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**PREGNANCY, BIRTH, AND MOTHERING BEHIND BARS—  
A CASE STUDY OF ONE WOMAN’S JOURNEY THROUGH THE ONTARIO  
CRIMINAL JUSTICE AND JAIL SYSTEMS**

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B.Soc.Sc. (Joint Honours in Criminology and Women’s Studies)

University of Ottawa, 2014

**THESIS**

Submitted to the Department of Criminology in partial fulfillment of the requirements for

M.A. (Criminology)

Wilfrid Laurier University

## ABSTRACT

As more people come under the direct or indirect control of the carceral nation state, it is important to analyze those systems and bodies that contribute to its construction and conservation. Moreover, it is necessary to assess the ability of these social institutions to meet the needs of the individuals under their supervision, as well as to establish a standard of care to which operators of jails, prisons, and other carceral facilities may be held accountable. Criminalized women represent an acutely marginalized segment of the prison population whose distinct gendered needs have been habitually overlooked. The present study aims to better understand the experiences and needs of incarcerated women across Canada, with a particular focus on the unique lived realities of pregnant and post-natal prisoners. This research project provides an in-depth case study and qualitative analysis of one first-time mother's journey through the Canadian criminal justice and penal systems, as well as the subsequent systemic responses and framing of her experience. The dominant themes that emerged through a qualitative interview with Julie Bilotta and an analysis of all publicly available documents related to her case include (but are not limited to): state regulation of marginalized women and motherhood, institutional and interpersonal power relations, and notions of public transparency and institutional accountability. Finally, the study's findings are situated within the context of broader socioeconomic and political trends that intersect to shape the lived realities of criminalized and incarcerated women and mothers across Canada and elsewhere.

To Julie Bilotta—  
For all that you have endured.

And in memory of Gianni Lee Garlow.

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## CHAPTER I: INTRODUCTION AND LITERATURE REVIEW

In the contemporary era of mass incarceration and under the looming shadow of the ever-expansive prison industrial complex, it has become increasingly common for people to come into contact with the criminal justice system and to experience the pains of imprisonment, either first-hand or through friends and family members (Walmsley, 2013). As more people come under the direct or indirect control of the carceral<sup>1</sup> nation state, it is important to analyze those systems and bodies that contribute to its construction and conservation. Moreover, it is necessary to assess the ability of these social institutions to meet the needs of the individuals under their supervision, as well as to establish a standard of care to which operators of jails, prisons, and other carceral facilities may be held accountable. Criminalized women represent an acutely marginalized segment of the prison population whose distinct gendered needs have been habitually overlooked. The present study aims to better understand the experiences and needs of incarcerated women across Canada, with a particular focus on the unique lived realities of pregnant and post-natal prisoners. This research project provides an in-depth qualitative case study and analysis of one first-time mother's journey through the Canadian criminal justice and penal systems, as well as the systemic responses and framing of her experience. The study's findings are then situated within the context of broader socioeconomic and political trends that intersect to shape the lived realities of criminalized and incarcerated women and mothers across Canada and elsewhere. In the following section, I will provide a summary and timeline of events

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<sup>1</sup> Throughout this thesis, I have employed the term “carceral” when referring to the broad set of social institutions, systems, and processes that intersect to shape the contemporary lived realities of criminalized and incarcerated people around the world. I have adopted this Foucauldian term rather than the narrower term “correctional”, which refers solely to Canada's formal avenues of criminal justice, specifically the federal prison and provincial jail systems.



according to Julie's account of her experience at the Ottawa–Carleton Detention Centre—as provided in her interview, as well as in the legal statement of claim published by her lawyer.

### **Julie's story**

In 2010, Julie Bilotta was charged with trafficking and fraud; she was released on recognizance under the supervision of various sureties who were responsible for ensuring that Julie adhered to her conditions of release. However, due to an ongoing struggle with substance abuse, as well as interpersonal conflicts with her respective sureties, Julie was remanded and released from custody several times over the next two years while she waited to for her charges to be dealt with in court. During a three–month period of incarceration following allegations that Julie had breached her bail conditions, staff at the Ottawa–Carleton Detention Centre (OCDC) had Julie complete a routine pregnancy test, which turned out to be positive. Although the pregnancy had been unplanned and came as a surprise initially, Julie and her partner, Dakota, were happy. Julie was later released on bail; unfortunately, a family member who had previously agreed to act as Julie's surety asked to be relieved of her responsibilities. As this was a condition of Julie's release, she was again remanded into custody on September 25, 2012—which happened to be her 26<sup>th</sup> birthday—36 weeks pregnant with her first child. Julie had spent the previous night under observation at the Ottawa Hospital after experiencing severe stomach pains. Thus, when Julie was sent back to jail, the OBGYN who had treated Julie throughout her pregnancy wrote a doctor's note informing OCDC staff of her classification as a high–risk pregnancy.

In the early hours of the morning on September 29, 2012, four days after her arrival at OCDC, Julie began experiencing heartburn and threw up in her cell. After a visit with her partner Dakota around 10:00 am, Julie informed OCDC staff that she was not feeling well. Two hours

later, when she still did not feel well enough to eat, a guard brought Julie to the jail's healthcare unit where a nurse gave her an ultrasound, administered antacid to treat her heartburn, and sent her back to her cell. No physical exam was performed despite Julie mentioning that she had experienced some bleeding earlier in the day. Over the next few hours, Julie continued to experience severe pain and discomfort, which she expressed to the guards outside her cell. No action was taken, though around 3:00 pm one guard brought her a Popsicle and suggested she lie down. Julie's requests for help continued to be ignored, and her two cellmates began making similar demands on her behalf. After several hours of back and forth between Julie, her cellmates, and the guards on duty—all of whom expressed their own opinions on what she may be experiencing apart from labour—Julie was moved from her shared cell to a segregated cell on a lower level (despite begging not to be placed in a cell alone) where her protestations would not disrupt others.

Roughly an hour later, Julie's water broke; however, she noticed immediately that the amniotic fluid, which is typically colourless and odourless, had a greenish–yellowish hue. Guards insisted that Julie had wet herself, but reluctantly reported the incident to the healthcare unit. At approximately 6:30 pm, a nurse visited Julie in her segregated cell and gave her a Tylenol to help with the pain. Around 7:30 pm, Julie inserted her fingers inside her vagina and felt her unborn son's foot in the birth canal. When she relayed this information to the guards outside her cell, they responded by asking if she was concealing contraband in her vagina, and took no further action. After half an hour, Julie's son's entire foot was clearly visible outside of her body, at which point she screamed for help. When a guard came to the cell door and realized what was happening, she placed a medical emergency page within the jail and an ambulance was finally called. Julie had been exhibiting signs of labour and distress for more than ten hours.

Paramedics arrived at approximately 9:00 pm and helped Julie deliver her son, Gionni, who was in a breach position and had the umbilical cord wrapped around his neck.

Both Julie and Gionni were taken to the Ottawa Hospital, where they were immediately separated and Julie was shackled to her hospital bed. Upon arrival at the hospital, Gionni was determined to be in critical condition. At some point during the eleven-hour labour Gionni aspirated meconium in the womb; during his stay in the Neonatal Intensive Care Unit (NICU), Gionni suffered seizures, was placed on a ventilator and intubated, and required feeding through a catheter. Julie herself underwent surgery to remove a residual placenta and experienced severe post-partum hemorrhaging complicated by anemia, resulting in the loss of half her blood volume and two blood transfusions. It was later discovered that Julie had also contracted a Methicillin-Resistant Staphylococcus Aureus (MRSA) infection at some point during her stay at OCDC, which developed into a large sore resulting in another three-day hospital stay, and a surgery that left Julie with a 20 cm wide scar on the back of her upper thigh. During their stay, the Children's Aid Society (CAS) of Ottawa were called to the hospital and both Julie and Gionni were asked to undergo a drug test — for which Julie gave her full consent — following allegations of substance and domestic abuse. Before these allegations were cleared, Julie's partner Dakota<sup>2</sup> was not able to have contact with his newborn son.

Julie was discharged from the hospital and brought back to OCDC on October 2, 2012 where she was again placed alone in a segregated cell for two days under 'medical observation' despite being cleared by Ottawa Hospital staff. Gionni was released from the hospital on October 7, though he continued to suffer from respiratory problems and was admitted to the hospital

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<sup>2</sup> Dakota is Aboriginal; considering Canada's history of colonialism and residential schools, and the persistent intergenerational impacts experienced by First Nations communities across the country, CAS' refusal to grant an Aboriginal father access to his child over unfounded allegations of substance abuse and domestic violence are particularly appalling.

several times for related issues over the course of his short life. After an emergency bail hearing arranged by her lawyer, Julie was released from custody on October 18, 2012, nineteen days after the birth of her son. Around this time, the Executive Director of the Elizabeth Fry Society of Ottawa contacted Julie and asked for her permission to contact local media with her story, which she gave. As Julie's initial charges had yet to be resolved, she could not be released from jail without a surety, so she and Gianni were offered a placement at the J. F. Norwood House, a transitional residence for women in conflict with the law managed by the Elizabeth Fry Society, who agreed to serve as her surety.

Over the next few months, a CAS caseworker made regular visits to the house to check up on Gianni<sup>3</sup> and investigate (anonymous) allegations of misbehaviour. During this time, Julie struggled with post-partum depression, and received clonidine to help wean her off the medication<sup>4</sup> she was prescribed by doctors at the Ottawa Hospital. Both Julie and Gianni were also subjected to regular drug testing, as required by CAS. In mid-February of 2013, Julie's CAS worker arrived at J. F. Norwood House with two police officers to apprehend Gianni without explanation. Gianni was removed from Julie's care and placed with a (temporary) foster family, despite Julie's mother having previously established legal kinship with Gianni. Three days later, police officers arrived with a warrant for Julie's arrest—the Elizabeth Fry Society had rescinded their offer to serve as her surety, effectively sending her back to jail. Fortunately, an Ontario Ombudsperson arranged for Julie to be sent to the Quinte Detention Centre in Nappanee rather than OCDC given her recent history at the jail. Finally, Julie's lawyer arranged a hearing to resolve her outstanding charges from 2010, to which Julie plead guilty; in consideration of the

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<sup>3</sup> Julie did not learn until much later that her cooperation with the Children's Aid Society of Ottawa was entirely voluntary and *not* court-mandated.

<sup>4</sup> Although she stopped using drugs and remained sober throughout her pregnancy, it was and continues to be a struggle for Julie to manage her addiction to prescription pain medication.

pre-sentencing time she had served up to that point, a judge sentenced Julie to an additional two and a half months in jail<sup>5</sup> and 18 months probation thereafter. In that moment, Julie reflects, “[S]he gave me my life back. And I cried that day in court because it was finally over”.

### **Women’s imprisonment in Canada**

In Canada, federal corrections are administered by Correctional Service Canada (CSC), which operates five women’s carceral institutions across the country, as well as one healing lodge designated for Aboriginal women. With the exception of the healing lodge, which houses women of minimum- and medium-security levels, all federal women’s institutions are classified as “multilevel”, accommodating minimum-, medium-, and maximum-security prisoners. In order to be placed in federal custody, individuals must receive a sentence of two years or more. Women who receive a sentence of two years less a day or shorter fall under the purview of the provincial system; each individual province manages its own correctional institutions and has jurisdictional power to develop (and enforce) penal policies and processes as they see fit. In Ontario, for instance, the Ministry of Community Safety and Correctional Services operates multiple carceral facilities across the province, including correctional, detention, and treatment centers, as well as jails. The distinction between federal and provincial institutions can have significant implications for incarcerated women given the geographic spread of carceral facilities. Clarke and Adashi (2011) explain, “Jails are generally geographically close to where a person was arrested, while those sentenced to prison may be transported hundreds of miles away from their homes and families” (p. 924). While exploring the collateral consequences of incarceration on prisoners’ families, Hannem (2009) found, “Unique to the Canadian context, we

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<sup>5</sup> Due to the distance between Nappanee and Cornwall where her mother, partner, and son were residing, Julie did not have any contact with Gianni during these final months in jail.

find that the cost of maintaining family contact with an incarcerated loved one in Canada is much greater than in other nations. Due to the geographical size of Canada and the relative dispersion of federal penitentiaries, Canadian families incur much higher costs for travel to visit their incarcerated loved ones, if they can afford to visit at all” (p. 275). Although there are significantly more jails across Canada than federal prisons, similar issues may still arise for those sentenced provincially.

The gender-segregated prisoning of women in Canada began at the turn of the 19<sup>th</sup> century when the first penitentiary was built in Kingston, Ontario in 1835. The Kingston Penitentiary housed incarcerated women in a separate wing of the prison; on their website, Correctional Service Canada (2008a) claims, “Conditions for the women were similar to those for men, or worse”. Almost a century later, in 1934, a women-only facility called the Prison for Women (P4W) was constructed directly across the street from the Kingston Penitentiary. Unfortunately, the lived realities of federally sentenced women were hardly improved at the new P4W. Over the next fifty years, concerns about conditions at the women’s prison were continuously raised and numerous reports were published criticizing accommodations and lack of services for incarcerated women (Correctional Service Canada, 2008b). In 1989, the federal government created a taskforce to investigate the distinct experiences and needs of incarcerated women; the taskforce produced a report called “Creating Choices”, which included recommendations to develop appropriate strategies and approaches to the correctional management of women prisoners in Canada, such as empowering women; offering women meaningful and responsible choices; treating women with respect and dignity; providing women a supportive environment; and encouraging shared correctional responsibility for women

(TFFSW, 1990). An infamous riot at P4W in 1994 eventually led to the prison's closure, with investigators citing gross human rights violations (Arbour, 1996).

Two decades later, CSC released a progress report providing an updated profile of federally sentenced women, and claimed significant improvements had been made since the original report was published (Barrett, Allenby, & Taylor, 2010). However, the report also revealed incarcerated women in Canada still require more and increased access to programs and support services while incarcerated, as well as during release and reintegration (Barrett, Allenby, & Taylor, 2010). Thus, despite the fact that segregated women's prisons were created to distinguish incarcerated women from their male counterparts, and to better meet women's gendered needs, Canadian carceral facilities have consistently failed to meet these basic objectives. In the twenty-first century, we have seen dramatic increases in women's incarceration rates as an unintended and devastating consequence of tough-on-crime initiatives that disproportionately criminalize and incarcerate vulnerable populations. Women's imprisonment has been steadily increasing and is presently at an all-time high; criminalized women and mothers are the fastest growing segment of carceral populations, both in the United States (Clarke & Adashi, 2011) and in Canada (Barrett, Allenby, & Taylor, 2010; Derkzen & Taylor, 2013). According to a recent report published by the Government of Canada's Office of the Correctional Investigator (OCI) (2015), in the last decade, "the number of federally incarcerated women has increased by more than 50%" (p. 49), which is more than five times greater than the increase in the number of federally incarcerated men for the same period.

Socioeconomic deprivation has been consistently identified as a significant contributing factor in women's criminalization and incarceration. Following women's transition from the private to the public sphere in the 1950s and 60s, Pearce (1978) attributed women's climbing

incarceration rates to the increasing social and economic marginalization of women, which she referred to as “the feminization of poverty”. As women’s economic independence and presence in the workforce have become normalized, so too has the disparity between men and women’s incomes. Christopher et al. (2002) found in Canada, “the gender gap in both employment and pay are important in keeping women’s poverty rates higher than men’s” (p. 233). Further, recent increases in single–motherhood have resulted in the intensification of the gender gap among impoverished families (Christopher et al., 2002). As repeatedly demonstrated in the criminological literature, poverty and homelessness have become increasingly criminalized (Esmonde, 2002), and in the absence of sufficient social supports (Christopher et al., 2002), socioeconomic deprivation drastically increases marginalized individuals’ likelihood of becoming incarcerated. For criminalized women, these trends are further exacerbated by policy–makers and criminal justice administrators who are actively discouraged from taking gender–based factors into account when policing and imprisoning women, resulting in “more women being sentenced to prison and for longer periods of time” (Chesney–Lind, 2002, p. 89). Indeed, in recent years Canada has suffered a hugely overburdened legal system and an overcrowded prison system (OCI, 2015), which only serves to worsen women’s experiences of confinement.

## **Literature review**

### *Criminalized and incarcerated women*

Despite their growing numbers, criminalized women remain largely invisible across the carceral landscape. Policymakers and jailers alike have suffered a “collective amnesia” (Hannah–Moffat & Shaw, 2000) about criminalized women and the gendered nature of crime. Historically, men have been constructed as the norm around which criminal justice and penal policy are structured,



while little thought has been given to the nature of women's criminality and victimization. As a result, women have remained a correctional afterthought (Parkes & Pate, 2006). To put it bluntly, Jiang and Winfree (2006) argue, "Women prisoners simply do not get the same attention as do men from criminologists, penologists, or policy makers" (p. 33). With the introduction of feminist criminology in the late 1960s to early 1970s (Renzetti, 2013), the experiences of criminalized women slowly began to be acknowledged and addressed. Yet it seems the more we learn about incarcerated women, the less we are able to meet their needs (Comack, 2000).

Criminalized women represent a distinctly marginalized and vulnerable segment of the general population. Traditionally, when women have engaged in criminalized behaviours and activities, they have been constructed as doubly deviant—first for having broken the law, and second for having transgressed the invisible boundaries of femininity and womanhood (Lloyd, 1995). More generally, constructions of women's criminality fall into the typifications of "bad", "mad", and/or "victim" (Comack & Brickey, 2007) with little variability, which is a gross oversimplification of women's experiences of victimization and criminalization. Scholars have begun to distinguish between the distinct experiences of men and women in captivity, arguing these groups are different and should be considered and managed thusly.

Women's experiences of criminalization and incarceration are qualitatively different from their male counterparts' for several reasons. Criminalized women have, on average, lower socioeconomic status and levels of education than women in the general population (Mahony, 2011). Imprisoned women also tend to lack vocational training, which can make it particularly difficult to secure gainful employment upon release from prison (Comack, 2000). Many criminalized women report histories of abuse, which are often cited as a contributing factor in their criminality (Chesney-Lind, 2002; Comack, 2000). Incarcerated women disproportionately

struggle with mental health issues, which are only worsened in the prison environment, particularly for those held in solitary confinement (Comack, 2000; Maidment, 2006). When coping with confinement, men are more likely to take out their frustrations on others, while women direct their anger inwards, often resulting in self-injurious behaviours (Suter et al., 2002; Wakai et al., 2014). Finally, despite their broader range of needs, incarcerated women have access to fewer and less comprehensive correctional programs than men, and which are often shaped by traditional gender stereotypes (Morash et al., 1994). These findings align with the Vulnerable Populations Model, which posits, “Vulnerable populations typically experience risks in clusters, and groups predisposed to multiple risk factors are more vulnerable to poor outcomes than groups affected by a single risk factor” (Shi et al., 2008, 845). Thus, for criminalized women, and particularly in comparison with criminalized men, the abovementioned experiences of risk and vulnerability are not only more likely to occur but also to co-occur to shape women’s lived realities behind bars.

### *Pregnancy in captivity*

The lack of literature on women’s experiences of pregnancy while incarcerated seems a stark oversight considering demographic studies that indicate incarcerated women are younger (i.e. between the ages of 18 and 35) than the general population, and are predominantly of child-bearing age (Martin, Lau, & Salmon, 2013; Bell et al., 2004; Mahony, 2011). Available statistics on the number of women who are pregnant upon arrest and/or incarceration vary wildly, ranging from fewer than ten percent (Bell et al., 2004; Clarke & Adashi, 2011; Clarke et al., 2006; Sutherland, 2013; Kotlar et al., 2016) to as high as twenty-five percent (Kubiak et al., 2010), which is likely the result of inconsistent screening upon admission to custody (Clarke & Adashi,

2011). Other estimates suggest roughly nine percent of all pregnant prisoners around the world give birth while still incarcerated (Knight & Plugge, 2005). As is often the case with many important areas of academic inquiry, research and statistics on the Canadian situation are less reliable and even less available. In a glaring oversight, neither Correctional Service Canada (CSC) nor the Ontario Ministry of Community Safety and Correctional Services (MCSCS) have recorded *any* comprehensive information or statistics on pregnancy and childbirth in custody.

The World Health Organization (2009) acknowledges incarcerated mothers are an acutely marginalized population with gender-specific health risks and needs. Specifically, Van den Bergh et al. (2011) claim, “Women in prison generally have more, and more specific, health problems than male prisoners” (p. 690). In keeping with research on criminalized women, Sable et al. (1999) found pregnant incarcerated women are twice as likely as their “free” counterparts to report past histories of physical and sexual violence. In relation to prenatal health, imprisoned pregnant women represent an extremely high-risk obstetric group that is more likely than non-incarcerated women to experience medical complications during pregnancy, and less likely to receive adequate pre- and post-natal care (Knight & Plugge, 2005; Hotelling, 2008). Pregnant incarcerated women are also at increased risk for developing mental health concerns (Mukherjee et al., 2014; Wooldredge & Masters, 1993) — yet another underexplored area of research.

Despite incarcerated women’s increased risk and vulnerability, eligibility and access to healthcare services and programs behind bars is often limited (Palmer, 2007; Brennan, 2014). Scholars have overwhelmingly argued existing healthcare services provided to imprisoned pregnant women, as well as incarcerated women more broadly, have been entirely inadequate and consistently failed to meet women’s most basic needs (Shlafer et al., 2014; Clarke et al., 2006; Ferszt & Clarke, 2012; Wilper et al., 2009; Fritz & Whiteacre, 2016; Hotelling, 2008).

Special pregnancy-related accommodations, such as a modified diet and sleeping arrangements, are also uncommon (Ferszt & Clarke, 2012). Although improvements have been made, changes “...are limited not only in their use, but also in their scope” (Wooldredge & Masters, 1993, p. 201). Studies have found the prison environment may serve as a protective factor for some imprisoned pregnant women, resulting in positive health outcomes for both mother and child (Tanner, 2010; Bell et al., 2004). However, these results assume the provision of sufficient and consistent pre- and post-natal care during the period of incarceration, which, as demonstrated above, is rarely the case.

Many studies have explored the effectiveness of alternative approaches to providing mental and physical healthcare to incarcerated women and mothers. For instance, Barkauskas et al. (2002) proposed a “midwifery model of care” that more closely aligns with the gender-specific needs identified among imprisoned pregnant women. Studies on the feasibility of implementing doula programs for pregnant and post-partum incarcerated women have found properly trained doulas are able to provide significant “physical, emotional, and information support to the women during their labor, delivery, and recovery” (Shlafer et al., 2014, p. 323; see also Schroeder & Bell, 2013; Hotelling, 2008). Similar research suggests prison nurseries—such as the Mother-Child Program offered in select Canadian carceral facilities (see Brennan, 2014)—lessen the strain caused by the separation of mothers and their newborn infants (Fritz & Whiteacre, 2016; Kotlar et al., 2015). Other scholars have moved beyond attempts at intra-prison policy and practice reforms to propose alternatives to incarceration for criminalized mothers, such as housing programs that allow families to continue to cohabitate after an incident of parental criminalization, thus reducing the strain of separation experienced by imprisoned parents (and incarcerated mothers in particular) (Goshin, 2015).

*Labour, delivery, and mothering behind bars*

The overwhelming majority of incarcerated women are mothers (Barrett, Allenby, & Taylor, 2010; Derkzen & Taylor, 2013; Clarke & Adashi, 2011). As compared to incarcerated men, women are more likely to be linked with the custody and care of children prior to their incarceration (Jiang & Winfree, 2006; Foster, 2011; see also Christopher et al., 2002). An annual report published by the Office of the Correctional Investigator found more than 70% of federally sentenced women in Canada are mothers to children under the age of 18, and women in custody are twice as likely as incarcerated men to be supporting dependents on the outside (OCI, 2015). Despite the prevalence of parenthood behind bars, little research has focused on imprisoned parents and even less is known about the experiences of incarcerated pregnant women.

Adding to the pains of imprisonment and inadequate healthcare, scholars have found the shackling of pregnant prisoners during labour and childbirth is a pervasive practice that persists in contemporary carceral facilities and can have adverse effects on the health and wellbeing of both mother and child (Ferszt & Clarke, 2012; Ocen, 2012; Ramirez, 2014). For mothers who give birth behind bars, the extraordinary physical and emotional strain of delivery is exacerbated when women are forcibly separated from their newborn infant(s) (Shlafer et al., 2014; Chambers, 2009), which consequently interferes with the critical mother–child bonding and attachment process (Eliason & Arndt, 2004; Hutchinson et al., 2008; Fritz & Whiteacre, 2016), and can even impact women’s rehabilitation and likelihood of recidivism (Schroeder & Bell, 2005). Further, an incarcerated mother’s forced inability to breastfeed her infant child can have adverse effects on women’s mental health, specifically their perception of their self–image and “worth” as a mother (Huang, Atlas, & Parvez, 2012).

