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"The mother seems to traumatize her child": Examining empathy, denial, and responsibility in day-to-day encounters of families and staff in immigration detention in Canada

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ABSTRACT

This paper examines encounters of mothers and their children with detention facility staff during our fieldwork in immigration detention centres in Canada. We sought to understand how detainees and institutional staff understand each other and their roles within the broader system. Using a critical ethnographic frame that views the inner psychic worlds of subjects as contingent upon larger systems of power and oppression we organize our data around narrative and content themes. Our findings suggest that guards and staff see their roles as *protectors* of children, even as they communicate implicitly that these families are *risks*. Further, we propose that staff tend to project the aggressor onto the Other, in this case, migrant mothers, as a way to cope with the moral distress of witnessing the suffering of detained children, and with the burden of potential complicity. By describing how empathy, denial and responsibility are negotiated in these custodial spaces, we analyze the ways these micro-political encounters can illuminate larger trends in the representation and reception of migrants with important implications for mental health care and border control practices and policy more broadly.

1. Introduction

The practice of detaining foreign nationals in prison-like settings for the administrative purpose of immigration control is now so commonplace that nearly every state across the globe has adopted mechanisms to detain non-citizens. While the United States incarcerates the largest number of people, and Australia has garnered worldwide condemnation for its harsh offshore detention policies, well-resourced states alongside low- and middle-income nations consistently use this form of confinement as a key instrument of border control.

In the past decade, in tandem with the rise of immigration detention globally, there has been a growing body of highly interdisciplinary research that studies immigration detention and other border control practices. Mental health research has shown definitively that immigration detention negatively impacts the mental health of both adults and children (Mares, 2020; Von Werthern et al., 2018). Social science studies have explored how immigration detention operates with the larger project of border control as a form of punishment (Bosworth, 2007; Turnbull, 2017), governmentality (Blencowe, 2021), and social exclusion (Mountz et al., 2012). Rather than looking at policy and legislation alone, border studies increasingly include, as this study does, an examination of how border control is carried out on the ground by actors in the field.

1.1. Aims of this study

This study was undertaken as part of a broader examination of immigration detention in Canada, conducted in 2010–2012 and funded by the Canadian Institute of Health Research. Our team examined the mental health impact of immigration detention on vulnerable adult asylum seekers (Cleveland and Rousseau, 2013) and also the experiences of families who were detained (Kronick et al., 2015). We were granted access to one detention site, referred to as an Immigration Holding Centre (IHC), for a period of several months, and also brief

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access (1–5 days at a time) to another IHC to conduct some of our interviews. In addition to interviewing detainees, we spent time in the space. We had informal interactions with staff, including some who worked for the Canada Border Services Agency (CBSA) and others employed by private contractors. This paper addresses an unexpected question that emerged from the fieldwork in the detention setting: How do detention center staff make sense of their work and cope with it when working with detained children and mothers?

1.2. Detention in Canada

Our study is situated in Canada, which is often recognized as a country that is welcoming of refugees but has been criticized for its use of immigration detention (Beder et al., 2018). Canada has three major detention sites, IHCs, in Montreal (Québec), Toronto (Ontario), and Vancouver (British Columbia). Some people are also detained in provincial prisons, though recently, several provinces cancelled their agreements with the federal government to detain migrants in its prisons. Between 2016 and 2020, approximately 32,000 men, women and children were detained in Canada for an average period of 15.7 days, with the number of detainees increasing each year (Gros, 2021). During this time, the majority were detained in one of three IHCs, while the remaining 16–28% were held in provincial jails (Gros, 2021). The group in IHCs included children and young people, some of whom were Canadian citizens 'accompanying' their detained foreign-born parents (Gros, 2017). In 2020, 138 minors were held in detention (Gros, 2021).

1.3. Immigration Holding Centres

IHCs are the setting in which our ethnographic work took place. These administrative institutions resemble medium-security prisons (2018a). Detainees' movements are restricted; their personal effects are confiscated; they are monitored by guards throughout the day and night; and, until recent renovations, the IHC had been surrounded by barbed wire fencing (2018a). Detained people also have limited access to the internet, phones, and, in the case of children, to education and recreation (Gros, 2017). Children and mothers are held separately from fathers or adult family members (including male children over 18). At the time of our study, mothers and children had brief visiting periods with fathers daily, either during visiting hours or sometimes during mealtimes. Elsewhere, we describe children's anxieties in the context of these separations within immigration detention (Kronick et al., 2015, Kronick et al., 2016, Kronick et al., 2018).

