

Heart Work *and* Hard Choices

Service Providers' Emotional-Ethical
Dilemmas in Working with
Criminalized Women

Katharine Dunbar



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CHAPTER ONE

Walking the Line

Emotions and Boundaries for Service Providers

I remember sitting with a woman who came into custody, and her child was taken into care all on the same day. And she was so distraught. And she just kept repeating, “How could I choose drugs over my kid?” But the only way she knew how to cope with that was to continue to use [substances]. Because she didn’t know how to cope with any of those feelings. And then continuing to feel more shame and guilt. It took a lot of work for her to realize that it’s not as simple as that black-and-white statement. (Regina¹)

Community service providers are on the front lines of support for criminalized² women who are navigating complex intersections of structural barriers and personal challenges. Many criminalized women face poverty, limited formal education, housing insecurity, and employment instability, challenges deeply rooted in social inequality and systems that perpetuate disadvantage even after incarceration, creating cycles that are difficult to escape. These service providers working to support criminalized women have a range of vital roles, including as social workers, outreach coordinators, and peer support specialists, and they operate in urban and rural settings. Some bring lived experience with criminalization and substance use, while others have specialized training in

trauma-informed care, harm reduction, and feminist approaches. Despite their dedication, many providers face precarious working conditions, including limited resources and inadequate funding, along with a host of organizational constraints. They navigate complex ethical dilemmas as they balance compassionate care with responsibilities tied to institutional policies. Emotionally, providers often experience exhaustion, stress, and vulnerability, yet they also draw on their resilience and commitment to meet the needs of women caught in cycles of marginalization. As these women work to rebuild their lives, often as mothers and frequently confronting substance use³ and trauma histories, service providers stand alongside them, witnessing firsthand the heartbreak, frustration, hope, and emotional weight of their participants' ongoing struggles. Through managing their own emotions and supporting participants, providers sustain critical connections that shape possibilities for recovery⁴ and stability.

In this book, I explore the lived experiences of these service providers, whose daily interactions reveal the emotional terrain of supporting women re-entering communities after encounters with the criminal legal system.⁵ I delve into how service providers engage in emotion management, employing strategies to navigate their work and offer support despite encountering significant structural obstacles. Each provider's work is laden with ethical and emotional complexity, as they assist participants navigating cycles of poverty, marginalization, and the lingering effects of criminalization, often feeling the strain and weight of supporting people within systems that are slow to change. Providers employ a range of deliberate strategies to navigate this work. Some use mindfulness and grounding techniques during moments of high stress to maintain clarity. Others rely on peer support networks, where candid debriefings offer validation and release. Many adopt compartmentalization, focusing fully on the participant's needs in the moment while setting aside personal feelings, to sustain their workday. Yet, these methods are double-edged. Managing emotions is necessary but it can also distance providers from their own vulnerability, creating a delicate balance between presence and protection. In this landscape, service providers must continuously reconcile their desire to support participants with the limitations of their roles within underfunded, stretched-thin community organizations (CBC, 2021, 2022a, 2022b, 2023a, 2023b, 2023c; CTV 2025; Global News, 2023, 2025; Government of NB, 2025; St. John's Status of Women Council, n.d.a., n.d.b.; Thrive

Community Youth Network, 2022, 2024). Throughout this book, I deepen our understanding of these experiences and the challenges inherent in community-based support work.

Service Provision as Emotion Work

Despite substantial sociological inquiry into the nature and management of emotions, criminological literature has, until recently, paid scant attention to the emotional dimensions of community service provision. While some criminologists have undertaken important work on this issue (Fayter & Kilty, 2024; Kilty & Fayter, 2022; Kilty et al., 2014), the interconnections between emotion management and structural factors such as poverty and gender-based violence remain unexplored. Consider frontline providers at a shelter for criminalized women in Atlantic Canada, where participants arrive fleeing abusive partners amid unpaid bills and child apprehension threats. Providers manage their own rising employment frustrations to project calm empathy, sometimes strategically proffering hope while internally managing burnout from their work conditions and job precarity. They must support participants through repeated cycles of poverty-driven recidivism, gender-based violence, and trauma — systemic forces that demand emotion work not just for participant support but for organizational survival amid chronic underfunding. These dynamics reveal why emotion management lies at the heart of this study: it sustains care amid barriers that no individual feeling can dismantle alone. Likewise, further attention must be brought to the similarities between how service providers practise emotion management strategies in their work and how they support their participants in meeting their goals.

Service providers consciously shape inner feelings to fit situational demands expected in relational, high-stakes work with marginalized participants — for example, how a shelter worker masks dread during a midnight crisis call from a woman fearing police involvement over survival sex work tied to eviction and substance use. Sociologist Arlie Hochschild's concept of "emotion management" (Hochschild, 1979) refers to the conscious shaping of our emotions to align with socially acceptable expressions. Her pioneering work, especially in *The Managed Heart* (1983/2012), expanded the field of emotions research. Yet in criminological studies, emotions are much less central. Since community work, especially with marginalized and criminalized populations, often

relies heavily on empathy, resilience, and interpersonal connection, this neglect of emotional dimensions leaves a gap in our understanding of the emotional labour, including the persistent stress, exhaustion, and at times, isolation felt by those offering support. To address this gap, I bring a feminist and critical criminological perspective to the role of emotions in community-based service provision. Emotions, I argue, are not just reactions but also shape identity, meaning, and the sense of connection or isolation that service providers feel in their work.

Scholars have sought to explain how emotions arise not as isolated instincts but as products of social and cultural contexts that intertwine with our thinking, shaping how we perceive and respond to the world around us. Returning to our example of a community service provider in Atlantic Canada supporting a criminalized woman entangled in cycles of poverty and gender-based violence: the provider may feel rising anger at systemic failures, like child protection threats due to eviction, but they must reframe it into measured emotion expression and empathy to build trust and de-escalate crisis, all while internalizing exhaustion from these recurring experiences. This process reveals why emotion work matters: it sustains frontline care amid structural injustices, yet it profoundly influences providers' sense of self and their participants' pathways to stability (Davis, 2016; Hochschild, 1983/2012).

