded. Grace explains that navigating these complex situations is part of their work, particularly as her organization has positioned itself to deal with some of the most complex cases involving criminalized parents with histories of substance use and child protection involvement.

> It's very difficult to work with individuals who you just say frig I thought she had it, I thought she got it ... But you know, sometimes that's just where you [the clients] are, so we do that a lot…And we try very much to encourage them [staff] to have hobbies that would also outside to leave work. Well, that's not easy, and many of them [staff] take it home.

Anna also explained a similar frustration of continuing the work despite being discouraged in managing dynamics in group therapy work:

> It's been a rough week, just because there's been a few women who are really disruptive in group. And we were like, 'we're trying to teach you these skills, and you're not using them'. Like, that's really frustrating sometimes. And like they're talking about how desperately they need to come to group, 'don't kick me out of group', even though they're being really disruptive, but we're like, 'but you're not using anything we're teaching you'.

Anna's example illustrates some of the challenges and frustrations of working with clients who want to attend group counselling sessions and also struggle with some of the expectations of such sessions.

Anna countered this example with another:

> Every now and again, we'll get an email from a client saying how much we've helped, just even that client who came back after eight years … She told me I'm better than the Ativan [Laughter]. Like that kind of stuff makes you feel good.

Here Anna expresses a rewarding element of her work and the success experienced by a client she worked with almost a decade ago. Anna describes feeling good as an implied management strategy for coping with frustrations she mentioned earlier in the interview. These two examples were discussed in this order during the interview. I note that they follow Anna's earlier comments about venting, compartmentalizing, and focusing on successes within the work.

Stability Seeking and Successes

Service providers encounter numerous challenges that are often beyond their capacity or scope. Given this, I also asked them what drives them to continue and how they define success, which may occur against oppression, marginalization, and criminalization of their clients' (and sometimes their own) lives. For example, Maggie discussed success as moments when clients felt safe enough to reach out to let her know they are using substances and struggling with rent and bills:

> For [name of Maggie's client], she got behind, she got in arrears [on her rent], and so we worked out a safety plan around check day to make sure she paid her rent and paid off her arrears and stuff like that because that is an issue that can get you evicted [unpaid rent]. That and the addiction, so it goes, kind of goes hand in hand…and to change that to help them to deal with that, so they don't get evicted. If they came to us and said, 'yeah, I'm in active addiction,' which some of them are, I wouldn't say, 'oh, you're not getting housing', because everybody deserves housing. Everybody deserves it. Everybody deserves a place to live; nobody should be on the street.

In her statement, Maggie describes success as moments when her work avoids emotional predicaments (Davis, 2016), namely, a scenario where a client would not feel safe enough with a provider to create a safety plan. Instead, as seen in Maggie's statement, when clients feel safe enough to create a safety plan to avoid eviction, the use of trust and relationship management helps to reduce possible emotional predicaments. Other participants discussed how their work

could help stabilize a particular element of their clients' lives, particularly when their work concerns substance use harm reduction.

> We are the giant net that catches as many people as we possibly can that are so vulnerable and then try to figure out, 'ok, let's at least stabilize this part of your life'. Then try to advocate and where we have any power to, help point people in the right direction, help involve other providers in their care, and sort of try to help people figure out how to put their lives at least to a point where they're safer.

Participants explained the importance of harm reduction approaches in their work and the importance of their clients knowing they will not be met with shame. Rather, there are ups and downs in working toward stability in housing and substance use recovery. Maggie explained that offering stability to her clients means meeting them without judgment and focusing on recognizing the progress they have made. In this way, service providers described how these approaches also shape their views of their work and what they aim to accomplish by supporting their clients. By taking harm reduction approaches through their work, providers engage in trust management and stress management strategies to mitigate the impacts and to support themselves to feel good about their work.

> They [clients who have used substances again] go through that shame process, and they feel horrible. I just keep telling them, 'you know what, that's what relapse is, that's what happens' it's not about worrying about what I think because sometimes they do; they worry about if their case manager is gonna be upset with them. I don't get upset; I get more concerned than upset. So, I just always say, 'let's just get back on track.'

The centrality is that harm reduction creates atmospheres, where stability can be attainable as harm reduction practices and principles that guide service provision, become paramount in shaping how service providers respect, hear, and mitigate judgment toward clients. I note that this does not mean that providers do not struggle emotionally with 'meeting people where they are' or with feelings of disappointment. For example, Anne stated:

> Last week clients gave us shit for not doing enough, finding enough housing, and I'd spent the entire week working on that stuff. And obviously they don't what we're doing behind the scenes and so that's how they're feeling like we're not doing enough but we're trying really fucking hard.

Instances like this illustrate how emotion management strategies do not result in the avoidance of negative emotions for providers; rather, they provide pathways for managing and coping. Further, Anna's comments illuminate how providers encounter feeling rules in addition to their awareness that they cannot respond in unprofessional ways (Hochschild, 1983) and how their response is in some ways shaped by their employers' emotion culture (Fineman, 2009). For service providers, harm reduction approaches and philosophies appear to also serve as a way of engaging in emotional-ethical dilemma management. For example, Margaret commented that her work centres on this premise:

> Harm reduction is what we always come back to, even if we can't fix all the things; what can we do today to make it better for today and then we'll work on tomorrow, those sort of things, but it's definitely being a non-judgmental sounding board.

Millie provided a similar comment:

> We try to give people as many options as we can so that they can make a decision that works for them, and sometimes those options are informing them about what they can expect in a system.

As Millie underlined, harm reduction ultimately centres around the provision of choice and options and can create a foundation upon which service providers can support stability for clients (Hawk et al., 2017; Marlatt, 1996; MacMaster, 2004).

Successes

In each interview, I asked participants what success looked like in their work to provide them with an opportunity to discuss the positive emotions that they experienced within their

work. At times after hearing this question, they would pause and exhale to reflect before beginning with a particular story or set of examples of the many diverse iterations of success in their work. I interpreted this reaction from many participants to connect with the emotion-laden nature of their work and their reflection that success is individual and dependent on their clients' realities and goals. Service providers spoke of successes but not in absolute terms, perhaps an artifact of the subjective nature of success and the relative forms of change that providers feel they contribute toward. Rather, they discussed small instances of seeing people as individuals and recognizing their efforts. I place participants' comments one after another to highlight the diverse meanings of success in supporting criminalized women. These different understandings of success speak to the complex and wide-ranging forms of support offered through community-based service provision and the emotional impacts of such work on providers themselves. They also speak to how service providers are commonly engaged in management strategies that may also be interpreted (from the outside) as emotionally deviant or in violation of feeling rules. In the following section, I present a series of excerpts of participants' responses.

Angela:

> I think a lot of people think like, 'oh, that's fine, I'll just, I'll quit using drugs, everything will get better, get the kids back.' Then, once people actually get into recovery, they realize like it's, it's so much more than just stopping the substance like; unless we deal with what's inside, what drove us to the substance, our success rate may not be as high as we hoped. It's never just as easy as 'I'll just stop', but I have seen women come in and get really involved with the center or 12-step groups and get sobriety. I'm actually working with two young women that have their children home now after being in custody."

Sally:

> I think someone who came here recently, who we probably would not have accepted five years ago. So, this person has been consistently going back and forth, and I knew them from first [at another program in the community],

So she came, we accepted her. And so that was, you know, important for I think for her, and even for us too… we're always going back to revisit people who may not have fit our criteria ten years ago and do now, we see some change talk or whatever.

So, they came, they stayed for [period of time in the program], and there was a moment when they truly hesitated about leaving the program when their [time in the program] finished. I think they actually did have an experience where they learned something about themselves that they might not have learned had they come here. I think it was a positive experience that I hope that they will return to at some point when they're further along on that change spectrum. I would call it a tremendous success, someone who was introduced to us and walked away, I think feeling good about the period, the short period time they were here. That was the feedback they gave us when they left.

Beth:

Success for some of them [clients] is the re-engagement with visitation and with kids. A couple women [that Beth worked with] got jobs. One went back to do her GED, so it's really whatever their focus is, whatever they want to do, and if I can help them to do that I will. But yeah, it's meeting their goals…yeah, so success is relative.

Roberta:

I think if the participants feel seen and validated and if they feel supported in whatever their own determined goals are, not those that are kind of foisted upon them, and then I feel like our program is doing its job.

Katherine:

You know, I'm thinking of one client where that was kind of the goal was just to allow her to be confident in the fact that she would not feel that way [struggling] forever. The goal was to not have any symptoms but to recognize those symptoms and to keep them from getting out of hand…It could be a part of who she is, but that doesn't mean it's going to have the significant impact in her life that it does now.

Renee:

People that I've supported that have come back like months later, you know they [contacted organization] initially or maybe they came to a support group. They were struggling with addiction, and you know I see them a year later, and they come back through the doors, and they're in a much, much better place.

Florence:

> Success for me, I guess, in terms of the work is when we actually make a change in the way someone thinks or feels, and that's both participants and the broader community.

Mo:

> I met her [name of client] last year, she was released from [name of provincial prison for women] and sent to [name of community centre in participant's city], did the whole program…and now it's been, a month, I will say that she comes regularly to peer support at [name of program participant is affiliated with]. She is really engaged, always asking me what's going on… She is extremely happy of where she is now, really proud of what she's done, being really involved in the community, so I think this is definitely a big success of someone that succeeds with their social involvement in the community after being incarcerated.

Sandra:

> A couple who have…labour jobs here in there. I don't know how much they were involved in any kind of deep criminality or sex trade work, but still, just barely making their lives work. And again [they were] living outside, and so when they started the [harm reduction] program after a few months, they saved up all the money from their panhandling and they would give it to the pharmacists [in their community] and say, 'can you please hold on to this money for us'. After a couple of months, they had first and last month's rent and they housed themselves.
>
> They were still on income assistance to maintain that, but it just was having a safe space to go, have a schedule that they had to adhere to by coming into the clinic regularly…But just to see people realize that they are more than just their particular trauma, that they have more that they can give and that they want to. Some are talking about going back to school, and we had [one client] whose goal was to finish up the GED and is getting ready to apply. I mean, these are people [with injection substance use histories], but they're able to then shift their focus from just the immediate day-to-day needs to something bigger. So those are those are some of the successes.

Participants' comments illustrate the subjective nature of success, the modest and everyday nature of these successes, and how it is often based on individual clients' goals. Further, that success occurs when their clients can be better understood and supported in their lives. Discussion of success is not intended to negate responsibility from systems that fail to adequately

support individuals. Rather, they are intended to make visible that change can and does occur when people are supported rather than blamed and stigmatized for their life experiences. For service providers, these forms of success also shape and impact how they negotiate to be able to continue their work despite its challenges. Further, these examples highlight how service providers make sense of their contribution to their clients' lives.

I also wish to underscore the importance of community-based and harm reduction-focused work in supporting criminalized women, particularly in navigating substance use, recovery and motherhood. I wish to capture some of the emotional-ethical dilemmas that community-based service providers face in their daily work with clients and, often, against systems. Further, community service-provision work, such as the experiences captured in this research, illustrates the emotion management that accompanies the highs, lows, frustrations and rewards of the work and strategies providers engage with as part of their work.

Discussion

Service providers engage in emotion management strategies to forge trust and relationship-building through interactions with their clients, namely, trust, intimacy and boundaries, resource insecurity, stress (an emotional tension), and emotional-ethical dilemma. Some of these management strategies also involve engaging impression management (Goffman, 1959/2021) by dressing more informally or ensuring to present themselves as their authentic self rather than as dictated by professional dress codes. This is in part because they are aware of criminalized women's often deep ambivalence towards systems and professionals who have been a source of trauma in both historical and current contexts (i.e., social workers responsible for

removing from their family homes as children, lawyers, and judges responsible for delivering sentences in courtrooms etc.).

Some service providers have lived experiences very similar to those of their clients in terms of criminalization, substance use, and mental illness and thus carry both insider/outside privilege in their workplaces (Scharff, 2013; see Wakeman, 2014). In this sense, they navigate both the worlds of service providers and their clients with credibility with an intimate connection to the realities of their clients. Some participants discussed how sharing these experiences with clients in their work served as a trust and relationship-building strategy. Thus, this insider/outsider status also enables them to share their lived experience as a form of relationship-building with clients. Importantly, lived experience impacts how service providers approach their work and involve reflection of 'what worked' in their own life. Further, service providers with lived experience also spoke about engaging differently with intimacy and boundary management as well as trust management, as they often encountered instances where they openly shared their experiences with their clients.

In my interviews with participants, they spoke of the bounds of their work with criminalized women and the challenges and frustrations of being unable to address many of the systemic issues that underpin their clients' lived realities. These issues include poverty and gender-based violence, and solutions are scarce in terms of service providers' ability to address systemic issues. Often, such issues also involve strategies to manage emotional-ethical dilemmas (i.e., referring to the complex ethical and emotion-producing terrain that essentially forms the fabric of service providers' work), for example, focusing on individual-level success and change while confronting structural and systemic issues impacting their clients' lives.

Other emotional experiences voiced by service providers surrounding their organization's ethics and challenges attending to their clients' dignity and right to privacy became apparent. These were evident in confronting requests from funders or opting not to work with organizations in their region due to differences in organizational philosophy. Such examples highlight the predicaments that service providers and their respective organizations encounter and how they employ various emotion management strategies in different ways. In some instances, participants discussed their resource insecurity management strategies, for example, the tension between funding and advocacy and risking going 'too far' in advocacy or failing to adequately push for change in an effort not to alienate funding bodies. Issues related to resource insecurity management also impacted service providers emotionally by adding further precarity and stress to their employment situation (commonly through funding cutbacks, restructuring or pilot programs ending).

Both issues related to service providers' frustrations and funding-related navigation highlight the need for increased and secure funding for community organizations, as noted by many (see Maidment, 2017; Richie, 2001; Shantz & Frigon, 2009), well-funded, supportive services available to criminalized women improve their chances of community success. Emotional-ethical dilemmas then present themselves when service providers are aware of their position or work being contingent on receiving adequate funding for another year of operation. In these and other instances, service providers employ one or several emotion management strategies to navigate their predicament.

Relatedly, my earlier attention in Chapter Two about differences in philosophy between community organizations' alignment with pastoral power (Foucault, 1982) or more radical approaches to meeting clients as they are and centring their experiences as a primary driver with

community-based work. In my interviews, it was the service providers working in contexts involving legal and correctional systems directly or tangentially who discussed emotional-ethical dilemmas most intensely. This was evident in Katherine's discussion of the limits of her program's work as it aligns with and abides by the court and legal frameworks (see Holtfretter et al., 2004; Maidment, 2017). However, at an individual level, these tensions impacted Katherine as an emotional-ethical dilemma in which she confronts the limits of her client-centred approach due to the program framework that she works within. In critical discussions of the ways that community organizations can participate in transcarceration, scholars such as Maidment (2017) highlight how some community-based service providers may become responsible for community-level supervision and surveillance related to women's parole and probation (also, see Maier, 2020b). In these contexts, service providers are not only responsible for care but also potential discipline, adding a further dimension to the ways that their role can be emotionally fraught. I also note that service providers working within programs and organizations that receive state funding are aware of and may engage in forms of resistance in subtle ways wherever possible, focusing attention on their role (the client). This resistance, in its own way, can also be understood as an emotion management strategy.

Emotional-ethical dilemmas are evident in other accounts from participants in ways that extend into their navigation of disclosures of traumatic events by their clients or providing neutral comments to clients who may be discussing their knowledge of crimes committed in the community. Such dilemmas present themselves when we consider how service providers report dealing with vicarious trauma or the death of a client. So too, are they evident in the tensions of how to cope with stressful and complex situations at work and the implications of not being able to 'put it on the shelf' at the end of the day.

Service providers face emotional-ethical dilemmas in recognizing the limitations and harms created by systems while also recognizing themselves as finite resources in the lives of their clients. Service providers' discussion centres on their work in supporting criminalized women at an individual level while working and advocating for broader change at a systemic and structural level. Some of these instances are also evident in the following chapter regarding the overwhelming impacts of poverty and lack of housing.

Conclusion

This chapter establishes many of the dynamics that emerged in my interview with service providers regarding reflections and challenges arising in their work. Service providers' work commonly involves emotion management strategies to navigate various predicaments that they encounter (Davis, 2016; Hochschild, 1983, 1989). These strategies arise from service providers' awareness of and attention to establishing trust with their clients through relationship-building and sharing lived experiences. I also discussed limits to such trust, particularly regarding conversations about stigmatized issues such as substance use during pregnancy.
Interviews with service providers also highlighted the limits or bounds of their work as interconnected to organization mandates and ethics, limited capacity for advocacy, and the implications of funding within these issues. Finally, I discuss service providers' confrontation with emotional-ethical dilemmas and seek to use this concept here and in further chapters to focus on participants' ways of navigating their work. For example, I address the various coping techniques embedded in their organization policies or that they engage in as individuals to deal with the challenging and rewarding parts of their work. In the chapter that follows, I discuss service providers' reflections on the realities of the criminalized women that they work with.

