

ORIGINAL ARTICLE

Compulsory separation of women prisoners from their babies following childbirth: Uncertainty, loss and disenfranchised grief

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Abstract

There is growing evidence to show increased mental ill health in women compulsorily separated from their babies at birth (Cantwell et al., MBRRACE-UK, 2018:56). For imprisoned women, the risk of self-harm and suicide may be exacerbated. This article draws on in-depth interviews with a sample of 28 imprisoned pregnant women/new mothers, 10 prison staff and observations to discuss the experience of separation from or anticipation of separation of women from their babies. Oakley (Signs, 4:607–631, 1980) reflected on the transition to motherhood with reference to the sociology of loss of identity. Women who have been compulsorily separated from their babies experience subjugated loss out of place with societal norms. The experiences of compulsory separation, in relation to concepts of disenfranchised grief, resonate with Lovell's (Social Science & Medicine, 17:755–761, 1983) research into the altered identities of mothers when loss occurs through late miscarriage or stillbirth. Additionally, this type of complex loss also denies a woman her identity as a 'mother'. This article offers a fresh sociological perspective on the ways loss and grief are experienced by women facing separation from their babies in prison, drawing on concepts of uncertainty, loss and disenfranchised grief.

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INTRODUCTION

This article explores the circumstances of women experiencing compulsory separation from their newborn babies in English prisons. It opens up with a review of the broader literature in relation to court-ordered child removal experiences of separation in the community. Consideration is then given to the limited data available on compulsory separations in the prison setting. Sociological perspectives of loss, particularly in relation to disenfranchised grief, uncertainty and unresolved loss, are examined.

Separations in the community

Broadhurst et al. (2015) estimated that 2018 babies were removed for child protection reasons, primarily from women in the community, at or around the time of birth in 2013, an increase of over 60% since 2008. Since then, there has been a steady increase in removal in the overall population (Bilson & Bywaters, 2020; Broadhurst et al., 2018). Broadhurst and Mason (2020) revisited in-depth interviews undertaken between 2014 and 2017 with 72 birth mothers who had experienced recurrent child removals. Common themes included mother's suffering: psychosocial crisis, emotional trauma, stigmatised identity, to subsequent suicidal thoughts through continuing grief. Frequently, women felt a deep distrust of professional services, and yet, there was no provision of compulsory support. Critchley (2020) reported ethnographic research findings, which focussed upon practitioner experiences including the complexity of decisions and found that the social worker would need to be 'completely convinced' before making the decision for a child to remain with his/her mother.

Broadhurst and Mason (2020) explain that women facing court-ordered child removals have frequently experienced disadvantages such as neglect and abuse in their own childhoods. Once their child (ren) had been placed into care, women were described as routinely fading away from any professional observation or therapeutic support. The sudden removal of a child from his/her mother was characteristically experienced with severe distress as a consequence. Furthermore, other tangible losses such as of housing, status and familial roles were experienced alongside the more imperceptible emotional sense of loss.

The social isolation experienced by women during child removal was a common theme found by Cox et al. (2020), and building a future following child removal was described as complex and challenging. Cox et al. (2020) suggested that repeat removals may be abridged by including postseparation therapeutic interventions rather than the suggestion of simply avoiding future pregnancies. Collings et al. (2021) explored themes of loss, grief, love and healing with women who had experienced court-ordered child removal through an artistic methodological process of body mapping. Symbolic representations of objects such as hearts signified the love mothers felt for their child, together with guided imagery portraying the ferocity of the trauma experienced and the elimination of their motherhood identity. Broadhurst and Mason (2020), Collings et al. (2021) and Cox et al. (2020) and stress the significance of changing practice and policy through enhanced therapeutic professional care following compulsory

removal, alongside expert-skilled mental health specialists to offer more concentrated therapeutic support.

Separations in prison

There are no specific data on the number of mandatory separations that occur in any of the twelve women's prisons in England and Wales or the numbers of how many babies remain with their mothers on one of the six mother and baby units (MBUs). Women are required to meet strict admission criteria for a place on an MBU, with reasons for refusal-recorded plus a note of whether the decision was unanimous. Sikand (2017) found that many women only discovered late in their pregnancy whether they had been given an MBU place and those who appealed against a negative decision were unlikely to have the decision overturned. The Prison Service Order (PSO) 4800 relates to the MBU and separation policy for women who already reside with their baby on an MBU and acknowledges the need for careful preparation:

The separation of the baby from the mother can be traumatic for all. Separations need to be planned well in advance. (National Offender Management Services (NOMS), 2014:24)