The way we encounter emotions emerges from ongoing and often dynamic perceptions, categorizations, and internalizations, defying notions of universally experienced or expressed feelings (i.e., that individuals all feel and express emotions in the same way as one another) (Feldman Barrett, 2017). These dynamics also mould identity and how others perceive our actions and motivations (Reddy, 1997; Thoits, 1989; Wirth-Cauchon, 2000, 2001). In examining community service providers' emotion management, I illuminate how the feeling nature of their work intersects with broader issues of structural injustice, gender-based violence, and poverty, offering important insights for more equitable support systems.

Learning from Service Providers

So, how do community service providers navigate the emotional and ethical demands of their work with criminalized women? To address this key question, I employ qualitative interviews and reflexive journaling within the Atlantic Canadian setting, a region marked by small, dispersed

populations, limited public transportation, and chronic underfunding of community programs, where criminalized women's needs are often deemed statistically insignificant or "too few to count" in provincial policy and budget decisions. With these realities, a single organization or harm reduction program may serve several rural counties, forcing providers to stretch scarce resources, travel long distances, and turn women away, all of which intensifies the emotion strain of deciding who receives help and who must wait. These constraints make Atlantic Canada emblematic of how regional marginality and austerity intersect, thus offering lessons about service provision in under-resourced settings where women on the edges of the criminal legal system are systematically obscured. Through twenty-three semi-structured interviews conducted with service providers working in various Atlantic provinces, including frontline staff, program coordinators, and managers in shelters, supportive housing organizations, harm reduction services, and legal-focused community organizations, I document the complexities of emotions in their work, the impact of funding precarity, and the challenges of organizational mandates that sometimes conflict with providers' understanding of their participants' needs. These conversations were often informal and story-driven, allowing providers to narrate their daily experiences in their own words, a style of engagement that foregrounds relational trust and the lived specificity of their experiences (see Appendix: The Research Process). This project also involved excerpts from a reflexive journal that I kept over the course of the research and interview process. At the time of this project, I had worked in Atlantic Canada's non-profit community for nearly a decade. This experience brought insider knowledge of local organizations, funding constraints, and community relations to this study. This background also enabled me to build trust with providers, ask contextually relevant questions, and prioritize their voices in exploring the intricacies of their work with criminalized women.

This insider perspective proved vital for unpacking Atlantic Canada's regional specificities, including the complex history of colonialism and transatlantic slavery that has profoundly shaped its uneven racial landscape, from Mi'kmaq and Maliseet dispossession through reserve systems and residential schools to the enduring legacies of Black community segregation and ongoing anti-Black policing in urban centres like Halifax (Hanson et al., 2020; Samuels-Wortley, 2024). These forces have created a predominantly white settler-dominated region punctuated

by Indigenous overrepresentation in legal systems and racialized criminalization. This in turn sets a stage in which legal, child protection, and education systems become established as benevolent or “helping” and justify their own existence through the self-identified “need” to intervene in the lives, practices, and communities that exist outside of white, colonial norms (Gebhard et al., 2022). While the region has experienced significant demographic change in recent years, led by immigration and urban growth in cities like Moncton, Halifax, and Charlottetown (Atlantic Canada Opportunities Agency, 2023), it nonetheless remains much less racially and ethnically diverse than central or western Canada, with only about 6 percent of the population identifying as immigrants, far below the Canadian average (Atlantic Provinces Economic Council, 2022; Atlantic Regional Association of Immigrant Serving Agencies, 2025). Most immigrants and visible minorities gravitate to urban centres, while many rural areas and smaller communities continue to be predominantly white. As mentioned, Indigenous people are overrepresented among those involved in Atlantic Canada’s legal system — a trend seen across the country — but other racialized groups have only begun appearing more frequently among those charged with crimes in recent years. Even so, the total number of criminalized women in the region is small, making the absolute number of racialized women engaged with the legal system also low. This patchwork matters for service providers, who often work in isolation without culturally specific training, amplifying ethical dilemmas when supporting Indigenous or racialized women whose traumas and presenting challenges stem from colonial structures and systems.

This demographic reality creates a distinctive professional environment for service providers working with criminalized women. The service providers interviewed in the book describe their work as taking place within a legal and justice landscape where both the numbers and the diversity of clients remain limited compared to other Canadian regions. Many providers reported that, across long careers, they encountered very few Black women — often only a single client across more than a decade, for example — while a larger proportion were Indigenous, often strongly rooted in their cultural and community networks. After incarceration, they would return to their remote communities rather than settling in an urban area, where community organizations are commonly concentrated. Providers also described the ongoing interventions of legal, child protection, and health care systems in the lives of their participants. Such

involvement also commonly incorporates subtle, paternalistic forms of racism, where white professionals may unconsciously frame Indigenous and racialized women's experiences through "deficit" lenses shaped by colonial histories, interpret certain behaviours as "non-compliant," or overlook anti-Black microaggressions due to the sheer rarity of such encounters. For community service providers, they themselves may unconsciously or consciously practise similar microaggressions or acts of paternalistic racism toward clients, or they may grapple with inadequate cultural training, resulting in gaps in relational care and emotion strain.

A central concern of this book is how these service providers manage their emotions in their daily work. Providers candidly discussed feeling compassion, frustration, weariness, and occasional hope and pride in small successes,⁶ as well as the stress and vulnerability caused by organizational and social expectations that shape how they display and regulate their emotions. They emphasized that their approach to managing emotions stemmed from professional norms, organizational expectations, and personal coping strategies, but many admitted to feeling overwhelmed, anxious, or morally conflicted, regardless of the identity or demographics of their participants.

