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System-Impacted Motherwork: How Latino/a/x Families Navigate Criminalization, Health, and Healing

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### Author

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### Publication Date

2024

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA

Santa Barbara

System-Impacted Motherwork: How Latino/a/x Families Navigate Criminalization, Health,  
and Healing

A dissertation submitted in partial satisfaction of the  
requirements for the degree Doctor of Philosophy  
in Sociology

By

Katherine Maldonado Fabela

Committee in charge:

Professor Victor Rios, Chair

Professor Tanya Nieri

Professor Denise Segura

Professor Juanita Garcia

Professor Jessica Lopez Espino

June 2024

The dissertation of Katherine Maldonado Fabela is approved.

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Tanya Nieri

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Denise Segura

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Jessica Lopez Espino

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Victor Rios, Committee Chair

June 2024

System-Impacted Motherwork: How Latino/a/x Families Navigate Criminalization, Health,  
and Healing

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by

Katherine Maldonado Fabela

## ACKNOWLEDGEMENTS

I would like to first thank God and all the lands that held space for me to write this. I extend my gratitude to my ancestors and community for giving me the strength to do this work while grieving. I dedicate this dissertation to all my homegirls who are no longer here, all of whom reflect the participants of this study—young mothers from the hood who were killed or committed suicide. The pain of losing my homegirls from my neighborhood deeply influenced the love I have for this work. Thank you to the mothers of this study for sharing their stories and for the friendships we built through this journey.

I thank my children, Benito, Ricky, and Damian, for their love and cheering me on throughout this journey. Although the questions in this study arose from their painful experiences with the foster care system, it was their joy that made it possible to complete this work. I also want to thank my parents, Lucia and Angel, for their sacrifices and support as I moved from city to city to get this done. My family's patience made it all possible. I have an amazing community of women and friends who helped me get here; they know who they are. I am deeply grateful to my friends from my neighborhood in South Central Los Angeles and from schools at UCLA, UCR, UCSB, and more. Their love and nurturing have been invaluable. There are countless individuals to whom I owe my gratitude, far too many to name individually.

I also want to thank my spiritual mentors, from whom I have learned both closely and from afar. Thank you, Rocio Navarro, for the water healing, silent retreats, and ceremonies that created space for me to be vulnerable and heal. Gracias, Judas for the medicine from our tierras in Sonora, Mexico, and all the drumming and singing that brought me closer to the ancestors and god. Thank you, André, for the medicine and ceremonies that provided the fuel

to keep going. Thank you, Erika Buenaflor, for your wisdom on soul retrieval. There are many more to thank, but I would not be here without their teachings.

I extend my gratitude to all my academic mentors across the U.S. who supported me at every stage. Special thanks to Dr. Tanya Nieri and Dr. Juanita Garcia for their early guidance on my dissertation, and to my chair, Dr. Victor Rios, Dr. Denise Segura, and Dr. Lopez Espino for their support during the later stages. The intellectual community that guided me was essential for doing this work authentically. Special thanks to the women who organized writing retreats and created space for this type of work: Dr. Camacho, Dr. Rios-Hernandez, Dr. Golash Boza, and Dr. Ayu. I also want to thank all the foundations, institutes, and universities that supported my research (as listed in my CV). I am deeply grateful for all the financial support for this dissertation from fellowships and grants, and for the mentorship from amazing faculty who helped me from the proposal stages to completion. I owe my appreciation to so many mentors that it is impossible to list them all. Thank you all for believing in my work.

I am grateful to have completed this part of my journey, but it is only the beginning of my work towards liberation. My brother is now free from immigration detention, the father of my children is no longer facing life in prison, I am free from domestic violence, and my children are no longer in CPS. While my family is home, system-impacted communities are still in crisis. This work of healing has just begun. Much love to the people and the struggle!

## Vita of KATHERINE L. MALDONADO-FABELA

May 2024

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### EDUCATION

---

- 2024 Ph.D. Sociology, specialization in Gender and Latinx Sociology, University of California, Santa Barbara
- 2019 M.A. Sociology, specialization in Race and Class Inequality and Criminology and Socio-Legal Studies; University of California, Riverside
- 2016 B.A. Chicana/o Studies, minor in Labor and Workplace Studies; *Departmental Highest Honors*; University of California, Los Angeles

### PROFESSIONAL EXPERIENCE

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- 2024 Incoming Assistant Professor, Department of Sociology, University of Utah
- 2024 Incoming University of California Chancellor's Postdoctoral Fellow, Chicano Studies Research Center, University of California, Los Angeles (Supervised by Dr. Leisy Abrego and Dr. Cecilia Menjivar).

### AREAS OF INTEREST

---

Family; Health; Social Inequalities; Feminist Theory; Socio-Legal Studies; Visual Methodology

### PUBLICATIONS

---

#### *Peer-Reviewed Journal Articles*

**Maldonado, Fabela, Katherine.** 2024. The child welfare system as a social determinant of health. *Sociology Compass*.

**Maldonado Fabela, Katherine.** 2023. In the Spirit of Struggle: A Barrio Pedagogy Compass of Love, Care, and Compassion. *Journal of Criminal Justice and Education*.

**Maldonado Fabela, Katherine.** 2022. "In and out of crisis": Life course Criminalization for Jefas in the Barrio. *International Journal of Critical Criminology*.

\*\*Cristina Maria Riegos Latino/a Sociology Section Paper Award

**Maldonado, Fabela Katherine.** 2018. "The Youth Control Complex: Gang-Affiliated Latina Mothers Navigating Hyper-Criminalization" In *Racial Profiling, Crime, Prison Reform, and Police Use of Deadly Force in Latino Communities*. Pp. 232-247 *Aztlán Journal* 43(2).

Garcia, N., Ibarra, J., Mireles-Rios, R., Rios, V., **Maldonado, K.** 2022. "Advancing QuantCrit to

Rethink the School-to-Prison Pipeline for Latinx and Black Youth” *Journal of Criminal Justice Education*.

Garcia, J., Trummel, T., Cornejo, M., **Maldonado, K.**, Ojeda, A., Flores, H., Link, B. 2021. “Immigrant Health Inequities: Exposing Diversions and White Supremacy.” in Immigration and White Supremacy in the 21<sup>st</sup> Century. *Journal of Social Sciences*.

*Book Chapters*

**Maldonado-Fabela, Katherine.** 2021. “They treat us like criminals in front of our kids”: Gang Affiliated Chicanas and Trails of Violence in the Barrio. In *Critical Gang Studies*.

\*\*John Mohr Best Graduate Student Paper Award

**Maldonado, Katherine.** 2019. “Hyper-Criminalization: Gang-affiliated Chicana Teen Mothers Navigating Third Spaces.” in *Gringo Injustice*, New York: Taylor & Francis.

**Maldonado, Katherine.** 2018. “Gang-Affiliated Teen Momma Against Systemic Violence: A Testimonio Challenging Dominant Discourse through Academic Bravery.” Pp. 24-37 in *The Chicana M(other)work Anthology: Porque sin Madres no hay Revolución*. University of Arizona Press.

*Book Reviews*

**Maldonado, Katherine.** 2017. Review of *Catching a Case: Inequality and Fear in New York City’s Child Welfare System*. *Inter:Actions UCLA Journal of Education and Information Studies* 13(1).

*Manuscripts in Preparation and Under Review*

**Maldonado Fabela, Katherine.** “Immigrant Chicana’s Testimonio of *Mass Health Stressors* and Survival” in Special Issue on Global Gangs. *Critical Criminology* (accepted)

**Maldonado Fabela, Katherine.** “System Impacted Motherwork: Homegirls Dodging Criminalization (In preparation for peer review)

**FELLOWSHIPS, GRANTS, AWARDS AND HONORS**

---

*Fellowships*

External

2023	Center for Engaged Scholarship Dissertation Fellowship \$30,000
2022	Sociologists for Women in Society Esther Ngan-ling Chow and Mareyjoyce Green Dissertation Fellowship \$18,000
2022	Society for the Study of Social Problems Racial/Ethnic Minority Fellowship \$15,000
2019	Ford Foundation Predoctoral Fellowship \$81,000
2019	American Association of Hispanics in Higher Education Fellowship



2018 American Sociological Association Minority Fellowship Program \$18,000  
2017 California State University Chancellor Doctoral Incentive Scholar

**Internal**

2022 UCSB Graduate Research Mentorship Program Fellowship \$27,000  
2022 Interdisciplinary Humanities Center Dissertation Fellowship \$7,000  
(Declined)  
2019 UCR Graduate Research Mentorship Program Fellowship \$24,000  
2016 Eugene Cota Robles Fellowship \$124,000  
2014 Ronald E. McNair Research Scholars Program Fellowship \$10,000

***Grants***

**External**

2023 American Sociological Association Doctoral Dissertation Improvement  
NSF  
Grant \$18,000  
2023 Interdisciplinary Association for Population Health Science Grant \$5000  
2022 UC Global Health Institute Women's Health, Gender and  
Empowerment  
Grant \$2,500  
2022 European Research Council \$6,000  
2021 CDIP Minigrant \$2,500  
2021 Institutional Courage Grant \$4,000  
2021 UC Global Health Institute Women's Health, Gender and  
Empowerment  
Mentee Grant \$2,500  
2020 Abolitionist Teaching Network Grant \$1,500  
2019 Programa de Investigacion en Migración y Salud Grant \$5,000  
2019 Feminist Criminology Research Scholarship Honorable Mention \$500  
2018 Chancellor's Doctoral Incentive Program Travel Grant \$1,500

**Internal**

2023 UC Santa Barbara Doctoral Student Travel Grant \$900  
2022 UC Santa Barbara Chicano Studies Institute Dissertation Grant \$2,500  
2022 UC Santa Barbara Department of Sociology Seed grant \$1,000  
2022 Global Latinidades Grant \$1,000  
2022 UCSB Doctoral Student Travel Grant \$1,500  
2020 Humanities Graduate Student Research Grant \$1000  
2020 UCR Chicano Student Program Travel Grant \$1,500

***Awards***

2023 Cristina Maria Riegos Distinguished Student Paper Award  
2021 John Mohr Best Graduate Student Paper Award \$500  
2017 Chicano/Latino Alumni Scholarship \$1,500  
2016 Center for Study of Women Constance Coiner Award \$2,000  
2015 Trident Trust Endowment Award \$1,500  
2012 Beat the Odds Scholarship \$1,000

2012 Bill Coggins Community Leadership Awarded by the City of Los Angeles

### ***Honors and Professional Development***

2023 American Sociological Association Norma Williams Workshop  
2023 United Nations Office of Drugs and Crime  
2023 Intersectional Qualitative Research Methods Institute  
2022 Graduate Institute of International and Development Studies  
2022 Arts & Science Faculty First Look Scholars  
2020 Center on Race and Wealth/Institute for Research on Poverty Workshop  
2018 United Nations Office of Drugs and Crime  
2016 Hispanic Scholarship Fund Scholar  
2016 William T. Grant Foundation & Society for Research on Adolescence  
Undergraduate Scholar

### **PUBLIC SCHOLARSHIP AND MEDIA SELECTIONS**

---

2023 Toolkit on Mainstreaming Gender and Human Rights in the implementation of the UN Convention against Transnational Organized Crime *Forthcoming*  
2020 Project Bridge: Breaking Cycles  
2020 Raza World Vision radio show  
2019 Chicana Motherwork Collective: “You are not alone”” Xicana Mamas Navigating The Court System  
2018 United Nations Office of Drugs and Crime (UNODC) Education for Justice (E4J) Module – Gender and Organized Crime: Case Study “Latina Gang-Affiliated Mothers in the United States”  
[https://www.unodc.org/documents/e4j/FINAL\\_Module\\_15\\_Gender\\_and\\_Organized\\_Crime\\_25\\_Apr\\_2019.pdf](https://www.unodc.org/documents/e4j/FINAL_Module_15_Gender_and_Organized_Crime_25_Apr_2019.pdf)

### **RESEARCH EXPERIENCE**

---

2022-24 **PI** Global Gangs Project– Graduate Institute of International and Development Studies  
2021-22 **Research Assistant** UndocuAging– University of California, Santa Barbara and Universidad Nacional Autónoma de Mexico  
2021-22 **Research Assistant** Center for Publicly Engaged Scholarship–University of California, Santa Barbara  
2019-21 **Research Assistant** Diversions in Health Inequality Research– Department of Sociology UC Riverside and Department of Chicax Studies UC Santa Barbara  
2018 **Research Assistant** Humanizing Deportation– University of California, Davis, Department of Spanish, El Colegio de La Frontera Norte, Universidad de Guadalajara

- 2018            **Research Assistant** Los Angeles Human Relations– University of San Diego, Department of Criminology
- 2017            **Research Assistant Asylum Expert Witness** – University of California, Riverside, Department of Ethnic Studies
- 2015-2016      **Ronald E. McNair Scholar** – TRIO McNair Scholars Program, University of Los Angeles California
- 2014-2015      **Research Assistant** Undocumented Voices Oral History Project– Department of Labor Studies University of California, Los Angeles

## **TEACHING AND RELATED EXPERIENCE**

---

- 2023            **Lecturer** Golden Gate University; Department of Sociology; Intro to Sociology
- 2023            **Teaching Assistant** University of California, Santa Barbara Department of Sociology; Cultural Analysis
- 2022            **Lecturer** San Francisco State University; Department of Criminal Justice; Crime, Data, and Analysis
- 2021            **Teaching Assistant** University of California, Santa Barbara; Department of Sociology; Survey Research Methods
- 2021            **Teaching Associate** University of California, Santa Barbara Department of Sociology; The Chicano Community
- 2021            **UC Academic Research Consortium (ARC) Graduate Mentor** University of California, Santa Barbara
- 2021            **Teaching Assistant** University of California, Santa Barbara Department of Sociology; The Chicano Community
- 2020            **Teaching Associate** University of California, Riverside Department of Sociology; Sociology of the Family
- 2020            **Reader** University of California, Riverside Department of Sociology; Labor Studies
- 2018            **Teaching Assistant** University of California, Riverside Department of Sociology; Family Violence
- 2018            **Reader** University of California, Riverside, Department of Sociology; Law, Race, Class, Gender and Culture

- 2018            **Teaching Assistant** University of California, Riverside Department of Sociology; Crime and Deviance
- 2017            **Teaching Assistant** University of California, Riverside Department of Sociology; Sociology of Family
- 2017            **Teaching Assistant** University of California, Riverside Department of Sociology; Conflict Theory
- 2016            **Youth Program Counselor** – Mar Vista Family Center
- 2014- 2015    **Youth Program Counselor** – UCLA YouthSource Center
- 2013            **Counselor** –UCLA Unicamp, University of California, Los Angeles

## CONFERENCES

---

- “System-impacted motherwork across the life course” **Society for the Study of Social Problems**, Philadelphia, Pennsylvania; August 2023
- “Let us be the healing of the wound”: Child Welfare System Impacted Families and Mental Health **Law and Society Association**, Puerto Rico; June 2023.
- “Healing from Surveillance and Punishment through System-Impacted Motherwork” **Interdisciplinary Legal Studies Graduate Conference at Allard Law School**, Vancouver, BC.; May 2023.
- “In the Spirit of Struggle”: A Barrio Pedagogy Compass of Love, Care, and Compassion **National Women Studies Association**; Minneapolis, Minnesota, November 2022.
- “System-Impacted Motherwork: Homegirls Dodging Criminalization” **United Nations Commission on the Status of Women**; March 2021.
- “Formerly Gang Involved Mothers Navigating Criminalization in the Criminal Justice and Child Welfare Systems.” Annual meeting of the **American Society of Criminology**; San Francisco, CA, November 2019.
- “Formerly Gang Involved Mothers Resisting Trails of Violence.” Annual Meeting of the **American Society of Sociology**; New York, August 2019.
- “Punishing Trauma: A Conference on the Collateral Consequences of Incarceration.” **Columbia University**; New York, April 2019.
- “Gringo Injustice in the 21<sup>st</sup> century Insider Perspectives.” Annual Meeting of **the California Sociological Association**; Riverside, CA, October 2018.

- “Gang-affiliated Chicana Mothers Navigating Violence through Political Resistance.” Annual Meeting of the **Pacific Sociological Association**: Teaching Sociology: Innovations, Changes, and Challenges; Long Beach, CA, March 2018.
- “Girls and Juvenile Justice: Power, Status, and the Social Construction of Delinquency” by Carla Davis Author Meets Critic Annual Meeting of the **Pacific Sociological Association**: Teaching Sociology: Innovations, Changes, and Challenges; Long Beach, CA, March 2018.
- “Resistance and Coping with Violence among Gang Affiliated Latina Mothers” Annual Meeting of the **American Society of Criminology**: Crime, Legitimacy and Reform; Philadelphia, PA, November 2017.
- “Gang Affiliated Latina Teen Mothers Overcoming Marginalization(s) Through Resilience and Education.” Annual Meeting of the **American Society of Criminology**: The Many Colors of Crime and Justice; New Orleans, Louisiana, November 2016.
- “Teen Mothers Negotiating Gang Life and Young Motherhood: Opposing Stigma through Education.” Annual Meeting of the **National Association of African American Studies**; Baton Rouge, Louisiana, February 2016.
- “Gang-affiliated Latina Teen Mothers Resisting Racial and Gender Stigma: Education as an alternative lens.” UC Berkeley, **McNair Research Symposium**; Berkeley, CA, July 2015.
- “Gang-affiliated Latina Teen Mothers” **UCLA Raza Studies Journal Symposium**: Contesting Global Police Violence; Los Angeles, CA, May 2015.
- “Remembering the History of IDEAS: Past, Present and Future.” **Annual Immigrant Youth Empowerment Conference**; Los Angeles, CA, May 2015.
- “Gang-affiliated Latina Teen Mothers Challenging Stereotypes.” **Annual Californian Association of Freirean Educators (CAFE) Conference**; Los Angeles, CA, April 2015.

## **INVITED GUEST AND KEYNOTE LECTURES**

---

- “Courageous, Unapologetic, and Heart” Keynote Speaker, **McCarthy High School**, Los Angeles, CA; June 2023
- “Child Welfare System Impacted Families and Mental Health” **Center for Gender and Health Justice** Expert Series, UC System; May 2023
- “*Testimonios* of Criminalization through an Analysis of Health” Department of Chicana/o and Central American Studies, **UCLA**; Los Angeles, CA; May 2023
- “Challenging Chicanas’ Criminalization through Liberatory Pedagogy” Department of Chicana/o Studies, **UCSB**; Santa Barbara, CA; May 2023

- “Mass Health Stressors and Survival” **Graduate Institute of International and Development Studies Gangs Workshop**. Geneva, Switzerland; March 2023.
- “The Carceral State: Resistance and Alternatives” Guest Lecture in the Department of Sociology, **Depaw University**; February 2021.
- “The Pedagogical and Methodological Tools of Testimonio” Guest Lecture in the Department of Chicana/o and Central American Studies, **UCLA**; Los Angeles, CA, November 2020.
- “Third Space Research During Mass Incarceration” Guest Lecture in the Department of Criminal Justice, **SF State University**, SF, CA, November 2020.
- “Gang Affiliated Chicanas Navigating and Resisting Trails of Violence in the Barrio” **CSU Los Angeles Critical Gang Studies Symposium** (cancelled due to covid) Los Angeles, CA, May 2020.
- “Criminal Justice through Intersectionality: Violence, Gangs and Support Systems” in the 14<sup>th</sup> **UN Congress on Crime Prevention and Criminal Justice**; Kyoto, Japan, (cancelled due to covid) April 2020.
- “Research for Social Justice and Healing” Keynote Speaker for **CSU San Marcos Research Symposium**; (cancelled due to covid) San Marcos, CA, March 2020.
- “Social Justice through a Chicana Motherwork Framework” UCR Keynote Speaker for *Semana de la Mujer* at **UC Riverside**; Riverside CA, February 2020.
- “Intersections of Motherhood, Traumas, Violence and Resilience.” Guest Lecture in the Department of Interdisciplinary Studies, Sociology of Gender course “Who Run the World? Gender Inequalities, Local to Global.” **The City College of New York**, November 2019.
- “The Marathon Continues: Success or Greatness Comes With a Roller Coaster Ride.” Keynote speaker for Animo Watts High School Commencement in **Los Angeles Southwest Community College**; Los Angeles, CA, June 2019.
- “Approaching Gangs and Violence for Gang Affiliated Women.” **Conference of the Parties to the United Nations Convention against Transnational Organized Crime** Side Event on Gender and Organized Crime; Vienna, Austria, October 2018.
- “Former Gang-Involved Latina Mothers Resisting Trails of Violence.” **International Conference on Organized Crime and Gender in the European University Institute**; Florence, Italy, July 2018.
- “The War on Inner City Latinas: Gang Affiliated Mothers Navigating Violence” Guest Lecture in the Department of Ethnic Studies at **UCR**; Riverside, CA, July 2017.
- “Chicana Gang Girls and Teen Mothers Resisting through Education.” MECHA De **UCLA Statewide Conference**; Los Angeles, CA, November 2015.

“Social Justice Scholar Educator” Guest Speaker in “Education 130 Race, Class, Gender and Education Inequality” **UCLA Department of Education**; Los Angeles, CA, October 2015.

“Gang Girls and Young Motherhood: Homegirls Resisting Stigma through Education.” Guest Lecture in the **Department of Chicana/o Studies at UCLA**; Los Angeles, CA, November 2015.

## **INVITED PUBLIC PRESENTATIONS**

---

“Reproductive Justice and Health” **UCLA** Prison Education Program, April 2021.

“Power to the Formerly Incarcerated System Impacted Transfer Experience” Guest speaker for the **UCLA Center for Community College Partnerships**; Los Angeles, CA, August 2020.

“Praxis of Trauma Stewardship” Training for **UCLA** Prison Education Program; Los Angeles, CA, January 2020.

“System Impacted in Higher Education” Guest Speaker for **Riverside City College Symposium**; Riverside, CA, November 2019.

“Trauma and Healing” for **UCLA** Prison Education Project in Berry J. Nidorf Juvenile Hall; Sylmar, CA, December 2019.

“Feminism Pedagogy and Practice” for **UCLA** Prison Education Project in Los Padrinos Juvenile Hall; Downey, CA, October 2019

“Trauma Informed Pedagogy for Formerly Incarcerated and System Impacted Students” Guest Speaker for **UCLA** Prison Education Program: Pedagogy Workshop and Orientation; Los Angeles, CA, September 2019.

“Graduate School Pipeline for Parents” Workshop for **UCR R’kids**; Riverside, CA, September 2019.

“Creating Bridges Between Research and Practice” Guest Speaker for **Justice Policy Network Fellowship Conference**; Santa Ana, CA, September 2019.

“Wounds of Gun Violence” Guest Speaker at **University of California, Riverside**; April 2018.

“Seeds of Ideas into Social Science Research.” Guest Speaker for the AAP Freshmen Summer Program **UCLA Department of Education**; Los Angeles, CA, August 2017.

“Spark the Minds that Will Change the World” Guest Speaker for the AAP Freshmen Summer Program in the **UCLA Department of Education**; Los Angeles, CA, September 2016.

“Youth in the Front Lines of Social Change.” By Youth for Youth Conference in the **Mar Vista Family Center**; Los Angeles, CA, April 2016.

“Staying Grounded while Pursuing Higher Education.” Guest Speaker in Critical Design & Gaming School at **Augustus F. Hawkins High School**; Los Angeles, CA, October 2015.

“South L.A. Journeys.” Guest Speaker for **Animo Watts College Preparatory Academy at UCLA**; Los Angeles, CA, October 2015.

## **SERVICE**

---

**Reviewer:** Oxford Research Encyclopedia of Criminology and Criminal Justice; United Nations Policy Toolkit Expert; Feminist Formations; National Adult and Youth System-Impacted Writers Award

**Associations:** Sociologist for Women in Society Award Liason

**University:** UC Riverside Graduate Affairs Committee Graduate Student Representative

### **Undergraduate Student Advising**

UC Riverside Health Diversions Graduate Mentor

UC Riverside PhD Support Group Graduate Mentor

UC Academic Research Consortium (ARC) Graduate Mentor

UC Research Team Mentor: Sarah Alvarez (UCSB), Maria Romo (UCSB), Sam Palicki (UCSB); Juliette (UCLA); Abril (UCLA), Michelle (UCR), Clarissa (UCLA), Jasmine (UCLA)

## **WORKSHOPS AND ADDITIONAL TRAINING**

---

Expert Witness Asylum Case Trainings by Attorneys ; McLean’s Hospital’s workshops for Trauma-Informed Systems Change

## **ASSOCIATION MEMBERSHIPS**

---

National Association for Chicana and Chicano Studies 2016-present

American Sociological Association, 2018-Present

Society for the Study of Social Problems 2021-present

American Society of Criminology, 2016-present

Interdisciplinary Association for Population Health Science 2021-Present

American Studies Association, 2019-Present

Sociologists for Women in Society, 2015-present

National Women Studies Association 2022-present

**\*References available upon request**



## ABSTRACT

### System-Impacted Motherwork: How Latino/a/x Families Navigate Criminalization, Health, and Healing

by

Katherine Maldonado Fabela

*System-Impacted Motherwork* examines Southern California's child welfare system and the life course criminalization Latina mothers experience by situating their health and healing strategies as responses to punishment through *System-Impacted Motherwork* (SIM). Drawing on 27 photo-elicitation life history interviews with Latina (Central American, Mexican, Chicana) mothers from Southern California who have been involved with child protective services (CPS), and legal case analysis, this project offers *System-Impacted Motherwork*, a framework grounded in life course, intersectional feminist perspectives, for examining how mothers navigate mental health alongside child welfare system and various institutions of control. In this presentation, SIM is employed to examine how multi-institutional criminalization over the life course creates social conditions of threat that are detrimental to Latina mothers' health and wellbeing. *System-Impacted Motherwork* excavates how mothers respond to criminalization and sheds new light on the maternal strategies system-involved Latina mothers enlist as they navigate the everyday processes of punishment through state-created categories, violence, and healing. This talk also examines how SIM illuminates the

interconnections of systemic punishment, and constructions of “unfit” motherhood that manifest into strategies to navigate microcosms of U.S. medicalized carceral state by illustrating how Latinx families create 1. Safety 2. Material resources, and 3. Spiritual healing. Overall, this research contributes to the fields of Sociology, Criminology, Public Health, and Feminist Studies as it reveals how motherwork supports the longevity, healing, and quality of life for poor families by moving away from a punitive approach to violence, and into healing-centered intersectional responses grounded in collective care for intergenerational healing.

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## CHAPTER 1: INTRODUCTION

### **Why this study?**

In 2015, I lost temporary custody of my two sons, Ricky (1 year old then), and Benito (5 years old). Police officers picked them up from the UCLA daycare, and that night, on August 19<sup>th</sup>, the social worker ordered an emergency removal. This action was part of a broader intervention from Child Protective Services (CPS) involving doctors, police officers, psychiatrists, social workers, judges, and attorneys, culminating for me in the temporary loss of my sons. A collective group of street bureaucrats had agreed that the children's father and I were a threat to our children and unfit according to the standards of the state.

I was blessed to have a community to support the reunification process and regained custody, but the effects of this event remain. I documented this experience in a chapter of the "Chicana Motherwork" anthology, published in 2019. By sharing my story, I wanted to expose the institutional violence my family endured and the profound mental health struggles that followed the removal of my children and deeply affected our entire family. Within this time period of survival, and even when writing the book chapter, I still did not understand why we had to go through that experience. Looking back, I can now say I had to feel the pain within my own body, mind, and spirit to be able to heal and do this present work. A few years later, while at UC Riverside, I caught another CPS case related to domestic violence.

Although I did not lose custody of my children this time, I lost myself. Amidst this turmoil, many of my friends, also young mothers, were dying tragically, being shot and killed and committing suicide. While I too, contemplated suicide many times and suffered a mini-stroke in 2018, somehow I was held by my spiritual and physical communities to continue pushing this line of work forward. Since then, I have engaged in a deep healing journey to purge the

violence I have experienced since childhood and continue to experience. From participating in ceremonies in Oaxaca, Mexico, to practicing daily meditations, this work has always been personal. Feminists have long argued that the personal is political. Politicizing my healing journey led me to ask questions about health and healing because I continue to witness the consequences of state and interpersonal violence. I wanted to understand how the most criminalized and stigmatized women heal, how they navigate threatening institutions, and how we can build better systems of health for ourselves and our children. To do this, I had to return to where I began theoretically: Motherwork. Black and Chicana Feminist argue that motherwork forms part of the survival of the family (Collins 1994, Caballero et al., 2017). Motherwork practices sustained me and my lineage from the colonial violence that has imprisoned us, held our minds hostage, and disrupted the healing of our family systems. Because of this, my work is situated within decolonial abolitionist feminist struggles for liberation. I do not exist alone in this pain of healing from intergenerational trauma. The mothers in this study possess wisdom that guides us in this struggle—to liberate Latino/a/x families from colonial harm.

### **Theorizing System-Impacted Motherwork**

Esmeralda lost temporary custody of her children after she tried committing suicide by overdosing on pills. During this mental health crisis that occurred due to severe domestic violence, she was taken to various psych ward facilities for an entire year where she recalls, “missing her children, completely depressed...wanting to die.. not eating or sleeping.” Although Esmeralda urgently asked for help, the court did not order therapy and instead ordered extensive drug testing, forcing her to navigate criminal, juvenile, and family courts. Over the years, these psychological harms generated an awareness of the tragic responses to

crisis from CPS that arise through interconnected punishment in healthcare and legal systems. Esmeralda's experiences of violence led to her involvement in community organizing where she focused on cultivating safety through healing rituals (e.g. community circles) that manifested through her advocacy (e.g., policy change). Esmeralda's journey reflects the process of what I term *system-impacted motherwork*; a suffering that happens through family separation (Fong 2020) and deteriorates the mental health of poor women of color in the system (Fedock et al., 2018), yet leads to unimaginable possibilities for collective healing. Esmeralda's story is one of many that get lost in child protective cases focusing on shallow examinations of abuse and neglect. In this study, I unpack the ways that mothers are surviving and healing from the corruption of Child protective services, also known as family policing (Roberts 2022).

This study challenges the pitfalls of scholarship and activism that position poor families of color just as victims of the system and rendered as colonial-carceral subjects. Although I acknowledge that violence is an ongoing process that poor families navigate within everyday life, I have been inspired by the messiness of healing that mothers teach us. The mothers whose children have been adopted, the mothers who have regained custody of their children, and the mothers who still have no contact with their children, showcase the complex ways healing manifests for system-involved families. For the mothers in this study, there has been a conflictive relationship to healing because of the settler colonial violence on which the child welfare system was founded on, which permits the disruption of communal parenting. Through that conflictive relationship, the mothers have learned not only to be aware of the injustices that exist within the logics of punishment that justify family separation, violence, and intergenerational traumas, but also to critique the system. Through



the reflective process of critique, they express both physically and mentally the disruption of a massive system that was not intended to nurture the cultural practices among Black, Indigenous, and Latinx, system-involved families.

