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Confronting intergenerational harm: Care experience, motherhood and criminal justice involvement

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Prior research highlights how criminalized mothers may be particularly at risk of negative judgements, but little work to date explores how criminalisation, care experience and motherhood may intersect to produce multi-faceted structural disadvantage within both systems of care and punishment. This paper attends to this knowledge gap, drawing on interviews with imprisoned women who have been in care (e.g. foster care or children's homes), care-experienced girls and young women in the community, and professionals who work with them. Key findings include: a desire to break cycles of intergenerational stigma and social care involvement; lack of support and a fear of asking for help, and the care-less approach to pregnancy and motherhood that may be faced in prison and beyond.

KEY WORDS: care-experience, criminalization, intersectionality, motherhood, prison

INTRODUCTION

Motherhood is a multi-faceted experience with the capacity to create joy but also invoke judgement. In particular, it can prompt wider societal judgements of what a 'good' mother ought to look like (Rutter and Barr 2021). Undoubtedly, this experience, and corresponding societal expectations, vary across jurisdictions and over time. A growing body of research highlights the vital need to attend to the particular stigma and negative judgements that may be faced by mothers in conflict with the law (Sharpe 2015; Clinks and Birth Companions 2021; Baldwin *et al.* 2022), yet there has been little research with mothers in contact with the criminal justice system who also previously spent time in the care-system as children (for example in foster care or children's homes)¹. This article seeks to address this knowledge gap.

1 Children in care include those under 18 who are in the care of the local authority subject to a full care order under s 31 or looked after by voluntary agreement under s 20 of the Children Act 1989, including those in residential, foster and kinship care in England.

Guided by insights from intersectionality (Crenshaw 1989), and theorising on social harm (Hillyard and Tombs 2007), we explore how a current or prior care-status combined with criminal justice involvement may interact with judgements linked to gender, ethnicity and/or age to produce overlapping layers of discrimination and disadvantage for care-experienced mothers. This article amplifies the voices of criminalised *and* care-experienced girls and women, and the professionals who work with them. Lived experience is prioritized here as a crucial way to illuminate injustice (Baldwin *et al.* 2022) and emphasise the ‘view from below’ (Scraton 2020). Despite being previously parented by the state, most commonly due to early experiences of abuse, neglect or other trauma (DfE, 2021), prior childhood experiences are rarely a focus for attention should care-experienced individuals come into conflict with the law. At this point, the language of welfare and protection is easily replaced by a responsabilizing discourse that prioritises justice, punishment and the management of risk (Fitzpatrick and Williams, 2017). For those who are mothers, their capacity to parent may also be questioned. Indeed, prior care experience may be flagged as a risk amongst mothers and pregnant women (Hall 2021), regardless of whether they have had criminal justice contact.

Ironically, whilst criminalized mothers may be subject to individualizing judgements that locate individuals and their families as the ‘problem’ to be dealt with, rarely does the state as corporate parent feature in any discussion of blame. Yet we need to interrogate how care experience can compound the stigmatization of criminalized mothers and/or affect their own children’s potential contact with the care system. However, the intergenerational harm created by system contact can become obscured when official focus moves to the children of care-experienced mothers. Whilst few would dispute the importance of safeguarding children, this concern is inconsistent—with no national data collected on what happens to the children of care-experienced mothers who are imprisoned (Fitzpatrick *et al.* 2022).

More attention must be directed to understanding the potentially cumulative impact of involvement in state care and justice systems across the life course. By doing this, we can begin to confront the intergenerational harms that system contact can create for some, and move beyond the limited responsabilizing discourse frequently attached to criminalised mothers who have been in care. A focus on prior care history encourages us to take a step backwards by considering vital contextual information that being in care can provide. Yet, shifting our gaze from the past to the future also brings in to view the welfare of the children of criminalized mothers who have been in care. An over-reliant focus in the present on the ‘problem mother’ may obscure the wider consequences of negative judgements, including on their own children (Minson 2020). Consequently, we need to cast our gaze backwards *and* forwards to fully recognise the harmful consequences that can occur at the intersection of care and justice-system contact.

THROUGH THE LENS OF SOCIAL HARM

Situating our argument within a theory of social harm (Hillyard and Tombs 2007) takes us beyond the limits of criminology’s traditional focus on the construction of ‘crime’ as a legal category to consider wider societal harms. Whilst such harms are easily ignored or excluded by those in power, they may have physical, psychological and emotional effects across the life course—although the latter are more difficult to quantify (Hillard and Tombs 2007). Theorising in this area also shifts our focus from the individual actions of the powerless to wider state harms and power, although such harms are more easily designated as something from the past, as Stanley (2015) reveals in noting how abuse of children in care is so often labelled as ‘historic’.

Applying a theory of social harm to understand motherhood at the intersection of care and criminal justice forces us to confront the reality that our systems of welfare and protection may ultimately have harmful consequences. This is certainly not the case for all, but it was for many

in our study. Within this context, stigma is a useful concept that helps to illuminate how harm hurts (Tyler 2020). Understanding stigma as both a cause and a consequence of social harm, which may perpetuate further harm, reveals how this concept can operate cyclically over time.