The absence of explicit, in-depth discussions of race and ethnicity among service providers stands out. This omission is particularly revealing in a region where largely white providers work in predominantly white region. Such homogeneity can obscure deep histories of colonial violence and anti-Black racism, including land theft, residential schools, segregated schools, and overpolicing, if these issues are not acknowledged and examined through a critical whiteness lens (African Nova Scotian Affairs, n.d.; Indigenous and Northern Affairs Canada, 2015; for sustained discussion about African-centred service provision in Canada, see Mullings et al., 2021). The stories and silences of these providers reflect both the demographic patterns of Atlantic Canada and the shape of its racism, which does not always manifest in overt ways but often through insidious paternalistic assumptions and erasure of Indigenous and Black realities amid geographic isolation. These dynamics inform approaches of the systems and the professionals involved in the lives of criminalized women. They also impact community service providers' emotion management and their attempts at relationship building with their participants regardless of the specific identities of the women they support. The interviews capture the interplay of regional specificities,

the realities of criminalization, and the nuanced, emotion-laden labour of those who work on the front lines of community and justice support across Atlantic Canada.

While many service providers are registered social workers, others work in para-state (organizations that work alongside the criminal legal apparatus), while others work in community organizations without direct legal supervisory obligations. Some of the providers serve only women, while others are gender-inclusive, often navigating funding criteria to serve more gender-expansive individuals. Some providers have experienced criminalization, substance use, and recovery themselves, adding layers of personal history and understanding to their professional work. Some have service provision experience across multiple Atlantic provinces, in both urban and rural settings. These variations in context reveal how service provision differs by location and access to resources. For many, trauma-informed, harm reduction, and feminist approaches inform their daily interactions, providing frameworks through which to support women grappling with substance use and recovery. These frameworks are invaluable, yet the scarcity of funding, the rigidity of organizational mandates, and the failure to address social inequality and systemic barriers contribute to what I describe as “emotional-ethical dilemmas” in their work.

Service providers encounter criminalized women facing a multitude of challenges: residential instability, precarious employment, substance use or recovery, and, in some cases, continued criminalization. I explore the strategies service providers use to navigate the limits of their roles, from carefully avoiding questions that may implicate participants in ongoing criminal activities to using small successes as a buffer against burnout. Many providers expressed how witnessing their participants’ ongoing struggles with poverty, social inequality, and marginalization over years could blur the boundaries between personal and professional empathy, leaving them feeling emotionally exhausted, burdened by guilt, and sometimes powerless in the face of systemic failures.

Providers I met with frequently spoke about experiencing burnout and stress from balancing participants’ needs with the limits imposed by organizational policies. Many described how setbacks in their participants’ lives became interpreted or internalized by their participants as personal failures rather than systemic ones, a reflection of the neoliberal, individualizing discourses surrounding criminalized people

(Chartrand, 2019; DeKeseredy, 2013). Neoliberal policies, for instance, frame a woman's relapse into substance use or a missed child welfare meeting as her own moral and individual negligence rather than as a consequence of underfunded housing programs or cycles of intimate partner violence, placing blame on the individual while diverting attention from wholly inadequate social supports like affordable childcare or trauma counselling. The reality, however, is that much of the emotional weight participants and providers carry arises from confronting systemic failures and neoliberal policies that responsibilize individuals without addressing underlying issues. Community-based service provision, therefore, exists within this divide, striving to bridge the structural and the individual but limited in its capacity due to systemic constraints.

Situating Community Service Provision

"Community-based service providers" is an umbrella term that may include social workers, program assistants or managers, outreach/in-reach workers, and recreational therapy workers, among others working in community-based organizations. Community service provision has significant implications for how marginalized and criminalized people in communities seek support in various forms. Researchers note that criminalized women's chances at community stability and re-entry are often contingent on well-resourced and supportive services available in their communities (Maidment, 2017; Shantz & Frigon, 2009). Such services, community organizations, and service providers' work have particular importance and relevance when they provide women-centred responses, informed by women's lived experiences and viewed in the context of economic and social systems that have historically excluded them (Comack, 2018; Covington & Bloom, 2007).

Community organizations and service providers support criminalized individuals at a wide range of points in their interactions with the criminal legal system. Commonly offered community services include prison in-reach and outreach work, as well as programming and workshops, employment skills, group counselling, drop-in services, access to technology such as computers and printers, clothing and personal care item provision, free meals, accompaniment to appointments and court dates, system navigation, and supportive housing.

Differing approaches to service provision are deeply intertwined with the philosophical underpinnings of community organizations, shaping

their mandates, funding sources, and the extent of their collaboration with or independence from the criminal legal system. These foundational elements influence organizational dynamics, relationships, and employees' perceptions of their roles in supporting participants.

The ethos of community organizations drives their service models in diverse directions. Foucault's writing on pastoral power traces how certain authorities — historically priests, and more recently doctors, social workers, or counsellors — have guided people by promising care and salvation while also monitoring, advising, and gently correcting their conduct, blurring the line between support and moral oversight (Foucault, 1982, 1991). In community settings, this kind of power surfaces when organizations frame “good choices” or “readiness to change” in ways that align with funding requirements or institutional norms, positioning staff as compassionate guides who nonetheless decide which goals and behaviours are legitimate. Other approaches reflect wider social forces that shape organizational priorities and participant experiences. Similarly, Foucault's concept of governmentality refers to the diffuse exercise of power through social institutions and groups, extending beyond the state to foster self-regulation and external governance (e.g., surveillance, corrective training) to shape behaviour (Lupton, 1995). Foucault's work helps us understand how care and control are connected through everyday practices, showing that the same programs that offer housing support, counselling, or life-skills training can also encourage people to monitor themselves, report their progress, and internalize societal or organizational rules as part of being a “good participant.” Concepts like governmentality are helpful for understanding how care and control can intertwine, but the practical realities for providers are shaped less by theory and more by their everyday encounters with funding, policy, and participant needs. These ideas resonated with the experiences of providers in this study, who described how their caring relationships are shaped by awareness of the risk assessments, progress charts, and compliance checks that surround the women they support, even if their own organizations rarely impose such formal tools. Providers sought to support women on their own terms, yet they also felt pressure from adjacent systems, like child welfare or parole, that demand documented change to avoid apprehension and reincarceration. By drawing on pastoral power and governmentality, this book underscores how frontline emotion work is shaped by subtle expectations to cultivate “responsible” subjects within

these broader networks, even as providers resist or reinterpret these pressures in their daily practices.