IHCs fall under the mandate of the CBSA, though aspects of their operation, including security guard staffing, are routinely outsourced to third parties (CBSA, 2023). All IHCs have a contracted nurse and a part-time contracted physician. At the time of our study, there were no mental health professionals. Aside from the small handful of NGOs and the Canadian Red Cross, there is nearly no access to these spaces besides the visiting room and interview rooms offered to legal counsel for detainees. Journalists are never permitted inside IHCs; thus, these spaces are largely protected from the public eye.

2. Research questions

Our primary question is: *How do IHC staff understand themselves, their professional role(s), and the mothers and children in their custody?* Specifically, we focused on observations of the everyday interactions between mothers, children, and the detention centre staff, examining 1) how children are understood, represented, and experienced and 2) how staff make meaning of their positions within the institution and the larger system of detention. Finally, to conclude, we ask what the observed encounters might tell us about the micropolitics of border control.

3. Methodology

We entered the immigration detention centre in Canada as mental health clinicians (psychiatry, psychology) influenced by our health disciplines and the critical frameworks and methodologies of the social sciences. Thus, while, in part, our study examined the mental health impacts of detention on asylum seekers and the perceived effects on children, we also borrowed a critical ethnographic approach to understand the institutional culture of the IHC and to try to make sense of our observations of life in these carceral spaces.

Specifically, we sought to observe the milieu and understand its practices, norms and any collective or individual strategies for understanding the place and each actor's role in it. While traditionally, ethnographers spend months to years immersed in a setting, given our access was limited and living in detention impossible, our work is more in keeping with contemporary approaches of institutional ethnography (Billo and Mountz, 2016; Smith, 2005). Drawing from institutional ethnography, we were preoccupied with generating knowledge of how "ruling relations" play out in the field, even when hidden from view (Smith, 2005). Within this frame, our inquiry focuses on how everyday life is constituted by larger systems of oppression and power.

3.1. Theoretical Considerations

We draw on three theoretical perspectives—one from psychology and psychiatry and the other two from social science—to generate and make sense of our field data. First, we make use of the psychoanalytic theory of defence mechanisms. Second, we examine the construct of childhood, particularly the subaltern, traumatized migrant child. And third, we consider the literature on humanitarian and care paradigms within the context of border and penal control.

1) Defence mechanisms

As previous research has noted (Bosworth and Kellezi, 2017), including our own (Kronick et al., 2016), doing research inside immigration detention centres can be distressing, both for researchers and for those confined. For us, reflecting on how affect and emotions are experienced and contended with in detention matters, especially as we make sense of the staff's position. Psychology and psychoanalysis have delineated the theory of defence mechanisms to articulate how individuals navigate painful or unacceptable emotions, thoughts, and experiences. Defence mechanisms (e.g. avoidance, denial, and projection) help individuals disavow and distance themselves from negative emotions, such as shame, humiliation, and pain, thereby mitigating personal distress. These defences are often enacted without awareness (Kay, 2020; Perrotta, 2020). In the case of projection, negative affect is disavowed and attributed to an Other. Interestingly, social theorists have also taken up the notion of defence mechanisms, noting they can operate not only at the level of the intrapsychic but also at the systemic or social level, whereby groups or discourses disown or deny that which is disturbing, in a kind of collective defence against social suffering (Butler, 1997). As Frost and Hoggett note Frost and Hoggett, 2008, because "both inner worlds of psychic suffering and outworld of social structural oppression are constitutive of such subjects" (2008), defence mechanisms and projections are as much about interpersonal relations as they are constitutive of social discourses and subjectivities. In interpreting our data, we take up these notions of defence mechanisms, thinking intrapsychically and at the level of the social.

2) The migrant child

Because we are looking at how staff understand and represent children, we also draw on childhood studies which suggest that children are often represented as incomplete adults, lacking agency, maturity and a moral compass (Carnevale, 2021). Though not immune from racialized

representations, they are often cast as innocent, blank slates that are unsullied by the influences of politics and socio-cultural forces. Children may thus be readily configured as "in constant need of guidance and protection due to extreme fragility. Their imagined defencelessness and susceptibility to physical and psychological harm [reinforce] the need for adult interference" (Antic, 2022, p. 614). The metaphor of the traumatized child exemplifies this trope. Children are victims of harm and are viewed as depoliticized objects in need of adult care and protection (Antic, 2022). The traumatized migrant child carries the "pathos of the threatened" innocent (Fassin, 2012, p. 167) and the need for governance of the colonized, racialized Other. This means that "through the Western childhood model, real children—just like colonized peoples—become legitimate targets for (humanitarian) intervention and political subjugation" (Antic, 2022, p. 614).