Chapter Six: "I am Done; I can't do this Anymore": Service Providers on/as Criminalized Women

A participant has sent me a document outlining the demographic factors of women in their program since its conception. All names and identifiers have been removed, but I am more struck by one column in the document than any other. The column is titled history of abuse as a child (physical, sexual), IPV (intimate partner violence). All but two women have experienced one or more forms of abuse and IPV.
Almost half have experienced three or more forms of abuse in earlier life and/or IPV as an adult. My eyes drift across the screen to a column outlining the details of each woman's child(ren), their ages, the type of child protection involvement, if the children have their own charges and if they use substances. I'm reminded of how violence in its various forms can be coped with, if only in the short term, by substance use. Yet, the longer-term impacts of violence, substance use, and criminalization are also visible. Some women approach 45 years old. These experiences stretch across much of their adult life.

I'm reminded of early understandings of desistance (Sampson & Laub, 1993). I recently re-read a judge's comments about the need for intrinsic motivation to desist from crime. In the legal decision I am referring to, the judge stated that a person must have enough of it [intrinsic motivation] to be 'successful' in choosing not to participate in crime.

Back to the women whose histories are now neatly organized into columns on my screen: Understanding their experiences through a lens solely basely on motivation is disconnected, it falls short, it erases their trauma as though it didn't happen, as though it isn't intricately connected with our abilities to self-motivate. All the circumstances that have led the women included in this document to their current day and the systems that continue to criminalize them. I remind myself where to direct my frustration. The participants understand; they're doing good work, but sometimes, it happens inside of a system that is so broken. –Journal entry, December 14th, 2021

In the last chapter, I established the emotional and ethical terrain upon which community service providers conduct their work in the previous chapter. In this chapter, I shift the focus to discuss how the service providers consider the issues and dynamics in their clients' lives. I centre their voices here not to speak for criminalized women but rather to offer their perspectives on working in different contexts. As service providers commonly work with multiple or many women at any given time, their reflections encompass the many examples, circumstances, and

experiences they have observed while working with their clients. I discuss the various strategies employed by service providers to emotionally manage their clients and help them achieve their goals. The strategies include readiness for change management, recovery management, identify change management, resource insecurity management, and negative emotion management (e.g., shame). Within these strategies, participants discussed three main themes related to criminalized women. I refer to them as the catalysts for change (motherhood projects and recovery projects), barriers to recovery, and managing emotions. I use the word project to refer to the ongoing learning, goals, and efforts related to how service providers discussed their clients' engagement with mothering and motherhood as an identity. Similarly, I use the word project to refer to harm reduction and recovery as a project, again, an ongoing process for some, with ebbs and flows and self-realizations. As I discuss later, both 'projects' are intricately connected with poverty, criminalization, and trauma.

Later, I discuss service providers' reflections on the various barriers to recovery as they connect to gender-based violence, gendered expectations and patriarchal systems. Next, I discuss participants' experiences of their clients' emotional management against systems in which they are entangled and in interpersonal relationships. Finally, I address how service providers engage in emotion management strategies when addressing trauma-substance connections for criminalized women involving stigma, stereotypes, and social exclusion.

Figure 4. Service providers' strategies for managing their clients.

I do so to develop the argument that stability seeking, and recovery are ongoing processes, often lengthy and complex, and intricately connected to gender-based violence and poverty. I argue these similarly complex processes are deeply connected to motherhood, coping, and emotional experiences and supported by service providers and the strategies they employ in their work. Therefore, consideration and theorization of emotions connected to service providers' ability to conduct their work can provide helpful pathways for understanding how criminalized women can be better supported in communities.

Resulting largely from social exclusion, criminalization and surveillance, criminalized women's lives are often intertwined with various systems, including child protection, the legal and justice system, and social assistance or welfare system. In this chapter, I discuss how service providers spoke of these systems, the various impacts of systems on their clients' lives, as well as their role between clients and systems. To do so, I explore additional themes including between systems and supports, unmet needs. In this discussion, I bring together discussion highlighting the emotionally laden nature of service provision that supports criminalized women and the

tension between service providers' clients and the various systems involved. I centre service providers' experiences who often work between clients' needs/unmet needs and the systems often failing to adequately respond as part of the emotional-ethical dilemmas commonly encountered in this work. Service providers also identify systems as the main source of barriers and unreasonable expectations that fail to recognize the lived experiences and realities of criminalized women with substance use, motherhood, poverty, and trauma histories. I argue that systemic gaps result in ongoing internalized individual failures for criminalized women. Further, service providers, in their role supporting many criminalized women over the course of their work, experience emotional-ethical dilemmas as a result of conducting individual level work against structural realities such as poverty.

Catalysts for Change

Motherhood Projects

Motherhood was discussed in my interviews with service providers, specifically around how their clients discuss and relate to motherhood while criminalized. Many service providers explained that their clients did not have custody of their child(ren). Instead, many of their clients had child protection involvement. In some cases, the women's child(ren) lived in a kinship placement with grandparents, ex-partners, or extended families. In other cases, women's children had been formally placed in care and/or adopted out to families. Many of the women indicated to service providers that they were actively working to regain custody or access to their child(ren) through visitation. Service providers discussed the multitude of challenges that impacted women's ability to accomplish regaining access and how they supported clients throughout this process. Discussion often centred around what motherhood 'looks like' in the context of criminalization, substance use and histories of child protection involvement. Overwhelmingly,

participants spoke about the lengthy and sometimes impossible challenges their clients faced in attempting to regain custody and access to their children. Service providers spoke of various used to support clients such as readiness to change management and negative emotion management. For example, one participant, Taylor, stated: "Generally…there's not a whole lot of success stories, unfortunately, about women getting the children back". Taylor explained that some women she works with eventually come to terms with this, while others do not. Beth described a client who had waived her parental rights:

> She was trying; she really wanted to explain to me that she had to [waive her rights], and that was the best thing for them [children]. But you know she obviously was carrying a lot of guilt and shame just even in talking about that.

Taylor's work largely involved helping her client navigate feelings of guilt and shame resulting from waiving her custody rights. Another participant, Anna, spoke of how her clients have discussed their child being removed from their custody as an act of motherhood. She explains:

> Yeah, a lot of them do come to the terms of, 'I did the best thing by not being there for them' that it was, you know, 'I was doing something for my child'. And that is an act of motherhood for them, that they made a decision. My mom had to take my kids, or my ex took the kids. That was a decision I made because I know that was best for my children. So, I think they very much see that as an act of mothering.

Anna's discussion highlights some of her clients' ways of understanding that their child(ren) is not in their care. Instead, her clients discuss a focus on decision-making as an act of mothering in which they decide it is best for their child(ren) to live elsewhere. Anna describes this view as one that some clients come to terms with, indicating a shift in their conceptualization of events surrounding their child(ren)'s living arrangement and custody. Anna's understanding of her clients' coming to terms illustrates how she witnesses her clients making sense of their emotional predicaments (Davis, 2016). In this shift, Anna's clients seek to reclaim some agency and

reframe circumstances around their child(ren) by saying it was best that they [the mothers] were not present. Bertha explained a similar process:

> Some moms, I think that's how they can gain acceptance and …I would talk to them about that as well...They weren't in a position to provide what the children needed and they needed to work on their own issues first, so that they could get to a place where we could provide what their kids need to kind of build them up for that, so I think… it came from both sides [from the moms and service providers]. Again, it's also a way to increase coping.

Other participants spoke about women they work with who have adult children and are in contact with them. For example, Sandra spoke about the ways that women may discuss their concerns about their adult children's health:

> We've got some women whose sons are living outside, and so they're just really worried about their own kids... And they do talk about it; I mean, they asked me for help if they think one of them is getting sick with something or has an abscess or, you know, one struggling with a lot of mental health issues. Can I help? So, I mean…we sort of help in that more ad-hoc kind of way.

In this example, mothers' concerns for their sons' health are the central reason why they seek advice from Sandra. Despite being unhoused and being enrolled in substance use harm reduction programming to address their own substance use, women continue to mother within this context. Sandra's role in this context is to support her clients in navigating concern for their child(ren) while facing their own complex issues. Another participant, Beth, describes the conflicting accounts that a client she works with will provide in relation to motherhood:

> She would go back and forth between 'my kids love me, I'm their best friend', you know, 'everybody thinks I'm great' to 'I can't believe I did the things I did, I was a terrible'. So that… tortured head of shame and guilt, with a need to tell me that they weren't that bad. And I'll usually say, 'you know I'm not judging you like that'… I'll listen to what you're saying.

Here, Beth describes her interpretation of her client's deep sense of shame and guilt and her own role concerning her client, in which she reassures the client that she is not judging her and is available to listen. Beth is aware of the impact of shame and guilt in her client's experiences and the commonly held expectations and judgments toward mothers. These are commonly enforced through powerful feeling rules and Beth's client oscillates between rejecting feeling rules and experiencing an emotional predicament about her failures as a mother (Davis, 2016; Hochschild, 1983). In response, Beth employs a strategy to help manage her client's negative emotions of shame and guilt. In my interview with Beth, she explained that she never "pushes it" with clients, referring to discussions of topics that she is aware are painful for her clients. Beth discussed carefully navigating occasions such as Christmas and Mother's Day that are typically understood as 'happy' ones at her workplace. She also described this being an assumption on her part and employed a strategy of not making "a big thing" of holidays to avoid creating potential emotional discomfort for clients. This example illustrates how service providers spoke about bearing witness to the emotionally complex terrain of their clients' lives and how they navigate and learn from their clients how to do this in dignified and non-judgmental ways. Further, it highlights how service providers navigate feeling rules in their personal and work lives differently, given that events that might bring joy in their personal lives are actively avoided in work contexts (Hochschild, 1983). The support offered then shifts based on the needs of each client. For example, Iris describes how she supported a woman at risk of losing custody of her home:

> I remember working with one person in particular and the big concern identified by [child protection] was the cleanliness of her home as a risk to the child.
> And there were obviously lots of other things at play, but that's what was on paper, what it was coming down to…so some of my support with that person was…
> 'How can we do this together? How can this be a little bit easier? How can I even help clean your home like before some of these visits?'

Iris reflects on this the type of surveillance and child protection involvement in her client's life based on concerns about house cleanliness. She speaks of this further in relation to her own life by stating:

> You know…No one would ever look at my house this way.
> Because of the job I have… if I own my own vehicle or because of the neighbourhood I may live in, or who my family is… No one is ever going to look at my house [cleanliness], if I had kids there, as a concern.

Iris speaks of the level of involvement and potential power that child protection systems have over women experiencing criminalization, poverty, and other forms of marginalization. In this context, women's behaviours, household habits or day-to-day life practices can become scrutinized to the point that they may temporarily lose custody until the 'issue' is 'dealt with'. Iris juxtaposes her client's experiences against her own life, highlighting that she would not be scrutinized in the same way due to different socioeconomic factors. Iris' comments highlight the deep regulation of criminalized mothers and the interconnected nature of child protection, surveillance, and state power (Ferraro & Moe, 2003, 2006; Kilty & Dej, 2012). Further, her comments highlight how she supports her client experiencing resource insecurity management related to poverty and negative emotion management related to the fear of her child potentially being removed from her care.

Second Chances

Service providers discussed challenges related to their clients' interactions with child protection systems and how clients 'make sense' of losing custody of their child(ren). In this sense, much of service providers' roles involve supporting clients as they navigate various

emotional predicaments surrounding motherhood (Davis, 2016). They also highlighted ways in which they provide support to their clients who managed to overcome unlikely odds of regaining custody or access to their child(ren). Despite parent-child reunification remaining somewhat rare, participants discussed how motherhood as a persisting and dynamic identity contributed in some cases toward readiness to change and identity management and how providers worked to help achieve their goals. In other words, service providers discussed examples in which their clients navigated the shift toward new identity formation via motherhood and did not want to repeat what they viewed as past mistakes. Participants acknowledged that these shifts are part of how they understood moments of positive emotion engagement with clients. In this sense, second chances for reunification provided providers with ease to the emotion management strategies that they typically employed. Charlie discussed a client she worked with who had five children; the first four had been removed by child protection and adopted into other families. Charlie describes how her client focused on keeping her fifth baby:

> She is working full-time now, and she has a home that she's renting to own. Just beaming with you know pride and achievement of… ‘I did this’, and you know ‘I worked hard to get here’ and she has contact with her other children…So you know, there are success stories, but you [as service providers] would love for every person that came for that to be the success story, but you know, we know that that's not possible. I wish it was, but you know it's not always possible to have that outcome.

Charlie’s comment illustrates that despite the success experienced by this particular client, it is not always a possible outcome. Thus, much of service providers’ work is supporting clients through often lengthy and disappointing outcomes. In my interviews, service providers discussed success stories about women creating and benefiting from stability in one or multiple facets of their lives. In part, these successes were supported by service providers. For example, Maggie, a service provider whose work focuses on supporting women and housing, discussed a client she

supported in getting stable housing. Just before securing the housing, Maggie's client had been in detox and, while there, learned she was pregnant. Maggie explains how she witnessed a shift in her clients' motivation as a result of learning about the pregnancy, detox and housing:

> She [client] just kind of did a switch in her head, like, 'I cannot live my life like this anymore, I already screwed up', like in her thinking is, 'I already screwed up once'.

Maggie explains that her client's first child had been living with her parents. However, Maggie described the news of the second pregnancy as a motivator:

> It was just like this switch went off in her head. 'I am done; I can't do this anymore'. And so, I think having that baby was a big motivator for her. So, she went through the detox process. She said it was hell… she said it was just horrible, but she did it. And she never touched a drop of alcohol or drugs or anything after that. Went through her whole pregnancy, did really well and strives to do better every day and …well, I'm very proud of her.

Maggie's client eventually regained custody of her first child as well. The importance of access and availability to substance detox and treatment on her client's terms, in addition to accessing community-based supports to obtain affordable housing, cannot be understated here. To Maggie, her client exhibited motivation to make changes to her life and keep her second child in her care. In this sense, the second pregnancy contributed to the client's readiness to change. Importantly, it was not motivation alone that brought change; rather, it was the intersection of timing, substance treatment, supportive community-service provision involvement, stable housing, and emotion management strategies that underpinned Maggie's client and her subsequent success.

At various points in the interviews, service providers discussed how motherhood and substance use were intertwined. Women's substance use was often a precursor for their child's removal and connected with their own upbringing. In these discussions, service providers indicated that their role involved using a combination of identity management, readiness to

change management, and negative emotion management strategies to support their clients. For example, Anna explained that clients have often said to her, "oh yeah, my mom was addicted, or my dad or whatever, so, there's a lot of connection there…A lot of women even talk about…using [substances] with their dad or using with their mom." Service providers discussed their clientele's awareness of their own upbringing, either in terms of shared substance use or attempting to change patterns and avoid repetition. Regina, a service provider that works with criminalized people of all genders, explained some differences between how criminalized fathers and criminalized mothers discussed their child(ren) and substance use. Regina states:

> It's verbalized more with the male clients that I work with. They actually will say, 'I can't do this anymore because of my kids…if I keep doing this, my kids will go into care; I grew up in care; I don't want that to happen to them'.

In Regina's discussion, criminalized men express guilt for being absent parents more explicitly, whereas, as Regina further articulates, criminalized women are often deemed to lack remorse for their economically motivated crimes, even if driven by a need to provide for their child(ren):

> With the women…I don't know if justification is the right word. Maybe…rationalizing that the crime they've been engaged in is for their kids. So, they are selling drugs, or they are stealing and reselling things, or they're engaging in these criminalized behaviours because they need to have their children's needs met housing, food clothes for school.

In Regina's experience, women will articulate the reasons behind their crimes to explain the survival-based nature of their actions (Maidment, 2017; Mosher, 2014). In their explanations, there is an emphasis on criminalized activities to provide for their child(ren)'s necessities. This partly stems from lower-paying work resulting from lower levels of formal education, gendered prison-based education programs (i.e., incarcerated men can access training for higher-paying employment such as trades), and caregiving responsibilities (Maidment, 2017). This example also illustrates how emotions are experienced and interpreted by others and re-read and

internalized in specifically gendered ways (Feldman Barrett, 2017). As Regina describes, women also cited their children as driving factors for seeking recovery:

> Specific to substances, on the other hand, the women very openly talk about the impact of their substance use on their kids. Their kids witnessing their substance use and their behaviours when they're using and also in terms of their ability to remain free from custody or their kids to remain or return to their care under child protection.
> So, the motivation to stop using is often really driven by their kids and their responsibilities as moms.

What emerges from these comments by service providers is the profound feelings associated with substance use by criminalized mothers. As a result, service providers discussed this as a common topic and need for support. Further, having their child(ren) removed from their care often created a more precarious situation where substance use worsened (Janzen & Melrose, 2013). For example, Beth explained a situation involving one of her clients whose children lived primarily with their father due to her substance use. Beth's client was unaware that her children visited Beth's workplace following a prolonged period of not having contact due to the father's attempt to protect their children. Beth explains how missing this visit contributed heavily to a downward spiral for her client:

> She just went into a full relapse which has gone on now for months, and she's very, very close to doing something that she can't come back from, and it's all related to that access to her children and the guilt and shame around what has happened. So, it's really hard for her to get back on track because she can't. She's just trying to push those feelings of guilt and shame away and just to feel like it's not like wanting to jump off a bridge all the time.