For Tyler (2020), stigma emerges in wider degrading forms of social classification, and ‘welfare stigma saturates ... everyday encounters in the austerity state’ (p197). Whilst stigma is described as ‘a disabling force, a form of power... understanding the wounds of stigma as social and political injuries can assist in the forging of networks of care and solidarity’ (2020:28). Similarly, Canning (2017) observes how everyday survival may be conceptualized as resistance for women subject to gendered harms. Meanwhile, Ngai (2005) describes how engaging seriously with ‘ugly feelings’ such as anxiety and shame over time helps to illuminate ‘the politically charged problem of obstructed agency’ (p.32) and social powerlessness in a critically productive way.

In our analysis, the specific harms incurred via stigma include exclusion from the right to respect for family and private life under Article 8 of the Human Rights Act 1998 which incorporates the European Convention on Human Rights. It also involves negative professional judgements which may subsequently impact risk-averse practice and decision-making. Moreover, it includes individual feelings of guilt and shame and a subsequent loss of trust in those who hold power. Power operates at various levels in this discussion. Ultimately, the state has the power to define the (in)adequate parenting of others through its ability to take children into compulsory state care in the first place (for example, in the case of absent and/or abusive parenting). Yet it also has the power to deny, downplay or minimise its own inadequate parenting (Stanley 2015) routinely seen through the denial of abuses in care, failures to provide adequate care to all children and the lack of sufficient after-care support.

Moreover, the power to perpetuate stigma can occur through the reinforcement of negative assumptions about those previously parented by the state (Hall 2021), leading to them being viewed as ‘trouble’. A related issue concerns the state’s power to criminalize those in its care unnecessarily (Fitzpatrick *et al.* 2022), thereby elevating the risk of girls in care facing subsequent justice-system contact. Indeed, it is at the intersection of our systems of ‘care’ and ‘justice’ that injustice is most likely to occur for mothers or mothers-to-be. Such injustice can be intensified for those with intersectional identities who may face an accumulation of gendered, racialized and class judgements which reinforce a sense of powerlessness and oppression (cf. Crenshaw 1989). These issues are further explored by moving from the conceptual level to the empirical.

JOINING THE DOTS: CONNECTING INSIGHTS FROM CRIMINOLOGY AND SOCIAL WORK LITERATURE

International evidence in Criminology highlights the social harms experienced by criminalized mothers (Sharpe 2015), and imprisoned mothers in particular (Masson 2019; Booth 2021; Baldwin *et al.* 2022). Similarly, an important body of global literature in Social Work on care-experienced parents, including mothers, highlights the harms faced by some who were in care as children (Dominelli *et al.* 2005; Roberts 2021; Purtell *et al.* 2021). Yet there is a lack of research specifically focused on the experiences of mothers who have both been in care as children *and* had justice system involvement. In exploring the injustices that can occur at the intersections of these two systems our article aims to fill a knowledge gap and, in doing so, bridges insights from the literature across disciplinary domains. Such insights often remain separate and more productive dialogue is needed across disciplinary and practice boundaries.

Within Criminology, patriarchal judgements on how a ‘good woman’ ought to behave have long been observed (Carlen 1988) and continue to impact girls and women in contact with

the criminal justice system (Rutter and Barr 2021). Harding (2021:15) describes how women subject to community punishment must be seen to be ‘playing the game’, demonstrating desistance through a focus on positive, feminising activities that signify respectability such as mothering, health and wellbeing (slimming) and homemaking. Meanwhile, Rutter and Barr (2021) observe the intense shame and stigma felt by criminalised women who fail to live up to social constructions of ‘good’ mothers. For those with backgrounds of trauma and abuse, as many criminalized women have, this can also lead to a denial of their victimhood (Rutter and Barr 2021)—which is particularly pertinent for some girls and women who have been in care, who may also have faced unnecessary criminalization (Shaw and Greenhow 2021; Fitzpatrick *et al.* 2022).

An intersectional approach which illuminates multiple forms of oppression perpetuated through state power (Crenshaw 1989) can aid understanding of the gendered, racialized and class judgements that some women may face throughout their lives (Carlen, 1988). Raising awareness of ‘adultification bias’ against girls and women from Black communities in particular, who may be judged as overly sexualised and aggressive from a young age, is currently a key concern (Davis 2022). Meanwhile, Sharpe (2015) highlights the intersection between age and gender in noting the particular stigma around perceptions of ‘young’ motherhood and intense gendered surveillance, which can impede desistance for those in conflict with the law.

There are connections to be made here with messages from Social Work research. In considering care experience more generally, and not focused on those in the justice system, the global evidence base highlights that those who have been in care are more likely to experience *young* motherhood (Purtell *et al.* 2021). Purtell *et al.* (2021: 351) discuss the problem of ‘surveillance bias’ in Australia describing a ‘high level of surveillance and parenting oversight by statutory authorities, but few services or supports to provide basic needs to prevent poverty and disadvantage’. The lack of support for leaving care post-18 is an additional harm highlighted, which is beyond the control of young mothers. Similar findings are described by Dominelli *et al.* (2005) in their work on young care-experienced mothers in Canada. Observing how the state itself frequently fails as parent and grandparent, Dominelli *et al.* (2005) call for policies and practice that address structural inequalities and harms such as poverty and racism.