3) Paradigms of care and security

As we shall see, detained children (and, to some degree, their mothers) are seen both as requiring care and control. For this reason, we drew on a growing literature considering humanitarian sentiment vis-à-vis border control. The discursive strategy of casting the task of protecting borders as a humanitarian one often legitimizes detention and border control (Bosworth, 2017; Fassin, 2012). Uehling has argued in her study on unaccompanied minors in the United States, for example, that "children offer a unique entry point to the politics… of compassion" (2008, p. 851). She suggests that an agenda of care and compassion stands side-by-side with one of protecting citizens from immigrant children and the war on terror. "The hand that rocks the cradle controls the nation" (Uehling, 2008, p. 845) reads a poster in a detention facility for unaccompanied minors, suggesting, as Bosworth does in the UK, that "the ease with which matters of security become recast or reimagined as questions of humanitarianism (and vice versa) suggests a close conceptual tie between the two" (2017, p. 15). In Greece, finally, the term *protective custody* has been used to describe the administrative detentions of unaccompanied or separated minors seeking asylum, justifying the confinement as a means to protect children from exploitation (UN General Assembly, 2017).

Mothers, especially migrant mothers, sit somewhere at the intersection of the imaginary of childhood and adulthood. The maternal trope is a 'volatile political image' (Hannah-Moffat, 2001, p. 24), where, like children, women are considered to be inherently vulnerable but also agentic adults responsible for being 'good' (or 'bad') mothers. The metonym of the hand in Uehling's poster points to both the State and also to the hand of the mother as, perhaps, a delegate of the state. Mothers are imbued with the privileged, intimate role of caring, disciplining, and socializing their children. In the case of migrant mothers, scholars have noted that mothers are valued inasmuch as they are "guardians of citizen children… and become 'proxies for the state' asked to lend their caregiving assistance" (Horton and Barker, 2009, p. 14).

In her research on women's prisons, Hannah-Moffat shows how incarcerated mothers are identified as bad *mothers,* on the one hand, who have failed in their adult task of governing children but also as depraved and thus in need of maternal care and guidance themselves (2001). This maternal guidance in prisons, Hannah-Moffat argues, takes the form of Foucauldian *pastoralism*, where women are governed by other women (staff) who, like shepherds, are benevolently guiding women prisoners "to ensure, sustain and improve the lives of each and everyone" (Foucault, 1981, p. 235). Central to the pastoral and penal strategy is rendering women prisoners into good mothers who are able to discipline their own children (Hannah-Moffat, 2001). As we will explore, the discursive constructions of the child and mother have important implications when it comes to responsibility and empathy in immigration detention.

4. Methods

This study analyses our field notes taken when we were in detention studying the experiences of mothers and their children between 2011 and 2012. Those experiences and others are reported elsewhere (Kronick et al., 2015; Kronick et al., 2016; Cleveland et al., 2018; Cleveland and Rousseau, 2013; Kronick et al., 2016). That larger study included 12 interviews with parents who were detained and 11 interviews with parents who had previously been detained in Canada; 81 interviews with adult detainees who did not have children (or were separated from children); and 12 sandplay interviews with children under 14 who were detained or had previously been detained. Here we focus on the observed interactions between detained families and the detention centre staff, such as guards, managers, and health care providers. Our research was given ethical approval by the Institution Review Board of ANNONYMOUS Faculty of Medicine.

Our field notes were the primary source of data in this study. When the First Author (FA) and Second Author (SA) were in the detention centre for interviews with detainees, which occurred approximately once per week for a period of 6 and 12 months respectively, we observed the mother-child area and the area for men and women. One research assistant also wrote field notes. We rely primarily on the field notes of FA, because she was in the mother-child section, but sometimes draw from SA and the research assistants' documentation of the adult sections.