Jiang and Winfree (2006) argue, “The prison experience often is described as more painful for women than for men because it cuts off ties to family and loved ones, especially children” (p. 37; see also Jones, 1993; Hutchinson et al., 2008). While many incarcerated men have children (Berry & Eigenberg, 2003), the gendered differences in the distribution of parental responsibility both inside and outside of carceral spaces are undeniable. Incarcerated women often lack support systems on the outside (Hutchinson et al., 2008) and represent the sole caregiver in their household, which makes it difficult for new mothers to retain custody of their child(ren) in prison or jail post-partum (Mason, 2013). As a result, many children of incarcerated women are placed in foster care while their mother is imprisoned (Berry & Eigenberg, 2003).

The stress of being separated from one’s children and family can contribute to the deterioration of incarcerated women’s both physical and mental health (Foster, 2011; Sutherland, 2013; Sharp & Marcus-Mendoza, 2001). Scholars have found prolonged separation from one’s children places immense strain on both prisoners and their families (Berry & Eigenberg, 2003; Tapia & Vaughn, 2010), especially for imprisoned mothers (Foster, 2011). In a study of the pains of imprisonment experienced by mothers behind bars, lack of physical contact with one’s children, as well as the impact of one’s imprisonment on her children, were identified by imprisoned mothers as significant sources of strain (Foster, 2012). To be sure, recent increases in women’s incarceration rates have in fact resulted in negative and multigenerational effects on the children of imprisoned women (Goshin, 2015; Brennan, 2014). Evidently, the rapidly expanding population of criminalized and incarcerated mothers is a complex and intersectional social problem that is impacting the lives of countless people, and can no longer be ignored.

## **Discussion**

In consideration of the literature reviewed above, several overarching trends and gaps are revealed. Generally, research in this area has been inconsistent and often contradictory (Bell et al., 2004). Most academic studies and literature concerning pregnant and post-natal incarcerated women are found in medical and healthcare-focused journals, which effectively medicalize women's experiences of pregnancy, labour, delivery, and motherhood. According to Eliason and Arndt (2004), "The little literature available on incarcerated pregnant women has focused on the ability (or inability) of prisons to provide an adequate prenatal environment" (p. 163). These articles disproportionately focus on infant perinatal health and birth outcomes with a secondary emphasis on mothers' obstetric health risks, which may suggest a prioritization of infant health and welfare over the health of his or her incarcerated mother. Building on this critique, much of the available literature features quantitative approaches to data collection and analysis—few articles offer qualitative, sociological accounts of women's experiences and emotional responses to their pregnancy, delivery, and journey to becoming a mother.

The present study represents a necessary first-step towards addressing these significant oversights in criminological research on women's gender-specific struggles and experiences behind bars. Specifically, this research project provides an in-depth qualitative case study and analysis of one woman's experience in an Ontario jail, as well as the systemic responses to allegations of negligence and professional misconduct surrounding her story. In general, additional qualitative methods and inquiries are required to build a more balanced and holistic body of knowledge on the lived realities of criminalized and incarcerated women and mothers. Further, when conducting this research, scholars and theorists must make a concerted and unified effort to resist medicalization processes and discourses that fail to capture the diversity and

complexities of criminalized women's experiences. The need to incorporate more qualitative sociological perspectives into research on imprisoned pregnant and postnatal women in Canada and elsewhere is also an important area of concern that the present study will begin to address.

As previously mentioned, this research project also seeks to fill a substantial gap in Canadian research and reports on imprisoned pregnant women and mothers by providing an analysis of a particularly high-profile Canadian case. Upon reviewing the relevant literature, the need to develop more and broader research on the Canadian situation—with particular emphasis on distinguishing Canada from the United States where appropriate—becomes apparent. Presently, there are *no* publicly available statistics on federally or provincially sentenced pregnant women in Canada. In 2014, a formal access to information request was filed seeking documents detailing the number of federally incarcerated women who have given birth in custody, to which Correctional Service Canada (CSC) responded, “No records exist”. While such information may have been documented in incarcerated women's personal files, these records are not publicly available for privacy reasons. Regardless, the blatant lack of documentation on this important area of concern for imprisoned women and mothers is particularly alarming given recent dramatic increases in women's incarceration rates in Canada (OCI, 2015).

In the next chapter, I present this study's design, as well as the theoretical, epistemological, and methodological considerations that have informed this research. I also reflexively situate my role as researcher within the present study. In Chapter III, I explore the key themes identified through a critical analysis of my qualitative interview with Julie Bilotta; these include but are not limited to conditions of confinement at OCDC, power dynamics within carceral systems and spaces more broadly, and Julie's lived reality managing motherhood, incarceration, and mass media attention. In Chapter IV, I examine the myriad ways Julie's story



has been publicly framed and explained, including state responses, provincial healthcare responses, and legal responses. In Chapter V, I outline and discuss the predominant overarching themes that arose throughout the research process. Lastly, in the final chapter, I provide a brief summary of this study's findings, and consider the study's limitations, as well as potential future research directions.

## CHAPTER II: STUDY DESIGN AND RESEARCH METHODOLOGY

### Theoretical underpinnings

#### *Critical feminist theory*

As a researcher, my academic background is jointly rooted in Criminology and Women's Studies. From both a theoretical and epistemological standpoint, I consider myself to be a critical feminist criminologist, whose research interests and endeavours have all been structured around a set of underlying principles and assumptions about gender, crime, and the way these phenomena intersect in the social world. Simply stated, the concept of gender is inextricably embedded in the organization of social life and social structure. More to the point, gender is socially constructed, and notions of gender in turn structure all social interactions and institutions (Renzetti, 2013; Lorber, 2009). Renzetti (2013) explains, "[G]ender is essentially socially created and reproduced, not innately determined and immutable. We are taught the norms of masculinity and femininity, and through this process of social learning these gendered expectations become fundamental components of our personalities" (p. 7). Further, gender norms "are social products generated within the context of the social structure in which we live" (Renzetti, 2013, p. 7). The present study was principally informed by these basic assumptions about gender and their role in shaping lived social realities, as well as cultural ideas, language, and texts, which constitute the focus of this study's critical analysis.

Drawing on contemporary feminist and critical criminological theory, this research is premised on the notion that prisons and jails, as social institutions, are inherently gendered spaces. The androcentric history of corrections in Canada combined with traditional understandings of men and women's distinct patterns of criminality and criminalization has fundamentally shaped trends in punishment and imprisonment. According to Davis (2003), the

contemporary carceral landscape “both reflects and further entrenches the gendered structure of the larger society” (p. 61). The critical theorist insists, “[W]omen’s prisons have held on to oppressive patriarchal practices that are considered obsolete in the ‘free world’” (Davis, 2003, p. 64). For instance, Davis (2003) argues, “For women, the continuity of treatment from the free world to the universe of the prison is even more complicated, since they also confront forms of violence in prison that they have confronted in their homes and intimate relationships” (p. 79). As such, a significant portion of the present study’s findings and subsequent analysis is spent delineating power relations within carceral spaces, and problematizing the state sanctioned control of imprisoned people’s bodies and lives, especially women and mothers’.

#### *Note on postmodern feminism*

In addition to classifying myself broadly as a feminist criminologist, I also subscribe to tenets of postmodern feminism more specifically. Proponents of this particular subset of feminist research argue “truth”, like gender, is socially constructed. Renzetti (2013) explains, critical postmodern feminist theorists “conceptualize ‘truth’ as *contingent* or relative, not absolute” (p. 61). More to the point, “If truth is provisional, individuals may reject, subvert, or appropriate specific depictions of ‘reality’ and essentially reconstruct ‘reality’ from their own standpoints and experiences. And herein lies the potential for social change from a postmodern perspective” (Renzetti, 2013, p. 63). These assertions and assumptions featured prominently in the structuring of the present research, as I endeavoured to situate every component of the data within its broader social context, and attempted to find meaning in each piece of information using the same cultural lens through which the data were initially produced.

### **Epistemological frame**

A key factor in my decision to focus on Julie Bilotta's experience as a case study was my interest in her advocacy and activism in the aftermath of everything that had happened to her. The level of public attention and outcry Julie's story has continued to receive in the Canadian news media also intrigued me. From the outset, this study was guided by such epistemological considerations as whose voices are considered and incorporated in discussions about institutional negligence and accountability, and whose accounts are assigned greater value and thus validity in these discussions? I was also concerned with the narrow way in which stories about prisoners' suffering are constructed, framed, and disseminated through dominant discourse. According to Renzetti (2013), "What is accepted as truth changes over time, and across places, and from one individual to the next" (p. 61). Therefore, we must challenge normative narratives about criminalized people and consider a multitude of perspectives and experiences when attempting to make sense of prisoners' lived realities behind bars. Throughout this research, I problematize the systemic silencing of prisoners' voices and claims, particularly as it intersects with power relations operating within and throughout carceral systems and spaces.

This research was also informed in part by a desire to incorporate the voices of those most directly impacted by the criminal justice and prison systems into analyses and discussions of the same. Although this study does not adhere to conventional understandings of ethnographic research, I borrow from the underlying tenets of prisoner ethnography, which construct prisoners as experts on their own experiences, and provide an alternative to traditional sources of knowledge and information that can be limiting in their scope and analyses (Piché, Gaucher, & Walby, 2014). Media accounts and criminological inquiries often sensationalize prisoners' experiences (Novek, 2005); this trend is visible in public representations of Julie's case.

Conversely, encouraging criminalized women and men to contribute to knowledge production on their experiences of confinement enables the “rehumanization” of prisoners (Ross, 1994), and helps to problematize the “monster” stereotype of incarcerated individuals that has historically dominated much public and academic discourse (Gaucher, 1988). As a feminist criminologist, I offer critical insights into Julie’s lived reality that she herself may not have considered or conceptualized; however, as a researcher, it is not my place nor do I presume to speak *for* Julie.

In order to effect substantive change and work towards effectively meeting prisoners’ needs, it is important to refrain from speaking on their behalf and instead serve as a facilitator through which to communicate and to make analytic sense of prisoners’ lived realities. Thus, it is necessary to ask those directly affected by processes of punishment and imprisonment how their needs might be better met from a systemic perspective, and what alternative means of ‘doing justice’ might work best for them. This will allow critical researchers to begin to fill significant gaps in existing literature that has only recently begun to acknowledge and understand the gendered nature of crime and women’s acute experiences of victimization and criminalization.

### **Methodological approach**

This research draws on qualitative methods in its design, data collection, and analysis. More specifically, the study incorporates a grounded theoretical approach to making sense of the narratives surrounding Julie’s experiences. In their most basic form, “grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves. [...]. Thus, data form the foundation of our theory and our analysis of these data generates the concepts we construct” (Charmaz, 2006, p. 2). In other words, “Grounded theorists start with data. We construct these data through our

observations, interactions, and materials that we gather about the topic or setting” (Charmaz, 2006, p. 3). In this sense, “neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices” (Charmaz, 2006, p. 10). Throughout the research process, I resisted the urge to make the data ‘fit’ pre-existing assumptions and theories, instead opting to *ground* my analyses in the data themselves, though I did apply my own critical knowledge where appropriate when analyzing certain segments of the data that required a deeper probing.

According to Charmaz (2006), “[Grounded] theory *depends* on the researcher’s view; it does not and cannot stand outside of it” (p. 130). Therefore, while it was important for me to reflect Julie’s own interpretation of her lived reality as authentically as possible, I also set out to identify and highlight broader connections to help make sense of Julie’s story within the context of existing sociological literature and theory. As the research progressed, I actively constructed, defined, and refined the codes and themes identified across the dataset from a distinct standpoint and using particular language. As researchers, “[W]e choose the words that constitute our codes. Thus we define what we see as significant in the data and describe what we think is happening” (Charmaz, 2006, p. 47). While it is inevitable that a researcher’s analysis will be shaped to a certain extent through their individual lens, Van den Hoonaard (2012) warns, “The meanings we attach to words are so deeply imbedded in our own culture and life experience that it is often difficult to step beyond the pale of personal experience” (p.177), and cautions researchers against allowing their personal viewpoint to restrict their analyses and the resulting findings. The unique intersectional position I occupy as a critical feminist criminologist and qualitative researcher will be explored in more depth at the end of this chapter.

## Research questions

Grounded theory invokes neither inductive nor deductive but rather “abductive” reasoning, which “entails considering all possible theoretical explanations for the data, forming hypotheses for each possible explanation, checking them empirically by examining data, and pursuing the most plausible explanation” (Charmaz, 2006, pp. 103–104). Therefore, given the multiplicitous nature of grounded theory and methodology, I did not structure the present study around a particular empirical research question to be tested and answered definitively. Instead, I set out to analyze the range of standpoints and perspectives applied by various stakeholders when publicly constructing, framing, and responding to Julie’s story. When I began the research process, I was concerned with broader questions, such as *how does Julie interpret and describe her lived reality at the Ottawa–Carleton Detention Centre; what can the details of Julie’s experience tell us about the lived reality of confinement for incarcerated pregnant and postnatal women and mothers in provincial correctional facilities, specifically those in remand custody; and what do systemic responses to Julie’s experience tell us about Canadian criminal justice and correctional systems’ administrators and employees’ consideration and treatment of incarcerated pregnant and postnatal women and mothers?* A grounded approach also allowed new and evolving research questions to emerge continuously throughout the data collection and analysis phases. Some of the more complex qualitative questions that arose as I progressed through research process include, *what do Julie’s experience and the subsequent systemic responses tell us about the institutional and interpersonal power dynamics operating within carceral spaces in Canada and elsewhere; which individuals and/or social institutions/bodies are inherently endowed with power and control over criminalized and incarcerated women and mother’s bodies and lives, as well as the bodies and lives of their children; and lastly, who (or what) has the power to*

*intervene, assess, and decide who is allowed to mother, and under what conditions?* These questions and others are addressed in detail in the findings and discussion chapters of this thesis.

### **Study design**

The overall goal of this research was to situate Julie's experience of confinement as an imprisoned pregnant woman and criminalized mother within the broader social and organizational contexts in which it occurred. More specifically, I was interested in exploring how these systems and structures both shaped and constrained Julie's lived reality. The present research, then, is best defined as an *instrumental case study* (Stake, 1995) wherein the case to be studied serves not as the primary focus or problem, but rather "plays a supportive role, facilitating our understanding of something else" (Baxter & Jack, 2008, p. 549). As noted above, this case study is also framed through a critical feminist lens, which can "help social researchers see the relation between gender and power in all social settings" (Reinharz, 1992, p. 169). Further, feminist case studies "are extremely instructive in demonstrating the relation between individual lives and societal arrangements" (Reinharz, 1992, p. 170). In this instance, a critical analysis of Julie's story fulfills a general need for greater knowledge and understanding of the distinct lived realities of pregnant and postnatal women in conflict and/or confined within the Canadian criminal justice and penal systems. I also examine the ways in which Julie's experience reflects broader intersectional systemic trends in punishment, imprisonment, and state power in regulating the bodies and lives of captive women. In particular, I was interested in analyzing how governing bodies responded publicly to Julie's experience, including their framing of the incident and determinations of institutional responsibility. More generally, I set out to explore the notion that Julie's experience at the Ottawa–Carleton Detention Centre was



symptomatic of pervasive systemic negligence rather than an isolated incident to be sensationalized and swiftly forgotten by the news media, the general public, policymakers, and academics alike. To accomplish the research objectives outlined above, I employed a mixed-methods approach consisting of two distinct parts: an in-depth qualitative interview with Julie, and a qualitative content analysis of all publicly available documents relevant to her story.

### *Qualitative interviewing*

For the first phase of this study, I conducted a semi-structured qualitative interview in which Julie was able to share her story in her own words and to reflect on her experiences both within the provincial criminal justice and jail systems generally, and during her time incarcerated at the Ottawa-Carleton Detention Centre more specifically. The details of Julie's story help to highlight significant underlying issues embedded deeply within processes of the administration of 'justice' at the provincial level in particular. The interview was guided by a predetermined set of open-ended questions that allowed for an in-depth probing of Julie's lived reality as a criminalized and incarcerated pregnant woman and mother. Qualitative research is characterized by descriptive and emotive findings rather than explanative and quantifiable data. According to Boyce and Neale (2006), "In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation" (p. 3). Qualitative interviewing allows for a more fluid exploratory discussion than can be achieved through a structured linear line of inquiry. As Van den Hoonaard (2012) explains, "[T]he purpose of in-depth interviews is to allow people to explain their experiences, attitudes, feelings, and definitions of the situation in their own terms and in ways that are meaningful to them" (p. 78). This flexibility allows

researchers to revise and build on existing questions as the interview progresses, depending on a participant's responses. In using this adaptable qualitative approach, I was able to defer to Julie as the expert on her own experience, and allow her responses to shape the tone, direction, and duration of the interview.

When the time came to sit down and speak with Julie in a more formal and intimate interview setting, although I had prepared a set of questions to guide our discussion, I began by simply asking Julie to share her story, beginning with how she wound up pregnant and in jail. This was all the prompting Julie needed to launch into an detailed narrative of her journey through pregnancy, labour, and the eventual loss of her son all while navigating Ontario's courts and custody networks. At minimum, Julie's candor throughout the interview demonstrates a willingness to speak openly about her difficult experience behind bars. Moreover, Julie and other similarly marginalized and criminalized women residing in the community are in a unique position to provide valuable insight into women's experiences of punishment and imprisonment, which many are willing and wanting to share with those who take the time to listen.

### *Qualitative content analysis*

The second phase of the study consisted of a qualitative content and discourse analysis of documents that have publicly detailed Julie's story. According to Reinharz (1992), much feminist scholarship has been characterized by an "interest in pointing out what is missing" (p. 162) and the erasure of women's voices and lived realities from existing research on social phenomenon. Thus, while constructing the resultant analysis, I was as concerned with identifying missing information as I was with analyzing the content and contexts of the documents themselves. To construct a comprehensive account and timeline of Julie's labour and delivery at

the Ottawa–Carleton Detention Centre (OCDC), as well as public and state responses to the incident, I gathered whole documents and individual pieces of information from a wide range of sources. In a broad sense, I wanted to examine systemic interpretations, reactions, and framings of Julie’s story. The publicly available documents concerning Julie’s experiences communicated the perspectives of various social institutions and agencies, including legal professionals, healthcare providers, and public officials. I also analyzed several news media reports to garner further knowledge and piece together missing information about the systemic responses to Julie’s experience at OCDC that was omitted from the official documents included in the data set. Through a critical examination of these written records and narratives, otherwise known as “cultural artifacts” (Reinharz, 1992), I was able to assess the range and scope of dominant symbols, ideas, and themes being communicated to members of the public about Julie specifically, but also about pregnant women and mothers in conflict with the law more generally.

### *Data collection*

Before conducting the interview with Julie and assembling a set of documents for analysis, I submitted an application to Wilfrid Laurier University’s Research and Ethics Board as required, which was ultimately approved after minor revisions (REB #4643). Prior to completing the application, I had approached Julie informally via a private message through her personal Facebook page, which was publicly accessible by anyone with an account on the social media platform. In my initial message, I gave Julie a brief overview of the proposed study, and she indicated that she would indeed be interested in participating in an interview. I contacted Julie again once I had obtained approval from the Research and Ethics Board, and we arranged a date, time, and location for the interview that accommodated both of our schedules. On February 2,

2016 my supervisor, Dr. Stacey Hannem, and I drove to Julie's hometown of Cornwall, Ontario to sit down with Julie. We met at the local public library, where I had booked a private study room. Before we began, I reviewed a letter of information about the study with Julie and obtained her informed consent to proceed with the interview, including her permission to record our conversation. The interview lasted for approximately two hours; to compensate for her time and participation, I presented Julie with a \$25 gift card. In the following weeks, I transcribed the interview in its entirety and prepared the document for qualitative coding and analysis.

The remainder of the dataset consisted of various cultural artifacts related to Julie's story, which unfolded under intense public scrutiny. Rather than aim to sample data that can be generalized to a larger population, "grounded theorists aim to fit their emerging theories with their data" (Charmaz, 2006, p. 101). One way to accomplish this goal is to employ a theoretical sampling strategy, which "refers to the selection of materials based on emerging understanding of the topic under investigation" (Altheide & Schneider, 2013, p. 56). In the present study, I engaged in purposeful theoretical sampling, sampling documents and pieces of information as new themes arose, and until no new or relevant data could be found. This approach allowed me to not only gather documents that contained critical information about Julie's experience, but also to identify gaps in public discourse surrounding the case itself, as well as state responses to the incident. As noted above, the resulting dataset was drawn from a wide range of sources.

Ultimately the dataset consisted of the Statement of Claim in Julie's personal injury lawsuit, a disciplinary report produced by the College of Nurses of Ontario (CNO), and ten online articles from a range of local and national news media outlets, including the *Ottawa Citizen*, the *Ottawa Sun*, the *National Post*, *CTV News*, and *CBC News*. The legal Statement of Claim was made public by Julie and her lawyer; I was able to access this document via

DocumentCloud, a public website where individuals such as journalists can share primary source documents. Following the interview, Julie emailed me with a copy of the claim, as well as the CNO report, which was not released to members of the public until June 2016. In the report, an internal Discipline Committee disclosed their final decision and reasons in a professional misconduct hearing on the actions of a registered nurse and OCDC employee responsible for administering healthcare services to Julie during her labour and delivery at the jail.

While the inquiries and allegations made by concomitant social actors and agencies outlined above featured prominently in this study's findings, I was most interested in examining responses to Julie's claims of negligence by the governing bodies, institutions, and individuals charged with her care and custody. However, no formal response or reports were ever released by the Government of Ontario. To fill the gaps in publicly available documents, I compiled a purposive sampling of news media articles and was able to discern that the Ministry of Community Safety and Correctional Services (MCSCS) conducted a review of provincial correctional policies/procedures and took varying degrees of disciplinary action against several OCDC employees, including guards and nursing staff. I also directly contacted a spokesperson in MCSCS's Communications Branch, who confirmed that no further information on the Ministry's inquiry and disciplinary decisions would be released to the public. At this point, I felt that I had exhausted all available avenues of inquiry, and the sample was complete and ready for analysis.

### *Coding and analysis*

In the next stage of the research process, each of the documents in the dataset was coded line-by-line in its entirety with the exception of the small sample of news articles. Given their supplementary role in the dataset, these articles were not formally coded, though key passages

were noted and they were each analyzed through a critical qualitative lens. For the purpose of analysis, each document was examined in detail using NVivo, a software program designed to assist researchers in sorting, coding, and analyzing qualitative data.

The coding process consisted of two distinct phases: initial coding and focused coding. In the initial round of coding, Charmaz (2006) explains, “[T]he goal is to remain open to all possible theoretical directions indicated by your readings of the data” (p. 46). By coding each individual line or sentence in a document rather than trying to make sense its contents as one cohesive whole, researchers are able “to see actions in each segment of data rather than applying categories to the data” (Charmaz, 2006, p. 47). In the present study, I coded Julie’s qualitative interview transcript, her legal Statement of Claim, and the CNO report, creating and assigning codes as ideas and themes arose through my reading of each line of the document. I ended up with 20–40 specific codes for each document. Several similar or exact codes were identified in more than one document, though they were defined independently of one another. Coding each document in this manner helped to ensure “questions about these codes arise from my reading of the data rather than emanating from an earlier frame applied to them” (Charmaz, 2006, p. 45).

Once the initial phase of coding was complete, I engaged in a second round of focused coding “to pinpoint and develop the most salient categories in large batches of data” (Charmaz, 2006, p. 46). In this phase, larger coding categories “are more directed, selective, and conceptual” (Charmaz, 2006, p. 57) than the initial codes, and draw on broader theoretical notions and assumptions. At this juncture in the research process, “Our task is to make analytic sense of the material” (Charmaz, 2006, p. 54). While it is important to refrain from speaking *for* the data, or especially an interview participant, we are able to scrutinize a statement or action and make broader analytic connections that may not be readily apparent or plainly stated in the

passage being analyzed. Therefore, in the second round of focused coding, I identified key overarching themes that ultimately formed the basis of the findings and discussion.