Roberts’ (2021) research in Wales also reveals a concerning number of care-experienced parents whose own children are looked after elsewhere, including being placed in care or for adoption. More than a third of birth mothers who were care-leavers in this research also had previous criminal justice involvement. This links to Broadhurst *et al.*’s (2017) findings in England that 40% of women subjected to repeated care proceedings were themselves in care as children, while 27% had a criminal record. Highlighting the ‘pervasive stigma and multi-level disadvantage’ faced by parents in and leaving care, Roberts (2021: 70) argues that they are ‘not only more likely to be subject to statutory referral and assessment but also to extensive historical scrutiny’. Yet child removal can be a deeply distressing experience rarely met with appropriate support (Broadhurst *et al.* 2017). This links back to the power of the state to judge and intervene but also downplay its responsibility to provide support (Stanley 2015). Morriss’ (2018) powerful description of ‘haunted motherhood’ faced by women whose children have been removed by the court reveals that the ghosts of removed children signify a traumatic loss. Furthermore, the stigma and shame of being judged as a deeply flawed mother leads to the justifiable fear of future children being removed. Subsequently, women may experience an escalation of problems and ‘collateral consequences’, including criminal behaviour (Broadhurst and Mason 2017).

For women sent to prison, the pains of imprisonment can be exacerbated by separation from children (Masson 2019; Booth 2021; Baldwin *et al.* 2022), creating trauma for both mothers and their children, with the latter at risk of ‘secondary stigmatization’ in the community (Minson 2020). Moreover, the harmful effects of imprisoning pregnant women continue to

be highlighted, not least by tragic deaths of babies in prison (Epstein *et al.* 2021), leading to concerted calls to ensure that no pregnant women should be held in custody—which is not permitted or at least severely curtailed in several other jurisdictions (Epstein *et al.* 2021).

Evidence on the experience of motherhood for those who are both care-experienced and have justice system contact is underdeveloped. However, in bridging insights from research across Social Work and Criminology, two key themes emerge—stigma and surveillance. Given that early formal system contact in care *and* justice systems can lead to a range of negative outcomes (McAra and McVie 2022) it seems reasonable to assume that contact with both care and justice systems could lead to cumulative, intersectional disadvantage for mothers—whereby stigma and surveillance becomes further entrenched, intensifying the risk of intergenerational harm (cf. Hillyard and Tombs 2007). We draw on the rarely heard voices of care-experienced and criminalised mothers, as well as some of the professionals who work with them, to further explore these issues.

METHODS

This article draws on a wider study, funded by the Nuffield Foundation, that explored the pathways between care and custody for girls and women. It was not a study about motherhood in particular, although this quickly emerged as a prominent theme. Using semi-structured qualitative interviews, and following Feminist principles of amplifying voices rarely heard (Baldwin *et al.* 2022), it prioritised the views of those with lived experience of care and criminal justice. Further in keeping with Feminist approaches, insights from intersectionality helped to guide understanding of participants' multiple, dynamic identities which influence their interactions with systems of power and oppression (Crenshaw 1989; Davis 2008). Ethical approval was obtained from Lancaster University's Ethics Committee, with further approval from Her Majesty's Prison and Probation Services' National Research Committee and the Judicial Office.

Ninety-four qualitative interviews took place between September 2019 and March 2021, ranging between 20 minutes and 112 minutes. We began with 37 face-to-face interviews with care-experienced women in prison across three English prisons. Given our fieldwork partly coincided with the Covid-19 pandemic, a combination of in-person and virtual interviews were then carried out with 17 care-experienced girls and women in the community who had had contact with a Youth Offending Team (YOT). Participants were recruited via social media, our project website and through professional networks, including YOT workers. One participant opted for an email interview. The sample of 17 were aged 16–26 so for some contact with the YOT was ongoing whilst for others it had ended some time ago. We also interviewed 40 professionals, including those from children's services, youth justice, the prison service and the judiciary.

A commitment to good ethical practice was extremely important to us given the sensitive nature of the topic, and we were particularly keen to ensure that our work did not cause distress. All care-experienced participants' names were changed to protect confidentiality. They were also provided with a voucher as a thank you for their time. Interviews were fully transcribed before being coded and analyzed thematically in depth in NVivo 12. Table 1 outlines the age range of care-experienced participants. Reflecting our desire to learn about the potential impact of care-experience across the life course, we spoke with those aged 16–58.

Whilst this article focuses on the experiences of imprisoned women and of girls and young women in the community, it also draws on the voices of professionals to reinforce key messages. Professional perspectives reflected the anger and sense of injustice described by care-experienced mothers in recounting how they and their children had been treated. This article is absolutely not intended to reinforce the stigma attached to being in care—we know children in care can flourish when provided with love and security, and positive care experiences protect against

Table 1. Age Range of Care-Experienced Participants

Age Range	Number of Participants
16–17	6
18–19	4
20–21	3
22–25	11
26–29	4
30–35	9
36–39	5
40–45	8
46 and over	4
Total	54

offending (Staines 2016). However, the article does seek to expose the injustices that can occur for mothers at the intersections of the care and criminal justice systems.

Amongst our 54 care-experienced participants, 31 discussed being a mother, although nobody was asked a direct question about this. Five of the 17 girls and young women interviewed in the community discussed being mothers and had eight children between them. Three of these participants had been pregnant whilst in the care system and two had children of their own with care experience. Amongst imprisoned women, over two thirds (26) discussed being mothers with 59 children between them. Of these women, 21 had had their own children taken into care and/or adopted and a further two women stated their children had been cared for by relatives but did not specify whether this was under formal arrangements.

More than half (six) of the ten imprisoned women who identified their ethnicity as Black, Mixed or Other, reported having their own children taken into care and/or adopted. Numbers are small here, limiting their generalizability, but do fit with wider international evidence suggesting that those from minoritized groups are more likely to have their children removed and face oppression at the intersection of the care and prison systems (Roberts 2012).