Through the conflicting critiques, I lay out the narratives in this dissertation. The dissertation is divided into chapters in which these critiques orient us to understand the solutions that the most targeted mothers and families develop to navigate the uphill and downhill battles of anxiety, trauma, desperation, and addiction. These stories do not exist only within the timeframe of the writing of this dissertation; Latina mothers are connected to migration stories, and colonial legacies that are unbounded, and live in the current historical memory. In the following chapters, I bring their memories to the surface, to show how CPS contact, child removal, and threats of family separation are experienced by Latina mothers in Southern California, and how the mothers heal from deeply rooted anxieties created by the coexistence of surveillance by institutions of control and the paranoia of mental-emotional hijacking while raising children. These stories also reflect how children and youth utilize their child consciousness to develop new familial methods of intergenerational healing (Godoy Fernandez 2024).

Annually, over 3.5 million children in the U.S. undergo Child Welfare Services (CWS) investigations. Black and Native American children experience the highest rates of family removal following these investigations (U.S. Department of Health and Human Services [HHS], 2020). Studies indicate that CWS interactions do not enhance child welfare and may exacerbate mental health issues (Evangelist et al., 2023). Other adverse consequences of CWS involvement include criminal justice system engagement, unemployment, and teenage pregnancy (Dettlaff et al., 2020; Doyle, 2007, 2008). Limited

research on the effects of child removal and family separation on mothers highlights severe impacts such as trauma, PTSD, suicidality, depression, and grief (Haight et al., 2002; Hook et al., 2016; Kenny et al., 2015; Maldonado-Fabela, 2022). Due to biases against low-income mothers of color, CWS interventions often adopt therapeutic approaches aimed at "fixing" families, driven by the premise of children's "best interests" (Reich, 2005). The emotional turmoil caused by CPS investigations can strain parent-child relationships and potentially pass down distress across generations (Merritt, 2020a, 2020b).

In the following sections, I describe prior interdisciplinary research that provides a foundation on which this dissertation builds. I connect research from the fields of criminalization, health, and motherwork to position how Latina mothers from Southern California contribute to the knowledge production at the intersection of these fields and expand our awareness of needed healing systems in these times of social injustice and global decline of mental health. Broadly, as Herrick and Bell (2022) argue, the concepts of structural violence and social determinants of health "posit that deaths are not inevitable, natural or equitable, but instead are biological reflections of social inequality" (296). These biological reflections are in the bodies of mothers affected by CPS and other carceral institutions. As Black feminists argue, controlling images are used to weaponize and justify the criminal mark, and "this sociocultural and politicized branding is successful because those same interpersonal interactions that shape the cognitive makeup of the controlled, also shape the controllers, or penal actors (Friedman and Hitchens). This study forms part of disrupting that carceral distractions (Gurusami et al., 2022), where Latina mothers are criminalized while trying to raise children.

## **BACKGROUND**

### *Criminalization of Race, Poverty, and Reproduction*

Criminalization is a process by which behaviors are rendered deviant and treated with exclusion and punishment (Lerma, 2022; Rios, 2011). Poor Black, Indigenous, Latina/Chicana mothers in the U.S. have been and are targets of state-sanctioned violence and criminalization. Roberts (1999) has detailed how Black mothers, since slavery have been viewed under logics that justify their control, surveillance, criminalization and direct violence through maternal-fetal conflict that holds interests in keeping Black women as workers as child bearers. Similar logics have historically harmed Indigenous families in this country through colonial violence such as taking children away because they are labeled feeble-minded under eugenics science. Chavez Garcia (2012) shows how scientists racialized, criminalized, and pathologized Mexican, Mexican American, and African American youth and their parents in their justifications for building youth prisons in California. Eugenics and its associated ideologies is a common thread of control for poor Mothers of Color in this country who are viewed as “unfit” and “bad mothers.” This has pushed forward the justification of having to “fix” families, specifically mothers, who do not fit the ideal norms of society. Much of the research shows how mothers have been pathologized, how their children and youth are affected through this carceral continuum that labels young Latinas in the foster care system as pathological through westernized science models of behavioral diagnosis (Restrepo 2019). Less research has focused on the health consequences of the accumulation of these forms of labels and treatment among marginalized mothers in the U.S.

Mothers have custody of over 80% of children in CPS cases (HHS, 2020) and are often labeled as unfit parents by CPS. Therefore, this study primarily focuses on low-income Latina mothers with criminalized backgrounds. Researchers contend that the child welfare

system, which focuses on parental psychosocial functioning and parenting practices, is not adequately structured to tackle the fundamental issues of material deprivation (Berger & Slack, 2020; Evangelist et al., 2023; Feely et al., 2020). Mechanisms of control and punishment for stigmatized mothers have been noted. The substance use of pregnant Black women has been the target for national attention and justification to promote harsher punishment of drug use (Roberts 1999). Immigrant mothers who have to hide while under punitive and health-harming labor exploitations are of crucial concern for immigration scholars (Abrego and Menjivar 2012). Reproductive justice movements have noted the challenges for teenage mothers that come through poverty and larger constructions of parental fitness (CL4J). Research on formerly incarcerated mothers who attempt to reconcile mother identities through PTSD and reentry processes show the connections between the criminal legal and child welfare systems (Gurusami 2019) and the ways that sexual violence to prison pipeline (Michalsen 2019) affects women's' mental health during probation or parole (Fedock et al 2018). Similar observations are made with research on gang-affiliated mothers, who are viewed as dangerous, sexually promiscuous, and unfit (Hunt et al 2011; Maldonado 2018). Criminalization thus determines how mothers are viewed, treated and punished under logics that mirror a therapeutic state of punishing people and families versus addressing structural issues.

Criminalization has existed since colonization for indigenous mothers and through slavery for Black mothers. It currently affects various stigmatized people: immigrants, gang affiliated, disabled, formerly incarcerated etc,. Much of the interdisciplinary scholarship on criminalization of motherhood has not empirically focused on the mental health consequences of interactions with omnipresent systems, such as the child welfare system. In

this study, I identify how these interactions co-create legal and social mechanisms that affect the mental health of mothers and the well-being of their children.

## **Child Welfare Involved Families**

### *History of Child Welfare*

Since the late 19<sup>th</sup> century, with the impact of stresses of industrialization, urbanization, and immigration on family life, social actors have believed in a need for intervention in child maltreatment. The child-saving progressive era led to the construction of the New York Children's Aid Society founded by Reverend Charles Loring Brace (the grandfather of foster care) who created orphan trains to deal with the social problem of saving children who were believed to be orphans, homeless, abandoned, or neglected most of whom were poor, catholic immigrants. Between 1854 and 1930 approximately 150,000 children were placed out by CAS across the country with the goals of saving poor children and to save the upper class from the "dangerous classes" who were seen as a threat to social order (Reich 2005). Media and research on child abuse rose during the 1960s which pressured the visibility of child maltreatment and led to the passage of the Child Abuse Prevention and Treatment Act of 1974, which established the National Center on Child Abuse and Neglect. The Adoption Assistance and Child Welfare Act of 1980 required states to support family preservation and make "reasonable efforts" to not remove children and reunite the children that were removed from the home (Wildeman and Waldfogel 2014). The Adoption and Safe Families Act of 1997 made a shift to child safety and imposed time limits on parental rights termination. Legal scholar Jane Spinak traced how therapeutic interventions by social reformers during the twentieth century produced and reinvented racism in family court (Spinak 2023). These historical accounts, show that child-saving

ideologies underlying the modern child welfare system, target poor, immigrant, and children of color.

### *Carceral Impacts on Health*

When the federal structure of criminal justice, child welfare, and social welfare agencies influences policies, and families are intertwined within multiple state institutions there can be profound effects on the lives of entire communities (Fong 2020; Edwards 2016; Shedd 2015). Roberts (1999; 2002) discusses how policies attempting to control the bodies of Black women affect the ways that they navigate motherhood, affecting not only their reproductive choices but the also the ways that children are affected by these controls. Similarly, Goodwin (2020) argues that the war on poor women’s reproduction not only leads to surveillance and criminalization of pregnancy, ultimately impacting their health but also compromises the physician-patient relationship. Bridges (2011) similarly shows how pregnant women seeking prenatal care in a hospital known as a “legend in American medicine” experience surveillance through racist logic about racial minorities, suggesting that “non-white persons serve an important function in enacting contemporary forms of medical disenfranchisement as well as reiterating and reproducing racial discourses” (248). Davis (2019) captures how these compromised relationships are influenced by medical racism and facilitate the reproductive vulnerabilities of premature birth, low birth weight, and other birth outcomes that Black women experience. Additionally, medical-legal violence for undocumented Latina mothers reflects how anti-immigrant laws have detrimental effects on the health care of Latinx communities (Van Natta, 2023). This body of research shows the negative health effects of criminalization of mothers of and the importance of linking studies of criminalization with health.

Mothers with mental health issues are more likely to have CWS involvement and in turn, face threats of removal of children from their care (Westad & McConnell 2012; Park et al 2006), and these mothers face social barriers including poverty, exclusion, and lack of institutional support which undermine their parenting capacity and contribute to comorbidities such as domestic violence and substance abuse (Helfrich et al. 2008; U.S. Department of Health and Human Services 1999). Medicaid-eligible mothers with mental health diagnoses are three times more likely to have CWS involvement (Park et al 2006). In child welfare proceedings more than half of cases involving parents with psychotic disorders result in out-of-home placement (Taylor et al., 1991). The examination of maltreatment and neglect by CWS has been linked to domestic violence, substance use, mental health and poverty. Collectively, these studies provide insights into the ways that poverty governance, racism, and gendered violence influence why mothers' entry into the system and system-involvement's long-term effects on children and youth.

## **Gender and Health**

### *Intersectional Health Perspectives*

Medical sociologists and social epidemiologists have identified links between social conditions and diseases, such as the links between lower socioeconomic status and higher mortality (Link and Phelan 1995), racial capitalism and COVID-19 disease inequities (Pirtle 2020) and structural sexism and health inequality (Homan 2019). This line of research which brings connections between structural, interpersonal and individual factors that influence gender and health disparities. It details how race, class, and gender and other social statuses, as well as power and resources directly impact the health of women. Grollman (2014) shows how examining multiple stigmatized statuses and mental and physical health can highlight

how various forms of discrimination impact on overall health. As sociologists toward intersectional work that identifies how multiple dimensions of inequality intersect to impact on health (Virruell Fuentes et al 2012), my examines health disparities from an intersectional perspective to identify the role of healthcare systems in the punishment by CPS.

I build on studies that detail the relationships between laws and policies and health of mothers. Taylor (2019) review research on how laws and policies affect health, citing studies that have explored policies that impact on LGB communities (Hatzenbuehler, 2014), stop and frisk policies (Sewell 2014), and immigration policies (Philbin, Flake, Hatzenbuehler, & Hirsch, 2018). This research also shows how women and their children are affected— for example, threats of immigration policies (SB1070) affect the birth weight of Latina immigrant women’s children (Torche and Sirois 2018) and affect access to resources which can create anticipatory and chronic stressors (Garcia 2018). Garcia (2018) shows how immigrant mothers navigate stressors due to their immigration status and the related threat to deportation and how such stress impacts on parenting. Other studies also show the decline in women’s utilization of public assistance and preventative routine care after anti-immigration policies pass (Toomey et al 2014). These forms of stress not only affect health through direct interaction but also because of vigilance and fear over potential exposures. Sociologists have identified links between the institutionalized forms of violence that are perpetrated via policies and laws that affect the health of women and even their unborn children.

Public health scholars have had an interest in child welfare studies due to the large push to identify child maltreatment and neglect from a comprehensive health perspective (O’Donnel and Stanley 2008). Studies in California specifically find that one out of every four children born to teen mothers, over 19% of children born to mothers with lower



education, and one out of three children born without established paternity are reported for possible maltreatment (Putnam-Hornstein et al 2011). However, even within the public health framework studies on CWS and intervention, the scholarship often focuses on individualized behaviors rather than structural changes. This paradox within public health, medicine, and social work requires extensive sociological analysis that can bridge and critique the theoretical and practical interventions for marginalized families. Specifically, if central institutions of social life, such as education, healthcare, and social services, become a point of entry to state assessment of the lives of poor families of color via the child welfare system (Fong 2020), then understanding these everyday experiences marginalized mothers is crucial to developing better responses to the health of mothers and their families.

### **Motherwork within Carceral Violence**

In the United States, the number of mothers in prison increased 122% between 1991 and 2007 and Latinx children are 2.6 times more likely than white children to have a parent in prison (Sentencing Project 2020). Due to incarceration, these mothers also face issues related to sexual and reproductive health (Cohen et al., 2019). In Los Angeles, the Million Dollar Hoods Metropolitan Division Report shows that the entire county incarcerates more people than anywhere else in the world (Dupoy et al., 2019), a carceral violence and control with which Mothers of Color battle with. Women affiliated with the carceral system experience consequences of penal confinement, such as restricted rights, even while residing outside of prison walls (Comfort 2008:7). The carceral rates in communities like Los Angeles not only show the heightened pressures of control but also the need to understand the ways that women more likely to be punished, resist. For gang-affiliated mothers, the collateral consequences are ongoing as they navigate single motherhood, mental health, poverty, and

stigma, which little research has examined. Thus, focusing exclusively on the damages of incarceration, criminalization, and violence for incarcerated individuals overlooks millions of families whose lives depend on the individual and collective resistance methods they develop.

Lisa Cacho argues that “in the spaces of social death, empowerment ... comes from deciding that the outcome of struggle doesn’t matter as much as the decision to struggle” (2012: 32). The decision to struggle is a form of resistance to the mechanisms that make crisis and death possible. This resistance is a rejection of white supremacist ideologies (Glover 2009), as well as carceral control that operates with capitalistic, patriarchal practices. Studies of criminalization have found that marginalized groups like survivors of sexual and interpersonal violence (Dixon and Piepzna-Samarashina 2020), unhoused people (Stuart 2016), sex workers (Oselin 2018), and undocumented youth (Gonzales et al 2013) develop strategies to navigate the surveillance and violence they experience. For example, in *Beyond Survival*, scholars and activists show how transformative justice methods of responding to violence where “the culture and power dynamics of the community are transformed rather than a process in which revenge, retribution, or punishment is enacted.” (Bonsu 2020:74). Similarly, in *All Our Trials* Emily Thuma examines how organizing for and with survivors through freedom campaigns not only reveals the institutional violence women endure but also the importance of coalition building across antiviolenence movements inside and outside of prisons. This dissertation also looks at the resistance strategies developed by system-impacted mothers.

Black feminist scholar Patricia Hill Collins said that there are less obvious forms of resistance and describes how motherwork “challenges social constructions of work and

family as separate spheres, of male and female gender roles as similarly dichotomized, and of the search for autonomy as the guiding human quest” (“Shifting the Center” 47). For this reason, it is important to examine resistance over the life course. How resilience progresses over time for mothers, specifically when violence is exacerbated by state actors is not discussed in the literature on criminology, sociology or family studies broadly (Miller 2018). In *Journeys*, Miller (2018) shows how survivors of interpersonal violence learn different coping mechanisms depending on their social position and resources available to them over time. The current study takes an intersectional (Crenshaw 1989) life course theoretical perspective, which highlights the intersecting vulnerabilities people resist over the life course. Given that children are also growing up with stigmas produced by state control, it is important to examine how the labor of mothering involves ever-evolving forms of resistance (Gurusami 2019).

Mothers’ stories advance sociological and criminological understanding of system-impacted mothers’ resistance to violence by examining the healing strategies they create in contexts of heightened criminalization and state surveillance. Their decision-making allows them to resist the confinement of criminal legal systems. This is a wealth that remains largely unexplored in literature on surveillance and punishment but we can learn from it to build nonpunitive strategies and create healthy environments that reduce carceral violence and support families’ well-being. Distinguishing and connecting methods of resistance that support everyday well-being, safety, and long-term professional and mental stability is an organic daily feminist abolitionist struggle they engage in, and contributes to creating decarcerated communities. By collectively weaving stories of mothers into strategies that mediate criminalization, this study unpacks what healing looks like under carceral violence.

Mothers' stories push us to deepen our questions about how the logics of maternal failures are used to reproduce intergenerational violence, how mothers organize through underground labor and spaces on behalf of their families and communities, and how they maintain their sanity and hope amidst fears of losing their lives or children. In the next section, I provide the theoretical framing of this work. I begin with Women of color feminist theories to ground the overarching abolitionist decolonial feminist perspectives. To critically analyze the interactions of social, psychological, and biological dimensions of health, I turn to theoretical frameworks that attend to the social structural environmental problems that impact on women's health, their families and communities -- *reproductive justice*, and the literature that points us to the understandings of the social conditions that impact health, *social determinants of health*.

## **THEORETICAL FRAMEWORK**

### **Women of Color Feminism**

*For me, writing is a gesture of the body, a gesture of creativity, a working from inside out. My feminism is grounded not on incorporeal abstraction but on corporeal realities. The material body is center, and central. The body is the ground of thought.*

*Gloria Anzaldúa, preface: gestures of the body in Light in the Dark: Rewriting Identity,*

*Spirituality, Reality, 2015 p. x)*

Feminist theorists have argued that the body is a site of knowledge, and because the body has been subject to control, we must use theories that bring an awareness to how control happens and can be disrupted. In the struggle to resist systems of power (colonialism, sexism, racism, capitalism, and others) theorizing from an intersectional place allows for the engagement of a political and intellectual project towards social transformation (Collins 2019). To address

social problems with an intersectional perspective develops a deeper analysis of gender as it relates to other statuses and forms of inequality. In order to truly grasp on the relationships of the macro, meso, and micro levels of social inequality, I, like Patricia Hill Collins (2019), write from an “intersectional space of placing different ideas into dialogue” (7). I argue that power and social inequality must be theorized from an intersectional lens.

Feminists of color like Gloria Anzaldúa, Cherrie Moraga, Audre Lorde, Maxine Hong Kingston, and Alice Walker theorized from respective standpoints as oppositional citizen subjects to transform oppressive powers (Sandoval 2000). From this positionality, they articulated new forms of historical consciousness where third-world feminisms documented the intricacies of racialized Women of Color’s experiences within their historical conditions. Evelyn Nakano Glenn (2015) explained how settler colonialism is an ongoing structure that helps frame an analysis for U.S. race and gender formation. U.S. third-world feminism developed as a challenge to the discourses that produced differences, “as a model for oppositional political activity and consciousness in the postmodern world” (Sandoval 2000:42). What Chela Sandoval proposed was a theoretical and methodological model and oppositional ideology that would push back and transform dominant power relations. Her model outlines five categories of oppositional consciousness: equal rights, revolutionary, supremacist, separatist, and differential. These forms were endorsed during 1968-1990 by U.S. feminists of color who were active in different social movements.

Cherrie Moraga explained U.S. third-world feminism as “guerilla warfare” and Aida Hurtado (1985) described it as a social movement where “women of color are more like urban guerrillas trained through everyday battle with the state apparatus”. Both highlight how this method of oppositional consciousness is a collective praxis. As Cherrie Moraga stated,

U.S third-world feminists and their allies can see in between the lines where “the truth of our connection lies”. Chela Sandoval (2000) describes this as a Chicana Mestizaje where U.S. third-world feminism and Chicana feminisms are bridged to develop methodology and theory that attends to the global struggles of decolonization. Along this line, Emma Pérez (1999) theorizes about the decolonial imaginary where the epistemology of the borderlands becomes a site of recognizing the material and imaginary ways that the body, land, and collective struggle of colonized peoples is centering decolonial thought and practice. The intersectional theorizing here goes beyond the binaries of oppressed/oppressor or victimized/ victimizer. Rather Pérez argues “one negotiates within the imaginary to a decolonizing otherness where all identities are at work in one way or another (7). Collectively, Chicana feminists have pushed forward the ways that decolonial frameworks can work across time and space, such as global solidarity that centers borderland thinking, experience and praxis, one that acknowledges the connections between marginalized Women of Color as well as unique differences. My work is broadly situated within Women of Color Feminist Theory and more specifically expands Reproductive Justice, Life course and Social Determinants of Health frameworks.

### *Reproductive Justice*

Reproductive Justice (RJ) is a framework that moves outside of the binaries of pro-life pro-choice ideologies and movements by also focusing on the right to parent children in safe and healthy environments (Ross and Solinger 2017). It provides a lens to thinking about the experiences of reproduction and a movement that bridges reproductive rights and social justice. This perspective explains how people experience their reproductive capacity when multiple intersecting factors exist such as race, class, gender, sexuality, immigration, access

to health care and more. It contextualizes the ways that systems such as immigration, incarceration, and health care systems can “block institutional degradations associated with fertility, reproduction, and maternity or parenthood, and to recognize and protect the reproductive health and parenting rights of persons under their purview” (2017: p). This intersectional approach to understanding reproductive freedom has influenced scholarship, policy and activism in ways that challenge and also demand different modes of reproductive dignity and safety. This perspective shows that social issues must be interconnected by connecting the local to the global, the individual to community, based on a human rights framework and fights all forms of population control (i.e. eugenics) (Ross in *Black Women’s Liberatory Pedagogies* p174). RJ provides the intersectional perspective that allows for mothers in this study to be central in further expanding this framework through praxis, one that theorizes from a place that acknowledges the various attacks on the bodies of Women of Color and their children, but also creates space for movement against those attacks in the physical bodies but also the physical (geographic communities of which they are a part of).

### *Life Course Theory*

Sampson and Laub’s (1990) life course theory suggests that criminal behaviors explain the life-course outcomes of people involved in crime. Life course theory examines continuity and change in behavior as people age and how events shape future events. It acknowledges multiple factors, like historical and geographical context, social networks, agency and timing. The theory has been utilized in the past by other gang researchers to understand the process of and reasons for exiting gang life (Pyrooz et al., 2017). Here, rather than viewing the women as “criminals,” which suggests that women are criminal by choice, I view them as criminalized, which acknowledges influences outside of twomen’s control. The

life trajectories of mothers involve not only developmental changes associated with biological age but also the institutional changes that emerge from women's changing experiences with formal and informal forms of social control across their life spans (Sampson and Laub 2016). This theory identifies events associated with alterations to the life-course, such as marriage, parenthood and incarceration, which can be influenced by structures and markers of gang affiliation and or illegality, making institutional violence and mechanisms of resistance persistent. Further, Life course theory in medical sociology and studies on health utilize this framework to understand how social structures, the patterns of social life that shape people's attitudes, beliefs, actions, and material and psychological resources (Williams and Sternthal 2010: S18), influence life experiences and health outcomes across the lifespan (Schnittker and McLeod 2005). Childhood adversities, structural conditions, and the stressors produced from these experiences can "accumulate throughout the life course to produce cumulative disadvantage in health over time (Ben-Shlomo and Kuh 2002; Hatch 2005; Hayward and Gorman 2004). Bridging the theoretical components as used in fields of criminology and health, I connect the ways that particular forms of social control under criminalizing mechanisms influence health across the life course.

### *Social Determinants of Health*

Palmer and colleagues (2019) define social determinants of health as the economic and political structures and social and physical environments and access to health care that shape health outcomes and health disparities. Researchers have documented how several mechanisms such as dysregulation of physiological systems, telomere structure and immune and inflammation response explain how the body responds to chronic stress created by social determinants of health. The World Health Organization Commission on Social Determinants



of Health (CSDH) (2010) describes this framework as one that accounts for power, macro, meso and micro contexts that shape social determinants of health. They state that among the contextual factors that include labor market, education, political institutions-- the welfare state and related policies (or lack thereof) are the ones “most powerfully affecting health” (5). Thus, using this framework to understand how the child welfare system and its connections to the welfare state is crucial to explaining health vulnerabilities of criminalized Chicana mothers. Additionally, protective social factors such as social support has been shown to prevent or modulate effects (Meng et al 2018). The place where one lives and receives health care services has been linked with morbidity and mortality (Diez 2010), understanding the geographical connection such as a carceral community that is hypercriminalized is important to theorize on, from the perspectives of Mothers living in these carceral communities. In a recent review, I argue that the child welfare system is a social determinant of health, and identify three main aspects that this study also reflects: 1) threat 2) maternal stressors and 3) stigma (Maldonado Fabela 2024).

### *Bridging Theories*

By utilizing a life course perspective within an RJ social determinants of health framework (see Figure 1), I can theoretically bridge how the child welfare system, as a social determinant of health impacts on the health and wellbeing of mothers and their families over the life course. This is a major component of RJ’s commitment to praxis, by centering the ways that mothers need to raise children safely. By applying these three theories I am able to contextualize the different forces of power that they experience in multi-institutional relations throughout life. Additionally, documenting how these relations impact on their mental health over time is of crucial concern to this study. I will expand these theories by

centering the stories of mothers who have direct experience with the system and document how this is also part of a system that contributes to health disparities, which has not been theorized before in Sociology, public health, or social sciences more broadly. I fully articulate this argument in (Maldonado Fabela 2024).

*Figure 1. Conceptual model Bridging Theories*



## METHODOLOGY

### Positionality and Reflexivity

Two years after my first CPS case I wrote “If I am not able to transform my lived experiences into knowledge and use them as a process to unveil new knowledge, I will never be able to participate rigorously in a dialogue as a process of learning and knowing (Freire 1970). Knowledge and power work together to regulate the things we can and also to create new perceptions about our social actions and thoughts, which in turn create cultural norms” (Maldonado 2019: 31). I wrote these words in a chapter about my personal experience with CPS to heal, to share, to let go of a traumatic experience, to build on the revolutionary work that shows the social injustices that create intergenerational inequalities. I was not able to

fully articulate what it meant to navigate this system, and all that came for my family after. I was not able to understand the long-term consequences of this case and those that came after due to domestic violence. I can now look back and reflect on the ways that multiple experiences made me see through the cracks of my own personal experiences (insider / participant) that allow me to point to the flaws, look critically at the research, and propose a research study (outsider / observer) that further examines what these cases and larger social structures create across the life course. Health is centered in my work because I nearly died. Death became the central reason why I turned to these relationships connected to larger inequalities. What I know is that my body, mind, spirit have been pushed to limits, an experience shared by many women, many of whom die fighting for their lives and sanity, and many of whom are still here but not knowing how to ask for help for fear of losing custody of their children. These are the women with whom I work with. The women who, like I was, are caught in catch-22 positions, stuck in crisis shaped by poverty, sexism and racism, whose racial ethnic, low-income statuses, and other stigmatized identities shape how they navigate and survive. My positionality in this study is one that in many ways is trying to understand how to heal the collective including myself and my children. My privilege as a graduate student allows me to have space to examine this matter, and I do not take my responsibility lightly.

Anzaldúa shared the importance of expanding awareness and developing ethics of interconnectivity which she says requires reaching through the wounds “wounds that can be physical, psychic, cultural, and or spiritual—to connect with others.” In this study Chicana Feminist epistemologies are centered, and the wounds and resistance that will be shared are part of documenting the histories of women who have been at the margins of research.

## Recruitment

This qualitative study is based in Southern California with Latina/Chicana mothers. Drawing on motherwork, mothers in this study include “other mothers” and non-binary parents, and motherhood not confined to biology or normative standards of family structures (Collins 1994; Cabellero et al 2019). The sample includes 27 mothers who have had a case with the U.S. Child Welfare System at any point of their life, as mothers. I created a brief recruitment flyer that shows 1. Title of the study 2. Purpose of the study 3. Eligibility for study 4. Compensation 5. Contact info (see Appendix A). I employed purposive sampling through my social networks across Southern CA, and snowball sampling (Sherraden and Barrera 1995). I received IRB approval in March 2023. Shortly afterward, to help with recruitment I asked my dad, an alcoholics anonymous member for 22 years. Over the years, he has heard stories of women who had lost their children when they shared their testimonies of recovery. With this help, I received many calls and messages about participation. About half of the participants came from recruitment through my dad. The other half came from another key partner, my friend at Homeboy Industries, a social service organization based in Los Angeles that serves gang affiliated people, also known as the largest gang intervention of the world. When my flyer was shared through this friend’s network, many women, within and outside the organization reached out to me. Due to university-related time constraints, I was not able to continue interviewing all the people who expressed interest in participating. However, many women will continue sharing their stories with me for the future book project.

When interested mothers saw the flyer, they reached out directly through email, phone or text. In that conversation, primarily over the phone, I answered any questions and

explained the research process. Then we scheduled a time to meet. Meetings typically occurred in their home, in a public coffee shop, or an organization. My goal was to sample women of different ages to capture different insights of their journeys as mothers and grandmothers, ethnicities, migration stories, and geographical upbringing. See sample demographic in Table 1. About 75% of women in the study were formerly incarcerated, 85% were former substance users, 90% were victims of domestic or sexual violence, and 55% gang-affiliated. About a third of participants were from the Inland Empire (San Bernardino and Riverside Counties), and 70% from Los Angeles County primarily from, Pico Union and South Central. These strategies ultimately allowed for a unique representation of the complexities of system-involved mothers' relation to the carceral state.

Table 1. Demographics for System-Impacted Mothers of CPS Sample

Mother	Region	Age	Children	Ethnicity	Gang Affiliated	Legal Status	CPS Case	Consequence	System Involvement	Health
Alicia	Los Angeles	29	1	Guatemalan	N	Undocumented	Substance Use	Temp Removal	Drug Rehabilitation, Psych Ward, Immigration	Anxiety
Amelia	San Bernardino	42	7	Salvadoran	N	Undocumented	Family Conflict	Adoption	X	Depression
Audre	Los Angeles	27	2	Native American	Affiliated	Citizen	Substance Use/ Homelessness	Referral	Formerly Incarcerated, Domestic Violence Shelter	Anxiety, Depression, Bipolar
Yahaira	Los Angeles	32	3	Guatemalan		Undocumented	Substance Use	Referral	Rehabilitation Fac	Anxiety
Esmeralda	Los Angeles	29	4	Chicana	Affiliated	Citizen	Domestic Violence; suicide attempt	Temp Removal	Formerly Incarcerated, Foster Care, Psych Ward	Depression
Genesis	Los Angeles	41	5	Philippine-Mexican		Citizen	Criminal Case/ Substance Use	Adoption	Formerly Incarcerated, Halfway House	Depression, Bipolar, Anxiety
Jessica	Los Angeles	32	3	Chicana	Affiliated	Citizen	Substance Use/ Domestic Violence	Adoption	Formerly Incarcerated, Halfway House	Depression, Bipolar, Anxiety
Lydia	Los Angeles	29	4	Salvadoran-Mexican	Affiliated	Citizen	Suicide Attempt	Temp Removal	Formerly Incarcerated	Depression
Maria	Los Angeles	56	2	Mexican		Citizen	Domestic Violence	Adoption	X	Depression, Anxiety
Naomi	Los Angeles	30	5	Mexican	Affiliated	Undocumented	Substance Use	Adoption	Formerly Incarcerated	Depression, Bipolar, Anxiety
Sarita	San Bernardino	42	2	Guatemalan		Resident	Family Conflict	Adoption	Criminal Justice	Depression
Elvira	Los Angeles	34	3	Mexican		Undocumented	Substance Use	Adoption	Rehabilitation	Depression, Bipolar, Anxiety
Jacky	Riverside	30	3	Chicana	Affiliated	Citizen	X	Referral	Formerly Incarcerated	Depression
Erika	Los Angeles	38	2	Mexican	Affiliated	Citizen	Sexual Abuse	Legal Guardianship	Formerly Incarcerated; Foster Care	Depression, Anxiety
Katy	Los Angeles	29	2	Chicana	Affiliated	Citizen	Family Conflict	Referral	Foster Care	PTSD
Silvia	Los Angeles	32	4	Mexican	Affiliated	Citizen	Homelessness/	Referral	Rehabilitation	PTSD, Anxiety

Yaritza	Los Angeles	38	1	Mexican	Affiliated	Undocumented	Substance Use Substance Use	Temp Removal	Formerly Incarcerated; Rehabilitation	Depression
Yoli	Los Angeles	35	4	Mexican	Affiliated	Citizen	Domestic Violence, Substance Use	Legal Guardianship	Formerly Incarcerated	Bipolar, Depression
Cassandra	Los Angeles	35	4	Chicana	Affiliated	Citizen	Family Conflict	Referral	Criminal Justice	N
Isabella	Los Angeles	18	1	Chicana	Affiliated	Citizen	Domestic Violence	Referral	Foster Care	Depression
Natalia	San Bernardino	36	4	Chicana	Affiliated	Citizen	Substance Use	Removal	Formerly Incarcerated; Rehabilitation	Depression
Joana	Los Angeles	34	1	Chicana	Affiliated	Undocumented	Incarceration	Adoption	Formerly Incarcerated	Depression
Rose	Los Angeles	X	1	Chicana	Affiliated	Citizen	Incarceration	Legal Guardianship	Formerly Incarcerated	Anxiety, ADHD
Angelica	Los Angeles	37	3	Chicana	Affiliated	Citizen	Substance Use	Removal	Formerly Incarcerated	Depression
Celia	Los Angeles	X	2	Mexican	Affiliated	Undocumented	Substance Use/ Domestic Violence	Removal	Formerly Incarcerated; Immigration	Depression
Jessica	Los Angeles	32	3	Mexican	Affiliated	Citizen	Substance Use	Legal Guardianship	Formerly Incarcerated; Group Home	Depression, Bipolar, Anxiety, Insomnia
Cynthia	Los Angeles	44	4	Colombian Mexican	Affiliated	Citizen	Domestic Violence	Removal	Formerly Incarcerated	N

## **Data collection**

### **Photo Life History Testimonios**

“Stories go in circles. They don’t go in straight lines. It helps if you listen in circles because there are stories inside and between stories, and finding your way through them is as easy and as hard as finding your way home. Part of finding is getting lost, and when you are lost, you start to open up and listen” (Tafoya 1995; 12).