All fieldnotes were entered into the qualitative software, HyperResearch, and coded deductively and inductively using a thematic analysis approach (Braun and Clarke, 2006, 2012). FA organized the coding into larger themes that all the authors then refined. Interpretation was a creative, iterative process in which we reread and revisited the original field notes in light of the themes and drew on existing social theory and psychological research to make sense of our findings.

Doing participant observation within a carceral setting, where access might be revoked at any time (Kronick et al., 2016), required assurance of confidentiality for all persons we were observing. As a result, while delineating the roles of the actors in the IHC (e.g. health care providers, managers, privately contracted guards) would enrich our account, especially as we examine power relations in the detention centre, we choose here to refer generically to all the players in the IHC as *staff or guards*. This was especially important because, in each IHC, there were only a few healthcare providers and managers, making the protection of anonymity impossible if roles were described. *Staff* or *guards* is thus a composite of guards, CBSA personnel in the centre, and healthcare professionals (nurses and visiting family physicians) and allows us to protect better the anonymity of those we encountered.

4.1. Positionality and trustworthiness

As a constructivist approach (Schwandt, 2007) acknowledges, our positions within the field informed our data and analysis. First, two of us are mental health clinicians (child psychiatrists) in addition to being researchers. Three of us have directly engaged in advocacy to call for the end of child detention, and all of us have seen our research taken up by activists. We entered the field with preoccupations about detainee wellbeing. Nonetheless, we constantly sought to be fair and even-handed in our readings of the field (Guba and Lincoln, 1989). It is perhaps for this reason that we became interested not just in the experiences of the detainees but also those around them. The two of us who were in the field in Canada are White and female-identified. As we write elsewhere (Kronick et al., 2016), this privileged position, in addition to our professional status, may have contributed to our having been granted access to the IHCs. As a research team, we strove throughout the process to engage reflectively and critically with data and interpretation, knowing that we necessarily have blind spots. At times, we disagreed about the meaning of our findings, and our exchanges about these different perspectives were an opportunity to nuance and

complexify our interpretations.

5. Results

5.1. Staff as caregivers and protectors

Most of our interviews with detainees were conducted in the presence of guards in the so-called 'family section' where mothers and children were held. The common room in the mother-child space was kept constantly under surveillance by privately contracted guards—always female—who curiously changed shifts every 30 min. This was the only space we were permitted to use by the institution, except on certain days when it was cleaned and we were moved to a separate meeting room. Most guards worked regularly in the mother-child section, and some told us they liked it and would request specifically that their shifts be with mothers and children. 'They are my babies,' one staff said to us of the detained children.

While recruitment of participants was done via a non-governmental organization that helped detainees, our interviews were sometimes interrupted by the staff, who often introduced us to the mothers and their children before the formal interviews. Some became actively involved in the interviews, reminding mothers, for example, to tell FA about their "stress" or "headaches" or "re-phras[ing] what I had said [for a mother who has less proficiency in English and French] sometimes helping, other times confusing the mother more" (fieldnotes).

In one interview, FA sat at a table speaking quietly with a mother while a guard sat fewer than three feet away playing with the 4-year-old daughter using the plasticine FA had brought for children. The guard spent the interview with the child, speaking in French, which the child spoke but not the mother, commenting positively in English on the child's creations and declaring to FA and the mother: 'I'm gonna order plasticine for the girl' given how much she liked it. The guard presumably meant that she personally would buy the materials since, as far as we knew, the private contractor was not ordering new equipment for children, and neither would the detention centre on a regular basis. The bestowal of small gifts to children by guards appeared common: they gave young children hair clips, pieces of gum, and sandals. Indeed, not only did the staff feel moved to give gifts to detained children, but FA would often leave extra art supplies with the children after meeting a family for an interview (Kronick et al., 2016).

While institutional rules sought to limit physical and temporal contact with children, presumably to protect guards from direct responsibility for children's safety and wellbeing, we observed that, in some cases, staff members resisted such distance and remove. Several staff were affectionate and playful with children, carrying them in their arms despite the centre rules that guards could not touch children. On interviewing a single mother and her infant, FA noted the staff's expressions of fondness for the child:

> The guards commented that he was a "bon bébé" and one of the guards called him "my boyfriend" and "mon bébé d'amour." She leaned to kiss him and stroke his cheek at one point and said: 'I give him a kiss every day.' The mother smiled at this (field notes).