BREAKING THE CYCLE OF INTERGENERATIONAL STIGMA AND SOCIAL CARE AND CRIMINAL JUSTICE INVOLVEMENT

The cumulative and harmful impact of care and criminal justice emerged strongly in participants' narratives from the outset. Clearly girls and women in contact with institutions of both welfare and punishment may find themselves doubly disadvantaged by virtue of their status as a mother with a history of being in care who has also come into conflict with the law. These intersecting disadvantages could be further exacerbated for care-experienced women in prison. One professional reflected on how unresolved trauma not dealt with in care could combine with societal perceptions that view women in conflict with the law as particularly 'bad', with a subsequently detrimental effect on those who become mothers.

'(T)hey tend to experience repeat trauma and also have the added negative jeopardy ... of being seen by society if they break the law ... as bad. And they have that added ... issue to deal with around shame. This ... manifests itself in other kind of female-only issues like pregnancy, and then children being taken into care themselves and that repeated cycle which is

very prevalent ... This is massively damaging for women, particularly when they get sent into custody on top of that ... Going into custody ... and your children going into care and then having to fight to get them back when you've got no resources whatsoever ... is almost impossible.' (Probation Interview 3)

Others too spoke of both the stigmatising 'judgements' faced by care-experienced parents and how women in contact with the justice system are viewed 'more harshly' due to breaching expectations of the maternal woman.

'if a woman commits a crime it's looked upon more harshly than I think if a man commits a crime, it's almost like that maternal element of that person has never existed because they've committed a crime, they had no empathy or sympathy for somebody because they're a woman and they should have.' (Children's Services 3)

Given the 'impossible' challenges faced, it was not surprising that many justice-involved mothers expressed a strong desire to break intergenerational cycles of social care involvement. Yet, they were acutely aware of the power of the state, and the often immense challenges in addressing the stigma attached to families officially 'known' to children's services, and moving beyond societal judgements of the criminalized mother (Baldwin *et al.* 2022). Moreover, for those who had suffered very negative experiences whilst in care as children themselves, as many women had, having their own children removed into the care system created considerable fear.

Kerryann (34) entered care aged 13 after running away from home following sexual abuse by her brother. However, rather than experiencing care as a place of safety, she also experienced sexual abuse by staff in the children's home and ran away again, before eventually being ejected from the care system aged 16. Her own son was taken into care years later, following her own experience of domestic violence and personal struggles with substance misuse and violence; she said '*My experience of the care system terrified the life out of me for my son*'.

Others too described either their own fear as care-experienced parents with children in care, or the fears faced by their children, which could have an impact across the generations and affect subsequent relationships with grandchildren (Baldwin *et al.* 2022).

'[M]y children are frightened 'cos of social services...so they won't let me see the grand-kids or anything because they know because of my background that social services will get involved in their lives then. And because of the experiences they've had with the care system, they're absolutely terrified of it.' (Sara, 39)

Feelings of guilt and shame were also frequently expressed by those whose own children had been cared for by others. For example, Leanne's daughter was in kinship care looked after under a Special Guardianship Order (SGO) with her partner's mother. Although perceived as preferable to care with strangers, the impact of history repeating itself was nevertheless acutely felt.

"I wanted my childhood not to be my daughter's childhood and...history sort of repeated itself but in a way where I didn't see it coming you know with my addiction ... beat myself up quite a bit about that" (Leanne, 32)

Whilst in a different situation, Maxine (41), whose own mother had also been in care, similarly described the impact of being unable to '*break that cycle*', noting '*there's a lot of guilt there*'.

Guilt and fear could combine with feelings of loss and grief (Morriss 2018) to create additional trauma in what were often already painful lives (Ngai 2005). Furthermore, some women also highlighted the problem of intergenerational stigma for families with previous social care involvement (Roberts 2021).

Becky entered care aged 13 and had a son at 15. With mixed feelings about her care experience, some of which had been positive, she acknowledged her own choices to actively run from some placements. However, as a victim of sexual exploitation, becoming involved in substance misuse and offending after being groomed, there is a strong sense in her narrative of a vulnerable child not sufficiently safeguarded. As a mother, she was convinced that children's social care 'set me up to fail'.

Becky also described the sense of injustice she felt when her mother's background became a key focus for official attention in considering her own capacity to parent, highlighting how intergenerational stigma may influence practitioner decision-making.

"Cos having my son, they looked more into my mum's background than they did my own... And I'm thinking it's my son, not my mum's. Like why they're not looking at me, why they're more focused on my mum than they're focused on me"? (Becky, 26)

Becky later described never being allowed to meet her son's adoptive parents—'they said it wasn't appropriate because of my behaviour, which I think is disgusting'. Perceptions of Becky as a justice-involved mother may have prejudiced professionals making this decision. Yet if we consider Becky's offending in the context of her being a victim of sexual abuse and exploitation, we can see how such decisions may contribute to a broader cycle of trauma and harm.

For others, repeated removal of children into care led to repeated experiences of loss, guilt, fear and anger (cf Broadhurst and Mason 2017). In some narratives, the ever-present threat of social care involvement when care-experienced girls became mothers themselves was clearly revealed.

"I got four kids and they've always been involved with social services as well. It's like I've never been able to lose them. So even in my kids' lives they've always been there... As a kid we were always on the 'at risk' register... And it's followed on because I've got two daughters with kids each and they've got social services in their life." (Emma, 39)

Emma (39) described how domestic violence and abuse at home had brought her into care. She was later in trouble for assaults at school and involved in substance misuse, experiencing domestic violence herself as an adult. Nevertheless, Emma felt let down in adulthood due to a lack of support from the same services that had initially sought to safeguard her as a child.