There is growing evidence to show an increase in mental ill health in all women separated from babies. For imprisoned women, the risk of self-harm and suicide may be exacerbated. In 2016, the suicide of Michelle Barnes, a prisoner forcibly separated from her newborn baby and returned to prison, highlighted the psychological harm such separations cause and the need for strengthening meaningful support and further research (Parveen, 2016). Resonant with Michelle Barnes' death, O'Malley and Baldwin (2019) shared the narrative of a woman residing in a Northern Irish prison (Roseanne), who died by suicide soon after learning she would be separated from her baby. The report into the death of a newborn baby in prison in 2019 to a teenage mother described her being 'avoidant' once she learnt that her unborn baby was likely to be removed at birth:

Ms A was a vulnerable young woman with a complex history who found it difficult to trust people in authority. She was afraid (with reason) that her baby would be taken away from her immediately after birth and she refused to engage with maternity services. (Prisons & Probation Ombudsman, 2021:2)

It has been documented by mothers and babies: reducing risks through audit and confidential enquiry across the UK (MBRRACE-UK) that imprisoned women being separated from their babies are at heightened risk of suicide and self-harm due to 'prison structures and lack of anticipation of care needs' (Cantwell et al., MBRRACE-UK, 2018:56). The report highlights a case where a woman died through violent suicide stating:

'On the day she died, she was informed that she could no longer visit her baby but could express milk. She had no contact with prison psychiatric services in the post-natal period. The sudden change of plan by prison services, unavailability of equipment for expressing (a need which should have been anticipated) along with lack of psychiatric review, was likely to increase her sense of loss. In particular, no one asked

her about thoughts of self-harm or suicide at a time that she herself had flagged up as being risky.’ (Cantwell et al., MBRRACE-UK, 2018:56)

Glaser and Strauss’ (2011) concept of status passage is relevant to these processes since the pregnant prisoner is required to swiftly transition from pregnant potential mother to separation from new baby with disregard and disruption to the accustomed social order. Paradoxically, birth for women in prison can signal an end to the connection they have felt with their unborn and indicates an additional loss of motherhood status (Chambers, 2009; Wismont, 2000). Transition towards motherhood as defined by Oakley (1980) will undoubtedly have a different context in the prison environment. A woman in prison may have given birth but be forbidden to parent the child due to enforced removal. Davidson (2015:144) argued that women who are separated from their babies by the state are ‘not positively sanctioned as being or having been mothers.’

A systematic review of mother-infant separations in prison found that mothers who are separated from their babies soon after childbirth are at high risk of mental ill health (Powell et al., 2017, 2020). Feelings such as emptiness, denial and connectedness with the unborn baby have developed as dominant concepts in previous studies with pregnant women in prison who anticipate separation from their babies (Carey, 2019; Chambers, 2009; Fritz & Whiteacre, 2016; Schroeder & Bell, 2005; Wismont, 2000). Chambers (2009) also found the theme of connectedness was strong, and of note, the threat to that connection came with the birth of the baby, whereas, in the non-prison birthing encounter, attachment and connectedness are amplified at birth. Aiello’s (2019) findings from narratives of four incarcerated women, separated from their babies soon after birth included: ways to intensify connections, emptiness/longing and finding ways to cope. Aiello (2019) described how participants took the time to focus on the baby in hospital and how they found ways to intensify bonding and amplify this experience, so that it was cemented into their memory. Carey’s (2019) interviews with women in prison found that stigma was experienced by all participants being separated from their babies and found that the choice of caregiver for their baby was a major factor in their overall experience, one that is limited in the UK prison system due to the lack of choice and separations being organised later on in pregnancy (Abbott, 2018; Baldwin, 2018; Minson, 2017; Sikand, 2017).

Sociological perspectives of loss

The concept of loss is defined as the permanent removal of something or someone, which is highly valued by a person with intense feelings of grief (Corr et al., 2018). Oakley (1980:249,257) described the ‘losses and gains’ of motherhood with the reward of a child being the ‘primary gain.’ She argued that the principal loss for women in becoming mothers was loss of identity. McKissock and McKissock (1991) described compulsory separation as a loss without closure together with a lack of social acceptance. Elizabeth (2019:52) defined experiences of uncertainty in relation to separated mothers with a ‘failure to recognise maternal grief following postseparation loss.’

Kitzinger (1991:185) described the moment a woman greets her newborn baby for the first time as: ‘saying goodbye to the fantasy baby.’ Divergent to this view is compulsory separation—an antithesis of how bonding and attachment should be, described as: ‘enforced separation of mother and baby entails emotional mutilation for both’ (Kitzinger, 1999). Morriss (2018) explored the concept of haunting through archives and data pertaining to child removals. With the lens of ‘future motherhood being stigmatised by the past,’ Morriss acknowledged the trauma

of court-ordered child removal. She described feeling ‘haunted’ on finding begging letters from grandmothers—pleading for the child to be returned.