Beth alludes to her clients' pain, guilt, and shame about her lack of contact with her children. Realizing she had missed a visit after not having contact for an extended period exacerbated her substance use and, as Beth explains, it has been very hard to 'get back on track'. The precarious nature of attempts at stabilizing or stopping substance use is influenced by Beth's client's sense of failure as a mother. Beth's client faced an emotional predicament in her response to past

events related to motherhood and substance use and continued internalized shame associated with confrontations of perceived 'role failure' (Davis, 2016). In a sense, Beth describes her clients' deep ambivalence toward what she 'ought to be' of as a mother based on dominant emotional scripts (Reddy, 2001) and the realities of substance use in her daily life. In this example, Beth's role is to support her client with negative emotion management resulting from limited contact with her children and internalized sense of failure as a mother. Beth's engagement with emotion management strategies highlights how she works to provide context to her clients' internalized role failure in light of her emotional predicament. Service providers' comments offer insights into the motherhood-substance use-survival connections that connect with poverty, histories of trauma, and attempts at recovery.

Recovery Projects

Substance use recovery projects is a term that I use here to refer to the multitude of ways that women may consider or seek to stabilize or stop their substance use. They may do so through various methods, including cessation or managed consumption programs such as managed alcohol and opiate agonist therapies, among others (Evans et al., 2015; Paulsy et al., 2018; Strike & Watson, 2019). Service providers described supporting their clients' goals in through several strategies including recovery management, negative emotion management and identity change management.

During my interview with Anna, she exclaimed, "by the time women get to prison where I work with them, all bets are off". Anna was referring to the progression of criminalized women's substance use by the time they are incarcerated in pre-trial custody or serving provincial sentences. In Anna's experience, such progressions in substance use were also

accompanied by aspects of lifestyles that are often deeply criminalized, particularly for people living in poverty. For example, Bertha mentioned how the 'lifestyle' could bring women into view of child protection systems not being able to afford a babysitter while partying or socializing with friends and instead having children present in the home. Thus, the partying 'lifestyle' encroaches on parenting responsibilities that come under child protection surveillance but ultimately stem from a lack of financial resources.

Service providers discussed their clients' recovery as much lengthier than they may have initially anticipated or expected. In this sense, the lengthiness of stability seeking amongst clients also reveals how service providers' engagement in emotion management with their clients is also a lengthy process. This is partly contributed to by the numerous elements of women's lives that may need support in stabilizing, such as secure housing and access to treatment. It is further contributed to by systems that place expectations upon them, such as abiding by probation or parole conditions or child protection that pushes for treatment related to substance use. Thus, emotion management strategies were also employed for longer durations of the service provider and client relationship. As Maggie explained:

> Ok, if you want your child back, [child protection] might say, 'ok this is what you need to do to get your child back in your care', and one would be, 'you need to go to recovery work, or, you know, some kind of recovery treatment. You…have to visit once a week every week, you have to follow through on this'. So, we'll [as a community organization] give them a list of things they need to do. If they don't follow any of it or do any of it…it's a process, though, because they [child(ren)] go into care for like three months, then they'll go into care six months, they'll extend it, and then they'll just keep extending it.

The relationship between motherhood and substance use treatment was evident in the interviews with service providers. For example, Maggie's comment highlights how as a community service provider, she can sometimes offer clients tangible actions that child protection is asking the

client to address. However, in her role, Maggie only supports clients in the community and does not report or enforce child protection's statements to her client. Thus, her role is to support her clients' emotion management and overall stability, largely through housing supports and check-ins.

Service providers spoke of the need to offer support and make their clients aware of their options but also highlighted that individual agency, readiness, and insight were important elements to whether their clients might be ready or not. For example, Anna discussed the limits to what she can offer clients. She highlights that despite external pressures from family or child protection systems, ultimately, an individual's readiness needs to be considered.

> You have to be the one to make the change. It doesn't matter who says what to you; it doesn't matter about your children; it doesn't matter what you are telling me as a service provider; it doesn't matter what your mom says. You are the one; you have to want it; you're the one who has to make the change. And like, you then have to do the reaching out to the service providers, to the supports, to all that stuff. But it's all about you.

Anna draws attention to the individual readiness required for recovery. The presence and availability of counselling, recovery programs and detox facilities are essential, but individuals have to 'want' recovery for themselves, not simply for others. In this sense, while Anna can help emotionally manage her client to help them achieve their goals, it must be a mutual interest from both parties. In this sense, mutual effort and interest is important because many community-based programs are self-referral, to be completed by choice and commonly avoid imposing goals on clients. Service providers in turn may understand mutual effort as a mechanism for emotion management related to readiness to change and identity change. In my interviews, I asked participants about identity management and readiness to change management when supporting clients. Katherine explains that this desire to 'want' recovery is important but so is insight.

> That's a big thing. They [her program] focus a lot on readiness for change, so it's part of our screening process. But I also like to remind folks that readiness is subjective and waxes and wanes; it's not something that's constant. So that while that's part of the indication for me, the biggest indication is insight and effort. So, what insight do they have into their addiction? How did it happen? And what were the benefits, what were the harms like if somebody can't tell me any benefits of their addiction… there were things that you got from using.

Katherine discusses readiness as both subjective and something in a state of flux rather than a constant. With this in mind, Katherine emphasizes personal insights about her clients' substance use. She acknowledged that reflections about substance use in this context often require relationship-building and deeper conversations.

> If they're [the clients] like 'there were no benefits', and I'm like then, 'why did you continue to do it?' …If you're only seeing negatives and there's no benefits, so why did you continue because even if it's just to keep myself from going into withdrawal, that's a benefit…So, I take readiness insight and effort; those are kind of my three things that I look at today have an insight to they know what treatments are like, do they know what it's going to require… Can they identify some of some of the barriers, or can they…even identify some of the things that scare the crap out of them about living life without substances? Or what that process is going to be, and then like to what extent have they made an effort to address some of these concerns that they have.

Katherine clarifies what she means by effort:

> That doesn't necessarily mean treatment, although treatment is lovely. But it means like just any kind of effort, what have I done to learn about addiction? What have I done to learn about what is available out there? Have I even just Googled things and that kind of things? Have I talked to somebody who's been in recovery? …Did I talk to my family doctor? All of those things…that's effort.

It is the combination of insight, effort, and readiness that Katherine relies on to decide if individuals will successfully finish the program where she works. She is quick to clarify that completing a program is not, in many ways, the goal. Rather, the benefits are for the individual and related to stable housing and access to treatment. In this sense, Katherine supports her clients to achieve their goals through emotion management strategies, even when the client's goals do

not result in the completion of the program. Thus, part of service providers' engagement in emotion management also involves the reality that clients may not be ready for their program, may opt not to complete a program. Further clients may not pursue a service provider and client relationship or may make choices that are at odds with service providers' assessment of a given situation or dynamic.

Insight was also raised in my interview with Angela. With lived experience in seeking substance use treatment and recovery, Angela spoke about her awareness of the power of denial that can impede recovery, especially in its early stages. Given that Angela's role in her clients' lives means sharing her own experiences, Angela navigates this carefully due to the power of comparison and denial.

> Sometimes I actually, I worry that my story might be a bit more extreme than that, so sometimes I will point them in the direction of another staff that might be able to relate to them more because I've had women come in, and if I told them my story, they would be like 'whoa' like, 'I'm not that bad'.

Angela refers to her awareness that women may hear her story and 'compare themselves out' based on how they might interpret Angela's experiences or how substance use impacted her life. A critical piece of Angela's work emphasizes how substance use affects individuals' lives differently and encourages reflection that substance use may be a symptom of underlying pain or trauma. For example, Maté (2008) refers to substances as "emotional anesthetics" (p.34) that can offer temporary numbing of pain and trauma. Similarly, Comack (2018) discusses criminalized women's substance use as a form of coping and living with their trauma histories. Service providers' comments on their clients' insight into their substance use invite them to gauge their current understanding of if and how substance use might serve as an emotional anesthetic. Katherine's comments also underline how she asks if they might be ready to deal with life

without such anesthetics. Because of her lived experience and reflections on the impact of denial early in her own recovery process, Angela carefully navigates situations by sometimes referring clients to another staff member. In doing so, she avoids potentially alienating clients if her story may be 'too different' from clients. In this example, Angela manages how she employs identity management strategies to support her client as she does not seek to overshadow or influence their identity change process or goals. The focus is on how substances may impact clients' lives rather than on comparing themselves or their stories.

> Angela: So often, young people they come in, and they look around, and they compare themselves out, or especially sometimes women that come in, they do a lot of their drinking at home because they have children, they wait until the children go to bed, they drink at night, so they're not out there, getting arrested and stuff, so they compare like they see their problems as so much less than because outwardly it might not look the same as others.
>
> Katharine: …It's like it's coming in a different package…
>
> Angela: Yeah, I like that …'coming in a different package'…Some of us are just kind of more beat up from transit [laughter].

Here, Angela discusses her awareness that individual readiness can be impacted by comparison to the experiences of others. Angela expresses that she is aware that the experiences of some women seeking substance use support may differ from hers. To avoid alienating women by having them 'compare themselves out', she sometimes seeks another staff member to speak with the client. Angela's comments also highlight the reality that women seeking support for their substance use may do so without having experienced criminalization, incarceration, homelessness, or violence. For some, they perhaps never will. For others, Angela notes that those circumstances have not happened 'yet'. The 'yet' that Angela is referring to is commonly discussed in the program of Alcoholics Anonymous (1939/2013), which points out that comparison between life circumstances can be a particularly unhelpful point of attention. Rather,

program literature encourages individuals to acknowledge that circumstances may not have happened to them ‘yet’ but could, should they continue drinking. Overall, service providers’ discussion pointed to the complex work of supporting clients by encouraging various emotion management strategies to be engaged by their clients. In doing so, they seek to provide mechanisms for navigating the emotionally fraught experiences of motherhood and recovery projects and commonly experienced emotional predicaments (Davis 2016).

Barriers to Recovery

Many of the service providers I interviewed explained that criminalization was interconnected with substance use in complex ways for their clients. Within these interconnections, they spoke of how barriers to recovery occurred. Mille stated:

> So many women talk about not even being able to think about the sobriety project because they're stuck in such gender-based violence and victim-blamed by systems who are supposed to help them.

She explained her point further to provide context about the ongoing process of victim-blaming. In her explanation, Millie recounted what clients have stated to her:

> You know 'I'm trying to work with child welfare again. I'm sober,' but it's never just 'I'm sober' it's always 'I'm out of that relationship; I'm looking for an apartment.' It's always a mixture of that lens of independence and control over their lives. 'I'm working with child welfare; I have my kid. So, I'm working on all of these pieces for myself so that I can be with my kids again'…For the moms that do have their kids, there is a very clear distinction about when they use substances and how they use them to be the best mom they can.

Here Millie notes the ongoing interconnections of substance use and coping as her clients work toward seeking recovery. Millie describes their actions as attempting to make independent choices while living under surveillance and, to an extent, control of child protection. In this sense, control results from the child protection system's ability to limit or end access or custody of women with their child(ren). Thus, women's sobriety or self-management of their substance use hinges on the status of their custody arrangements or access. Service providers discussed their awareness of clients' partners and the violence and control experienced by their clients at the hands of male partners. Quinley explains:

> I had a young mom; she was 16, and the father of the baby was 29. From the time I would get to the home until I walked back through the door, he sat at the table, he listened to everything, and I do not think it was for the information of, say, our prenatal information. It was to guard her from what she was going to say. When we had group sessions, he

> would be the only male that will come…I've had males come to group sessions before, and I welcome them [with] open arms, no problem. But you just got this feeling that he's there for all the wrong reasons.

Quinley describes her awareness of her client's boyfriend's control over her communication with Quinley as a service provider. Quinley recounted dealing with the situation carefully as she was in her client's home and thus, felt she was at higher risk of potential violence or outburst. In addition, she worked to have her client attend programming at her workplace with other moms, yet her client's boyfriend also accompanied her there. Here Quinley describes control and surveillance experienced by her client within her relationship in addition to external surveillance from outside systems.

Margaret's comments below outline how her clients often experienced violence and exploitation by men. She further describes how the onus of responsibility for women to get their child(ren) back and get sober is placed on them without providing meaningful ways to do so. Further, it often occurs in the context of violent relationships:

> To them [child protection], they're [clients] with really shitty boyfriends in really shitty houses, who have no interest in letting you get your kids back anyway… Before you can work on sobriety or motherhood, that's a huge barrier…the predominantly cis men, shitty men in the picture, you know, and unfortunately, I've seen that used with child protection, here in this province to put all the onus on the mother to say there is nothing that says the man can't be there, but you can't have your kids back until the man leaves. You know… not empowering that mother to say, 'hey, you gotta go…you gotta get out…you're the problem'. Instead, they tell mom, 'no no, you're the problem because you won't get rid of the shitty man' and will not give her any powers get rid of the shitty man…
>
> They're [child protection] still punishing the mom who's also the victim of domestic violence, causing the whole thing, so we're re-victimizing the victim, rather than empowering the victim to make her circumstances better…That cycle then often leads to …the sobriety piece where mama is so traumatized that what else is there to do for her you know, what else can she do you know she's in a shitty house, but with a shitty man. Facing never seeing her children again, so you know, whether it be drugs, alcohol, whatever, that's all they see that they have left.

In Margaret's comments, she describes the burden of responsibility and blame being placed on mothers rather than on support and tools to work towards improved conditions. Margaret and other service providers' discussed resource insecurity management and negative emotion management to navigate supporting their clients in these situations. In this sense, responsibilization messaging emerges in which women are held responsible for poverty, experiences of violence, and precarious housing. Yet, the circumstances largely beyond their control become a source of blame placed upon them (Kilty & Dej, 2012; Mosher, 2014). Conversely, for women who have custody of their children, Katherine also describes how responsibilities as a mother impeded their ability to access substance use services and treatment:

> It would be harder for my female clients to drop everything and go to a live-in treatment program than it is for my male clients...I hear a lot from women like, 'why can't I do this for my kids' like, 'I need to do this for my kids, why am I failing? why can't I?' Because the kids are the are the big motivator, and I do hear that from male clients, but far less.

Katherine refers to clients' internalized blame and shame due to their continued use of substances and the implications that ongoing substance use carriers once they are involved in child protection and/or criminal legal systems. Katherine discussed how she responds to clients' comments, such as those above, by explaining how women can experience additional barriers in seeking substance treatment, programming and services for mothers in particular. For example, mothers with children in their care may be hesitant or unable to seek live-in treatment given childcare responsibilities. Similarly, she pointed out how many programs and services do not include childcare options. Here Katherine employs strategies to manage negative emotions and recovery management for her clients. Unlike women who are not criminalized or involved in child protection systems (CPS) that seek to reduce or stop substance use, those who are criminalized and CPS involved also carry an additional burden. By experiencing setbacks or

failures with their substance use recovery, they realize that they also risk losing access to their child(ren). Compounding this are feelings described by some participants that substance use can worsen when women in these circumstances experience such setbacks and thus use substances more heavily or often to numb. On the day Regina's client was arrested and her child taken into child protection, she asked Regina, "how could I choose drugs over my kid? In this incident, Regina acts as a sounding board for her client's feelings of stress, shame, and failure as a mother. As Regina explained, it took time and their working together for her client to realize it was not so straightforward. In the moment, however, there was an overwhelming amount of guilt and shame recounted by her client. This process involved Regina supporting her client by managing her negative emotions and understandings of substance use and recovery. Here, Regina recognized the context of her client's emotional experiences and worked with her to explore these experiences together. This example speaks to the power of feeling rules shaping how we understand what it means to make particular choices, have experiences, or feel 'too much' or 'too little' in response (Hochschild, 1983).

Criminalized women face multiple barriers in both their attempts to address substance use and in regaining access or custody of their child(ren) (McCormick et al., 2014; Wolfson et al., 2021). Service providers recounted that not many women are, in fact, able to regain custody, a theme that is also echoed in the literature (Kenny et al., 2015; Wulczyn, 2004). On the occasions when reunification does occur, past criminal charges and court conditions can continue to create further barriers. Thus, part of service providers' role is to manage clients' expectations against the realities of systems entangled in their clients' lives. Maggie's client, a young mom, was facing theft charges from three years earlier. While the matter moved through the courts, her client was able to stop using substances, sought treatment, and stayed sober for over a year.

Maggie explained that her client had gained stable housing and saw Maggie weekly for ongoing housing and supportive check-ins. Maggie describes what happened next:

> But now her charges have come up. She has to go to court… I've sent a letter stating that she has her housing; she works with me every week for supports in different areas because…we don't want her to go to jail. We want her to…get house arrest because if she goes to jail, her housing is gone. If she goes to jail, her CPS worker is going to, you know, take her child and…put him in care. And she's also in the process of working on getting her daughter back in her care. So that will go out the window too…So, we're crossing [our] fingers. The judge wants her to do jail time; the courts want her to do jail time. You know, it's kind of like that, 'this is too many times, so we're going to bring the hammer down'. But the lawyer, and her support system is trying to not allow that. So, we'll see what happens, and hopefully, it won't because…if that does happen, she's going to end up back in addiction. Possibly, she will end up homeless again…Then she's got to start all over again. And she's even said, 'I don't know if I have the strength to start all over again', which I totally understand that, like, that would be really difficult.