"I'm not saying I'm a total innocent and a brilliant mum...but...some of the things that social services were saying what was going on, they didn't even live with me. It was just absolute bullshit" (Emma, 39).

The experiences of women whose families have had care involvement across generations highlight how an individual's status as a criminalized woman and mother may combine with their status as a care-experienced mother to create cumulative, compounded stigma (cf Tyler 2020). We need to resist the urge to construct these as singular issues and, following Crenshaw (1989: 166) address the 'complexities of compoundedness' in the face of state power and oppression which may subsequently impact on mothers' potential to live positive, productive future lives, as well as on the support available to achieve this.

LACK OF SUPPORT AND FEAR OF ASKING FOR HELP

Care-experienced girls and women's own stories powerfully highlight how their behaviour may come under excessive surveillance at different points through life—with official scrutiny particularly apparent in relation to their potential criminalization and capacity to parent (Fitzpatrick *et al.* 2022). Conversely, a lack of surveillance and support may be evident in relation to their victimization and when they leave care—particularly for those in conflict with the law (Fitzpatrick *et al.* 2022). Whilst those leaving care face compressed and accelerated transitions to independence compared to peers in the general population (Munro and Simkiss 2020), those transitioning from being in care to leaving care whilst also moving from the youth justice to the adult criminal justice system may face 'multiple cliff edges' (Agenda and Alliance for Youth Justice 2021). The risk of being abandoned by local authorities is a particular issue for those in custody (Coyne 2015), despite ongoing work to improve support (HMPPS 2019).

Our participants perceived that an official history of being in care and known to the authorities could combine with the lack of support post-care provided by those very same authorities to create cumulative disadvantage for those who fell pregnant or became mothers. This again highlights the power of the state to both cause and ignore harm. Here the absence of a support network post-care could be particularly problematic, especially for those with a history of justice-system contact.

“But it is also used against you that you were in care, and there isn't a great support network around me because I've been in care.” (Hannah, 26)

One professional noted how the stigma attached to being in care was evident in the casefiles of girls and young women who were pregnant or parents, and could lead to individuals being reluctant to seek professional support.

“I understand that young females either pre or post-18 might be very, very scared of actually engaging with professionals if they've had care experience of any sort. Because there seems to be a huge label that we need to stick on any case file whether it's a midwife, whether it's a GP, whether it's... when it comes through to the referrals section at social care, that this person was in care.” (Children's Services 3)

Others referred to a '*preconceived idea*' (Children's Services 4) amongst some professionals that, because you've been in care, your parenting will be at fault (Hall 2021). Within this context of stigma and negative judgements, it stands to reason that care-experienced mothers in the criminal justice system may particularly mistrust the systems meant to support them. Such mistrust may be exacerbated by the time-limited nature of the state's capacity to parent and the subsequent lack of support often experienced after leaving care—all which could feed into a fear of asking for help amongst girls and women. This fear was intensified when the state's power to remove a child became a looming threat.

“I felt like I couldn't say anything, I'd hide everything from everyone... because I don't want to do anything to lose him... Because that's all they said to me every time I done something wrong, this will jeopardise you from having [son]”. (Kelsey, 19)

The threat of losing one's own children and the subsequent fear of asking for official help played out in various ways, and was especially apparent amongst those who were victims of domestic violence. In the same way that domestic violence, parental substance misuse and mental

ill-health had been a feature of many participants' childhoods, it also featured in many adult lives including in parenthood.

"I couldn't physically stop him from coming to my property. He used to climb through windows that were left open, or he'd kick my door through... I was too scared to ring the police on him because I knew police reports will go back to social services and then they'll come out and take my daughter away. And in the end, it happened anyway you know because I told the truth and I asked for help" (Melissa, 41)

As Melissa's account sadly highlights, mothers who are victims of domestic violence are often damned if they do seek help, and damned if they don't (Hadjimatheou 2022). Whilst the domestic violence disclosure process seeks to empower victim-survivors in theory, in practice it is increasingly shaped by a child protection agenda that makes victim-survivors responsible for protecting their children from the harms of domestic abuse (Hadjimatheou 2022). Melissa's comments also reveal how women's earlier interactions with children's social care can influence their interactions as mothers, which is compounded when they have justice system involvement. It is not just Melissa's experience of domestic violence influencing her decisions, but also her experience of the state's power to intervene.

In addition to domestic violence victimisation, fear of asking for help also emerged in relation to mental ill-health. Hannah (26) described the dilemmas she faced by seeking mental health support in pregnancy and motherhood.

'My mental health kind of played up while I was pregnant. I've got Bipolar, so they said that I had post-natal depression, but nobody picked up on that. So I had Olivia and I really struggled and I tried to get back into the services to get some help and I nearly got Olivia taken off me for asking for help 'cos I just said I can't cope... I didn't say anything about being suicidal, anything about Olivia, I just said I can't cope... and they said... I can't keep Olivia... and... from then I've done everything to fight tooth, nail and corner to make sure that that doesn't happen. And now I'm petrified of ringing to be honest. I don't dare ring if I'm struggling. I just kind of ring my doctor and say can I up my medication and hope it works.' (Hannah, 26)

As highlighted above, the oppressive function of the state and its power to remove children can over-ride any potential protective power for domestic violence victims and those needing mental health support, revealing how exclusion from help may play out for those with intersecting identities (cf. Davis 2008).