Building from storytellers such as Tafoya (quoted above) who tell us that stories go in circles as the quote above, and decolonial feminists who utilize testimonio for knowledge production (Cruz 2005), I used photo life history testimonios to make meaning of CPS-involved mothers’ stories. Growing up I heard my grandmother and family tell stories, I heard migrants’ testimonios through my father’s involvement in AA. I learned that the most important part of this method was listening. Elenes (2011) reminds us that the process of decolonization “is not to recover the silenced voices by using hegemonic categories of analysis, but to change the methodological tools and categories to reclaim those neglected voices” (p. 60). For this reason, I was very intentional about how I conducted these interviews, and how I would provided a space for mothers to voice their stories. Often, when training my students, I tell them, I am the “listener type of interviewer” where I speak very little and listen a lot more. As someone, who experienced criminalization, including through interviews by agents in carceral systems, I also knew the importance of preventing the study from portraying participants as victims or romanticizing their lives. In the interview, as I administer the consent forms and operate an audio recorder, I am aware how the little things that can trigger the same feelings of confinement. However, I have a personal connection to this study, and look like a “hood mom” as they call me. Thus, participants have an immediate sense of trust when they meet me.



At the beginning of the interviews, I briefly shared how I came into the study and what research questions I ask. I shared my personal experience of child removal and told them that I will be writing a book of their stories so that we can better understand health and healing as it relates to child welfare system involvement. They expressed their gratitude for the work and we moved on to the consent forms. I shared two consent forms, the consent to participate (appendix B) and the photo consent form (appendix C). I explained both of them and all participants signed and consented to participate, be recorded, and share their photographs. All the participants agreed for me to keep their photographs for future research use or presentations. They were very open to sharing their family photos and even videos. In case they had something in a photo they did not want to include, they told me whose face to blur off, whose gang sign to cover up etc.

The interview was a reflective process and if participants agreed, they shared photographs and visuals to accompany their story. This method allowed the participant to lead the interview and choose what they want to share and heal in the process of giving voice to images, given sensitive topics around family. This method is known to be a collaborative process that empowers participants (Clark Ibanñez 2004; Wang 1999). It allowed for mothers to share the process through their own perspective, and I probed on those stories accordingly. Mothers often shared photographs, one by one as they were telling their stories. Other times they brought many photos and chose the timeline of their storytelling. In Figure 3 there is an example of a mother who had all her pictures out at the same time. Genesis, formerly incarcerated mother of 4 who served 8 years in prison was one of the few who had her pictures in hard copy. Genesis lived in a halfway home; so when I arrived to her home, I signed her out for visitation. We walked down to a local Farmer Boys restaurant for lunch.

She had a backpack with photos. When she was sharing, she would grab a photograph of her oldest daughters, then go to her son, then to her pregnancy times. Her story was fluid; there was no beginning or no end. And pictures that she held tightly to while she was incarcerated allowed her to share her story in a nonlinear way. She felt a close attachment to all her pictures. She said, “honestly there is so much to share, I have been through so much with these kids.” This research method allows flexibility, a space to share what is most important to participants and to tell the story they want to tell. For the most part, mothers shared pictures, from their phones, of their children. Other times they shared pictures of their own childhood, their families, their communities in which they grew up, and difficult moments of their times in the streets, incarcerated, or in rehabilitation or in abusive relationships.



Figure 3: Photo by author taken during interview.

With this strategy, their testimonios were told in nonlinear ways. They started with one story about a specific photo and went on to another story for another photo. They made meaning of their journeys through their storytelling. These photographs became part of a mental collection available for further inquiry (Becker 1974), an inquiry I am taking on in this dissertation with the methodological and epistemological lessons and reflections of the photo-elicitation method. During this process, mothers cried. They got tense at times. They released. They felt triggered. But ultimately, the interview was a space in which they lead the story how they wanted to. When they got teary-eyed, I reminded them they could take time to pause or stop at any time.

At the end of the interview, when I stopped the recorder, they completed or I completed for them, a demographic survey (Appendix D) with questions about their age, ethnicity, education, employment, system involvement, and self-reported health. This survey allowed me to collect information that may not have been shared via their testimonios. Through this method, I gained critical insights about their demographics. Only 12% of participants were enrolled in college and about a third had completed high school. Thus, most of them were not formally educated. Furthermore, 96% of participants reported that they had been diagnosed or self-diagnosed with some sort of a mental health issue, primarily anxiety, depression, bipolar disorder, and/or PTSD. This survey allowed me to not only quantify self-reported health but also understand that participants were aware of the mental health impacts they experienced.

In the interview, after they completed the survey; we often continued talking for another 20 minutes to an hour. I always shared that they could reach out to me about this study, or anything they needed in the future. Many of them became part of my personal life.

For example, we've celebrated our kids' birthdays and baby showers, and shared information about tragic moments. I remember, one time after leaving the house of Sarita's, a participant I interviewed early on, she told me that I had a responsibility to share these stories, that God would bless give and give me all the tools to do it in a way that sheds light on the pain of this entanglement with the system, but also the light of God. Her words stuck with me. I felt a lot of pressure, especially not knowing how the recruitment or interviews would turn out and not knowing if I could help her with her legal case or help other mothers. But I made connections, mother-to-mother connections that created a space outside of the study to be there for each other and for me to be an available resource to the capacity that I could be of service. The "end" of the interview was typically not the end but the beginning of a community I had initiated through the connection of our stories because they knew that we were all trying to heal and that made us close without knowing each other. This book will hold that as a thread, I the "writer and researcher" am only in charge of putting these pieces together for the collective stories, but the participants each gave the pieces. I am forever grateful that I can witness their continued healing journeys as they can mine.

### **Data Analysis**

To reduce disparities in research training I recruited women of color undergraduates interested in legal advocacy and health as research assistants to assist with transcription and coding. We used trint (transcription softwsre) to transcribe all interviews. After transcription was done, we developed thematic coding using dedoose software, related to mental health, trauma, institutional violence, and resistance strategies from the narratives shared through the photographs/visuals and surveys. I used an abductive analysis strategy (Timmermans and Tavory 2012) and engaged in systematic analysis to identify codes and themes (Creswell

2007). This analytical strategy allowed for data and theory to be in conversation with each other as analysis captured in the participants narratives direct moments of anxiety, fears, and/or depression after being involved with CWS. When I initially did not have research assistants, I wrote weekly memos of what was coming up in the research. Then, with research assistants, I had them write their own memos for each interview they coded, and discuss these during research meetings. I ensured validity through member checking and reflexivity. Member checking occurred by presenting this data back to participants and theorizing together about the models, concepts and arguments I would make in the overall project.

### **Overview of System-Impacted Motherwork**

Chapter 2, *Migration, Corruption, and Materialized Grief* shows the ways that the historical memory of trauma through migration from Central America, and corruption in CPS influence the grief experienced from family separation. Chapter 3, *Uncovering the Psychotic Veil from Transcarceral “Care” and “Safety”* employs the framework of abolition medicine and transcarceral care to discuss the ways that mothers develop new strategies of safety within institutional contexts such as hospital psych wards and rehabilitation centers. Chapter 4, *System-Impacted Motherwork, Healing, Spirituality*, delves into the specific ways system-impacted motherwork (SIM) as a framework is grounded in spiritual practices and relational healing, and complicates accountability in system-impacted communities. Chapter 5, *The Homegirl Blueprint*, concludes by sharing mothers’ recommendations and policy recommendations. This dissertation ends with a call for embodied healing.

## **CHAPTER 2: MIGRATION, CORRUPTION, AND MATERIALIZED GRIEF**

During the COVID-19 pandemic, Amelia, a Salvadoran mother of seven, reached out to her community for support when she was under investigation by CPS in San Bernardino County. She was embroiled in a complex situation due to her husband's involvement in an affair where there was a child's death. This connection led to allegations of neglect toward Amelia's own children, entangling her with CPS. Despite years of dedicated effort to navigate the system and fulfill all requirements to regain custody of her children, the legal battle was unsuccessful. Oftentimes, she faced the challenge of navigating her case without the assistance of Spanish translators or legal support, leaving her unable to fully comprehend the reasons behind the termination of her parental rights. Amelia experienced the heartbreak of losing custody of her two youngest children, Luis and Bella, while successfully regaining custody of her two older daughters, Caty and Daniela. The five years her daughters spent in the foster care system were marked by abuse and trauma, leaving deep scars. While Amelia was overjoyed to reunite with Caty and Daniela, the joy was overshadowed by the devastation of being permanently separated from Luis and Bella after the state put them up for adoption, denying her any further contact. She shared that it was a dehumanizing experience, when sharing a photograph (see Figure 4) of her kids when they were still with her. She said, "They treated me as if I was nothing, as if I wasn't human, without rights." Her reflections oscillated between the depths of grief over losing her children, and the struggle with her mental health while also trying to be the best mother she could be to the rest of her children. Amelia's story is one of many that highlight the detrimental effects of family policing. In this chapter, I theorize about the ways that mothers like Amelia, experience the

interconnected trauma of migration, and corruption in CPS, and how this grief manifests as an ongoing health crisis.



Figure 4: Photo of Amelia and her four U.S. born children.

### **CPS Cases in the Context of Settler-Colonial Medical Legal Violence**

The legal violence experienced by Central American migrants has been well-documented, highlighting how immigration and criminal law intersect to adversely affect families (Menjivar and Abrego 2012). The legal case of Amelia was pertaining neither, immigration nor criminal law; it fell under family law. This distinction reveals qualitatively different consequences in CPS, underscoring the unique challenge posed by family policing for Latinx families in the U.S. The historical trauma and the intersectional forms of legal

violence can be traced to the ways immigration law has created forms of stratification where legality and illegality not only grant access to goods, benefits, and rights (Menjivar 2006; Massey and Bartley 2005) and illegality deems people to be disposable and undeserving (Cacho 2012). Settler colonialism has this logic of elimination, where people are physically and culturally eradicated through “violence, coercion, and the implementation of laws, policies, and organizations that fulfill its predatory objectives” (Edwards and Beardall 2021). This disposability affects the life chances of immigrants, and like Amelia, and other mothers in this study, affects the treatment and consequences of CPS. For Central American mothers involved with CPS, these experiences of dehumanization are often fueled by a collaboration of systems that are so-called leaning on the left arm of the state. For example, research on medical legal violence showcases the ways that anti-immigrant laws negatively affect the health of immigrant communities through the punishment that happens by both immigration and healthcare (Van Natta 2023). Mothers in this study are experiencing this punishment through similar practices, yet their stories related to health remain unheard. This situation creates a context of settler-colonial medical legal violence that fortifies a settler-colonial state that grants institutions like CPS a right to harm the health of entire families (Rochall and Edwards). In order to show, how Central American mothers experience family separation from the journeys of migration to their children being forcibly removed by CPS, I must showcase the historical trauma with which these mothers are living.

### **Central American Historical and Intergenerational Trauma**

Historical trauma refers to a “cumulative and psychological wounding, as a result of group traumatic experiences, transmitted across generations within a community (Substance Abuse and Mental Health Services Administration, 2016; Yehuda et al., 2016)” (National



Child Traumatic Stress Network, [NCTSN] 2017, p. 2). “The long-term and prolonged impact of historical trauma influences both the physical health and mental health of entire populations (Mohatt, Thompson, Thai, & Tebes, 2014; Sotero, 2006). The historical trauma experienced by Central American families is multifaceted. Political violence influenced by U.S. policies shaped the lives of Central American migrants in their home countries as well as in the U.S. For instance, for 12 years El Salvador was marked by intense conflict between the military-led government supported and funded by the U.S. (6 billion dollars) and the Farabundo Martí National Liberation Front (FMLN), a group of leftist guerrilla groups. The violence experienced by Salvadoran families included massacres and human rights violations, forced disappearances and torture, and displacement. In the post-war period, El Salvador has struggled with violence by gangs (MS 13, 18), which emerged from U.S. deportations and neoliberal securityscapes, the link between neoliberal and security policies in El Salvador and the U.S (Zilberg 2011). Resulting cycles of violence and human rights abuses have left deep scars on Salvadoran society. As Central American Sociologist Osuna (2020) states, upon deportation and extreme poverty, “Instead they were criminalized and had to deal with poverty and the psychological trauma of war on their own. The deported and abandoned youth of El Salvador had to find a way of survival within the logics of neoliberalism.” The criminalization of Salvadorans has moved from historical to intergenerational trauma because both now influence how and why Salvadorans are perceived through the lens of criminality and disposability. The civil war affected how and why migration flows occurred in the 1980s. The environmental impacts of earthquakes and hurricanes also left many families with worsened social, economic, and political conditions after the Civil War. This historical trauma has shaped the landscape from which many of

these mothers and their families are coming from. This historical trauma also lives in their bodies. Additionally, it has created a social imagination in which Latinx families, pose a ‘transnational moral panic’ which Osuna (2020) describes as a threat that is produced by U.S. and transnational efforts to criminalize Central American communities.

Psychologist Mariel Burque (2024) describes intergenerational trauma as bearing guilt, sadness, grief, depression, anxiety, and emotional burdens of person, family, and ancestors, that are no longer here, they are “wounds of an entire lineage”. These wounds are carried in the bodies of mothers, and this trauma gets into the genetic code of entire families. This is not to say that all Latina/o/x families carry these wounds from war, genocide, and political violence, but I bring it here to acknowledge that they exist. To show how these historical traumas are still impacting the lives of mothers today, and address how CPS follows the lineage of committing acts of violence against Latina/o/x migrant families. For example, Amelia migrated because of extreme poverty and violence in her family. She recounted her migration journey, marked by tragedy and hardship. Her sister had been tragically murdered by her husband, and she faced severe food insecurity. She was no longer able to afford food, and her daughters were sharing a few slices of bread while she would not eat sometimes. The trauma of poverty alongside the migration journey allowed her to arrive to the U.S. with anxieties about helping her family back home and creating a family here. Migration is a psychosocial process that entails losses, and family fragmentation which has deep effects on the overall health of migrants (Dreby 2012) and Amelia’s story showcases why her life course health is crucial to understanding mothers involved in CPS. Her journey includes a prior family separation due to poverty trauma and her CPS case reflects that, with deeply and complicated feelings of grief. These stories of war, poverty, and environmental

disaster live in the historical memory of the Central American mothers in this study and indirectly shape how they experience family separation through CPS within the boundaries of U.S. context. These memories are alive in the bodies of mothers because their arrival to the United States did not erase the harms that structural and political violence had to their choices in migration and the treatment received as immigrant women involved in CPS.

Alicia, a Guatemalan mother of Micho migrated as one of the youngest in her family. Most of her siblings, aunts, and uncles were already in the U.S. When she shared the reason she migrated, she recounted that it was a combination of sexual abuse trauma and poverty. She talks about the accumulation of trauma once she arrived here, noticing that the sexual abuse she experienced alongside her choice to migrate was traumatic and resulted in substance use when she got here. The intergenerational trauma that Alicia experienced culminated in her crisis where her physical and mental health deteriorated. The substance-using undocumented mother is criminalized in CPS cases, despite the violent histories attached to the lives of women who respond to patriarchal and political violence with drugs. I am not justifying the ways that mothers in this study use drugs as they raise children, but rather, I want to bring attention to the interconnection of historical, intergenerational, and CPS-induced trauma specifically. In doing so, I hope to bring an analysis that situates both the historicity of trauma, and the ongoing one that occurs before, during, and after Latina mothers catch a case with CPS.

### **CPS-induced trauma**

In the introduction, I shared that the foundation of CPS was not built on keeping families together or providing caring environments when parents and family could not care for a child because from its foundation women of color and poor children were often deemed

unfit and criminalized. What brings us to a place where CPS, a system that is supposed to function in the “best interests of the child” produces more trauma to children who get a referral, a temporary or permanent removal, and end up in foster care? I argue that *CPS-induced trauma* is a result of a collective structure of violence where its roots are founded on white supremacy and settler colonialism, and its branches utilize institutions such as schools, hospitals, and social services to regulate families and practice medical legal violence on entire communities. CPS-induced trauma is the process by which the threat of removal and or grief of separation create trauma specifically from a family policing system. CPS-induced trauma includes the threats of legally removing a child from a parent’s custody, the violent ways it neglects the parents and children from resources to remain together and or safely enter foster homes, and the settler-colonial anti-black practices that justify the adoption of poor children. CPS-induced trauma creates stressors that can create further harm to families, and sometimes create a space to allow parents to take accountability for the harm they may be causing children. In this chapter, I focus on the CPS-induced trauma that harms Central American families through adoption, in chapter 4 I will come back to address the latter. Both forms of trauma are complicated for Latina/o/x families who carry intergenerational and historical suffering. To address the contemporary system of child welfare, we need to acknowledge the complex responses families have when CPS as a system that functions through poverty governance, enters with both left (assistive) and right (punitive) arms of the state working together to “fix” them into good neoliberal citizen parents. Woodward (2021) describes the ways that Foucault’s analysis of the penal system applies to the ways the child welfare system works to justify the control it exercises.

“Foucault highlighted neoliberal thought within the penal system, where criminals became viewed as rational economic actors engaged in a risk/ benefit analysis of their actions, just as

noncriminals. The goal, in neoliberal reform, is not to create policies aimed at eliminating crime—or to solve underlying issues leading to crime—but to balance the costs of crime with the costs of enforcement (Foucault 2008; Lemke 2001). Foucault’s work on American neoliberalism points to three important elements of today’s neoliberal paternalism: (i) the primacy of the market and market logic, (ii) the focus on crime and punitive approaches, and (iii) a belief that we are all rational actors making rational (largely unconstrained) decisions.”

I extend from Foucault and Woodward to argue that the usage of both arms of the state allows child welfare cases to be manipulated in ways that serve the best interests of those in power and neoliberalism more broadly. This allows CPS-induced trauma to proliferate and impact the health of entire families. I also argue that how parents respond to these paternalistic practices of the state, is not one-dimensional. I urge us to complicate the accountability that needs to be taken which I will discuss in later chapters. Although tenants of neoliberalism show that personal responsibility and privatization are utilized as a means to govern, the ways that mothers in this study are rejecting the manipulation of the state provide an avenue to better understand how Latina/o/x families experience CPS-induced trauma. They show that they not only allow it to be an experience that exists only through the lens of corruption, but they also critique the state in their healing process of that trauma. To zoom into the ways that corruption in the child welfare system enhances or influences trauma, I provide the case of the San Bernardino family court where some mothers of this study navigated their cases.

### **The Case of Corruption in San Bernardino County Family Court**

In September 2019, I participated and organized a rally in front of the San Bernardino Family Court. This was one of the first times I heard organizers and families impacted by CPS, say that it was a corrupt system. Many of the signs we created signaled attention to the injustices happening for families currently and formerly involved such as, “stop taking our

children”, and “children are not currency for federal funding” (see Figure 5). I heard stories from Black mothers who have gotten their children removed and adopted and Black children who have been in foster care. A young girl holding a sign “let kids out” shared that she had been hit by a foster parent and that children did not deserve to go through that experience. Here, I also connected with activists who themselves had been harmed by CPS, having had their children adopted. Frank a formerly incarcerated student held a sign that said, “Free Zoe” and shared with us the harm CPS has done by removing his rights as a parent due to his felony conviction. The stories I heard from San Bernardino were fueled with a lot of rage due to the injustices of separation, one I would later witness again as I heard the stories of Central American mothers.

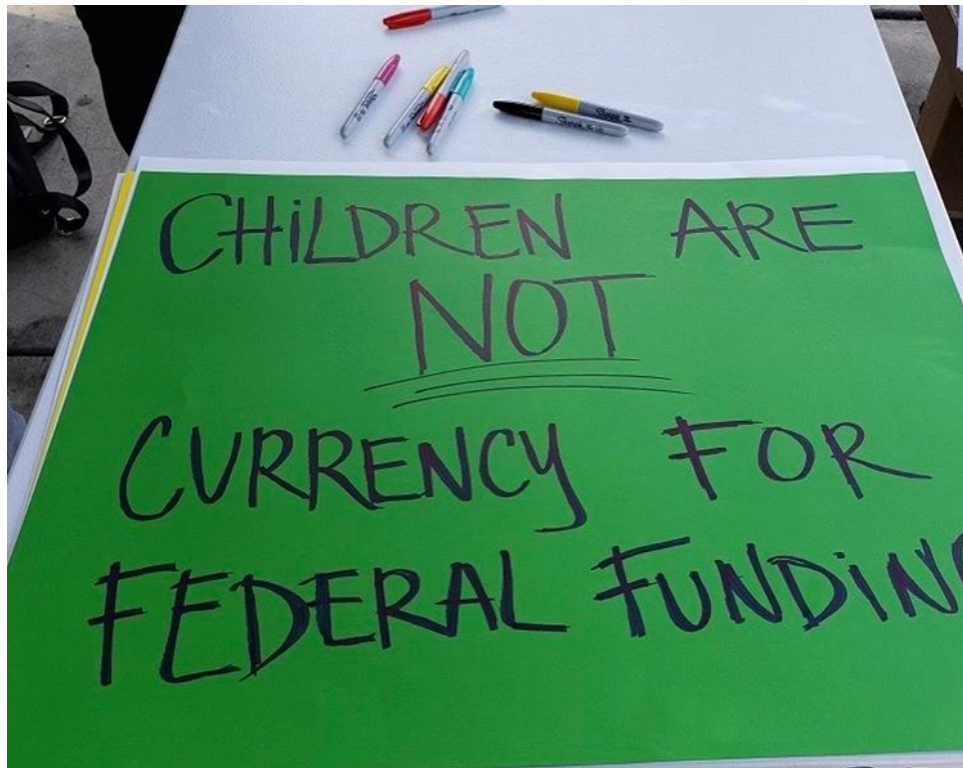


Figure 5: Photograph by author during CPS rally.



Figure 6: Photograph by author taken in front of San Bernardino Family Court.

A few years later, as I was completing dissertation data collection, one of the mothers in my study sent me a message sharing information about a lawsuit filed on May 25<sup>th</sup>, 2023 against San Bernardino county. A Better Childhood, a national non-profit filed the lawsuit against San Bernardino County where their claims included hundreds of children with disabilities harmed in the foster care system. Here, they note that San Bernardino County is the second worst in 58 counties in CA, yet no measures have been taken to secure the well-being of the many children that go in and out of this system and the number of children physically and sexually abused increased every year between 2019-2021. The organization stated that, “CFS engages in numerous policies and/or practices that violate the rights of foster children in San Bernardino County and expose them to severe future harm” and the ways these harms violate The Adoption Assistance and Child Welfare Act of 1980, The

Americans with Disabilities Act and the Rehabilitation Act and The California government code and the CA welfare and institutions code. Many of the children named in this lawsuit have stories of severe trauma in their homes, with incarcerated parents, parents who are using drugs or died because of them, children who have experienced sexual abuse, only to enter foster care with foster parents who abuse and neglect children with severe medical conditions.

Before the lawsuit, in 2016, San Bernardino County had already showed systemic failures; it had settled for more than 7.5 million in two civil settlements. The lawsuit noted that “The case alleged the county retaliated after Bahra discovered and reported CFS failure to monitor, human error, and systemic failure resulted in 54 foster children being placed in the home of known serial child molester, Leonardo Rodriguez, whose foster home license had been revoked.” The Black Voice and IE news have followed the claims filed against SB court noting about \$10 million in settlements for children experiencing sexual and physical abuse in foster care. Despite the national attention to address these issues, and the naming by a civil grand jury declaration that the system was to be “too broken to fix, many families continue to be harmed by the corruption in this county.

Like many cases in CPS, the cases in this study were complex, filled with intersectional harms that are interconnected with structural, symbolic, and interpersonal forms of violence. Amelia’s story in CPS began with infidelity by her husband. In 2013, Amelia was pregnant by her husband Gerardo and he had another young woman pregnant at the same time. Her intuition told her something extremely painful was coming beyond this infidelity,

“I don't know, but sometimes as women we have an instinct or a sixth sense, which I think is 100%, 90% accurate. He came and told me. He came to visit the girls. I only had the two



girls. And he said oh, her child died. I told him, I'm sure she killed him for being crazy with you. I told him I'm sure that woman killed her son. And he said because you're jealous you're talking about that...It was like a moment of anger, but I accepted it. The child died.”

This was the first time Amelia felt that this would cause her so many problems, not only in her marriage, but the safety of her children. As she intuitively felt it happened, through that time she continued experiencing harassment by the young woman her husband was with,

“She came to the house to tell me things, to fight with me, to fight with him and she told him. If you're not going to be with me, she told him, you're not going to be with her. And if you're with her, I'm going to make your life impossible. And right now, I tell you, she told him, you will never forget me.”

Through this time, Amelia did not know much about what had happened to the child who died. But a year in a half later she was having dinner with her family and her husband received an urgent call to go and pick up his other child. They found the body of the little boy in a storage the other woman was renting, and Amelia says,

“that’s where it all started. They said that I knew that my children's father was an accomplice and therefore I was covering him up and I was putting my children at risk. I mean, it’s nonsense I told them. If I had been sure that she killed that child, I would have gone to the police. It's just that if I had gone to the police, and say you know that I have doubts about this, they say what happened, but what would they think? That I was an accomplice. Then it turned out true. She killed him. We started going to court.”

This interpersonal conflict was interrelated with her family and placed her in a situation of surveillance and criminalization. I highlight familial conflict because oftentimes, CPS cases arise from these forms of conflict within communities where distrust is formed (Roberts 2008). Thus, acknowledging this is crucial to unpacking not only the systemic forms of violence but also finding ways to rebuild trust and accountability among system-impacted families who experience murder cases, drug addictions, gang involvement, and other forms of stigmatized situations of violence. What began as a case of investigating another child’s

death, the incarceration of another woman, ended as severe punishment and corruption in the life of Amelia and her family.

### ***Corruption through Medical Legal Violence***

The United Nations Convention Against Corruption argues that corruption is a fluid concept whose meaning differs by context and therefore is difficult to legally define. It has descriptive mechanisms that highlight how it affects people around the globe, “Corruption impoverishes countries and deprives their citizens of good governance. It destabilizes economic systems, even of whole regions. Organized crime, terrorism, and other illegal activities flourish. In many countries, corruption erodes basic public functions and the quality of life of people.” (UNODC 2003). This shows how much corruption can influence people’s health. I do not want to provide extensive research on corruption or definitions of it but rather show how it functions in a particular organizational context (Jancsics 2014), such as the child welfare system. Corruption comes from Latin word *rumpere*—to break or rupture, and the Latin form of the word *corruptus* means the consequence of dishonesty. I define corruption as the legal and social harms that break families *during crisis*, and in turn have consequences to family health and wellbeing. Corruption in CPS utilizes crises as an opportunity to be corrupt by strengthening its system and disrupting family through power. The harms of corruption in family court are manifested through 1) medical legal violence, 2) manipulation, and 3) economic control. Milton Friedman argued that, “Only a crisis – actual or perceived – produces real change. When that crisis occurs, the actions that are taken depend on the ideas that are lying around. That, I believe, is our basic function: to develop alter-natives to existing policies, to keep them alive and available until the politically impossible becomes the politically inevitable” (Pg #). Like Milton, I argue that crisis offers an opportunity to look

at both the way its utilized to justify its corruption and harm families through its power.

Amelia's case reflects the way that corruption functions in subtle ways through the intersection of multiple institutions that *justify* medical legal violence.

Amelia's indirect relation to the woman who killed her son caused CPS to hyper-surveil Amelia. The other young woman was pregnant at the time they found that she killed her son, and she gave birth to the other child inside the prison. They gave custody of both children to Amelia's husband. Amelia learned to treat them as her own and shared that the child born in prison had not developed according to his age and was in therapy where he worked with therapists and nurses often.

"I was taking him to therapy where they taught him how to grab things because he couldn't even grab anything, I mean, you would put things and he did it like that. Like scratching. I taught him to eat, I taught him to walk. I taught him to grab things."

Amelia learned to care for her stepson with medical conditions, while at the same time learning how to manage the surveillance from CPS. Amelia often felt that the medical professionals and the social workers were trying to punish her, when all she was trying to do was care for her stepson. She said,

"The social worker would arrive. Every month she visited me. There were occasions when they didn't even notify me, they just came, they knocked on my door and well, the children were there. They never saw anything, never even been beaten, I mean, nothing, nothing that she could say."

Amelia continued to take care of her stepson. One day he got sick. He was throwing up and had a fever. She went down to put him in his crib, and she noticed that he was not looking okay, that he started moving his little foot and hand in an unusual way. She was scared when she saw him convulse. She called for help immediately,

"I was talking to 911 and telling them to help my son. I always referred to him as my son my son this and my son that. And when I was talking to them, I said hurry up because I felt that

the time was so long and the child didn't react, I was all over the house and I was with the phone like this, moving the child. When they hospitalized him, they saw that the child, they said that the child had been shaken. I told the social worker when she arrived what happened.

That I grabbed the child and shook him. I mean, I didn't say, I shook him, I said I grabbed him and moved him for the child to react. No, they put in the file that I had done it on purpose, that I had done it to hurt the child, that I did it to harm the child because I didn't want him because I'm not the mom.”