Under neoliberalism, governmentality shifts focus from state-supported welfare to individual responsibility, prompting critiques that it places undue pressure on individuals to manage their destinies while overlooking structural and social inequities (Chesnay, 2017; Hannah-Moffat, 2000; Kilty, 2012). Governmentality evolves from primarily organizing how populations are cared for and regulated through collective social programs to directing people to monitor, correct, and optimize themselves according to market-based norms, an evolution that redefines “good citizenship” in terms of self-management, risk avoidance, and personal resilience. This neoliberal discourse exemplifies a broader evolution in governmentality, shifting the work of governance onto individuals and the community organizations that support them, a dynamic explored in this book through the everyday experiences of service providers. Governmentality blurs the boundaries between the private and public spheres, redefining the state’s role in both (Foucault, 1991). For example, incarceration transforms an individual from a private citizen to a public responsibility, as the carceral institution assumes legal authority over them during their sentence. This relational network of power extends beyond incarceration to other institutions and discourses, including the psy professions (psychiatry and psychology) and medicine. Psy discourse, as a facet of governmentality, aligns with the goals of carceral institutions by incorporating diverse knowledge domains and organizational inputs. These inputs include state actors, psy professionals (for assessment and diagnosis), family members (for intimate knowledge and history), and private organizations (for providing programs, services, or placements), demonstrating how governmentality operates through a constellation of knowledge and power sources.

The impacts of governmentality are woven through this transition via governance policies and regimes in prisons, but they are also felt long after women leave custody, as service providers described trying to support participants who must constantly prove they are making “good choices” to parole officers, child protection workers, and income assistance staff. As such, determining the responsabilization strategies to be deployed on the incarcerated individual (and how and when they might once again return to a private or self-governing individual) becomes a function of carceral administration. “Responsibilization” refers to the process

of shifting responsibility to individuals and away from the state for managing their risk, social problems, and well-being (Hannah-Moffat 2010, 2016; Rose, 1993, 2000). As evident in modern carceral institutions, such as provincial jails and federal prisons — which require women to complete programming, attend treatment, and demonstrate insight into their “risks” to secure release or privileges — neoliberal regimes promote self-responsibilization,⁷ thereby displacing the responsibility for harm from the state to the individual or other social institutions. In the community, these same logics continue when access to housing, income support, or reunification with children depends on meeting strict behavioural conditions set by courts, parole boards, or child welfare systems, and providers find themselves helping women navigate, interpret, and sometimes soften these externally imposed demands rather than deciding the conditions themselves. This regime of self-responsibilization is also evident when community organizations take up supervision of criminalized women and thus become mechanisms for enacting power over participants on their caseloads. In such cases, providers become agents of authority, dispensing knowledge and criminal legal policies or conditions (e.g., enforcing rules around violating curfew, consuming substances, and having no contact with particular people). The providers in this study were largely the intermediaries who translated institutional rules and tried to minimize their harms — for example, by working with a participant to develop safety plans or transportation solutions so she can meet curfew or appointment requirements that have been set by other professionals. This supportive role generates emotional strain, as workers witness how system-driven conditions place heavy responsibility on women already navigating structural disadvantage, while the workers themselves have limited power to change those rules.

Pastoral power offers a useful way to think about how some community organizations blend care with subtle guidance, as staff support participants while also nudging them toward certain ways of living that are seen as safe, responsible, or rehabilitated. Martin and Waring (2018) extend Foucault’s concept by critiquing governmentality for its insufficient emphasis on human agency and exploring how pastoral power might operate in the realm of health care, such as in promoting medication adherence among patients. Jones (2018) further examines concrete applications of pastoral power, particularly in the ways self-care is understood and enacted within the health care sector. As Martin and Waring (2018) highlight, pastoral

power involves a simultaneous balancing act between exerting power and providing care. This dynamic is closely tied to Foucault's (1991) notion of governmentality, which frames the mechanisms through which individuals are guided and governed. Interpretations of Foucault's (1982) concept of pastoral power offer a valuable framework for understanding how some community organizations engage participants, because they illuminate how "helping" can also script certain narratives of progress. For example, by encouraging women to demonstrate insight, attend programming, or express particular emotional attitudes as signs of being ready for change, organizations often employ "inscriptive practices" to encourage and shape "desired" behaviours, reflecting the intertwining of care, guidance, and subtle forms of control.

Some organizations embody a radical, participant-centred approach, aligning their work to meet needs as identified by the participants themselves. These organizations emphasize harm reduction and "meeting the person where they are," often taking less conventional approaches. As reflected by community service providers that I spoke with, staff may avoid reporting non-adherence to governing bodies or adopt a "don't ask, don't tell" policy regarding ongoing criminal involvement. This approach contrasts sharply with another type of community organization, which I refer to as "para-state." Para-state organizations work in close alignment with the criminal legal apparatus, including probation and parole systems, prisons, and legal entities, and they often find themselves, intentionally or not, reinforcing systems of surveillance and control (Holtfreter et al., 2004; Maidment, 2017). These organizations blur the boundaries between state objectives and community support. Funded by justice departments or ministries, such organizations may feel pressured to adhere to the state's "behaviouralist agendas" (Maidment, 2017, p. 32), focusing on monitoring and controlling rather than purely supporting.