Pregnancy and motherhood could not only trigger mental health issues for some but also memories of past trauma that may have gone unresolved in care. Chelsea described ongoing trauma in care following abuse at home that still gave her nightmares now in her thirties.

"I was just very, very low... it was my first son... and I had the baby blues. I was only young... and because of everything that had happened to me as a child... I wanted to kill myself" (Chelsea, 30)

Chelsea's comments reinforce the vital need for a trauma-responsive care system, highlighting how harm that goes unresolved in childhood may persist into adulthood, including during motherhood.

Postnatal depression is common amongst mothers in the general population, with estimates of between 10 and 19% of mothers affected (Peterson *et al.* 2018). However, it stands to reason that postnatal depression, and mental ill-health generally, may be perceived as, and actually

become, far more problematic for mothers without wider networks of support—as may be the case for those who have been in care. For those under threat of having their own child taken away, this can further increase the fear of asking for help (Peterson *et al.* 2018). Acutely aware of the need to present as a capable mother and a maternal woman (Harding 2021), this fear may also be intensified for those with justice system involvement.

A CARE-LESS APPROACH TO PREGNANCY AND MOTHERHOOD

An absence of support for care-experienced girls and women with criminal justice contact could also perpetuate a care-less approach to pregnancy and motherhood. This played out in different ways and included: inappropriate restraint of pregnant women in prison, low expectations of the capacity to parent, a lack of care following traumatic birth and a failure to provide support following child removal. Such instances of gendered social harm link clearly to the power of stigma (Tyler 2020) and its consequences, whereby those stigmatised become perceived as somehow less deserving of support.

Two care-experienced women discussed suffering miscarriages in prison. Aubrey (45) described being labelled as ‘aggressive’ and receiving harsher treatment in prison, which she attributed to racism against her as a Black woman (see also Roberts 2012). Describing the events leading up to the loss of her baby, she noted her fear of being locked up alone.

“I didn’t want to go in a single cell by myself, I wanted to go in a dorm where I’d be with other people... They said ‘no you’ve got to go in a cell by yourself’... So I got restrained and I got carried to the block ... I felt a bit funny... when I went to the toilet there was blood... then they had to rush me into hospital ... I ended up having a miscarriage. It was caused by them restraining me... I was like the talk of the jail then, and I never forget they come to give me painkillers in the night and... the Black nurse says to me ‘are you the young lady that the officers restrained and you lost your baby?’ I said ‘yeah’ and I’ll never forget she goes ‘sue them, sue them.’ She must have said that about several times and she walked off” (Aubrey, 45).

Aubrey described the injustice of being punished with an extra 28 days added on to her sentence for the ‘trouble’ she had caused by refusing to go into the single prison cell and conform to the requirements of the institution—a further example of state oppression. Whilst Aubrey was reflecting on a pregnancy of some years previously, Sophie highlighted that inappropriate restraint is a contemporary concern.

“(T)his girl... had an argument with the officers but three of the men officers [...] they basically went and jumped on this girl, threw her on the floor and banged her up, heavily pregnant. And she landed on her bump and they just didn’t take no care at all ... If you’re pregnant they don’t care” (Sophie, 24).

Sophie’s disturbing observations highlight that, despite ongoing work to improve support for pregnant women in prison (HMPPS 2021), these women must be kept out of prison whenever possible (Epstein *et al.* 2021). Indeed, the recent *Prisons and Probation Ombudsman Report (2021)* into the tragic case of 18-year old Ms A, who had been in care and who lost her child at HMP Bronzefield, noted that she struggled to form relationships of trust with agencies attempting to engage with her. Yet listening to the stories of criminalized women who have been failed by state institutions suggests that we must turn this observation on its head and consider the role of our systems in creating harm and perpetuating mistrust. Lack of mental health support in the wider community, and the failure of the care system to address childhood trauma, are

also key issues here, and further highlight the injustice that can occur at the intersections of our systems of care and punishment.

Mistrust of the authorities was very evident amongst the women in our study who experienced unexpected child removal and were left angry, confused and distressed. Faye's experience highlighted the problem of adequate planning for pregnant women in prison as she had been applying for a mother and baby unit place, but ended up being released from prison, which prompted the involvement of children's social care. Faye noted that she had been working with the authorities '*doing everything I could*' and had been completely unaware that her baby would be removed, until she awoke from an emergency caesarean.

"But the way they took me child... was disgusting... they took me in hospital... they were trying to induce me with gels... none of them worked.....They ended up putting me to sleep for C section... Before I went to sleep I was like scared about getting put asleep, like 'you'll be alright, the baby will be there when you wake up' ... [but] as soon as I woke up and they went 'you're not having the baby'... 'there's a court case in five minutes'. My mum had to go to the court, that was on the Wednesday and I had to discharge myself out on the Friday in wheelchair, 'cos I was bleeding loads, to go to court. They was just horrible with me the way they were". (Faye, 30)

Faye was deprived of the opportunity for 'skin to skin' contact with her new-born and only finally got to see her son at two months old after he was taken into foster care. Given her own care experience was characterised by profound instability and insufficient support, the removal of her new-born baby into foster care unsurprisingly impacted Faye's own mental health. As [Broadhurst et al. \(2022\)](#) state, although the challenges may be immense for social workers concerned with the protection of new-born babies, this does not mean that parents' rights should be dispensed with. In calling for a fundamental review of women's legal and procedural rights in the immediate post-partum period, the authors observe that 'care proceedings in the immediate post-partum period raise very serious concerns about the balance of power between the State and the family' (2022:19). Undoubtedly these are whole-system issues that require consideration of the dilemmas facing overstretched practitioners working in unforgiving systems, as well as the individual families that may be torn apart by the decision-making within such systems.