### **Situating the researcher**

As critical qualitative researchers, our research often requires us to immerse ourselves in literature, theoretical frameworks, and processes of analysis to uncover the myriad covert meanings within our data. This process can be overwhelming at times, and it is important to continually evaluate not only our role as researcher, but also our position as individuals in relation to our research, including the topic, question(s), methodology, and especially the subjects of our analysis (where applicable). In qualitative research in particular, the act of self-analysis is commonly known as “reflexivity”. Charmaz (2006) defines reflexivity as, “[T]he researcher’s scrutiny of his or her experience, decisions, and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher’s interests, positions, and assumptions influenced inquiry” (pp. 188–189). Walsh (2003) further explains, “[T]he term reflexivity builds upon the phenomenological emphasis on experience by highlighting the importance of equivalent reflection on the prereflective by all participants (i.e., researchers and subjects) in human science research” (Walsh, 2003, p. 53).

A secondary component of reflexivity for grounded theorists and qualitative researchers entails acknowledging one’s personal biases and relative positions of privilege. In other words, we have to consider how we as researchers “fit” into the research we set out to conduct. In feminist studies, this process has been referred to as “unpacking the invisible knapsack” (McIntosh, 1990). In this theoretical knapsack, each individual carries their own personal taxonomy of privilege that functions as a protective factor, effectively safeguarding them from

particular forms of discrimination and processes of “othering” they may encounter in their social lives. When engaging with data, the way we interpret language, symbols, and texts is influenced by our past experiences and distinct viewpoints, which are inevitably shaped by the various forms of privilege or experiences of oppression we carry with us in our everyday lives. This is not to say that we are not open to new or oppositional interpretations, but rather that “the research process has both subjective and objective dimensions; there is no completely unbiased or value-free research” (Renzetti, 2013, p. 11). As far back as infancy, and over the course of our social lives, Doyle (2013) explains, “A representation of the world is formed that can be reworked and modified according to subsequent experiences, but that over time is likely to become a kind of template for interpersonal engagement” (p. 250).

Now, I would like to take a moment to unpack my own invisible knapsack and discuss how my personal experiences and privileges may have influenced this research. I was raised in an upper-middle class suburban family. Growing up, my parents worked in the Canadian Armed Forces, and were able to provide a very stable and comfortable life for my siblings and me. I have always attended school full-time, and I was often enrolled in extracurricular activities. When I graduated high school, I applied and was accepted to several post-secondary institutions, and my parents were able to contribute a significant amount to my tuition and living expenses when I commenced undergraduate studies in another city. After I completed my undergraduate degree, I was accepted to a Masters program, and I was able to cover the cost of this post-graduate degree through scholarships and personal savings earned primarily through working in flexible, well-paying positions within the academic institutions I have attended.

In addition to growing up in a financially secure household and having the opportunity to attend both post-secondary and post-graduate studies, I am further privileged by personal



characteristics that are coded into my physical appearance and communicated to others in social interactions, regardless of whether I intend for this to occur. Specifically, I am privileged by the colour of my skin (I am White), my sexual orientation (I am heterosexual), and my physical ability (I am able-bodied). These facets of my identity intersect to create a lived reality in which I am less likely to experience overt discrimination in social interactions, and when I enter the public sphere, I carry my invisible knapsack with me and I can reasonably assume that I will not face undue hardships or struggles in my daily life based on the aforementioned components of my social identity. Furthermore, all of these privileges have statistically decreased my likelihood of coming into conflict with the justice system. I am deeply passionate about my field of study (i.e. criminology) despite the fact that I have never directly experienced processes of criminalization or the pains of imprisonment I work so fervently to address. To further distinguish myself in relation to the research topic, I have never experienced pregnancy or motherhood in any capacity. While these components of my identity are not so polarizing that they should devalue my capabilities or contributions as a researcher, my critical analysis is limited in its depth and scope to the extent that my analytic lens is restricted in a sense by both my academic training and life experience. Thus, throughout the research process, I make a concerted effort to assess my role as researcher, and to acknowledge any personal biases in relation to the research topic or subject that may have inadvertently shaped my critical analysis and discussion of the study's findings.

### CHAPTER III: JULIE'S STORY—

#### EXPLORING ONE WOMAN'S LIVED REALITY OF PREGNANCY AND BIRTH

##### BEHIND BARS

Past research on occurrences of pregnancy and birth behind bars has largely overlooked imprisoned women's accounts and reflections on their own experiences. Although an extreme example of the struggles and barriers faced by pregnant women and mothers while incarcerated, Julie's story presents researchers and policymakers alike with a unique opportunity to investigate broader systemic issues and to problematize abuses of power and the regulation of women's bodies and lives within carceral spaces. In this chapter, I explore the prominent themes that arose through an in-depth coding and critical analysis of the transcription of my qualitative interview with Julie, which focused on her lived reality of pregnancy, labour, and delivery at the Ottawa–Carleton Detention Centre (OCDC), as well as her subsequent experiences of not only criminalization but also victimization by various criminal justice actors, correctional healthcare providers, and social service agencies.

The present chapter explores Julie's own interpretation and reflections on her lived reality as Ottawa's "jail house mom"<sup>6</sup>. In sharing her story, Julie has enabled me to explore the intricate intersections between criminalization and motherhood, which help demonstrate the extent of state authority over imprisoned pregnant women and their children. More specifically, findings suggest a need to ask important questions, such as *who* has the 'right' to mother, and in which contexts, as well as *who* has the authority to make such decisions? Throughout the interview, Julie discusses her struggle with both physical and mental health issues, and shares details of her

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<sup>6</sup> This phrase was used to label Julie in media reports of her case—I do NOT support this framing of her experience.

experience related to conditions of confinement, power dynamics within carceral spaces, the dissemination of knowledge and information, emotional responses to criminalization and incarceration, and the management of public perceptions and assumptions. Each theme is explained and explored in detail below, and supported with excerpts from the interview discussion between Julie, my supervisor, and myself. I also situate Julie's story within the context of broader social trends and research on the Canadian example where appropriate.

### **Punishment, imprisonment, and conditions of confinement**

In 2015, the Minister for Community Safety and Correctional Services, Yasir Naqvi, commissioned a comprehensive review of the intersections between segregation and mental health policies in Ontario jails (Office of the Ombudsman, 2015), with the intention of seeking "improvement opportunities" (MCSCS, 2016a). In Julie's experience, conditions at the Ottawa jail were "dirty", "gross", and "disgusting". Julie notes the building is "outdated" and full of "black mould", and claims it is common for prisoners to contract MRSA, as she did. Prisoners are responsible for cleaning their own cells, which is neither effective nor enforced. To further complicate matters, sanitation issues can arise when sharing a cell with individuals suffering from communicable diseases. According to Julie, "people are sick all the time", and it can be stressful for others sharing the same space and amenities.

In March 2016, Minister Naqvi convened a task force to develop an action plan to address the "absolutely appalling" overcrowding issues plaguing Ontario's jails. The remand population in provincial/territorial correctional facilities has outnumbered the number of individuals sentenced to custody for more than a decade (Reitano, 2016). Recently, 71 prisoners were transferred out of OCDC specifically to alleviate overcrowding within the institution

(Pfeffer, 2016). Julie confirms many of the issues at OCDC stem from issues of overcrowding, with prisoners often being placed with three or four people in a cell designed for only two. Most alarmingly, the prisoners filling Ontario jails are predominantly pre-sentence, meaning they have been admitted into custody while they wait for their charges to be brought to court and have not yet been convicted of any crime, as was the case with Julie.

When Julie went into labour, the two other women in her cell (which was over-capacity) expressed their sympathy and support, and demanded guards take action to assist her. Though OCDC staff took little to no action at the time, Julie did receive a few other limited accommodations during her time imprisoned while pregnant. Specifically, Julie was placed on a special “preggo diet” according to jail protocol, which, in addition to the standard meals that are “shipped in and rewarmed”<sup>7</sup>, consists of a glass of milk three times a day with meals and extra fruit and crackers with peanut butter and jam, as well as prenatal vitamins and Diclectin to treat her nausea. In the days leading up to Gionni’s birth when Julie could no longer keep her food or vitamins down, she was given a Boost meal replacement and a Vitamin C tablet in their place. Additional non-medical pregnancy related accommodations Julie received include a second mattress and being moved to a bottom bunk in her cell.

While Julie’s experiences at OCDC were predominantly structured through inaction, one significant action taken by staff was to remove Julie from the general prisoner population and place her in a segregated cell. Their decision is not surprising, considering general trends in the use of segregation for captive women. A recent OCI (2015) report found in 2014/2015, the highest number of federally sentenced women was admitted to segregation in a decade (p. 4).

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<sup>7</sup> Food for prisoners at OCDC is supplied by the *Compass Group*; using a “cook and chill method”, the food is mass produced off-site, shipped to various jails across Ontario, then reheated and served to prisoners (OCDC Campaign, 2016).

However, the reasoning behind the decision to further restrict Julie's freedom when she began to exhibit physical signs of distress—which were interpreted by guards as Julie “making too much noise” and upsetting her cellmates—is concerning. Childbirth, especially for a first time mother, is an intensely emotional and physically exhausting (and at times, even traumatic) experience. Perfectly natural responses to childbirth are contorted and reframed within prisons and jails as problematic, disruptive, and generally inconvenient, thus educing the exercise of greater control and regulation of the pregnant and labouring woman's body in an attempt to make her behaviour “fit” the strict policies, procedures, and codes of conduct enforced within these spaces.

According to the MCSCS (2015), acceptable circumstances under which prisoners may be placed in isolation include: the need to ensure the protection and safety of the individual, other prisoners, and/or staff; the individual is alleged to have committed or is found guilty of misconduct; the individual requests to be placed in solitary confinement (p. 40). In consideration of these guidelines, apart from “aggravating” her cellmates, it is not clear why or how Julie's requests for medical assistance necessitated being thrown in “the hole”<sup>8</sup>. In any context, segregation is an extremely stressful and anxiety-inducing practice that is strongly associated with mental health crises and self-injurious behaviours among prisoners (Suter et al., 2002; Wakai et al., 2014; Kaba et al., 2014). For imprisoned people suffering from pre-existing mental health issues in Ontario jails, “the demand for programs and treatment is much greater than what is available” (PSFC, 2015, p. 45). Further, “being subjected to segregation or locked down as a response to their illnesses only serves to exacerbate an already inhumane situation” (ibid, p. 51), thus perpetuating a vicious and seemingly endless cycle of victimization.

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<sup>8</sup> A term used colloquially by prisoners and jail staff to refer to solitary confinement cells.

When Julie was transported to the Ottawa Hospital after giving birth to Gianni, she was handcuffed in the ambulance and to the hospital bed immediately upon her arrival. As discussed in the literature review chapter, the shackling of women prisoners during labour and childbirth is a pervasive practice in modern prisons and jails. Despite its prevalence, the use of restraints on pregnant and postpartum women is found to be “demeaning and rarely necessary” (ACOG, 2011). This practice has especially oppressive connotations for incarcerated Black women given their historical experiences of slavery, convict leasing, and chain gangs, particularly in the Southern United States (Ocen, 2012). Ramirez (2014) argues, “From a medical perspective, the use of restraints can interfere with healthcare during pregnancy, labor, and delivery, and therefore poses health risks to mother and child” (pp. 42–43). In the event that restraints were not enough to subdue Julie, she recalls two correctional officers from the jail being assigned to stand guard in her hospital room while she recovered from emergency surgery and attempted to deal with the stress of having given birth and being immediately separated from her newborn son.

### **Managing interactions and delineating power relations**

#### *On the ‘inside’*

Throughout the criminal justice system, judicial actors play an important role in determining and applying the appropriate sanctions to criminalized people. To be sure, judicial discretion significantly shaped Julie’s experiences of punishment and imprisonment. Salient examples include her oscillation in and out of custody as judges intermittently denied and granted her release on bail, as well as one judge’s non-acceptance of Julie’s plea to be sentenced to a rehabilitative drug treatment facility rather than be remanded into custody, where she worried she would not be able to access the care that she required to help her manage her addiction.

Within the walls of OCDC, Julie's lived reality was predominantly structured through staff's actions and inactions when responding to her needs as an imprisoned pregnant woman. Julie's description of her interactions with both correctional and healthcare staff at the jail accentuates the underlying power dynamics at work within carceral spaces, namely the exercise of state control over criminalized women's bodies, as well as pregnant prisoners' experiences of labour, childbirth, and mothering behind bars. In the interview, Julie provided countless examples of situations in which she made clear and direct requests for medical assistance that were repeatedly dismissed or altogether ignored by jail guards and nurses. Drawing on more general comparisons and critiques of policy versus implementation and practice, it is clear that despite the multitude of procedures presently in place outlining appropriate responses to prisoners' needs, jail staff present an arbitrary and variable barrier to accessing programs and services available to those in custody, and particularly those being held on remand. While in labour at OCDC, Julie's requests for medical attention were directed at guards who, by the very nature of their position, possessed the inherent power to approve or deny her demands. According to Julie, their decisions were often based on their own assessment of her needs.

Julie's story is replete with accounts of physical discomfort and pain experienced as a direct or indirect result of her pregnancy, labour, delivery, and post-partum period. When describing her pregnancy experience, Julie explains she was "sick the whole time" and "only gained 13 pounds" over the course of her pregnancy. The night before she was returned to custody on September 25<sup>th</sup>, Julie first experienced signs of fetal distress in the form of "really severe, severe" stomach pains, for which she was hospitalized. During her bail hearing the following morning, Julie expressed concern about being incarcerated at eight-months pregnant and having to give birth to her son in jail. Julie recalls the judge responding that her pregnancy

was not a factor in the decision to deny Julie bail, and promising, “No matter where you go, you'll get the healthcare that you need”. Julie went on to deliver Gianni prematurely five days later, alone and afraid for both of their lives, in a segregated cell in the basement of OCDC. Julie’s discomfort and pain evolved from bad to severe to worse over the course of the day, and the only ‘medical attention’ she received came in the form of an antacid pill, a low-dose painkiller, and a popsicle; Julie’s only visit to the healthcare unit that day was prompted by a guard who threatened to report her to CAS for neglecting to eat while pregnant.

At various intervals throughout her prolonged and intensive labour, when Julie told the guards she was in pain and asked to be taken to the healthcare unit within the jail, she was denied access to a nurse and met with responses from guards such as, “Well [...] that’s a part of being pregnant”, and “If [you] couldn’t handle it, [you] should never have gotten pregnant”. In other instances, guards’ inactions were combined with overt threats. For example, when Julie was unable to eat her breakfast on the morning of Gianni’s birth, she shares, “one of the guards made a comment to me that if I didn’t start eating she was gonna call children’s aid on me”, which is a direct exercise of power over a pregnant woman, her body, and her unborn child.

Julie incurred obstetric complications and other potentially preventable physical harms above and beyond the predicted levels of discomfort and pain experienced by first time mothers during her labour and delivery at OCDC due to a lack of access to emergency medical services. Correctional staff, including guards and nurses, presented an insurmountable barrier to the healthcare services that Julie so desperately required. As a result, Julie’s labour and delivery experience was characterized by intense pain and fear. For any woman, and particularly first-time mothers, labour and childbirth can be a stressful and painful process. In Julie’s case, these



natural emotional responses were amplified as physical complications and signs of fetal distress arose, and were further compounded by the stress of the carceral environment

Most notably, when Julie's amniotic sac ruptured, a nurse observed that the fluid had a "greenish–yellowish" colouring. To any properly trained healthcare professional, this should have been a clear sign that meconium was present in the amniotic fluid, which indicates the baby has passed its first bowel movement in–utero. When aspirated, meconium–stained amniotic fluid can block and inflame an unborn child's airway, causing respiratory distress and making it difficult or impossible to breathe. Although meconium aspiration syndrome (MAS) is highly treatable due to recent improvements in obstetric care and delivery room practices (Vivian–Taylor et al., 2011), when left untreated, or if treatment is delayed, as in Gionni's case, infants may experience significantly increased risk of long–term complications and even death. While delivering the child via emergency caesarean section may significantly reduce these risks (Vivian–Taylor et al., 2011), OCDC staff failed to present this as a treatment option for Julie. When reflecting on her labour experience, Julie shares,

"I've *been* scared at this point because like, they're not gonna help me. I don't know what to do, I can't get out of this cell, I can't call anybody for help. There's nothing I can do" (original emphasis).

Typically, women in labour have the option of surrounding themselves with a network of family, friends, and trusted medical professionals to help support them through the delivery process. However, women in prison are not afforded this same opportunity and may even be placed under further restrictive and isolating birthing conditions, as demonstrated in Julie's case.

In the community, barring mitigating factors, any woman has the right to give birth to a child and the default societal assumption is that the woman is fit to mother said child unless she displays behaviours that suggest she cannot. When such a case is brought to the attention of CAS (or equivalent organization), policy dictates agency representatives work collaboratively with the family to assist parents and ensure all other avenues and efforts are exhausted before a child is removed from the home (CAS Ottawa, 2016). By contrast, in jail or prison, a woman's social identity (Becker, 1963) as a "criminal" and "prisoner" leads state agents to immediately question her ability and capacity to mother. When women give birth in captivity, both they and their newborn child are automatically and unavoidably surrounded by intersectional structures of surveillance, and their every movement is placed under intense scrutiny. As such, the onus is on the imprisoned mother to prove to those in a position of power over herself and her child that she is fit to mother her own child *in spite of* her criminalized status, rather than being given the default consideration that most women on the 'outside' receive. Consequently, the message conveyed to criminalized women is that they are "bad" and "unfit" mothers for being incarcerated, and their identity as "mother" and "caretaker" is subsequently marginalized.

When Julie was brought back to OCDC after her short hospitalization, she recalls guards making disparaging remarks about her traumatic experience, claiming they were "already over [her] story", and that they generally "taunted and tortured" her for the remainder of her incarceration at OCDC. In relation to the lack of staff response to Julie's cries for help, and their treatment of her upon her return to the jail, Julie says,

“I just think that there should definitely be [...] protocols in jails for things like that, and I think that you shouldn’t have to beg somebody to go to a hospital. I don’t think that they should have that much power to deny that”.

Not only did guards fail to call an ambulance for Julie, but also, and perhaps most significantly, they failed several times to inform healthcare staff within the jail itself of Julie’s insistence that she was in labour and in need of immediate medical attention. While this is a significant failure in itself, when guards *did* heed Julie’s requests for assistance and brought her to the jail’s healthcare unit, the nurses on duty were equally as distrustful and dismissive of her concerns. When asked about her interactions with OCDC healthcare staff specifically, Julie replies,

“[T]hey just kept treating me [...] like a drug addict, like [...] that I wanted to go to the hospital to get medication, like they were completely ignoring me. *I’ve seen animals treated better*. And I’m not even sure that even if I would have had more contact with them that it would even have helped, because they were not taking me seriously from the start” (emphasis added).

From a more critical standpoint, the absence of action in Julie’s case may be constructed as an act of further penalization. As Julie succinctly argues, “[T]he whole point of going to jail is losing your freedom, it’s not for the guards to determine what your punishment is”. This is not to say that all correctional officers engage in punitive prisoner management practices, but rather the hierarchical structure that exists within carceral spaces inherently imbues *all* staff members with an immense amount of control over those under their supervision; whether they choose to

exercise this power or not is another extension of their authority over incarcerated individuals. The complex relations of power at work between prisoners and their keepers become further complicated in correctional institutions where cross-gender monitoring is permitted (as is the case at the Ottawa–Carleton Detention Centre<sup>9</sup>) given criminalized and incarcerated women’s disproportionate histories of violence and abuse (Chesney–Lind, 2002; Comack, 2000).

The interactions with staff Julie describes demonstrate a collective sense of distrust directed towards prisoners by correctional officers and healthcare providers, particularly when prisoners are known to have past histories of substance abuse. Comack (2000) suggests this distrust is detected and internalized by prisoners, and in turn permeates their perceptions of guards, as well as their relationships with one another. On the topic of recommendations for changes to be made at OCDC, Julie offers, “[T]hat jail would really have to be shut down for it to work”. Referring to the culture of solidarity among correctional staff at the jail, Julie further argues at the very least entirely new staff would have to be hired, because “it’s hard to be a good correctional officer when everyone else isn’t doing the right thing”. Further, the fact that prisoners lack access to effective avenues of recourse and the means to hold staff accountable for their negligent actions (or inactions) exacerbates power imbalances within carceral spaces.

### *On the ‘outside’*

Power dynamics also exist between criminalized people and the myriad state and organizational actors responsabilized with their supervision and support. Outside of provincial criminal justice and correctional systems, community-based social services providers can exert mediated forms

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<sup>9</sup> Canada is a signatory of the United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as the Mandela Rules, which states that women prisoners should *only* be supervised and attended to by women officers.

of state power and control over the bodies and lives of criminalized and incarcerated individuals. Two agencies in particular that significantly impacted Julie's efforts to reintegrate into the community upon her release from OCDC are the Children's Aid Society (CAS) and the Elizabeth Fry Society (EFry). While both organizations are non-profit, the former is funded through the provincial government and the provision of their services is legally mandated, while the latter provides support services on a voluntary basis.

CAS inserted themselves into Julie and Gianni's lives the moment the pair arrived at the hospital, effectively transforming Gianni's birth into a "case" and reinforcing the notion that Julie's right to mother her own child is not a right at all but rather a privilege, and one that state actors do not extend to imprisoned women. The immediacy with which CAS was contacted and informed of Gianni's birth raises logistical questions about the underlying framework of symbiotic relationships between correctional institutions and community-based organizations, particularly those affiliated with governing bodies. A pamphlet produced by CAS and intended as a "Guide for Parents" informs readers the organization is obligated (i.e. by the Government of Ontario) to become involved in a family when it is suspected that a caregiver has "caused harm or created the risk of harm to a child or youth", and explains caseworkers are deployed instantly when "the risk of harm or danger to a child or youth is immediate". Within these parameters, it is difficult to imagine what immediate risk CAS had reasonable grounds to believe a mother whose every movement is carried out under constant state surveillance and control could possibly pose.

From the outset, CAS demonstrated their authority by presenting Julie with a court order for drug testing to be performed on both Julie and Gianni, which continuously tested negative, indicating Julie had not engaged in any substance abuse while pregnant or postpartum. The purpose of CAS involvement is to protect children from potential abuse and neglect, yet their

intrusion in the lives of criminalized women (and men) can further censure already marginalized families. For instance, Julie explains, when Gionni's father who identifies as Aboriginal arrived at the hospital, he was not permitted to meet his son before being assessed and cleared by a CAS caseworker on allegations of substance and domestic abuse. This exercise of power over Dakota is particularly problematic when situated within the broader context of Canada's deep-rooted history of colonialism, and the gross abuses of power state agents have continued to exercise over Aboriginal families under the guise of "child welfare". Later, when CAS apprehended Gionni (without providing Julie with an explanation or cause), caseworkers failed to place him with an Aboriginal foster family, as is mandated by law.

Following Gionni's sudden birth, the Executive Director for EFry in Ottawa contacted Julie upon her return to custody after her brief stay at the Ottawa Hospital. When Julie attended an emergency bail hearing shortly thereafter, EFry agreed to serve as her surety and offered both Julie and Gionni a place to stay at the J. F. Norwood House. However, as mentioned briefly above, EFry later rescinded this offer, claiming Julie had failed to follow the 'rules of the house' by being disrespectful to a staff member and calling her "some few choice words". To provide context, this interaction transpired after a CAS caseworker came to the house with two police officers and a court order to remove Gionni from Julie's custody—an undoubtedly stressful moment in which Julie was "panicking" and "losing [her] mind". Prior to Gionni's apprehension, Julie's contact with CAS had been proceeding on a weekly basis; she later learned that their involvement had not been court ordered, as she had been lead to believe. Generally, Julie says,

“I have a very negative opinion about Children’s Aid personally, because of the things I’ve seen and what they were doing to me at that point, because they weren’t even giving me really a reason, [...] as to why my son was apprehended”.

From Julie’s account, it is clear that although social services like CAS provide assistance to vulnerable populations, especially women and families, their involvement is bound by a set of policies and mandates that can reproduce processes of marginalization for criminalized people in particular. Therefore, it is not difficult to imagine how CAS’s involvement in Julie’s reintegration impacted her relationship with her son, of whom she so desperately tried to retain custody while attempting to resolve her outstanding legal issues. Julie explains,

“I felt like every time I turned around, [...] something was like taking him from me, and you know, he was only around for thirteen months, so [...] I missed out some time with him, and that’s hard on me”.

A final source of community-based state power Julie and her family have struggled to reconcile comes in the form of a formal inquiry into Gianni’s death carried out by the Government of Ontario. Julie and Dakota have yet to receive any information about the cause of their son’s death nearly three years after his abrupt passing. Julie comments,

“[T]hey don’t have a deadline on that kind of stuff, so they can keep it open for thirty years if they want to, and as long as that’s going on, [...] they by law do not release the autopsy results”.

For any parent, the loss of a child is unimaginable; however, parents' grief may be more manageable in cases where parents have access to social supports and are able to reframe the loss in a more positive light (Riley et al., 2007). Julie herself notes,

“[N]o one should ever have to lower their child into the ground, I think that's every parent's worst nightmare, is losing a child”.