Maidment (2017) explores how this alignment can enmesh women in systems of control even as they live in the community, a process she terms "transcarceration." By upholding state goals, these organizations keep women entangled in webs of control, resulting in an ethical and emotional dilemma for service providers who navigate this tension daily. Service providers with whom I spoke frequently expressed a heightened awareness of the misalignment between organizational goals and personal ethics when supporting criminalized women. The type and philosophy of their employing organization inevitably shaped the nature of their work

and their interactions with participants. For these reasons, it is crucial to examine how service providers' roles and organizational orientations affect the lives of criminalized women.

Community organizations, at their core, aim to fill the gaps left by state services, responding to the vulnerabilities the state neglects to address. Yet these organizations' philosophies and approaches differ markedly. Some view vulnerability as rooted in individual, community, or state failures, while others embrace abolitionist perspectives, challenging policing and prison systems even as they support individuals affected by them. Practically, this community work relies on extensive collaboration with other organizations, shared spaces, and a patchwork of funding, including fundraisers, community contributions, and corporate donations, and most organizations still struggle to meet overwhelming demand. Beyond financial constraints, other barriers, including jurisdictional limitations, participant eligibility, and accessibility issues, also shape their capacity (Holtfreter et al., 2004; Shantz & Frigon, 2009).

Amid these challenges, service providers face intense emotion work, often feeling vulnerable to burnout, compassion fatigue, and chronic stress because of their exposure to participants' complex, heartbreaking, and unjust life histories as shaped by social inequalities. Yet their work requires adapting and managing emotions — not only their own, but also the emotion responses of those they serve. Researchers like Kilty et al. (2014) and Kilty and Fayter (2022), in examining the dimensions of emotions and emotion cultures within the context of critical social science research in carceral spaces, have highlighted the ways that researchers' experiences of emotions intertwine with their work, particularly when they share histories of criminalization with participants. Their insights offer valuable perspective on the emotional toll of working with marginalized and criminalized women.

The Criminalization of Women in Canada

In recent years, women⁸ have become one of the fastest-growing prisoner populations in Canada (Balfour, 2006; Sapers, 2015; Zinger, 2021, 2022). This rise is attributed to several factors, including what Balfour (2006) and others describe as the neoliberal criminalization of poverty, whereby cuts to social services like income assistance, social housing, mental health services, and violence-prevention programs leave women with fewer viable options for survival and then punish the strategies they

use to get by, including survival sex work, shoplifting essentials, or breaching conditions tied to unstable housing. Economically marginalized women experience criminalization and incarceration in higher numbers, resulting in segregation from their communities and families (Comack, 2018).

On a broader level, the increase in the number of incarcerated women has also indirectly diverted community program funding toward the prison system (Chesney-Lind & Mauer, 2003). Criminalized women in Canada (i.e., those charged with a criminal offence who may or may not have served a custodial sentence) are likely to be under age forty and have experienced poor socioeconomic conditions and disadvantaged backgrounds (Balfour, 2006; Comack, 2018). The life histories of these women are heavily intertwined with their involvement in the legal system (Comack, 2018; Sapers, 2015).

Women's entry into the legal system is often related to property crime, substance use, and other non-violent offences (Belknap, 2014; Covington & Bloom, 2007). Once released, women face additional challenges, including parole or probation conditions, employment barriers, access to community supports, and rebuilding relationships with family, particularly their children (O'Brien, 2000; Thumath et al., 2020). They often face these challenges having been exposed to resocialization techniques applied through neoliberal governance strategies in Canadian penal systems (Hannah-Moffat, 2000; 2006). Thus, questions of responsibility, rehabilitation, and resilience remain associated with their criminalization.

Of the women in federal custody in Canada, researchers estimate that over two-thirds are mothers, and they often have histories of trauma, mental health complications, and struggles with substance use (Balfour & Comack, 2014; Cowie, 2017). Criminalized women are also much more likely to have experienced physical, sexual, and emotional abuse, low levels of formal education, poverty, and reliance on welfare, as well as formal diagnoses of mental health conditions compared to non-incarcerated women and incarcerated men (Hannah-Moffat & Shaw, 2000; Sapers, 2016).

Incarceration disproportionately impacts racialized individuals, including Indigenous, Black, and South Asian women in Canada (Department of Justice 2024, 2025; Sapers, 2015). This overrepresentation is tied to the criminalization of survival strategies due to colonial

histories of land dispossession, laws, policies, and practices — including residential schools — that fractured Indigenous families, ongoing surveillance through child welfare apprehensions and police patrols in under-resourced communities, as well as state abandonment via cuts to housing and health services (Gebhard et al., 2022). Relative to their representation in the general population, Indigenous peoples are significantly overrepresented in Canadian prisons. Further, visible minority women (excluding Indigenous women) accounted for 12 percent of women in federal institutions in 2019 (Zinger, 2019). In 2015, Black prisoners in Canada were likewise incarcerated at a rate three times higher than their general population representation rate (Department of Justice, 2025; Sapers, 2015).

Many criminalized women are separated from their children either due to incarceration or by child protection intervention, with higher occurrences of loss of custody for Indigenous women (Lockwood & Raikes, 2016; Ritland et al., 2021). Although men are also separated from their children while incarcerated, women prisoners were often primary or sole caregivers before their detention (Covington & Bloom, 2007). Thus, women's incarceration often carries a "double sentence" by disrupting their child(ren)'s primary caregiver, custody, and living arrangements.

Unlike criminalized men, women commonly have less extensive criminal histories and are less likely to be reconvicted (Belknap, 2014). However, they may face reincarceration due to breaches of parole or probation conditions (Comack, 2018; Balfour & Comack, 2014). Women are also assessed as a lower risk to the community than their male counterparts (Belknap, 2014; Covington & Bloom, 2007). For example, the bulk of crimes committed by women in Canada are non-violent, property-based offences (theft under \$5,000 and fraud) (Comack, 2018; Pate, 2011). This trend is also evident elsewhere, and researchers have found strong relationships between the criminalization of women and economic inequality, cuts to welfare, and social programming (Ferraro & Moe, 2006; Mosher, 2014).