Zoe (25) too was highly critical of her treatment by social workers involved in her case and felt she had been set up to fail when she demonstrated her capacity to parent in a mother and baby unit, but was subsequently provided with no accommodation to care for him in. This links to the discrimination of young mothers described by [Owens \(2022\)](#) who observes that pregnancy can frequently serve as catalyst for housing insecurity.

"Basically, I passed the mother and baby unit and to be honest with you there was a lot of conflict between the social worker and us... a lot of stuff what was missed... But... my conclusion was...they weren't expecting me to pass that mother and baby unit because they didn't find me a placement to leave to. They didn't find me anywhere to go... They were just waiting for me to fail". (Zoe, 25)

The Youth Offending Team (YOT) worker accompanying Zoe during her interview confirmed the low expectations amongst children's social care of Zoe's ability to parent as a criminalized and care-experienced mother—highlighting the cumulative impact of care and justice-system contact. The same worker was highly critical of the absence of support following child removal.

“(T)he support for mums you know when they’ve had children removed and subsequent removals...it is very much about the child and when the child’s gone Zoe’s left...she’s left, to just get on with life...There’s no sort of after care, there’s no support for the fact that...you’ve lost a child. I mean I’m not being funny, they didn’t even look at you in the court room did they on that final hearing. They just walked past you once they’d got their adoption order”. (YOT worker)

The failure to support care-experienced mothers following child removal was highlighted by others too, with one member of the judiciary noting the lack of support for care-experienced girls and women who had been victims of domestic violence.

“If we are going to put them through... court proceedings and leave them unsupported at the end of it, and it’s very often we do, then that’s a terrible system”. (Judge 3)

Whilst the absence of support following court-ordered child removal may be distressing in its own right, child removal can have painful collateral consequences too, like self-harm and offending (Broadhurst and Mason 2017), and may leave mothers haunted (Morris 2018). Indeed, Zoe acknowledged that it led to her *‘spiralling out of control’*. Her story powerfully reveals how intersecting factors, including prior care history and criminal justice involvement could impact professional perceptions of her ability to mother, which could be reinforced by wider structural constraints including a lack of suitable accommodation to enable mothering (cf Owens 2022). The traumatic impact of subsequent decisions to remove her children, despite her demonstrated commitment to parenting, and the absence of professional support, not only negatively influenced her mental health but also contributed to yet further criminal justice involvement.

TOWARDS A SHIFT OF FOCUS: FROM RESPONSIBILIZING GIRLS AND WOMEN TO THE STATE AS PROBLEM PARENT

Several participants felt inadequately prepared for the challenges of motherhood, sometimes due to falling pregnant at a relatively young age, and a general lack of support in care including preparation for independence. However, this was also due to the absence of appropriate role models. Isla (26) entered care aged nine and had a very difficult care experience characterized by instability and frequent placement movement. The absence of positive parental role models in her life was acutely felt when she herself became a mother, with her commenting *‘I’d never seen what that mother-child bond should be like’* and *‘I didn’t even know how to be a mum’*.

When young women like Isla feel ill-prepared for the challenges of parenting despite having been in care from a relatively young age, then surely some responsibility must lie with the state as parent. It is so easy to judge care-experienced girls and women with criminal justice contact as ‘bad’ mothers from ‘problem’ families. Far more challenging is any attempt to address the failings of the state, which requires wider structural change, and a recognition of the intergenerational state harms and intersecting gendered, racialized and class judgements that some women may face throughout their lives (Carlen 1988; Crenshaw 1989). The ‘double whammy’ of disadvantage faced by those from minoritized groups in care who are justice-system involved is particularly important to consider here (Hunter 2022; see also Roberts 2012)—and was a theme reflected in Isla’s narrative as well other participants.

Interviews with professionals often reinforced the concerns of girls and women, revealing a serious need for a care system that goes beyond the basics—not merely providing the necessities of life such as food and shelter (although important), but also a space for nurturing, love and care.

“Girls do have specific needs and if they haven’t had anybody to talk to or I’ll use the word mother them... how are they going to learn?... I think there are gaps in the system here with children in care. Yes provide a bed, yes provide food, but they also need nurturing... And loving and being told that somebody cares for them” (Magistrate 4)

Magistrate 4 rightly questions how girls in care can be expected to learn if they have not been ‘mothered’ or cared for. Too often a lack of resources in an over-stretched care system means that responses to children in care, and decisions about where to place them, are reactionary and reactive in the short-term—sometimes for understandable reasons. But the care system could be so much more. And if we take a long-term view and consider the consequences of a system that fails to demonstrate what positive parenting might look like, and then ejects children to ‘independence’ at an early age, what is clearly revealed is a system that can become complicit in creating intergenerational harm.

Yet even with this context, we found some stories of hope and some (albeit limited) evidence of mothers being supported by committed practitioners who were willing to walk with them on their journey. Kelsey (19) described how much she had valued the support and advocacy of a carer in the mother and baby unit in the community where she was placed.