Compulsory separation, although not involving death, involves a depth of exceptional emotions and identity crisis. The literature on grief and loss of motherhood through stillbirth provides a relatable sociological parallel. Lovell’s (1983) qualitative study involving interviews with bereaved parents and health-care professionals offers a helpful theoretical framework where a woman may lose the identity of being both mother and patient. Lovell (1983:30) states that ‘losses are a continuum of pregnancy’, and emotion of that experience of loss through mandatory separation appears to blend with the permanence of death. Expanding Lovell’s concept of loss, Frost et al. (2007) drew on interviews with 79 women who experienced early miscarriage to argue that this type of loss encompasses the ‘loss of possibility’ and that little is known until experienced, the nature of the loss being unmentionable and steeped in stigma. Further building on Lovell’s framework, Murphy’s qualitative study of parental experiences of stillbirth portrayed how stigma permeated throughout the grieving process with the sense of being a ‘moral mother’ (2012:18). This was accompanied by the perception that others may ‘think less of them’ because of the loss. Golan and Leichtrentritt (2016:151) found that the grief experienced in a social context of mothers who had lost their babies to stillbirth was ‘unrecognised or obscured by the individual.’ Thompson and Doka’s (2017) in-depth interviews with ten women who had experienced stillbirth augments Lovell’s notions with deliberations around confused identity, due in part to: ‘invisibility through lack of social recognition.’

A woman’s sense of failure at motherhood, following compulsory removal of a baby, reinforces feelings of shame (Doka, 2002). Grief experienced through ambiguous losses (e.g. dementia, suicide and adoption) has been defined as ‘disenfranchised grief’ by Doka (1999:37) whereby:

“The grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported.”

Challenging characteristic stages of grief such as those described by Boss (2010:141) and Kübler-Ross et al. (1972), offered guidelines ‘for resiliency in the face of complicated loss’: (1) finding meaning, (2) tempering mastery, (3) reconstructing identity, (4) normalising ambivalence, (5) revising attachment and (6) discovering hope. Boss’s (2010:137) description of the concept of ‘ambiguous loss’—‘when a loved one is physically present, but psychologically absent’—is apposite when considering the mandatory separation of a baby from its mother. Examples of disenfranchisement given by Doka (1999) include those where the loss is not recognised or validated, especially in the public domain. Drawing on Doka’s (1999) concepts, Broadhurst and Mason (2017) suggested that women separated from their babies may work through their grief by becoming pregnant again in order to find comfort. This article builds on Lovell’s notions of bereavement through stillbirth, drawing upon Boss’s concepts of ambiguous loss and considers how an imprisoned mother may experience loss and grief through compulsory separation of her baby.

METHODOLOGY

The overall aim of this research was to examine pregnant women’s experience within the English prison estate and its associated conditions. A qualitative inductive approach was taken, and institutional ethnography was selected as a suitable framework (Smith, 2005). The findings provided rich data of the overall experience of being pregnant in prison (Abbott et al., 2020). Favourable

ethical opinion for primary data collection was granted by NOMS on 25 September 2015 (approval number: 2015-209) through the Health Research Authority Integrated Research Application System (IRAS). A 2-year period of training and negotiation, undertaken by the senior author, led to access being granted to three prisons and permission granted to audio-record interviews.

Navigating the intricacies of the prison setting required careful consideration. Taking personal accountability for safety was important in order to reassure the prison service and ethics committees. Monthly clinical supervision meetings (privately paid) with a psychotherapist and self-defence training facilitated by prison officers reinforced the physical and emotional safety aspects of undertaking the research. Although not explicit in ethical guidance, a significant issue was informing the women when the project was ending. It is understood that many women in prison have complex trauma histories; therefore, care was taken to ensure inadvertent feelings of abandonment were not prompted through an unexpected departure (Abbott & Scott, 2019). For a full description of the methodology, please see Abbott (2018).

Each prison compiled a pregnancy list of all their pregnant women. Health-care staff and officers were the main gatekeepers for introductions to potential research participants, as were other women prisoners who were encountered frequently during field work. Women who agreed to have a preliminary conversation were permitted time away from their work or education commitments to meet, where the research would be explained, and a participant information sheet given to read prior to seeking consent for an interview. Nonparticipant observation meant regular encounters of prisoners who would not be a formal component of the research. They gave a rich backdrop to the prison as a culture and helped to piece together the jigsaw of prison life and environment. Over 10 months spent in the field, the number of these contacts grew and fieldnotes were kept throughout the study.