Maggie describes the toll that incarceration disruptions would take on her client. Even a short custodial sentence for non-violent charges such as theft could result in her losing housing and custody and disrupt her social support network. Maggie's client receiving a custodial sentence here presents an enormous setback that could also derail her sobriety in the past year. Maggie described how her client voiced being unsure if she could 'start again' if she experienced such a series of setbacks. This comment alludes to the challenges of moving beyond survival mode in which futures can be difficult to imagine as resources and energies are directed toward immediate survival needs. Other service providers spoke of the impacts of survival-mode living on their clients. Some described this process of the constant fight or flight as a mechanism in which women can 'get lost in the fight'. For example, Sally discussed survival in relation to women's own early life experiences with child protection:

> A lot of women who ended up in care and in the system from a very young age. [They] leave the system as soon as they could…So, leaving the system at a young age…I think there's a drive, and there's a connection to family that women have that's so powerful, whether it's their children, their parents, their siblings… I know part of that is just being

> socialized into what it means to be a woman and a caretaker, and a nurturer, and all that kind of stuff.
>
> And I think the drive to that does not allow them to kind of step away from that and live a different kind of life…They spend so much of their time fighting for either their parents or their siblings or their partners or their children that they kind of get lost in the whole kind of mess that exists.

Sally relates the early life experiences of many of her clients in child protection systems contributing to the need to 'fight' for their siblings, parents, and children as adults. In other words, a fight in the tension between people and systems has and continues to impact them. I explore the tension between people and systems further in the following chapter. However, presently, I consider how the relations between people and systems can contribute to both interruptions and disruptions in recovery and motherhood. Service providers described how they work to emotionally manage clients even when the goals they are working toward (e.g., regaining custody of their child(ren)) are rarely successful. Further, they discussed how their clients' emotional experiences as deeply entangled and entrenched in their experiences of systems—entanglements which then contribute to recapitulations of coping and potentially self-harming behaviours, including substance use.

> You know, a lot of women talk about it [substance use] like as a self-harming kind of thing because like, that's one of the things that we do ask about is if you engage in self-harming behaviour, and some women will talk about drug use, as self-harming.

Anna recounted a client saying to her recently, 'I was like, slowly killing myself'. As described by Anna's client, substance use acts as both a coping mechanism and a form of self-harm. In this sense, Anna's client describes substance use in Maté's term of "emotional anesthetics". As Comack (2018) articulates, substance use in the lives of criminalized women connects to "trauma-producing social conditions" (p.85) of their earlier lives as evinced earlier in discussions

of living in survival mode and fighting against systems. Participants' discussion illustrates the connection between substance use amongst criminalized women and the interpersonal challenges they encounter in the context of broader structural and systemic factors. In this sense, it becomes evident how service providers' various strategies to manage their clients and support their goals still occurs within and is contextualized by structural barriers. Further, emotions as gendered, socially, culturally shaped experiences are implicated and managed in intrinsic, interpersonal, and social structural situations.

Managing Emotions

Participants spoke of the social isolation and loneliness commonly voiced by their clients. For some of their clients, this was a result of changes they were trying to make in either recovery, in desisting from crime or some overlap. For example, Bertha recalled working with a mother who had been using substances, partying and had a violent boyfriend while in her previous job in child protection. Bertha and another social worker would be called to the house because the mom's child was in the home during some violent incidents. Bertha recounted what her co-worker said to the mom:

> One time, he [Bertha's co-worker] had been saying to her, 'you really need to find different people to associate, different friends, different partners…particularly those that don't have criminal records for starters' was what he had said to her. And the mom just looked at him and said [name of social worker], 'I don't know a single person other than you guys doesn't have a criminal record'. So…they're so entrenched in that in those different like systems and in that criminal lifestyle…I was told I couldn't associate with any of my friends; how do I then go and try to find another type of, another type of group to hang out with? That would be a huge struggle.

Bertha's client voiced a reality shared by many people seeking to avoid further criminalization and/or abide by court conditions and/or seek recovery in the context of criminalization. As a

result of the persistent nature of socioeconomic disadvantages and stigma, it is a common experience of criminalized people to lack networks or support for people without criminal records (Shantz & Frigon, 2009, 2010). Giordano et al. (2002) discuss this challenge in relation to individuals seeking and imagining a new self. Bertha's client, however, highlights the challenge pragmatically. Her comments also indicate her awareness of her emotional predicament (Davis, 2016) in that she realizes the gap between what 'is' and what 'ought' to be in a normative sense. While she may wish to change this feeling, she may be unable to. By having Bertha's co-worker voice his recommendation of finding new friends and contacts, preferably without criminal records, Bertha's client highlighted the challenge of this task. Bertha recognizes the struggle by imagining being told similar, if not unhelpful, advice. The comment by Bertha's (then) co-worker also brings into focus Margaret's earlier comments about child protection systems placing the onus of responsibility on criminalized mothers without the tools or supports to make meaningful change. The response from Bertha's client then illustrates just how difficult making change can be.

Another provider, Iris, discussed how the criminalized women she works with have managed to remain composed and practice emotional restraint in light of their ongoing circumstances:

> I have had so many interactions over the years, and this is not to demonize the people who are doing frontline work and [child protection work] because I know they're mostly women, they are overworked, they are largely underpaid…however, I have been in so many instances over the years supporting people who are interacting with that [child protection] system, and I feel like I have learned so much from others who displayed the most amount of restraint and emotional regulation that I think I've ever witnessed in my life…You know, I like really wanted to flip tables, you know and like yell at people because they're talking about removing other people's children.

Iris' comments bring attention to her client's ability to maintain their composure while facing the possibility of having their child(ren) removed from their care discussed in their presence. Interactions such as this undoubtedly bring about feelings of deep ambivalence about the process and amount of work required to make changes and regain control over their child(ren). Iris, as a community service provider, recounted her own feelings of anger and the desire to 'flip tables' as a result of her shock and the cavalier nature of discussing child custody. The interaction described by Iris embodies Hochschild's (1983) account of emotion management in the face of unequal exchanges that become the 'norm'. As Iris describes, her client faced a difficult conversation in a situation involving child protection systems and managed her emotions in line with the systems' expectations and dynamics. Further, as a service provider who described her life in relatively privileged terms, Iris describes her instinct of wanting to react strongly and openly by 'flipping tables'. In this example, both Iris and her client engage in their own emotion management while Irish also acts as a support person for her client. Iris' comment highlights that how in instances such as this one, mutuality of emotions experienced by both service providers and their clients when interacting with systems.

Participants discussed their clients' deep sense of internalized failure related to the circumstances of their lives and their struggle to accept the past. For example, some described how the accumulation of situations combined with substance use, criminalization, and shame and stigma related to motherhood coalesce. In these instances, service providers practiced identity change management and negative emotion management. Mo describes talking with her client about making peace between the past and present:

> I had a good chat with [a client] recently, and she just started crying and being really emotional about it, and she felt extremely ashamed of her past and like there, they had no way we could talk about it, and I [said] 'oooh…you need to do some work…you need to apologize to yourself, for what you've done and it's all right…look at where you are

> now.’ But for her, it's almost that she was two different people. And the past could not be a part of her present.

Here, Mo discusses the importance of forgiveness of self with her client and encourages doing so as an act of kindness and a way to move forward. Mo identified that her client struggled with feeling ashamed but also felt a need to separate her past self from her current self. I reflected on these comments following my interview with Mo and decided to include this in my line of questioning for other interviews. Later, in my interview with Renee, who shared with me that she had a history of criminalization and substance use, I asked if she identified a past self as separate from her current self. Renee’s response:

> For me, it's a different self. And a lot of people at my work wouldn't say that, and for me, I was like, really, really unwell. And you know that included mental illness and addiction, and I did get arrested…but I had an incorrect diagnosis, and once I got into a psychiatrist and got the right diagnosis and was treated, I've been well ever since.
> So, there was really like a distinction of like this black and white line of my unwell self versus my well self, whereas a lot of people don't have that a lot of people it's much more blurred.

Renee also discussed a clear line between an old and current selves. In her words, these are her unwell self and her well self. I followed up by asking her how she reconciled between her past and present self now that she feels well and is in recovery.

> My un-managed un-wellness definitely led me to do things that I wouldn't do now and are like completely not anywhere near what I am now. And so, in my head, it's kind of like my mental illness being un-managed and not diagnosed right, and stuff like that didn't put me in a place to be able to manage those situations the same way that I would now. Like I did the best that I could with how I was feeling, how I was doing with the resources I was given.

Renee’s comments suggest that she was able to reconcile and better understand her behaviours, choices, or actions of her un-well self when she put them in the context of the resources she had available at the time; however, she was limited. In her experience, having a correct diagnosis

provided her with access to stabilize other parts of her life and thus create the distinction between a former un-well self and her current self. Hochschild (1983) describes our authentic selves, who we *really* are, as having no singular definition. Rather, a sense of 'real being' is within. For Hoschchild, an authentic self is fluid rather than fixed. Thus, we live in a continual state of becoming. In examining shifting identities related to substance use and associated labels, Kilty (2011) similarly argues that identities are not fixed. However, on a practical level, stigmas related to substance use and criminalization can shape post-incarceration experiences and identity shifts in relation to accessing housing, employment and social relationships.

Service providers discussed the stigma as a central factor impacting their clients as both criminalized women, substance users, and mothers without custody of their children. These experiences are intricately linked with one another and tied to systems they encounter and are underpinned by lived experiences of trauma.

> The crisis of gender-based violence is huge, and in part of that stigma about not only violence but also things like poverty…and so that trickles into all kinds of other areas like housing, food insecurity and also the ways in which poverty and experiences of violence are criminalized… I'm thinking of also the way poverty and experiences of poverty and violence. The way [child protection] operates in some capacity to penalize parents, specifically mothers who have experienced violence, who are fleeing violence or who are living in poverty.

Iris explains the tendency to penalize and responsibilize criminalized women and mothers for failing to change the circumstances in which they find themselves and, in turn, further stigmatizes them for 'falling short' (Kilty & Dej, 2012). As a way of working against this tendency, Marilyn also explained how harm reduction approaches of the organization that she works for aims to de-center the client as the focus of the 'problem':

> I think it's kind of hard sometimes for them [clients] to… kind of get their head around the fact that they're…not the problem, alcohol is not the problem, it's…other people's attitudes about what constitutes like normal or quote-unquote normal consumption, I

> guess. But I think that… a lot of people… are kind of going through some sort of… growing and learning about their relationship with alcohol as well, in terms of also being able to access the service that is harm reduction focused and is not necessarily pushing people to be abstinent too.

While it is well established that substances themselves can cause substantive harm to bodies and mental well-being (Maté, 2008; see Miller & Gold, 1993), Marilyn's explanation of harm reduction frameworks around substance use de-centers the individual as the 'problem' but also the substance itself. In doing so, Marilyn describes the opportunity for people to engage in harm reduction approaches that may or may not involve abstinence and thus depend on the client's personal goals and circumstances. However, Marilyn's comments also highlight the power of society's normative assumptions of substance use and what constitutes 'misuse'. Such assumptions of 'normal' then contribute to establishing what is 'abnormal' and, in turn, stigmatized (Goffman, 1963/2009). These comments also illustrate how recovery management on the part of service providers can be employed in unexpected ways. For women, such assumptions and stigmatizing responses are often rooted in gender-based expectations around being 'respectable women' or 'good moms' (Reid et al., 2008; Wells, 2011).

Service providers spoke of the barriers their clients face daily and their work to destigmatize substance use and/or help-seeking behaviours whenever possible. However, they also spoke of the complexity of such attempts as addressing one element such as substance use often requires addressing underlying factors such as poverty. Sandra stated some of her goals in harm reduction work:

> To destigmatize people as much as possible. So, I like to, every once in a while, in a group, we'll ask people what their superpower is, and I always say that mine is the ability to see through all the kind of the defences to really see, you know, see the light inside everybody and that's probably why I like doing this work and can do this work.

Sandra's comments highlight her ability and strength to see clients' unique strengths, thus further amplifying her capacity to separate clients' circumstances or stigmatized identities from their core inner selves. Her self-described 'superpower' is also a type of emotional management strategy, namely trust management and negative emotion management for herself and in turn her client(s). Sandra's comments underline how service providers interviewed make sense of their work, in part, by getting beyond client defences. This type of harm reduction work focuses on stabilizing a particular element of a client's life circumstances, understanding that all forms of the recovery process are lengthy and require complex responses (Aston, 2009; Evans et al., 2015). To that end, Sally also spoke of the challenges of addressing clients getting through daily life and broader issues such as their wishes to pursue recovery or to regain contact and relationships with their child(ren).

> Where do you start chipping away at it?... People don't have enough money to live; they don't have jobs, they don't have accommodations, they don't have consistent supports for housing, for food, for cool clothes, like for the things that everybody else has... So, I think when you don't have all of that stuff, the basic stuff, how can you expect that people are going to thrive and, and explore, whatever it is they want to be, safely…I think your options get very limited very quickly.

Sally discussed the numerous basic needs and items that her clients often go without while also facing expectations by systems as a society to rebuild their lives. For criminalized women, researchers argue that well-funded community organizations are paramount to increasing their chances of overcoming barriers in the community (Maidment, 2017; Shantz & Frigon, 2009). Yet, as I the next, the ongoing tension in service providers' work with criminalized women is between clients and systems. Further, the expectations by systems on clients to improve their circumstances and community organizations attempt to meet clients' needs on limited financial budgets and mandate constraints.

Taylor on her client Melissa's experience

I recently had to testify in court for Melissa, she actually had three children, and the first two were in care and were adopted, and this third one had been taken from her and her partner when he was pretty young. He was only probably a few months old. Melissa was fighting; she had gone through many years of going to treatment and then failing and then back again to treatment again. Then she started when she connected here [Taylor's place of work] for [name of the program for women who have children in foster care]. So, I met her maybe two and a half years ago.

Melissa and I started to do individual work, and throughout the process, she was involved with child protection. In my opinion, she wasn't perfect; that would be expecting perfection, but like she was committed to doing whatever they told her to do…She had a fight on her hands; she always had a new [social] worker; she had workers who were really hard on her, and this is from what she was telling me.

But I do know that her turnover of workers was crazy…and it got to a point where it was so tangly. Because of COVID, she was supposed to go to court, like a year and a half ago, to see if I can call back, and they kept putting it off putting it off because of COVID, so that was out of her control. During that time, Melissa actually decided to go and get herself back to treatment, and I helped her get back there, so she did the full program and came out.

Then she would need to get a job because they [child protection] told her you need to get a job and do normal things, show that you can be a productive member, so she did everything they [asked]. Then they told her to quit because her schedule conflicted with the foster parent.
So, she was not available, and that didn't look good because she wasn't showing up to her visits, so she quit her job and then, then they said about her partner, and her partner went and tried to get help and get counselling….At one point …Melissa called the child advocate because she said she couldn't figure out what else she needed to do in order to prove to them that she was on the right track.

They [child protection] stopped doing her urinalysis, and she was insistent that they do that because she was clean, but they were still suspicious of her, but they wouldn't resume the urinalysis. So, I challenged [child protection] around that. And then…the repeat turnover of the workers and…at the end, she had court in October. So in late August, I said to the new worker again, 'What is it that she's not doing that she could be doing more of?'…and she [social worker said] 'well, nothing at this point, we're done with her.'

I said, 'Oh, so she can't do anything more to you know further her case so make it, you know, like and she [social worker said] no, I said 'so you're essentially washing her hands on her,' and she said pretty much. I thought, wow, this is her social worker… Anyway, she didn't have legal counsel. Early on, when she was trying to get her legal aid lawyer to help her to answer the questions, they were not available for a number of months, so Melissa basically said, 'I'm done with you,' and then months later she had to reapply, and because she was working, they said

you're making too much money which was at [name of discount store employer that pays minimum wage].

So, she couldn't apply for Legal Aid, and they were taking into consideration his [Melissa's partner's] income, which was like seasonal [construction] stuff, and she said, 'we're not rich; we don't have like a $40,000 retainer, we can't afford a private lawyer'. So she went to court, and they said, well, you're going to have to represent yourself. So that's what she did. It was her and her partner, and I was subpoenaed to court because I wrote a letter on her behalf talking about her progress and her involvement in all the groups that she was doing or individual counseling.

It was like really awful to see Melissa and her partner sitting there and the judge saying, 'it's your turn to ask questions now'… Melissa [said] 'I don't know what else to say, or …what to ask', and she was very prepared and a lot of ways, she had all kinds of paperwork.
She challenged every single thing that was in the documents [from child protection] … They [said] 'she missed this appointment' and … she said, 'that's because I look back, and this is what happened', she basically defended everything. It was awful to see.

They even asked me because I talked about systems failing her, and they [the court asked] 'what systems? What systems could possibly have failed her?' and I [said] 'Number one, she's representing herself, and she had a grade nine education, her partner had grade five or something. It was horrific. The good news is they [child protection] didn't have much of a case, and she did get [access to] her kid back… I think he [the judge] gave her six months for increased visits, so I think she went from two visits to five. They were all supervised and now they're only partially supervised they're looking at going to weekends overnights and stuff like that.

Between Systems and Supports

Participants voiced their role in the lives of criminalized women in the following ways: sources of support, system navigators, system translators, stabilizers, and advocates. Service providers recounted the numerous ways in which these roles took place. Further, their accounts highlighted the strategies they employed to manage their emotions and the emotions of their clients in doing so. As I described earlier, emotion management strategies employed by service providers commonly involve mutuality and shared effort between provider and client. Often, service providers described situations in which their work and roles in their clients' lives brought them into contact with systems such as child protection, legal and justice, and social assistance/social development. Some service providers explained that they were once employed

in various ways (e.g., work term placements, previous full-time work) within these systems. They described the inside knowledge they held about such systems, policies, and procedures as an asset when supporting clients in their current work. For example, Taylor stated that she knew when employees were not giving her clients accurate or complete information regarding their eligibility for social assistance due to her previous employment. She explained that she uses this knowledge to encourage clients to insist on follow-up or will contact the department herself to advocate on behalf of her clients.