> Some staff clearly developed relationships with children and their mothers, and this desire to connect with families seemed at times to outweigh strict adherence to the institutions' rules. Children were never to be left alone with guards, yet one mother shared with us that guards had sometimes offered to play with a child while she napped. On the other hand, mothers shared with us how difficult it was for them to be constantly alone with their children without help (Kronick et al., 2015).

The staff's dedication to *protecting* the children and families was invoked in their conversations with FA. On one visit, for example, when a new family with many children was scheduled to arrive, the guards spoke to FA in French—which was not understood by the mother and baby present—about their preoccupation with organizing the dormitory-style rooms so that a mother and baby would not be disturbed in the night by the large new family. Their choice of language suggested that this message was for the researcher and that the female officer sought to be recognized by FA as a protector and care provider, perhaps fearing criticism of her role.

At other times, the staff seemed to want to protect the families *from* FA. On one occasion they checked the play materials FA brought for children, wanting to make sure the researchers were not bringing in objects that a young child might choke on. A guard once asked FA if the interview protocol (using a sand tray for children to tell stories (Kronick et al., 2016) was perhaps developmentally inappropriate for older children. On another visit the guard seemed visibly irritated by FA's arrival in the mother-child area for an interview. The child wanted to go outside to play in the detention centre courtyard, she pointed out, urging FA to delay her interview (which she did). Here, the guard's frustration appeared to reflect her desire to protect detainees from FA's gaze and interviewing.

While some of the detained women told us about the kindness of many guards, they also shared more critical views. One mother said: "Some guards are nice, some are not nice" and are "always angry." A guard, listening to our interview interjected, asking who was not nice:

> Mother/detainee shares a long story with the guard (as if I am no longer the interviewer because the guard wants to know who the bad guard is) speaking about 'Eva' who insists on waking the mother in the morning before 7 for breakfast. "She screamed at me bad." The guard tells the mother that the next time she should tell the guard she's not allowed to do that (i.e., force her to get up and eat) (field notes).

The staff member in this scenario criticized her colleague and urged the mother to assert herself.

After learning of another guard's harshness, the staff continued the critique: 'Before I worked here, I didn't know they detained people. The government is crap" (field notes). She was not alone in voicing criticism. One staff member tried to invoke international law asking: 'Isn't there a UNESCO or United Nations convention against the detention of children?" (translated fieldnote, SA). Another reminded the researchers that it was not the IHC that decided that someone should be detained but the Immigration and Refugee Board (IRB). Thus, some staff claimed to be concerned about the absence of a larger system of protection that could prohibit (or perhaps limit) immigration detention of children, even as their role required that they enforce these incarcerations. Their critiques also framed the government and IRB as responsible for immigration detention of children rather than the institution or the staff themselves.

While often appreciative of the staff in the IHC, mothers occasionally expressed concerns about their paternalistic treatment. One mother told me that her congested baby had vomited once and that the guards urged her to take him to the detention centre doctor, which she declined to do, as she felt her child was fine and visiting a physician was unnecessary. Indeed, the child recovered quickly, but for some remaining respiratory symptoms.

Overall, our observations suggested that many of the staff in the detention centre viewed their roles as protectors and even caregivers for children and their mothers, even though, as we shall see, there was some variation. In contrast to these views of the custodial workers about their role, mothers reported harsh treatment by some guards and, at times, resisted their desire to connect and protect.

5.2. Dangerous, racialized detainees

While on the one hand, the staff saw their role as protector, concurrently, detention centre personnel conveyed messages that their task included protecting the researchers from the detainees and families. For example, during one visit a staff person:

> commented on [FA's] earrings saying that [the staff] ha[d] been working here for ten years and never wears earrings like that (hoops). The staff explained that this was because [a detainee] could get angry and pull the earrings out of her ears… The detained mother overhearing the conversation chimed in that yes, people could strangle [FA] with her scarf" (fieldnotes).

Here, both the staff and the detained woman shared concerns regarding the risk of violence by detainees. Another employee warned FA about young children in families who might hit or bite. Personnel in the institution seemed to suggest that by entering the detention centre and being in the presence of families, *FA's* safety could be threatened.