A total of 28 women were recruited: 13 women were interviewed during pregnancy at various stages, 15 were interviewed post birth, of whom three had also been interviewed during their pregnancy. Of the 13 women interviewed during pregnancy, three were considered too early in their gestation to apply for an MBU place, one woman knew she had a place, four women were denied a place because their crime was too severe or sentence too long and six women did not know whether they would be granted a place. Of the 15 women interviewed postnatally, almost all had a place on the MBU. There was a period of brief separation for one woman. The remaining women were either residing on an MBU at the time of the interview or had experience of living on an MBU with their babies. Ten members of staff with a variety of roles, consented to audio-recorded interviews following recruitment through opportunity sampling.

Line by line exploration of transcripts enabled identification and categorising of emerging themes following the six stages of thematic analysis advocated by Braun and Clarke (2006). Originally, by using NVivo, 736 nodes were established linking to 72 categories. Ensuing modification condensed the data to a more practical state with 178 nodes relating to 24 categories.

FINDINGS

The following details findings resulting from the thematic analysis, whereby the women's accounts are drawn on to explain their experiences during pregnancy, birth and post birth. Prison staff perceptions are presented in a separate section. Field observations are drawn upon where appropriate. Pseudonyms are used throughout, and staff quotations are demarcated by 'prison officer' (PO). Accounts deliberately do not include any nature of the crime committed or length of sentence received for reasons of confidentiality.

During pregnancy

The process of applying for an MBU place and knowing whether a place would be granted was lengthy and unclear. Pregnant women who were unsure as to whether they would get an MBU place sometimes expressed ambivalence towards their unborn baby: 'I probably might not bond at all'. Abi described her confusion about this situation:

"I don't know what to do [becomes upset]. So, I've got to wait and wait and wait. It's stressful!" (Abi)

Uncertainty about whether a woman would be able to remain with the baby following birth was frequently expressed:

"I didn't know what to expect, I didn't know any information they were giving me. It didn't sink in. I was frightened. It was fear. I didn't know anything. I think I cried for 24 h." (Ellie)

The prospect of being awarded a place on an MBU with their baby often appeared to signify a change in the woman to better herself, seizing the opportunity fully where being in prison was the catalyst to change. Many participants reported that they tried to behave well due to the fear that if they showed their candid emotions, an MBU place would be denied and they could lose their baby:

"Your place is not secure, it all depends on how you behave... if you just wanted to tell somebody to jump off a cliff, you couldn't do that, because you could jeopardise your place, and they kept reminding you of that fact." (Pamola)

Several pregnant women became more aware of their diet and health because of concerns for the wellbeing of their unborn baby (Abbott et al., 2020). This was often accompanied by feelings of connectedness with the unborn baby:

"I call her baby girl." (Kayleigh)

Pregnant women who knew they were unable to keep their babies found the conflicting feelings of love, guilt and loss hard to bear making it difficult to fully commit to the relationship. Caroline expressed how connecting with her unborn was as if the baby was reassuring her, especially when she felt low:

"When they listen to his heartbeat, I feel like I don't want to get too attached, like a coping mechanism and then I feel guilty like 'how can you not want to be attached to your own child? I'll be crying my eyes out, thinking, 'I'm not going to know him'... and then he'll start kicking and it's like he's saying, 'you do know me... and it's almost like he's saying, 'I'm here, I'm fine'... I know they kick at random times, but, to me, it's like a sign, it feels like he is talking to me.'" (Caroline)

Lola had applied for a place on an MBU, but it had been refused. She too described how she communicated with her unborn baby:

“I do tell him (unborn baby) that I love him, and his dad loves him, and I’m sorry and all that...I wrote two pages for him saying that I’m sorry, and that. But social services have probably put it in the bin.” (Lola)

Women like Lola appeared to have little self-worth, but pregnancy still brought a desire to care for her body on behalf of her unborn baby. Sinead reflected upon how, when pregnant, she had found talking to her baby a comfort:

“I was speaking to the bump, and they’d probably think I was speaking to myself and thought I was a bit loopy. Every time - if I was making a drink I’d be like, ‘Just making a drink,’ like she was actually there, like she was out, and she was grown up and she could speak back.” (Sinead)

During birth

The experience of compulsory separation from their baby was commonly described as having their newborn ‘ripped’ from them, symbolising a violent act. Women shared how they savoured moments, as if to stamp photographic memories into their minds. Caroline described how the imprinted memories sustained her post separation:

“When I first held him for the first 2 days, he had his eyes open straightaway and you could see he was studying my face...I haven’t forgotten his face; I see his face every day, all his little expressions, everything.” (Caroline)

Sinead articulated the experience of submission and described how she relished the last moments with her daughter. Sinead expressed sorrow as she recalled how she was separated from her baby:

“It was really hard; I didn’t want to (hand her baby over)...They warned me when she (social worker) was there, and how long I had left...They said, ‘Oh, you’ve got 10 min or so with her,’ so, obviously, that’s when I dressed her and put her in her going away stuff, and give her her last cuddles and kisses and stuff. it was hard, and I come back [sic] and I was really upset, and I couldn’t sleep or nothing, and I didn’t eat at first.” (Sinead)

Sylvia expressed a sense of acquiescence as she described being separated from her baby soon after birth and described her reaction of the aftermath:

“I did cry, and I was emotional, but I pulled myself together and just thought, well, I have to be strong and just get on with it. I don’t want to be crying all the time and stuff, so I’m just trying to get on with it and then do what I have to do in here. I think I’m just accepting it now...I don’t see the point of being angry about it, because I don’t have any other option right now.” (Sylvia)

Caroline had anticipated this moment of submission and she had talked about this over four interviews during the antenatal period. Having to relinquish her baby to someone she did not like elicited complex emotions from Caroline:

“The prison officer who (took the baby) ...she's a horrible person, so... to have to hand my son over to her, and just watch her walk away with him crying. He only stopped crying when I had him ...being ripped away from my newborn baby is the worst thing possible that could ever happen to me.” (Caroline)

The return to prison, usually within 24–48 h of birth, was said to be devastating, and yet, women talked of moving forward with resignation on return to prison without their baby. Karis reflected on her past experience of being separated soon after birth from her previous babies:

“Giving birth for me is a very scary time – because I gave birth to a stillborn baby years ago the thought of the baby dying as well was in my mind...if I'd of had him and come back to that prison and they kept him at the hospital – I just would have been devastated. It's the biggest fear it's already happened to me twice, I've given birth, they've come into the hospital and said, 'you're not going home with this baby'...It ripped me to pieces.” (Karis)

An expectation from women was that separation would cause a mental health breakdown. Of the women who were able to keep their babies, some imagined how separation might feel, expressing suicidal ideation at the thought of losing their baby: ‘I probably would have killed myself, you'd just have lost the will to live.’ Tracey described being separated and her feelings of wanting to escape the hospital environment straight after her removal to get back ‘home’ to the prison:

“I was heartbroken...it was devastating leaving him. I just wanted to get the f*** out of there... I wanted to come back here (prison). I said: 'I'm not staying, not while my baby's not here' and then I come back here. I could hear babies crying as well.” (Tracey)

Tracey described feelings of wanting to escape the hospital straight after her baby had been removed demonstrating an internalised conflict against a natural maternal response. This appears as a paradox—having a desperation in wanting to get back to prison, not because prison was where they wanted to be, but because she wanted to be anywhere other than facing the pain of staying in the place where her baby had been removed.

Post birth

Separation from the baby meant that women's despair could turn into a negative spiral of self-destruction and despondency. Lola recognised that had she been given a chance to be a mother, and this may have led to a turning point in her life:

“I poured my heart out to them saying I want another chance...and then all of them said no...I was going to breastfeed her, to have more bond with her while I'm in here, but, obviously, she's getting taken so there's no point.” (Lola)

Caroline had participated in several interviews and wished to share her experience of being separated from her son. Missing the baby was a common expression, but the depth of despair was difficult to put into words:

“I just want him back. I don’t know where he is. I don’t even know where he is or who he’s with. I don’t know if he’s happy or if he’s crying every day. It’s my job to make sure that he’s looked after and he’s safe and protected...I’ve all of that taken away, well, he’s had all of that taken away. This is the lowest I’ve ever felt, and I’m the most depressed I’ve ever felt, but I’m not suicidal...I feel helpless, that’s how I feel.” (Caroline)

For some women, sorrow transcended into physical denial of the baby being removed. This encounter of the creation of a fantasy baby was depicted in fieldnotes:

“She was walking around the prison with a bundle of clothes in her arms, rocking to and fro as if an imaginary baby. A member of staff said that she found this comforting and the woman talked to her imaginary baby. It was as if the woman was in denial that her baby had been removed and it was distressing to see.” (Fieldnotes)

Sorrow was expressed by women when they were back in the prison without the baby. Women would sometimes find ways to ensure the baby would have knowledge of his/her mother. Lola articulated how the last act she could undertake for her baby was the only choice she had in the process of becoming a mother:

“I’ve got a certain outfit that he was coming home in, and it’s like you know born in 2016, I want him to go home in that. But I’m taking his bracelets off him; social services said I could.” (Lola)

Lola described dressing her baby and savouring the moments, trying to take in every second, intensifying the connection, before they were parted. Lola carefully choosing an outfit for her baby suggests a momentary ability to participate in normal society as a mother whilst creating memories of her baby similar to those enduring stillbirth (Lovell, 1983; Murphy, 2012). Whilst this relishing and exploring the newborn could be a common phenomenon for all mothers, the concentration of knowing that these moments will end and having to say goodbye appeared to deepen the intimacy, albeit without closure.