> I see people with glasses that are taped off or like glasses, with no other arm [on the glasses] …and I'll say, have you called [social assistance]? And they'll say, 'well, the policy is that eyeglasses [get replaced] once every three years.
> But, as I know, here's the other piece, the person (the client) calling up has very little leg to stand on when they ask themselves, but if a social worker calls and says, "I'm advocating, for you know for [name of client] and her glasses are broken and aren't functional for her. I know it's not been three years, but can we get an exception?" That's when somebody can take that to a manager and get it approved. But [the client] calling up on her own, they'll get "No, you haven't got three years in yet, call back in two years' time when you're done, you know when your three years is up." That's what kills me.

Taylor describes her ability to advocate by requesting exceptions to policies such as one pair of glasses every three years due to knowing the system. Taylor engages in resource insecurity management to address her clients' needs when confronting policies that could otherwise result in living with broken glasses for the coming years. However, her comment also highlights the impact of realizing that her clients are not always met with the same reception if they advocate on their own behalf. Taylor describes this as a struggle point and a realization that impacts her by realizing that without service provider involvement or advocacy, her clients could wait years with broken glasses.

However, another participant, Katherine, described the challenge of having her clients rely too heavily on her as an individual. She stated, "I can't build a relationship in which they

[clients] rely on me because I'm not forever. So, they [clients] need to be able to build those supports and systems because I'm going to go away; I am a finite support." Katherine's comments address that while her role in clients' lives is important, there is also a need to ensure the client understands the supports and systems available. Given the scope of service provision, service providers' capacity to meet their client needs, and uncertain funding futures for organizations, Katherine's comment forms the basis of genuine concern voiced by participants I interviewed. In part, Katherine's view stems from a dependency on systems instead of individual service providers to mitigate potential impacts on clients due to program restructuring, loss of funding or staff positions, or employee turnover. However, in another sense, Katherine's comments underline how she engages in resource insecurity management regarding herself, her own role, and other service providers in similar roles. In doing so, she recognizes herself as a finite support in the lives of her clients and encourages them to understand and systems in which they are involved.

Many participants described policies and approaches of systems in their clients' lives, choices and circumstances as profoundly problematic. For example, Margaret explained that in her role, much of her work results in pushing back on systems when advocating for clients. But, she stated, "the problem….is systems, with a whole of Ss on the end," referring to the multiple and interconnecting systems involved in clients' lives. Millie similarly described system interaction and dynamics in the following way:

> [Systems] are the hardest because we can't control them, we can't fix them, we didn't build them, we can't always unbuild them very easily. But they're the things that we have to navigate with such limited power, even when we're [service providers] supposed to be the people to fix it.
>
> You know there are times we have to say to people we don't have a magic bullet; we don't have a magic wand. I wish you [the client] had all these options. The system sucks. I'm sorry, it should be different. So what are we [as a society] going to do, because it's

> not, what are we going to do because we're in it? I think that is the hardest part which also feeds into criminalization, policing, prisons.

Millie describes her feeling of relative powerlessness between dealing with systems and having to explain to clients that many policies and practices of such systems are beyond her control to change. Her comments underline the neoliberal leaning approach of many systems. Further, such approaches may include attitudes towards individuals' powerlessness and circumstances as entirely of their own making and thus also entirely within their control to change and improve. In this view, the individual within the system is understood as the problem rather than the system itself. In turn, individuals' circumstances and experiences become individualized, and the people themselves are responsibilized for failures of systems, and thus, at fault for their own misfortune and, ultimately, their own destiny. While service providers' comments illustrate the neoliberal leaning of systems, they are also suggestive of how service providers' engagement with emotion management strategies fit within governmentality approaches.

Other participants described their frustration with continued investments from governments and systems on symptoms of underlying social inequality, which are too downstream. Sandra explains:

> So what I feel like I'm fighting against is the depth of investments that are, in this particular case, the provincial government and somewhat municipal governments have made, in terms of where they choose to spend that is so, based on stigma and old tropes of what substance use is, what poverty is, what addiction is, that it's perpetuating the pain and suffering of people. It's perpetuating and incredibly expensive investment, like jails, you know ER [emergency rooms], hospitals, like this far, far downstream end.

Sandra's comments address several issues, including the tension of government policy and spending based on 'old tropes' of substance use and poverty rather than contemporary research. As she points out, funding has been focused on building new prisons in her province and

examining emergency room costs due to substance use. These issues relate to insufficient government funding, historically stigmatizing issues including substance use and manifestations of social inequality such as homelessness and petty survival-based crime. On a broader scale, there is a failure to address further 'upstream' issues, namely through social spending, affordable housing, social enterprise and employment initiatives and harm reduction approaches (Chun & Gavigan, 2014; Ericson & Haggerty, 1997; O'Malley, 1992). Instead, 'downstream' funding is reinforced by political systems and heavily reliant on policing and carceral strategies (Chan & Rigakos, 2002; Chunn & Gavigan, 2014; Ericson & Haggerty, 1997; Hannah-Moffat, 1999). In this sense, issues remain understood as individual and 'solvable' through responsibilization discourse and strategies. Service providers such as Sandra and others that I interviewed are ultimately employ strategies to address the 'downstream' impacts in their clients' lives. Yet, they also spoke of the predicaments they face as they recognize that without structural change, many of the experiences in their clients' lives persist.

Stigma

The involvement of and surveillance by various systems in the lives of criminalized women are accompanied by expectations of normative behaviours, choices, and goals and the lasting implications of stigma. Forms of surveillance include social assistance worker home visits, snitch lines (to report suspected welfare fraud), child protection worker visits, probation, and parole officer visits, among others. As described by Livingston (2021), structural stigma, is particularly challenging to address as it involves stigma that circulates through systems and is embedded within systems and institutions. For example, Florence described the impacts of the broader community's awareness of an individual's criminalization and how it can 'mark' not

only the criminalized person but their children and family members. In this context, the attitudes toward an experience (criminal legal system involvement) operate as a form of stigma and impact how community members treat individuals.

> There are long memories in community. If my father was involved in the criminal justice system, then somehow, I'm guilty. For the rest of my life…We have generations of family that live, oftentimes in the same homestead or the same community, and we are all guilty of our parents' discretions, and oftentimes our grandparents as well.

Florence's comment underlined the lasting impacts of clients' stigma and was described by participants as internalized and accompanied by shame and blame. Further, her comments highlight how service providers are also community members and may arrive in service provision work with preconceived notions, ideas, or stereotypes about clients in their community. In this sense, service providers may have to actively negotiate and manage their own feelings of judgment around clients' past or present actions. They also do so while working with clients who commonly exhibit the impacts of internalized stigma themselves. As Margaret described, "When people are having a really hard time, a very large percentage have completely internalized all the shame and stigma and blame on themselves." Another participant, Millie, described a similar experience in which criminalized women compare themselves to other non-criminalized women with different life circumstances:

> [It occurs] especially within gendered environments for women to do comparison that women do against each other all the time. [It is] socialized, you know 'that mom is over there and I'm here' so it's internalized and also this constant comparison to either someone or an idea of someone is a constant weight on individuals.

Millie points out that some internalization occurs as part of a broader practice of women comparing themselves to others with internalized stigma originating in the perception of not 'measuring up' to women without criminalization. Service providers explained that the

comparison and self-responsibilization of life circumstances occur at an individualized level in which structural and systemic barriers are out of view. To respond to these dynamics, service providers employ negative emotion management by discussing and exploring these feelings with clients. As described by Anna, the complex issues criminalized women face are numerous and culminate in feelings of abandonment and loneliness.

> [The primary issues are] housing, homelessness, poverty, drug use and just like a lack of connection with community. A lack of connection with good, stable, supportive people. A lot of women talk about feeling really lonely, that kind of stuff, feeling really lost, feeling stigmatized, feeling abandoned, all that stuff. Like not feeling connected to a community.

Anna describes lack of connection as a significant issue her clients face that contributes to additional stigma. Other service providers echoed this sentiment and related it to the challenges of re-entry. It is what Shantz and Frigon (2009) refer to as ‘pains of reintegration’. Participants described the challenge in addressing underlying issues while clients face external attitudes, judgment and stigma that further limit their employment and housing opportunities.

> I wish that I could give everybody the option of having a job. I wish that everybody could access employment because a lot of our people want employment. And it's such a small town that their name would, they would just be ruled right out from that [employment], so that's hard.

Beth explained that employment barriers remain an issue she wishes she could better address in her role and in the broader community due to ongoing stigma related to having a criminal record and gaps in employment history. However, benefits of employment (particularly adequately paid forms of employment) are linked to an increased sense of stability and can begin to address stigma related to poverty and receiving social assistance benefits (Shantz et al., 2009; Sheehan et al., 2013). Thus, adequate employment can act as a mechanism for addressing stigma and social isolation and exclusion.

System Expectations

System involvement in the lives of criminalized women brings with it various expectations and levels of surveillance otherwise not engaged in for individuals and parents not involved in legal/justice, child protection, or social assistance/welfare systems. For example, social assistance recipients are commonly expected not to live with partners or roommates without reporting to the government department. In doing so, they risk losing some of their income (Chunn & Gavigan, 2014; Mosher, 2014). Individuals involved in the legal system commonly face court-ordered conditions involving rules prohibiting otherwise legal behaviours such as being out in the community in the evening without a curfew (Turnbull & Hannah-Moffat, 2009). While parents involved in child protection often face expectations by systems they cannot meet as noted in the earlier narrative of Taylor's client. Such expectations may include having stable employment. Once obtained, the parent is identified as less committed to regaining or maintaining child access or custody when their schedule (in commonly low-paying and low-choice employment) limits their ability to attend visits and meetings with child protection during work hours. Grace describes an experience involving a client and her child in which her client had successfully found forms of social support and community but was forced to choose between forms of support already in place and what child protection deemed acceptable.

> We have one family that came to our [name of] program; they came to our [name of another] program, as well as our [third name of program]; they had three children.
>
> The youngest has recently started grade two…They were involved [in the legal system] and had their children taken into care, and then their children were housed at another agency that provided foster care. Those parents, the father, had been in the criminal system and so had mom, but for petty things, so petty theft, for example. What happened, though, is child protection wanted them to become perfect parents. Nobody took a look at the educational level of these individuals, their background or their trauma. Mom had been beaten countless times by her own parents and had not had a good time in school.

> Dad definitely has FASD, which he is now finally been diagnosed with. He had spent time [in federal and provincial prison], but they had been together, and they formed a cohesive support system for each other. So, mom was able to not get involved too much in the criminal acts, but dad continued with that criminal acts. Mom was told by child protection, "you have to leave dad if you want your kids back."

In Grace's explanation of this experience with her client, the mom was told she had to choose between her partner or being able to work to get her children back out of foster care. The system, in this sense, placed her in a position of having to choose between one form of support or another. Grace explained this further:

> The choices that they [the child protection system] put women through with regards to you have your children or you have this support system we're going to take your support system away so you can have your children but who's going to step in and support her that she feels safe with? It's her support, her view of the support. So guess what, we know the mom started drinking more. We know she started because one of our staff runs the local store where she buys her beer. It's a small town, and you know. So guess what? Mom still does not have her children back, mom lost visitation [for a period of time].
>
> At this point, mom has visitation back, but she does not have her children back. Dad is out of the picture… however, he's still around. But the expectations that they [child protection] place on individuals without realizing what the traumas they've had. And then the trauma of being involved in the criminal system just compounds that in many ways. So they don't get that, and then you've got this system that puts these expectations that are way too high. Lower the expectations for this person can have some successes to build on, because if not, they're right back in the criminal system.

In Grace's view, the unreasonable expectations of the child protection system were key contributors to her client's relapse. The expectations described by Grace are shaped by systems which fail to recognize lived realities of criminalized people and that their social systems may include those who are traditionally stigmatized (e.g., partners with criminal records). Further, child protection policies regarding having a mother choose between a partner or the possibility of regaining custody of her children contribute to individual expectations that ignore lived experience, trauma, or relationships that may, in fact, already be supportive but fail to fit with the

systems' expectations. As Grace explained, her clients in these situations will often say to her, "'It's too much of a struggle, it's too hard, they asked too much of me'." Similarly, Taylor's recounted another situation involving a client who recently had a baby, and the infant was taken into foster care from the hospital.

> The judge ordered that she should have access seven days a week to breastfeed and connect with her baby, and when I asked her about that, she said, 'Taylor, they don't give me days a week because they have short staff is what they're saying. They don't give me, seven days a week; they set up the setup taxis are supposed to have taxis for me to get to the baby up at the [name of child protection building]'.

Taylors describes what happens when her client calls for taxis:

> They say, 'we don't have any authorization for that, you have to call your social worker', then it takes two hours to get a hold of a social worker…Then the social worker says, 'Oh, I'm sorry I forgot to set that up.' And then she'll get up there [to the building to breastfeed], say 45 minutes after her visit was scheduled, and they'll say 'sorry, you only got an hour and 15 [minutes] left'. This is the kind of stuff that goes on.

Taylor indicated that she spoke with her client's social worker, who stated, 'well, it wasn't court-ordered, it wasn't written on a piece of paper, so really we're not bound by that, even though the judge did recommend it [verbally in court].

The incidents recounted by Grace and Taylor illustrate the impossible nature of the expectations placed upon criminalized mothers in which they are held to a standard they cannot meet. Further, they highlight the emotional terrain upon which service providers are working with clients navigating negative emotion management and systemic pressures. In this sense, the expectations imposed by the system appear to place criminalized women already deemed by the state to not be 'good mothers' into scenarios that are near impossible for them to succeed. These realities also impact how service providers' work with their clients and manage the emotional

impacts of supporting clients while facing the impossibility of systems. While service providers may be unable to address systemic issues related to child protection systems, they work to provide sustained support to their clients. Thus, service providers actively engage in emotional-ethical dilemma emotion management strategies when operating between the realities of their clients' lives and the system entanglements. In situations where a mom currently has a child in her custody, but the child protection system is involved, service providers discussed the practice of providing foster parents with resources and supports rather than the mom. Iris explains:

> I remember it was kind of like being floated on the table as an option [child removal] (but could very easily be perceived as a threat) was that this kinship agreement looked like the child going to stay with a family member for an undefined period of time, and if that were to play out that way, the family member would receive money for childcare stipend and groceries, and I remember the mother saying, 'if you have this money. I could use money for childcare' and things like that would actually alleviate not all but many of the issues that are being identified here.

The comments by Iris' client to child protection workers stating she could benefit from an additional stipend to help with childcare and groceries underline how foster placements are privileged over and above biological families in these situations. Further, Iris' comment illustrates how the realities of poverty experienced by criminalized mothers can bring them into view of the child protection system. Yet, it is not the needs of poverty that will be met by child protection. Instead, children can be removed from their mother's care and placed in foster families, who will then receive financial compensation. The nature of the child protection and legal systems' involvement in the lives of criminalized women is such that they have limited options in the face of unequal interactions. If they resist the systems involved in their lives too strongly or fail to meet the systems' expectations in any way, they risk losing access or the ability to regain custody of their child(ren). Despite this possibility being discussed with Iris' client, she remained calm and composed, advocated for herself, and indicated that she could

benefit from additional financial resources if available. The dynamics evident in the experiences retold by service providers highlights how clients manage these emotional experiences in the face of unequal exchanges (Hochschild, 1983). Yet, they also underline criminalized mothers' ambivalence when interacting with systems. As Reddy (1997, 2001) articulates, experiencing such ambivalence can occur when individuals are, despite their attempts, unable to move into dominant emotional scripts (e.g., Iris' client being perceived as not able to embody child protections' notions of a 'good mother'). Further, service providers recounted their own inner conflict in being aware of the pervasiveness of these issues and their clients' experiences. Navigation of system expectations placed upon their clients and their own work to support and advocate for their clients simultaneously also placed them between systems and supports. Their experiences illustrate their ongoing emotional-ethical dilemmas in which service providers recounted managing their own emotions, engaging directly with systems on behalf of their clients and their involvement in their clients' attempts at emotion management.

Unmet Needs

Service providers that I interviewed spoke of the challenges faced by their clients between their individual experiences, systems that are involved in their lives and the pervasive unmet needs that they continue to face on a daily basis. In addition, participants spoke of the resulting competing challenges and setbacks faced by their clients. For example, custodial sentences, however brief, contribute to women's children going into foster care and thus creating the need to continually start over once released. Maggie explains the disruption that incarceration, particularly for single mothers, creates:

> 'You're in jail; we're [child protection system] putting your kids in foster care'. That's going to happen. If nobody in the family wants to take that child, that's what will happen,

> and it's not to say she'll never get her child back, but she has to work for it again. So, just from my experience over the years and seeing this continual cycle happen with women, that's what usually happens. As soon as the housing falls through, everything else just falls. Just gone. If you're in school, you end up out of school. If you've lost your kids, you're having to fight for them. If you end up in jail, then you're having to crawl your way back out of that to get housing, to get funds, to get everything right. So, it really does have a big impact.

As a result of the continual setbacks and internalized failures, Anna describes the use of substances as both a coping tool, a numbing agent and a form of self-harm.