IHC personnel used xenophobic or racist tropes in the presence of researchers, casting detained mothers as racialized, dangerous Others. One staff member commented on "the challenges of working with people from different cultures or 'not from here' " (fieldnotes). While indeed navigating *difference* in a space of confinement is a difficult task, the statement was undergirded by a position of *dominance* towards the racialized Other. Or, as Bosworth (2018) describes in the context of Heathrow Immigration Removal Centre, "officers transform and domesticate 'difference' into a form of 'expertise'" (p. 214). Similarly, in our study, staff told us: 'These people, they're not like us; they don't take responsibility … ' (field notes, SA). Another staff spoke in greater detail about the ostensible cross-cultural divide and the staff's role in providing guidance and expertise:

> She noted that sometimes there are "women from the islands" who have their "kids with them 24 hours a day" while in detention and "they're not used to it." She continued telling us that sometimes these women hit their children and that the staff at the IHC must tell mothers that "you can't do that here" (fieldnotes).

On another occasion, staff noted proudly, after a detainee asked if the family about to be detained with them was Black or White, that "she does not see the difference." The black detainee, confused by this response, said, "Oh, she sees only white people." While espousing that they *did not see colour,* the staff, who were predominantly white and Canadian-born, suggested that racialized mothers had to be told how to parent.

Racism also shaped the way staff reflected on detainee health. One staff member shared with FA that they "encounter many people from Africa who 'carry disease'" (fieldnotes) while another warned to be careful not to touch people, for fear of infection. As this was before COVID-19, there were no routine screenings for infectious diseases. Instead, these comments seemed a part of a larger trend of casting detainees as threats to hosts through (potentially unconscious) invocations of racist stereotypes and caricatures (Ticktin, 2017). Further, as we will see below, anxieties about hygiene and infection were linked with staff's concerns about foreign-born mothers' capacities to parent their children adequately.

5.3. Bad mothers

Mothers, unlike other adults or children, were cast as a unique kind of threat. In one conversation, a staff member sought empathy from FA, explaining how challenging her role was given the difficult families in detention. She gave the example of a mother who would encourage her children to urinate and defecate on diapers placed on the floor rather than in the toilet. This woman's dysnormative (rather than necessarily dysfunctional) parenting practices (Lashley et al., 2014), or perhaps her acts of resistance in the face of detention were held up as evidence of bad mothering. Another mother, who identified as Roma, was characterized by detention centre staff members as failing to enforce adequate hygiene, particularly handwashing, for her three young children, one of whom had conjunctivitis.

This view was not only communicated to FA but to the mother herself: "Mother said that the doctor had told her that *she* had given the infection to her daughter—which she clearly found insulting" (field notes). Staff's implying that racialized mothers were unable to enforce hygiene adequately and thus might pose a risk parallels Horton and Barker's (2009) work illustrating how public health campaigns in the Southern United States aimed to reform subaltern parenting practices of migrants. "Proper personal and familial hygiene" (p. 18) is framed as a moral imperative reflecting racialized mothers' (in)capacity for self-governance (Horton and Barker, 2009).

Significantly, staff claims about mothers' problematic parenting did not appear to extend to the children. Rather, as recorded, "there seemed to be less concern for the children because '*mom seems to be more of a problem [than the children]*' (field notes).

The staff's unease about mothers went further: they told us that the mother described above was banging doors and that guards had observed her being physically rough with her children. So heightened was their concern about this woman that they requested FA enter the detention centre and conduct a clinical evaluation even though she had not yet received her security clearance for the research study.

> [Staff members] explicitly suggested that our evaluation was meant to answer the following questions regarding the mother: "Is she fit to take care of them [her children]?" and "Are [the children] being abused?" (field notes).

Concerns about abuse and neglect by mothers arose on two occasions during the study with two different families. A staff member exclaimed to FA 'I don't know what is going on here that we have mothers who won't take care of their children' (field notes). In one of these discussions, staff expressed that the mother had 'done this to herself,' suggesting that the IHC could not take care of the children *for* the mother, and asking me: 'I mean, it's not so bad here, right?' (field notes, June 17). One staff member went so far as to comment on a mother's choice to cut her daughter's hair very short, saying: 'her mother seems to traumatize her' (field notes).

