# Resisting Carceral Logic through Doula Practice

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A doula is a trained lay person who provides emotional, physical, and informational support during the perinatal period, defined as pregnancy and the first year postpartum (Garcia and Yin, 2017). Research has shown doula support reduces clinical interventions in labour and delivery, improves neonatal outcomes, increases rates of breastfeeding initiation, and augments patient satisfaction with the birth experience (Gruber et al., 2013). Doula support may be particularly beneficial to families who are at a greater risk of poor birth outcomes due to race and/or income; research shows that doula support can help to disrupt and mitigate the structural determinants of poor birth experience and outcomes (Kozhimannil et al., 2016). Working with individuals who have been criminalized requires support rooted in understandings of reproductive justice, trauma informed care, and the myriad ways that carceral logic can impact the perinatal period. While there are several prison doula programs across the United States (Shalfer et al., 2021; Michigan Prison Doula Initiative, n.d.; Baltimore Doula Project, n.d.), there are few in Canada (Wellness Within). We are both members of Wellness Within, an organization providing doula support in Nova Scotia. Since 2014 the organization has provided doula support to anyone who is pregnant or has a new baby and has or is experiencing criminalization. Wellness Within doulas support clients in the community who may be living in supportive housing, as well, have clearance to provide support at the Central Nova Scotia Correctional Facility (provincial), Nova Institution for Women (federal), and Waterville Youth Facility. This article will summarize some of our experiences providing support and engaging in advocacy with clients in the community.

## CARCERAL LOGIC

Carceral logic holds that an individual is solely responsible for their so called ‘crime’ (Davies et al., 2021). This logic allows the state to remove its responsibility to address structural causes of crime, like poverty and trauma (Schenwar and Law, 2021); the responsibility is placed only on the individual. Carceral logic can also be understood as the way the concepts of

justice and punishment pervade our relationships and frame what we consider acceptable personal behaviour, risk, and consequence (Davis, 2003). As Angela Davis outlines in the book *Are Prisons Obsolete?*, generally, "the prison is considered an inevitable and permanent feature of our social lives" (2003, p. 9). The prison extends beyond the physical justice system. It can be found in the architecture and dynamics of how we build and maintain relationships. Understanding carceral logic is a necessary start point for any doula. The need for this is far greater when in a working relationship with someone who has been or is currently criminalized. We do not want to be an extension of the justice system in the community. Doulas can disrupt this logic by being a person in the client's lives that is not surveilling or reprimanding their questions of parenthood. We assist in seeing a path to parenthood that is strengths based and rooted in growth. We must imagine our relationship between doula and doula client outside of carceral logic.

## CARE

New York based prison doula Olivia Ahn (2020) described the role of a prison doula as to: "bring community care, healing, and resistance into environments that have been designed by the carceral state whose sole purpose is to destroy our humanity". The core of all doula work is providing unwavering support, love, and care to birthing persons and families; this takes on increased importance for clients who are criminalized and while we navigate our own carceral logics. We celebrate our clients and affirm their ability to birth and to parent on their terms. Put simply, we are 'there' – we will be a presence and advocate wherever we are wanted to be. Wellness Within works within the framework of Reproductive Justice, developed by Loretta Ross co-founder of SisterSong Women of Colour Reproductive Justice Collective (SisterSong, n.d.). Reproductive Justice is an individual's right to: 1) not have a child, 2) have a child, and 3) parent one's children in safe, dignified, and healthy environments (Ross et al., 2017). Loretta Ross details that the path for this requires safety, dignity, and a human rights approach to parental support. This is unattainable in a carceral environment: "achieving this goal depends on access to community-based resources, high quality healthcare, housing and education, a living wage, a healthy environment" (Ross, 2017).

Similar to the carceral logics that can underpin relationships, criminalized clients interact with multiple systems, such as healthcare and the family regulation systems. Though these systems may not align themselves directly with prisons, they are still shaped by carceral and punitive practices (Rochester Decarceration Research Initiative, 2022; Finkel, 2006). Interactions with these systems and providers have the potential to mirror the architecture of criminalization through loss of control, bodily violation, surveillance, coercion, and lack of access to necessary support.