Her stepson was hospitalized. Subsequently, CPS initiated a case and all of Amelia's kids were removed from her custody. Despite trying her best to provide care for them, the doctors and social workers accused her of purposely hurting her stepson. Amelia said, “That morning it all began. All my trauma. Not being able to sleep. Not being able to eat.” When the social workers arrived at her home, they said that the home was not healthy for the children because of a “lack of cleanliness”. Although, before the incident, social workers saw the home as clean, after the incident, they argued it was not clean and allegedly a neglectful mother. Reports from pediatricians claimed that the child was malnourished and that the lack of development was due to a lack of attention. Amelia was sent for evaluations by psychologists because the judge said that she was “crazy and sick in the mind”. Even though she wanted to seek therapy elsewhere, the judge said that it had to be with a particular psychologist he knew. Amelia questioned this order because she argues it is corrupt, to work within an institution of corrupt street bureaucrats. She sat through hours of therapy and evaluation with this psychologist. This evaluation was meant to help her case and the psychologist told Amelia that everything would be in her favor. Yet, as the judge was reading the therapy notes, he said it was “irrelevant”. Amelia, began to view as corrupt the collaboration of the legal system, social services, and the medical field. Through this process, she was also surveilled and criminalized by police officers. Amelia worked 12-hour shifts. One day she arrived home at 10pm and received a private phone call. Police officers told her they were outside the house. She described the police interaction as dehumanizing:

“I answered everything they told me. And suddenly the policeman turns to the ground and does this. And that blood he told me what is it? I mean, does he think that I killed people and I have them here? It was a humiliation that became a trauma for me. Horrible horrible! and he began to see and told me it's blood, right? That is, assuring and at the same time asking. And it made me laugh and I said no, I told him the lady here in the house bought this. And I got up to the kitchen and I showed him the pomegranates. Are you sure, he told me, check, I told him. Since I felt that they were doing it as if they wanted to scare me so that in the end I could say that it was me who hit him. I treated him badly, I wanted to kill him or I killed the other child even without being a lie.”

Amelia’s trauma grew. She felt that she was treated like the worst criminal and that she was being set up to fail to regain custody of her children. When sharing a photograph (Figure 7) and a video recording of her children during those times, Amelia recounted that she was told she couldn’t speak Spanish during visitations or take photos of her children to prove that her children were safe and happy with her. As a Spanish-speaking CPS-involved Central American mother, she was dismissed as being distrusted. Anthropologist Lopez Espino argues that “the organizational structure and the personnel of the child welfare court contribute to a socio-legal ecology of distrust that silences parents and forecloses alternative narratives by insulating and promoting the voices of child welfare professionals” (2023:9). This shows how Spanish speakers are not only denied the right to challenge corruption in the courtroom but also dehumanized in the ways that they are manipulated to believe they have no power because of their language. Mothers find themselves navigating corruption through medical legal violence because they are framed from a medical perspective as “sick, criminals, or unfit” in order to justify the corruption in the legal cases of CPS.



Figure 7: Amelia's children who were adopted.

### **Corruption through Manipulation**

State violence requires abusive tendencies. Scholars have shown how medical gaslighting allows healthcare practitioners to create categories of dismissing illness and denying care to people in marginalized social locations (Sebring et al., 2021). I argue that, in order to engage in medical-legal gaslighting (different than just medical gaslighting), a form of manipulation by the state is required. This manipulation includes denying children and parents the right to testify for reunification. Both children and parents are manipulated to believe that corruption by CPS needs to be accepted. When Amelia's older daughters were asked to testify in the court about her parenting, and they said that they wanted to return

home with their mother, the judge said that they couldn't decide even though one was 13 already. In fact, Amelia's husband (new husband after remarrying) audio recorded the social worker Paula Khan guiding the daughter in ways that would undermine the chances for reunification.

“You don't have to ask to go with your mom. You can't ask for that because you're never going to get back with her. Don't say anything in favor of your mom and I'll buy you clothes. I'm going to take you to buy shoes, I'm going to take you to Legoland, I think it's called I'm going to take you to Disneyland. They're going to have everything in the system. You're going to have excursions, you're going to have trips, you're going to have clothes, everything you want, but don't say you want to go back to your mom because she's never going to get you back.”

Amelia shares the corrupt ways that street bureaucrats worked hard to punish her and break her family apart. Every court she attended caused her stress., She would, “Get to San Bernardino,.. get sick from my stomach. I would arrive to the court vomiting, nervous, frozen, trembling.” These effects on her health grew over the years she navigated this case.

Amelia's case with her two older daughters was transferred to Riverside County and she felt relieved to be away from the court in San Bernardino. She had her court date set for her two older daughters' custody, where the new judge said “*All the reports are excellent in your favor; she said I don't understand why San Bernardino hasn't returned your children. But I, she told me as a judge. I wish you the best and I hope you can get your children back after all this, from the verdict that I am going to give you now*”. On this day, she regained custody of her two older daughters. The next court date for her two youngest children, Luis and Bella, was set in San Bernadino County. Amelia was hoping to have the same verdict as she did with her oldest daughters, but her hope was not realized. It was a short court interaction in which all they said was “you lost your rights”. She could not understand how this was possible.

“I couldn't see the children anymore since 2021 I haven't seen my children anymore. In the same way, they took away their sibling rights, they did not let her see them, because according to the foster family, they said that it was not recommended. What is the foster family going to know about what is recommended for a child and what is not if they are doing it for the fucking money? I mean, it makes me angry because according to them they see the well-being of the children and it is not like that”

Luis and Bella, her two youngest children were placed in foster care where they lost connection with Amelia's family. Amelia shares her frustration based on her observations about what the system, including foster parents' actions do in these cases. In a picture she shared her daughter's image with stitches in the forehead. This occurred under the “care” of foster parents when Amelia said her daughter was being abused. Even though she reported it, they did not consider that as a child abuse or neglect case. In these types of cases, foster parents and street bureaucrats use manipulation as a tactic, to frame parents as neglectful meanwhile their corruption gets silenced with the power of legal violence. Bella suffered an injury severe enough to require stitches, and Amelia's efforts to bring attention to this injury were ignored.

This is not uncommon in child welfare cases, oftentimes mothers feel helpless because they need to abide by the standards of the state to regain custody. In 2015, when my children were removed from my custody, I arrived at my one-hour visitation when my kids were still in foster care in Los Angeles. When I arrived, my oldest son told me, “Mom, I want water, they don't want to give us water, can you please get me some?” I left to try and buy some in a vending machine and I was denied the right, and the social worker left to buy the kids McDonalds. She said I could not buy anything for them, that that's what they were there for. The emotional abuse tactics employed by the child welfare system, as described by the mothers in this study, inflict deep emotional scars. These tactics intensify the anguish of



separation, as parents and family members grapple with the inability to provide for their children's basic needs or shield them from abuse. How can agents of the state expect parents and children to not react to manipulation and control? What does manipulation teach us about the logic embedded within corrupt systems? How can we create spaces for families to feel the rage they have the right to feel?

### ***Corruption through Economic Control***

Mothers in this study shared how economic control by the child welfare system affects their ability to counteract the risks of family separation. Not only are they subjected to punitive measures through various fees (such as court, therapy, drug testing, attorneys, etc), but the system also exerts control through its economic dominance of the foster care system. The foster care system is a billion-dollar industry (Roberts) with \$29.9 billion dollars spent in federal, state, and local funds (Rosinky and 2016). In California, the 2023-24 budget includes around \$920 million general funds and \$9.3 billion total funds for child welfare programs (Petek 2023). Despite the high fiscal costs of placing children in foster care and managing child welfare cases, the ways that CWS polices families by controlling how their socioeconomic status—determines if and how they can challenge the system, plays a role in the corruption overall. The child welfare system is a key institution of poverty governance, “managing low-income populations” without alleviating poverty and hardship (Woodward 2021; Soss, Fording, and Schram 2011). The framework of poverty governance alongside the corruption that child welfare agencies utilize to manipulate case outcomes in San Bernardino County zooms into the stories of Central American mothers' experiences of corruption through economic control. Amelia shares her frustration with the corruption that she felt happened in her case,

“San Bernardino is a corruption. The treatment I had in the Riverside court does not compare to what I had in San Bernardino. San Bernardino looks like a kids' market. San Bernardino seems like an agency where they are looking at their bag value, starting from the judge. Lawyers who say they help you, but don't help you, are just fighting for money. Because if I paid like 10,000 dollars, my children's father still has debts. It's like 25,000 dollars that they charged for calls, which they charged because the lawyer went to court and there were times when the lawyer didn't even show up. All this is a terrible corruption that sometimes I say I would like to have. Like the power to expose all the crap in San Bernardino. Because that's bullshit. San Bernardino sucks Katherine. And I tell you this because I have lived through it for five years. San Bernardino is the worst with the system and the kids. San Bernardino is the worst corruption, the worst filth. It's that there are no words to describe the crap of personnel that San Bernardino has. Seriously I don't know how they complain about child trafficking, that children are in danger when they are most in danger in this system.”

Amelia's frustration is connected with her critique of viewing the system in parallel ways to child trafficking, calling it “kids market” and saying that we need to see the dangers of trafficking in this court. She adds that the money spent for attorney fees is part of this process that uses debt and scarcity of resources to contribute to the negative consequences of cases like hers. She further implies that the ways they rationalize their economic control bring illogical arguments,

“And not have the six and the eight-year-olds, that is, something so illogical. If you are a danger to children, you are going to be a danger to any age of child. No, for some yes, for others no. I brought papers from the church because I was serving in the nursery. I helped with the children. There was never a problem. If I was dangerous, I mean. There had to be danger with all the children. Not just with mine.”

The illogical decision of the court to remove her younger children and not her older children is one that she critiques as corrupt. Collectively, these forms of corruption in CPS via medical legal violence, manipulation, and economic control create processes of grief that affect the long-term health and well-being of entire families. To hold systems accountable for the inequalities and abuse they reproduce, corruption and grief need to be examined alongside health because they underscore the pathways to the health of mothers.

### **How Grief Affects Mental Health and Healing**

“We must update our virtual maps, creating a revised cartography of our new lives. Is It any wonder that it takes many weeks and months of grief and new experiences to learn our way around again?” (O’Connor 2022: 7).

Neuroscientists discuss how social ties can affect physical and mental health and how grief is associated with physiological stress, poor health, and increased risk of mortality, depression, and drug consumption (Archer 1999, p59). The sociological model of grief examines it as a social emotional and interpersonal process that varies according to social and cultural conditions (Charmaz & Milligan 2006; Jakoby 2012). I bring a sociological and neurobiological perspective to understanding the grief that CPS-involved Latinx families experience. Different models of grief in the field of medicine, psychiatry, and neuroscience, have theorized from the perspective of loss and death, as a process that includes emotions, such as shock, numbness, anger, despair, acceptance, depression, reorganization (Bowlby 1980; Parkes 2001; Kubler-Ross 2005) as well as the disappointment of what we expected yet did not receive (Weller 2015). However, as O’Connor (2022) describes, not all grieving people go through the same stages, and thus, grief is not linear; rather it is a messy reorienting experienced in everyday life (see Figure 8 Stroebe and Schut 1999). Studies have documented the different trajectories of grieving. The Changing Lives of Older Couples (CLOC) project interviewed more than 1,500 people before and after the death of their spouse. Bonanno developed a model with four trajectories (see Figure 9). These trajectories allow me to asses how mothers in this study process grief in different ways. The mothers’ intergenerational trauma is complex and cannot be understood under fixed categories of grieving. I provide these illustrative figures to show how, ultimately these different grieving experiences for mothers in this

study affect health. Grieving is complicated by cumulative disadvantage and is materialized to heal.

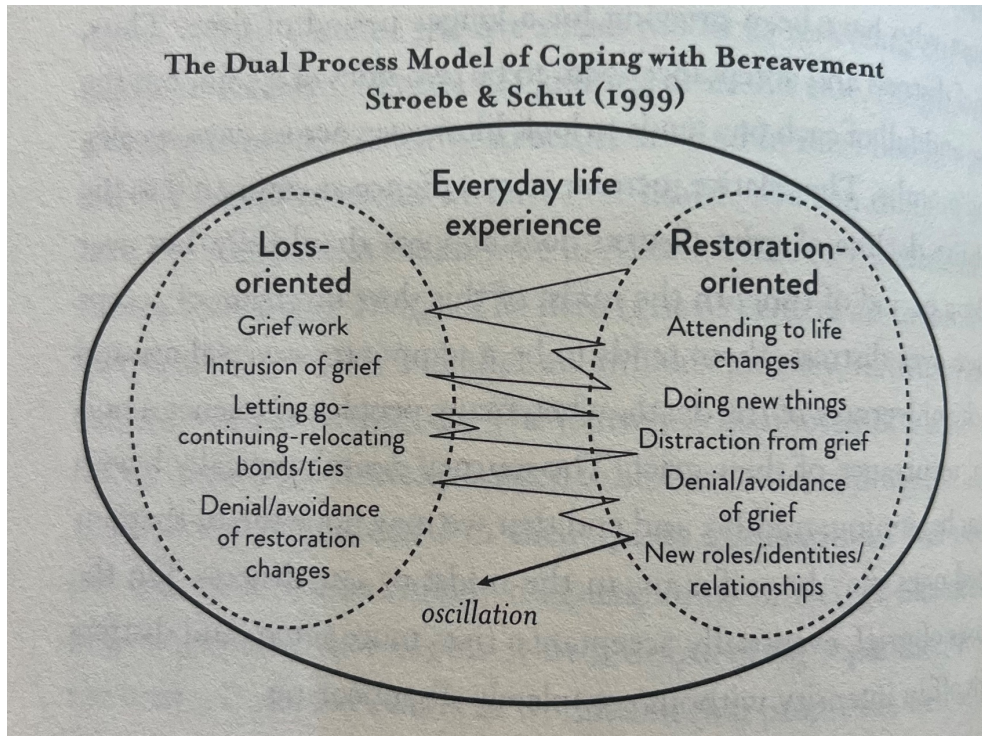


Figure 8

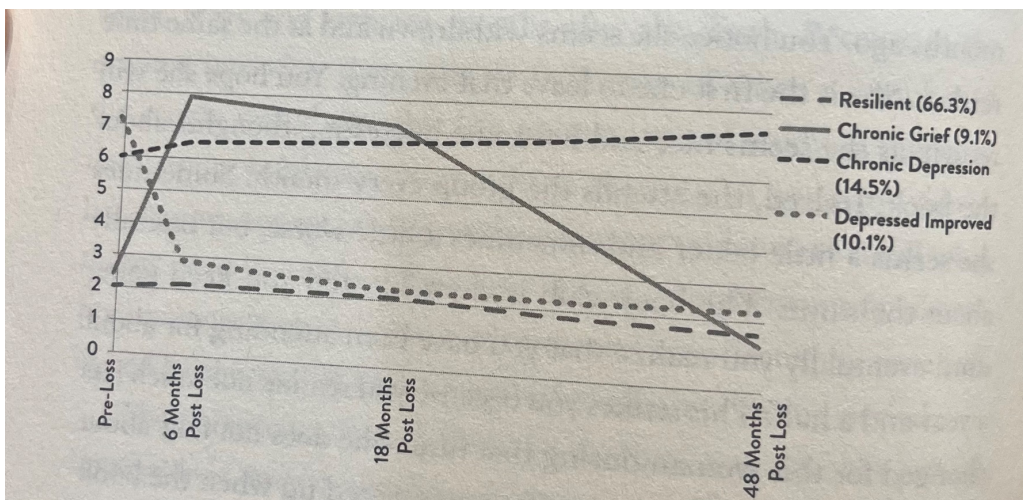


Figure 9

## *Materialized Grief*

Sigmund Freud described the difference between depression and grief: depression comes out of nowhere and grief is a natural response to loss. Scientists and clinicians are developing an understanding of grief and “distinguishing it from depression, anxiety, and trauma.” Grieving and grief, while oftentimes used interchangeably, are different.

Grieving has a trajectory, described more as a process, whereas grief is a moment that recurs over and over (O’Connor 2022). Western culture ignores the importance of grief in everyday life (Jakoby 2012), but for system-impacted families, grief is embedded in the social imagination because of the constant threat of losing loved ones to institutional captivity, street drugs, and separation across borders, and other forces. In this section, I offer materialized grief, as a concept that helps map the process that researchers have discussed, but I add to the discussion the structural violence that sometimes initiates this grief. I disrupt the expectation that pain should be hidden away and buried (Milstein 2017) because this prioritizes collective healing rather than reproducing more death and loss. This expectation is rooted in the denial from violent systems, to feel rage, depression, and anxiety, alongside grief when mothers lose children. In doing so, I want to challenge the idea that grieving is an abnormal condition, and rather show how it is a social emotion that is required to make material change. As O’Connor states,

“Suffering accompanies typical grieving, even when it is not a disorder. I worry that people will describe themselves with the term *complicated grief* because they believe that the depth of their grief cannot be normal, and the fact that the undertow of grief persists cannot be normal. But this is a common concern—grieving does take time, and restoring a meaningful life takes time, in the most normal and natural cases. I worry about overdiagnosis, from professionals and from grieving people themselves, who are simply trying to explain their experience in a culture that does not understand the universal grieving process. (102)

Like O'Connor, I prioritize the idea that grieving is not a disorder; it's an emotional response that is normal to the physical, and spiritual death and separation we experience. The mothers in this study show how this grief is materialized within and outside of the emotion into the social experience with their family and community. In order to move outside of the medical diagnostic perspective of seeing grief as a disorder, I theorize on materialized grief as a process of which the mothers, their families, and CPS are a part. This materializing has effects, depending on how compassion, care, stigma, and punishment build the blocks of either making grieving a stressful and shameful process that affects mental health or one that is supported by family, chosen family, and the larger community. Restoring a meaningful life, I argue requires materializing the grief with love, care, and compassion. As educator Cariaga (2023) states, "This grief work – the process of collectively surrendering to loss, allowing it to change us from within, and consequently moving others to become more compassionate, more present, more free"(17). The "grief work" becomes a practice "necessary for honoring those losses and journeying towards healing and wholeness" (Hannegan-Martinez and Cariaga 2023: iv). I see materializing grief as a multidimensional process that utilizes *motherwork* to embody a messy healing journey and respond to CPS-induced trauma.

The narratives of Amelia and other mothers teach us that to process the harms caused by CPS-induced trauma, grieving should be processed in community. It should be materialized into spaces that offer the ground to release the rage from injustices, receive compassion, and strategize possibilities to heal and better one's health. Here, I conceptualize *materialized grief* as the emotional process where mothers *move* with grief after the loss/separation of children to create physical spaces to process this grief. Mothers move this grief from an emotion to a material resource shaped by *relating to each other*. The emotional

and mental capacity to endure grief creates an interdependent culture of recovery from loss, where healing spaces are created by those who can understand the grief of “wrongfully” losing a child. There are two aspects of materialized grief that are common for mothers who temporarily or permanently lose custody of their children: 1) the critique of the state and 2) physical spaces to process grief. These two aspects that I discuss below also showcase the ways that this grief impacts health while simultaneously creating possibilities for healing.

#### *Acknowledging the Critique against the State*

Amelia blames the judge (Judge Cristopher Marshall) for the legal decisions he made in her case. The pastor in her church and her community of support observed that judge and they all shared with her that he did not have any sympathy regarding her loss. As neuroscientist Jean Decety describes, we know that grief is supported in community, through cognitive, emotional empathy, and compassion. Her community supported her in this critique as they observed him in the courtroom, and the results of this case.

“That man will remember all the damage he did to me and my children. That man. It's not wishing him anything bad, but he has to pay. That man has to pay because what he did with my children was not for his profession, no. it was for his work, but he did it to kill me while I was alive. By hurting me and hurting me, he hurt my children.”

Amelia describes how judge Marshall harmed her and her children, making her feel a form of social death. The state is creating microcosms of social death that directly impact the mental and physical health of entire families. Lisa Cacho describes social death as the process in which criminalization is justified through dehumanizing logics and policies. I expand on this work and argue that social death brings about forms of social grief that make possible new ways of relating to each other amid that grieving. The mothers in this study

give us a glimpse into the ways that grieving affects mental health, how it uses guilt and shame to fuel that grief, and how they critique the state for fueling it. Amelia, explains what this grief has caused to her psychological well-being.

“That psychologically left me bad. To the point where I cried about everything that I looked at or saw. I had nights that I could not sleep. So many things happened that if I was in the house where my friend saw a patrol passing by. It scared me because I said oh, they're coming to look for me and not because I was guilty. No, because they already had me so intimidated, they had me. To me San Bernardino. It lowered my morals, they put me through the worst. they humiliated me. They disgraced my life... Oh, that I'm strong, that I'm over it, but no. you don't get over it so easily because. Sometimes the death of a child, even if it is a natural death, you cannot get over it. Now when someone kills a child to a person to a mother. Worse now, when your children have been taken from you, you know that your children are alive, but you don't know where they are.”

Amelia describes how her kids' adoption left her in a psychological state of grief, depression, and despair. It affected her health in ways that she could not sleep and the intimidation she experienced from the bureaucrats she worked with made her feel continuously threatened and humiliated. Even though two years had passed since she lost custody of her children to the state, she continued to feel the lasting impact of this violence, a type of harm deeply rooted in corruption. She compares death to the separation of her kids in a way that shows the constant worry of not knowing where they are and how they are doing. This worry coexists with the grieving that influences her health.

This loss affected her mental health, and researchers have well documented how losing a child to death impacts brain connectivity and function, and 94% of parents carry enduring grief across their lives (Kark et al., 2022). Further research, documents specifically how family separation affects asylum seekers, both parents and children and poses a “traumatic psychological injury” (Hampton et al., 2021). Child removal has negative outcomes such as trauma, PTSD, suicidality, depression, and grief (Haight et al., 2002; Hook



et al., 2016; Kenny, Barrington, & Green, 2015; Maldonado-Fabela 2022). Despite the various research showing the negative outcomes of grief, this grief caused by forced family separation by CPS within the U.S. is rarely described as *intentionally initiated by state violence*. But Amelia, and other mothers in this study, explain the complex grief stemming from a specific type of state violence: the process of adoption. Not only is this grief carried by the adoptions that happen, but also for the children that return to the home after removal. Most cases in CPS fall under this category (Fong 2023), yet, few research investigate the prolonged effects that this grief creates for both parents and children. Amelia shared how her older daughters Caty and Daniela, were in foster care for those 5 years and experienced a lot of abuse.

“If my daughters would tell you, what they lived through. They were there for five years and I think they did change them from 14 to 17 houses... My daughters sometimes would call me when they were around in the houses. Foster moms they have not given us to eat. Mom the lady left and left us alone. The lady went with her cousin or her I don't know what to do and they left us here alone in the house. She left us in the care of a nephew, she left us in the care of her husband. I said oh how in their hands all that is normal. And if I go to work and leave the child with the biggest girl they're capable of saying that it is my negligence...in one of the houses foster. The lady had another girl. And that girl hit her. She hit her so badly that even a video was there and said that it was normal that they were childish fights.”

Moving from home to home and then having to recenter back into their familial home while a parent is grieving the loss of other children is likely to impact the collective health of the home. When both parents and children in a home are suffering from different forms of CPS-induced trauma, there is a cumulative disadvantage that occurs *after* being involved in this system. While several researchers document the harms in short-term contact (Fong 2023), long-term effects of foster care involvement for youth (Harvey 2023), very little analysis conveys the ways that the system can target entire families and impact the physical and mental health of the entire family. We know the ways that mixed-status families suffer

from the collateral consequences of immigration law and deportation threat (Garcia 2019) the ways that incarceration of men creates secondary prisonization for women and children (Comfort 2002) but very little on the negative health outcomes of CPS cases with mixed legal outcomes. Amelia's family is one case that shows how the corruption of her CPS case affects everyone in the home, through grief, health, and long-term restoring.

The physical abuse and the neglect that her daughters received are part of this grief that she is still processing but also the trauma that her daughters must now work through with no support from the state that created this process under logic of "the best interest of the child". Amelia mentioned to me that they suffered a lot, that they came back with so much trauma and that she is trying to help them but it's difficult. Amelia says that although she received custody back, the grief of previously losing them still lives because she feels how much her daughters were harmed. Her daughters need therapy, resources in school, and a lot of healing, yet in the space of grief it's difficult to think about relying on any form of state intervention that can potentially jeopardize losing them again. Research on system avoidance (Brayne 2014) shows how criminal justice involved families may avoid contact with the system to prevent further surveillance and CPS involved families specifically find strategies to navigate this surveillance (Fong 2019). Amelia, and her family avoid interacting further with carceral institutions even though they need mental health support, however, like many mothers in this study were able to materialize this grief, first by naming it, then by creating space to process.

"Sadness to go outside and see the sun. It makes me sad to see that it is raining, it makes me sad to see the night. I mean, inside of my home I am relaxed. But if I suddenly go out at night to buy Or throw out the garbage when I go out. I see the stars I see the sky. I see that the trees move with the air. It makes me sad. It makes me sad. Because they are parts of the times I lived with my children. And sometimes at night. When I go by myself, I am driving in the cold and sometimes I see the lights in the distance of the city. And I say in which house will

my children be in and which light will be the one in which my children are in? What city are my children in? Have they already eaten? Who are they with?"

### *Grieving Communities*

This process involves forging cultures of care amidst carceral conditions created through grieving communities. Grieving communities are the result of the social and carceral conditions of family separation. Grieving communities within system-impacted families are created after loss of death or separation.

### **Conclusion**

This chapter analyzed the ways that historical and intergenerational trauma shown in migration experiences are connected to the CPS-induced trauma and corruption Central American mothers experience. They experience 1) corruption through medical legal violence 2) corruption through manipulation and 3) corruption through economic control. These forms of corruption, which lives in the historical memory of mothers, produce grief, where their mental health is affected. Through this process, they not only recognize and name the corruption but they also critique the state and that makes part of their healing. When a collective of system-impacted mothers experience this grief, they materialize this grief, what I call *materialized grief*, and they do the “grief work” to process loss. These grieving communities are reflected through system-impacted families’ experiences across the following chapters. These communities create safety, and healing with different strategies.

*How do we participate in this materialized grief too?*

“Grief work is necessary, but it is not the end goal in and of itself. As writer and Potawatomi scientist Robin Wall Kimmerer reminds us: grief is part of the broader process of repair; restoration of the land and our relationships with the more-than-human world are “powerful

antidote to despair” It enables us to clear space, removing the debris of what was, in order to begin to take different actions, guided by what we love and care for deeply”. (Barton 2024)

When I began this study, I did not know that I would be engaging in grief work, or examining the ways that grief affects the health of Latina mothers and their families. Every time after the interviews, I found myself carrying an emotional weight that I had to do something more. I had to listen, yes. But I had to walk with them in that grief. Oftentimes, this means creating that space so that we can strategize what are the needs of the moment. I have spoken about this before, where we need to organize within the context, we find ourselves in. The contextual struggle needs to teach us how to relate to one another in ways that materialize grief into something more than the emotions that grief contains. The mothers in this study see me as a *materializer* of that and I do not take that lightly. Whenever they need resources of support, I am part of that circle. It takes an invitation for joy and allows those moments to become part of the healing practices to be uncomfortable with the grieving. I constantly create those spaces. I turn mothers to spaces like Corazon Counseling “grieving con Cafecito” so that they can decide whether those circles are needed. I share material resources such as ancestral medicinal strategies that they can decide to engage with. I do not do any healing work with mothers and their families, they do that on their own, but I do radically engage in grieving with them. And grieving is emotional, social, financial, and much more. I ask us to always think of how we can materialize grief so that grief is not hidden and instead felt deeply, felt in community and in ways that can transform the spiritual death into spiritual resistance and awakening. I follow the teachings of my own teacher, Erika Buenaflor who talks about the retrieval of the soul (Buenaflor 2019). For resources see:

rituals in the book “Tending to Grief” see workshops for retrieval of the soul from *curandera*  
Erika BuenaFlor.

### **CHAPTER 3: UNCOVERING THE PSYCHOTIC VEIL FROM TRANSCARCERAL “CARE” AND “SAFETY”**

During the 2020 COVID pandemic, we witnessed how racial capitalism killed Black and Brown bodies at higher rates in the U.S (Pirtle 2020). The deaths and the 2020 Black Lives Matter uprisings protesting George Floyd's murder, police brutality, and systemic racism in the U.S. underscored the importance of recognizing punishment as a public health crisis, especially in the context of the COVID-19 pandemic. During this time, I came across a news article in *The Imprint* from Dorothy Roberts, warning us that the movement to defund the police was critical, but concerning because of the ways that it called to transfer money, resources, and authority to health and human services in CPS (Roberts 2020). The argument to abolish the police alongside CPS was an urgent discussion to have during this time because moving funds from one system of policing was only going to strengthen the carceral state. However, this moment was also crucial for this movement because of the mutual aid organizing (informal social services) that was happening all over the U.S. to support families in need. Given the catchall responses of CPS to complex social inequalities and trauma, mutual aid organizing became crucial in reducing the surveillance and punishment associated with framing poverty as neglect.

Law professor Anna Arons investigated how the shrinking of the system in New York City provided a micro-moment of abolishing CPS. She states that mandated reporting decreased, and the number of families separated by the government fell, “meanwhile communities developed robust mutual aid projects to meet their needs for food, provisions, childcare, and therapeutic service” (2022:2). For Black, Indigenous, and Latinx families experiencing surveillance from CPS and related agencies, it provided a moment of

understanding collective safety without being punished, because during the pandemic there was a lot more compassion to understanding the impacts of covid and the shutdown.

Similarly, in Los Angeles County we were seeing the demands to close jails because of the severe health conditions inside that were harmful to incarcerated people. Since 2012, there was a campaign against the jail construction in Los Angeles, and in 2020 the Board of Supervisors passed a motion to completely abandon the plan without adding more jail beds or constructing a new one. This decision was made based on the argument that it was a health-related decision to reduce jail size. However, before this motion, the argument had been that we needed to improve the jail conditions and they used health-related claims as well, Clayton Johnson and colleagues state,

“To guide their decision, the supervisors hired an external consultant group, which listed correctional health as an area of expertise. After just two months, these consultants recommended the same size jail as originally planned. The only differences proposed were to its design, so that it could meet the future population’s health needs, which they expected would grow in medical and psychiatric complexity. Their reasoning provoked disbelief from advocates against jail expansion: how could health be a reason to build a jail?”

What was initially a guiding factor to expand the largest jail system in the world, became the reason why they did not move forward. Advocacy groups and organizations such as JusticeLA advanced for a political shift toward acknowledgment of the connections of incarceration, abolition, and public health. Many of these demands were using arguments such as “care not cages”. I participated in numerous meetings, and protests where we made claims of health, both for this expansion but also for the human right of providing healthcare to incarcerated people and releasing them during the pandemic. Many COVID-19 safe car rallies around Southern California aimed to push for a collective change inside prisons and attend to the family members outside who were also impacted by not being able to support

and care for their loved ones inside. On May 14<sup>th</sup>, 2020 my children and I attended one of these rallies organized by many organizations such as Youth Justice Coalition, and Homeboy Industries. In Figure 10, there is an image of a car that was in front of us while we drove around City Hall and District Attorney’s office, the car had a sign that says “COVID in prison equals death” in Figure 11 my son is holding the sign that says “Free My Dad”. We had a personal connection to the closure of Men’s Central Jail because my children’s father was inside fighting a murder case (years later found not guilty by jury), while needing medical support for his epilepsy. The conversations and movement to reimagine care and safety both in the criminal legal and child welfare systems were paving new ways to organize, challenge, and transform the social conditions that make criminalized families unsafe.