In short, criminalized women's experiences are unique and differ from those of criminalized men (Belknap, 2014). Furthermore, their crimes are commonly survival-based and shaped by early life experiences and traumas. Despite the commonalities across criminalized women's experiences, their circumstances are typically understood as individual rather than systemic issues because neoliberal discourses frame

poverty-driven survival strategies such as shoplifting food or trading sex for shelter as personal moral failings rather than predictable responses to an absence of housing, childcare, or violence prevention supports. This mischaracterization matters because it justifies punitive interventions over structural investment, perpetuates cycles of criminalization for women already managing disproportionate caregiving responsibilities, and obscures the policy failures that community service providers witness daily as they support women navigating these compounded disadvantages.

The Atlantic Canada Context

Atlantic Canada serves as both a research site and an indicator site that brings to light many challenges experienced in other regions, such as underfunding, geographic challenges, and community organizations' limitations in addressing structural issues. It is comprised of four provinces, located on Canada's east coast: New Brunswick (NB), Nova Scotia (NS), Prince Edward Island (PEI), and Newfoundland and Labrador (NL). The region's distinctive settler-colonial history of Indigenous displacement led to the restructuring of land, governance, and community life in ways that shape contemporary patterns of inequality, service provision, and access to resources and justice. Longstanding patterns of out-migration and economic marginalization have followed the decline of resource-based industries like fisheries, mining, and forestry, leaving many communities with unstable employment and shrinking tax bases. These realities, coupled with the historically strong role of religious institutions in organizing social life, health, and moral regulation, further influence local norms around care, responsibility, and deservingness (Frank & Kealey, 1995; Ommer, 2002; Sinclair & Ommer, 2006). These structural forces matter for this book because they contextualize the economic backdrop as well as generate particular emotion cultures in which community work in Atlantic Canada takes place. Together, these dynamics have produced a political economy marked by austerity, institutional scarcity, and an ongoing reliance on community and voluntary organizations to fill gaps left by the state.

Service providers described how this history of “making do” fosters overlapping relationships where providers, participants, and volunteers often know one another through school, church, or extended kin. As a result, these overlapping relations can both deepen care and solidarity

and intensify feelings of pressure, guilt, and burnout when there are not enough resources to go around. Atlantic Canada's political economy structures both funding and service models and shapes the everyday affective atmospheres of community organizations: worry, hope, and responsibility circulate between providers and the women they support, adding to the relational textures that distinguish emotion work in this region. As Cooper's work on Black history and slavery in Atlantic Canada makes clear, the region's social and institutional landscape is also shaped by a long history of anti-Blackness, racial exclusion, and the erasure of Black presence and contribution. Atlantic Canada was deeply implicated in slavery and racial capitalism, and this history continues to structure contemporary patterns of racialized poverty, surveillance, and institutional neglect (Cooper, 2007, 2018; McCullough & McRae, 2023; Winks, 1997). Recognizing this history disrupts narratives of Atlantic Canada as marginal or homogenous and foregrounds how race and colonialism are constitutive of the region's political and social formation.

The region is home to numerous provincial prisons (one of which is a dedicated women's prison, while several others house both men and women) and four federal institutions. Nova, the only federal prison for women in Atlantic Canada and located in Truro, NS, is where many women from the four Atlantic provinces serve federal sentences (CSC, 2021). This geographic concentration of women's incarceration combined with the region's limited institutional infrastructure produces particular barriers for women in maintaining family, community, and cultural ties while incarcerated and upon release.

Upon receiving parole or statutory release, women in Atlantic Canada face challenges accessing supervised housing sites to complete their parole as well as finding affordable housing in which they will not be discriminated against based on their criminal record and gaps in employment (see Paynter & Snelgrove-Clarke, 2017). These barriers are intensified for Indigenous, Black, and racialized women, whose criminalization must be understood in relation to ongoing colonial governance, racialized poverty, and systemic prejudice within housing, child welfare, and social service systems. And as occurs across Canada, women who must finish the remainder of their sentence on parole face limited options, at times outside of their home province or region and thus, even when released, are often a lengthy distance from their families and communities.

However, the number of incarcerated women remains lower than their central and western Canadian counterparts, mirroring variations in population density more generally in Canadian provinces. This lower numerical visibility has contributed to a relative lack of scholarly, policy, and public attention to women's criminalization in the region, even as the effects of criminalization are often more acutely felt due to tighter social networks, limited anonymity, and few institutional resources. Together, these realities shape the terrain on which community service provision supports criminalized women in Atlantic Canada.

Drawing on Gebhard et al.'s (2022) concept of "white benevolence," this terrain must also be understood as one in which care, advocacy, and service provision are shaped by racialized and colonial power relations. Even as community organizations work to mitigate harm and fill gaps left by the state, they may also reproduce hierarchies of deservingness, norms of respectability, and expectations of gratitude that disproportionately burden Indigenous, Black, and racialized women. Care thus operates as a form of governance, shaping how women are seen, evaluated, and emotionally managed within helping systems.

The stories told in this book come from Atlantic Canada; however, the broader takeaways, including the dilemmas, struggles, and strategies of emotion management implemented by service providers resonate far beyond the region. At the same time, the specificity of Atlantic Canada's colonial history, racialized social relations, political economy of austerity, and institutional landscape is central to understanding how these dilemmas emerge, how they are navigated, and why community-based service provision takes the particular forms it does in this context.