> Most women [I work with] talk about using drugs as a way of numbing; they don't want to have to feel anything. So that's what it's about a lot of the time. And I mean, clinically, therapeutically, I connect drug use to trauma. You know, a lot of women use [substances], they start using as a coping mechanism, then it gets kind of out of control.

Anna's comment illustrates how her clients may manage emotions through substance use, a way to cope with feeling *too much* or *too little* (Davis, 2016; Hochschild, 1983). In other words, service providers' witness how clients may use substances to manage negative emotions, while working with them to provide other forms of support. Sandra also explained substance use as a coping tool to numb to pain related to children and custody:

> Most of the women…in our program don't have the kids in their care…and how painful it is to see when you do talk to them about just the incredible pain of not having their kids in their lives. Or if they have their kids, they have substance use disorders often, and just the pain of that. So, that is something pretty specific to women.

Substance use or the "emotional anesthetics" described by Maté (2008, p.34) creates a short-term escape for an individual. However, the ongoing criminalization of substance use speaks to broader unmet needs of criminalized women and mothers via system failures to offer supportive integrated options that are trauma-informed and address harm reduction principles and women's responsibilities as caregivers. Without ready access to such alternatives, systemic gaps continue to be internalized as individuals' failures. Service providers thus support clients in ways that aim

to providing bridging to address systemic gaps while also encouraging clients to not internalize systemic failures as their own. For example, Margaret described her experience interacting with her clients as they experience such internalized sense of failures.

> It just becomes giving up and being a write-off saying, 'yeah yeah, I am a shitty human. I don't deserve a good relationship; I don't deserve a good home. Apparently, I don't deserve my kids, I don't deserve this, I don't deserve to live, and so I'm going to do all the harmful things I can do to myself to punish myself for.'…That's some of what we see and what makes people sometimes vulnerable to them saying yes to other choices that are less helpful in their lives…I really try to draw that distinction, one of the women when I went [to prison] said to me… 'do you think we're all a bunch of bad people in here?'
>
> …I took a breath, and …I said, 'I think you're people who made bad choices, and you may not have had good choices to choose from. You may have had bad choice versus bad choice to make. I don't think that's anything against you as a person, you may have chosen the lesser of the two bad choices, and you still ended up here, I don't know.' But I think that's something really important is about having better choices for people who are stuck in some really ugly positions.

Margaret's comment about "really ugly positions" that criminalized women experience highlights the level and complexity of unmet needs. Such needs, including poverty and lack of housing, require more comprehensive and care-based approaches which recognize the severe limitations on choices that many women continue to face. In this sense, unmet needs exemplify the ways in which systemic gaps remain understood as individualized issues.

Poverty

In large part, poverty underpins many of the other challenges and barriers experienced by criminalized women and discussed by service providers. Participants discussed poverty as a fundamental element that impacted housing, employment, child custody, criminalization, food insecurity, and education. Poverty ultimately affects the stability and the ground upon which a person lives their life. With persistent poverty comes precarity and impacts in the short, medium

and long term (Chunn & Gavigan, 2014; Maidment, 2017). As Margaret explained, "We're fighting against the poverty which leads to everything else."

Another participant, Quinley, described poverty in the community as a serious issue impacting women's ability to buy food and clothing for themselves and their children:

> Poverty is definitely an issue here. Definitely, they [clients] can only stretch their budget, so far, obviously.

Grace described the implications of poverty and the life histories of clients that she works with:

> They're [clients] coming from poverty, or they're coming from illiteracy, where they… have not gotten a lot of education or they've had barriers to education.

Unsurprisingly, low literacy and formal education levels create barriers to employment opportunities, particularly those that pay a living wage (Flynn et al., 2011). Marilyn described how this contributes to criminalized forms of employment such as profiting from petty theft, sex work or non-reportable forms of income such as cash businesses in cleaning or unlicensed childcare services.

> They [clients] have what you might call… a precarious or criminalized employment, that are non-reportable, I guess you could say as well, like sources of income and things like that.

Service providers discussed how from a systemic level, poverty is perpetuated and not fully adequately addressed. Millie explains:

> It's because the system was never built for you [the client]. The system was never built for people in your situation. It isn't meant to catch people who are already precariously housed, who are already in the shelter system, who are already street-based, who are already using, who are already living in the dire poverty that this problem allows.

Millie explains how systems can fall into providing surface-level 'fixes' without addressing underlying issues and relates this practice to the system never truly being intended for people living in precarious conditions. Similarly, Sandra related the criminalization of poverty to the criminalization of substances.

> So, advocating for decriminalization [is important] but really trying to turn, and you know this, this has pluses and minuses, but I try to reframe substance use disorder as a health care issue and decriminalize it as much as I can, and decriminalize the people and focus on the criminalization of poverty. So, a lot of the problems are not about the drug.

Sandra's comment relates to her framing of substance use disorder or substance use generally in health care terms that impacts individuals across socioeconomic statuses, genders, and ages. Yet, substance use in combination with the presence of poverty is often accompanied by and interconnected with the criminalization of poverty. Thus, she aligns her work with aiming to decriminalize and address both issues.

Housing

Poverty is not experienced as a standalone issue. Rather, it permeates into many other elements of daily life and overall well-being. In my interviews with service providers, they overwhelmingly discussed the lack of safe, stable, affordable, and dignified housing for criminalized women. This gap in housing is not unique to Atlantic Canada (for example, see O'Brien, 2001; Richie, 2001), but it was discussed as a persistent unmet need in the Atlantic provinces, particularly given the vast geographic area but the relatively small population (compared to western provinces). Housing is a fundamental element that, while so needed, many other elements of criminalized women's lives hinged upon it (Maidment, 2017). For example, without an address, women are often unable to apply for government benefits such as income

support upon release from prison. Without stable housing, women cannot have visitation or custody of their children in their residence.

Further, child protection often cited lack of housing in this context as a reason that children should not be placed or returned to their mom. As Iris explained, much of her organization's work focuses on advocating for "basic things like access to resources, housing, food security. That everyone could live in safety. And really just like have their basic needs met." Due to a lack of adequate, affordable and safe housing, women often resort to living in environments with violent partners or facing exploitation in order to maintain a roof. Iris explained how common these realities are within her organization's work:

> We see disclosures of violence every single day, and we know that that is probably the biggest gendered crisis in the province because it does affect housing, it does affect people's work, it does affect people's mental and emotional and physical safety and well-being. It does affect mental health and addictions and substance use and affects people living in poverty, so those are experiences that we see kind of across the board.

Service providers discussed the lack of housing available for women upon release from prison. Sally explained:

> There's so much uncertainty and scariness about where people are going to go or what it's going to be like when they go there…The whole idea of prison is about the loss of control over your personhood and everything. And then, wanting to get out of prison and go to another place where you have no idea if it's going to be any better or worse.

Women released from prison may not have another place lined up and can quickly become under-housed or end up living outside. Sandra explained how women in these scenarios could engage in survival sex in exchange for safety or the ability to stay in an unhoused man's tent.

> This is obviously a concerning area, especially for women who are under-housed. The concern of what they're having to do to stay in the various tents that they're staying in. There's sort of this need to be protected by a male when they're living on the street. And you know, in terms of what sort of negotiations have to take place, what sort of sexual exploitation that they likely face in order to be able to be safe, on the street. Taking one

> for the team is some stuff that I've heard; it's just awful. So, there certainly is sexual violence, and these are amongst some of the people that I care about deeply, but I also know that they are [male clients that she also works with] perpetrating sexual violence as part of this kind of street negotiating. So there certainly is way more exploitation of female-identified people in that role when they're vulnerably housed.
>
> Some of the folks have engaged in sex work to be able to acquire medication to stay out of withdrawal. I don't know of any males that have; I'm sure it's possible, I'm sure it happens actually quite a bit, but the ones that have been a little more, like I said, being a primary way for them is usually women.

Sandra's experience of working with under-housed women highlights the further ways in which they may experience other forms of violence or exploitation in exchange for safety and survival.

The vast majority of participants identified housing in its various forms (e.g., supportive housing, sober living, housing for moms with young children and babies) as requiring additional supports, funding, and oversight. However, Millie explained it is the system that holds the most ability to fundamentally shift women's opportunities and limit experiences of violence.

> In terms of system change, absolutely: housing, housing, housing. Dignified, safe, affordable housing. But beyond that, I don't think you can have [that type of housing] without the teams like [name of organization and programs offered] so triple, quadruple the amount of staffing, to be able to actually support people through the horrible structural abuses and oppressions that they have had to face already. Putting them in a space where they can start to work on all of the baggage that they have been given. But having people to be there along the way with them is essential.
>
> Then it's not so much services that we need but services that we don't [need]. No presence, no policing as they are currently. [Instead] alternatives that are community-based and community-led to deal with harm and complex violence that care for people and that don't put people in cages.

As Millie points out, gaps are not only problematic within systems but also too many services that are not needed or helpful. Millie explained that it is not simply housing required but adequate supports once people are housed. At that point of stabilization, other underlying experiences, memories, and issues may surface. Sandra explained a similar experience:

> The supports once housed, specific to a newly housed person, just don't really exist to the same degree that are needed. And I say that because we've had a couple of people that have gotten from, you know, living very rough, onto treatment, got them housed, got other stuff lined up, and they just crashed and burned like crazy once they're housed…and [they say] 'I don't want to go through that again' and it's understandable.

Sandra explains that several people she works with have ended up living in a tent in the woods in the city where she lives.

> So, it's interesting how housing can destabilize people, and I think it's mostly because the demons are the only ones with them at night at home. They don't have to spend so much time on that kind of crazy wild ride of acquiring whatever they need to be able to stay out withdrawal and then all the action, adventure, distraction, all that kind of stuff, is kind of gone if there are.

Sandra's comment underlines the need for supports *after* housing has been obtained. It can be a period of time in which individuals are no longer under the same forms of stress and survival as when they were un-housed and can find themselves facing underlying issues. Sandra discussed the need for expansion of 'housing first' models in Atlantic Canada. Housing first refers to individuals' human right to have housing regardless of income, criminal record, substance use, employment, or education. This approach is lauded by housing advocates (Cherner et al., 2017; Oudshoorn et al., 2018). It offers a starkly different approach to housing that pushes back against neoliberal ideas of housing being readily available to those willing to 'work hard'.

> We always come up against that. If someone's living outside you can't, it's hard to say, 'let's sit down and help you figure out why [you use substances], you know what I mean? 'Let's look at why you're using'. It's like, yeah, let's fucking not.

Sandra points out how attempting to address underlying reasons for substance use. At the same time, people are unhoused is misguided and fails to recognize the necessity of first attending to basic needs such as housing and food. However, Sandra and Millie's comments also underline the need for ongoing support after providing or obtaining housing. Attempting to address other

issues or goals without adequate support before and after housing remains unbelievably challenging.

Conclusion

Service providers' work with criminalized women brings them into close view of their clients' persistent and complex experiences. Their work to support criminalized women meet their goals illustrates the lengthy process of what I term motherhood projects. Further, the pursuit of regaining access or custody of their child(ren) brings them into direct contact with child protection systems. I argue that service providers employ strategies to help emotionally manage their clients including readiness for change management, recovery management, identity change management, resource insecurity management, and negative emotion management. These strategies are intricately connected to how service providers engage with their clients as they navigate making sense of identity, both past and present in the context of broader structural realities. Yet, engaging in such processes requires facing an internalized sense of failure, stigma, and shame. In this sense, emotions and feelings of failure, stigma and shame represent gendered perceptions resulting from classifying events and emotion concepts that are culturally shaped (Feldman Barrett, 2017). Further, interactions with various systems often perpetuate unequal emotional dynamics that are keenly felt by both clients and, at times, service providers. Willingness to engage in recovery, goal-seeking, and motherhood projects result in criminalized women having to face highly emotional terrain and deep ambivalence of being required to work with systems which often were the source of the earlier or current trauma. Service providers, in their own roles, then bear witness to and work to support their client's projects yet do so with the awareness of the limitations of their own capacity in their role, organization and community. The

latter themes discussed in this chapter, namely between systems and supports, unmet needs, and stability seeking and successes, make clear the persistent gaps in supporting criminalized mothers and substance use. The unmet needs of criminalized women can often be externally understood or internalized by clients as individual issues. However, service providers provide context that shows how individualized issues are better understood as unmet needs because of systems' failures. Further, they demonstrate the emotionally laden nature of service providers' work between the clients themselves and the systems where they advocate for their clients. The impacts of various forms of policy failure (i.e., poverty and lack of affordable housing) further exacerbate the emotional impacts felt by service providers and their clients via community-level work.

Interviews with service providers reveal how much of their work to emotionally manage themselves (as discussed in the previous chapter) and their clients occur at an individual level, as they are mandated to do through their organizations and employers. However, providers are also hyper-aware of the systemic and structural issues that contribute heavily to the conditions experienced by their clients. This is, in its own way, an emotional-ethical dilemma for providers as they are aware of the potential futility of their efforts – recognizing that they are unable to address the larger structural changes needed.

In the following chapter, I revisit many of these issues as I discuss how policy and practice can begin to address experiences such as those of the service providers in this research and, most importantly, the clients they work with.

Chapter Seven: Policy and Practice

In my research with service providers, participants were almost unanimous in identifying policy and practice changes to better support community service provision and criminalized women and mothers in the community. Despite conducting interviews across the Atlantic provinces and with service providers working with criminalized women and, in some cases, women and their families, many similar issues were discussed. Some of the elements I have highlighted in this project, namely the emotion work engaged in by service providers alongside their clients, are challenging to address through policy and practice. The reality is the nature of service providers' work with criminalized and marginalized individuals remains emotionally difficult terrain to experience, navigate and bear witness to. Service providers employ various emotion management strategies for themselves and their clients in response to these challenges. However, I identify and discuss several approaches to mitigate the challenges voiced by participants in this research.

In the following chapter, I discus policy and practice changes to substantively improves community-based service provision supporting criminalized women and mothers in Atlantic Canada (i.e., the clients supported by service providers interviewed in this project). Further, I explain how service providers are critical to supporting such change. Specifically, these include discussion of centring housing, harm reduction, and resisting the practice of having women choose from limiting and restrictive ideas of support. In the second half of the chapter, I outline how community service providers' working with criminalized women and community-level work in Atlantic Canada more broadly can be strengthened and mobilized to support providers, their

work, and their clients. Through this discussion, I centre harm reduction and trauma-informed practice as policy frameworks that can better address the needs of service providers in their work supporting criminalized women. In doing so, I highlight the various ways that community service provision can be better supported to meet the needs of service providers, and criminalized women in Atlantic Canada.

Criminalized Women's Unmet Needs in Atlantic Canada

Housing

The majority of participants cited lack of housing as a central concern, a barrier and an unmet need for their clients. Various forms of housing were cited as needed, including transition housing upon release from custody and longer-term affordable, dignified, and stable housing. Other participants discussed the need for increased supportive housing options for women and the need to offer individualized wraparound supports once housed. Notably, participants I interviewed were hesitant to state there was a need for halfway housing for women. Others rejected the need for it altogether, particularly through a model in which community organizations receive funding from federal and provincial justice departments to oversee and report to parole officials on women's compliance with court-ordered or parole conditions. As Maidment (2017) discusses extensively, such practices constitute the implementation of transcarceration in which women's sentences are served out under the surveillance of parole systems and sometimes via the community organizations funded and tasked with overseeing their compliance. Organizations that receive funding from departments of justice are often tasked with overseeing criminalized women's activity in the community and are responsible for reporting parole violations (e.g., substance use). In this sense, transcarceration practices serve as an

extension of the prison system in the community and, as articulated by Maier (2020b), comprise an integral part of the criminal legal apparatus. For community-based service providers, oversight of women's parole conditions in halfway houses extends their realm of responsibility into the supervision of conditions and duty to report violations (Maier, 2020c). Further, it can contribute to tensions between punishment and care in which providers may witness substance use, recovery slips, and relapses understood as part of recovery (care) and their duty (punishment) to report substance use to parole officers, which may result in breaches or new charges.

As discussed in earlier chapters, only four of the participants in this research worked within para-state organizations that operated with a duty to report violations of court-ordered conditions. Instead, the majority of participants worked within community organizations that actively resisted such forms of surveillance and reporting of their clients.

Participants did identify the need for transition housing available for women upon release from custodial sentences as an immediate, short-term option. Transitional housing can vary in length between months and years but is longer-term than shelters and without the court condition oversight and reporting duties of halfway housing (see Homeless Hub, 2021). Participants highlighted that they had witnessed waitlists for the limited number of transition housing options available in Atlantic Canada. This results in women being released with limited options of shelter beds or relying on family or acquaintances, which can be further impeded by geographic location and travel costs, and relationship breakdowns. Participants' discussion of housing needs was interconnected with the ongoing and persistent criminalization of poverty and its implications on recovery, child access and custody. Further, it constituted a dynamic in which

service providers engage in various emotion management strategies navigating resource insecurity and negative emotions.