Figure 10: Photograph by author during car rally in Los Angeles.





Figure 11: Photograph taken by Homeboy Industry Organizer. Author and son in car rally.

*Abolition Medicine*

Many debates that came to surface during 2020 continue to be of crucial importance to understanding prominent perceptions and practices of “care” and “safety”. Scholars attempting to bridge abolition and the field of medicine have also paved the intellectual road to include healthcare and health professionals in the movement against family policing and abolition more broadly. Abolition has a long history of working against the conditions that racial injustice produce, from slavery, to prison abolition, to more broadly the legal system. Sufirin (2022) describes Abolition Medicine as disrupting and reimagining new systems that not only surveil and punish Black and Brown bodies, but also injure them. Abolition

Medicine bridges anti-racist practices in the medical field with abolitionist principles to develop new, transformative approaches. Sufrin writes,

“But even as it begins with “abolition,” abolition medicine, does not, notably, propose a complete abandonment of the entire project of western biomedicine, reimagining entirely new models of healing. Abolition medicine’s efforts of “reimagining the work of medicine altogether as an anti-racist practice” (Iwai et al., 2020) in clinical spaces involve, for instance, eliminating biological notions of race in diagnostics and treatment; eliminating carceral logics that punish patients for not adhering to treatments; not shackling people during childbirth; anti-racist medical education. Abolition medicine does not aim to abolish the medical system writ large, but is perhaps more aptly understood as working “toward abolitionist approaches in medicine”

This framework involves a multidimensional perspective, integrating intersectional and interdisciplinary approaches. It facilitates the exploration of how researchers and practitioners in abolition, medicine, and the child welfare system can collaborate to enhance health, well-being, care, and safety. I began this chapter with these contemporary cases of abolition and deliberately linked them to health to encourage a broader perspective on the interconnections of punishment and health. Historically, we can trace how punitive the merging of prison and psychiatric facilities were, under the logic of “care”. Scholar activist Emily Thuma (2019) describes and writes that,

“Prison psychiatrists underwrote the expansion of these practices by investing control units with medical expertise. As sensory deprivation, psychotropic drugs, and electroconvulsive shock therapy eclipsed the psychoanalytic and education-based approaches that had predominated in the 1950s, they “muddled commonplace distinctions between what constituted punishment, rehabilitation, and torture.”

The rehabilitative approach of prison and psychiatry is reflected in the ways mothers are controlled to “fix” their parenting and become “fit” parents through medication. This medical practice as Sociologist Juanita Diaz Cotto argues, stigmatizes women who rebel against being

labeled mentally ill while also perpetuating further psychological and physical abuse through forced medication”. I aim to extend our understanding of the ways that medical practices in child welfare affect criminalized families, reaching beyond traditional legal and child welfare systems to encompass psychiatric facilities and drug rehabilitation centers. This approach invites us to rethink the concepts of safety and care for families navigating the complexities of state and interpersonal violence, transforming our approach to their wellbeing. In this chapter, I highlight the intricacies of care, safety, and abolition medicine to illustrate how CPS perpetuates a form of medicalized carcerality that adversely affects Latina mothers. As we advocate for reduced policing and increased resources, it's crucial to also consider how various settings, such as domestic violence shelters and psychiatric facilities, contribute to a sense of unsafety. This approach invites us to rethink the concepts and practices of safety and care and reveals how mothers draw on these experiences to cultivate intergenerational safety, shedding light on overlooked dimensions of organizational influence on family wellbeing.

### *Medicalizing Carcerality*

Esmeralda, Chicana mother of four from Los Angeles, whom I introduced in chapter 1, opened her story by sharing a picture from her stay in a psychiatric ward in Los Angeles (figure 12). Following a period marked by intense domestic violence and abuse, she attempted to commit suicide twice. The first, through an overdose of ecstasy pills and then by cutting her wrist. This mental health crisis prompted the involvement of the Department of Child and Family Services (DCFS), which led to her children being taken away from her custody.

“I was like, nah like my whole life, I've been humiliated by my father, by Daisy's father, by David. Like damn. I'm just like. Like something must be wrong with me. I started

questioning myself. And so then, like, that night, like, I just remember waking him up, and I was telling them, like, you know, You know what? Like, honestly, I don't even care what happens to me now. I just want to, like I told him, I told him like, you rather see me dead? I'm like, Is that what you want to see? So, like, that night, I just committed suicide. Like, I drank a bunch of pills, like, and they were not even just regular pills. They were actually ecstasy pills because he had a stash that they would, it was his brothers, his brother used to sell ecstasy pills. So then, like, I just told them, like, You know what? I don't even care anymore. Like, to be honest with you, like, like, I just want to die. Like, you know, just take care of take care of my daughters. And I'm just like, I drank those pills and I just shove them in my mouth. And there was, like, water nearby because I was breast feeding at that time. So I just drank all the water and I drank like probably 15 or 20 pills um, that he was like yelling. And he pulled my hair and he goes, You fucking dumb bitch like, What the fuck are you doing? So he just was dragging me, trying to get me to his mom. And so, like, as he was dragging me, like, you know, the babies were crying in the room and his mom and his dad were in their room and they were actually screaming and saying like, Oh, we're gonna call 911. And I'm just I don't give a fuck, call 911. And I'm like, I'm done. Like, I don't even want to wake up anymore.”



Figure 12: Esmeralda in Psychiatric ward unit with therapy dogs.

Esmeralda’s suicide attempt was a culmination of a lot of violence she had experienced at the hands of her parents, and romantic partners. Her *bodymindspirit* collapsed in such way that

pushed her to feel hopeless and helpless— a form of spirit murdering that comes via racial violence (Williams 1987) and damages the bodies, minds and spirits of Latinas (Rodriguez-Strawn & Apodaca 2023). Esmeralda recalls that she was blamed for her actions without receiving support for her mental health and also critiques the state for not questioning the root cause of her responses to violence,

“They showered my daughter and sent her to school the next day instead of having like like nothing happened. Like she's going to go to school, like, knowing that she seen her mom drinking these pills and get dragged. And then my daughter actually, in the DCFS case, she reported that Daniel pulled her hair like and my daughter said that he hit her. And and, you know, I was like What the fuck, I was so mad but I was just like I didn't I didn't know about until, you know, I was And then basically the court were blaming me, saying that I was that I allowed this to happen. And I was like, how did I allow this to happen? This happened to me like he did this to me. You guys are making me seem like I'm the crazy one, just because I went 5150. I'm just like, no, like, you guys should be questioning, why did I do that? Was there a reason for why did you do that? Like, no, nobody asked a question what the fuck was going on with me. Like, they just said that because I was doing it because of anger. And I was like, y'all crazy. I'm like this. The whole court, I was like y'all a mess. Like you guys don't even like, You guys are not there to support family or the mothers of the victims. And I'm like, You guys are just there to, like, make them seem like they're the crazy ones”

As Esmeralda shares, the response to abuse from social institutions not only became harmful for her, but also her daughter who witnessed this tragic moment of crisis. State actors questioned her sanity while exacerbating her instability, what about the conditions that led to this instability and suicide attempt? In her second suicide attempt, DCFS removed her children from her custody. She states,

“Because that's when they started like, Damn this bitch is coming back again? And like, so like, I came back, I got on a knife and I slit my wrist at his house again. And then so like they actually called the cops on me. And in, they're like they put me in handcuffs, they went over my wrist where it hurt and um, I got taken to the station and like they were like, What's going on... Well, we have an emergency removal order because, you like you're endangering your children and um, and, and you're not mentally stable for your children. And I was like, and I was like well what does that mean, and I was just trying to like, like what do I like? I was, I didn't know that, you know, I didn't know any of my rights with DCFS. I don't know any, I was never. I was that child, you know, my parents got us taken away, but I didn't know what the process of was with DCFS and, um, and how do I, how to advocate for myself.”

The law enforcement involvement and CPS intervention as a response to her mental health breakdown is a reflection of how the state frames mothers and criminalizes them through their crises and experiences of violence. The state performs further punishment and creates a pathway of carceral control and medical violence. They medicated Esmeralda in the psychiatric ward to control her “instability” This is what creates the context of medicalized carcerality. The connections of systems, agencies, and healthcare professionals to justify “care” and “safety” with medications and by institutionalizing the person who experiences trauma. Esmeralda, shows how the suicidal attempt as a response to state-sanctioned and interpersonal violence is a direct reflection of the physical and psychological response *to the lack of safety*.

### **Institutionalizing Care, Unsafety, and Neglectful Environments**

At the beginning of this chapter, I discussed two cases that occurred during the 2020 COVID19 pandemic in which “care” logics were being used to transform the carceral state. Abolitionist medicine helps unpack how “care” as both a practice and framework need to be challenged in order to re-imagine and develop a collective system of care that does not rely on institutional punishment and invests in healing. Mothers in this study are critical of the ways in which “child welfare” and “child protective” labels are utilized as a means of covering the unsafe measures the system takes to control poor families. System-impacted mothers specifically, have relation to multiple systems, have been incarcerated, detained, or in psychiatric facilities, and understand firsthand what unsafety does within a context of institutionalized care. The contemporary abolitionist movement alongside Reproductive Justice, which view the importance of being able to provide safe and healthy environments

for communities of color (Ross and Solinger 2017) allows us to ask how we can theorize and practice safety? What constitutes unsafety and risks? And how do system-impacted mothers learn about safety methods within unsafe spaces? These are the questions guiding the following sections.

Feminist scholar Isabella Restrepo (2019) argues that girls in foster care experience transcarceral care “whereby the foster care system frames forms of control as care and becomes an extension of the carceral state” (3). Within this carcerality, girls of color often get diagnosed and misdiagnosed when they are responding to trauma and systemic control. The ways that clinicians pathologize trauma reflect the ways that the racialization of women of color justifies the “misunderstanding” of behaviors that can be both symptoms of trauma and resistance to system control (Restrepo 2019; Trotter 2017). I utilize this theorization to extend how transcarceral care is embedded within agencies associated to the child welfare system such as psychiatric facilities, rehabilitation centers, and domestic violence shelters. Restrepo (2019) posits that when foster girls of color receive behavioral diagnoses, they are forced to navigate the system as both physically displaced and developmentally displaced from girlhood. I would argue this too applies to the displacement of motherhood in ways that deny the physical, and emotional response of raging in times of punitive intervention by CPS.

Institutionalizing, pathologizing, and criminalizing care often result in unsafe and neglectful environments for families facing crises. In this section, I explore how these conditions of unsafety arise from the collaboration of CPS and healthcare systems. Mothers learn that unsafety practices are harmful and reflect on the ways that care is situated within a punitive branch that justifies the broader violence of family separation. I argue that 1) denying communication between parents and children after removal is unsafe 2) failure to

provide therapy during crisis poses a risk to individual and family's safety, 3) the lack of adequate healthcare following a suicide attempt is unsafe and 4) framing parents as "crazy" is unsafe. These four institutional practices of unsafety deepen the crises mothers navigate. However, at the same time, mothers are not remaining passive and learn to critically point out what unsafety means so they can develop new models of safety and care.

**"After they picked my daughters up that's when I lost it... I went crazy"**

*Guilt, Blame, and Health*

Esmeralda shared a picture (figure 13) the first time she was able to see her daughter after three months of separation from her. She said,

"it took me almost three months to find out where my daughters were. Three months. And I was like I didn't know anything about them. And I was like, Damn what's going on and I kept asking and I was like, What do I do? Like what I do? Like who do I call? Like I went crazy. But after oh, after that, like I after they picked my daughter's up, I lost it. That's when I just lost. I was like, damn, I lost my, my girls, I lost myself. And I started like, kind of like I, I went to the streets and I just kind of started like, walking like. Like if I was like, I literally, like, went crazy. Like, I just felt like I didn't, I, there was no purpose of living. I was like, there's, my kids are not around. Like, I went missing for three days and my grandpa had to file a missing report and was like, Have you like, they were putting pictures up of me. Like missing or have you seen her? And that's how bad it was. Like I was just wandering and talking to myself in the streets, like of LA. I would sleep in the streets. And yeah, I'm just I literally walk from my house. I left everything, my car keys, my phone. My grandpa couldn't find me. My grandpa was walking through every street in Echo Park and trying to find and ask people and they were like, Oh no we haven't seen her. But I was just so like. Like I was blaming everything to myself. I was like, I did this to myself, but not realizing that I was not my fault."





Figure 13: Esmeralda holding her daughter first time after removal.

The unsafe environments of the psychiatric wards, incarceration, the streets, and her home taught her to question the culpability she would feel for seeking a safe space to process what she had been through. Through her experiences of lacking safety, Esmeralda realized that the deep emotional wounds she and her children suffered were often due to the absence of the care and protection they needed. The moment she lost her children was a moment “she lost it”. Many of the mothers shared the same feelings of “feeling crazy” when they lost temporary or permanent custody of their children. While all mothers respond differently, they connected in ways that show how it affected their health. The paradox of being labeled 'crazy' lies in its dual nature: it is both a psychological response to crisis and a stigmatizing label imposed by institutions. Both aspects are perpetuated through mechanisms of blame, guilt, and gaslighting. As sociologist Marisa Salinas (2023) argues, Latinas are often

rendered “carceral collateral” when they experience abuse and neglect under neoliberal ideologies that justify violence. The unsafe environments that CPS and psychiatric institutions create impact the mental and physical health of mothers. As Esmeralda shares,

“Like my health declined. Like my body was like my brain, my heart, everything shut off. I felt numbed inside. I felt numbed like I was just like. Like Destiny, I felt bad because Destiny I'm like Destiny doesn't have a dad who, who can actually, like, you know, advocate for her. Her dad's in prison. And I was like, bro I couldn't even take care of my daughter. Like, like, you know, she don't even she don't even know her. Like, she was small, so I was like damn like. This foo has you know, he has, she has a dad and she has a mom, but I'm like, damn, we can't even get it together. And I'm like, Destiny's Dad in the other hand, I was like bro, I felt bad. And I didn't even know what to say. I, I don't even, my grandpa was probably keeping him up with everything, but I just felt numb, like my whole body. Everything was just collapsing. Like I wasn't, my, my eating was like I didn't want to eat. Like I didn't even feel hungry. I don't even think I felt hungry. That's how the pain was just, like internally”

### *Framing the “Crazy”*

The way that Esmeralda describes her health declining and feeling “numb” was a culmination of a lot of stressors induced from CPS-trauma, domestic violence, and a lot of the childhood adversity she experienced. From these experiences she was not only navigating the decline in her health, but also the way the state was framing her as a “bad” mother. The state constructs a microcosm centered on controlling and “correcting” parents labeled as unfit, offering them classes and pharmaceutical solutions instead of the tangible resources necessary for sustained health and healing. This approach overlooks the deeper need for support that can truly facilitate long-term well-being. Similarly, Celia, experienced intense trauma through institutionalization and violence. Celia was framed as the one who “failed to protect her children” because she was in domestic violence. However, when she called for help in instances of domestic violence, the police officers would not respond. She says, “You don't know how many times I called the cops to get him out of my apartment...”

they were like you chose him and I'd be like come on sir take him." The police officers would frame her as the one who was crazy for choosing him, even though she would hide from her ex-partner, placing refrigerator and couches to block the door and had visible bruising. Once, when she decided to respond with violence and grabbed a pole,

"And I was like, man. I was just so tired. I remember that day I was I was done. And this fool gets up. Are you looking for this? And this fool pulls out the fucking pole. You know, and I, I was like fuck, I was tired of being scared of him, you know, like, honest to God, I was tired of being in this weird because it wasn't as scared of him. I was like, damn fool, I love you, fool. Why your treating me like this, you know, like you look at him, I'm like, where's this fool at? You know what I'm saying? Like, I had already felt it when he fucking locked me in the restroom. He had me with the skateboard, like, slamming it. He broke my door. He broke the door. I remember how I felt, but. But that day in the room, it was just. I was done, you know? And he came at me and I'm like, fuck it dawg? So I went at him, you know, and this one fucking swang the pole at me. And I stuck my hand in because I was going to let it hit my head. So he hit like an artery or something. I don't know if it's an artery or what the fuck he hit. I don't know. He hit a vein. So lot a blood popped out. This foo got scared and this foo bounced. You know? I was like nah foo stay now like, ahora quedate guey."

Her response was one of being tired and a lot of rage from being abused by him and neglected by the system that is supposed to provide "safety". This situation got her to the hospital where she was bleeding out and had to get stitches, and this is where the doctors found out she had kids and the CPS case was initiated. They blamed her and her sister even tried to take custody of her kids. This created a lot of family tension between them because Celia was trying to do everything to keep her kids safe, but she was constantly framed as the one unfit. Through all of this Celia, even though she was undocumented she decided to leave to Mexico, to find some peace and safety from all of this. She first consulted with her friend's mom who worked for DCFS and she told her that she had legal rights to her kids and she could go to Mexico so she did. When she got to Mexico everything was better, until she found out that she was charged with kidnapping charges. Her mom had to take her children back to the U.S. and Celia stayed. She went back to substance use and she was placed in an

annexo (rehabilitation center). Here she was tortured and experienced more unsafety. She shares how self-harm was a way she thought she could escape from this,

“Yeah because I ain't going to lie. It took me a while to come down like I was. You know, like over there they're allowed to tie you up. So they kept me tied up for a while. I would act a fool. You know, I just figured maybe if I, if I hurt myself. They going to take me to the hospital and I know I'm going to run that I was like my idea. I did a lot of stupid shit. And then I finally like, like, I probably did enough for them to be like, damn, we got to do something with this girl. So I ran. They left the knife in the kitchen and I stabbed myself in the stomach 3 times. So they're like damn foo we can't have her around these other people. You know, like, well, I don't know. I'm not thinking straight this whole time I just wanted to get out. Because once I sobered up, which is stupid, that I did this once I sobered up. But once I sobered up, I'm like for my kids, you know what I'm saying? And I remember my mom, she had kind told me like, I'm going to take the kids, you know? And, you know, at that time my mind was just like I'm trying to get hurt. I'm not trying to kill myself. I'm trying to get hurt like if they see blood if I could get a cut this big enough. That I need stitches, they're going to take me out, you know what I'm saying like. Hell nah, the rehabs over there they'll just tie you up. Your there bleeding like just hurting, like, I would I would go to the restroom and this shit I had like this.”

Celia's experience with torture and self-harm occurred due to the impact of CPS. She wanted to do everything get back with her kids and when she began sobering up, she realized that maybe by hurting herself she would get taken to the hospital and have a chance to leave and reach her children. But the rehabilitation she was in was carceral and punitive and she had to stand and bleed out. The form of violence used in rehabilitation (anexos) in Mexico are known to use harmful tactics in the process of recovery. In the context of neglect from being institutionalized, self harm and suicide become to separate strategies to communication. In *Invisible Trauma*, Anna Motz (2020) describes how for women in the criminal justice system, specifically in secure mental health settings, women use self-harm as a means of survival and communication, a “hopeful function and not pathological” (Motz et al 2020). Celia's self-harm was part of this effort at survival, a survival specifically linked to the urgent need to reunite with her children. Institutions framed her as unfit, and crazy for doing this, yet ignored the ways that she was trying to everything in her capacity to show that

she wanted to be a mother, and one that would go above and beyond to cross the border and get to them.

Women of color, and poor women are framed as unfit because they cannot fit the standards of upper-white middle-class mothering (Roberts 2002; Garcia Halett 2017). Eugenics, racism, and reproductive injustices have historically marked these mothers as unfit to raise children and continue to punish mothers who do not fit the standards of the state. For example, in the mid-1920s when the population of Mexicans grew there was a shift to blame Mexican women and their fertility. Similar to the controlling images of the “welfare queen” (Collins 1990) public health officials argued that Mexican/Mexican American women and their children would become a drain to U.S. society (Molina 2006). As Sociologist Rocio Garcia (2018) states, “the racial politics of Mexican-origin and Central American women's reproduction highlight the extent to which immigration concerns have uniquely molded images of migrant Latinx as hyper-breeders, as the possibility of a growing “unassimilable” population of commonly referred to “anchor babies”. These fears of Latina over-fertility have also justified coerced sterilization (Silliman et al., 2004; Gutiérrez, 2008). When the state and media used eugenics movement to control the reproduction of Latinas they also controlled their mothering, and framed as unfit. The *Madrigal v. Quilligan* lawsuit, where ten Mexican American women sued Los Angeles County General Hospital for being sterilized without their informed consent during the 1970s shows these impacts. Furthermore, the documentary “No Más Bebés” by Renee Tajima-Peña explores the stories of these women, highlighting the injustices they faced and the impact on their lives and communities. Artist, Phung Huynh (<http://www.phunghuynh.com/sobrevivir.html>), highlights the resistance to these forced sterilizations of Latinas in LA county (See figure 14). This piece of art was a response to this

violence. In 2018, the Board of Supervisors of Los Angeles County offered an official apology to over 200 Mexican-descent mothers who were coercively sterilized at the Los Angeles County + USC Medical Center during 1968 to 1974. In a move to visibly manifest this apology and honor the tenacity of these survivors, the LA County Department of Arts and Culture commissioned artist Phung Huynh to create "Sobrevivir," a permanent outdoor sculpture. "Sobrevivir," meaning "to survive" or "to keep alive" in Spanish, serves as a tribute to the strength of these women and aims to preserve the memory of those whose stories have been silenced or overlooked through history.



*Sobrevivir*, public artwork at Los Angeles County + USC Medical Center, corten steel and LED lighting, 22 feet in diameter, 2021

Figure 14: Sobrevivir artwork at LAC USC Medical center.

These acts of violence against Latinas remain active in the historical memory of Latina mothers and their families in Los Angeles and Southern California more broadly. The control to women's bodies through sterilization is one practice that makes spaces unsafe. The framing as being unfit to parent is another one. When the state frames mothers as crazy it

creates further psychological trauma, gaslighting, and culpability that can be damaging to the healing or recovery of mothers who want to regain custody of their children. Mothers who are deemed “psychotic” and “crazy” are often diagnosed as mentally ill. Despite the emotions being a normal response to intense violence, courts and agents in CPS use the “crazy” logic to justify structural violence. These logics manipulate how CPS functions with neglect and unsafe practices. Even though the carceral state creates categories to govern poor families, such as through definitions of neglect, the state itself creates unsafety for families and entire communities.

When Esmeralda recounted her experiences in the psychiatric ward, she highlighted a particular document she was often asked to complete: her patient safety plan (figure 15). These plans were developed during sessions with clinicians and psychologists aiming to assess her degree of crisis state and establish a supportive "safety" framework. Such plans typically outline warning signs, coping mechanisms, social supports, and environments deemed "safe". In completing these, Esmeralda would note activities she found genuinely helpful for her sense of security, though, in reality, many were unfeasible. For instance, despite recognizing the therapeutic value of going to the gym or attending school, her circumstances rendered these coping strategies inaccessible. Most poignantly, she identified her daughters as her primary reason for living, yet found herself disconnected from them during her stay.

Other mothers share parallel experiences with institutions like domestic violence shelters and foster care systems, where the rehabilitative intent of social service bureaucracies to "fix" families often hinders the very healing processes they purport to support under the guise of "care". This approach reveals a dissonance between the stated

objectives of these services and the actual impact they have on family dynamics and individual healing journeys. Sociologist Cecilia Menjivar argues that state categories create exclusion for marginalized groups and as they apply rules and regulations, “they draw a line between the eligible (and presumably deserving) and the ineligible (and supposedly undeserving); this system includes but also displaces and abandons groups, hence shaping structures of inequality” (2023:2). These categories become particularly complex for criminalized mothers, who are often framed as the ideological reason for the creation of such “services” and “agencies.” Even when these mothers are deemed “eligible,” their eligibility often comes with punitive measures. State categories are presented as measures of “care” for the “public safety” and “child welfare”. However, these labels mask a deeper, systemic bias that disproportionately blames Latina mothers facing crises such as poverty, domestic violence, drug use, and suicidal ideation. This stigmatization not only targets these mothers but also extends the system’s punitive reach to their families, undermining the very notion of support and care these categories claim to provide. As Menjivar (2023:3) further states, “States can be progressive and regressive, “extending rights and promoting wellbeing and inclusion with one hand and with the other taking them away” (Htun and Weldon 2017:159); thus, bureaucracies can foster inclusion (see Marrow 2011)”. In this study, I unpack these complexities of the left and right arm of the state (Waquant 2009) to challenge the bandage solutions it has to offer to deeply rooted social stigmatization against vulnerable families. This narrative underscores a broader critique: while institutions like psychiatric wards implement "safety plans" intending to grasp and mitigate individuals' crises, their approaches often lack the necessary empathy and pragmatism to truly address the situation. Such practices, medical and carceral in nature, can inadvertently inflict additional trauma.



Nevertheless, mothers like Esmeralda navigate these challenges, seeking ways to heal and find resilience amidst systemic shortcomings.

**Patient Safety Plan Template**

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. Flashback of Danielle
2. No one to bother me - mood - upset
3. sleep a lot. Not eating

**Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. go the gym
2. going to school
3. watching videos memes

**Step 3: People and social settings that provide distraction:**

1. Name <u>Criselle</u>	Phone _____
2. Name <u>Leslie</u>	Phone _____
3. Place <u>Work</u>	4. Place <u>Hiking</u>

**Step 4: People whom I can ask for help:**

1. Name <u>walter</u>	Phone _____
2. Name <u>Marian</u>	Text _____ Phone _____
3. Name <u>Marli</u>	Phone _____

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name _____	Phone _____
Clinician Pager _____	_____
2. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact _____	_____
3. Local Urgent Care Services _____	_____
Urgent Care Services Address _____	_____
Urgent Care Services Phone _____	_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	<u>911</u>

**Step 6: Making the environment safe:**

1. hold my pills
2. \_\_\_\_\_ will check on me.

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The one thing that is most important to me and worth living for is:  
My Girls

Figure 15: Esmeralda’s safety plan during psychiatric confinement.

### *Neglecting Therapy*

Another case that show the lack of safety that stemming from CPS involvement, and through other agencies is neglecting to provide therapy services to families in crisis. Across this involvement with legal, psychiatric, and social services after suicide attempts, therapy was not offered. Mandated drug testing, court-order domestic violence, and parenting classes were, but therapy, as an essential factor for healing and coping was not. Until Esmeralda regained custody, and her daughters were having a therapy session, a therapist invited her to the conversation and made a referral for her to receive that.

“No. No therapy. Like the court didn't order anything for me. They were just ordering drug tests. Drug tests, I had to be getting clean drug tests and all. And basically, like, that, was it just drug tests, Oh and domestic violence class and parenting classes and that's it but no therapy. So then the therapist actually decided to make a referral for, for me and she was like, You know, we just have, like we actually just opened a new for mental health and like, for adults, like do want to like, do that? Do want me to put it in? And I was like, Oh yeah, I don't know if therapy would help me. And I was just like, being all negative. And I'm like, Yeah, but I'll do it, that's fine, you know. It would be a good letter for, for the court. And so, I did that um not realizing that I was gonna end up finding my healing.”

Once Esmeralda began her services, she enjoyed them and recalled how they helped her heal. Despite having been involved with multiple carceral institutions and reaching points of suicidal attempt, she was always reflecting on this systematic neglect. The punitive approach to prioritize the drug testing and classes rather than addressing the mental health issues shows how state “care” and “child welfare” are more in tune with carceral practices than addressing the health of mothers and their families. Similarly, Genesis, formerly incarcerated mother of five who served eight years in prison talks about the ways that her children have also been deprived of therapy services. When her children were small, they witnessed their father overdose on drugs and learned how to conduct CPR to bring him back. Later, in 2022, their father passed away from an overdose of fentanyl. Genesis’ daughters tried to do what they learned to do as children to bring him back and he did not survive. Genesis insisted that her daughters needed therapy and CPS did not offer them any. Because she was recently released from prison, and her daughters are now older, she does not have the ability to support them but argues that the state has that responsibility to provide the healthcare they need. In figure 16 she shared this story and said that her inability to support them at this moment, is devastating her mental health more and more. She is witnessing how much anger and pain is left from these experiences and wishes that they would provide more for youth.



Figure 16: Genesis daughters when they were young.

Failure to provide mental health services extends beyond the lack of access to healthcare institutions. It also encompasses the failure within mental health services, where therapists, psychologists, psychiatrists, and other professional advocates, supposedly trained to navigate emotional and mental health challenges, often fall short in adequately supporting mothers and their children. This abandonment represents a critical oversight in addressing mental health needs. For example, Esmeralda shares that when she finally got the support to receive therapy after many years of being institutionalized and or in contact with carceral facilities, she felt abandoned by her first therapist and more broadly by the system that failed to have a back-up plan in the case of a public health crisis such as COVID-19.

“I found Monica, but then there was a time when that's when COVID started hitting. And like, like, she would always come to my grandpa's house. But then, like, COVID started hitting, and then like she went M.I.A. And I felt like I felt kind of hurt because, What the fuck, like this lady decided to walk out on me? Like, why would she do that? Like, I was like, in my head I was like, damn, like, all these people are just walking out of my life like, what am I doing wrong? And I just kept questioning like that. And then I met another worker, another, um, another therapist. Her name was Araceli, who I end up graduating with her, and she was like, super chill, like. And she was like, really into, like, um, she mix her therapy with, like, the, our culture, like Chicano culture and like, she'd always say, like, embrace all that and like, Dude I've never seen a therapist that would embrace, like, my type of culture, I was like, You are fucking cool.”

This perceived abandonment by her therapist triggered feelings about Esmeralda’s prior abandonment. In therapy, one of the practices to work with after trauma is to address issues of abandonment. Yet, sometimes institutional agents replicate this when trying to be of service. We see this in the burnout from people in nonprofits, with teachers in marginalized communities, and in this case therapists with vulnerable mothers. It is not safe for therapists to begin working with people as they open wounds and leave them without communicating what tools may be needed to continue healing. Like doctors working with patients with open wounds from stabbings, for example, therapists and institutional agents working with clients, students, and community members with mental and spiritual wounds, are doing a disservice to the communities they leave behind. I am not arguing that this therapist is at fault, because as we are aware of, COVID-19 was a time of distress for many, rather I am arguing that we have a responsibility to each other when we engage in this work. Luckily, as Esmeralda mentioned she was able to find a culturally-informed therapist that embraced Chicano culture, whom she graduated with and helped her process a lot of this.

Other mothers in this study reflected on their experiences of abandonment— for example, when a teacher who left the school they were enrolled, when social workers said they would help them in their CPS case and didn’t, when their parents left their side, when

professionals said they “cared” but abandoned people at their lowest. From an abolition medicine perspective, we have a responsibility to stand by and support communities in crisis. Healing-and-trauma-informed, practice is abolitionist and can better respond to CPS-induced trauma. These practices know how to chip away from harm and we need these forms of mandated support instead of mandated reporting.