Unfortunately, Julie and Dakota's efforts to cope with the loss of their son have been complicated by provincial authority's seemingly indefinite investigation into Gionni's death. Julie suspects the prolongation of this investigation may be driven by ulterior motives, specifically a strategic effort to interfere with her high profile lawsuit naming and accusing OCDC operators (i.e. the Government of Ontario) of negligence in the custody and care of not only herself, but also her son. Julie is optimistic that she may finally receive the results of the ongoing investigation once her lawsuit is formally resolved; she says,

“I'm just hoping that [...] they'll give me what I need to have some closure, because it's so hard not having that”.

While reflecting on her experience and identity as a prisoner and the different power relations at work within OCDC, Julie offers,



“I didn’t always make the best choices, but [...] that shouldn’t have affected the way I gave birth, [...] you know, like that doesn’t change anything. He was still my son, I’m still his mother, and [...] that never should have happened, and I wish I wasn’t here to attest to that story, but if it empowers people and if it shows other people [...] how important their jobs are, then it’s a good thing”.

Despite Julie’s overwhelmingly negative experiences and interactions with a wide range of criminal justice and penal actors, Julie continues to express empathy and a desire to educate rather than to vilify these same individuals. In the next chapter of this thesis, I explore a selection of systemic responses to Julie’s story, including interpretations and constructions of her lived reality at OCDC, and with particular emphasis placed on the theme of accountability.

### **Making sense of knowledge and information dissemination processes**

While less prominent in its own right, knowledge and information dissemination emerged as a secondary process inextricably linked to power relations within the jail. Those that occupy positions of authority over prisoners have the power to control the flow of knowledge and information within carceral spaces. During our discussion, Julie describes moments where she felt uncertain or was left guessing about the outcome of a given situation; these moments of uncertainty were often intermixed with other emotions, including worry, fear, devastation, helplessness, loneliness, depression, desperation, humiliation, panic, and sadness—all sentiments that are explored in more detail below. For the purpose of analysis, the theme of *uncertainty* refers to a general sense of not knowing or being unsure of what will happen next, rather than uncertainty about one’s own emotions or decision making processes.

The uncertainty Julie experienced—typically as a direct or indirect result of jail staff or other criminal justice actors withholding or preventing Julie from accessing information that might have lessened her distress—can be traced to pivotal moments in Julie’s story, such as the day she returned to custody, four days prior to the birth of her son. Julie recalls standing in the courtroom during her bail hearing and waiting for the judge to give her decision; she explains,

“I really didn’t want to have my child in jail because I was at eight months [pregnant]. I knew that there was no chance, if I lost that bail hearing, there was no hope at all, like 100% we’re gonna have my son in jail. Gionni would be born there and there would be nothing I could do about it, and I was very concerned about [...] what’s gonna happen? Is Children’s Aid gonna step in now because I’m not there? Who’s gonna watch my son? And his father was very much involved, but I mean, I had some serious concerns obviously and I was devastated”.

Throughout her cyclical passage in and out of custody while she waited for a sentencing hearing, Julie also wondered for how long she would ultimately be incarcerated. Julie shares,

“I didn’t know how much time they wanted, like I didn’t know when I was gonna be home, and that was very hard to deal with, because when you go to jail and you know that you’re gonna be out on a certain date, well then you can look forward to that date”.

Julie goes on to explain how difficult it was to not know what her sentence would be, though she admits, “I had a feeling I was gonna be there for a while this time”. The instability in Julie’s status as both a ‘free’ and an ‘imprisoned’ person would be stressful for anyone facing criminal charges and the looming threat of incarceration, let alone for a criminalized woman who is eight-months pregnant with her first child and facing a jail sentence for the first time in her life. More broadly, it is important to acknowledge the significant interruption arrest and conditional release policies and practices can have in criminalized individuals’ lives and in the lives of their family and friends. It is hard to imagine how Dakota felt in this moment, simultaneously knowing his partner would be remanded into custody and yet not knowing for how long, or whether his child would be born in jail. At the very least, we can assume that neither Julie nor Dakota expected Gionni to be delivered on the dirty floor of a solitary confinement cell at the jail.

Subsequent feelings of uncertainty, coupled with fear primarily, centred on Julie’s custody of Gionni. As previously discussed, from the moment Gionni was born, both child and mother were subjected to frequent interactions with CAS, which continuously questioned Julie’s capacity to care for her own child. Consequently, despite Julie’s constant cooperation with her caseworker and her compliancy with CAS’s demands (including regular check-ups and drug testing for both Julie and Gionni) the agency made the decision to remove Gionni from Julie’s custody. Even today, Julie says, “I’m still guessing at the reasons of why that happened”, which reveals the enormous power such agencies hold over marginalized mothers and families, and raises important questions about who state actors deem ‘fit’ to mother, and at what point it is deemed ‘necessary’ for state actors to remove a child from his or her mother’s custody.

Evidently, certain governing bodies retain the power to withhold deeply private and personal information from parents who have suffered the loss of a child, as in the case of Julie

and Dakota. Not knowing the cause of Gionni's death, which occurred while he was in Julie and Dakota's care, is a profound example of barriers to knowledge/information. In the interview, Julie comments, "[I]t'll be three years in October [2016] that Gionni died, and I still don't even have his autopsy results. They've been playing games ever since". The range of emotions parents in Julie and Dakota's situation may experience is impossible to predict, though Julie offers,

"I don't know how I went from [...] celebrating his birthday [on September 29] to him dying two weeks later, and you know, not knowing and not having any answers. It drives me crazy".

Along a more complex line of thinking, Julie has often found herself wondering how different things might have been if Gionni had not been born under the conditions that he was. Part of the knowledge dissemination process involves establishing open lines of communication with social institutions on the 'outside', enabling prisoners to exercise their rights, and ensuring prisoners have access to the tools, services, and supports they require to do so. Thus, by failing to call an ambulance when Julie first displayed signs of labour and indicators of foetal distress, OCDC staff restricted the flow of critical information to those who had the power to intervene on Julie's behalf and to connect her with the appropriate emergency medical services. This inaction in turn had a drastic impact on Julie's delivery experience, and likely caused Gionni to incur physical harms that might otherwise have been avoided. Julie wholeheartedly agrees, arguing,

“[H]ad they made the phone call initially, twenty–one people wouldn’t be on the hook right now, none of this would have happened, [and] my son might potentially still be here to this day”.

Julie continues,

“I can’t say that Gianni would be here if that hadn’t have happened, [...] you know facts and feelings are two different things, obviously, but maybe Gianni still would be here if he had been born under regular circumstances”.

The frequent fluctuation in Julie’s legal status, combined with a recurrent sense of uncertainty or “not knowing” can be traced to a lack of communication between justice actors and criminalized and incarcerated people about their inherent rights, as well as the status of their charges and sentences, among other things. As demonstrated above, in Julie’s experience, the withholding of information is transformed into an added form of punishment that may equate to real and at times irreparable harms that further compound an imprisoned person’s experience of confinement.

### **Exercising agency and resisting institutional power structures**

The power relations outlined above are symptoms of a broader systemic structure and encompassing force to which captive people and particularly women are subject while imprisoned. Still, during the interview, Julie describes moments in which she was able to exercise agency; specifically, the small yet meaningful ways Julie resisted institutional power dynamics. Through small forms of ‘micro–resistance’, Julie was subsequently able to regain

some measure of actual (or perceived) control over her lived reality by making formal decisions about her body and life within the confines and constraints of carceral systems and processes. Similar to her interactions with jail staff, Julie communicated resistance through the decision to either act or *not* act, both of which are meaningful in their own way. Through a critical reading of the interview transcript, I noted that Julie engaged in deliberate actions and inactions, which I have defined as “strategic compliancy” and “informed dissent” respectively. For instance, Julie describes how her calculated attitude towards interactions with jail staff helped her to avoid undue hardships<sup>10</sup> during her time incarcerated at OCDC. Julie explains,

“I’d give people the same respect that I want back, so for the most part, [...] there would have been like maybe one or two guards I didn’t get along with, and I actually liked a lot of them. I understood that they have a job to do”.

As previously discussed, Julie was consistently compliant with the increasingly invasive demands made by her CAS caseworker, which included submitting to regular drug testing for both herself and her infant son. In consideration of Julie’s charges and her past history of addiction, CAS’s concern about the potential for substance abuse and its impact on Gionni is not altogether unfounded. However, from the moment Julie was arrested and charged in 2010, she had been up-front about her struggle with addiction; during the interview, Julie shares her decision to discontinue prescription drug use and remain sober, and insists she continually sought treatment (when it was available), both while she was incarcerated and upon her eventual release.

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<sup>10</sup> This statement is intended in a more general sense, and obviously does not apply to Julie’s traumatic experience of labour and childbirth at OCDC on September 19<sup>th</sup>, 2012.

During Julie's stay at EFry's J. F. Norwood House after her release from OCDC, a CAS caseworker checked in on both Julie and Gionni on a weekly basis, and sometimes even more frequently. Julie recalls her caseworker making repeated visits to the house to investigate allegations of neglect, which Julie suspects were made by other clients living in the house. With the regularity of CAS's monitoring and management of Julie and Gionni's day-to-day lives, Julie was given the impression that her caseworker's involvement had been court-mandated as a condition of her release, which was not actually the case. Julie explains,

“At that time, I had no idea that it was [...] on a voluntary basis. So there's no court order for them to be involved. And had I known what I do now, I would have never let them be a part of anything, [...] I just thought that I had to deal with them, like I had to work with them. And I figured, and I think most parents that deal with Children's Aid figure, 'Well if I have nothing to hide [...] what's the big deal of having them around?' And that's just the attitude I had”.

Under different circumstances, this assumption on Julie's part might be interpreted as the result of a simple misunderstanding. However, given what is known about the power dynamics operating within spaces occupied by criminalized women and mothers, the miscommunication between Julie and her caseworker might also be understood as a further extension of CAS and other state agencies' power over their clients' bodies and lives, specifically their ability to take steps towards independence and autonomous decision making post-incarceration. When Julie attempted to cease her ongoing relationship with CAS, she was convinced to keep her file open

by her case worker, who assured Julie it would be easier than opening and closing a case file each time a new allegation was made—certainly, it would be more convenient for the agency.

Julie agreed to let the file remain open for the time being, meaning her all future inquiries would be processed by the same caseworker she had been interacting with up to that point; within two weeks, that very caseworker would go on to assist in Gionni's forced removal from the "halfway" house. When Julie's charges from 2010 were finally resolved and she was released from custody for the foreseeable future, Julie returned to Cornwall and began working towards regaining custody of Gionni, who had been residing with Julie's mother after a brief stint living with a temporary foster family. At this point, Julie carried out a minor though highly effective act of 'informed dissent' that enabled her to regain a degree of control over her lived reality—something she had been repeatedly deprived of while incarcerated. Julie shares,

"I changed my address so that [...] she'd be completely gone, my worker from Ottawa, because she was absolutely unreasonable, and after what she pulled<sup>11</sup> I didn't trust her anymore".

This simple address change had a huge impact on Julie's life, as well as the lives of her son, partner, and family members, who had all been affected by CAS's involvement in Julie's case.

Another form of 'micro-resistance' Julie carried out on her journey through the provincial justice system was making the informed decision to reject an alternative conditional

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<sup>11</sup> Here Julie is referring to CAS's decision to remove Gionni from Julie's custody while the two were living at the J. F. Norwood House. EFry later revoked their legal status as Julie's surety, effectively sending her back to jail in the absence of any appropriate or available alternative.



release proposal put forth by the Crown Attorney assigned to prosecute Julie's charges from 2010. Instead Julie opted to serve a more traditional custodial sentence; she explains,

“I was offered to go to another halfway house and spend 6 months there and I said, ‘No, I’m not playing games anymore, I want to get the time done, and be home with my son, and be free of all this once and for all’”.

This decision is particularly powerful, considering the implications of serving one's prison or jail sentence in its entirety. When an individual receives a conditional release or sentencing order, they are permitted to reside in the community for the duration of their sentence rather than serving the allotted time in jail. While released, criminalized people are subjected to constant monitoring through a range of supervision tactics and surveillance technologies enforced by various state agents, including probation and parole officers. Some release conditions are mandatory, such as appearing in court or reporting to a supervisor (MCSCS, 2016b), but many are optional and imposed at the discretion of the presiding judge. These requirements can be extremely restrictive and have often been criticized for essentially setting criminalized people up to breach their conditions, resulting in the accumulation of additional charges. By contrast, if an individual is permitted or chooses to carry out the entirety of their sentence in custody, that individual will be released with limited restriction of their movements in the community thereafter. Ultimately, Julie served an additional two and a half months in jail and received a probation order for a period of eighteen months to begin upon her release. For Julie, the mere act of exercising agency in her position communicates dissent, and demonstrates how criminalized

and incarcerated people can maintain autonomy and either formally or informally participate in decision making processes related to their lived realities within carceral spaces and systems.

### **Managing motherhood and incarceration**

Incarceration is a largely unknowable experience for those on the ‘outside’ who have never been accused or convicted of a crime, despite our frequent consumption of popular representations and discourses that purport to authentically portray these experiences to the public (Surette, 2011). The notion of being pregnant and giving birth in jail is unimaginable for most people, including most prisoners. For Julie, the stress associated with giving birth and becoming a mother that ‘free’ women have been experiencing for centuries was amplified in the carceral environment. To better understand Julie’s experience as an imprisoned pregnant woman, it is necessary to highlight the range of emotions she experienced through her ordeal, and to analyze Julie’s vivid account of her lived reality before, during, and after her incarceration and Gionni’s death.

The natural emotions Julie displayed during this time, such as feeling worried, overwhelmed, and even afraid, were problematized by OCDC staff when attempts to make Julie’s labour and delivery experience “fit” with jail protocols and custodial expectations failed. Julie’s escalating screams of pain and cries for help transgressed the acceptable boundaries of orderly conduct expected of prisoners, and Julie was promptly transferred to a segregated cell where she could no longer disrupt others (i.e. pose a threat to the status quo established between captives and their keepers). Thus, it is important to reframe Julie’s emotional responses to labour and delivery within the given context as ‘normal’, and to instead problematize the myriad ways in which correctional staff and other state agents responded to Julie’s needs, and constructed her behaviour as generally problematic and inconvenient.

As Julie shares her story, the dominant emotions she expresses when reflecting on her time at OCDC and beyond are worry, fear, devastation, and helplessness. These emotions center on Julie's experiences of labour and delivery behind bars, specifically the moments in which Julie comes to the realization that her unborn child is in distress, and that she has been systematically prevented from helping herself and her son. When describing the physical pain she experienced during labour, Julie emphasizes the feeling that something was not right, saying,

“I don't know what to do, [...] I'm standing there and I'm crying and I've never been in so much pain in my life. I felt like my whole body was like being torn apart”.

The strength and resiliency Julie displays when sharing her story is highly commendable, considering everything that she has been through. However, this is not to say that Julie has not struggled with mental health issues related to her incarceration, as well as the difficult birth and eventual death of her son. At one point in the interview, Julie states,

“I'm trying to work on all that, because [...] it's definitely changed me as a person, like I'm not the same person I was, you know, four or five years ago, like it's just been a roller-coaster ride”.

By her own admission, Julie recalls “down-spiralling” and suffering from postpartum depression during her stay at J. F. Norwood House. Julie also explains,

“I had to see a psychiatrist and a psychologist for my lawsuit, [...] and they both diagnosed me with really severe post-traumatic stress and depression. I have really bad anxiety now and stuff like that, so I’m trying to work on all that”.

Although she received continuous drug counselling during this time, Julie states that she never received any formal emotional support or counselling while incarcerated.

During the interview, in addition to fear and helplessness, Julie describes feeling alone, awful, depressed, desperate, disrespected, disturbed, horrified, humiliated, overwhelmed, panicked, sad, and surreal. Considered individually, many of these emotions may arise during some of the more difficult or complicated birth experiences shared by mothers in the community. When condensed into a singular experience and situated within the carceral context, these responses generate the holistic image of an imprisoned pregnant woman whose traumatic labour and delivery experience has been predominantly shaped through preventable structural harms.

One emotional response in particular that stands apart from Julie’s overall experience is her feelings of isolation and loneliness. When a guard made the decision to transfer Julie from her shared cell to a segregated cell, Julie recalls,

“I was begging her not to put me in a cell by myself because I just didn’t want to be alone, I was scared, I didn’t know what to do”.

When women give birth in the community, time permitting, most have the option to surround themselves with a support system of family and friends—an option that is not extended to imprisoned mothers. In fact, as previously noted, when Julie’s partner Dakota arrived at the

hospital, he was denied access to both mother and child. During the interview, Julie expresses her frustration with CAS's involvement during her stay in the Ottawa Hospital, which actively prevented Dakota from seeing Gianni due to allegations of substance abuse and domestic violence, which Julie vehemently denied. Julie explains,

“[T]hey wanted to meet Dakota and I told them no, there wasn't any history of abuse, and if there was he wouldn't be around, cause you know, I just don't put up with that kind of stuff. So they wouldn't even let Dakota see the baby until they had this meeting with him, which meant the first day he didn't even get to meet his son”.

The timeline of events as they progressed, from jail staff calling an ambulance to a CAS caseworker arriving at the hospital to speak with Julie, raises important questions about cooperation between correctional institutions and community services providers, such as *when* was the agency contacted, and by *whom*, as well as *how* or *why* were the allegation of domestic violence and substance abuse brought to CAS's attention?

Later, after Julie was released and residing at the J. F. Norwood House with Gianni, despite being permitted visitation (albeit restricted and limited), she was further isolated from her external support networks. Julie admits, “Dakota would come up and spend the day, but [...] I was almost like doing the single parent thing, and it was hard on me”. Many incarcerated women and especially mothers lack support systems on the ‘outside’ (Hutchinson et al., 2008). As demonstrated in Julie's experience, even when such allies exist, criminalized individuals are constantly presented with structural barriers preventing them from accessing these support systems. If the old adage, “It takes a village”, holds true, isolating a child from its network of

caretakers under the guise of ‘risk management’ and ‘community safety’ may be detrimental to the child’s development, and to the development of healthy, loving, and nurturing bonds between the child and its parent(s), as well as other family members<sup>12</sup>.

Certain details of Julie’s experience hint at the notion of “missed milestones” or life-changing moments that are normatively regarded as holding great social and cultural significance. One such moment might be the experience a couple share when they find out they are expecting a child, or the moment a child is born and a couple (if applicable) become parents. As previously mentioned, Julie was informed of her pregnancy by a nurse at OCDC after a routine intake procedure required her to take a pregnancy test. Regrettably, given the structural constraints in place, Julie was unable to share what might have been a joyous moment with her partner. For Julie, such moments and their associated memories will forever be linked with the strains and stressors of criminalization and confinement.

Conversely, when Gionni passed away, the family of three was residing together in the community. As traumatic as the event undoubtedly was for Julie and Dakota, the pair was at the very least able to grieve together and support one another in the aftermath of their son’s passing. Under different circumstances, for instance if Julie had still been incarcerated, the young parents would have been forced to suffer through their family tragedy apart rather than together. The loss of a child is unimaginable, and remains an unfamiliar experience for most parents. As a member of the unfortunate minority of parents and caregivers who have faced this harsh reality, Julie reflects on the day Gionni passed away, saying,

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<sup>12</sup> I would like to acknowledge that families come in a multitude of forms, and the use of the term “family” here is not restricted to those who share relation to the child through blood.

“[I]t’s like a blur to me. I remember people at the hospital that were there that said that they’ve never heard somebody scream like that before. I just remember I fell, like I fainted when I walked in the room, and I was holding him and it didn’t feel real. And I kind of remember that I kept asking, telling the doctors that it was getting late and I had to get him home because he needed to go to sleep, and I remember someone telling me like, one of them being like, ‘You can’t take him now like, he’s gone’ and [...] I was in shock, I wasn’t even crying or anything, I don’t think, I just didn’t get it, you know? It just wasn’t clicking in”.

Julie has since exhibited incredible strength and determination to move forward from her experience and to fight for systemic changes to ensure no imprisoned woman will ever have to experience the life-altering harms and loss that Julie and her family have endured. Intermixed with the upsetting details of her lived reality at OCDC, Julie describes moments of hopefulness and in fact happiness, which presented as a dominant emotion throughout the interview. In spite of everything that has happened, Julie maintains, “all Gianni ever did was make me happy”.

### **Managing public perceptions and assumptions**

A final barrier Julie has encountered on her journey to heal from her time at OCDC has been the struggle to mediate the effects of having the intimate and painful details of one’s private life published through mass media. With this increased public awareness and interest comes a wide range of assumptions constructed from a mixture of factual information, details of particular interest (i.e. those that may add an element of ‘entertainment’), and popular discourse, which may or may not accurately reflect the reality of a particularly newsworthy story. A common

misconception about Julie's case relates to the timeline of events that occurred from her initial charges in 2010 to her pregnancy and Gianni's birth in 2012. As most people who have received a basic education in human reproduction are aware, the average gestational period of a healthy adult woman lasts for approximately nine months. Thus, when reading a news story about a pregnant prisoner, those with a limited knowledge of the criminal justice system and the current state of Canadian courts, in the absence of such context, are likely to infer that the woman engaged in criminalized behaviours and/or activities while pregnant. This of course is *not* the case, and Julie is quick to correct those who misinterpret this significant detail. However, this critical misunderstanding has often resulted in public outrage, resulting in the construction of Julie as a 'bad mother' and an irresponsible woman who is unfit to parent her own child.

Representations of criminalized and incarcerated individuals in the news and entertainment media figure enormously in the construction of dominant discourse and public perceptions of prisoners, especially imprisoned women given the scarcity of such representations (Cecil, 2007). These narratives and images are highly gendered, and often perpetuate inaccurate and stigmatizing stereotypes about women and mothers in conflict with the law (Cecil, 2007; see also Clowers, 2001). Highly unprecedented or unusual news stories are often co-opted by news media outlets and framed in such a way that not only informs, but also serves to entertain media consumers. In the contemporary era of 'infotainment', stories like Julie's quickly become sensationalized, obscuring the more insidious reality of modern-day punishment and imprisonment in public discourse. Ontario's jails have become increasingly overcrowded in recent years as the remand population continues to rise; approximately 70% of the prisoners housed at OCDC are being held in remand (i.e. pre-sentence) custody (CPEP, 2016). Julie herself served several stints in custody while waiting for a court date to resolve her charges.



When discussing the public backlash over her status as an imprisoned pregnant woman, Julie explains,

“[P]eople don’t realize, like, a lot of people are in jail that haven’t even been convicted at this point. So that’s the thing with the media like, they cover what they want, and they sensationalize what they want”.

It is easy to anonymously pass judgment on others based on one’s own interpretation of their choices and actions, and the mass publication of newsworthy crime stories under the guise of keeping the public informed and safe further enables such behaviours. In the interview, Julie discusses the various ways she attempted to cope with the loss of her freedom and the loss of her son while struggling to manage the increased public attention both she and her family endured once the story of Gionni’s birth at OCDC reached the media. Even in light of all the negative media attention and public opinions, Julie will be the first to concede that she did not always manage her emotions in healthy (or legal) ways following her son’s death. In fact, Julie admits, “[F]our months after my son died [...] I was acting erratically and doing crazy things [...] I didn’t even understand what I was doing”. She continues, “[A]fter all that happened, [...] I got charged with shoplifting like three months later, like I was just doing these really like crazy things”. Many would be quick to condemn Julie’s actions during this difficult time, herself among them, but there is no universal guidebook in existence for grieving parents to consult that lists appropriate reactions to the death of one’s child. To further complicate matters during an unbelievably complex period of loss and grief, Julie’s subsequent responses and actions were reported and highly scrutinized in the news media. Julie makes a valid argument, saying,

“You know, a lot of people don’t realize, like, jail can happen to anybody, you’re just one mistake away from being there”.

This statement forces us to confront the uncomfortable reality that we have all likely transgressed the law in some form or another, whether knowingly or unknowingly, at some point in our lives; in the contemporary surveillance society (Walby, 2005), every person is at risk of becoming criminalized, albeit to widely varying magnitudes. However, systemic processes of ‘othering’ enable members of the public to distinguish and distance themselves from those who commit crimes. Similarly, news media outlets add a degree of separation between “us” and “them”, and disproportionately sensationalize stories like Julie’s over more the mundane details of everyday life in jails and prisons, which fosters social distance rather than solidarity between penal spectators (i.e. the authorizers of punishment) and prisoners (i.e. the subjects of their gaze) (Brown, 2009). Still, despite the negative implications of having private details of one’s personal life published for mass consumption, Julie remains supportive of any and all efforts to share her story in the hopes of spreading awareness of the pains of imprisonment for all prisoners generally, and those experienced by imprisoned pregnant women and mothers more specifically.