Feminist Criminology Interventions to Inform Service Delivery

The emergence of feminist criminology as a distinct field in the 1970s marked an effort to address the androcentric nature of the discipline. The second-wave feminist movement heavily influenced feminist criminology, the goals and focus of which have been to produce and circulate women-centred knowledge (Comack, 2011; Dunbar Winsor, 2021). Attention to criminalized women's experiences has been central to the development of feminist criminology, and work in this area is crucial in understanding the historical and current context of criminalized women in Canada

(Chesney-Lind & Morash, 2013; Moore, 2008). Feminist criminology is now a diverse field that has benefited from third-wave, intersectional, and multiracial feminisms — the latter movements emphasizing diversity, individuality, and the various overlapping forms of oppression that people may face, including those based on gender, race, class, and sexuality (Burgess-Proctor, 2006). Third-wave intersectional feminism has challenged earlier waves that focused on the universality of (largely white) women's experiences (Rajah et al., 2022). Multiracial feminism, closely tied to third wave-feminism, further focuses on the experiences of women of diverse racial and ethnic backgrounds (Burgess-Proctor, 2006; Rajah et al., 2022).

Feminist criminologists' work has focused on establishing how and why criminalized women's experiences and pathways to crime differ from those of criminalized men, as well as the problematic ways in which women have been historically studied, omitted from research, or pathologized within traditional and mainstream criminological work (Chesney-Lind & Morash, 2013; Daly & Chesney-Lind, 1988). Researchers have overwhelmingly found connections between women's experiences of victimization (from childhood and/or sexual abuse, violence, and neglect) and criminalization (Bernier, 2010; Chesney-Lind & Rodriguez, 1983; Comack, 1996). In their innovative work, Bloom, Owen, and Covington (2003) and Covington and Bloom (2007) drew on this knowledge to outline gender-responsive principles to improve how women are managed, supervised, and treated in penal settings. More recent scholarship has extended these insights, emphasizing gender-responsive and trauma-informed approaches that recognize the cumulative effects of violence, poverty, and caregiving on criminalized women and call for decarceration-oriented, community-based responses rather than purely "correctional" ones (Chesney-Lind & Morash, 2013; Jones, 2022). The principles included acknowledging gender differences, creating safe and respectful environments, and addressing mental health, substance use, and trauma issues. Contemporary work also stresses that "gender-responsive" practice must move beyond a narrow focus on cis women to include trans and non-binary people, whose experiences of policing, classification, and institutional violence often expose the limits of mainstream gender frameworks and require attention to gender identity, expression, and intersectional marginalization within carceral and community settings (Hébert, 2024; Zinger, 2019). Such research

has also provided frameworks for program design and service delivery by community-based providers, informing how organizations fulfil their mandates and support their participants in particular ways — for example, by providing services that recognize the prevalence of early life experiences of victimization, parent and caregiver responsibilities, and employment barriers coupled with low-pay work.

The work of feminist criminologists also aims to capture women's experiences of incarceration and the changes needed to penal policies to correspond with women's needs. Yet a key issue emerges in studying the phenomenological dimensions of criminalized women's lives — the inescapable tension between the irreconcilable goals of incarceration: to punish or to rehabilitate. This tension also emerges in community service provision, with some community-based organizations taking on the role of parole supervision upon a woman's release and thus situating themselves as responsible for both provision of care services (e.g., counselling, housing supports) and punishment (e.g., reporting violations of curfew or substance use to parole officers) (see Majer 2020b, 2020c).

In the Canadian context, this need for the centring of criminalized women's voices in research about them has been shaped by both the development of feminist criminological research and significant events that have brought criminalized women's experiences and activists' and scholars' calls for change into public view. However, further attention is required to examine community service provision and its sometimes divergent aims and frictions in attending to the needs of criminalized women.

The *Creating Choices* report's 1990 call for changes to women's incarceration in Canada was fuelled by a series of events in the late 1980s and early 1990s, including seven suicides (six of whom were Indigenous women) and a clash with staff that resulted in an all-male institutional emergency response team (IERT) forcibly removing women from their cells, conducting strip searches, and shackling women for hours at the Prison for Women (P4W) in Kingston, Ontario, the former federal prison for women in Canada. Footage of the latter incident was leaked to the public and resulted in an outcry and additional calls for meaningful changes to penal practices involving women prisoners (Balfour, 2006, Dell et al., 2009; TFFSW, 1990). The national attention led to the Arbour Inquiry, which again recommended the closure of P4W. However, it became evident that Correctional Service Canada (CSC), had, in addressing the report's recommendations, adopted the narrative of empowering women

but reinterpreted it in the context of responsabilization. This led feminist activists and scholars to publicly criticize the co-optation of feminist values to shape a new penal agenda that foisted the onus on criminalized women for their life circumstances (Balfour & Comack, 2014; Hannah-Moffat & Shaw, 2000). Hannah-Moffat, for example, asserted that this new penalty fostered governmentality aimed at self-responsibilization (2000, 2010; see also Hannah-Moffat & O'Malley, 2007). However, the prisoners living within this penal regime have experienced few opportunities and possibilities to meaningfully engage in their own rehabilitation (Hannah-Moffat, 2001; LeBlanc et al., 2015). Scholars have argued that this empowerment discourse and co-optation of feminist values is also evident in some community-based organizations funded through Departments of Justice and responsible for overseeing women's parole release (Maidment, 2017; Maier, 2020b, 2020c).

Nonetheless, some organizations and service providers opt to avoid such approaches in favour of feminist, participant-centred, and harm reduction-oriented philosophies and mandates driven by decarceral and abolitionist principles that reject carceral/compliance logics and prioritize meeting women where they are at. Such organizations and approaches are often rooted in grassroots resistance to state funding pressures and a commitment to transformative justice over risk management.

The Ethical and Emotional Dimensions of Service Provision

Processes of criminalization and the carceral system often overlook the deep connections between criminalized women's behaviour, the societal norms imposed upon them, and the internalized responses they develop to manage their perceived transgressions. As Hewitt et al. (2000, p. 173) note, emotional states must be interpreted within the framework of societal expectations: "no matter how it may be disordered, mood must be interpreted in order to be experienced. Such affective states are open to a variety of interpretations depending upon the vocabularies available to the person or pressed upon the person by others." While affect reflects a person's attraction or aversion to something specific, moods are more diffuse and detached from immediate situations (Thoits, 1989). Emotions, as Thoits (1989) further explains, are culturally shaped and vary widely in definition, yet they remain powerful lenses through which individuals interpret and respond to their lives.