## LOSS OF CONTROL

Criminalized clients interact with numerous systems and supports, each with their own conflicting demands: the family regulation system, perinatal health supports, community social workers, healthcare providers, family court, the criminal legal system, the correctional facility. Navigating these systems comes at a high time, emotional and financial cost to clients. The stakes can be high; a missed medical or court appointment can have grave consequences. Demanding too much or too little in medical prenatal appointments can prompt suspicion of parental ability. Criminalized clients are not afforded the privilege to 'mess up' in any way along their journey of parenthood. Clients often feel like they have no control over the circumstances of their pregnancy and birth. Decisions they make about their medical care or parenting are dictated or influenced by the individuals and systems they interact with, rather than by the parents themselves and their community/family supports. Things that might seem mundane to other parents take on new significance. For example, as doulas we help clients source baby items like car seats, strollers, and clothes. Clients often have high levels of anxiety about getting the 'right' or 'best' things – fearing judgment from the social worker who will do home visits. For some parents, buying the wrong item means a trip to the store to return. For criminalized clients, it can mean a case note with serious implications. All of the decisions and choices clients make about their pregnancy and plans to parent are subject to scrutiny and moral regulation. It is this carceral logic that we are there to help identify, name, navigate, and contest where appropriate.

## BODILY AUTONOMY

The importance of bodily autonomy for pregnant people is well documented and discussed (ACOG, 2021; Vedam et al., 2019). However, principles of autonomy directly conflict with carceral logic. For example, while incarcerated, access to health appointments in the prenatal period can be dictated by staffing levels in the carceral facility. Violation of bodily autonomy can take the form of short medical visits where a client is expected to uptake new perinatal information rapidly, lack of full consent for medical tests or exams, or having to wear shackles while in a medical appointment or while birthing. Demands for full consent and evidence-based care during perinatal medical appointments and the birth and postpartum period can have individuals labeled as angry, problematic, and unable to control themselves. Clients often describe the need to be 'strategic self-advocates' in their interactions with healthcare providers, social workers, and all other figures of authority.

## SURVEILLANCE AND COERCION

A key violation of bodily autonomy is the level of surveillance that currently and previously criminalized individuals face. The negative impacts of near constant surveillance on perinatal health cannot be overstated. Fear of being reported to the family regulation system prevents clients from freely asking questions to their care providers. For example, individuals might decide against asking their physician questions they have about alcohol or drug use during pregnancy. As doulas, we do not provide clinical support, but often fill in the gap with informational support when clients do not feel comfortable asking a healthcare provider.

Surveillance and coercion are deeply interconnected (Ross et al., 2017). True consent becomes illusive as the presence of surveillance can direct individuals to make choices they may not make otherwise. As doulas we aim to exist outside of this, however some power dynamic is inevitable – we are both white, university educated, and middle class. We too have the power to report on clients and are legally obligated to do so by the Child and Family Services Act (Nova Scotia Legislature, 2017a, 2017b). It is important to be cognizant of this. We have both had experiences of healthcare providers and/or social workers crossing professional boundaries by asking us (volunteers

who may have only spent several hours with a client) to judge a client's ability to parent. Resisting carceral logic must remain at the core of our practice. In the presence of carceral logic in perinatal healthcare, the responsibility falls on the pregnant person or family unit to 'prove' their fitness to parent.

## ADVOCACY

The term full-spectrum doula typically refers to a doula who provides support for any pregnancy outcome – abortion, birth, miscarriage, and adoption. We expand this further – we support any pregnancy outcome; we also provide support beyond prenatal/labour/postpartum. We support clients in navigating the family regulation system, we attend court appointments, we help clients access income support and housing, we source baby items. We do not cut postpartum support off at 6-weeks; we provide consistent support to clients as long as they want it. We also see advocacy as a critical part of doula practice. Prisons and criminalization are incongruent with reproductive justice. First and foremost, we advocate for a future without prisons. We advocate that no pregnant person should ever be incarcerated. Community-based alternatives to incarceration must be invested in and chosen. We do not advocate for any investment in the prison environment. While we continue to provide doula care in prisons, we advocate for decarceration over institutional perinatal health or doula programs. Based on our experiences, we make several other recommendations:

1. Indigenous and Black doulas and birth workers must be supported and invested in, in recognition of the disproportionate criminalization of both Indigenous and Black woman, trans and nonbinary persons and the need for culturally safe and relevant care.
2. Police and prison abolition movements must critically examine family regulation systems and avoid any reform-based changes to policing and prison that instead invest in carceral social services.
3. Birth alerts, which ended in Nova Scotia in 2021 (Nova Scotia Legislature, 2021), must not be replaced by another carceral or surveillance-based system.
4. Poverty must not be conflated with neglect. Families should be invested in and provided with the material necessities to survive (affordable housing, food, living wage).

5. What happens while incarcerated should have no bearing on your custody and access to your children. Mental health must never be weaponized against pregnant people and parents.
6. Drug use must be decriminalized in Canada and use of government regulated drugs must be de-stigmatized in order to provide harm reduction support services to families.
7. Alternatives to incarceration must be invested in. Efforts must be made to divert individuals from prisons and jails.

## ENDNOTES

We use the term 'family regulation system' throughout to refer to the child welfare/child protection system. We believe it is important to resist the positive connotations of the words 'welfare' and 'protection' and accurately name the role of these systems (Williams, 2020).

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