**CHAPTER IV: THE BLAME GAME—**  
**SYSTEMIC RESPONSES AND FRAMING OF SYSTEMIC NEGLECT AND STATE**  
**ABUSES OF POWER**

In the aftermath of Julie's delivery at the Ottawa–Carleton Detention Centre in 2012, members of the public reacted swiftly and strongly. At the time, although Julie was permitted to speak with reporters and provide statements over the phone, she was receiving limited news from the outside during this time and never imagined her story would gain as much traction as it did. Reports of the “jailhouse birth” reached national and even international news coverage, which soon began to generate public outrage over Julie's treatment by OCDC staff and the conditions in which she was forced to give birth. Thus, with the media's gaze fixed on the nation's capital, the pressure for a response from governing bodies mounted. In this chapter, I explore the range of systemic responses to Julie's high-profile labour and delivery at OCDC.

The findings presented in this chapter are drawn from three key sources of publicly available data, which are considered in chronological order. First, responses by officials within Ontario's Ministry of Community Safety and Correctional Services (MCSCS), the government body responsible for the administration of provincial correctional services, are explored. These responses were assembled through an analysis of both local and national news media reports, as no formal report was ever publicly released by the Ministry. Next, I examine a report produced by the College of Nurses of Ontario (CNO), which outlines a disciplinary committee's formal response to allegations of misconduct by a registered nurse in relation to Julie's medically complicated labour and delivery at OCDC. I conclude with an analysis of the legal Statement of Claim Julie's lawyer published, which details Julie's \$1.3 Million civil suit against MCSCS, as well as nineteen individual correctional guards and nurses employed by OCDC.

Each source is explained and discussed in turn below, with particular emphasis on the various ways in which Julie's experience was constructed and framed through responses to her claims of systemic neglect. The documents analyzed in this chapter were the *only* publicly available resources providing evidence of institutional actions linked to Julie's case; if further inquiries or investigations were carried out, their results have not been published and thus were not included in the present study's dataset. In this chapter, I also explore themes related to the control and exercise of power over imprisoned people as it relates to the strategic dissemination of knowledge. Moreover, I problematize the lack of transparency between social institutions and members of the public, specifically the restricted disclosure of information to citizens by state agents, which lends itself to a critical analysis of the contemporary democratic state.

### **State responses and institutional accountability**

An analysis of ten news articles published by a spread of local and national news outlets between October 2012 (immediately following Gianni's birth at OCDC) and the present revealed a detailed timeline of the provincial government's formal responses to Julie's story. As a whole, the news reports indicated that MCSCS officials conducted an investigation, and that some form of disciplinary action had been taken. Beyond this, Ministry representatives have been ambiguous at best, and the final report on the incident was not released to the public.

In August 2013, a spokesperson from MCSCS's Communications Branch provided an official statement to the press confirming the following: 1) that a provincial investigation into the events surrounding Julie's labour and delivery at OCDC had been completed, as had a review of healthcare policies and practices at the jail; and 2) that disciplinary action had been taken against several individual correctional and healthcare staff at the jail as a result of the findings of the

investigation. According to Ministry officials, disciplinary action included “official reprimand, multi-day suspension, and dismissal” (CBC News, 2013; Bell, 2013; The Canadian Press, 2013; Hinkson, 2013); however, the spokesperson declined to provide any further details on these decisions. As explanation, the Ministry representative informed reporters,

“These are confidential human resources matters between the employer and the employees, and it would not be appropriate to discuss the specific details or to publicly identify those who have been disciplined” (CBC News, 2013; Bell, 2013; The Canadian Press, 2013; Hinkson, 2013).

While it is reasonable, commendable even, that the Government of Ontario is dedicated to preserving its employees’ right to privacy, especially given the level of media attention and public outrage over the incident at OCDC, the Ministry’s response stands in stark contrast to the level of consideration extended to criminalized and incarcerated people in similar situations. Identifying information about imprisoned people and those in conflict with the law is consistently and unapologetically broadcast across news media outlets; such reports often include a photograph of the individual along with their full name and city of residence, as well as detailed information about any criminal charges they have incurred, regardless of their current legal status (e.g. suspected, charged, pre-sentencing, sentenced, etc.). Although the news media’s desire to both educate and entertain its readers is a significant driving force behind such representations, as a result, in comparison to judges and jailers, transgressors of the law apparently no longer retain the right to reasonable privacy. Dominant discourse dictates the

public is entitled to the private details of criminalized people's lives insofar as this information can be linked, however tangentially, to their legal troubles.

As previously noted, the same transparency does not exist around government bodies and officials in the public sphere. Although Ministry representatives confirmed some individuals were indeed reprimanded for their contribution to Julie's difficult labour and delivery experience, without transparency we cannot know whether the disciplinary action taken was proportionate to the severity of the negligence and misconduct that occurred. In fact, members of the public have no means of holding jailers accountable for abuses of power over those individuals in their care and custody. Further, when internal investigations into allegations of misconduct are carried out by some form of oversight body, limited information is released about the results of such inquiries, and the public is often left guessing at the extent and thoroughness of both the investigation itself and any resultant disciplinary action. Although MCSCS permitted the controlled release of information about their official response, inquiry, and disciplinary action related to Julie's strained delivery experience at OCDC, from a critical perspective, this superficial attempt at transparency seems to have more to do with appearing as though the state has responded strongly without providing any substantial evidentiary support.

In 2013, the *Ottawa Citizen* reported MCSCS officials had developed a five-year, twenty-one point "action plan" in response to the findings of their review of prisoner healthcare policy and procedure in Ontario's jails following Gianni's birth at OCDC in 2012 (Seymour, 2013; see also Seymour, 2014; Dimmock & Armstrong, 2013). According to the article,

"The ministry plan [...] calls for co-ordinated care for pregnant inmates by developing standardized practices and procedures for working with pre- and post-

natal offenders. The jails would have a multidisciplinary team of correctional staff to work with pregnant inmates, and ensure linkages to hospitals and support agencies, according to the plan. It also recommends improved oversight and compliance in the province's jails by involving the ministry's corporate health care section at an early stage in investigations with health care implications. It recommends 'immediate action' be taken whenever 'serious concerns' regarding the functioning of a health care unit exist" (Seymour, 2013).

The news report goes on to say,

"The action plan also recommends expanding the complement of mental health nurses and identifying opportunities to enhance services to mentally ill inmates. It also recommended filling vacant positions and looking at adding more nurses in general" (Seymour, 2013).

The details provided by the *Ottawa Citizen* are the only publicly available information on the plan, as its contents were never released to the public, and likely never will be. Rather, the plan was shared exclusively with various community stakeholders. According to the news article, Bryonie Baxter, Executive Director of Ottawa's Elizabeth Fry Society, was one such recipient.

In addition to a general outline of the action plan, which the reporter garnered through discussions with Baxter, as well as Brent Ross, the Ministry representative who gave a statement the previous week on disciplinary action taken against correctional staff in Julie's case, the news report includes direct quotes by Baxter, who offers critical insights into the plan's

recommendations for reform. As quoted in the article, Baxter argues the plan did nothing to address the “incredible climate of disrespect and contempt and abuse” (Seymour, 2013) towards prisoners by correctional staff at the jail. Along the same lines of reasoning, Baxter rightly points out that availability of healthcare and other supports on the ‘outside’ does not necessarily ensure prisoners’ *access* to such services while they are in custody, and “waitlists for outside appointments are still ‘ridiculously large’” (Seymour, 2013). Baxter also addresses gendered differences in prisoners’ experiences of confinement in relation to the provision of healthcare, suggesting, “women are discriminated against because, unlike the men, there is no secure treatment facility for women with serious mental illness” (Seymour, 2013). On Julie’s experience specifically, Baxter informs the *Ottawa Citizen* reporter,

“What came up in the Julie Bilotta case was the profound disrespect, the profound lack of trust in what she was saying about her own body, the profound disbelief she was even in labour” (Seymour, 2013).

These sentiments echo Julie’s own frustration with her treatment by correctional staff at the jail, especially their power to deny her requests for assistance based on their own assessment and interpretation of the immediacy of her medical needs.

More broadly, the *Ottawa Citizen* article notes Baxter was invited to meet with Ministry officials to review the plan. It is unclear whether any of Baxter’s many critiques were taken into consideration in the plan’s implementation moving forward. As noted in the previous chapter, Baxter worked closely with Julie in the aftermath of her experience at OCDC, and was actively involved in bringing Julie’s story forth to the news media. Thus, it was likely due to EFry’s



involvement and advocacy efforts on Julie's behalf that Ministry representatives chose to disclose the plan to Baxter. From an outsider's critical perspective, this consideration might be framed as an attempt by MCSCS to communicate to the public that they had heeded demands for a response and made recommendations for change within the institution without actually having to disclose their plans for reform. To be sure, no follow-up news reports have been published confirming whether the twenty-one "points" were successfully addressed and implemented. In a theoretically ideal democratic state—a government *by* the people, *for* the people—all citizens should be kept reasonably informed and able to contribute to discussions of social issues that may affect them. In this way, the state must be able to be held accountable for its actions and decision-making processes by the public. However, this arrangement becomes problematized when one factors in the murky details surrounding the citizenship and human rights of imprisoned people. Within the context of the contemporary social structure, the notion that members of the general public, including criminalized people, should be able to contribute or at least be consulted on the development of correctional policy and procedure is an uncomfortable concept for governing bodies, which prefer to operate within a 'secret world' largely shielded from public view (Surette, 2011). At minimum, it does not seem unreasonable for the general public, including prisoners and their families, to be kept informed on changes to provincial or federal legislation, as well as plans for its implementation and enforcement, especially in the wake of high-profile allegations of egregious misconduct and human rights violations.

Thus, the question remains, how can we hold state agents and agencies accountable for their actions and inactions? One method that may prove effective is mass media coverage of social issues. Consider the role news media outlets have often played in assisting conservative politicians and policymakers to garner support for 'tough on crime' legislation in the midst of

declining crime rates, which have continued to decrease in both volume and severity since the early 1990's (Boyce, 2015). Similarly, as demonstrated in Julie's case, the same strategy may be used to generate public awareness and demands for inquiries into misconduct towards prisoners in correctional facilities across the country. Popular representations of imprisoned people, especially women, are often stereotypical and highly sensationalized (Collins, 2014; Eastal et al., 2015). However, mass media helps to inform the general public about conditions in Canada's jails and prisons, and is quick to report particularly troublesome abuses of power within these facilities, such as placing a labouring prisoner in solitary confinement. However, a major barrier to news media reporting on such stories is the extremely limited information available to members of the public on correctional practices and the lived reality of punishment and imprisonment in Canada's carceral institutions. Recent increases in awareness of these issues, particularly problems at OCDC, have been the result of tireless combined efforts by likeminded academics and activists making use of opportunities presented by stories like Julie's to highlight the realities of imprisonment and day-to-day operations in Canadian jails and prisons. Though generally, many of these issues have persisted unnamed and unnoticed by a historically unconcerned public who are cautiously empathetic at best towards those who violate the law.

While Julie was by no means the first prisoner to be pregnant and/or give birth in a Canadian correctional facility, the conditions under which she was confined were undeniably deplorable, and her story was certainly the first account of a pregnant prisoner in Canada's history to gain such notoriety. However, given what is known about the prisoning of women and mothers in Canada<sup>13</sup>, and considering provincial correctional facilities' inability to adequately accommodate the steady increase in Canada's remand population (Reitano, 2016; Porter &

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<sup>13</sup> See the literature review chapter of this thesis for a detailed discussion of women's imprisonment in Canada.

Calverley, 2011), the neglect Julie and her unborn son experienced at OCDC is not altogether surprising. Of course, this knowledge does nothing to ameliorate the acceptability of the events as they transpired in Julie's case. It is commonly accepted that the first step towards change is acknowledging there is a problem to be addressed. Thus, it stands to reason that if MCSCS were aware of the extent of the 'pregnant prisoner problem', correctional staff at the jail might have been more willing, able, and prepared to assist Julie through her difficult labour and delivery.

Presently, there are no comprehensive publicly available statistics on federally or provincially sentenced pregnant women in Canada. In 2014, a formal access to information request was filed seeking documents detailing the number of federally incarcerated women who have given birth in custody since 2000, to which Correctional Service Canada (CSC) responded, "No records exist". The lack of documentation on such an important area of concern is especially alarming considering women's climbing incarceration rates in Canada (OCI, 2015). These concerns are intensified at the provincial level with the burgeoning number of women (and men) serving 'dead time' in Ontario's jails while awaiting a sentencing hearing.

### **Provincial healthcare responses and ascribing responsibility**

Following Gianni's medically complicated birth at OCDC and Julie's claim that correctional healthcare staff failed to intervene and provide or facilitate access to the appropriate medical services both Julie and Gianni required, the College of Nurses of Ontario (CNO) took it upon themselves to conduct an investigation and determine the extent of their registered members' involvement and culpability in the incident. According to their website, "The College of Nurses of Ontario is the governing body for registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs) in Ontario" (CNO, 2012). The matter was brought before the

Committee in May 2014 and although the details of their investigative processes remain unknown, a summary of the Discipline Committee's decision and reasons was recently released to the public in June 2016 (Gillis, 2016a; Gillis, 2016b). While the College has worked collaboratively with the provincial government and other employers of its members, they remain an independent, non-governmental institution, and their decision to establish a formal internal Discipline Committee whose responsibility it is to assess complaints and allegations of professional misconduct by its members was entirely voluntary. Although other healthcare professionals are named and provide statements on the matter, the disciplinary report published by CNO centers exclusively on allegations filed against a single nurse who interacted with Julie several times over the course of her labour and delivery at the jail on September 29<sup>th</sup>, 2012. A significant detail included in news media reports that has been confirmed by the College is that the individual in question, Rose Gyasi, had only been working as an RN for four months. Throughout the document Julie is referred to simply as "The Client", and little consideration is afforded to Julie's own interpretation of her experience at the jail. Instead, the harms Julie incurred through her interactions with correctional staff are transformed and reframed as indicators of professional misconduct by Gyasi, who is referred to as "The Member".

#### *Allegations of professional misconduct*

The disciplinary report opens with an itemized breakdown of the allegations brought forth against Gyasi. Much of the 'misconduct' outlined in the report centers on accusations of both personal and professional failure on Gyasi's part. The document consists of nineteen specific "incident[s] relevant to allegations of professional misconduct" pertaining to Gyasi's interactions with Julie on the day she gave birth, which are listed in chronological order. From the outset, the

reader's attention is directed to allegations number 3, 4, 5, 6(e), 6(f), and 7; the opening paragraph states that these items were withdrawn at the request of the College's legal counsel. As no prior documentation on the Committee's proceedings or decision was ever published, one can only speculate on the allegations that were ultimately withdrawn. The remaining allegations included in the decision focus on the various ways Gyasi demonstrated what the College deems professional misconduct.

The first item in the report alleges Gyasi, "[F]ailed to meet standards of practice of the profession while working as a registered nurse" (p. 1) at OCDC on the day of the incident. In her interactions with Julie, Gyasi apparently, "Failed to adequately assess and/or monitor and/or provide appropriate nursing care" (p. 1), and "Failed to ask for and/or seek assistance to ensure adequate assessment and/or monitoring and appropriate nursing care was provided" (p. 2). As similarly shown through Julie's interactions with jail guards, the report highlights the significant impact correctional staff *in*actions had on Julie's labour and delivery experience. The second item listed under allegations claims Gyasi also, "failed to inform [her] employer of [her] inability to accept responsibility for pregnant clients where [she was] not competent to function without supervision" (p. 2). In another section of the document, Gyasi provides a statement claiming she "received no training and had no experience assisting clients in labour and delivery" (p. 4). Finally, item number six alleges Gyasi, "[E]ngaged in conduct or performed an act, relevant to the practice of nursing, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional" (p. 2). As an example, the Committee reiterates the items listed above, and further alleges Gyasi, "Failed to listen and respond appropriately to [the Client]'s complaints about pain, her wishes for stronger medication, and/or request to be transferred to the Hospital" (p. 2).

In the next section of the document the facts of the case and allegations of professional misconduct as agreed upon by both the Discipline Committee and Gyasi are outlined in detail. In response to the latter, “The Panel found that the evidence supported findings of professional misconduct as alleged, and that the Member’s conduct would be considered to be unprofessional” (CNO, 2014). Gyasi submitted both a written and oral plea, admitting fault in relation to each allegation. The details of Discipline Committee’s final decision and the resultant penalties are discussed below. First, the following section will address various competing claims identified throughout the document, as well as the College’s apparent efforts to ‘pin’ the combined negligence of multiple healthcare practitioners onto Gyasi alone, and the construction of Gyasi’s actions as remarkably egregious compared to those of her peers.

#### *Competing claims and assigning blame*

The distinction between ‘individual’ and ‘institutional’ responsibility and accountability is made plain in the disciplinary report produced by the College of Nurses of Ontario committee. Explanations of events are intermittently supported with statements by involved parties, including Gyasi and other correctional staff members, which are intended to represent the testimony a particular individual *would* provide if the case were to proceed to trial and he or she was required to testify. Many of the statements provided either reinforced or contradicted one another, depending on the context, and largely coalesced to divert blame away from ‘extraneous’ parties and onto “The Member” in question. A critical reading of these claims reveals a sub-textual narrative that suggests the allegations of misconduct made in response to Julie’s access to and interactions with jail healthcare staff during her difficult labour and delivery were solely

directed at Gyasi. The College's inquiry into the events has concluded, and no further disciplinary reports or actions have been taken as far as members of the public are concerned.

Based on the testimonies included in the disciplinary report, it is clear that at least five other markedly more experienced registered nurses were also on duty at the time of the incident at OCDC, yet Gyasi has assumed sole responsibility and corresponding penalty for the actions (or lack thereof) of *all* involved healthcare staff. From a critical standpoint, it appears as though over the course of the College's investigation, Gyasi became quickly identified as an easy target (i.e. a reliable scapegoat) likely due to her lack of experience both as a member of the correctional healthcare team at OCDC, and as a RN working in the field more generally. As a result of the oppositional method of storytelling employed in the report, details of the relevant instances of misconduct are replete with competing claims. The first divergence in the named parties' recollection of the 'facts', as they were, involves Gyasi and another RN ("Nurse C") at OCDC. According to the report, an unnamed guard called the Health Care Unit and informed "Nurse C" that Julie had begun "crying and screaming in pain" and "wanting to go to the hospital and wanting pain medication". The incident description adds Julie's complaints had begun to escalate between 2:00 p.m. and 3:00 p.m. In relation, the document reads:

"If [Nurse C] were to testify, she would say that she personally relayed the information to the Member. She would say that she advised the Member that the Client was 36 weeks pregnant and high risk. She advised the Member to check for contractions. [Nurse C] would further testify that the Member looked puzzled so [Nurse C] explained how to check for contractions by measuring onset, frequency

and severity. If the Member were to testify, she would say that [Nurse C] did not speak to her personally about the Client” (p. 4).

If Gyasi were speaking truthfully about validity of this interaction, it would indicate that she proceeded to provide healthcare to Julie without the critical knowledge that the pregnancy had been identified as high-risk, and that her pain and cramping had been continually intensifying over the course of the day. Conversely, if “Nurse C” did indeed relay this critical information to Gyasi and received a “puzzled” reaction as implied, one might question why “Nurse C” did not attend to Julie herself. To provide context, Gyasi’s shift at the jail began at 2:30 p.m.; as the timeline suggests, Gyasi was immediately asked to assume responsibility for monitoring Julie and assessing the urgency of her medical needs. Further, the report notes Julie first “complained to correctional officers of not feeling well” the previous evening (September 28) and in the early hours of the morning on September 29; Julie was also given a “brief examination” by another nurse (“Nurse A”) in the Health Care Unit at 12:30 p.m. after reporting to a correctional officer that she was experiencing abdominal cramping. The report clearly indicates these concerns were communicated to healthcare staff at the jail well in advance of Gyasi’s shift, yet she would go on to assume complete and sole responsibility for the professional mismanagement of Julie’s labour and delivery over the remaining course of the day’s events.

Further along in the itemized list of incidents, another discrepancy in assertions arises. According to the report, Gyasi visited Julie in her cell at 4:10 p.m., checked her vital signs, and counted the intervals between “the painful cramps she was experiencing” (p. 4). The seemingly innocuous use of the word ‘cramps’ over ‘contractions’ here is significant, as it indicates an effort to invalidate Julie’s insistence that she was indeed in labour and had been for some time,



though it would be longer still before correctional staff were forced to accept this fact and take the appropriate responsive action. Nonetheless, when Gyasi completed her cursory examination,

“[S]he told the correctional officers who attended with her that she would contact the doctor to ask whether the Client needed to go to the hospital” (p. 4).

According to the report, when Gyasi returned to the Health Care Unit, another nurse (“Nurse D”) contacted the doctor (“Dr. A”) and spoke with him briefly before Gyasi was asked to speak with him. The following statements were provided in relation to this particular phone conversation:

“If [Dr. A] were to testify, he would say that when he spoke with the Member, she never mentioned a client with cramps who was 36 weeks pregnant. [...] If [Nurse D] were to testify, she would say that she heard the Member tell [Dr. A] that she had a female inmate who was pregnant and in pain. The Member’s contemporaneous documentation was that [Dr. A] was informed and aware of the Client’s situation and that [Dr. A] had advised her to monitor the Client” (p. 5).

From this three-way interaction, it becomes apparent that a key contributing factor in the lack of emergency medical attention Julie received is the frustrating fact that *nobody*, including Gyasi, “Dr. A”, and the other five nurses (“A”–“E”) mentioned in the report, took the initiative to make a definitive decision about whether or not Julie was in labour and needed to be taken to the hospital. As a result, despite having (limited) access to the healthcare team at OCDC, Julie was still prevented from making informed choices about her own body and healthcare needs, and her

instinctual sense that she was in labour was denied. Thus, referring to the previous section on systemic responses, in order to “ensure linkages to hospitals and support agencies”, as Julie’s experience demonstrates, the Ministry of Community Safety and Correctional Services’ “21–point action plan” ought to involve the extensive retraining or rehiring of healthcare practitioners who are willing and able to take decisive action when providing or facilitating healthcare to imprisoned people, especially in emergent situations like Julie’s.

The report indicates that between 4:10 p.m. and the next time Gyasi checked on Julie (after 6:00 p.m.), at approximately 5:30 p.m., Julie was transferred to the solitary confinement unit in the basement of the jail. As an aside, the document reads:

“If the Client were to testify, she would say it was because of complaints about her and noise. If Correctional Officer [CO A] were to testify, she would say it was because of tension between the Client and her two cell mates” (p. 5).

Yet by Julie’s account, her cellmates’ frustration was not directed at Julie, but rather towards the guards in response to their lack of intervention and their overall disregard of Julie’s cries for help. This demonstrates how correctional staff have the power to define prisoners’ responses and reactions in a given situation, which, in combination with guards’ own responses and reactions, constitute the “official” narrative of what has happened, and what it means. In this arrangement, prisoners’ accounts cannot differ from the institution’s account; if they do, their claims are unceremoniously dismissed. As demonstrated in Julie’s case, guards reframed the tension between Julie and an unresponsive correctional staff as a conflict between cellmates.

Overall, the report notes multiple instances in which Gyasi claims to have directly communicated her concerns about the progression of Julie's labour, and requested advice from senior nursing staff due to her lack of knowledge and experience in dealing with a pregnant and labouring client, and still the other nurses on duty failed to intervene and check on Julie themselves, despite being acutely aware of her high-risk designation and her increasing complaints of pain (i.e. contractions) over the course of the day. The details of the report and the competing claims therein raise several questions about the process by which Gyasi came to assume and admit full responsibility for the professional misconduct displayed in the administration of healthcare to a prisoner who was not only pregnant and deemed high-risk, but also in active labour and displaying signs of foetal distress. For instance, it is unclear whether the professional nature of the actions of any of the other nurses mentioned in the report ("A"–"E") was ever questioned or investigated. It is also unknown whether these same individuals were reprimanded in any way for their failure to intervene and connect Julie with the external emergency medical services that she so desperately needed, as no disciplinary reports or results of any such investigations were ever released to the public.