The possibility of abuse and neglect troubled the staff who asked the research team to help, given their expertise as child mental health clinicians. In consultation with the team, FA conducted two clinical evaluations of mothers and children to determine if there was evidence of neglect or abuse. In neither family did this appear to be the case. Both mothers were observed to be attentive and securely attached to their children. Nonetheless, FA observed apparent cultural differences in one case (e.g. letting orange peels fall to the floor and being collected only later by the mother) and, in another, a mother's distress about her daughter losing weight and seeming unwell in detention (spurring her to offer ice-cream to her child as a main course). These maternal actions were read by the detention centre staff as signs of mistreatment and poor parenting. As in clinical milieux, detention professionals risk misconstruing culturally normative parenting practices as dysfunctional (Lashley et al., 2014) or abusive, especially in the case of cultural or racialized differences between the professional and family.

Our research team also found that mothers' suffering in detention and overall disempowerment led to less effective parenting (albeit not abusive). Mothers told us how hard it was to be a parent in detention, without spousal or family support and the usual means of soothing and engaging their children, such as preparing food they liked. The staff could likely also observe the mother's parenting difficulties. Thus, while the staff's accusations of possible abuse and neglect did not appear founded, their sense of something being quite wrong in the families they guarded was, at some level, accurate. Children were indeed not well, and neither were their mothers. The staff's attribution of blame and responsibility for this suffering was strikingly different from the impressions of the research team.

5.4. Justification of surveillance (as care)

Because mothers were perceived as potentially inadequate or even dangerous, staff sometimes suggested that the surveillance of their

detention was really care. In response to the mother who was seeking ice cream for her withdrawn child, a staff member—who was not usually tasked with being a guard at mealtime in the cafeteria—implied that to protect this child from her mother's inappropriate dietary choices, she would 'supervise dinner tonight.' In a similar discussion about a child not doing well, a staff member assured me that guards were always observing and documenting how children were doing:

> "When you went outside [with the family] it was written down," As if to say that this is for the benefit and safety of kids/families.
>
> (fieldnotes)

The staff, and the detention centre itself, are depicted as a kind of motherly panopticon. That is to say, the staff see themselves as motherly and protective of the children but also as part of a machinery of surveillance. The ostensibly nurturing gaze is ultimately taken up by the subject of surveillance through self-monitoring, as Foucault suggests through the metaphor of the prison panopticon (2012). As researchers we introjected a sense of self-surveillance (Kronick et al., 2016) and mothers appeared to sense their position as objects of both charity and cruelty. Even when mothers decried their detention, several resigned themselves to "adapting" to the incarceration. One mother told us "you are not being detained to enjoy. You have to achieve the purpose of why you are here." Mothers occasionally expressed gratitude for the detention conditions, which were not as harsh and physically threatening as other previous life circumstances had been. Even to some mothers then, the purpose of detention was at once both punishment and something for which they ostensibly ought to be grateful. In that sense, they seemed to have internalized the sense that they ought to be there and ought to *watch themselves.*

Staff also assert their own efforts to defend the rights of children, especially those who are Canadian-born and thus are Canadian citizens, who may be detained alongside their foreign national parents (Gros, 2017):

> "We don't want Canadian children in here." [A staff member] explained that "we try to encourage children to stay elsewhere" but that parents don't always comply, not wanting to be separated from their children.
>
> (fieldnotes)

On the one hand, the staff acknowledge the importance of protecting children from detention, but also represent themselves as a force that cares for and protects children who (because of parents' bad decisions, in their mind) end up detained.

5.5. Denial and avoidance

While staff members were attentive to the suffering of some families, they also appeared to defend themselves from witnessing children and their parent's plight through denial and avoidance. One staff member boasted "enthusiastically that the detained people receive better health care than 'Quebec citizens'" (fieldnotes). While indeed the presence of a family doctor meant that detainees had access to medical care, this statement avoided reckoning with evidence documented by human rights organizations regarding the significant difficulties detainees face in accessing adequate health care, especially mental health care (Gros and van Groll, 2015).

Staff likewise sometimes minimized detainees' anxieties. One child vomited several times after a detention review hearing in which their detention was extended. "A guard told her she was 'probably just upset about yesterday [the hearing].' [The girl] did not see a doctor" (fieldnotes). Indeed, FA had attended the detention review hearing as an observer, having already interviewed and met the family in detention. In her field notes FA comment on the decision-maker's and the CBSA counsel member's strategies of avoidance of the family:

> It is hard not to wonder about the sadism of the member: the prosecutor [i.e. CBSA counsel] seemed unable to look up at the family […] She did look up at the witness (the woman who met the family by phone and said that she would house them and report them to immigration if they fled.) […] The IRB member seemed unmoved. No one seemed to notice the 11 year-old child sobbing during the [reading of the] decision.