Susan was in prison for the first time for a nonviolent offence, pregnant with her first child. She was returned to the prison without her daughter, to serve the 3 weeks that remained of her sentence. Not wishing to risk a longer sentence due to perceived poor behaviour, Susan was accepting of this decision, perhaps because being in prison meant compliance was required. She described separation as:

“Hard, really hard, but there’s nothing I can do about it...so I have my moments, I’m upset, but just I’d rather to try and keep myself strong.” (Susan)

Some women who had previously undergone enforced separation were able to keep their baby in a subsequent pregnancy. Karis reflected on how different life may have been for her if she had not been offered the opportunity to keep her baby:

“I don’t know what would of happened...I kinda go on a destructive, I’ve done it in the past...you know, the worst thing they ever did was take my kids away. I look back now and I think ‘why didn’t they let me keep my kids but with the rehab, some kind

of support' ...I think just removing the kids is not always the best option, putting them in a safe environment, that would be a better idea and help them (women) with their issues." (Karis)

Although distressed through being separated from her baby, Caroline rebuilt her identity and blended into the prison population:

"I've got through one stage; I've got through the pregnancy stage and I'm starting to feel more like a prisoner now." (Caroline)

For those anticipating separation but then surprised at being allowed to keep their baby, being given a chance at motherhood was described positively:

"I was just overcome with... I can't even describe it; it was just immense. Better than any drug I've ever taken in my life." (Ellie)

Lola's removal of her son's bracelets as a memento suggests she may have been anticipating future relationships with her baby. Likewise, the unconscious connections that Caroline described, (e.g. how her baby, still in utero, communicated with her) demonstrated attachment with her unborn. Yet, for some women, such as Karis and Ellie, their pregnancies meant that their pregnant body and unborn baby represented a status passage (transition) symbolising a fresh start through what Glaser and Strauss (2011) termed, '*rites de incorporation*.'

Experiences of the MBU environment

A total of 12 women in the study had experience of being on an MBU. Whilst women expressed a mixture of emotions when granted permission to stay with their baby, the experience of the MBU was mixed. Women confined to an MBU with their babies' meant factions were sometimes created, which could lead to isolation and exclusion from others. Women, who had birthed their babies and were transferred to an MBU, could also experience distress on arriving back in prison with a new baby:

"I was absolutely distraught and scared." (Jane)

Boredom was common, and some women longed to get back to the main prison as they missed their friends. The anxieties of being a new mother on an MBU were exacerbated by the environment and postnatal emotions, whilst having to cope with a new baby. This highlighted their remoteness, of being away from family, and the impotence a new mother felt in not being able to control her environment:

"I'd just brought my newborn baby home and I had to listen to rap music until 12 o'clock at night. I didn't want to have it be the first thing that she heard. There was no consideration for babies sleeping, I don't know whether it's to do with geography and that particular area, or because they were younger, and they were a bit rowdier." (Sammy)

Prison staff views

In contrast, the experiences of staff who worked on the MBU reflected findings from the literature about staff views and some of these perspectives follow. Officers spoke of the differences between the MBU environment and the main prison. The units were not locked because “you can’t lock babies in.” There was often an absence of understanding about the importance of bonding and attachment for mothers and babies. A conversation with a prison governor recorded verbatim in fieldnote diaries demonstrated this:

“The governor spoke about the women who “keep having babies” and have them separated at birth and that ‘this is sad but not for the baby. The baby doesn’t remember anyway. The baby will be ok. I don’t remember anything from when I was 18 months old. Women need to realise the consequences of keeping having babies.’”
(Fieldnotes)

The lack of trust in social services was a common thread in interviews with women anticipating separation and the staff who supported them. A prison officer articulated how the application process may fail:

“There’s quite a lot of genuine ones that come through that gate that would make fantastic mums, and they just need the opportunity to prove it. I think there’s a lot of people that could have a place on the MBU, but outside services put a stop on it”
(Elaine, PO)