Beyond transition housing, longer-term, stable and dignified options were discussed as desperately needed to provide women with further options about where they wish to reside and have the ability to work towards regaining access to and/or custody of their child(ren). The need for affordable housing is great in Atlantic Canada, specifically in urban centres such as Halifax, Moncton, and St. John's, where rental prices have increased, and short-term rentals have limited the options available. Further, relying on landlords alone for housing can create issues. Women may be 'weeded out' based on stigma for having a criminal record, receiving social assistance, or, in some cases, having children. In addition, many community organizations that support criminalized and marginalized people are concentrated within cities. Therefore, choosing more rural options can result in losing access to supportive options and services. Alternatively, housing options supported or run by community organizations or housing networks offer a helpful starting point to avoid or minimize many of these issues. Such an approach provides an added capacity for various housing needs and recognizes individuals' substance use and/or recovery needs. For example, as participants in this research identified and, as Sheppard (2022) outlines, criminalized women in recovery may wish to surround themselves with others also in recovery. Thus, housing options must reflect individuals' choice to engage in substance use or not. As I discuss next, such a housing approach is premised on harm reduction and recognizing different starting points and journeys for clients.

Harm Reduction

As Marlatt (1996) outlines, harm reduction work centres around providing choices and options for individuals. The defining elements of harm reduction approaches include 'meeting people where they are', such as managed use, safer use, and abstinence. However, harm reduction is underpinned by principles including acceptance, understanding substance use as complex, prioritizing the quality of life of individuals, offering services that are non-judgmental and non-coercive, listening to lived experience, affirming individual agency, recognizing poverty, racism, and social isolation as factors that impact individuals capacity to cope, and recognizes that illicit substance use can and does contribute to multiple forms of harm (Marlatt, 1996; National Harm Reduction Coalition, 2022). In this sense, harm reduction can provide a concrete framing for service and program delivery and a foundational approach upon which community organizations can orient themselves. Participants in this research discussed harm reduction in both of these frameworks, relating the philosophy to practices within their community work and the need for harm reduction frameworks to be adopted and understood within community organizations and by the systems intertwined in the lives of their clients. MacMaster (2004) points out that it is imperative that harm reduction work be user-friendly and oriented toward the service user. More concretely, this requires flexible services for criminalized women who recognize their experiences, goals, and responsibilities as parents, along with the relapses and slips common in the recovery process.

In recent years, several organizations in Atlantic Canada have received federal funding to launch or pilot harm reduction programming in the region, such as a managed alcohol program in St. John's, Newfoundland and Labrador and substance use treatment, including opiate agonist therapy, stimulant agonist/antagonist therapy, and injectable opiate agonist therapy (Government

of Canada, 2021, 2022; River Stone Recovery Centre, 2021; St. John's Status of Women's Council, 2021). Harm reduction approaches have a longer history in the Atlantic provinces than these recently funded programs, for example, through the widely available methadone and suboxone programs and overarching philosophies of many community organizations in Atlantic Canada. However, more recent project funding also underlines the attention to the prevalence of substance use and the need for harm reduction approaches. For example, some participants mentioned in their interviews that they had only recently learned about the existence of managed alcohol programs when the St. John's Status of Women's Council's Managed Alcohol Program launched (St. John's Status of Women's Council, 2021).

An important element in harm reduction work is informing clients and the broader public of flexible policy approaches (e.g., substance use slips or missing an appointment) and fostering further education and activism about harm reduction work in communities. In this sense, harm reduction approaches are also impacted and shaped by organizations' emotion cultures (Fineman, 2009).

Sheppard (2022) writes about the importance of services desired by clients to be for people in recovery who are in recovery and seeking 'sober' spaces to avoid triggers. While such services are important, Sheppard (2022) also underlines how service providers can engage in flexible approaches in this regard, such as particular groups or services where sobriety is required, while others, such as drop-in services or supply pick-up, may not be necessary. In this approach, sobriety is harm reduction for some, while harm reduction may manifest differently for others. In these instances, the word harm is subjectively defined by individuals who mitigate the impacts of substance use in their lives. Ultimately, harm reduction principles underline individual agency and decisions about which approach is taken at a point in time. However,

regardless of individuals' choices for specific harm reduction strategies, the implementation of harm reduction work has been shown to have positive outcomes related to reducing overdose and transmissible conditions, infections, overall health status, housing, and overall stability (Huhn & Gipson, 2021; Kerman et al., 2021; Pauly, 2008). In this sense, service provision for women can be oriented toward more individual and relational delivery in recognition of harm reduction principles affirming individuals' agency.

In my interviews with service providers, participants discussed the need for harm reduction philosophies in rural environments and contexts where there are fewer community organizations and often fewer programs, drop-ins, and other services. Beyond this, participants also discussed the need for longer-term harm reduction philosophies to underpin community service provision, such as affordable housing for women and their families with histories but not current criminalization. For example, prioritizing affordable and stable housing, though not necessarily connected with substance use for all, does contribute to harm reduction work by focusing on individuals' quality of life. It recognizes the connected impacts of poverty and social exclusion on substance use as a form of coping. Thus, by addressing housing needs in rural and urban contexts, criminalized women's needs can be better met by building on stability rather than contributing to persistent and cyclical struggles.

System Pressures: Women Having to Choose

This research illustrates the multitude of entanglements between criminalized women and various systems such as criminal legal, child protection and welfare. However, these entanglements between systems can further perpetuate trauma, criminalization, and substance use cycles. The various gaps between system policies and the lived experience of criminalized

women and mothers emerged from participants' contributions to this research. These gaps were evident in limited understanding and/or capacity for harm reduction approaches. Instead, favouring zero-tolerance policies was described by participants in Chapter Five as placing service providers in emotional-ethical dilemmas of navigating between systems and supporting their clients. Thus, rejecting zero-tolerance policies in favour of more flexible alternatives can ease tensions contributing to emotional-ethical dilemmas for community-service providers. However, the implementation of harm reduction approaches and policies at an organizational level can be resisted or encouraged based on the existing emotion culture. Gaps were also evident in the discussion in Chapter Six surrounding policies and practices, which presented numerous challenges for criminalized mothers working to regain access to their child(ren) and to be able to regularly breastfeed infants placed in foster care. These examples underline the need for systemic change in policies that discriminate or discredit the efforts made by criminalized women to make meaningful changes in their lives. Further, such examples serve as an impetus for training professionals working within these systems about harm reduction and the possibilities of trauma-informed collaborations. Such collaborations, for instance, between systems and community-level work of system navigation can offer the possibility to fundamentally shift understandings of individuals' capacity for growth and change when adequately supported.

In particular, this research highlighted the importance of recognizing support systems already in place in the lives of criminalized women rather than placing them in situations where they must choose between child protection directives and social support(s). Thus, indicating they can only see their children if they discontinue relationships or contact with partners who may be criminally involved. Similarly, participants identified the need to provide support for

criminalized women in which they can focus on strengths and skill-building rather than engaging in blame and shame narratives. For example, as described by participants in Chapter Six, criminalized mothers continue to be held responsible by child protection systems for needing to change their partners, housing, and employment without being provided with the tools to do so. Thus, contributing to a cycle of disempowerment and prolonged separation from their child(ren).

The realities for often single mothers on welfare and with child protection involvement are such that children can be removed from their custody and placed in foster care (for example, see Iris' discussion in Chapter Six regarding child protection involvement to discuss removing a child from the mother's custody due to house cleanliness issues). Once in care, foster parents benefit from various resources and supports (e.g., financial and respite support for foster families), rarely available for biological or adoptive parents (Memarnia, 2014). Thus, the need for change lies in policies that broadly support families and recognize the potential trauma and grief for children and parents when they are removed from their homes (McKegney, 2003; Memarnia et al., 2015). Researchers have also shown that removing children from their mothers' custody can contribute to further substance use and a higher chance of overdose (Thumath et al., 2021).

In terms of policy and practice, child protection policies that remain attentive and committed to supporting family units to avoid child removal and facilitate reconnection have been shown to be well-received. For example, as Dale (2004) found, participants reported positive benefits of child interventions that provided reunification possibilities through the delivery of prevention services, crisis support, respite support and engaging families in protection plans. Further, trauma-informed collaborations between child protective services and community service providers also illustrate the possibilities for mother-child reunification

(Drabble & Poole, 2011; Huang & Ryan, 2010; Poole & Ryan, 2009). However, as I discuss next, the possibilities of these collaborations ultimately hinge on well-supported and well-funded community-level work in the Atlantic provinces. Further, as I articulate, harm reduction can serve as a framework for policy development to support individuals, communities, and community-based organizations.

Supporting Service Providers and Community Service Provision in Atlantic Canada

Participants in this research discussed creative and collaborative ways their organizations engage in community-level work to support criminalized women and mothers in Atlantic Canada. They also discussed many challenges related to limited funding, the need for gender-specific responses, and confronting other organizations with divergent philosophies related to antiquated charity-model approaches of imposing ‘solutions’ on individuals’ lives.

Rural and Urban Contexts

In many instances in the interviews with service providers, there was discussion of vast differences in the availability of services, programming, housing, and organizations available to support criminalized women in urban and rural contexts. Other dimensions of this issue included the higher cost of food in rural areas, fewer food banks or soup kitchens, and reduced or no access to public transportation. In combination, these issues contribute to additional challenges in supporting criminalized women in rural environments. Further, participants discussed the impacts of small-town stigma in which they described long memories of community members for judging others’ ‘misdeeds’ or those of their family members. Thus, the stigma resulting from criminalization can be long-lasting and challenging to overcome.

Other participants highlighted a lack of options or choices in what services or programming is available for criminalized women. Participants in both rural and urban contexts spoke of this issue. Thus, it is not only an issue that appears in rural areas. Rather, participants identified the need for further community collaboration to share physical spaces, areas of expertise, and peer support models of programming (such as 12-step groups), which could be offered at little or no cost but could create women-specific forms of support and substance use recovery options. Such collaboration is often required in rural settings where there are fewer community-based organizations; thus, their mandates can be broad to better meet clients' needs. In doing so, community-based work in rural settings can contribute to harm reduction efforts in their communities. Further, participants mentioned offering programming outside of regular daytime work hours to avoid conflicts with work schedules. Hybrid or online options available in the evening when women could attend programming or supports from home without needing to find childcare were also identified as a way to mitigate some of these challenges.

Supporting Community-based Work

Welcoming, trauma-informed, and well-supported community organizations with harm reduction philosophies are paramount to supporting marginalized and criminalized women. For example, in my interviews, examples of trauma-informed approaches were evident in service providers' efforts to build relationships and trust with clients. As discussed in this research project, the work of organizations can mitigate experiences of social exclusion, poverty, and system navigation. For example, Fortune and Yuen (2015) highlight the importance of arts-based approaches and community collaboration to support criminalized women's re-entry after incarceration. Their research underlined how criminalized women could find belonging, be

supported, engage in active citizenship and explore new identities through community-based arts-based initiatives. The shifting of identities, in particular, holds relevance for community-based work by providing expanded networks of support, services, advocacy, and opportunities to women who have largely been historically excluded.

Supporting community-based work also involves recognizing and addressing the emotional toll of service provision in supporting criminalized and marginalized people. Participants in this research discussed their various ways of coping with the emotional terrain of their work. For some, this was individually led coping, such as venting to a colleague, while other participants discussed how their employers address work-related stress, boundaries and compassion fatigue. However, without organization stability, staff and program continuity, such policies and practices become more precarious. Further, a lack of organizational policies to address the toll of the work can contribute to the depletion of service providers and, thus, instability and inconsistency in services and programs offered.

In terms of supporting service providers, training provision to address the emotional nature of the work, elements such as compassion fatigue and boundaries can provide additional ways to mitigate the impacts of the work. Additional training is needed on harm reduction approaches and connections to trauma-informed practice focused on principles including trauma awareness, safety and trustworthiness, offering choice, collaboration and connection, and strengths-based and skill-building (CEWH, 2013).

In this research, participants discussed two factors that, in their view, can contribute to more stable employment environments, including funders (governmental and non-governmental) trusting community organizations' expertise in understanding their clients and their mandate. In more concrete terms, trust was discussed as translating to funding flexibility that recognizes

various urban and rural contexts where there can be significant variability in the cost of food, transportation, and other services.

Further, participants discussed the importance of advocacy within their organizations as providing clients, staff, and service providers with clear objectives in pushing for systemic change and supporting individual-level clients. Advocacy was also discussed as requiring navigation regarding the extent to which organizations call for systemic and policy changes, thereby potentially risking 'biting the hand that feeds them', i.e., losing funding. Thus, harm reduction policy frameworks can help to provide assurance and security of commitment (both financial and policy-based) to community-based work in which advocacy is a pillar.

Stable and Comprehensive Funding

Researchers have pointed to well-funded community organizations and service provision as paramount to supporting criminalized and marginalized people (Maidment, 2017; Richie, 2001; Shantz & Frigon, 2009). In my interviews with service providers, it was not simply a matter of funding but also the types of funding models that were implemented, which participants pointed out, can create questions of funding responsibility. For example, some participants cited the example of the Blue Door program offered by Thrive, a community non-profit in St. John’s, Newfoundland and Labrador. Blue Door supported individuals seeking to exit the sex trade or situations where they had experienced sexual exploitation. Initially launched in 2016, the program was funded as part of a five-year project through federal funding related to the National Crime Prevention Strategy (NCPS)’s Measures to Support Exiting Prostitution. However, upon the completion of project funds, the provincial government of Newfoundland and Labrador ultimately did not fund the program. In 2022, Thrive announced they had attempted to

cover services and supports offered through Blue Door under their other program offerings. At the time of writing, Blue Door was not operating in its original service model (CBC, 2021; Saltwire, 2022). Multiple participants in this research discussed this situation in their interviews as they questioned if comparably funded programs would face similar responses as those funded through federal funding sources such as Health Canada's Substance Use and Addictions Program (SUAP). SUAP focuses heavily on harm reduction projects across the country and supports initiatives such as managed alcohol programs and safe consumption sites for injection substance users (Government of Canada, 2022). However, despite illustrated efficacy of harm reduction, such initiatives have faced pushback and skepticism from the general public and provincial governments, who favour zero tolerance and tough-on-crime agendas. Further, despite research evidence to the contrary, such entities often cite harm reduction strategies as contributing to or encouraging substance use (Livingston et al., 2022).

The limited-term funding model offered by federal funding sources, combined with the reluctance of provincial governments to assume responsibility for ongoing funding of programs and services initially funded under federal projects, contributes to ongoing precarity and uncertainty for staff, service providers and clientele. Similarly, participants discussed their organizations operating on minimal budgets that have not increased to match inflation and cost of living changes. Also discussed was the related practice of government funding being provided year-to-year, creating uncertainty as to whether staff, programs, and services can continue to operate beyond a fiscal year. In a sense, the economic uncertainty faced by community organizations further highlights the interstitial space in which service provision occurs.

As discussed by participants, funding released to organizations without inquiry as to whether religious materials will be included in the provision of goods (e.g., food or grocery store

gift cards) illustrates the need for oversight and guidelines by funders of the implications of such practices when supporting marginalized people.

Comprehensive and sustained funding of community organizations engaged in harm reduction work supporting criminalized and marginalized people permits stability in service provision and delivery of ongoing programming. In addition, addressing organizational funding precarity can allow community organizations to harness their collaborative abilities and, in turn, better support criminalized women.

In this sense, supporting community organizations and harm reduction work within such organizations permits service providers to navigate emotional-ethical dilemmas they encounter in their work in different ways, such as through collaboration or flexibility in options to support clients. Through sustained support of community organizations, service providers can be better protected from burnout, compassion fatigue and the numerous predicaments that require employing one or more emotion management strategies to resolve. Further, doing so creates a more stable footing for community organizations to address elements of structural stigma rampant in the systems involved in their clients' lives. As described by Livingston (2021), structural stigma refers to stigma embedded in and circulated through systems and institutions via policies, procedures, processes, and rules. Structural stigma exists in systems such as the criminal legal system, healthcare system, and child protection system (Livingston et al., 2022). It is complex to address (Livingston, 2021). As participants in this research discussed, structural stigma carries implications with the barriers their clients face in obtaining employment and housing, obtaining formal education, and regaining access to their child(ren). Many service providers discussed their clients’ desire for a 'normal' life, such as obtaining their general educational development (GED), getting a job, and parenting their child(ren). These desires and

goals exemplify how criminalized women seek to overcome the pains of imprisonment (Shantz & Frigon, 2009) and the pains of release (Travis, 2002). Further, such goals demonstrate elements of individuals' understandings of self and openness to change through identity formation and transformation, thus underpinning the potential for identity change. Community service providers, including those involved in this research, spoke of working with criminalized women to identify and support their goals. In this context, community service providers support criminalized women in navigating structural stigma within systems and by advocating for change while addressing their clients' emotional histories and realities. As discussed in Chapter Six, this work can result in various forms of success for criminalized women, but not without encountering challenges and tensions between their clients' realities and the systems against which they push for change. Thus, Livingston (2021) outlines that addressing structural stigma through client-centred care and individualizing plans and goals in collaboration with supportive professionals, agencies, and organizations is paramount.

Conclusion

The realities of community service provision and working with criminalized individuals are challenging because it brings service providers into daily situations in which they form working relationships with people who have experienced devaluation and stigma by society in numerous ways. Community-based service provision also results in service providers bearing witness to experiences and situations in which they can occasionally use their position to advocate for improved services or treatment of their clients. However, they also experience the limits of their organization's mandate and capacity and their own (in)ability as an individual to push back on systemic issues involving their clients' lives. This research illustrates that

supporting women navigating experiences of criminalization and re-entry, motherhood, and substance use benefit from community organizations and service provision underpinned by harm reduction and trauma-informed principles. As discussed, harm reduction and trauma-informed practice centred as policy frameworks can mitigate much of the precarity experienced by service providers in community-level work and, in turn, better support providers and their clients. Further, as underlined by the participants in this research, funding sources and models have many implications for the day-to-day delivery of services and supports for their clients. In Atlantic Canada, there is an identified need for additional resourcing and funding to address housing and harm reduction services to support criminalized women. As this research demonstrates, community-service providers play a critical role in this work's present and future possibilities.