In the absence of evidence to the contrary, it appears as though allegations of misconduct were only brought forth against Gyasi, raising the question of why Gyasi's actions (and inactions) were constructed as more problematic and ultimately harmful to Julie than the (in)actions of the rest of the nursing staff on duty at the time? From an objective standpoint, given Gyasi's relative inexperience working in the field, she should have been supervised to a greater extent by the senior nurses on duty, who should reasonably share a degree of culpability for the acute oversight of Julie's emergent medical needs. Accordingly, for the senior nursing staff, the expectation to demonstrate consistently professional conduct in their assessment of

clients' needs and in their administration of the appropriate corresponding healthcare services to clients is ostensibly greater than might be expected of a newly registered nurse with only four months' experience working in the field. Presumably, the senior nursing staff would likely have incurred greater risk and reprimand from a professional standpoint by assuming responsibility and admitting fault in the failure to provide Julie with adequate healthcare. By disproportionately problematizing Gyasi's actions (or lack thereof) over the actions of her colleagues, CNO effectively minimizes the senior nurses' involvement and thus their responsibility for Julie's health and wellbeing as a prisoner at OCDC. This is not to say that Gyasi was not guilty of the professional misconduct for which she was penalized; however, it seems highly unlikely and all too convenient that the systemic neglect Julie experienced while in active labour and screaming for help for hours on end can be traced to any one individual staff member's actions or inactions.

#### *Decision-making and disciplinary action*

After outlining the allegations and related incidents of professional misconduct, the remaining half of the fourteen-page document is dedicated to outlining, explaining, and validating the myriad penalties Gyasi received as a result of her professional misconduct. According to the report, the proposed penalties were part of a joint submission composed and agreed upon by both Gyasi's counsel and the counsel for the College. In summary, the Committee determined Gyasi's certificate of registration would be suspended for a period of five months; Gyasi would be required to attend two meetings with a "Nursing Expert" at her own expense; she would be required to review the College's official "Professional Standards" and complete the corresponding learning modules; Gyasi would be required to inform all potential future employers of the Committee's decision and provide them with a copy of the present disciplinary

report for a period of twelve months; and finally, Gyasi would be permitted from practicing independently in the community for a period of twelve months.

While the penalties Gyasi received may be critically examined in their own right, the mitigating factors that influenced the Committee's decision, as well as their reasoning concerning the severity of these aforementioned penalties are of particular interest. According to the disciplinary report, when making their final decision, the Committee considered Gyasi's "minimal experience as a RN" (p. 10); that it was Gyasi's "first nursing job and the environment was a stressful one" (p. 10); and that Gyasi "cooperated with the College in the investigation of this matter [...] sparing the client and others from having to relive the experience by testifying." (p. 10). In addition, the Committee also took into account,

"The diverse range of clinical expertise a nurse needs to have in a corrections setting and the lack of training of the Member in the area of maternity and delivery; [...] The 200 inmates to 1 nurse staffing ratio; and [...] The propensity for conflict between the nurses and the corrections officers in determining the care for clients in a corrections setting" (p. 10).

The acknowledgement of Gyasi's "lack of training [...] in the area of maternity and delivery" (p. 10) in the Committee's final decision is interesting considering Gyasi's failure to inform senior nursing staff of her "inability to accept responsibility for pregnant clients" was one of the key allegations of misconduct filed against Gyasi at the hearing. This incongruity further distinguishes notions of 'personal responsibility' to conduct oneself in accordance with professional regulations from 'institutional responsibility' to ensure professionals are fully and

completely trained before receiving a license and being permitted to work independently in their chosen field. Essentially, Gyasi's actions and inactions are framed as a personal failure and as a demonstration of professional misconduct rather than as an institutional failure to provide Gyasi with the knowledge and skills required to work and provide appropriate healthcare services to clients both in the community, and behind bars. Further, when viewed as the latter rather than the former, the implications are twofold: 1) Gyasi's educators may be held accountable for failing to properly train Gyasi; and 2) the Ministry of Community Safety and Correctional Services may be held accountable for failing to adequately prepare Gyasi for the distinct healthcare needs of incarcerated individuals and the unique professional stressors of the carceral environment.

Finally, the reasons provided for the Committee's decision, specifically the rationale behind the swiftness and severity of the disciplinary action taken against Gyasi, are disconcerting. According to the report,

“[T]he primary aggravating factor in this case was that a woman was forced to have a baby in a jail cell, which was not an appropriate setting. [The] Counsel agreed that the proposed penalty provides for general deterrence through a reprimand, a significant suspension, and terms, conditions and limitations. These send a message to the nursing profession that this conduct will not be tolerated and puts them on notice as to the kind of penalty that would apply to them should they engage in this sort of misconduct. The proposed penalty provides for specific deterrence through a reprimand, a significant suspension, and terms, conditions and limitations which will affect the Member economically and professionally. The proposed penalty provides for remediation and rehabilitation through an opportunity for the Member with the

support of a nursing expert to review the relevant professional standards and incorporate them into her practice” (p. 10).

The terms “general deterrence” and “specific deterrence” are drawn from theories of deterrence that have informed the development of traditional correctional policy and practice, and their use in the above quote gives the impression of a Committee whose disciplinary decisions are well-informed and supported by the relevant literature and research. However, this cooptation of sociological theory is both misguided and misleading. Studies have shown both deterrence theories rest “on a shaky evidentiary foundation” (Nagin, 2012, p. 98), and are largely ineffective in their practical application (Pratt & Cullen, 2005; Mathiesen, 2006). Moreover, it is unreasonable to assume that a single display of discipline will universally deter the intended audience, as each individual person will interpret the severity of the punishment differentially (Mathiesen, 2006). Whether the disciplinary action will prove to be an effective form of “specific deterrence” for Gyasi remains to be seen; however, the professional misconduct that transpired between Julie and healthcare staff at OCDC was more likely the product of gross systemic negligence and the nature of institutional power dynamics than any calculated individual action to be deterred. In closing, the Discipline Committee confidently offers the following statement:

“Overall, the public is protected because the terms, conditions and limitations include not only remediation of the Member’s practice, but also employer reporting and restrictions on the Member’s ability to work independently in the community for a specified period of time” (p. 10).

From this final declaration, it is clear that the College intentionally sought to ‘make an example’ of Gyasi, and to demonstrate to the public that swift and severe punishment had been delivered. Again, the underlying narrative makes clear the distinction between individual accountability and institutional accountability. The message being conveyed by the above statement suggests members of the public require assurances that they will be protected from future acts of professional misconduct carried out by the College’s registered members. However, the disciplinary action taken in response to Julie’s case merely ‘protects’ the public from Gyasi’s potential misconduct as an individual healthcare practitioner; the assigned penalties do nothing to ensure that the general public and especially prisoners are protected from the structural constraints and systemic barriers that enabled Gyasi and other members of OCDC’s Health Care Unit to engage in such appalling negligence to begin with.

### **Legal responses and public transparency**

On September 23, 2014, Julie and Ottawa-based criminal defense lawyer Lawrence Greenspon published a Statement of Claim detailing her \$1.3Million civil lawsuit against the Province of Ontario, as well as several individual guards and nurses implicated in the negligently prolonged labour and delivery of her son, Gianni Lee Garlow. The statement of claim is based on Julie’s description of her experience, which she directly relayed to her legal team. As with the Ministry of Community Safety and Correctional Services’ response discussed earlier in this chapter, the Statement of Claim is the only publicly available document related to Julie’s lawsuit. Upon attending the Ottawa Courthouse in person and requesting all documents related to the case number provided in the Statement of Claim in an attempt to gather as much data as possible on legal responses to Julie’s case, I was informed that the only documents available to inquiring



members of the public were photocopies of notices filed by the individuals named in the lawsuit notifying the court of their “Intent to Defend”. According to the original document, named defendants were required to submit a formal response within twenty days of being served with the Statement of Claim (or forty days if they were out of the country or were not presently residing in the province of Ontario), which was filed on September 23, 2014. Therefore, all responses have since been filed, and beyond these notices, no further information has been disclosed to the public and may never be depending on the outcome of the lawsuit.

### *Framing systemic misconduct*

By its very nature, the Statement of Claim is an adversarial document; therefore, it is reasonable that Julie’s viewpoint is incorporated and her experience is framed in such a way that strengthens her case. Within the Statement, Julie’s account is both refined and amplified through the use of ‘legalese’ that lends a certain sense of validity and help to bolster her claims. This section explores the specific ways Julie’s lawyers constructed the legal claim and framed the harms both Julie and Gianni sustained during their time at the Ottawa–Carleton Detention Centre.

Rather than state the sequence of the day’s events as objectively as possible, Julie’s lawyers use strong descriptive language to outline “The Facts” of the case that leaves little room for interpretation and positions the reader steadfastly on Julie’s side in the claim. For instance, the labour related pains Julie experienced throughout the day are presented as being “constant” and “extreme”, and Julie is described as “screaming” and “begging” for help, not simply ‘asking’ or ‘requesting’, as indicated in the CNO’s disciplinary report, and even Julie herself during the qualitative interview to a certain extent. In the Statement of Claim, Julie’s lawyers provide a detailed overview of the “harms” and “damages” that occurred, as well as the “pain” and

“suffering” both she and Gionni endured, for which she is also seeking compensation. According to the facts detailed in the claim, after a visit from Gyasi in her segregation cell,

“Ms. Bilotta continued to scream and moan in pain, beg for pain medication and ask continually to be taken to a hospital. Nothing was forthcoming. She was left to suffer alone in her cell” (p. 11).

In legal terms, the actions and inactions of guards and nurses in response to Julie’s cries for medical attention were at varying times characterized as “wrongful”, “negligent”, “reckless”, and even “malicious”. On a more personal level, Julie’s lawyer describes OCDC staff’s conduct towards Julie and their disregard of her critical needs as “high-handed, shocking and contemptuous”. The coalescence of formal and informal terminology throughout the Statement of claim demonstrates the importance of language in shaping, framing, and communicating a highly contested and multidimensional experience in a clear and persuasive way.

### *Responsibility vs. accountability*

There is a semantic distinction to be made between the meaning of ‘responsibility’ and ‘accountability’, specifically as these terms relate to allegations of misconduct at both the individual and the institutional levels. The report published by the College of Nurses of Ontario discussed above is predominantly prefaced on the need to assess and assign blame, which is more closely aligned with individual responsibility than with systemic accountability. In this instance, individual responsibility assumes a more causal relationship between correctional staff’s actions or inactions and Julie’s distressing experience of confinement while pregnant. As

noted previously, the College's decision was constructed around notions of individual responsibility more so than institutional accountability, which concerns the government bodies and agents whose duty it was to provide a safe and secure carceral environment for Julie and others in their custody. Notions of broader accountability, as well as individual responsibility, were both prominent themes identified throughout the Statement of Claim, which Julie and her legal team decided to publish on their own. This action is significant, as it demonstrates Julie's determination to share her story with the public in the hopes of highlighting some of the more covert abuses of state power and profound disregard for the needs and wellbeing of imprisoned people. Moreover, publishing the Statement helps to maintain public interest in the case and places added pressure on the defendants to reach an agreement and settle the suit.

From the outset, the Statement asserts that the provincial government, specifically the Ministry of Community Safety and Correctional Services,

“[I]s responsible for the maintenance, operation and administration of the OCDC, including the supervision and detention of inmates there, training of correctional staff, establishing standards of employee conduct and the provision of health care services within the OCDC” (p. 8).

Within carceral systems and spaces, the state's role and responsibilities are unambiguous. For instance, as suggested in the claim, OCDC operators were responsible for ensuring Gyasi and the rest of the jail's nursing staff were properly trained and prepared to provide adequate healthcare to Julie and others. Indeed, the jail's lead administrator is pointedly responsabilized for,

“[F]ailing to properly manage, train, supervise and/or provide directions to the employees who came into contact with Ms. Bilotta, resulted in the injuries to Ms. Bilotta and Gionni” (p. 9).

In the Statement, Julie’s lawyers establish a clear chain of accountability within the hierarchal structure of the provincial correctional system, beginning with Her Majesty the Queen in Right of Ontario, followed by the Primary Executive of the Ottawa–Carleton Detention Centre, and finally naming the various individual correctional officers and registered nurses who were responsible for the “supervision, care, custody and control over Ms. Bilotta and Gionni” (p. 9). While it is generally accepted that correctional staff are responsible for the supervision, care, and custody of incarcerated individuals, the simple act of including the word “control” in this sequence of ‘facts’ about correctional staff’s roles and responsibilities sends a strong message about the power dynamics at work within carceral spaces. Likewise, Julie’s lawyer plainly states,

“By [v]irtue of the fact that Ms. Bilotta was in the custody of the OCDC, the Defendants were in a position to unilaterally exercise power over the Plaintiff” (p. 19).

Julie’s lawyer takes great care to convey that the “wrongful actions” of OCDC staff were carried out both individually and collectively. These assertions emphasize that correctional staff have inherent control over incarcerated individuals’ bodies and lives; whether individual officers and staff choose to actively exercise (i.e. abuse) their power or not, the state’s authority and power is continually exerted over prisoners *through* the bodies and actions of their keepers, as well as

through their own efforts to adhere to correctional behavioural expectations. These Foucauldian notions of biopower will be explored in more detail in the following discussion chapter.

*Prenatal personhood and the children of incarcerated mothers*

In addition to holding jail administrators and employees accountable for the systemic misconduct directed towards Julie, her legal Statement of Claim is the first document to formally acknowledge the correctional institution's responsibility to care for Gionni as "a person in custody of the OCDC" (p. 16). As such, Gionni is constructed as having been contemporaneously under the "supervision care, custody and control" (p. 3) of the institutions and individuals named in the lawsuit. In the Statement of Claim, Julie's lawyer claims,

"[T]he Defendants owed a duty of care to Ms. Bilotta to take reasonable care for her health and the health of her baby" (p. 16).

In addition, according to the claim,

"[T]he Defendants owed a duty of care to Gionni to take reasonable care for his health as a baby born in the custody of the OCDC" (p. 17).

Thus, not only are the defendants accountable to Julie, but also to Gionni for the prevailing harms both individuals sustained while incarcerated. Julie's lawyer establishes a clear connection between the mistreatment of Julie as an imprisoned pregnant woman and the subsequent impact correctional staff's actions and inactions had on her unborn child. In fact, an entire section of the

claim is dedicated to the “Negligence towards Gionni”, which is distinct from the section outlining the “Negligence towards Ms. Bilotta”. While it is acknowledged that Gionni was born and essentially transformed into a Canadian citizen within the jail’s walls, he is also subtly assigned prenatal personhood by virtue of the conditions of his birth and the undue harms he sustained while in utero and in distress. In the Statement, Julie’s lawyer claims,

“[T]he Defendants’ [conduct] towards Gionni’s pregnant mother caused injury and suffering during the labour and delivery leading directly to the injuries suffered by Gionni” (p. 17).

Additionally, they argue,

“The damages suffered by Gionni [...] were all consequences that were reasonably foreseeable as a result of the negligent and/or reckless and/or malicious conduct of the Defendants” (p. 18).

In no uncertain terms, Julie’s lawyer claims Gionni’s chronic health concerns and unexpected death were a direct result of the conditions in which Julie was forced to give birth. In short,

“He never fully recovered from the difficult birth. In his short life he suffered permanent respiratory problems. He passed away just after his first birthday due to those injuries” (p. 6).

More formally, referring to correctional healthcare providers directly, Julie's lawyer declares,

“The wrongful actions and/or negligence of the OCDC Nurses, in failing to recognize and respond to Ms. Bilotta's emergency medical situation, resulted in injuries to Ms. Bilotta and Gionni, and led, eventually, to baby Gionni's death” (p. 8).

From a legal standpoint, the repeated mention of Gionni's injuries and his untimely death, as well as the fact that he is unable to claim these damages on his own behalf, incidentally strengthens Julie's personal injury claim. In the document, Julie's lawyer acknowledges the impact Gionni's passing has had on Julie, saying:

“As a result of the injuries and death sustained by Gionni, Ms. Bilotta has suffered a loss of care, guidance and companionship that she would have received from her son” (p. 20).

As demonstrated in the Statement of Claim, and as well by Julie's own account in the previous chapter, OCDC administrators and staff displayed a clear disregard for the physical and emotional health and wellbeing of both Julie and Gionni. While Julie and her lawyer have constructed a strong case that they hope will be settled in Julie's favour, regardless of the outcome of the lawsuit, Julie's life has been irreparably altered by her experience of confinement, and no amount of money or disciplinary action will ever be able to compensate for the loss of her first and only child.

## CHAPTER V: DISCUSSION

In this chapter, I expand on the themes of marginal motherhood, both in the community and behind bars; how incarceration complicates criminalized women's experiences of pregnancy and childbirth; and state control of women's bodies and lives, specifically as it relates to pregnancy, birth, and the right to mother. I also dissect the myriad power relations at work within carceral spaces, as well as public means of holding state institutions and governing bodies accountable for systemic misconduct and violations of prisoners' inherent human rights.

### **Regulating women and marginal motherhood**

Traditionally, women have been primarily defined by their ability and capacity to mother; this trend persists in contemporary social organization, structure, and interactions. Arendell (2000) explains, "Mothering is associated with women because universally, it is women who do the work of mothering" (p. 1192). For the purpose of the present discussion, motherhood may be defined as "the social practices of nurturing and caring for dependent children" (Arendell, 2000, p. 1192). In the social world, women's identities are universally confined to the "triangle of womanhood", which narrowly encompasses wifehood, motherhood, and femininity (Frigon, 2006; see also Chen et al., forthcoming). Arendell (2000) maintains, "[W]omanhood and motherhood are treated as synonymous identities and categories of experience (p. 1192). Further, "[M]othering and motherhood are viewed as dynamic social interactions and relationships, located in a societal context organized by gender and in accord with the prevailing gender belief system" (Arendell, 2000, p. 1193). Dominant discourse constructs motherhood and mothering as "intensive" (Arendell, 2000). In other words, mothers are expected to be entirely dedicated to the care and nurturing of their children, and generally self-sacrificing, consistently placing others'



needs above their own (Arendell, 2000, p. 1194; see also Bassin et al., 1994). Essentially, women are expected to not only fulfill their function as a mother, but also to naturally excel in this role. However, when women with children come into conflict with the law, their dominant identity is instantaneously transformed into that of the criminalized “other”, and their social role as a mother is problematized and marginalized in the process.

Many incarcerated women are mothers (Barrett, Allenby, & Taylor, 2010; Derkzen & Taylor, 2013; Fritz & Whiteacre, 2016). As discussed previously, criminalized women are often constructed in public discourse as dually deviant for transgressing both the law and the acceptable boundaries of femininity and womanhood (Lloyd, 1995). In this context, criminalized mothers are labeled as not only bad women, but also bad mothers; the public perception is that these women selfishly failed to place the needs of their child(ren) above their own by allowing themselves to become incarcerated. Derkzen & Taylor (2013) point out, “[T]he longer a woman is incarcerated the more difficult it becomes to fulfill and maintain her role as mother. Given that women are relational and their maternal sense of identity is challenged while incarcerated, role strain is a major aspect contributing to this disconnect” (p. 30; see also Berry & Eigenberg, 2003). Thus, the normalized control of women’s bodies and lives through the social demands of performative motherhood *outside* the prison is compounded through incarceration. These processes of stigmatization are further complicated for women who are pregnant or postnatal when they enter custody. In Canada, at both the provincial and federal levels, there are policies and procedures in place to direct staff in the management of pregnant and postnatal prisoners within correctional settings. However, as demonstrated in Julie’s case, whether staff are informed and adhere to these policies and procedures in *practice* is an entirely different issue. Moreover, while guards and other staff members cannot be expected to administer healthcare

services to the imprisoned people in their care and custody, policy dictates that correctional staff are responsible for facilitating prisoners' access to healthcare by communicating any medical concerns to the healthcare unit on-site.

Prison and jail healthcare staff are responsible for providing prisoners with the same level and quality of care that they would receive in the community. However, correctional facilities are not equipped to respond to certain emergent medical concerns; when these situations arise, prisoners are to be transferred to the nearest hospital. Pregnant prisoners' healthcare needs fall somewhere in between—prenatal care may be administered to incarcerated pregnant women, and some women may receive postnatal care while incarcerated, but the provision of maternity care to imprisoned mothers has varied widely. Generally, Rothman (1982) found there are two competing approaches to maternity care: the androcentric and the gynocentric—the former is heavily regimented and medicalized, while the latter is more holistic and aligns more closely with a midwifery model of care. Obstetric care, and the medical sciences as a whole more generally, have been developed from the male perspective and are structured around the male body and experience, while women's bodies and experiences are constructed as ancillary (Rothman, 1982; see also Shaw, 1984). Pregnancy is not a medical ailment, yet women are encouraged to seek out medical assistance throughout their pregnancy and especially during the birthing process. Oakley (1980) argues the medicalization of obstetric care has fundamentally altered women's experiences of labour and childbirth, and may even impact the bonding relationship between mother and child. In feminine-focused maternity care, healthcare providers care for the child by caring for the mother, viewing the two as an interrelated team rather than individualizing their experiences and caring for each separately, as with the male-centered approach (Rothman, 1982; see also Shaw, 1984).

The development of contemporary carceral systems and spaces has followed a similar trajectory to that of paternalistic obstetric practices, constructing male criminality as the norm around which criminal justice and penal policy are shaped, and accordingly framing women's criminality as anomalous and thus less deserving of policymakers' attention. More specifically, Guthrie (2011) argues, "The correctional healthcare system was developed by and for men, and as a result limited attention has been paid to the unique and complex health care needs of women" (p. 497; see also Belknap & Holsinger, 2006). The paternalistic regulation of women's birthing experiences further resembles state control of women's bodies within correctional facilities. For example, Chambers (2009) argues mothers who give birth in custody are often prevented from bonding with their child due to "insensitive prison policies that neglect the emotional needs of women in their role as mothers" (p. 209). In Wismont's (2000) study of the childbearing experiences of incarcerated women, participants expressed an overall sense of "subjugation" (p. 296), which was characterized by feelings of isolation, powerlessness, and lack of personal autonomy. Comparatively, in Julie's experience, correctional officers assessed and dismissed her claims that she was in labour based on their own interpretation of her needs; as an imprisoned pregnant woman, Julie was not able to respond to what her body was telling her and seek medical attention on her own. Further, the structural constraints of the jail setting prevented Julie from developing and implementing a birth plan that made sense for her and her child. In an attempt to reintroduce a women-centered approach to the administration of prenatal and maternity care to marginalized mothers, particularly those in correctional facilities, advocates have called for a shift towards more gender-sensitive models of care, such as midwifery and doula programs (Hotelling, 2008; Raisler & Kennedy, 2005; Schroeder & Bell, 2005; Vainik, 2008; Schlafer et al., 2014).

According to Martin, Lau, & Salmon (2013), “The immediate postpartum period is known to be a critical time for the development of mother–infant relations” (p. 198). Early separation and limited contact with one’s child can lead to depression and general psychological distress for incarcerated mothers (Poehlmann, 2005; Hutchinson et al., 2008; Foster, 2012). In fact, Chambers (2009) explains, “The pervasive feelings of loss and abuse that many incarcerated women already experience in their lives is compounded by this abrupt separation” (p. 210). Conversely, mothers experience increased self–esteem and are more hopeful when they are able to maintain a positive relationship with their child while incarcerated (Eljdupovic–Guzina, 2001; Derkzen & Taylor, 2013). Further, women who perceive their relationship with their child(ren) as positive are more likely to successfully reintegrate upon release (Gobeil, 2008; Martin, Lau, & Salmon, 2013). In short, Chambers (2009) argues, “[I]ncarcerated women are no different from the majority of nonprisoner mothers, in that their attachment to their babies begins early in pregnancy and continues after delivery” (p. 209). Correctional mother–child programs “foster positive relationships between mothers and their children while incarcerated” (Derkzen & Taylor, 2013, p. 32), and can increase mother–child attachment in the postpartum period (Derkzen & Taylor, 2013; Fritz & Whiteacre, 2016; Kotlar et al., 2015). In Canada, while effective in fostering a positive mother–child relationship, these programs have been inconsistent in their design and implementation due to institutional overcrowding, the intensification of punitive rhetoric within institutional culture, and restrictive eligibility criteria (Brennan, 2014).

Incarcerated mothers who give birth in a correctional facility without a mother–child or other similar program are immediately separated from their child. This separation, combined with the fact that subsequent visits with the child are often limited through correctional policy and caregiver discretion, severely impedes an imprisoned woman’s ability to mother her own

child (Vainik, 2008). Some women are able to maintain a relationship, however restricted, with their child(ren) while incarcerated, either through internal correctional programs or support networks on the outside. But often state agents and/or agencies intervene and actively prevent women from making decisions about the care and wellbeing of their child(ren)? Julie was deemed unfit to mother her own son due to her incarcerated status and the lack of a Mother–Child program at the Ottawa–Carleton Detention Centre (OCDC) Thus the Children’s Aid Society (CAS) became involved and set out to find an appropriate alternate caregiver for Gionni. This state intervention is complicated by Gionni’s Aboriginal parentage.