Insight was shown by some staff into the potential missed opportunities of motherhood, giving women a chance to demonstrate how they could have cared for their baby in a supervised environment:

“I do believe that they should be given the opportunity... on the outside she might have been an absolute nightmare, but they change when they come through that gate. As soon as we’ve got them stable, off the drugs and they’ve had food and they’ve got into a routine, they change, they’re not the same person that the police lock up, or social services end up dealing with... shouldn’t we give them the opportunity to prove themselves while they’re on a sentence of how well they could parent?” (Ruby, PO)

There was sometimes a lack of sympathy expressed towards the woman: “They have lost the right” (to be a mother) whilst others were concerned with the lack of sanctioned support: “not a lot of provision for supporting them”. There was also concern for colleagues suggesting that it was difficult for staff who may not have the training or support:

“The officers will go out, escort them, they give birth and they’re the ones that actually see her baby taken away. I don’t think people realise just how emotional it is for the staff...I think they would benefit from some form of counselling. There doesn’t seem to be a lot of provision for supporting the women. The wing staff will support them the best they can. But it’s almost like a bereavement, isn’t it?”
(Sandra, PO)

The lack of support for women was a strong theme throughout the staff interviews. Some of the staff who were interviewed shared their experiences of women being separated. A member of staff reflected upon an unexpected cell birth she had been present at:

“She just wouldn’t take him, and I don’t know whether that was because she knew that she couldn’t keep him, and it was going to be adopted, I think, perhaps they detach themselves. She wouldn’t acknowledge the baby at all, no, and he was almost an hour old, the baby, before the ambulance arrived.” (Jenny, PO)

The POs who took part in the interviews were genuinely sympathetic to the women. Whilst they may have been more willing to take part, this is not necessarily a representative sample.

DISCUSSION

The following discussion expands upon the themes of disenfranchised grief (Doka, 1999; Thompson & Doka, 2017), the notion of ambiguous loss (Boss, 2010) and concepts of loss framed within Lovell’s (1983) research into experiences of stillbirth. It is unsurprising to find prison a place of multiple loss such as losing autonomy and lack of basic provisions (Abbott et al., 2020; Crewe et al., 2017; Morash et al., 2020). Already enduring losses of freedom, and family and support networks, separation of women from their babies represents an additional loss. Women who already had children were facing an additional loss of identity as mothers, blended with feelings of guilt at having left their existing children and ambiguity in the love they felt and /or suppressed for their unborn (Baldwin, 2018). Such uncertainty and suppression are representative of experiences of disenfranchised grief (Doka, 1999). The inexactness of the type of grief experienced resonates with Boss’s (2010:137) description, the concept of ‘ambiguous loss [...] when a loved one is present in a physical sense, but psychologically absent’. Lovell (1983) suggests that loss may be encountered in a range of pregnancy experiences. Oakley’s (1980:279) deliberations on the sociology of transition to motherhood described ‘psychological losses and gains’ challenging the supposition that childbirth always epitomises a ‘gain’ rather than a loss of identity. Oakley’s (1980) research is helpful in considering the circumstances of women prisoners in relation to concepts of loss and gain. Oakley’s work represents the gain of the baby as the norm but for women in prison, it is by no means certain that they are going to gain the baby because there is always the risk of mandatory separation. There remains uncertainty for all women until they know they have a place on MBU. This is accompanied by concern that a place might be taken if a woman does not behave well. For women who are separated, the gain is either very short-lived or not experienced as a gain at all.

Expressions of love were common when women described feelings for the unborn baby. There were also expressions of suppression of love and attachment because of the imagined pain of impending separation and subsequent holding back of emotion. These themes resonate with Aiello’s (2019) descriptions of incarcerated women’s experiences of emptiness and longing. The sense of ambiguity that accompanied anticipation of loss of the baby is largely unrecognised. This resonates with Boss’s (2010:137) concept of ambiguous loss in the ‘reconstructing (of) identity’.

For some women, pregnancy meant that their expectant body and unborn baby embodied a ‘status passage’ (transition) representing renewal (Glaser & Strauss, 1969). The divergence appeared to split the women’s experiences of imprisonment into the pleasure of those given a chance to be with their baby from the sorrow of those who were separating. The inner conflict

through connectedness (Wismont, 2000) with the unborn, starkly juxtaposed the deep, painful void of separation. Through encompassing the uncertainty, loss and disenfranchised grief of those women compulsorily separated from their babies, the temporary societal status of being pregnant created a sensation of hesitancy. Some women seemed to move from one liminal state (Van Genneep, 1960)—expectant mother, to separated mother, to normal prisoner.