Chapter Eight: Conclusion

In the previous chapters, I examined how service providers support criminalized women and mothers in Atlantic Canada. I also presented how service providers understand some of the primary challenges and barriers faced by their clients in daily life and working to make change. I further demonstrated how the dynamics experienced by service providers in advocating for their clients occur in the interstitial space between criminal legal, child protection, and welfare systems and their clients' lived experiences. In these chapters, I have underlined how community-based service provision regularly brings service providers into emotional-ethical dilemmas involving emotion management strategies aimed at themselves and their clients while navigating the ethics of community-based work. Further, I highlighted the constraints they face due to organization mandates, limited funding, and for some, their own experiences of criminalization. In the current chapter, I return to my original research question and revisit the theoretical framework discussed in Chapter Three. I then discuss the key findings of this research, its limitations, and future research directions.

Discussion

The central research question of this project was to explore how service providers engage in emotion management and support their clients as they bear witness to intimate details of their lives related to motherhood, substance use and their inclination toward stability and goal-seeking. I have considered this question within the context of Atlantic Canada, and I argue that service providers encounter and navigate emotional-ethical dilemmas supporting criminalized women in their daily work. To consider the role and impact of such dilemmas in service

providers' experiences and to consider phenomenological dimensions of substance use recovery, identity change and motherhood, we must attend to the role of emotions as socially and culturally shaped and mediated by gender (Davis, 2016; Feldman Barrett, 2017).

As I have discussed in previous chapters, attention to emotions has been lacking in criminological theorizing. For example, I have presented in earlier chapters how service providers bear witness to the internalized shame and blame intertwined in criminalized women and mothers' experiences, even those who accept they may never have custody of their child(ren) again. I have articulated that criminalized women are made to be makers of their own destiny through systems involved in their lives without acknowledging systemic and structural barriers due to broader responsibilization and neoliberal tactics and policies. In my interviews with service providers, the process of substance use recovery was discussed as underpinned by systemic issues of poverty (and criminalization of poverty), housing, and liveable wage employment that require urgent attention. As Weaver (2019) argues, this is partly how criminalized people can be better understood and supported by attending to their social and material realities.

Service providers navigate the emotional terrain of knowing intimate knowledge of their clients' lives and trauma while also seeing/understanding systemic issues as more than just individual experiences of their clients. They do so by engaging in multiple strategies to manage themselves and their clients (Hochschild, 1983, 1989). Thus, their understanding of criminalization as a process impacted by material and systemic issues is different and contextually important.

Service providers bear witness to the emotions of their clients, particularly in the context of clients discussing problematic situations and unequal dynamics. Such problematic situations

involve emotional responses with unequal emotional exchanges and impacts (see Hochschild, 1983) when they become the norm. This was evident in my interviews with service providers when they described colleagues advising clients to simply find friends without criminal records. Another provider discussed a meeting in which child protection workers discussed removing a child from a mother's custody due to issues of cleanliness in her home in front of the mother while simultaneously asserting that in foster care (in this case, kinship placement) would receive supports and financial resources she was not eligible for as a birth parent.

Through attempts at analyzing expressions of 'remorse', emotions have been attended to insofar as to interpret women's emotionality, usually as pathological or deviant (e.g., too emotional, not emotional enough, too much oscillating between emotions). Thus, it is evident how social and cultural norms shape emotions and feeling rules (Hochschild, 1983) and how the interpretation and subsequent internalization of emotions are also shaped by gender (Feldman Barrett, 2017). When individuals experience feelings that they know to be outside social norms, they can encounter emotional predicaments (Davis, 2016). This was evident in service providers' describing clients' feelings of failure and shame over not measuring up to ideas of motherhood – that the experience of being a mother not being enough to stop substance use and ongoing criminalization. It was also evident how service providers encounter their own emotional predicaments in their work supporting criminalized women, often constrained by their role or organization's capacity, mandate, limited funding, and dominant emotion culture.

To further build on the concepts of feelings rules and emotional predicaments put forward by Hochschild (1983) and Davis (2016), respectively, I have presented and articulated a concept of emotional-ethical dilemmas in Chapter Three and discussed in Chapters Five through Seven describing the emotional and ethical implications of service providers' work with

criminalized women. The dilemma refers to service providers grappling with competing or clashing ethical or emotional encounters or the inability to act against the constraints of their employer, organization mandate, or systems involved. These dilemmas also extend into service providers' professional interactions with criminal legal, child protection, and welfare systems entangled in their clients' lives. Community service provision occurs in this interstitial space between criminalized women and systems.

I have argued that these dilemmas can be mitigated to the extent that organizations can better integrate harm reduction and trauma-informed philosophies, programs, and services into their work. However, as echoed by participants in this research, I underline that ongoing stable and sufficient funding of community organizations conducting this work is paramount to supporting service providers and their clients by reducing organizational precarity. Service providers have unique perspectives in that they have worked with many criminalized women and thus have a view of systemic and structural barriers beyond clients' individual experiences. This research has highlighted the need for additional housing responses in Atlantic Canada, including transitional and long-term affordable, dignified, and stable options.

Limitations

The 23 interviews completed in this research comprise rich and detailed discussions of the nature of community service provision in Atlantic Canada supporting criminalized women and mothers. However, all research is also accompanied by various limitations. In this research, the interviews conducted with participants across Atlantic Canada indicate many perspectives of service providers. Nonetheless, there may be other service providers not interviewed that would provide alternate or divergent viewpoints. Further, due to time constraints and limited

availability, some service providers may not always be able to take time away from their work to participate in research. Thus, other perspectives may be lacking.

In terms of my interviews with service providers, there is potential that they experience the emotional nature of their work in ways that they may not have been comfortable sharing with me. Consequently, my analysis is limited to the dimensions of their work and its impact on them that they voiced during our interview.

While many criminalized women access community-based supports and services, not all do. Others choose not to access support or live in rural, remote, or northern parts of Atlantic Canada and cannot access services. Their experiences, however similar or dissimilar from the participants' clients in this research, are not captured in how service providers spoke of their clientele.

Similarly, criminalized women may also choose to turn to informal forms of support such as family, friends and their home community rather than community-based organizations. For example, in my master's research, I interviewed professionals working with justice-involved individuals with FASD in Newfoundland and Labrador. Those participants spoke about minimal services and supports along the Labrador coast, which is home to Innu and Inuit communities. In my interviews with those participants, they spoke of individuals leaving Happy Valley-Goose Bay, a town in Labrador where there are some community-based supports, and instead opting to return to their home communities along the coast, many of which are fly-in (Dunbar Winsor, 2018). Due to the vast overrepresentation of Indigenous women in the criminal legal system (Zinger, 2020), this phenomenon likely impacts the clientele of service providers interviewed in this research.

Future Research

In this research, I focused on community-based service providers' supporting criminalized women in Atlantic Canada. There continues to be a lack of research focusing on criminalization and Atlantic Canada, with much of the research coming from western and central provinces. Based on my findings in this research and the theoretical framework integrating emotions and criminological literature, there remain several possible opportunities for future research. These include research that considers the experiences of other forms of service provision, namely the impacts on individuals working within the criminal legal system.

There are opportunities to apply a similar theoretical framework to the emotional-ethical experiences of criminalized women (and other genders) upon release or during incarceration. Given that most incarcerated women in Canada do not return to prison, I echo Maidment's (2017) and Pollack's (2009a) point that we must attend to studying the experiences of criminalized women who have been released into the community and the structural and systemic gaps that they encounter upon release.

Many participants in this research discussed the importance and implications of gaps in housing in Atlantic Canada for criminalized women and mothers and, by extension, their child(ren). They also discussed the need for harm reduction and trauma-informed services. This topic requires attention in Atlantic Canada, where smaller (relative to central and western counterparts) government budgets and rising costs of housing have contributed to more unhoused people, the presence of tent encampments, and defaulting to police and carceral strategies in a failed attempt to 'address' the issues. Thus, research on these issues is needed and would benefit community-based organizations working to develop and implement strategies to address housing and homelessness in Atlantic Canada.

Conclusion

In this research, service providers indicated the necessity and complexity of building trust and relationships with criminalized women due to their clients' deep mistrust of systems. Participants described how they work to establish relationships with their clients as separate from systems involved in their lives and do so in several ways, such as explicitly stating which elements of their clients' lives or histories they do or do not know about and choosing to share their own experiences of criminalization or substance use recovery with clients.

Service providers encounter emotional-ethical dilemmas in their work with criminalized women as they support their clients while encountering constraints related to divergent philosophies between organizations, organization mandates, and limited funding. In this sense, the service providers I interviewed explained how they conduct emotion management to cope with their work and to avoid burnout and compassion fatigue. For example, participants described how they create separation between work and personal lives by seeking opportunities to vent to coworkers and colleagues or to compartmentalize and 'leave work on the shelf'. There are implications to the extensive emotion management demands associated with community-based service provision, an area of work that is also commonly fulfilled by women. As Hochschild (1983) articulates, such demands can contribute to health and well-being impacts for women. Further, as shown in this research, both service providers and their clients may be impacted in different and overlapping ways.

Service providers described their clients' everyday experiences and challenges, including navigating motherhood, substance use and recovery, and seeking stability. Participants outlined gender-based violence, gendered expectations placed upon criminalized women and patriarchal

systems as barriers to recovery and achieving goals and stability. I argue that substance use recovery is an ongoing lengthy process that involves complex and often traumatic entanglements in criminal legal, child protection and welfare systems. Such a process is often also impacted by coping techniques (such as substance use and self-harm), attitudes, and connections to motherhood. They ultimately require consideration and theorizing of emotions to better understand and support criminalized women and community-based service providers who support them.

My interviews with service providers highlighted the various entanglements that criminalized women experience with criminal legal, child protection and welfare systems. Yet, perhaps unsurprisingly, despite these entanglements, criminalized women and mothers face many unmet needs related to housing, harm reduction services, and being forced to choose between support from systems or informal support from partners or families. Aware of these dynamics, service providers often work in this interstitial space between systems and their criminalized clients as they meet the unmet needs of individuals while attempting to advocate for change at broader systemic and structural levels. Moreover, service providers often do so while facing their own employment uncertainty due to precarious or limited funding sources, fear of advocating 'too loudly', and the risk of losing funding. In this sense, systems were identified by participants as the main source of barriers for both their clients and them as employees within community-based organizations.

This research provides insight into several systemic issues described by service providers as impacting their work and the lives of their criminalized clients. I argue that systems themselves require reform through training about trauma, substance use, and survival through criminalization processes. Policies require changes to better support criminalized women through

adequate and safe housing and support options for addressing poverty, responsibilities of motherhood, and substance use recovery. Further, to support community-based service providers and criminalized women, we must attend to harm reduction and trauma-informed services and support community-level work where providers build trust with their clients.

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Appendices

Appendix A

Letter of Recruitment

Toward embodied desistance: Criminalized women, motherhood, and substance use.

As part of my doctoral research in the Department of Sociology and Anthropology at Concordia University, I am conducting interviews under the supervision of Dr. Amy Swiffen on the experiences of community-based service providers supporting criminalized women in Atlantic Canada. I am inviting you to participate in an interview that will take approximately 60-120 minutes and will be conducted by video call or phone.

You can choose to withdraw from the study at any time during the interview and afterwards up to June 30, 2022. Attached you will find a copy of a letter of information about the study in full detail. Participation in this research is voluntary; thus, there is no obligation to participate. If you choose to participate, your involvement will not be shared with superiors or other individuals.

I want to thank you in advance for your time and consideration. If you are interested in participating in this research or have any questions about this research, please contact Katharine Dunbar Winsor or supervisor Dr. Amy Swiffen at the information listed below.

Katharine Dunbar Winsor, Ph.D. Candidate

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The Concordia University Research Ethics Unit has reviewed the proposal for this research and found it to comply with Concordia University's ethics policy. If you have ethical concerns about the research, such as how you have been treated or your rights as a participant, you may contact the Research Ethics Unit at oor.ethics@concordia.ca or by telephone 514-848-2424 ext. 7481.

Appendix B

INFORMATION AND CONSENT FORM

Study Title: Toward embodied desistance: Criminalized women, motherhood, and substance use.
Researcher: Katharine Dunbar Winsor
Researcher's Contact Information: katharine.dunbarwinsor@mail.concordia.ca

Faculty Supervisor: Amy Swiffen
Faculty Supervisor's Contact Information: amy.swiffen@concordia.ca

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to explore how service providers working with criminalized women in Atlantic Canada view the intersection of incarceration, substance use and motherhood and its impacts on their clients. This research also aims to better understand how service providers construct their role in supporting criminalized women as they navigate the complexity of criminalization, and emotional impacts of substance use and motherhood.

B. PROCEDURES

If you participate, you will be asked to take part in a one-on-one interview via virtual video platform or telephone (as preferred by the participant).

In total, participating in this study will take between one and two hours.

C. RISKS AND BENEFITS

Page 1 of 3

You might face certain risks by participating in this research. These risks include: Feeling frustrated when discussing the experiences of working with criminalized women, limitations that service providers may experience in their professional role or impacted by sadness or upset due to the life circumstances of the clients you work with.

Potential benefits include: This research project will help provide additional information about the role of service providers supporting criminalized women as they navigate re-entry, motherhood, and substance use in Atlantic Canada.

D. CONFIDENTIALITY

We will gather the following information as part of this research: Your experiences of supporting clientele while working with a community organization that supports criminalized women in Atlantic Canada.

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form.

The information gathered will be coded. That means that the information will be identified by a code and pseudonym. The researcher will have a list that links the code/pseudonym to your name.

We will protect the information by storing the data in password protected documents that will be kept on a USB key that is stored in a locked filing cabinet.

We intend to publish the results of the research. However, it will not be possible to identify you by name in the published results.

We will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

Page 2 of 3

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher before June 30, 2022.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print)____

SIGNATURE ____

DATE ____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

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Appendix C

Interview Guide
Katharine Dunbar Winsor
Department of Sociology and Anthropology
Concordia University

Date:
Interviewer:
Interviewee:
Location where interview was conducted:
Other Notes:

Hi, I'm Katharine. Thank you for participating in this interview. Just as a reminder, as you saw in the informed consent form which you have signed, you are welcome to end the interview at any time. Also, you are free to opt out of any questions that are part of this interview, including questions concerning demographic details. Do you have any questions for me before we begin?

1. What is your occupation? What does that entail?
2. How long have you worked in your position? What did you do prior? For how long?
3. In what capacity does your present/most recent work and/or your previous work focus on criminalized women?
4. Have you received any (specialized) education/training related specifically to criminalized individuals? Where does your knowledge/understanding come from?
5. Are/how are you involved in the daily lives (or the general experiences) of criminalized women? s

6. How would you describe the majority of your clientele broadly speaking? (i.e., general demographic information such as 40+, less than 40, white, Indigenous, Black, have children, etc.)
7. In your years working as a [insert job title here], approximately how many criminalized women have you worked with? What is the frequency of interaction with them, and what does this interaction look like?
8. What do you [in your professional position] see as your role in the lives of criminalized women?
    a. What work do you [in your professional position] wish to conduct more of?
    b. How do you define the 'problem' that your work is trying to solve/work against?
9. What do you see as some of the main struggles facing criminalized women in the community?
10. Broadly speaking, what are some of the challenges that your clientele may face given the impacts of criminalization (and/or incarceration, child protection systems) in their lives?
11. Could you please tell me a little bit about your clients and the role of substance (alcohol) use in their lives?
    a. How would you describe their substance use in relation to their emotional state(s)?
    b. In your view, what purpose do substances provide them?

12. What about your clients and whether they have children? Is this something clients may discuss with you?
    a. Do they discuss their substance use in relation to their pregnancy/parenting?
13. Have you seen an overlap between your clients with substance (mis)use and those with children? If so, would you say substance-related issues contribute to their parenting situation?
14. What has been your experience of working with women who have been released from federal institutions and those who have been released from provincial institutions?
    a. How have you witnessed your clients cope differently or similarly depending on provincial vs. federal sentences?
15. Similarly, what are some of the successes you have witnessed with your clientele?
    a. Are those successes tied up with seeking substance use tx? Harm reduction?
16. How have you witnessed your clients exercising their agency while monitored within such institutions?
17. Do you see your work [in your professional position] as able to/willing to collaborate with the professionals/institutions associated with the criminal justice system? Why?
18. Do you see your work [in your professional position] as distinct and at odds with the professionals/institutions associated with the criminal justice system? Why?
19. What are some challenges faced in doing the work you do?
    a. What are the hard parts?

b. How do you (as an individual or a collective organization) cope with these challenges?

20. What are some of the rewards that you have experienced in the work that you do?

21. Are there services/programs that should be introduced in your region/province that you believe are necessary for better supporting criminalized women? If so, could you please discuss what those might look like?

    a. Have you seen success due to your clients' access and use of social supports (e.g., programming; counselling; educational opportunities; re-entry supports)?

    b. Would you like to share some experiences where you felt that your work or contribution positively impacted the clientele you work with?

22. Would you like to add any final comments that you believe are important to this topic (and should be explored in [this] research)?