In Canada, the administration of child welfare services falls under the jurisdiction of each individual province. Canada has a long, dark history of colonial violence towards First Nations peoples, which broadly includes the Residential School and Child Welfare Systems, an analysis of which is beyond the scope of this research. Nevertheless, for the purpose of the present discussion, it is important to note that Aboriginal children are similarly overrepresented in the contemporary child welfare system as adult Aboriginal prisoners in correctional systems (Sinha & Kozlowski, 2013; Barker, Alfred, & Kerr, 2014). In Ontario, if CAS apprehends an Aboriginal child, the Child and Family Services Act (1990) dictates that his or her cultural background is taken into consideration when placing the child in residential care. Martin, Lau, & Salmon (2013) argue, “The proven long–term negative effects of foster care placement on developing babies and young children must also be considered when removing children from incarcerated mothers who would otherwise serve as their primary caregivers” (p. 205). In the interview, Julie claims Aboriginal children are supposed to be placed with an Aboriginal “foster” family whenever possible. However, when Julie requested visitation with Gionni immediately after his apprehension, CAS would not confirm whether Gionni had in fact been placed in the temporary

care of a First Nations household. Gionni's father, who is Aboriginal, was denied custody of his child while Julie was incarcerated, and was also investigated on allegations of substance abuse and domestic violence prior to being permitted to interact with his son. Julie's mother's ability to care for her grandson was also questioned by CAS caseworkers, despite the fact that she had been previously investigated and approved as a caregiver by another of CAS's offices in Cornwall. Although Gionni was eventually released into Julie's mother's custody, the child 'protection' agency refused to do so until mandated by a judge. Ultimately, the provincially mandated intervention in Gionni's care and custody perpetuate the continued systemic marginalization of Aboriginal parents and families.

Additionally, CAS's management of Gionni's custody stigmatized both Julie and her mother, and marginalized their role and responsibilities as caregivers to Gionni. Oftentimes, "an individual who carries no identifiable stigmata is labelled and marked by his or her association with another (stigmatized) person" (Hannem, 2012, p. 96). According to Hannem (2009), "Interactions with the criminal justice system and related services open family members [of prisoners] up to the possibility of stigmatic reactions and provide little room for identity management" (p. 210). Further, Hannem (2012) argues, "[W]omen are more greatly affected by the transference of stigma" (p. 99) from an imprisoned family member. When applied within the context of marginalized motherhood, Julie is constructed as a 'bad mother' as a direct result of identity as an incarcerated pregnant/postnatal woman; by extension, Julie's mother is *also* deemed unfit to parent Gionni as an indirect consequence of her relationship with Julie, namely her failure as a mother, as indicated by her own daughter's incarcerated status. Similar power relations and processes of "othering" between state agencies and vulnerable populations are explored in more detail in the following section.

**Discipline and punishing women: A Foucauldian analysis**

Perhaps unsurprisingly, power relations between state agents and marginalized individuals/groups emerged as a prominent theme throughout this study's findings and analysis. Julie's interactions with correctional staff at OCDC, and the government response to her shocking labour and delivery experience, reinforce Michel Foucault's nuanced observations on the modern prison and all its conceptual inner workings. In his revolutionary book, "Discipline and Punish", published in 1975, Foucault traces the birth of the prison and deconstructs the intersectional ideologies and systems of punishment and power within carceral spaces, as well as the impact these processes have on the bodies of prisoners, and all citizens of the state more broadly. To begin, Foucault (2010) acknowledges, "[P]unishment in general and the prison in particular belong to a political technology of the body" (p. 177). Thus, what we must concern ourselves with is "not whether the prison environment [is] too harsh or too aseptic, too primitive or too efficient, but its very materiality as an instrument and vector of power" (Foucault, 2010, p. 178). This power operates *through* correctional staff, rather than consciously and deliberately enacted by individuals, and prisoners' bodies are constructed as the "object and target of power" (Foucault, 2010, p. 180). Therefore, when guards or other staff members administer oppressive correctional policy and procedure towards incarcerated individuals, "it is the economy of power that they exercise, and not that of their scruples or their humanism" (Foucault, 1995, p. 304). This is not to say that individual staff members are exempt from blameworthiness when systemic negligence occurs, as in Julie's experience, but rather that state power is collectively exercised as opposed to being inherently possessed by any individual state agent. In this context, all of the correctional staff responsible for Julie's care and custody, including guards and nurses, contributed to her experience of systemic neglect simply by virtue of their employment in a

working environment where state power is enacted over the confined. This power over prisoners also extends beyond prison walls through the continued surveillance of criminalized individuals in the community upon release and reintegration, as well as through the impact such practices have on prisoners' families and social lives post-incarceration.

Foucault's, conceptualization of a "carceral system" extends beyond the physical boundaries of prison walls; he explains, "The carceral system combines in a single figure discourses and architectures, coercive regulations, and scientific propositions, real social effects and invincible utopias, programs for correcting delinquents and mechanisms that reinforce delinquency" (Foucault, 2010, p. 230). Carceral rhetoric has permeated public discourse to the extent that punitive ideologies and disciplinary mechanisms have been effectively normalized, "making the power to punish natural and legitimate" (Foucault, 1995, p. 301). As Foucault (2010) succinctly points out, the prison (or similar correctional institution), "is supposed to apply the law, and to teach respect for it; but all its functioning operates in the form of an abuse of power" (p. 227). However, paradoxically, when systemic power relations become publicly problematized and calls for change arise, as in Julie's case, Foucault (2010) explains, "[T]he prison [has] always been offered as its own remedy: the reactivation of the penitentiary techniques as the only means of overcoming their perpetual failure" (p. 230). This is demonstrated through MCSCS's internal investigation and undisclosed "action plan" following the birthing incident at OCDC. Since the news report announcing the proposed response plan was published in 2013, no dramatic organizational restructuring of provincial correctional institutions or policies has purportedly taken place. We can assume, then, that the twenty-one "points" outlined in the action plan likely focused on micro-level reforms to institutional protocols and procedures for prisoners attempting to access healthcare services while



incarcerated. By doubling down and attempting to improve upon existing policies rather than explore more radical alternatives to the current structural arrangement, which fosters the sort of carceral environment that lead to Julie's incarceration and systemic neglect in the first place. Thus, more than thirty years later, Foucault's assessment still rings true: "So successful has the prison been that, after a century and a half of 'failures', the prison still exists, producing the same results, and there is the greatest reluctance to dispense with it" (Foucault, 2010, p. 232).

### **Public transparency and institutional accountability**

The provincial government has publicly acknowledged that the sequence of events in Julie's labour and delivery experience at the Ottawa–Carleton Detention Centre was regrettable and should never have happened. However, incensed citizens have few avenues of recourse or means of holding MCSCS accountable for their negligence. Although the Ministry claims to have conducted a thorough review of provincial policy and procedure following Gionni's birth at OCDC, the general public have no way of knowing whether the alleged twenty–one "points" or recommendations were ever implemented. Given the perpetual lack of transparency between state and citizens, as far as the public is concerned, no significant systemic changes have taken place to ensure what happened to Julie does not happen to other imprisoned pregnant women and mothers in the future. The lack of information released to the public on correctional matters, especially in cases like Julie's where gross human rights violations have occurred, is troubling.

OCDC has been the focus of much academic– and activist–driven media attention as of late, with myriad news outlets reporting on the ever–worsening and generally reprehensible conditions of confinement to which prisoners at the jail have been subjected. On March 25, 2016, the Minister of Community Safety and Correctional Services convened a ministry–led taskforce

to investigate conditions at OCDC, with a particular emphasis on overcrowding and capacity issues. The thirteen-member taskforce was comprised of a wide range of community stakeholders, such as representatives from the Elizabeth Fry Society, and Mothers Offering Mutual Support (MOMS), an Ottawa-based group of relatives of prisoners who advocate for the humane treatment and effective rehabilitation of their incarcerated loved ones. The goal of the taskforce was to develop an action plan with recommendations for both short and long-term solutions to improve the overall health and safety of both prisoners and staff, which was to be submitted to the Minister by June 1, 2016. The taskforce's final mandate was to, "Create an accountability structure as part of the action plan to track and report on the recommendations that are implemented by the ministry" (MCSCS, 2016c). After the taskforce's first official meeting, the Minister released a statement saying,

"[T]he status quo with respect to capacity issues and overcrowding at the Ottawa–Carleton Detention Centre, and throughout our correctional system, cannot continue. That is why we are moving forward on transforming Ontario's correctional system. For us, this transformation must focus on improved staff and inmate safety, increased access to rehabilitation programs, enhanced mental health supports, and community-based reintegration partnerships to truly build safer communities for all" (MCSCS, 2016d).

In a surprising gesture of public openness, the Minister's statement included an addendum stating the taskforce was "seeking input from members of organizations, those with lived

experience, and the public, to provide advice and feedback to the Task Force as it moves forward” (MCSCS, 2016d).

As promised, on June 1, 2016, the Ministry published the “Ottawa–Carleton Detention Centre Task Force Action Plan” on their public website. In addition to consulting with community stakeholders, the taskforce also surveyed prisoners at OCDC to “gain an inmate’s perspective while developing its recommendations” (MCSCS, 2016e). The overwhelming majority of prisoners reported concerns related to the bail/remand system, the use of segregation<sup>14</sup>, the extent and quality of prisoner healthcare services<sup>15</sup>, and finally the general cleanliness of the institution (MCSCS, 2016e). Overall, the taskforce developed 42 “short, medium, and long term recommendations” to address deteriorating conditions at OCDC. It seems the Ministry is also making good on their promise for increased transparency and institutional accountability, as progress reports on the taskforce’s implementation of the report’s recommendations will be required on a quarterly basis beginning on October 30, 2016. According to a statement by the Minister, “[T]he province has already moved forward on a number of the recommendations contained in the report that are specific to [the Ottawa–Carleton Detention Centre] and to all of Ontario’s adult correctional institutions” (MCSCS, 2016e).

Against all odds, it seems as though increased public scrutiny and mounting pressure to take action may actually be translated into tangible reforms. Proponents of abolitionism, myself included, would reason that reforms, however well intentioned, are simply insufficient and fail to address the underlying structural and systemic issues working to sustain the overarching carceral

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<sup>14</sup> Specifically, the report notes prisoners who spent time in segregation expressed concerns over the lack of access to programming and healthcare while in solitary confinement, as well as the conditions of confinement more generally.

<sup>15</sup> According to the report, the improvement to healthcare most often requested by women prisoners was increased access to doctors.

nation state. However, such an argument is beyond the scope of the present discussion. Further, given the blatant lack of transparency in state response to Julie's appalling experience and treatment at OCDC, the Ministry's recent efforts to make positive changes within Ontario's provincial jails are a giant leap in the right direction. Moving forward, I will be interested to read about the Ministry's progress in implementing recommendations and effecting actual change.

## CHAPTER VI: CONCLUSION AND FUTURE RESEARCH DIRECTIONS

In this final chapter, I offer my concluding thoughts on this research endeavour. First, I provide a brief overview of the present study's limitations, as well as suggestions for future research directions. Ultimately, I conclude with a summary of the main findings and critical analyses presented in this thesis and offer general insights into the contemporary Canadian carceral state.

### Study limitations

The construction of *race* and its intersection with processes of criminalization is integral to our understanding of the contemporary carceral landscape. Although briefly mentioned in the discussion chapter of this thesis through a critical analysis of Gionni's Aboriginal identity and its subsequent impact on his care and custody, the present study lacked a distinct analysis and discussion of the intersections of race and power, and the impact of one's racial identity on prisoners' experiences of confinement. By Julie's own account, notions of race and race-based discrimination did not significantly impact Julie's personal lived reality at the Ottawa–Carleton Detention Centre. From an alternative perspective, Julie's visibly White identity may have had a *positive* impact on the level of mass media attention drawn in the aftermath of Gionni's birth at OCDC, as well as her ability to secure adequate legal representation and move forward with her civil lawsuit against the provincial government.

However, I strongly suspect that if the present case study were expanded to include a larger, more representative sample of criminalized women who have been incarcerated while pregnant or postnatal, race and its *negative* implications for imprisoned women and mothers would likely have emerged as a prominent theme. Similar intersectional considerations to be incorporated into future studies on prisoners' lived reality in Canadian prisons and jails include

gender (specifically those who identify as transgender), socioeconomic status, sexual orientation, and (dis)ability, among other facets of prisoners' social identities.

### **Future research directions**

Prisoners' (lack of) access to healthcare services while incarcerated was a common theme throughout this research. For the purposes of discussion within the context of the research topic, I have framed this particular aspect of Julie's experience as a product of power dynamics between prisoners and correctional staff. However, Julie's experience at OCDC also raises broader questions about the healthcare services available to incarcerated individuals, especially those incarcerated on remand. As Julie so astutely points out, "[T]he whole point of going to jail is losing your freedom, it's not for the guards to determine what your punishment is". Therefore, prisoners should receive the same range and quality of healthcare services available to non-prisoners, and correctional staff should not have the power to restrict prisoners' access to these services. Moving forward, research in this particular area might examine structural barriers preventing those confined within Canada's jails and prisons from accessing basic and specialized healthcare services while incarcerated. Considering research on the importance of mother-child bonding, and the benefits of correctional programs that allow infants to reside with their mother post-birth, future studies might also explore and proposed alternatives means of sentencing and incarcerating pregnant and postnatal criminalized women.

### **Conclusion**

The principal goal of this research has been to explore, in-depth, the lived reality of Julie Bilotta—a pregnant woman confined in pre-sentencing custody who was forced to give birth to

her son prematurely and alone in a segregated cell at the Ottawa–Carleton Detention Centre. While extreme and deeply upsetting, Julie’s story helps us make sense of public reactions and formal responses to incarcerated women’s experiences of pregnancy, birth, and motherhood, as well as allegations of professional misconduct by correctional staff, and systemic negligence more broadly. Scholars have consistently identified imprisoned pregnant women and mothers as a distinctly stigmatized and marginalized segment of the general population, both in the community and behind bars. Julie’s experience and the subsequent responses by various governing bodies and community stakeholders analyzed in this thesis demonstrate the need to develop more comprehensive and gender–sensitive models of care for pregnant and postnatal prisoners, especially in provincial institutions, and to diminishing structural, organizational, and human barriers that may be restricting prisoners’ access to correctional programs and services. Upon reviewing my qualitative interview discussion with Julie, and by examining all publicly available documents and reports related to Julie’s case, I have gained greater knowledge and understanding of the distinct struggle and lack of institutional supports provided to pregnant and postnatal prisoners. Moreover, through this research, I have gleaned important insights into state regulation of incarcerated women’s bodies and the systemic marginalization of criminalized mothers and their families. Lastly, the present study has enabled me to highlight and problematize the lack of transparency between the state and its citizens within the public sphere, and the uncomfortable reality that the general public have no effective or reliable means of holding governing bodies and institutions accountable for occurrences of pervasive systemic neglect and other abuses of state power. Evidently, the lack of statistics and information on pregnancy and childbirth within Canada’s correctional institutions at both the federal and

provincial levels is a glaring oversight in the care and custody of incarcerated women and mothers that must be addressed by academics, activists, and policymakers alike.



**REFERENCES**

- Altheide, D. L., & Schneider, C. J. (2013). *Qualitative media analysis* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- The American College of Obstetricians and Gynecologists. (2011). *Healthcare for pregnant and postpartum incarcerated women and adolescent females*. Committee on Healthcare for Underserved Women. Washington, DC: The American College of Obstetricians and Gynecologists. Retrieved from <http://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co511.pdf?dmc=1&ts=20141106T0740410857>.
- Arbour, L. (1996). Commission of Inquiry Into Certain Events at the Prison for Women in Kingston (Canada). Public Works and Government Services Canada.
- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and the Family*, 62, 1192–1207.
- Barkauskas, V. H., Low, L. K., & Pimlott, S. (2002). Health outcomes of incarcerated pregnant women and their infants in a community-based program. *Journal of Midwifery & Women's Health*, 47(5), 371–379.
- Barker, B., Alfred, G. T., & Kerr, T. (2014). An uncaring state? The overrepresentation of First Nations children in the Canadian child welfare system. *Canadian Medical Association Journal*, 186(14), 533–535.
- Barrett, M. R., Allenby, K., & Taylor, K. (2010). Twenty years later: Revisiting the task force on federally sentenced women. Research Report R-222. Ottawa: Correctional Service Canada.

- Bassin, D., Honey, M., & Kaplan, M. M. (1994). *Representations of motherhood*. New Haven: Yale University Press.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544–559.
- Becker, H. S. (1963). *The outsiders: Studies in the sociology of deviance*. The Free Press.
- Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology, 1*, 48–71.
- Bell, D. (2013, August 13). Ottawa jail staff disciplined over Julie Bilotta cell birth. *Ottawa Sun*. Retrieved from <http://www.ottawasun.com/2013/08/13/ottawa-jail-staff-disciplined-over-cell-birth>.
- Bell, J. F., Zimmerman, F. J., Cawthon, M. L., Huebner, C. E., Ward, D. H., & Schroeder, C. A. (2004). Jail incarceration and birth outcomes. *Journal of Urban Health, 81*(4), 630–644.
- Berry, P. E. & Eigenberg, H. M. (2003). “Role strain and incarcerated mothers: Understanding the process of mothering”. *Women and Criminal Justice, 15*(1), 101–119.
- Boyce, J. (2015, July 22). Police-reported crime statistics in Canada, 2014. *Canadian Centre for Justice Statistics*. Juristat Catalogue no. 85–002–X.
- Boyce, C., & Neale, P. (2006). *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input*. Watertown, MA: Pathfinder International.
- Brennan, S. (2014). Canada’s Mother–Child Program: Examining its emergence, usage and current state. *Canadian Graduate Journal of Sociology and Criminology, 3*(1), 11–33.
- Brown, M. (2009). *The culture of punishment: Prison, society, and spectacle*. New York: New York University Press.

The Canadian Press. (2013, August 13). Jail staff disciplined after inmate gave birth in Ottawa cell. *CTV News*. Retrieved from <http://www.ctvnews.ca/canada/jail-staff-disciplined-after-inmate-gave-birth-in-ottawa-cell-1.1408567>.

CBC News. (2013, August 13). Ottawa jail cell birth leads to dismissal, suspensions: Woman who gave birth to son in Ottawa-Carleton cell said jailers ignored her cries. *CBC News*. Retrieved from <http://www.cbc.ca/news/canada/ottawa/ottawa-jail-cell-birth-leads-to-dismissal-suspensions-1.1342997>.

Cecil, D. (2007). Looking beyond *Caged Heat*: Media images of women in prison. *Feminist Criminology*, 2(4), 304–326.

Chambers, A. N. (2009). Impact of forced separation policy on incarcerated postpartum mothers. *Policy, Politics, and Nursing Practice*, 10(3), 204–211.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.

Chen, A., Fiander, A., Piché, J., & Walby, K. (forthcoming). Commemorating captive women: Representations of criminalized and incarcerated women in Canadian penal history museums. In J. Wilson, S. Hodgkinson, J. Piché, & K. Walby (Eds.), *The Palgrave handbook of prison tourism*.

Chesney-Lind, M. (2002). Imprisoning women: The unintended victims of mass imprisonment. In M. Mauer & M. Chesney-Lind (Eds.) *Invisible punishment* (pp. 79–94). New York: New Press.

The Children's Aid Society of Ottawa. (2016). *Child Protection*. Retrieved from <http://www.casott.on.ca/en/services/child-protection/>.

- Chesney–Lind, M. (2002). Imprisoning women: The unintended victims of mass imprisonment. In M. Mauer & M. Chesney–Lind (Eds.) *Invisible punishment* (pp. 79–94). New York: New Press.
- Christopher, K., England, P., Smeeding, T. M., & Phillips, K. R. (2002). The gender gap in poverty in modern nations: Single motherhood, the market, and the state. *Sociological Perspectives, 45*(3), 219–242.
- Clarke, J. G., & Adashi, E. Y. (2011). Perinatal care for incarcerated patients: A 25-year-old woman pregnant in jail. *The Journal of the American Medical Association, 305*(9), 923–929.
- Clarke, J. G., Hebert, M. R., Rosengard, C., Rose, J. S., DaSilva, K. M., & Stein, M. D. (2006). Reproductive health care and family planning needs among incarcerated women. *American Journal of Public Health, 96*(5), 834–839.
- Clowers, M. (2001). Dykes, gangs, and danger: Debunking popular myths about maximum-security life. *Journal of Criminal Justice and Popular Culture, 9*(1), 22–30.
- College of Nurses of Ontario. (2012, July 26). What is CNO? About the College of Nurses of Ontario. *College of Nurses of Ontario*. Retrieved from <http://www.cno.org/en/what-is-cno/>.
- Collins, R. (2014). ‘Beauty and bullets’: A content analysis of female offenders and victims in four Canadian newspapers. *Journal of Sociology, 1*–15.
- Comack, E. (2000). The prisoning of women: Meeting women’s needs. In K. Hannah–Moffat & M. Shaw (Eds.) *An ideal prison? Critical essays on women’s imprisonment in Canada* (pp. 117–127). Halifax, NS: Fernwood.

- Comack, E., & Brickey, S. (2007). Constituting the violence of criminalized women. *Canadian Journal of Criminology and Criminal Justice*, 49(1), 1–36.
- Correctional Service Canada. (2008a). Women in Prison in Canada: The Early Years. Correctional Service Canada. Retrieved from <http://www.csc-scc.gc.ca/text/pblct/brochurep4w/2-eng.shtml>.
- Correctional Service Canada. (2008b). The Closing of the Prison for Women in Kingston. Correctional Service Canada. Retrieved from <http://www.csc-scc.gc.ca/text/pblct/brochurep4w/8-eng.shtml>.
- Criminalization and Punishment Education Project. (2016). Ottawa–Carleton Detention Centre Campaign. Criminalization and Punishment Education Project. Retrieved from <http://cp-ep.org/about-ocdc/>.
- Davis, A. Y. (2003). *Are prisons obsolete?* New York: Seven Stories Press.
- Derkzen, D., & Taylor, K. (2013). The Canadian landscape for incarcerated mothers: Lessons, changes, and innovations. In G. Eljdupovic and R. J. Bromwich (Eds.), *Incarcerated mothers: Oppression and resistance* (pp. 29–42). Bradford, ON: Demeter Press.
- Dimmock, G., & Armstrong, L. (2013, October 14). Baby born in Ottawa jail cell dies one year after birth, sparking investigation into ‘sudden death’. *National Post*. Retrieved from <http://news.nationalpost.com/news/canada/baby-born-in-ottawa-jail-cell-dies-one-year-after-birth-sparking-investigation-into-sudden-death>.
- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative Health Research*, 23(2), 248–255.

- Eastal, P., Bartels, L., Nelson, N., & Holland, K. (2015). How are women who kill portrayed in newspaper media? Connections with social values and the legal system. *Women's Studies International Forum, 51*(1), 31–41.
- Eliason, M. J., Arndt, S. (2004). Pregnant inmates: A growing concern. *Journal of Addictions Nursing, 15*, 163–170.
- Esmonde, J. (2002). Criminalizing poverty: The criminal law, power and the Safe Streets Act. *Journal of Law and Social Policy, 17*, 63–86.
- Ferszt, G. G., & Clarke, J. G. (2012). Health care of pregnant women in U.S. State Prisons. *Journal of Health Care for the Poor and Underserved, 23*, 557–569.
- Foster, H. (2012). The strains of maternal imprisonment: Importation and deprivation stressors for women and children. *Journal of Criminal Justice, 40*, 221–229.
- Foster, H. (2011). Incarcerated parents and health: Investigating role inoccupancy strains by gender. *Women & Criminal Justice, 21*, 225–249.
- Frigon, S. (2000). Mapping scripts and narratives of women who kill in fiction (cinema) and in fact (trials): Inscribing the everyday. In A. Burfoot & S. Lord (Eds.), *Killing women: The visual culture of gender and violence* (pp. 3–20). Waterloo, ON: Wilfrid Laurier University Press.
- Fritz, S. B., & Whiteacre, K. (2016). Prison nurseries: Experiences of incarcerated women during pregnancy. *Journal of Offender Rehabilitation, 55*(1), 1–20.
- Gaucher, R. (1988). The Prisoner as Ethnographer: The Journal of Prisoners on Prisons. *Journal of Prisoners on Prisons, 1*(1), 1–6.