### *Moving from Mandated Reporting Laws to Mandated Support*

Mandated reporting laws might suggest that surveilling through reporting will solve child abuse and neglect, but these laws do not eradicate violence toward children or address structural contexts that produce abuse and neglect (Meiners and Tolliver 2016). Between 1963 and 1967 all U.S. states passed some sort of child abuse reporting laws, and by 1978 after the passage of Child Abuse Prevention and Treatment Act (CAPTA) all states required nurses, teachers, social workers, and law enforcement to report cases of child abuse and neglect (Nelson 1984; Brown and Gallagher 2014). However, before 1963 California was the only state criminalizing child abuse. With the medical study of C. Henry Kampe and his colleagues on *The Battered Child Syndrome* the public started to gain awareness and thus, there was a link between this study and mandated reporting laws that rose. Through that time however, the Children’s Bureau of the United States Department of Health, Education, and Welfare also proposed model statutes for state legislatures to help solve child abuse (Brown and Gallagher 2014). It is argued that the Children’s Bureau proposal is the most influential. The implementation of these laws is crucial concern in this chapter because often the “better safe than sorry” which is rooted in judgments about who is fit to parent or not, can potentially create unsafe spaces for families navigating CPS. In places where children and parents are supposed to feel safe, such as schools and hospitals, teachers and doctors become part of this

CPS-induced trauma due to the lack of mandated support and uncritical practices of punishment. Family Defense Attorney Clara Presler who works with the Bronx Defenders, argues that the “reasonable suspicion” in mandated reporting laws harms Black and Brown families. She states,

“The treating clinician may be concerned about the risks caused by the myriad challenges that financial and housing instability pose for a family. The concern may be mild or severe, medical or non-medical in nature. To be on the safe side, or because the clinician is a mandated reporter of suspected child maltreatment, or because the clinician assumes that a child protective team will connect the family to supportive programs, the clinician reports this concern to the state.”

This process in which clinicians choose to report is incentivized by attaching legal and financial penalties to the failure of reporting. Mandated reporting becomes part of the “safety” precautions that agents take when acting on their bias, but also these threats of penalties. The lens of safety can help develop a system of mandated support in which there is a link to resources rather than punishment. The Mandated Supporting Initiative in Los Angeles County argues that over-reporting can actually cause conditions in which children are less safe and families less likely to seek help. Further, they add that it is not the goal to decrease the reports but to address the needs adequately. Many mothers in this study critique these laws and constantly argue for the need to shift from having these calls in unnecessary situations and give more attention to the material and emotional needs families need. Katy, mother of two and former foster youth talks about the ways that these reports not only produce immediate threats with her own children but also trigger her trauma from her prior foster care experience. Her experiences in foster care heighten her awareness of the carceral

impacts on the health and wellbeing of children while also creating stressors about having her kids potentially removed.

This movement to address “safety” from the lens of both supporting families and over-surveillance is a great start to address the neglect that the system creates, but more attention is needed on the ways we respond to unsafe contexts and move toward intergenerational safety.

### **Creating Intergenerational Safety**

To foster intergenerational safety, mothers who have navigated CPS both as children and later as adults are uniquely qualified to articulate what constitutes safety. Their firsthand experiences provide invaluable insights into the nuances and intricacies of what it means to seek and create safety across different stages of life. Esmeralda’s childhood involved a lot of abuse and neglect, and it is crucial to acknowledge that, because Latina/o/x families do in fact face a lot of trauma. But what do we learn from intergenerational trauma and how can these be transformed to intergenerational healing that prioritizes the safety of mothers, children and families and communities? Here, I want to focus on the lessons Esmeralda learned from her own family. She received support and gives all her gratitude to her grandpa. The entire time I was listening to her story her grandpa was always a major source of support for her when she was going through hardships, but I found out who she referred to as her grandpa was actually her first grade teacher who then became her foster parent. Mr. A, a white, Vietnam vet, member of a communist party who came from poverty took care of Esmeralda and her siblings and even her parents at times. She shares that Mr. A is someone they sought in moments where they felt confused by the unsafety her mother was providing due to their own traumas with violence. Children do not remain passive to the unsafe

environments they are navigating, they too are creating a toolkit of survival skills to help them understand, process and sometimes save their life. Esmeralda, was creating this toolbox since she was very small and continues to fill this up with the lessons she learns in her struggles. She shares a time when her mother was going through her own crisis and would take them out of school for months and move across cities and states. She shares the letters that she and her sister would write to him when they needed him (see figure 17).

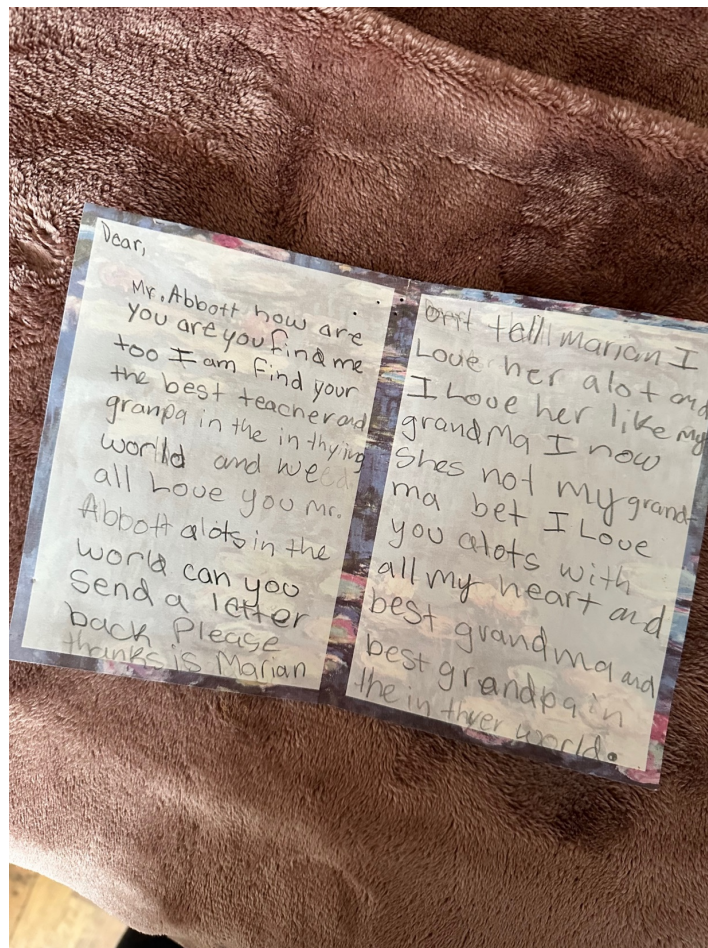


Figure 17: Esmeralda's letter as a child to Mr.A.



## *Childhood Consciousness*

“I started writing to Mr. A. I found him in the yellow pages. So, I looked up his name, we looked up at his name. We wrote him. He still has these letters to this day. He has letters hanging by his little thing. And I was like, Mr. Abbott, it's me Esmeralda I'm making it seem like we were just trying to get a hold of you to let you know like we're okay. We don't know where we're going. My mom just, you know, took us off from school, and, and we were always, we like questioning why, who are we running away from? And then that's when Mr. A met my, looked for my dad. Because my dad went to the school and asked, like, where are my kids? And like, can you guys trace them? And then he helped them get us from like my mom. He paid for a lawyer for my dad. Um, and then they order for mom to come back to L.A. County from Colorado. And then we went back to Fresno and like it was just a zig-zag. But then my mom, like, was trying to drive back to, like, L.A., and her car broke down the grapevine. And then that's when they asked like, Oh, emergency removal.”  
Esmeralda's strategy, at eight years old to search the yellow pages to search for her

grandpa signifies the safety toolkit I referred to earlier. In unsafe environments, children learn to seek safety. Although this responsibility should not be placed on children, Esmeralda and other mothers in the study show that this is where they learned about practicing intergenerational safety, by looking back at those moments of confusion and fear as children and bringing them to the present moment they stand in so that they can cultivate it for their children and future generations. Geographer Godoy-Fernandez argues that “the development of child consciousness, one that centers the geographical landscape and imagination of a child, attending to that new created space between the dialogue of elder and child consciousness that is as pedagogical as it is inventive”

(<https://www.eastofcaramela.net/blogposts/5zcrzzqs08hq8118p4eydymqgvddtv-ekshw-7jr76-xiGJc-W3mkF-r79f2>). This connection of childhood consciousness brings the necessary toolkit for intergenerational safety.

Celia also shared the way that her children began developing this child consciousness for intergenerational safety. After her kids experienced being in the foster family and with extended family, they realized the consequences that it had to not only them, but Celia's

ability to parent. Her oldest daughter Camila understood that her mom had to do everything to gain custody, and that meant, in some ways reminding her mom that she could not miss the smallest things like diapers, to knowing what she liked for food. Because Celia was away in rehabilitation and in Mexico, she had to process the trauma and learn how to parent her two children from afar. Camilia was aware of this and Celia shares,

“before they gave me back my kids, I remember my daughter, she texted me, she texted me when we started going to the park. When she'll call me, she wants to ask me for something. Like alright, she probably wants me to take this or something. She was like I want you to take me eggs with weenies. And then i'll be like alright, we gotta take care of the eggs. And then she'll be like I want you cooked them. And I want them to be eggs with weenies and like she tested me, like, to see if I want going to come through. Like if I was gonna, you know, like, I'll still have visits where she will sneak diapers in the backpack. And my sister caught her. She's like why are you taking diapers? Just like if my mom forgets them. You know. Like you don't got to do that shit. And she's like I can't help it, you know. So this past month. I've been working on that, you know, like sometimes seems like my daughter was still in survival move. You know, like walking on eggshells, you know. But before she came home she told me. I remember the day she told me right. "I'm ready to come home with you"

Children like Camila become aware of the process it takes to “come back home” and support their parents in the process of reunification. While the state is creating a partial context of “parentification” I would argue it is the children’s consciousness that is developed within system-impacted families that allows for this intergenerational safety to flourish. Many children and grandchildren develop these facultades, where they too know it takes a family to make reunification possible. Esmeralda’s strategies and Camila both show how in order to develop safety, we need to look at the strategies and insights children bring when they are impacted by systems like CPS.

Children’s consciousness also develops from the intergenerational legal blame that the court uses against mothers. Esmeralda shares the moment when the state intervened to

order an emergency removal from her mother and reflects back on how the ways the state used this against her in her as a mother in her adulthood. (see figure 18).

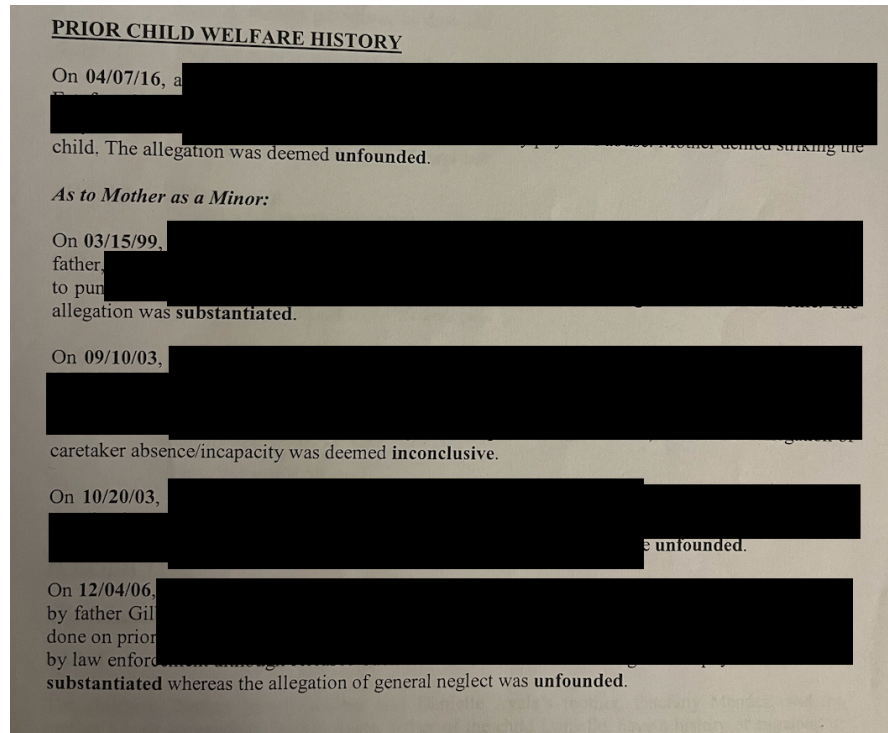


Figure 18: documentation of CPS investigating child welfare history.

This *intergenerational legal blame* that happens in CPS cases is connected to the historical ways racialized trauma is utilized as a method to control marginalized groups. From sharing her reflections about her parent's case that were used against her she shares that she felt like she was living her mother's story, but knew that this was a moment to directly challenge the state in the ways it practices the intergenerational legal blame. She may have not understood what the laws and policies meant at the time of her own case, but she knew the consequences it had on her own life and childhood. With that, she fought for her kids and like many of the mothers in this study, developed a new lineage of intergenerational healing. Here, we learn from the *matriarch consciousness* that safety, care, and healing are interconnected to racialized, historical, and intergenerational trauma that exist at the same

time. While they are created and recreated in different dimensions of our existence, they cannot be isolated from each other because it is where we learn how to truly liberate ourselves from the extreme forces of violence we have lived through and continue living through.

Esmeralda, experienced the abuse and neglect from her father when her mother lost custody and he received full custody. She and her siblings experienced a lot of hunger and physical abuse: “my dad beat the fuck out of me. He like literally fractured my nose and that's when DCFS got it out again.” This time around when the system got involved it was due to extreme violence and shares the story of how that happened. Within this time, she was able to get in touch with Mr.A . As we see in the next section, connecting these experiences from her childhood and as a mother involved in CPS made her reflect on the importance of her “life course motherwork strategies” that are developed to sustain the family both biological and chosen.

### *Chosen Family*

Mr. A became the source of support when neither the system nor her parents provided a space to heal and transform what she was going through. She talks highly of her grandpa, “he gave me a place and he helped me get my children back. And he has seen me at my lowest. He's been one of my biggest supporters, like, watching me do all this work that I'm doing and he's the one that's been guiding me. And like I always share with him, everything, I even shared with him that I met you.” While the intervention of CPS allowed Mr. A to “legally” gained custody of Esmeralda and her siblings, it was Mr. A who taught Esmeralda how to care, and genuinely practice patience and a lot of love. He not only taught her about this but also intellectually radicalized her. She says, “he's like the one that kind of introduced was

introducing the word abolition. I've never even heard that freaking word... and my grandma she's friends with Angela Davis". Her chosen family became where she learned about abolition, and activism which is what she focuses on in her own work. In Figure 19, she shared that she would attend the May Marches with her grandparents and recalls how important it was for her to learn about advocacy in ways she wouldn't have understood if she had not participated as a child.



Figure 19: Esmeralda as a child and family at an Immigration rally.

### *Community, Advocacy*

Ruth Wilson Gilmore (2017) says that “freedom is a place” and many scholars attempting to understand the spaces that are carved out to resist carceral geographies highlight these processes of community safety. Chicana Motherwork’s call to end the cycle of institutional violence against Chicanas includes carving space. Here, my mentor Chicana Feminist,

Christine Vega builds from Gloria Anzaldua and “reminds us about the process of becoming and building spaces where we “don’t” fit. She urges our freedom to carve and chisel our own presence in spaces where we shouldn’t belong.” (Tellez et al., 2017: 51). Gilmore, Anzaldua, and Vega are calling us to carve spaces that help us navigate and challenge the carceral control that exist. The mothers in this study are building and constantly reimagining what intergenerational safety means through community advocacy. In Southern California specifically, we have seen how methods of “alternative governance” are part of building new practices of safety. For example, criminologist Cid Martinez (2016) documents how alternative governance in South Los Angeles has been developed to resist policing and create new practices of safety. Community advocacy has been central to the resistance against the carceral expansion in the communities mothers and their families are living in. As Sociologist Amaka Okechukwu argues,

“Carceral geographies have particularly shaped Black communities along with the American landscape more generally, disappearing community members, while surveilling and controlling the movement of those that remain. Policing has been integral to the expansion of carceral geographies, and thus should be an important concern of abolition, investigating the ways that communities organize to divest from policing, organize for non-reformist reforms that lessen the power of police, and build community-centered processes for public safety, harm reduction, and accountability.” (2021: 157)

To effectively enhance intergenerational safety, as facilitated by mothers, and to learn from how communities are organized, it is crucial to focus on community-centered processes. These processes should aim at expanding safety through collective engagement and support, rather than increasing punitive measures. Community healing and as I mentioned in chapter 2, grieving communities allow for collective transformation. Moving us from individual-focused traumas to collective ones that teach how to directly mediate the past with the present and future. Esmeralda found her healing through multiple avenues but especially

being of service. For her, and many of the mothers in the study being of service was their way to stay grounded in possibilities of healing and creating intergenerational safety.

“Advocacy work. I started my first work with YJC, Youth Justice Coalition. So there, I started there. And then after that, I got involved with Initiate Justice. And then Initiate Justice like took me to a whole like I was involved with them a lot, doing a lot of like mail nights, and doing work. And then next thing you know, I decided to the 12th week of, of learning how to do advocacy work and policy training and boom. And that's where I got to like, I have a purpose, like I help people out and like I, I feel like I already had helped myself, that I was able to help others. And that's where things started.”

Esmeralda’s involvement with abolitionist organizations helped her own healing because she learned about the ways that organizing can build safety practices in ways that could benefit not only her family but many others. She is now a policy organizer and has expanded her own toolkit by getting trainings as a leader in her community and won many awards for her community advocacy (see figure 20).

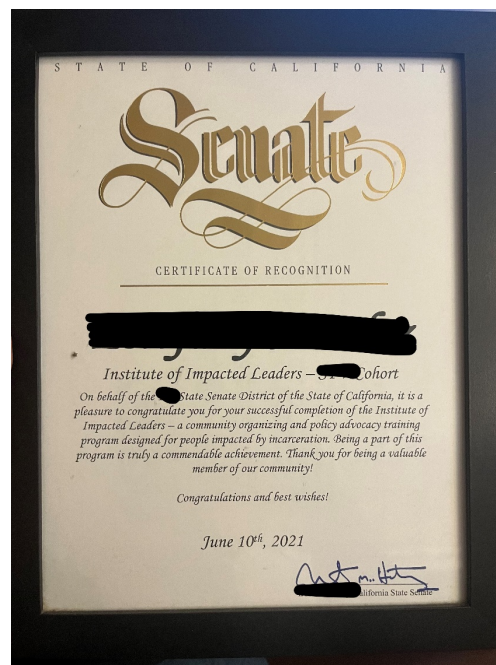


Figure 20: Esmeralda’s leadership award.

While service for Esmeralda meant policy advocacy, and abolitionist organizing there are a multitude of strategies that mothers practice to pursue intergenerational healing. In many

interviews, I got to directly witness how they practice this. Once, I was conducting an interview for Naomi, a mother of 5 children and in rehabilitation. When I arrived there, she received a call and asked me to go with her to the back of the apartments in the parking lot. A young woman was running towards us, and when she got there, she hugged her, and they cried. The young woman was running away from her partner who had been abusing her and needed a place to stay. Rather than calling the police, Naomi provided immediate care and opened her doors. She told her “I told you bitch, now you got a black eye again”, her friend responded, “I’m urging to use again” Naomi responded, “don’t, if you relapse it’s going to get worse, come on let’s go smoke a cigarette”. So, we all went inside and while they smoked I beared witness to the care and safety that these mothers built for each other. In a small 1-bedroom studio, four women cultivated a bond of sisterhood that was neither punitive nor judgmental yet embraced mutual accountability. This situation exemplifies the process of building intergenerational safety through community processes - a practice where prompt action is prioritized over dependence on institutional interventions. This process reminds us that health and well-being is a collective responsibility, and for system-impacted communities, one that is built from the ground up where the doctors, the first responders, the therapists, the teachers, the shelters, already exist within the carceral geographies they live in.

## **Conclusion**

Abolition medicine requires us to look in between these stories and understand how we can practice safety and care by prioritizing the health and well-being of children, youth and vulnerable parents. To reimagine medical care, we have to understand the past and present failures that are harming bodies and visualize how we can see people outside of the victim and perpetrator mentality that leads to further punishment. Esmeralda and other mothers in



the study show how they learn from unsafety, and neglect they have been through, they learn from their family and community how to advocate for one another. They move from intergenerational trauma to intergenerational healing by taking accountability and being open to support. In the next chapter, I will dive into what healing means more specifically.

*How do we challenge transcarceral care through abolition medicine?*

We listen to children, to grieving mothers labeled “crazy and psychotic”, and challenge Western ideas of the family and “care”. In the beginning of this chapter, I shared how I participated in movements linking carcerality and health alongside each other. We must look at punishment through the lens of health so that we know how to practice safety and care. In an article on Barrio pedagogy of love, care, and compassion I write, “In order to develop communities of care within and outside the classroom, it is essential that connections that are formed are grounded in practices of safety without state involvement that can produce further violence but rather toward “resource abundant communities” (Gilmore, 2019)... Our daily action cannot wait for institutionalized requirements to enter the service world. Our service is rooted here because people in the Barrio cannot and will not wait for approval to eat, to use drugs, to run away, to maintain sanity from a lack of emotional and material support. If we cannot learn to care for one another and share our love through material, or spiritual support and care, then what is justice?” (Maldonado 2023). I provide a list of some ways we can turn back to practices of care that are not rooted in punishment, but the stories of women in this study also remind us that this is an ongoing struggle and a life-and-death one. Abolition medicine can bring in practitioners in health to build a healing-centered approach to safety where mothers who are in psychotic states, do not have to commit suicide or harm themselves in ways that can create further physical trauma. Doctors, psychiatrists, and nurses

especially have a role in this. As Perez (2014) describes, the (re)harmonization of the mind-body-spirit and the synchronizing of humanity to the rest of the natural world is sane, healthy, necessary, a craft work that is not solely personal, but perhaps the most pressing ideological and political work, the heart of the “decolonial.” (p. 24). This work to challenge transcarceral care requires this abolitionist and decolonial perspective so that the material realities of mothers can transform safely.

## CHAPTER 4: SYSTEM-IMPACTED MOTHERWORK, HEALING, AND SPIRITUALITY

*“Spirituality is a symbology system, a philosophy, a worldview, a perspective, and a perception. Spirituality is a different kind and way of knowing. It aims to expand perception; to become conscious, even in sleep; to become aware of the interconnections between all things by attaining a grand perspective. A source reality exists, and both physical and nonphysical worlds emanate from it, forming a secondary reality. When you catch glimpses of this invisible primary reality and realize you’re connected to it, feelings of alienation and hopelessness disappear. Coming to terms with spirit means bringing yourself into harmony with the world within and around you. One finds one’s way to spirit through woundings, through nature, through reading, through actions, through discovering new approaches to problems.” Anzaldua (Light in the Dark)*

*Chicana Motherwork is intergenerational.  
Chicana Motherwork means carving space.  
Chicana Motherwork means healing ourselves.  
Chicana Motherwork is an imaginary.  
Chicana Motherwork makes our labor visible.  
Our labor is our prayer; our mothering is our offering.*

Spirituality is the system in which I ground this chapter and Motherwork is the toolkit that stems from this system. In the journey of healing, through the different stages women find themselves in; the messiness of it, the darkness of the uncomfortable perceptions of the psyche—spirituality grounds the processing of the transitions from fragmented pieces of the body, mind, and spirit and to an awareness or *conocimiento*, to act from the heart. This processing becomes both an individual and social responsibility because the possibility of intergenerational healing can come to fruition. But how do we even know that is possible? How do we know if we can mend the deeply rooted intergenerational traumas if we are sitting, walking, and observing the collective grief from carrying the wounds of colonialism and the patriarchal violence that has damaged us across generations. How do we know that this ongoing war to recover our soul, is still possible if the children we birthed carry the harm in their DNA as well? How do we know that what we do now, will work to create a new,

more just, and healthy world? If the women I am connected to, including myself are in the midst of unlearning and rediscovering what the possible futures can be for our collective grieving world, our children, the planet, and the cosmos. The only response I have is spiritual. I do rationalize because I have learned the tools of using literature to understand, categorize, and philosophically perceive the world. But I can believe and imagine because I bear witness to the spiritual awakening mothers experience through the wounds of losing themselves, and who they love the most, their children. Mothers are the link between life and death, they hold the space of what creates, but also what destroys. The stories of mothers help us see how the social systems we live in, are a reflection of a sickness that was founded in colonial roots and systemic racism, and because they have lived among these systems, their bodies hold answers to destroying the roots and planting new seeds. If mothers are the lens through which we understand the connection of our psychotic states and sick systems to reconstruct and recover, then children are the consciousness that keeps the creativity to even believe that anything else besides what is here, is possible.

Children's consciousness is a reflection of unconditional love, that is not passive to the broken pieces of society, and they urge for a creative lens to shift the systems we live in. Children are the organic intellectuals of abolition. Children awaken the psychotic, and by children I not only mean the ones we birth or raise, but the inner child within all of us too. We were also children once, and thus, reimagining takes the bridging of the *bodymindspirit* through reflection and action. While Western ideas make it seem that we are disconnected, knowledge systems teach us that we are connected in ways that help us mirror each other to undo the violence and move toward healing. Spirituality as this overarching system, helps me lay out the healing and soul recovery journeys of CPS-involved mothers and their family

systems. Mothers are not to be simplified as warrior spirits; they/we too form part of uplifting patriarchal violence. While this violence was not created by them, they shed light on the systemic failures of institutions that justify and perpetuate much of this harm. Since children are not innocent and passive, they too shed light on the ways socialization and neurobiological processes enhance the colonial state's ability to control and maintain violence. Because I am witnessing the soul recovery of mothers who have been harmed by patriarchal violence, the feminine spiritual toolkit or what I call system-impacted motherwork, is what I focus on in this chapter. For the purposes of examining the stories of CPS-involved mothers who have been harmed by patriarchal institutions, I zoom into the feminine understanding of healing. For now, I will tap into the matriarch consciousness, and let that be the departure point in which we can learn from and build with.

### **Matriarch Consciousness**

Matriarch consciousness stems from confronting the historical trauma our bodies and spirits live amongst. It is developed across the life course and embodied in different ways. This form of consciousness is not simply a thought, it transforms our social and material world when humans begin to embody the transformation of awareness. This consciousness is passed on from generation to generation, as a care-taking toolkit, given to us by ancestral caretakers who, as a way of life, are in service to each other. Thus, mothers and fathers, biological or not, all caretakers, tap into the matriarch consciousness when they tune into the channel and portal that focuses on care. W.E.B. Du Bois taught us that the double-consciousness is a “sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his twoness, —an American, a Negro; two souls, two thoughts, two unreconciled

strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder (Du Bois 1903/1982, 45).” Through this lens we learn that double consciousness situates the racialized body by acknowledging both the institutional racism and resistance developed amidst the treatment of racism. Similarly, Anzaldua documented this space of struggle via the mestiza consciousness where the new mestiza where “She learns to juggle cultures. She has a plural personality, she operates in a pluralistic mode—nothing is thrust out, the good the bad, and the ugly, nothing rejected, nothing abandoned. Not only does she sustain contradictions, she turns the ambivalence into something else (Anzaldúa 1999, 101).” Through the mestiza consciousness, we learn that the pluralistic mode of living is a lens that allows for multiple cultures to exist while honoring the uncertainty that comes with not fully understanding the different modes of living. Both Du Bois and Anzaldua provide a framing that allows me to lay out how matriarch consciousness is also related to the racialization of Latina mothers involved in CPS in the U.S. while expanding the specific role this lens has the responsibility to do. In this way, matriarch consciousness directs us to the transformative component of the *conocimiento*. This transformative component I argue becomes what I call system-impacted motherwork.

### **System-Impacted Motherwork**

Survivor mothers of interpersonal and state violence resist at the intersection of both. As they raise children within the carceral state, their system-impacted status enforces violence in normalized bureaucracies, while their criminalized status as “unfit mothers” shapes their day-to-day interactions. Yet, as they navigate the streets, courts, welfare offices, incarcerations, addictions, and physical and psychological tortures while caring for children and the community they hold on to aspirations through threads of ancestral hope. As Feminist

Sociologist Patricia Hill Collins (1994) argues women of color grab from the tools of motherwork strategies. Specifically, I argue that *system-impacted motherwork* (SIM) is a labor of healing that captures the maternal strategies system-involved Latina mothers enlist as they navigate the everyday processes of punishment, violence, addictions, and healing. SIM offers a conceptual mapping of the process in which mothers create 1) accountability, 2) relational healing, 3) the unlearning of institutionalized behaviors, and 4) break cycles for intergenerational healing. In this process, SIM shows the interdependence of institutions, time/context, and the relationships (physical, material, spiritual) that make healing possible. SIM acknowledges that as Black feminists have argued, embodied carcerality helps understand the process of punishment (Friedman and Hitchens 2021), and I add embodied carcerality is where they too learn how to challenge it through healing. SIM also builds with concepts of Chicana Carework in carceral communities that identify the invisible labor of Mexican and Chicana women to support incarcerated and formerly incarcerated people (Mercado 2022).

System-impacted motherwork challenges the “good or bad” or “fit and unfit” binaries which have been harmful and colonial from its foundation. Mothers in this study tell their stories from the standpoint that there is no linear path of “good or bad mothering”, and they take accountability for it. System-impacted mothers’ develop a praxis that seeks to transform the stigmas applied to Latinas, as part of the struggle against violence to maintain the survival of their children’s dreams and life chances. Latinas deploy mothering that allows them to navigate the stigmas imposed on brown women as either criminal, and neglectful mothers. Given their upbringing in *barrios* with high rates of incarceration and surveillance, their social networks include gangs, and the vulnerabilities of racism, poverty, and gendered

violence, they are hyper-aware of the adverse consequences that come not only from material and interpersonal harms such as lack of food and domestic violence, but also from Child Welfare System intervention, Criminal Legal System involvement, and other state agencies' actions; all predicated on the assumption of deficient mothering. The carceral logics that extend beyond the prison to criminalize mothers, results in the constant punishment of Chicanas whose behaviors and identities become the measure to interrogate and harm entire families (Richie 2017; Elliot & Reid 2019; Rios 2011; Lopez Aguado 2018). Nonetheless, mothers push back, to parent in safer spaces, those that are not threatened by the state; such pushback, Sociologist Susila Gurusami notes, “complicates narratives claiming that surveilling criminalized Mothers of Color makes their children safer” (2019: 130). This chapter underscores the experiences of system-impacted mothers, and examines their strategies to disrupt violence under the carceral state while challenging fictitious images of “good motherhood” in their healing journeys (Roberts 1993; Garcia 2016; Garcia-Hallet 2017).

### **Within the Chaos of Healing**

There is no one-way path of healing and healing is an ever-evolving process. It's messy. The mothers in this study describe this process as though there is no beginning or end, it just is.