“I never thought I’d have a relationship with her like how I do... when I first got there I didn’t like her... and then I got to know her. She was like ‘right basically like people saying you can’t do it and you’re going to fail. Let’s prove them wrong. I’m here to help you’. And she did... Look where I am now - I’m in my own place” (Kelsey, 19).

Despite recognizing the stigma that Kelsey faced as a young care-experienced mother who had had justice-system contact, this practitioner supported Kelsey to resist such judgements and move beyond them. The importance of having someone to provide this ongoing support and be willing to fight your corner must not be underestimated.

CONCLUSION: MOVING FORWARDS

There has been an absence of research on the experiences of both criminalised *and* care-experienced mothers, and this article targets this knowledge gap. In doing so, it bridges insights from across Criminology and Social Work to explore messages from research and argues for more productive dialogue across disciplinary and practice boundaries. Situated within a wider theoretical framework of gendered social harm (Hillyard and Tombs 2007), the empirical research presented exposes some of the injustices faced by mothers at the interface of care and criminal justice systems. Drawing on insights from intersectionality helps to illuminate the ‘complexities of compoundedness’ (Crenshaw 1989: 166) for women at the intersections of these systems, revealing how this impacts their experiences of disadvantage within wider structures of power and oppression. These are issues of international significance with the concepts of stigma and surveillance emerging as key themes and echoed in research on mothers with either welfare or justice-system contact across jurisdictions (e.g. see Purtell *et al.* 2021; Baldwin *et al.* 2022).

We argue here that mothers with dual system contact may face cumulative disadvantage and harms caused by the state’s in/actions. By virtue of already being ‘known’ to the authorities, these girls and women may face negative judgements and be placed under excessive scrutiny when they become parents. This can contrast directly to the lack of support they face in other care and criminal justice domains including for their own victimization, on leaving care and if placed in custody (Fitzpatrick *et al.* 2022). At an individual level, the long-lasting consequences of being under surveillance and any subsequent child removal/separation may include intense feelings of guilt, shame, anger, loss and distress, whilst at a system-level the immediate focus moves to

protecting the unborn baby or infant. Whilst few would argue against the importance of protecting children, the problem with this relatively short-term preoccupation is that the needs of care-experienced mothers, sometimes still children themselves, may become lost as damaging cycles of social care (and criminal justice) involvement are reproduced across generations.

Moving forwards in this context is not easy but we can start by challenging the stigma and negative labelling associated with mothers who have been in care and in conflict with the law. This involves recognising the structures of power they must navigate as they encounter, and seek to resist and survive, various aspects of social harm. Confronting the stigma created by dual-system contact highlights the need to consider cumulative disadvantage—and reveals how we need to move beyond understanding discrimination and categorizing struggles as singular issues (Crenshaw 1989; Roberts 2012). For some, negative gendered and racialized judgements may create overlapping layers of disadvantage for those who do not fit neatly with social expectations of the ‘maternal woman’ and combine with moral judgements of ‘young’ motherhood. Practitioners who were able to support girls and women in pregnancy and motherhood to resist and survive such judgements were undoubtedly valued. Yet all need to be given the time to develop such relationships, with girls and women offered multiple opportunities to return for support and access to flexible services given their understandable fear of asking for help.

From social workers to prison and probation officers to healthcare workers, it is vital that professionals do not simply dismiss individuals as ‘failing to engage’ but recognize how care and justice system-contact may have perpetuated past trauma and intensified a mistrust of the authorities. Within this context, the focus moves from blaming individuals to putting the onus on professionals and systems to create spaces where individuals may feel safe enough to trust and connect with workers. Creating safe spaces and developing trust takes time, particularly for those who may have every reason not to trust, and finding time in over-stretched services can be an immense challenge. A very different article could be written on the challenges facing overworked, and often unsupported, practitioners in underfunded systems who must navigate the prospect of making difficult decisions in an unforgiving society. Yet this paper deliberately seeks to illuminate the perspectives of girls and women whose views are so easily minimized or overlooked, yet who may be profoundly impacted by systemic failings across the life course.

For care-experienced and criminalised girls and women, pregnancy and motherhood may become a hopeful moment in time for change and help to redirect future pathways, but it may also trigger mental health issues through postnatal depression and past/unresolved trauma as well as serving as a catalyst for housing insecurity. For pregnant women in prison, the challenges are immense in institutions ultimately designed to punish and control—and where restraint can have fatal consequences. Against the backdrop of dramatically reducing the number of all women in prison, there must be a far greater commitment to preventing pregnant women from being imprisoned wherever possible (Epstein *et al.* 2021). Confronting the intergenerational harms that imprisonment creates could enable much greater recognition of the profound impact of imprisonment across the generations, particularly on care-experienced mothers.

For those already locked up, the role of social workers in prison may be vital in ensuring that imprisoned mothers are far better supported and can benefit from family contact days where relevant. Planning for the transition from prison to the community must occur at the earliest possible stage, supported by non-judgemental practitioners willing to look beyond the stigma that care and justice system contact may create.

A system that calls itself a care system but fails to recognise the harm it can cause may become a care-less and potentially negligent system for some. A state with the power to define what inadequate parenting looks like, but which fails to fully recognise its own inadequate parenting and its culpability in perpetuating intergenerational harm is a persistent offender (Stanley 2015). Within this context, stigma becomes a device to deny human rights and perpetuate negative

judgements (Tyler 2020), which may have profound consequences across the life course. Ultimately, we need to shift our view of care-experienced girls and women as problem parents and focus our lens instead on the state as problem parent. This can provide a very different perspective.

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