- Gillis, M. (2016a, June 12). New details on jail birth in nurse's discipline decision. *Ottawa Citizen*. Retrieved from <http://ottawacitizen.com/news/local-news/new-details-on-jail-birth-in-nurses-discipline-decision>.
- Gillis, M. (2016b, June 12). Pregnant in jail, Bilotta faced rookie nurse, dubious guards. *Ottawa Sun*. Retrieved from <http://www.ottawasun.com/2016/06/12/pregnant-in-jail-bilotta-faced-rookie-nurse-dubious-guards>.
- Gobeil, R. (2008). Staying out: Women's perceptions of challenges and protective factors in community reintegration. Ottawa, ON: Correctional Service Canada.
- Goshin, L. S. (2015). Ethnographic assessment of an alternative to incarceration for women with minor children. *American Journal of Orthopsychiatry*, 85(5), 469–482.
- Guthrie, B. (2011). Toward a gender-responsive restorative correctional health care model. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40, 497–505.
- Hannah-Moffat, K., & Shaw, M. (2000). Introduction: Prisons for women — theory, reform, ideals. In K. Hannah-Moffat & M. Shaw (Eds.) *An ideal prison? Critical essays on women's imprisonment in Canada* (pp. 11–27). Halifax, NS: Fernwood.
- Hannem, S. (2012). The mark of association: Transferred stigma and the families of male prisoners. In S. Hannem & C. Bruckert (Eds.), *Stigma revisited: Implications of the mark* (pp. 95–117). Ottawa, ON: University of Ottawa Press.
- Hannem, S. (2009). *Marked by association: Stigma, marginalization, gender and the families of male prisoners in Canada*. Doctoral Dissertation. Ottawa, ON: Carleton University.
- Henman, L. D. (2002). Humor as a coping mechanism: Lessons from POWs. *International Journal of Humor Research*, 14(1), 83–94.

- Hinkson, C. (2013, August 13). Ottawa jail staff disciplined after inmate gave birth in cell in 2012. *Toronto Star*. Retrieved from [https://www.thestar.com/news/canada/2013/08/13/ottawa\\_prison\\_workers\\_punished\\_after\\_inmate\\_gives\\_birth\\_in\\_cell.html](https://www.thestar.com/news/canada/2013/08/13/ottawa_prison_workers_punished_after_inmate_gives_birth_in_cell.html).
- Hotelling, B. A. (2008). Perinatal needs of pregnant, incarcerated women. *Journal of Perinatal Education, 17*(2), 37–44.
- Huang, K., Atlas, R., & Parvez, F. (2012). The significant of breastfeeding to incarcerated pregnant women: An exploratory study. *Birth: Issues in Perinatal Care, 39*(2), 145–155.
- Hutchinson, K. C., Moore, G. A., Propper, C. B., & Mariaskin, A. (2008). Incarcerated women's psychological functioning during pregnancy. *Psychology of Women Quarterly, 32*, 440–453.
- Jiang, S., & Winfree Jr., L. T. (2006). Social support, gender, and inmate adjustment to prison life. *The Prison Journal, 86*(1), 32–55.
- Jones, R. (1993). Coping with separation: Adaptive responses of women prisoners. *Women and Criminal Justice, 5*(1), 71–98.
- Kaba, F., Lewis, A., Glowa–Kollisch, S., Hadler, J., Lee, D., Alper, H., Selling, D., MacDonald, R., Solimo, A., Parsons, A., & Venters, H. (2014). Solitary confinement and risk of self-harm among jail inmates. *American Journal of Public Health, 104*(3), 442–447.
- Kotlar, B., Kornrich, R., Deneed, M., Kenner, C., Theis, L., von Esenwein, S., & Webb–Girard, A. (2015). Meeting incarcerated women's needs for pregnancy–related and postpartum services: Challenges and opportunities. *Perspectives on Sexual and Reproductive Health, 47*(4), 221–225.



- Knight, M., & Plugge, E. (2005). Risk factors for adverse perinatal outcomes in imprisoned pregnant women: A systematic review. *BioMed Central Public Health, 5*(111).
- Kubiak, S. P., Kasiborski, N., & Schmittel, E. (2010). Assessing long-term outcomes of an intervention designed for pregnant incarcerated women. *Research on Social Work Practice, 20*(5), 528–535.
- Lloyd, A. (1995). *Doubly deviant, doubly damned: Society's treatment of violent women*. London (UK): Penguin Books.
- Lorber, J. (2009). *Gender inequality: Feminist theory and politics*. New York: Oxford University Press.
- Mahony, T. H. (2011). Women and the criminal justice system. *Women in Canada: A gender-based statistical report*. Statistics Canada Catalogue no. 89–503–X.
- Maidment, M. (2006). *Doing time on the outside: Deconstructing the benevolent community* (pp. 82–101). Toronto, ON: University of Toronto Press.
- Martin, R. E., Lau, J., & Salmon, A. (2013). Incarcerating mothers: The effect on the health and social well-being of infants and their mothers. In G. Eljdupovic and R. J. Bromwich (Eds.) *Incarcerated mothers: Oppression and resistance* (pp. 197–207). Bradford, ON: Demeter Press.
- Mason, L. G. B. (2013). The journey of one pregnant incarcerated woman through systemic bias: How family support workers can positively affect change — a case study. *Journal of Women and Social Work, 28*(1), 32–39.
- Mathiesen, T. (2006). *Prison on trial*. Hampshire (UK): Waterside Press.
- McIntosh, P. (1990). White privilege: Unpacking the invisible knapsack. *Independent School, Winter*, 31–36.

- Morash, M., Haarr, R. N., & Rucker, L. (1994). A comparison of programming for women and men in U.S. prisons in the 1980s. *Crime & Delinquency*, 40(2), 197–221.
- Mukherjee, S., Pierre–Victor, D., Bahelah, R., & Madhivanan, P. (2014). Mental health issues among pregnant women in correctional facilities: A systemic review. *Women & Health*, 54, 816–842.
- Nagin, D. S. (2012). Deterrence: Scaring offenders straight. In T. C. Pratt & F. T. Cullen (Eds.), *Correctional theory: Context and consequences* (pp. 67–98). Sage Publications.
- Novek, E. (2005). The devil’s bargain: Censorship, identity and the promise of empowerment in a prison newspaper. *Journalism*, 6(1), 5–23.
- Oakley, A. (1980). *Women confined: Towards a sociology of childbirth*. Oxford: Martin Robertson & Co.
- OCDC Campaign. (2016, May 13). *End food privatization at Ottawa’s jail*. Retrieved from <https://www.youtube.com/watch?v=kE1bS51JOBM>
- Ocen, P. A. (2012). Punishing pregnancy: Race, incarceration, and the shackling of pregnant prisoners. *California Law Review*. 100 Calif. L. Rev. 1239.
- Office of the Correctional Investigator. (2015). Annual report of the Office of the Correctional Investigator 2014–2015. The Correctional Investigator Canada. Retrieved from <http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20142015-eng.pdf>.
- Ontario Ministry of Community Safety and Correctional Services. (2016a, April 26). Comprehensive review of segregation. Public Consultations. Retrieved from [http://www.mcscs.jus.gov.on.ca/english/PublicConsultations/mcscs\\_pc.aspx](http://www.mcscs.jus.gov.on.ca/english/PublicConsultations/mcscs_pc.aspx).
- Ontario Ministry of Community Safety and Correctional Services. (2016b, March 18). Community corrections. Conditional Releases. Retrieved from

[http://www.mcscs.jus.gov.on.ca/english/corr\\_serv/comm\\_corr/conditional\\_sent/conditional\\_sent.html](http://www.mcscs.jus.gov.on.ca/english/corr_serv/comm_corr/conditional_sent/conditional_sent.html).

Ontario Ministry of Community Safety and Correctional Services. (2016c, April 13). Ottawa–Carleton Detention Centre Task Force. Corrections. Retrieved from <http://www.mcscs.jus.gov.on.ca/english/Corrections/OttawaCarletonDetentionCentreTaskForce.html>.

Ontario Ministry of Community Safety and Correctional Services. (2016d, April 19). Minister’s statement on the Task Force on the Ottawa–Carleton Detention Centre. Minister’s Statements. Retrieved from <http://www.mcscs.jus.gov.on.ca/english/Ministryinformation/MinistersNewsandStatements/StatementOttawaCarletonDetentionCentre.html>.

Ontario Ministry of Community Safety and Correctional Services. (2016e, June 1). Ottawa–Carleton Detention Centre Task Force Action Plan. Corrections. Retrieved from [http://www.mcscs.jus.gov.on.ca/english/Corrections/OCDC\\_task\\_force.html](http://www.mcscs.jus.gov.on.ca/english/Corrections/OCDC_task_force.html).

Ontario Ministry of Community Safety and Correctional Services. (2015). *Inmate information guide for adult institutions*. Toronto, ON: Ministry of Community Safety and Correctional Services.

Ontario Newsroom. (2016, June 1). Statement by Minister Yasir Naqvi on the Ottawa–Carleton Detention Centre Task Force Report. Statements. Retrieved from <https://news.ontario.ca/mcscs/en/2016/06/statement-by-minster-naqvi-on-the-ottawa-careleton-detention-centre-task-force-report.html?>

- Palmer, J. (2007). Special health requirements for female prisoners. In L. Moller, H. Stover, R. Jurgens, A. Gatherer, & H. Nikogosian (Eds.), *Health in prisons: A WHO guide to the essentials in prison health* (pp. 157–170). World Health Organization.
- Parkes, D., & Pate, K. (2006). Time for accountability: Effective oversight of women's prisons. *Canadian Journal of Criminology and Criminal Justice*, 48(2), 251–285.
- Pearce, D. (1978). The feminization of poverty: Women, work and welfare. *The Urban & Social Change Review*, 11(1–2), 28–36.
- Pfeffer, A. (2016, April 15). 71 inmates moved from Ottawa–Carleton Detention Centre to alleviate overcrowding. *CBC News Ottawa*. Retrieved from <http://www.cbc.ca/news/canada/ottawa/71-inmates-moved-ocdc-1.3536600>.
- Piché, J., Gaucher, B., & Walby, K. (2014). Facilitating Prisoner Ethnography: An Alternative Approach to 'Doing Prison Differently'. *Qualitative Inquiry*, 20(4), 449–460.
- Poehlmann, J. (2005). Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *Journal of Family Psychology*, 19, 350–357.
- Porter, L., & Calverley, D. (2011, May 17). Trends in the use of remand in Canada. *Statistics Canada*. Juristat Catalogue no. 85–002–X.
- Public Services Foundation of Canada (PSFC) (2015). Crisis in correctional services: Overcrowding and inmates with mental health problems in provincial correctional facilities. Retrieved from <http://www.bcgeu.ca/sites/default/files/page/attachments/Crisis%20in%20Correctional%20Services%20April%202015%5B2%5D.pdf>.

- Pratt, T. C., & Cullen, F. T. (2005). Assessing macro-level predictors and theories of crime: A meta-analysis. *Crime and Justice*, 32, 373–450.
- Raisler, J., & Kennedy, H. (2005). Midwifery care of poor and vulnerable women, 1925–2003. *Journal of Midwifery & Women's Health*, 50, 113–121.
- Ramirez, R. (2014). The use of restraints on pregnant women. *American Jails Magazine*, 41–44.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Reitano, J. (2016). Adult correctional statistics in Canada, 2014/2015. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14318-eng.htm>
- Renzetti, C. M. (2013). *Feminist criminology*. New York: Routledge.
- Riley, L. P., Lamontagne, L. L., Hepworth, J. T., & Murphy, B. A. (2007). Parental grief responses and personal growth following the death of a child. *Death Studies*, 31, 277–299.
- Ross, S. (1994). Literacy and writing among women prisoners: Path to liberation or dead end?. *The Justice Professional*, 8(2), 117–127.
- Rothman, B. K. (1982). *In labor: Women and power in the birthplace*. New York: W.W. Norton & Co.
- Sable, M. R., Fieberg, J. R., Martin, S. L., & Kupper, L. L. (1999). Violence victimization experiences of pregnant prisoners. *American Journal of Orthopsychiatry*, 69(3), 392–397.
- Schnider, K. R., Elhai, J. D., & Gray, M. J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology* 54(3), 344–350.
- Schroeder, C., & Bell, J. (2013). Doula birth support for incarcerated pregnant women. *Public Health Nursing*, 22(1), 53–58.

- Seymour, A. (2014, May 30). Woman who gave birth in Ottawa jail arrested again. *Ottawa Citizen*. Retrieved from <http://ottawacitizen.com/news/local-news/woman-who-gave-birth-in-ottawa-jail-arrested-again>.
- Seymour, A. (2013, August 21). Ontario sets plan for prisoner health care. *Ottawa Citizen*. Retrieved from <http://www.pressreader.com/canada/ottawa-citizen/20130821/281977490272702>.
- Sharp, S. F., & Marcus-Mendoza, S. T. (2001). It's a family affair: Incarcerated women and their families. *Women and Criminal Justice*, 12(4), 21-49.
- Shaw, N. S. (1984). Reviewed work: In labour: Women and power in the birthplace. *Signs*, 10(1), 156-158.
- Shlafer, R. J., Hellerstedt, W. L., Secor-Turner, M., Gerrity, E., & Baker, R. (2014). Doulas' perspectives about providing support to incarcerated women: A feasibility study. *Public Health Nursing*, 33(4), 316-326.
- Shi, L., Stevens, G. D., Lebrun, L. A., Faed, P., & Tsa, J. (2008). Enhancing the measurement of health disparities for vulnerable populations. *Journal of Public Health Management and Practice*, 14, S45-S52.
- Sinha, V., & Kozlowski, A. (2013). The structure of Aboriginal child welfare in Canada. *The International Indigenous Policy Journal*, 4(2), 1-21.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.
- Surette, R. (2011). Corrections. In *Media, crime and criminal justice* (4<sup>th</sup> Ed.). Belmont, CA: Wadsworth.

- Suter, J. M., Byrne, M. K., Byrne, S., Howells, K., & Day, A. (2002). Anger in prisoners: Women are different from men. *Personality and Individual Differences*, 32(6), 1087–1100.
- Sutherland, M. A. (2013). Incarceration during pregnancy: Implications for women, newborns and healthcare providers. *Nursing for Women's Health*, 17(3), 225–230.
- Tanner, R. (2010). Pregnancy outcomes at the Indiana Women's Prison. *Journal of Correctional Health Care*, 16(3), 216–219.
- Task Force on Federally Sentenced Women. (1990). *Report of the task force on federally sentenced women: Creating choices*. Ottawa: Ministry of the Solicitor General.
- Tapia, N. D., & Vaughn, M. S. (2010). Legal issues regarding medical care for pregnant inmates. *The Prison Journal*, 90(4), 417–446.
- Vainik, J. (2008). The reproductive and parental rights of incarcerated mothers. *Family Court Review*, 46(4), 670–694.
- Van den Bergh, B. J., Gatherer, A., Fraser, A., & Moller, L. (2011). Imprisonment and women's health: Concerns about gender sensitivity, human rights and public health. *Policy & Practice* (pp. 689–694). World Health Organization Regional Office for Europe.
- Van den Hoonaard, D. K. (2012). *Qualitative research in action: A Canadian primer*. Don Mills, ON: Oxford University Press.
- Vivian-Taylor, J., Sheng, J., Hadfield, R. M., Morris, J. M., Bowen, J. R., & Roberts, C. L. (2011). Trends in obstetric practices and meconium aspiration syndrome: A population-based study. *British Journal of Obstetrics and Gynaecology*, 118(13), 1601–1607.

- Wakai, S., Sampl, S., Hilton, L., & Ligon, B. (2014). Women in prison: Self-injurious behavior, risk factors, psychological function, and gender-specific interventions. *The Prison Journal, 94*(3), 347–364.
- Walby, K. (2005). Open-street camera surveillance and governance in Canada. *Canadian Journal of Criminology and Criminal Justice, 47*(4), 655–683.
- Walmsley, R. (2013). *World prison population list* (10<sup>th</sup> Ed.). London (UK): International Centre for Prison Studies.
- Walsh, R. (2003). The methods of reflexivity. *The Humanistic Psychologist, 31*(4), 51–66.
- Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., et al. (2009). The health and health care of US prisoners: Results of a nationwide survey. *American Journal of Public Health, 99*(4), 666–672.
- Wismont, J. M. (2000). The lived pregnancy experiences of women in prison. *Journal of Midwifery & Women's Health, 45*(4), 292–300.
- Wooldredge, J. D., & Masters, K. (1993). Confronting problems faced by pregnant inmates in state prisons. *Crime & Delinquency, 39*(2), 195–203.
- World Health Organization (2009). *Women's health in prison: Correcting gender inequality in prisons*. Copenhagen, Denmark: United Nations Office on Drugs and Crime.



## APPENDIX A

Department of Criminology  
Wilfrid Laurier University  
Interview guide

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Before we begin:

- Thank you for taking the time to meet with us
  - What we hope to accomplish with this interview
  - Invite you to share your story from your perspective
  - Reminder that we can stop the interview at any time
- 

With all of that being said, why don't you start off by telling us your story - how did you end up pregnant and giving birth in prison?

### *History of incarceration*

- Have you had much interaction with the justice system throughout your life?
- Can you tell me a bit about your history of incarceration?
  - **Follow-up:** Where? For how long? For what kinds of offences?

### *Conditions of confinement and interactions with staff*

- While you were incarcerated, how did it feel to be away from your family, friends, partner, etc.?
- Can you describe what conditions at the jail were like?
- Can you tell me a bit about your interactions with the prison staff?
  - **Follow-up:** How did they treat you? How did it make you feel?
- Do you feel they treated you differently than other prisoners because you were pregnant?
- Did you receive any additional punishments while you were incarcerated? (
  - (E.g.) segregation
  - **Follow-up:** Could you expand on that experience for me?

### *Experience as a pregnant woman in prison*

- What was it like being pregnant in prison? How did it make you feel?
    - **Follow-up:** (If applicable) can you think of any differences in your experience as a pregnant woman compared to a non-pregnant woman in prison?
  - Do you think the fact that you were pregnant had an impact on your experience?
    - **Follow-up:** If so, in what ways?
  - Were you offered any modified accommodations due to your pregnant condition?
    - (E.g.) maternity clothing, special diet, sleeping conditions, modified schedule
-

**Now I would like to move on and ask you a few questions about any healthcare you may have received while you were incarcerated. Would that be okay?**

*Prenatal health and healthcare in prison*

- What sort of healthcare, if any, were you accessing before your incarceration?
  - **Follow-up:** If none, why not?
- Did any staff discuss your pregnant condition with you when you entered prison?
- Were you made aware of the healthcare options available to you, specifically related to your pregnancy, during your incarceration?
- Did any other medical conditions or complications arise during your pregnancy in prison?
  - **Follow-up:** If so, how were the concerns addressed by the prison healthcare staff?
- Can you tell me a bit about any interactions you had with healthcare staff at the prison?
  - **In other words:** How did they treat you? How did it make you feel?

*Birth plans in prison*

- Based on your due date, did you expect to give birth while in prison, or were you expecting to be released beforehand?
  - Did you have a birth plan in place when you entered prison?
    - If so, what was it?
    - Was the prison staff aware of this plan? What was their role?
  - Can you tell me a bit about the birth itself and what that experience was like?
    - **Follow-up:** What happened to you and your child after you gave birth?
- 

**Thank you for sharing that with me. I just have a few more questions before we wrap up.**

*Release and reintegration*

- Did you experience any difficulties with reintegrating after your release?
- How did it feel to be reunited with your family, friends, partner, children, etc.?

*Demographic and background information*

- Have you struggled with any other issues that had an impact on your experience of confinement? (E.g. socioeconomic status, mental health, substance abuse)

**Wrap-up:** Is there anything else you want to share with me that you feel is important or that I may have overlooked?

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Closing statements:

- Thank you again for meeting with us, we really appreciate you sharing your story
- Verify consent items (e.g. wishes to receive copy of transcript to pre-approve)
- Inquire about possible issues moving forward
- Please don't hesitate to contact me if you have any questions about the interview or the project moving forward

**APPENDIX B**Department of Criminology  
Wilfrid Laurier University  
Letter of Information

This research will be conducted by Sarah Fiander as part of her Masters thesis under the supervision of Dr. Stacey Hannem, Associate Professor in the Department of Criminology at Wilfrid Laurier University. The present study seeks to explore the lived realities of women who have been criminalized and incarcerated in a Canadian prison while pregnant. I am interested in learning about the different factors that may have shaped your experiences as a pregnant prisoner, including those that occurred before, during, and after your imprisonment. More generally, this research project aims to fulfill a need for greater knowledge and understanding about the specific struggles faced by pregnant women in the criminal justice and prison systems.

As a participant in this study, you will be asked to participate in an interview lasting approximately 1-2 hours. I will ask questions about your experience as a pregnant woman in prison, your prenatal health and any care or treatment you may have received while in prison, as well as your perception of your treatment by prison staff (including guards and healthcare providers) as a pregnant prisoner. I may also inquire about where, when, and for how long you were incarcerated, but the nature of your involvement with the criminal justice system is not the focus of this research project. However, if you choose to share this information with me, it will not be met with any judgment or opinion on my part. To thank you for your time and contribution to this research, you will be offered a \$25 gift card.

With your permission, I would like to make a digital recording of the interview, which will be transcribed in full at a later date for the purpose of analysis. The purpose of this recording is to ensure accuracy in capturing your responses. Once the research project is complete and the recording is no longer required for consultation and verification, the recording will be deleted. However, I would like to keep a copy of your interview transcript indefinitely to assist in future research projects. If you decline to be recorded, you may still participate in the interview and I will take detailed notes on your responses.

If you so choose, you may indicate on the consent form that you would like to receive a copy of your interview transcript and ask me to remove any quotes or information that you do not wish to be included in an analysis of the study's findings.

To further respect your privacy, all identifying materials, including your consent form and contact information, will be kept separate from your interview transcript. To reiterate, all of the data collected through this research project will be stored on a password protected computer and/or flash drive that will be accessible by my supervisor and myself.

Given the topic and subject matter of this research project, there is a chance that some of the interview questions may cause you to feel uncomfortable. If at any time during the interview you do not wish to answer a question, you are free to not answer the question. You may also end the interview and withdraw from the study at any time, for any reason, and without any explanation.

There is no consequence to withdrawing your participation in this study. If you choose to withdraw from the study, every attempt will be made to remove your data and have it destroyed.

The results of this research may be published in the form of conference presentations, journal articles, and/or book chapters. When I publish or present this research in the future, it would be useful to use direct quotes from the interviews. If you do not wish to have your exact words quoted using the safeguards outlined above (i.e. anonymized transcripts), you may indicate so on the consent form and still participate in the study. If you wish to receive copies of any publication of the results of this research project, the consent form also offers the option to provide me with a mailing address or email to which these documents may be sent. You may also contact my supervisor or myself at any time to obtain copies of these documents.

If you have questions about this study, or if you experience adverse effects as a result of participating in this study, please contact my supervisor Dr. Stacey Hannem at [shannem@wlu.ca](mailto:shannem@wlu.ca) or 519-756-8228 ext. 5785 or myself (Sarah Fiander) at [fian4570@mylaurier.ca](mailto:fian4570@mylaurier.ca) or 613-898-9766. This project has been reviewed and approved by the Wilfrid Laurier University Research and Ethics Board (Certificate #4643). If you feel that you have not been treated according to the descriptions in this form, or that your rights as a study participant have been violated during the course of this research project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University at [rbasso@wlu.ca](mailto:rbasso@wlu.ca) or 519-884-1970 ext. 4994.

**APPENDIX C**

Department of Criminology  
 Wilfrid Laurier University  
 Informed Consent Form

I, \_\_\_\_\_ (please print), have read and understood the above information about the research on pregnant prisoners in Canada being conducted by Sarah Fiander under the supervision of Dr. Stacey Hannem in the Department of Criminology at Wilfrid Laurier University. I have had the opportunity to ask questions about my involvement in this study and to receive any additional information or clarification on the study’s details. I have received a copy of this form and agree to participate in this study in accordance with the terms set out above.

<b>Consent and privacy options</b>	<b>YES</b>	<b>NO</b>
I consent to the use of my story as the primary example in this study, and agree that identifying details about my experience may be used in any analysis and publication of the study’s findings.		
I agree to the digital recording of this interview.		
I wish to review the final interview transcript and approve or deny the use of quotations in future publications or presentations of this research. <i>If yes, please provide contact information in the designated area below.</i>		
I agree that anonymized direct quotations from this interview may be used in future publications or presentations of this research.		
I wish to receive copies of future publications of this research.		
I agree to allow follow-up contact by the researcher or her supervisor for the purpose of clarification.		

**Follow-up contact information**

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

Please initial here to confirm your receipt of the \$25 gift card \_\_\_\_\_

Participant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_