Carceral systems inflict pain and often hinder individuals from even considering how to begin the healing process. People become numb to pain, and carcerality serves as a structural tool to numb wounds for longer periods and across generations. For example, Sociologist Melissa Guzman (2020) discusses the ways that spiritual supervision functions under the “shadow carceral state” to reinforce carceral logics of criminality and rehabilitation. The



practice of spiritual supervision within recovery homes inadvertently reinforces control over individuals who have been criminalized. This is further exacerbated by religious organizations, which promote the creation of a 'criminal class' through paternalistic oversight of the spiritual autonomy of their congregants with criminalized, racialized, gendered, and classed backgrounds. These practices and the underlying logic determining who is considered 'worthy' of support, push system-impacted mothers to choose between embarking on a journey of healing on their own terms, shaped by their unique timelines and circumstances, or foregoing the healing process altogether. This choice is often dictated by institutions that strip them of their spiritual agency, making it difficult to confront both the personal and societal trauma, as well as the structural conditions they face.

Mothers reveal the difficulties in their healing journeys and the myriad responses they embody. The seven stages of *concocimiento* that Anzaldua (2002) describes (El arrebato, Nepantla, Coatlicue state, The call, Putting Coyolxhauqui together, The blow up, and Spiritual Activism) relates to the ways mothers engage with their healing. While there are many steps they take and have yet to take to heal their soul wounds, they are moving back and forth within the 7 stages Anzaldua described and beyond. Their experiences illustrate that while institutions may adopt rehabilitative and therapeutic strategies for healing, the effectiveness of these approaches is deeply influenced by the family systems from which they emerge. Adopting a healing-centered perspective in this chapter involves recognizing the complexity of the healing process. It means addressing the role of individuals, institutions, and ideologies in either hindering, complicating, or supporting the path to recovery. In the following sections, I describe 1). How mandated programming from the state to regain custody of children can be both a punitive intervention or a transition point for mothers to

challenge ideas of “unfit” mothering, and 2). How they experience and embody the breaking of intergenerational traumas through motherwork in their own families and communities. These sections highlight the ways that carceral systems enact psychological violence and torture, and the ways mothers refuse to succumb to that control. Building from feminist scholars, I also argue that mothers and their families have ancestral ways of being, that are mirrored in today's strategies of Latina/o/x system-impacted families, but often interrupted by the spiritual supervision that can impact the resistance to healing.

### **Programming and Accountability: Institutional betrayal**

Research shows that institutions are accountable for exacerbating the trauma survivors of violence experience. When I refer to programming and accountability in this chapter, I refer to both the accountability taken by mothers in the contexts of abuse they find themselves in, and I call out for the accountability that CPS and its agencies need to take when working with mothers whom institutions have betrayed. In order to understand how healing occurs for mothers who have been through the threats of losing their children or have lost them to the system, I turn to research on institutional betrayal so that we can better grasp how mothers develop programming that challenges the psychological and physical harm associated with institutional betrayal (Smith and Freyd 2014).

*Institutional betrayal* refers to survivors’ experiences of an institution as mishandling their traumatic experience and can range from passive actions, such as failing to take proactive steps to prevent the experience, to actively working to cover-up the experience or retaliate against the survivor (Smith and Freyd 2014). This type of betrayal has been publicized in cases such as the cover-up of sexual abuse within the Catholic church, military, and sexual assault-related Title IX violations within universities. Institutional betrayal has been found to exacerbate dissociation, anxiety, sexual dysfunction, and depression following sexual assault (Smith and Freyd 2013); among veterans, institutional betrayal in the military predicted suicide attempts and symptoms of PTSD and depression above and beyond the impact of military sexual trauma alone (Monteith et al 2016).

From this lens of institutional betrayal, we can see how institutions exacerbate harm—a phenomenon well-documented in research on family policing (Roberts 2022; Fong 2023). My argument focuses on how institutions can be held accountable by critically examining the effectiveness of programming for mothers in extreme crisis. Recognizing that betrayal occurs in both interpersonal and institutional relationships, I aim to shed light on how mothers perceive and navigate these betrayals within the confines of programs they are mandated to join.

Mothers who have navigated the process of regaining custody of their children reveal diverse impacts of mandated programs from the child welfare system. For some, these programs facilitated their cessation of drug use or enabled them to leave abusive relationships.

However, for others, the experience was distressing, punitive, and added further stress. Still, I contend that CPS intervention is not the appropriate response for mothers in crisis. Instead, I argue that many mothers need and desire social support for their own healing and that of their children—not from a threatening institution aligned with carceral facilities, but from sources that genuinely foster recovery and well-being.

For example, Alicia, a Guatemalan mother, shares how CPS involvement helped her “come clean”. When she migrated from Guatemala, her trauma culminated, marking the first time she turned to drugs for relief. At this point, she already had her son, Micho, and found it extremely difficult to stop her drug use. During this critical period, her sisters provided vital support—they took care of Micho and offered her a place to stay after she lost her apartment and job. She shares that when her sisters reached out for help, it was because they could no longer sustain her through her struggles with addiction. She eventually found herself in a

psych ward, having lost herself completely on the streets, unable to recognize who she was.

She recalls that police officers saw her while she was on the streets in Norco,

“I was lost, I didn't know and I went a week without eating, a week without bathing, I was already barefoot and I just remember that I was making signs to the police. And the police, yes, helped me, but they took me to the psychiatric hospital. When I was in the psychiatric hospital, they put me to sleep for 48 hours after I woke up, I was all managing my withdrawals and my mind had already rested and I started talking to myself, I started talking about my son and that's where the social worker arrived.”

Reflecting on her rehabilitation experience, she describes it as intensely challenging and punitive but helping her “get well”. During the initial weeks, isolated from her son and unable to communicate with her family, she was overwhelmed by anxiety. Overcome with desperation, she fled the facility in the first week, only to be returned by her sisters. After this escape, she was able to remain in the facility for three months and was able to come off the drugs and get better. She was mandated to take many classes, which she shares helped her be accountable and help her through her process. She took parenting classes, anger management, drug counseling, and met with therapists and psychiatrists. She also shared that what worked for her was how flexible the judge was during her case. While it is known that street bureaucrats have biases that punish women of color and poor people in the court system, Alicia felt that the judge's flexibility as a working-class mother allowed her to complete her case mandates and gain custody of her son. Lipsky (1980) argues that street-level bureaucrats develop biases due to personal perceptions and systemic pressures such as high caseloads and limited resources. These biases, often based on client characteristics like socioeconomic status, gender, and race, influence their decision-making and can lead to unequal and less effective public service delivery. It is known that social workers have high

caseloads and that judges play a critical role in the power dynamics for reunification of the family, and in this case, the judge was flexible with Alicia's drug testing.

"I can't complain, it's been very nice, even though sometimes I haven't been able to test on behalf of the judge I talk to him because sometimes when I'm working, sometimes I don't have time. Clinics close at five and sometimes at six. I go out to work, sometimes 4:30 or five and sometimes he doesn't give me a chance to get there, and I talk to him and he says don't worry, I'll remove you for the next week"

Alicia found the flexibility of the system beneficial as it enabled her to maintain her job while fighting for her son. However, the state typically imposes rigid mandates based on punitive principles, which often lack this necessary flexibility. This presents a contradiction: while mothers like Alicia, who are impoverished and recovering from drug use and abuse, need flexibility for healing and to meet child reunification requirements, the system frequently uses it to exert control and issue threats. Despite the benefits of flexibility in managing her responsibilities and proving her accountability, Alicia still found the process overwhelmingly stressful due to the constant pressure to demonstrate her competence as a "good mother." The mothers in this study, all from low-income backgrounds, often juggle multiple jobs, which hinders their ability to attend critical classes for reunification. These demands place significant stress on their health and economic stability, as many lose their jobs to meet these class requirements. In Chapter 2, I explored the economic manipulation by the court and Child Protective Services (CPS). Here, I argue that while flexibility and accountability are crucial for recovery and regaining custody, they should not be wielded by a threatening or punitive institution that sets often unattainable mandates.

Another important dimension of healing through programming is the tools mothers learn in the process. Mothers share different tools that worked and did not work for them. While they often have different opinions on therapy and how that actually worked for them,

for Alicia therapy and group support helped her. It was not necessarily CPS mandating this, but the type of therapy she received while at Los Duelos recovery home. She shares,

“I have therapy. You see that therapy, but not medication therapy, but breathing therapy. I have been taught, for example, to sleep. I have to listen to my breathing and sleep, so that I can sleep well quickly and without pills. The first one I have to think before I act. I have to sit like this to think and be like five minutes out of order and that's it. Or sometimes I say okay, I always had problems that weren't mine, right? I wanted to solve everything tomorrow and then they didn't solve me thing. I wanted to solve, to solve them for others and my therapist has always told me no, because the problems that everyone has and I don't have to worry about my problems, because if I'm doing everything right, everything has to be solved well, right? My therapist tells me. Just think, inhale and exhale. Listen, I have an application that is that I listen to it with. Relaxation music and also meditation music. I'm in 4th stage. Sometimes I sit down or start reading. That too. For me, reading is a quick escape, because I kind of focus more on literature and what I'm thinking is erased.”

For Alicia, adopting a healing-centered approach was pivotal in her recovery. The meditation and breathwork and sound healing she learned here helped her healing. This method not only fostered her accountability in abstaining from drug use but also heightened her awareness about regaining custody of her son. For example, after following the programming, her realization that she could come back home to be a mother and heal came from understanding strategies of healing through the programming. Alicia regained full custody of her son two weeks before our interview. When sharing a photograph hiking with her son (Figure 21), she shared the ways that programming helped her heal and return to her son in a better mental state, stronger, and with tools to be present and mindful with him.

Alicia's recovery was greatly supported by adopting a healing-centered approach, which included meditation, breathwork, and sound healing. These techniques not only helped her maintain sobriety but also deepened her understanding of what was needed to regain custody of her son. For instance, the healing strategies she learned through the program led to a significant realization: she could return home to her son without CPS intervention. Just two

weeks before our interview, Alicia regained full custody of her son. She highlighted the impact of this programming, sharing a photograph of a hiking trip with her son (Figure 21). This image illustrates how the healing journey not only strengthened her mentally but also equipped her with mindfulness tools that enhanced her ability to be fully present with her son. Part of the anti-expansion work of the carceral state requires this presence through healing-centered strategies that form part of the collective healing of system-impacted families. This requires a relationship with the land that ultimately allows for a decolonizing process to co-exist within abolitionist work to prevent further harm.



Figure 21: Alicia and her son hiking.

***System-impacted Motherwork is in the healing-centered strategies.***

Alicia’s engagement with healing-centered community strategies is part of system-impacted motherwork. Here, system-impacted mothers learn the tools to “get well” leave the ones that harmed them and ground themselves with the accountability their community

provides. For Alicia, her sisters, her madrina (godmother) from her therapy group, her uncle, and her larger recovery community, constantly reminded her that she could raise her son without the punitive intervention of CPS and without the coping of substances that are criminalized. Abolitionists advocate for healing as a part of abolitionist practice. Often, those engaged in this abolition work—striving to heal themselves while challenging the carceral state—focus on intellectual approaches, neglecting the physical, emotional, (Critical Resistance 2008), and spiritual dimensions. In this context, Alicia’s personal journey of recovery intersects with the broader quest for social healing justice. Healing extends beyond overcoming drug addiction; it involves addressing deep-seated wounds inflicted by colonialism across generations, linking personal recovery with a collective healing movement. The practice of system-impacted motherwork embodies this philosophy, integrating healing-centered methods that fuse individual well-being with the pursuit of collective liberation.

***System-impacted motherwork is in the imagination to reunite within racialized time and space.***

Abolitionists argue that radical imagination is a revolutionary, integral part of the struggle for liberation. I previously argued that visualization and imagination with intentional love are part of the process of healing and creating material strategies of social transformation (Maldonado 2023). During family separation and other crises, this imagination can be affected by trauma, preventing mothers and families from thinking about a day where they will no longer be surveilled by the state. In her essay "Can the Subaltern Speak?", Gayatri Chakravorty Spivak characterizes epistemic violence as the destruction or silencing of knowledge systems. She specifically highlights how Western epistemologies and



languages imposed on colonized peoples lead to the marginalization or eradication of their intellectual and cultural contributions. She argues that, “The clearest available example of such epistemic violence is the remotely orchestrated, far-flung, and heterogeneous project to constitute the colonial subject as Other.” (1988: 24). The othering that mothers experience as colonial and carceral subjects creates this context of epistemic violence; yet in the midst of this surveillance, the imagination to legally disentangle themselves from the state enables the possibility to voice their knowledge through their imagination.

Part of healing requires mothers’ awareness about what is at their disposal at the time of CPS removal of children. Mothers who lose temporary custody of their children describe a sense of hope when they imagine the day of reunification. They reflect on the time when they lost custody as a place their imagination was scarred, but hope kept them from imagining a day to reunite. This imagination fuels the ability to have a possibility and potentially create pathways toward healing. This imagination comes within the confines of carcerality, where the state supervises, monitors, and surveils the few hours they have with their children.

Natalia, mother of 5 shares, that healing,

“It's a process. It's a process. I mean, I'm able to get up and not cry about it anymore. And I'm like, I was in the beginning. I'm able to, like, work through it. But there's times where it hits me like a ton of bricks. And I like I said, I have days where I don't even want to get out of bed you know. But like. It's a process. I'm not fully healed. I don't think I'll ever be fully healed until my kids are home. I feel the same for them too. I don't think they'll be okay until they're back home with us.”

Natalia discusses her challenges in focusing on healing due to the constant struggle to survive while trying to regain custody of her children. She caught her CPS cause for substance use and describes the difficulty of separation. She shares a photograph from a visitation with her children (Figure 22), taken during her son’s birthday celebration in the office where supervised visitations are held. Natalia explains how these brief moments of

connection, lasting just two or three hours, are precious to her. They provide her with the motivation to persist with her classes and fulfill all necessary requirements to stay drug-free, driven by the hope of reuniting with her family.

“So this is just like us at the DCFS office. My daughter had her eighth birthday there. Trying to make the best of it, I guess. We we try to do lots of things With them in the two hours. Those are my younger kids. And that's all of us again in the DCFS office. I picked these ones in like, in general because. I look at these pictures and I, and I think like one day I'm going to get them back home and we're going to be able to take pictures and I'm going to have these just to remind me, like, hey, you never want to go back there. Do you know what I mean? To keep me on track. Yeah, yeah. That's what those pictures mean to me. Because that little room right there sometimes can be fucking depressing, you know, for those two hours. But I try to make the best of it with the kids, and I'll bring them little stuff to play with or whatever. Buy them little toy. I always get my six-year-old toy so that he kind of forgets, like when he's leaving, because before he would cry and say he wouldn't let go.

In this context, envisioning healing plays a crucial role in the lives of mothers affected by the system, as it transforms visitation time with their children into a powerful moment of hope for eventual reunification and the continued opportunity to parent them. SIM emphasizes the importance of even brief physical connections—whether one or two hours per week—as a source of healing for the entire family unit. Despite the intense pain and the anxious countdown to the closure of their court cases, these mothers find that these moments sustain them and fuels their ability to manage the depression they go through. I do not want to argue that we need to settle for the state’s ability to manage time with loved ones, but rather showcase how mothers attempt to heal amid epistemic, carceral violence.

Although, we know that racialized organizations such as CPS and its affiliated carceral agencies “racialize time” and shape the agency of racialized groups (Ray 2019), system-impacted mothers also learn strategies to challenge this. The manner in which mothers like Natalia use CPS visits to challenge racialized time imposed on them demonstrates their ability to reclaim some measure of control in situations where they otherwise feel utterly

powerless. This shows that it is possible for both resistance and powerlessness to coexist. Racialized time and space, thus becomes a space to create new possibilities of hope for reunification and healing.



Figure 22: Natalia, her husband and children at DCFS office visitation. Natalia in the middle holding balloons.

***System-impacted motherwork is in the gratitude of presence.***

System-impacted mothers find that the painful intervention of CPS teaches them not only about the harms that they inflict on their body, mind, and spirits, but also the gratitude that comes when they regain custody of children. The motherwork strategies developed after

CPS intervention come with a recognition of the threat of losing their children again, either through confinement in carceral facilities or removal of children. This awareness builds a sense of gratitude when they do have their children back, because of all the strategies used to come back to family, both the ones developed in prison and during the time of CPS removal. Yaritza, mother of Carlitos, was incarcerated for 15 years in federal prison. When sharing photos of her time right before incarceration, she shared that in those days all she knew was the streets, gang banging, and drugs (Figure 23).



Figure 23: Yaritza and her neighborhood gang homies prior to incarceration.



Figure 24: Yaritza after incarceration pregnant with her son.

Because of crisis she did not find meaning in life. Yaritza did time in prison, and all she knew was survival, coping with hard drugs even inside prison. A year after she came out of prison, she got pregnant with Carlitos. She was still using, but not as much as before because she found meaning with her son. When she tested positive in the hospital through her pregnancy, they began regularly testing her. She went clean from drugs, but when he was born, they removed him from her custody. Yaritza says she did not understand why this happened if she had done everything to stay clean. The pain of removal was different once she actually had a physical connection with him. She felt devastated... (Figure 24).



Figure 24: Yaritza with her newborn son before he was removed from custody.

For Yaritza, mother of Carlitos, it was not okay to remove her son at a time when she was already clean. She had been incarcerated for 15 years and using drugs most of her life. When she got pregnant with her son, she said it changed her life and she decided to stop using. The initial case helped her be accountable to understand that she did not want to lose her son. But the way that CPS removed him from her even when she was doing all she could to stay clean and follow with all the programming was harmful. She shared many pictures of all she has documented for her son because she shares that she always wants to look back and know she took all the moments in. From random moments in bed, to his silly jokes when they were playing together. Losing custody of her son caused her stress and rage, but also gratitude... to be able to take care of him in ways she couldn't have been able to while using drugs. While she has a conflicting relationship with the state both because she was

incarcerated for many years and because she was forcefully separated from him, she still believed that in some way it helped her be accountable for the gratitude she holds now that her case has come to an end. Her case closed the day after I interviewed her and shared her joy to begin another version of this healing through this gratitude.

What kept Yaritza grounded was her relationship with God. Like many other mothers in the study, they relied on their spirituality to manage family separation . Prior research on formerly incarcerated mothers shows that spiritual or religious faith is major driving force sustaining their sobriety (Lopez-Garca 2016). Yaritza and all the mothers in this study shared this—god and spirituality helped them in their healing journeys. Yaritza felt that God helped her during that time she had her son removed, was in a rehabilitation program, and could not get near him after finding the most meaningful reason in her life.

***System-impacted motherwork is in the community accountability.***

Grassroots Organization *Communities Against Rape and Abuse* (CARA), discuss how accountability is a messy process. Just as many of these women trying to hold themselves accountable and institutions accountable in their stories, they find themselves in a place where their healing consists of actually engaging in that process. Institutions do not do that in a healing-centered manner, they forcefully inflict threats that damage women and their relationship with their children in very devastating ways. What CARA argues is that we need to engage as a collective and be ready for the challenges that come with that. The mothers have matriarch consciousness and are aware of the ways that they inflict harm and the ways that systems inflict harm with more force and more power. In their reflections about accountability as they attempt to regain custody or continue to raise children in contexts of violent systems, they are aware that to heal, they have to engage with the messiness of it. For

the most part, this happens outside of formal institutions because they do it in a punitive way, and mothers want to do it in a way that does not give the state more power to continue abuse. Therefore, mothers are often grappling with whether these organizations are helpful or not. On the one hand, they come into their life in moments of extreme hardship such as homelessness, domestic violence harms, mental health crises, etc., but the way that the system comes in is not how they feel they should respond. As members of CARA (Bierria et al, 2011: 78) state,

“instead of depending on institutions to support us - institutions that will often respond oppressively if they respond at all – community accountability work helps us to develop a practice of liberation in our personal lives, our community lives, and our political lives. Revolutionary movement building will only happen if we can build the systems and practices that affirm our liberation-based values of connection, agency, respect, self determination, and justice. Community accountability work provides us with a critical opportunity to transform our relationships and communities to reflect these liberatory values.”

The community accountability that mothers take in the programming they are part of, plays a crucial role for their healing. They rely on each other for this. This happens in the drug rehabilitation centers, in patient or outpatient programs, domestic violence classes, organizations they are part of, and outside of these spaces like their home. I saw this happen while conducting an interview of Isabella. She came into the organization with a black eye and stitches in her left eyebrow. She walked in that day with her 4-month old daughter. She shared her story with me about leaving an abusive relationship that she had been in for 3 years. She previously experienced a lot of harm, including getting dragged out from her job where her coworkers witnessed it before. She had been thrown from the stairs while pregnant. These incidents did not move her to leave because she had her own reasons. But that day, I witnessed an entire community of people hold her accountable. As I listened to her, community members would come and grab her daughter from the stroller, sharing a lot



of love. They would ask her if she was okay and if she needed anything. Others would tell her that if she was ready, they were ready as well. By this they meant that if she was ready to leave that relationship she could receive the services and support they offered and understood if she wasn't but urged her to understand the importance of letting go. Now that she had the CPS case due to the most recent incident in which she was hospitalized, she said, she could not go back, and the threat of losing her daughter was never going to make her go back to that abuse. While in some ways, the system may frame itself as "saving" women who are caught in bad romantic relationships, and "saving" children from neglect and emotional abuse, there are entire communities behind mothers actively doing the community accountability work so that they don't lose their children, so that mothers don't end up dead, and so systems don't use their power to separate families and create more harm.

Although CPS intervention directly and indirectly affects mothers' ability to navigate crisis because they are under extreme pressure and threat, community accountability helps the mothers ground themselves in their spiritual agency. The community accountability is not the organizations, or classes they are sent to. It is the people that are overcoming similar crises that know how to hold others. This reveals how the abolition of carceral systems is possible because families and communities are already holding knowledge about the community accountability processes that work and those that don't. Another layer of this is that some organizations and centers are better suited with workers, people, that have the spirit of compassion and act through love, and others that are carceral in nature because they want to exercise their power against vulnerable women (for more on compassion see Maldonado 2023). I have observed both in the lives of these mothers. Some in domestic violence shelters where they experience the carceral and others in the rehabilitation or halfway homes.

## **Relational Healing**

“Chicana M(other)work is about healing ourselves and attempting to heal these fragments.” System-impacted motherwork includes the ways that mothers involved with different carceral systems engage in a healing process in relation to the healing of their family systems, whether through survival or through their choices of breaking cycles of intergenerational trauma. Mothers in this study show how they attempt to heal those fragmented pieces. Relational healing situates not only individual healing but that of their family, lineage, community, and larger purpose as matriarchs. There are parts of them that are healing the relationship with their mothers and parents, and other parts with their children, other parts are healing from the institutional violence they continue to experience and through *bodymindspirit* work, they are engaging with motherwork strategies that help them do this. System-impacted mothers are not only attempting to heal the relationship with systems that have historically caused pain and damage but also strategizing how to be there fully in the healing process to recover from loss.

### ***Relationships with Parents***

Relational healing involves mending relationships with parents. Many mothers face complex dynamics with their parents. For example, Yoli's approach to repairing relationships was influenced by her father. Despite conflict with her mother, Yoli adopted meditation techniques from her father who practiced Buddhism, as a means to heal their relationship. Although many mothers struggle with difficult relationships with their parents, they recognize these challenges and strive to address them to support their children in healthier ways. Yoli spoke about the resentment she and her sister developed toward their mother. A

few months before our interview, Yoli shared the tragic news of her sister's passing. Her sister, under the influence of drugs, was found unconscious in the street after being struck by two cars. Reflecting on her relationship with her parents, Yoli described her efforts to transform her parenting approach with her own children. While sharing a picture of her daughters (Figure 25), shortly after showing pictures of her recently deceased sister, Yoli shared her thoughts on and hopes for these relationships.



Figure 25: Yoli's daughters.

“So I remember my sister very like, in a notebook she wrote about my mom, and I was like, whoa, this shit. Like, sometimes as parents, we don't realize how much we're hurting our kids, you know? And that's something that I don't want to do anymore. Like I tell my babies, like, you guys don't understand how much I love you guys. You know, like, they brought us

to this world... You know, that's it. You know, what is what is what happens if you to see what it's like, you grow up like it's, you know, it's not like a normal. I'm just looking in the mirror. I don't mom, I with my daughters, I'm always telling them like, you can do it, I love you. I'm there like I show them affection. We sit down, we lay down in the bed, and we're all together watching a movie. Since we're doing mass, facial, doing our nails”

Yoli talks about how it was normalized to by abused by parents, because it was normalized for them. Her sister’s death and her involvement with CPS after having her daughters adopted made her reflect on the ways she is trying to break cycles. She understands the harm she has been through, and the harm her daughters have been through in foster care and cultivates a new relationship with the lessons from her mother, father, and daughters.

I don't do that to my kids. For me, I talk to her like, yeah, this is what you're doing wrong and you got to fix it, you know? Or tell me what you don't understand so I can help you. You know, we even had like, it is getting that we have such a good bond that I'm teaching them. When my dad used to teach me, I was just meditating. We sit out in the nighttime and we have, like a long time, especially because of the with me. The other two don't believe me, but me and Ana, when I listen to the wall, we sit down and we meditate on the candle and just relax our bodies, relax the tension that we have because I feel like life is full of energy. It could drain you or it can keep you full, you know? And I know my daughter really goes to high school like right now in high school. She tells me bits and pieces of what she's going to put in our reality. So I got to understand where she's come from. So I try to break every single thing, every single thing my mom did with me. I try not to do it with them. When I start raising my voice, I tell her I'm already my voice. That means I'm getting upset. So please, my mom, do this. You're right. Because I don't want to yell at a woman. I don't want to say verbal things to you.”

For Yoli, transforming her relationship with her parents involves adopting approaches that foster a healthier home environment and strengthen her bond with her daughters. She acknowledges the importance of meditation, recognizing it as a valuable technique to continue using, especially in building communication with her eldest daughter. The process of relational healing occurs when mothers become aware of the abuse rooted in structural and interpersonal family violence, leading to the development of bidirectional strategies in

motherwork. This healing work not only begins to break cycles of trauma from past generations but also prevents them from perpetuating into the future.

### ***Hood Moms and the “Children of the Corn”***

Many mothers detail their challenges raising children. Some had strained relationships with their children, which in turn prompt a deeper understanding of how to nurture their younger children amid conflict. Cassandra, for example, navigated a complex relationship with her daughter, who once reported her to CPS. Despite these challenges, Cassandra actively broadened her approach to mothering, extending her care beyond her own children to those in her neighborhood. Known affectionately as the “hood mom,” she frequently invites children into her home and maintains connections with youth in juvenile detention, visiting them in prison. Cassandra's efforts to repair her relationship with her children coincide with her commitment to supporting other youth, helping them support each other and navigate the difficulties of system involvement and community violence. She affectionately refers to these children as her “children of the corn.”

In Figure 26, Cassandra shares her efforts to improve her parenting of her younger children while also addressing the conflictive relationships with her two older children. In the picture, her children were still small, but a few years later, her two older ones were initiated into her neighborhood gang. Due to her involvement in the neighborhood and her ex-partner's gang connections, she and her children were closely tied to the gang. Now that her children are older, she acknowledges the challenges, stating, “it's very hard dealing with a sixteen-year-old girl.” When her daughter gets into fights at school, Cassandra tries to understand her behavior while also reminding her of her choices.

Once, when her daughter ran away from home, Cassandra said she did not force her to return. She told her, “You want to be a big girl; so, go live your big girl life.” Her daughter responded, “I don't even know why you want me back anyways.” Cassandra replied, “You can come back if you want to, but that's your choice.” In the context of system-impacted motherwork, these tensions affect relationships and healing. On one hand, the state intervenes if a teenager struggles at school, runs away, or gets incarcerated. On the other hand, mothers like Cassandra want to provide the flexibility for their children to make mistakes, hold them accountable, and support them through their struggles. Cassandra raises her older children with this awareness and supports her “children of the corn” in similar ways to keep them from getting caught in the system and build better relationships with youth peers.



Figure 26: Cassandra with her four children when they were younger.

### ***“That’s prison shit”: Unlearning Institutionalized Behaviors***

In this study, most mothers have experienced institutionalization which impacts on their healing. These mothers have interacted with carceral systems. Approximately over half have also faced incarceration. In Chapter 2, I discussed how critiquing these abusive institutions is a part of their recovery. However, healing extends beyond critique and includes addressing effects on the physical, mental, and spiritual wounds incurred both to the mothers and their children during institutionalization. These mothers are not seeking to reconcile or make peace with the prisons or psychiatric wards where they have suffered; they are not condoning the violence inflicted upon them by these institutions. However, they are seeking to heal from the traumas of carceral environments.

Joana and Rose were both incarcerated for 10 years in prison and their kids Danny and Mila were adopted after their incarceration. Both Joana and Rose thought they would do life in prison and at some point, accepted that that was their fate. While other people are raising their kids, they are not only attempting to heal from the loss of their children and from the institutionalization experience. Before incarceration, they only knew the streets and the gang life. The gang also involves violence, and due to survival, they connect gang behaviors with survival in prison time. Although some research addresses the negative effects of incarceration on women’s physical, sexual, and mental health (e.g., Hayes et al., 2020; Kelly et al., 2018; Schonberg et al., 2020; Sufrin et al. 2019) and the health of gang members and affiliates (Nowntny et al 2023; Maldonado Fabela 2025 Forthcoming), little research addresses how formerly incarcerated mothers who lose custody of their children *heal* from both the loss of their children and from their institutionalization experiences.

Joana and Rose are unlearning the behaviors learned in prison and gang life. They talk about unlearning by moving away from medicalized carcerality. Unlearning is part of the healing. When they were incarcerated, they coped in different ways. Joana tried to survive through medication. She has not been on medication since she was released and is trying to live without it. For Rose, none of the therapy or classes worked for her, and she did not take any prescribed medication inside prison. In spite of this, she got used to life in prison, in part through reliance on heroin. Joana shares,

“Like, right before I got out, I started doing heroin like I used to judge people so much in prison. Like uhh those are fucken crack heads. And then I ended up becoming really bad you know, like, I never thought that I would do in fucking heroin. I got a really, really bad on heroin. And so when I got out, like I just told myself, like are you going to continue to live that life? Or you gonna fucken cut it and go cold turkey Like a whole month. I wasn't myself like I was just fucking kicking. You know, like I didn't want to tell nobody. And I was just drinking so much. Like I was trying to stay under some type of influence. So I wouldn't Feel it you know. Finally, I did it like I did a whole month, and I had to be honest with some of the people at homeboys like look I can't fucken come to work. I feel like I'm dying, you know? My body hurts. I can't sleep so they helped me. They wanted to put me in a rehab. But I feel like I was too like I could do better, you know that I could do it by myself. So I cleaned up and I just been fucking working. And like, I tried. Like I was on psych meds for a while. That's how I was dealing with my mental issues like, you know. Like it would just keep me calm and focused I would be cool like levelheaded when I wasn't on my meds. I'll be, like, irritated and like, you know. Just fucking always, like, mad and, you know, like. And then I just decided, like, I don't need that shit. Like, I don't need it like. That's prison shit. Like. You know, I was trying to. Like, block it out and just be high all the time. Like I been like I have been without any medication for over a year. I think that's how I was coping with. And right now I'm just regular. I just, you know, day by day yeah, of course, like, I go through my ups and downs. everybody does. I think I'm doing pretty good. I go home and just. I think my dog is my therapy right now honestly, you know, like, I just be home and I fucken get to clean I space out You know, play music, you know, just stuff like that.”