In common with the findings of Aiello (2019), Aiello and McCorkel (2018), Chambers (2009), Schroeder and Bell (2005) and Wismont (2000) and participants often experienced a deep connectedness, albeit coupled with feelings of pre-emptive grief, towards their unborn baby demonstrating examples of how loving that connection can be. Broadhurst and Mason (2020) provided a helpful context, whereby experiences are categorised into 'stigmatised identity' and 'psychosocial crisis'. Being outside of normal human experience, the enforced separation from a baby makes coping with imprisonment for the pregnant woman exceptional. Indeed, losing a baby in this way was described by some women in language symbolising violence in the act of separation. A sense of wanting to escape hospital immediately suggests extraordinary coping strategies, either through blocking out what has happened (to feel more like a prisoner) or visibly demonstrating a symbolic grief (rocking the fantasy baby). This notion of being unable to bear to remain in hospital resonated with Lovell's (1983) descriptions of mother's saying goodbye to their stillborn child, where they would also want to leave the hospital speedily. Self-care is said to be difficult when a woman is divorced or detached from her own body (Crewe et al., 2017). In addition, many women in prison have suffered relentless abuses in childhood and other trauma including bereavement, which in turn leads to evoking an 'unembodied' state of mind (Laing, 1960:69). It is uncertain whether the threat of separation from their baby in prison uniquely encourages women to maximise opportunities despite being incarcerated or whether women would have bettered themselves in the community anyway.

CONCLUSIONS

This article has explored how women experience mandatory separation of their newborn babies whilst enduring the social rupture that imprisonment brings. Our interpretations examined the experience of uncertainty and unresolved loss, providing several additions to existing evidence about loss and grief. From a sociological standpoint, we have used notions of disenfranchised grief (Doka, 1999; Thompson & Doka, 2017) and Lovell's (1983) and Murphy's (2012) and research into bereavement through stillbirth. Prisoner experiences have been added to Oakley's (1980) concepts of lost identity of being both mother and patient. The impact of complicated grief such as in mandatory separation merits greater awareness of the potential psychological and physical impact. Of note is the sense of hopelessness that might be of danger to the separating woman. In the case of Michelle Barnes, distress seemed to be amplified when abruptly stopped from seeing and expressing breast milk for her child. More recently, the stillbirth of a baby born to a teenage mother in a prison cell demonstrated the importance of working collaboratively across the system (Prisons & Probation Ombudsman, 2021). Ms A's perception of authoritarian and punitive health-care and social-care professionals may have created barriers, leaving her in a dangerous predicament with no one to trust. Women who have been separated from their babies represent an unacknowledged, subjugated grief out of place with societal norms. There is a resonance with Lovell's (1983) findings and moreover the question of whether traumatic loss denies a woman her identity as a

'mother'. Frost et al. (2007:1011) described how the 'lack of commemoration' when women go home following early miscarriage encompasses an interdiction and stigma. Current practices routinely provided when caring for women who lose their babies to stillbirth include offering memory boxes with mementos such as a lock of hair, footprints and photographs (Schott & Henley, 2009). Davidson (2015:146) recommends that women who have been separated from their babies 'should have the opportunities to talk about their babies and experience without fear or censure, silencing or judgement.'

Morriss (2018) acknowledged that work needed to be done to recognise the value of therapeutic intervention to support women compulsorily separated from their babies. Organisations who provide long-term expertise and support for women such as *pause* and *mothers living without their children* have been evaluated as being particularly successful for their beneficial techniques working with separated mothers. Professional therapeutic interventions are also endorsed by experts and through research evidence (Collings et al., 2021; Cox et al., 2020). Further innovative practice through working collaboratively with women who have experienced separation demonstrates 'connection rather than separation' (Mason & Chivers, 2021). 'Hope' boxes, described by women with lived experience of separation, produced with support from professionals, contain items such as identical blankets and teddies—one for the mother to take and one for the baby, so that a woman takes a 'little piece of her child with her' (Mason & Chivers, 2021) rather than leaving the hospital with no baby and no mementos. There is currently no such official guidance for mothers losing babies through separation. Minimum recommendations include tailored training for all involved in prisoner health to understand the complexity of this type of grief and the consequent dangers to health. Funding is required to develop the innovations described by Mason and Chivers (2021) together with training in tandem in order to deliver more humane care to women being separated from their babies.

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AUTHOR CONTRIBUTION

Laura Jane Abbott: Conceptualization (lead); Formal analysis (lead); Writing—review & editing (equal). **Tricia Scott:** Writing—review & editing (equal). **Hilary Thomas:** Writing—review & editing (equal).

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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