This framework is especially relevant for understanding how community service providers engage with criminalized women, whose expressions of emotions are often shaped by histories of trauma, poverty, neglect, and abuse. Service providers, therefore, find themselves not only managing their own emotional responses but also supporting their participants' emotional needs within a complex landscape of adversity and resilience. Sociology of emotions scholarship examines how emotions are understood, shaped, and interpreted in social and cultural contexts. Applying this lens to understand service providers' experiences in their work illustrates how emotions are not simply personal feelings but shaped by social roles, cultural expectations, and interpersonal reactions. Further, it sheds light on the emotion management terrain that both participants and providers navigate as they contend with criminalization's effects.

This sociological lens on emotions also allows us to examine the element of governmentality within community-based service provision, where individual and collective emotional regulation intertwines with broader social structures. This perspective analyzes definitions and expectations of "healthy" emotionality among service providers working with criminalized women, recognizing how sociocultural and systemic factors influence emotion norms and coping mechanisms.

The relationship between psy interventions and strategies of responsabilization within neoliberal regimes has been studied extensively in contemporary criminological scholarship, particularly in feminist criminology (Chesnay, 2017; Hannah-Moffat, 2000; LeBlanc et al., 2015; Shantz & Frigon, 2010). These critiques illustrate how psy interventions often function as tools of governmentality, shaping behaviour through self-regulation and compliance. As service providers navigate these frameworks, they sometimes adopt these discourses despite recognizing their limitations. Scholars warn, however, that focusing exclusively on critiques of psy interventions risks overlooking their potential as tools for self-governance or avenues for improving circumstances (Kilty, 2012; Whynacht, 2017, 2018).

Sociology of emotions scholarship provides a valuable framework for understanding these dynamics. Emotions, shaped by cultural norms and societal expectations, play a significant role in how criminalized women internalize and manage the stigma associated with norm violations (i.e., violating rules of femininity as a result of criminalization) (Thoits, 1989). Hewitt et al. (2000) emphasize that emotional states are mediated

by cultural vocabularies, either imposed externally or internalized. For service providers, these vocabularies likewise converge with the emotional labour involved in supporting participants.

A sociology of emotions framework not only reinforces the need to disentangle medical and penal powers but also highlights the transformative potential of emotion-focused, socially just interventions in community settings. By centring emotions in the analysis, we gain a richer understanding of both the experiences of criminalized women and the structural conditions that define their lives and the work of those who support them.

In the chapters that follow, I focus on the emotional-ethical dimensions of community-based service provision for criminalized women in Atlantic Canada to shed light on the nuanced ways service providers support their participants while facing personal and professional challenges. These chapters are an invitation to understand the layered responsibilities and costs of emotion management in community work, while acknowledging both the resilience required and the structural changes needed to create lasting support for criminalized women.

Notes

- 1 All names of participants are pseudonyms.
- 2 Not all criminalized women are sentenced to custody — hence not all are released. *Criminalized* as a concept refers to the process of actions being deemed criminal through laws and courts. Thus, criminalized women may have served a sentence in custody, in the community, or some combination thereof.
- 3 In academic and professional literature, wording such as *problematic substance use* or *substance (mis)use* is used at times as an intentional attempt to minimize stigma and centre the individual rather than defining them through a label (e.g., addict, alcoholic) (Blaska, 1993; Dunn & Andrews, 2015). Although, more recently, there has been a further shift toward the term *substance use*.
- 4 Throughout this book, I use the term *recovery* to broadly encompass the diverse ways individuals seek and experience increased wellness and support in their lives. Recovery is understood as a deeply personal and varied journey that means different things to different people, rather than as a single universal path. For some, recovery may include sobriety, or complete abstinence from substances. For others, it may involve harm reduction strategies, where moderated or managed use allows for safer engagement with substances while improving overall quality of life. Importantly, I use the term *recovery* not in opposition to harm reduction, but rather embracing harm reduction as a valid and often essential component. Recovery prioritizes individual goals and definitions of wellness, recognizing

that these can evolve over time and may incorporate various approaches to meet people “where they are at.” This inclusive understanding respects personal choice, promotes dignity, and rejects one-size-fits-all solutions in favour of supporting meaningful change as defined by each individual.

- 5 Similarly, others use the term *criminal injustice system* to name the various forms of injustice that occur within legal, correctional, and criminalization processes. For an in-depth discussion, see Karakatsanis, 2019.
- 6 I note that the terms *success* or *successful* have been used to individualize outcomes faced by criminalized women while overlooking broader social or systemic forces that contribute to their (re)involvement in the criminal legal system (see Bernier, 2010). I use the term in later chapters to discuss how service providers understand their contributions to the lives of their participants — for example, success in advocating for policy change that positively impacted a participant or success in securing safe housing for a participant.
- 7 The term *self-responsibilization* is used by Rose (2000) and taken up by Hannah-Moffat (2000) and Moore & Hirai (2014) to describe governing strategies at a distance focused on educating individuals to be responsible for and care for themselves. The term *self-responsibilization* is often discussed in critical and feminist criminological literature about penal governance strategies focused on creating the responsible prisoner.
- 8 *Women* refers to cis and trans people. In Canada, individuals can request incarceration in a facility based on their gender identity (versus sex). In 2018, approximately fifty-two of the 14,081 individuals in federal custody in Canada required accommodation based on gender identity. Of those fifty-two individuals, approximately 63 percent were residing within male facilities (Zinger, 2019). Much of the literature does not specify or address gender identity among their participants. Prison classification in Canada and in many other countries is limited to a dichotomous male/female system and facilities. Within this book, the term *women* refers to individuals, both cis and trans, who define themselves as such.