Joana explains how recovering from the use of drugs and transitioning to life outside of prison without medication was difficult because she got used to being on some form of drug to cope. When she came out of prison, she recognized she needed help for her heroin addiction and wanted to address without formal rehabilitation or prescribed medications. Her



prison term was, and during it, she did not know whether she would ever be released. But upon (physical) release from prison, Joana had an urge also to come out of the mental state of being institutionalized. She tried different outlets of healing like dog therapy, music, and the gym. Joana's story reminds us that challenging medicalized carcerality requires unlearning institutionalized mindsets and behaviors through one's own volition is part of the mothers' healing.

### **Conclusion**

In this chapter, mothers reveal how they engage in healing through their programming, accountability, and spirituality. Specifically, I conceptualize motherwork to detail how *system-impacted motherwork* 1) is in the healing-centered strategies. 2) is in the imagination to reunite within racialized time and space 3) is in the gratitude of presence and 4) is in the community accountability. As mothers engage in these specific practices of motherwork they are also creating new ways to relate, what I call *relational healing*. Through this relational healing they transform the relationship with their parents, their children, and the state. This allows them to become cycle breakers or at least begin to think about what a different life would be without the violence they experience and into intergenerational and ancestral healing.

### **What do we learn from Cycle Breakers?**

Cycle breakers are people who mend and, in turn, interrupt the cycles of trauma caused by family lineage and structural, colonial violence. Dr. Mariel Burque describes cycle breakers as those who disrupt the intergenerational nervous system, the one that lives in our bodies. When mothers consciously and subconsciously break cycles, they learn that there is no easy direction. Carceral systems impede the fertile ground that allows healing to come to

fruition. System-impacted mothers' connection to multiple institutions and experiences of violence, teach us that there is the possibility to mend and recreate the strategies toward transformation. When I asked mothers, what cycles they were breaking, or when they shared how they were attempting to redirect their and their children's lives, they reflected on being able to provide safety and space to heal. Mothers in this study are cycle breakers. Although they are all in different areas of the spectrum of healing, their matriarch consciousness has placed them with the responsibility to learn, unlearn and teach children and each other how to heal from a place of rage, pain, destructive behaviors, institutional betrayal, carcerality more broadly and do it from a place that is not punitive as it was in their experiences. There is not a single way to develop a new system of care, but there are many blueprints that system-impacted mothers leave us with.

## **CHAPTER 5: CONCLUSION: THE HOMEGIRL BLUEPRINT**

The final editing of this dissertation takes place as students around the U.S. organize against genocide in Palestine. At the same time, the state is responding punitively by allocating an additional 37 billion dollars to fund policing. This is not isolated; what is happening globally, as illustrated through the stories of the mothers in this study, is interconnected. System-impacted families have learned to not only navigate the state of family policing but have also found ways to heal from intergenerational forms of violence experienced. At the intersection of settler colonial medical legal violence, corruption, and systemic criminalization they develop toolkits of survival that allow them to process grief. The grieving that system impacted families experience is specific to losing loved ones to the state, to the institutionalization of the mind, and a grief that is carried across generations. System-impacted communities, like mothers in Southern California impacted by CPS-induced trauma, have developed communities of healing and as I have shared in these chapters, have specific insights and critiques to share about care, safety, and healing.

### **The offering...**

In this book, I have offered system-impacted motherwork as a conceptual framework, a form of blueprint that gets into the matriarch consciousness to unpack how to disrupt medicalized carcerality and create new methods of safety, care, and healing for Latinx system-impacted families. The framework, while not completely shared until chapter 4 due to limitations of time, is the overarching concept that I developed as I theorized with mothers. In chapter 2, I posit that Central American migration, and the corruption happening in CPS are not isolated but rather a collective reflection of intergenerational trauma that lives in the historical memory of Latina/o/x families. I discuss how grief from losing children affects mental health

and healing and show how SIM helps mothers navigate the grieving via *materialized grief*, which includes their critiques against the state and grieving communities. In chapter 3, abolition medicine and transcarceral care ground the chapter to show how mothers in psychiatric ward and other carceral institutions learn about safety from the *lack of safety* in these carceral spaces. Through methods developed from children's consciousness, to self-harm tactics, mothers in carceral institutions find ways to challenge the labels of the "psychotic" "crazy" Latina. In Chapter 4, I discuss how spirituality guides system-impacted motherwork and how healing becomes the process that mothers engage in as they try to heal after attempted suicides, decades of incarceration, and ruptured relationships with family. SIM offers four tenants and is followed by the ways that this leads women to practice relational healing. Through this relational healing, they become cycle breakers, because SIM now becomes less about how they are healing their own body mind and spirit, and more about the collective healing system-impacted communities urge for. As Mary Watkins shares in psychologies of liberation,

“By considering psychological problems as primarily individual, psychology has contributed to obscuring the relationship between personal estrangement and social oppression, presenting the pathology of persons as if it were something removed from history and society, and behavioral disorders as if they played themselves out entirely on the individual plane. Instead liberation psychology should illuminate the link between an individual's psychological suffering and the social economic, and political contexts in which he or she lives in.”

In this book, none of the psychological harms that mothers experienced have been isolated from the social carceral institutions that most often inflict or exacerbate these harms. Mothers' wounds are a larger reflection of the social grief that we are experiencing due to the remnants of colonization, and the ongoing conflict of the state wanting more fiscal investment for punishment to poor communities of color, and system-impacted communities,

advocates, and allies, wanting more resources to survive and heal. System-impacted motherwork gives us a glimpse into making new meanings and to challenge criminalization that continues to institutionalize families across generations. SIM allows us to complicate healing as nonlinear process and hold institutions accountable for the social reproduction of trauma.

### **Mothers' Recommendations**

#### *Getting Uncomfortable with Abuse and Strategizing Against it*

Erika, queer, non-biological mother who lost her family from the CPS case, was passionate about sharing recommendations for the readers of this study. Erika has been incarcerated most of her life and in and out of the carceral and child welfare systems. She became a ward of the state since she was 7. From her own experience in the foster care system, in prison, with murder cases, and with CPS, she learned that it takes a lot of courage to reach out for help, and a lot more to understand how hard healing is when the state fails. She married her wife when she came out of prison, and her step-daughter confessed to her that her older brother had sexually abused her. Erika became conflicted because she had love for both of them and told her wife. Her wife did not want to believe it and Erika just wanted resources to help both of them. Erika urges us to understand that abuse happens everywhere and we need to learn to vocalize it so that we can strategize against it early on.

“Because then that's those five people who, who are predators, 100 to get abused and then it keeps continued. So, it's like it just, it multiplies so rapidly. but if you, you deduct how much is happening, you know, like I said, it will happen 11,000 times. It only happens once. I mean it's always in it is always gonna be there, but maybe it'll change somebody, and then it gets the children to say it, and it's like it's because he was a victim as well as in his little. And it was to family. So it's like this I think it's going, going, going. Right. And then by the time they realize this, it it's not okay....”

She talks about being able to catch the abuse that happens within our own homes to be able to have a decline in sexual abuse. With this she argues that we need to be able understand that

abuse is going to be there and be able to communicate to children how to navigate it. She tried calling so many hotlines for resources, and none of them gave her help on how to deal help a boy who was sexually abusing his sister. She was frustrated that there was nothing for this when this was the cause of this family breaking apart, and she says the abuse in her own home was the cause of her ending in foster care too. She says the system fails to see this and there are long term consequences for it,

“About two and a half year process. I hit rock bottom where I. I was just numb. I could be worse. I lost my self-respect. I was myself worth. I lost my integrity. I lost everything that I stood for. I was gone and I forgave two faults. If I was outside one inch long, I think it was because I just completely I didn't have I didn't feel like I felt like I failed them on theirs. I felt with the kids I didn't protect them, you know? I mean, it was then that I didn't know if I did right by him as well, because he was a kid. And so now I'm so I do all about him like he's a predator. But what if we would have tried a little harder when we could have saved him, or made him realize that it's not right? It's not like that. It's like doing it and sweeping it under.

And now he's will continue to do that to his family. You know, maybe he may not do it to know that this motivated sort of woman. And then he's like, she's the one who has something to say. And he's and I like and he takes advantage of other ways of taking advantage of somebody.”

Erika hit rock bottom after she lost her wife and stepchildren from this. She has only 1 month of being sober and shared a picture after coming back to Homeboy Industries to sober up and get support. CPS affected her drastically and her major suggestion is being able to get uncomfortable with abuse and strategizing against it. Being able to talk about sexuality and sexual desires in a way that teaches children early on how to navigate. She says children need to be prioritized, “parents matter too, but it’s the children. It’s both. We need to help both.” CPS as a family policing institution does not have the tools to do this. It denies the capacity to understand that abuse is complex and needs to be addressed with resources that fit that family and not separate them to continue those same cycles elsewhere.



Figure 26: Erika at Homeboy Industries.

### *Children and Youth-Centered Care*

Genesis, mother of 5, spent eight years in prison. During this time her children experienced a lot of traumas, including seeing their father overdose on fentanyl. At the time of interview Genesis was living in a halfway home and had been released from prison three months prior. She reminded me that her children needed help. Through this time that she was incarcerated and involved with CPS, her children had not received the services necessary to heal. Her kids are all over 18 years, except one, but Genesis says that the state has neglected to support them all along. In chapter 3 I discussed the consequences of neglecting to provide therapy, and here, Genesis urges that more youth-centered healing is needed. When sharing photographs about her children, she shared pictures of her oldest daughter and shares,

because the state did not support her while she was incarcerated, and her father passed away she is now in an abusive relationship, and sleeping in her car. She says,

“Because their dad died and, they need therapy. I don't know how to get it for them. I know how hard it is that they're not doing their jobs. They're not coming. They're not checking up on them. They're not. They're not. They're not taking the time to invest in these girls that they know. Their parents died of an overdose, that they've got traumatic experiences. Because guess what? They were molested. You know, they don't. They're not taking time to invest in asking questions like, where's your where's your report card? Where's your grades? Why aren't you there? Who's who's putting food in the fridge? What's going on? There's no wellness check for a while... My daughters are going on the same path, and I know that history kind of heats up. You need to break it. So that's why I'm breaking it. I just wish DCFS has more support. There we go. Support roles. More counseling, more. Like youth support. Because they're taking at, coordinators something like you guys do activities together because you know there's kids are getting abused left to right.”

Genesis argues that DCFS (CPS) needs to pay attention to these experiences when there is death due to addiction and incarceration of parents. System-impacted children and youth need healing services that acknowledge the multitude of traumas, without further neglecting or expanding medicalized carcerality. Genesis and other mothers in the study understand the negative mental health impacts of carcerality and urge researchers and practitioners to take accountability in addressing them.

### **What is the future of Abolition and Policy?**

I want to provide a lens for those who wish to expand the policy work with CPS and healthcare. Reformist reforms as Ruth Wilson Gilmore has argued make a system appear more “humane” while expanding the strength of carceral state. Non-reformist reforms are actions that take us toward abolition to shrink the scope and power of carcerality by enhancing community wellbeing such as housing, healthcare, and education. What is the future of abolition and policy, when many of these policies end up reinforcing the carceral state and punishing families further? I want to say here that it is possible to reimagine by



creating new methods. Because I work with students that want to go into the field of social work, I often get the questions so “what do we do as social workers who want to change the system” my responses is that you cannot change it, we can only chip away and do anti-carceral expansion work to build new systems of care.

*CPS, Law, and Social Work:* Risk assessments need to be recreated to be healing-centered. These are often based on behavioral diagnosis that disregard the levels of trauma and stress that “clients” are going through. Further, in chapter 3 I talked about moving from mandated reporting to mandated supporting, and here we need to develop policies that abolish mandated reporting laws. Since the 1960s these laws were implemented based on research of “the battered child syndrome” we need new policies that push against this and develop new ones that mandate support systems in times of family crisis. Ultimately, family reunification laws need to reflect the contextual struggle find themselves in. For example, in this study, mothers have been incarcerated, psych wards, rehabilitation, these institutions need to be in conversation with social work to reunify families and not produce further harm. The *Keep Families Together act (HB1227)* is one example. which acknowledges the harm that removal has on children and prioritizes reunification of families. In California, AB 1226 went into effect January 1, 2024 where it prioritizes having children closer to their incarcerated parents. Further, SB354 which passed in 2021, allows for placements in relatives’ homes even if someone had a non-exemptible conviction. They stated,

“This bill would, notwithstanding those provisions, authorize the court to order placement with a relative, regardless of the status of any criminal exemption or resource family approval, if the court finds that the placement does not pose a risk to the health and safety of the child. The bill would require the county welfare department, if the sole issue preventing an emergency placement of a child with a relative or nonrelative extended family member is a lack of resources, to use reasonable efforts to assist the relative or nonrelative extended family member in obtaining the necessary items. By imposing new duties of county welfare departments, this bill would impose a state-mandated local program.”

SB354 is an example of a bill that advocates against family policing fought to have. The ability to have children stay with family is crucial, but not the end goal. This type of bill shows how the immediate actions of policy can affect the children's safety and is urgently needed. However, non-reformist reforms need to pay critical attention to not allow the state to justify removal in the first place.

*Field of Health and Medicine:* We need further research to strengthen the evidence that shows that CPS is harmful to the health of entire families across the U.S. Medical doctors often are the first to come in contact with families in health crisis, we need healthcare policy that mandates doctors to address not only immediate health concerns but provide long term holistic healing approaches. Revisiting Mental Health Parity and Addiction Equity Act (MHPAEA), patient-centered medical home (PCMH) to provide more financial services and fewer barriers to access mental health and substance use support. Additionally, taking an anti-racist approach in health equity is needed for development of policy. Within this line of work, Social Scientist and Public Health scholar Melissa Creary reminds us that health policy must account for root causes and accountability of social, cultural, and biological factors that affect the health of vulnerable populations. Through her conceptual framework of bounded justice, she calls for further inquiry into the ways that interpersonal processes of racism “have affected structural justice delivery”. She states that, “Bounded justice, then, suggests that it is impossible to attend to fairness, entitlement, and equity when the basic social and physical infrastructures underlying them have been eroded by racism and other historically entrenched-isms” (242). This concept reminds us that for health policy, specifically for the health of marginalized families in the U.S., we must continue calling beyond community accountability which I name in chapter 4, but simultaneously national and global

accountability of health as a human right. This brings me to highlight an important intervention of CPS-induced trauma through healthcare systems and that is by taking a systems approach policy to address social determinants of health. I previously argued that the child welfare system is a social determinant of health and these are fueled by mechanisms within and beyond race, class, gender, such as stigma, maternal stressors, and threats (Maldonado Fabela 2024). The World Health Organization (2010) states through the Commission on Social Determinants of Health that we must find a way to decrease the possibility of expanding of negative health consequences. In figure 27, they model four major points in which policies can intervene.

**There are four key points along this chain where policies can intervene:**

- **By trying to decrease social stratification itself, i.e., to “reduce inequalities in power, prestige, income and wealth linked to different socioeconomic positions”<sup>92</sup>;**
- **By trying to decrease the specific exposure to health-damaging factors suffered by people in disadvantaged positions;**
- **By seeking to lessen the vulnerability of disadvantaged people to the health-damaging conditions they face;**
- **By intervening through healthcare to reduce the unequal consequences of ill-health and prevent further socioeconomic degradation among disadvantaged people who become ill.**

This model is one way of viewing anti-carceral expansion work and chipping away at both the carceral state, and medicalized carcerality through decreasing the likelihood of further vulnerability. I want to adjust these 4 points specifically to child welfare involved families. In figure 28 I shift this to be more specific for system-impacted families.

## Structural

**Reduce Social Stratification in Child Protective Services (CPS) through Anti-Racist Practices:** Implement mandated support policies that provide financial resources to system-impacted communities encountering family policing. These anti-racist measures aim to decrease social stratification and ensure equitable treatment within the CPS system.

## Intermediate

**Reduce Exposure to Health-Damaging Factors:** Implement policies that provide greater flexibility in the workplace and enhance access to social support services. These measures aim to restore and maintain the health of the body, mind, and spirit, helping individuals achieve equilibrium.

## Intermediate

**Reduce Vulnerability to Health-Damaging Conditions:** Adopt healing-centered approaches in response to crises, prioritizing support and rehabilitation over further punishment. This will lessen individuals' vulnerability to harmful conditions and promote overall well-being

## Micro

**Medical care delivery strategies:** Healthcare providers can implement culturally-responsive non-criminalizing strategies in their everyday care practices to improve patient health.

*Figure 29: SDH typology modified for Child Welfare Involved Families*

In this process we need to have tangible pieces that healthcare systems can be held accountable to. Here, we need to visualize the relationship among these strategies because it

shows that within these, families and communities are navigating different stages of the effects of social determinants of health. Melissa Creary further states, that “Practitioners and policymakers should know that the justice they are trying to introduce will always be bounded, limited by the social confines in which they are produced” (248). So with this, I want to remind healthcare professionals that there is not one typology or conceptual framework that can tackle the health injustices experienced by families involved in CPS, but there can be ways to chip away the power and force in which they are reproduced.

*Non-profit Advocates:*

The non-profit industrial complex has been critiqued for its expansion of neoliberalism and co-optation of resources. Dylan Rodriguez (2004) defined the nonprofit industrial complex as a “set of symbiotic relationships that link together political and financial technologies of state and owning-class proctorship and surveillance over public political intercourse, including and especially emergent progressive and leftist social movements, since about the mid-1970s.” While advocates try to create resources, the non-profit industrial complex helps reproduce the carceral state. This is a dilemma that the emerging family policing movement is in. Nonprofits are functioning within what Ruth Wilson Gilmore calls, the “shadow carceral state” where they are acting on behalf of the state to further expand punishment. As a scholar-activist I am aware of these pitfalls, but also aware that there are many advocates working to challenge these. I will not list an expansive list of non-profits but to get a glimpse of the ones that are setting blueprints for the transformation of CPS, I will share a few. Starting Over Inc. developed the FREE Project (Family Reunification Equity and Empowerment Project) where they engage in policy work, reentry services, participatory defense, and free legal support for families involved in CPS.

Their work has been able to transform the lives of parents across Southern California. The Brooklyn Defenders in New York is another great example which I discuss in Chapter 3. Just Making A Change for Families (JMAC) is another non-profit organization working to dismantle the family policing system in New York. Their work is focused on both dismantling and creating support. Operation STOP CPS in North Carolina works to train communities with Know Your Rights workshops, former agents working to provide advice and work towards reunification of Black families specifically. Overall, these organizations give an idea of the on the-ground action that can be taken to support the family policing movement.

### **A Call for Embodied Healing**

“When it is not suppressed, repressed, or denied, pain has the potential and power to deliver on its premise and promise; that pain is here to alert and oriented us, to launch us into emotional, physiological, spiritual, and intellectual adventures toward our homeostasis haven. Pain is an irrefutable force to be reckoned with in our lives and in our theorizing feminism.” (161).

Feminist scholar Ayu Saraswati (2023) theorizes the ways that pain affects us, and how we can transform that pain through embodied feminist practice of carrying pain and healing with it. I want to end with a future of embodied healing, where we step into the feminine and get vulnerable. Where emotional, mental, spiritual, and physical healing become part of who, we as a collective embody. This form of healing requires tending to the blueprint that homegirls have shared in this book. They carry the pain from colonial systems, yet are trying to grasp a meaning of it, critique it, and heal from it for themselves, their children, and communities. System-impacted motherwork becomes a tenant in the larger movement to tackle social injustice differently, to bring a movement where new worlds are created, and harmful ones abolished. From a decolonial abolitionist lens, this work requires

internal and external movements, those that can imagine safer and healthier worlds. We cannot do this alone; we can only do this by embodying the healing we desire as a collective. Desire and pleasure form part of this embodiment because we learn to create new worlds amidst struggles. The carceral state will continue to expand with technology and surveillance, with logics that justify medical legal violence against vulnerable populations. In this, the creation of systemic accountability will be needed, one that recognizes the global struggle with the local one, and one that reduces the scope, size and power of the tenants and roots of a colonial system that has harmed for generations. In the spirit of struggle, I hope we can contribute to creating these grieving communities, in action, with love, and compassion.

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### **Appendix A: Recruitment Script**

My name is Katherine Maldonado. Originally from South Central Los Angeles, I am now a graduate student in the Sociology Department at University of California at Santa Barbara, conducting research to learn about Latina mothers' experiences of health and healing after involvement with CPS and how they resist and cope with violence. Due to your prior or current involvement with CPS would like to participate in my study?

To be eligible to participate, you have to be 18 years or older, self-identify as Latina, self identify as mother, resident of Los Angeles or Inland Empire and have prior involvement with CPS. Information about your experiences as a mother involved with CPS, provided with your testimony can improve understanding of how health is affected over time and how women respond to it.

Participation would involve 1 meeting with me, at a location of your choosing and scheduled at your convenience. The meeting would last about 2-3 hours. I would ask you to share your life story through photographs. I would interview you about your life experiences with mothering, health, violence, and responses to it. The total time commitment will include a short 5 minute survey, your life story through photographs, and any other questions I may still have after the photo interview.

You will receive a \$50 gift card if you choose to participate. Participation is voluntary. You may refuse to answer any questions and withdraw from participation without penalty at any time. Your information will be kept confidential, and I will use a pseudonym, instead of your name, to report research results.

If you are interested in participating in my study, please let me know as soon as you can. Thank you for your consideration. I hope to hear from you soon.  
Katherine Maldonado, [kmaldonado@ucsb.edu](mailto:kmaldonado@ucsb.edu)

## Appendix B

**Research Study Call for Chicana/Latina Mothers**  
\$50 Compensation



**What is the study for?**  
This study is looking at long term health effects of mothers involved in the child welfare system

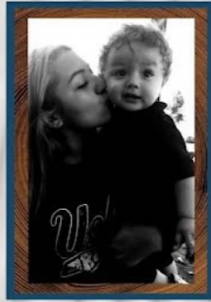
**What would I need to do?**  
Please participate in a 1-2 hour photo voice interview, sharing life experience through photos

**How can I get involved?**  
If interested, please contact  
Katherine Maldonado  
Email: [kmaldonado@ucsb.edu](mailto:kmaldonado@ucsb.edu)

**Am I eligible?**

- 18+
- Prior CPS case
- LA or Inland Empire

**Estudio de Investigación llamado para Mamás Chicanas/Latinas**  
Compensación \$50



**¿Para qué es el estudio?**

Este estudio analiza los efectos a largo plazo en la salud de las madres involucradas en el sistema de bienestar infantil

**¿Que necesitaria hacer?**

Participe en una entrevista de voz fotográfica de 1-2 horas, compartiendo experiencias de vida a través de fotos.

**¿Cómo puedo involucrarme?**

Si está interesado contactar a Katherine Maldonado

Correo electronico: [kmaldonado@ucsb.edu](mailto:kmaldonado@ucsb.edu)

**¿Soy elegible?**

- 18+
- Caso anterior de CPS
- LA o Condado de Riverside



## Appendix C

**Date:** \_\_\_\_\_ **Interview Number:**

\_\_\_\_\_

**Name/Pseudonym:** \_\_\_\_\_

\_\_\_\_\_

<b>Demographics</b>		
Gender:	Age:	CPS Involvement year: Referral? Removal? Adoption?  Children involved:
Place of Birth/Region:	Criminal Justice Involvement?  Immigration Involvement?  Public Social Services?	Year of involvement
Level of study:	Important life-course events (and dates):	
Children	Ages:	Children's Place of Residence:
Do you have grandchildren?	Ages:	Grandchildren's Place of Residences:
Are you currently working?	Weekly working hours:	Occupation:
Do you have Health Care?	Approximate monthly income:	Languages you speak:
Do you have chronic diseases?	Which ones? Year of diagnosis?	Are you under medical treatment to control your illness?

## Appendix D

Protocol Number: 35-22-0338

Approved by the UCSB Human Subjects Committee for use thru: 02/14/2024

This section is to give you key information to help you decide whether or not to volunteer for a research study about Child Protective Services Involved mothers and mental health:

- You are being asked to participate in 1 interview.
- You will be asked to bring at least 10 photos and at the end of the interview you will be asked to sign a form indicating how those photos may be used.
- The overall expected time commitment will be about 2-3 hours.
- Few research has been conducted on CPS involved mothers and long-term health effects. This study will produce needed scientific knowledge about your experiences. Knowledge of your experiences will help us understand the individual and collective resilience of CPS involved Latina mothers. This can have implications for institutions that work directly with mothers, children and youth as well as institutions that construct policies directly for these groups. For a complete description of benefits, refer to the Detailed Consent below.
- There are psychological risks. This can be an emotional or triggering interview and there are psychological risks associated. If you feel discomfort at any point of the interview you will have support. For a complete description of risks, refer to the Detailed Consent below.

### **Purpose**

You are being asked to participate in a research study. The purpose of the study is to understand mothers involved in the child welfare system and mental health effects of the involvement. You are being invited to participate in this study because you are a Latina mother who has prior or current involvement in Child Protective Services.

### **Procedures**

If you decide to participate, we will meet once lasting about 2-3 hours, with myself, at a location of your choosing and scheduled at your convenience. You will be interviewed about your experiences with mothering, CPS, health, violence, and healing. You will participate in a photo elicitation interview where you will present photos to talk about your life experiences. I will provide a handout with guidance for this. With your permission, the interview will be tape-recorded. You can still take part in the study without the audio recording. In that case, I will record brief notes by hand. At the end of the interview I will ask permission to take photos of the photos you bring to the interview. I will ask you to sign a photo release form where you tell me which photos I can take photos of and how they may be used

### **Time commitment**

Your total time commitment will be about 3hours plus the time it takes for you to collect photos.

### **Risks**

There are psychological risks. Due to the sensitive topic of the interview the conversation may elicit distressing memories and emotions. If psychological risks are presented during the interview you can refuse or stop at any time. If you feel uncomfortable at any point of the interview due to content being shared in the interview, investigator will share that they can pause or stop at any moment. If you feel discomfort or triggers you can contact the Riverside County crisis/suicide intervention line at 951-686-4357, Los Angeles County Department of Mental Health (800)854-7771 or the national crisis call center 1-800-723-8255 for assistance. I have procedures in place to maintain confidentiality and protect the sensitive information you share.

### **Benefits**

There is no direct benefit to you anticipated from your participation in this study. You may gain personal insights from sharing your experiences by allowing you to speak out loud about them, but there are no direct benefits from your participation in the study.

### **Confidentiality**

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used unless you give explicit permission for this below.

If you agree to audio-recording, I will transcribe the recordings for analysis. You will sign a separate photo release form for permission to use your photos for research and additional purposes.

To minimize risks to confidentiality, I will: store data in security protected laptop and destroy all transcriptions after the

analysis of the interview. I will make sure to protect all data files with a pseudonym for all collected data. I will delete all audio recordings after transcription.

Your personal information may be released if required by law. Authorized representatives from the following organizations may review your research data for purposes such as monitoring or managing the conduct of this study:

- University of California Institutional Review Board (the committee that is charged with the reviewing studies involving human subjects)

Absolute confidentiality cannot be guaranteed, since research documents are not protected from subpoena. We may use or share your research information for future research studies. If we share your information with other researchers it will be de-identified, which means that it will not contain your name or other information that can directly identify you. This research may be similar to this study or completely different. We will not ask for your additional informed consent for future use of your de-identified data. Your study information will be stored securely by me. When I present or discuss research results, only pseudonyms will be used to refer to study participants like you or any other name you share, such as that of your child(ren). Your name will not be used to identify you in research reports. I will make every effort to keep confidential your information and to keep your information from being used for any purpose other than research. I would like to place your contact information in a repository for future research. I will ask for your consent to do so at the end of this form. You can be a part of this current research project without agreeing to this future use of your contact information.

#### **Costs/payments**

For your participation in the study, you will receive a \$50-dollar gift card. The only potential cost would involve transportation to the meeting and these expenses will not be reimbursed.

#### **Right to refuse or withdraw**

You may refuse to participate and still receive any benefits you would receive if you were not in the study. You may change your mind about being in the study and quit after the study has started. I also want to inform you that I can withdraw you from the study at my discretion.

#### **Contact Information**

If you have any questions or concerns about your rights and treatment as a research subject, please contact:

Principal Investigator: Katherine Maldonado (323) 534-0337 [kmaldonado@ucsb.edu](mailto:kmaldonado@ucsb.edu)

Faculty Advisor: Dr. Victor Rios [vrrios@ucsb.edu](mailto:vrrios@ucsb.edu)

If you have any questions regarding your rights and participation as a research subject, please contact the Human Subjects Committee at (805) 893-3807 or [hsc@research.ucsb.edu](mailto:hsc@research.ucsb.edu). Or write to the University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106-2050

Audio Recording Permission

I agree to participate in the study and agree to be audio recorded. OR

I agree to participate in the study and do not agree to be audio recorded.

Contact Information Permission

I agree for you to keep my contact information (phone number or email) for future research OR

I do not agree for you to keep my contact information (phone number or email) for future research

**PARTICIPATION IN RESEARCH IS VOLUNTARY. YOUR SIGNATURE BELOW WILL INDICATE THAT YOU HAVE DECIDED TO PARTICIPATE AS A RESEARCH SUBJECT IN THE STUDY DESCRIBED ABOVE. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP.**

Signature of Participant or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appendix E  
PHOTO CONSENT FORM

**Study Title: “Let us be the healing of the wound” Child Welfare System Impacted Families and Mental Health**

**Name of Researcher/s: Katherine Maldonado, UC Santa Barbara**

**COPYING YOUR PHOTOS**

Thank you for participating in this study and sharing your photos with us during your interview. To further learn from your photos and your story, we would like your permission to make copies of your photos for research purposes. ***This is not required. It is completely voluntary and up to you.*** Here is some important information to help you decide.

- You can choose which photos you do and do not want us to copy.
- The researcher will take pictures of your photos on her phone. These pictures will then be transferred to a secure, password protected computer.
- Your photos will be held in confidence and viewed only by research staff unless you give us permission to show them to other people or in public spaces (which we will ask next). Photos of other people will only be used for the research project and not for public display.
- Photos will be deleted after the study is completed unless you give permission for the photos to be kept forever or used for other purposes (see Photo Uses below).
- ***You are not required to let us copy your photos. It is optional and your choice.***

May we make copies of your photos and keep them for <b>research purposes</b> ?	YES	NO
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**PHOTO USES**

Thank you for allowing us to copy your photos for research purposes. Now we would like to know if you are willing to allow your photos to be shown in public places or shared with other researchers. These photos do not include others and only yourself. ***This is optional and completely up to you.*** If you give us permission to show your photos in public, your name would not be used but your image would be identifiable. This means that people could recognize you.

May we show your photos in <b>public presentations or displays</b> (such as at research conferences, classroom presentations, or presentations to advocacy or community groups)?	YES	NO
May we <b>publish</b> your photos in <b>articles, books, or other printed material</b> ?	YES	NO
May we <b>post</b> your photos on public <b>websites</b> ?	YES	NO

May we keep your photos indefinitely (forever) for future research purposes, which may include sharing them with other researchers?	YES	NO
Do you want to approve photos before they are used publicly?	YES	NO

**Please print your name and sign below:**

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (print)

\_\_\_\_\_  
Date