Previous research has documented how decision-makers in the refugee determination process may (unknowingly) defend themselves in the context of hearing testimonies of trauma and suffering through defences of denial and avoidance (Rousseau et al., 2002). Here, too, in the detention review hearings, and in the detention centre itself, staff appeared to guard themselves from fully acknowledging the expressions of distress of the families, or to minimize the hardship detainees may experience.

6. Discussion

Our study suggests that staff and detainees alike grapple with the "confused and contested purposes of detention" (Bosworth and Slade, 2014, p. 169). While some staff want to assert the protective, humane care they provide to those in detention, at the same time, they sometimes imply that detainees are dangerous and potentially culpable. The tensions between care and security and between detainees as *victims* or *aggressors* are inscribed in the representations of mothers and their children. In multiple instances, mothers were cast as problematic and even abusive, while children were held up as suffering and in need of protection. By positioning mothers as *risks* and children as *at-risk,* staff could view their enforcement task as one of protection.

Children and mothers serve as important symbols in this security-care paradigm, but as our research shows, staff are confronted with face-to-face encounters that are shaped by rhetorical tropes (e.g. racial stereotypes) but also by emotions and affect. We propose that the ways actors may defend themselves against distress and concern for children could help us think about how negotiating a position of empathy for the Other may (or may not) motivate ethical interactions, policy and care. For us, these day-to-day encounters with the Other— 'the person who is different … a person or group of people who are different from oneself' (Mountz, 2009)—warrant unpacking.

The notion of moral distress may shed light on the staff's mixture of empathy and blame. 'Moral distress' was coined by Jameton to capture the distress that 'arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (1984). The concept has primarily been applied to clinical encounters, especially in nursing (Morley et al., 2019). While not previously examined with respect to the day-to-day encounters in sites of border control, we noticed that as researchers, we felt caught in a bind that triggered a kind of moral distress, whereby our power to address the suffering of children and their parents was limited by the frames of our research and the rules the governed our access to the detention centre (see Kronick et al., 2018). We did not seem alone in our discomfort. The staff in the detention centre acknowledged the plight of children, but the very nature of their work foreclosed the possibility of a different course of action. Staff working with children struggled, it seemed to us, to uphold their sense of moral integrity and to preserve their sense of themselves as upright moral actors. Their moral distress appeared to arise from the—presumably failed— "effort to preserve moral integrity" (Tigard, 2018) in scenarios in which they viewed themselves as carers for detained children (and, to a lesser degree, their mothers). They were tasked with enforcing children's confinement even as they were witness to children doing poorly. Some expressed their distress to us indirectly through critique of the system in which they worked and their anxiety about children's wellbeing that was explicit in cases where they asked for our clinical intervention.

Staff expressed empathic concern for the detained children and

sometimes, but less often, their mothers. Yet, in some instances, so troubling (and perhaps so markedly unwell) was the children's state staff wondered if they were being harmed by their mothers. This concern for children's vulnerability was amplified by their powerlessness to change the fundamental institutional structures and practices, though at times, they subverted rules when they brought in gifts and held children. One potential means to escape moral distress and unpleasant affect is via the defence mechanism of projection (Kay, 2020). What one cannot tolerate in oneself is projected onto an Other. As agents enforcing immigration detention of children and mothers (and their separated fathers), staff experienced humanitarian concerns for the wellbeing of children, leading to moral distress. Projection offered an escape from this distress. Rather than having to face their role as potential perpetrators of children's suffering, *projecting* the role of the aggressor onto mothers who were thus viewed as victimizing their children allowed staff to uphold their self-representations as morally upright actors. If mothers are cast as the problem, staff can preserve their sense of empathic concern for children and relinquish the discomfort of responsibility. The ethical and affective dilemmas in the setting are resolved through scapegoating (Girard, 1989).

While children, as *children*, appeared to the guards as susceptible to harm and needing protection, mothers incited more ambivalent feelings. Like the women prisoners in Hannah-Moffat's studies (2001), detention centre staff felt their roles included guiding those who might be inadequate mothers. Their role was pastoral (Foucault, 1983): to instill more acceptable maternal proclivities in foreign national mothers. Our research in the adult section of the detention centre (Cleveland et al., 2018), where women and men were housed separately, without any children, underlines the contrasting responses to adults versus detained minors and their mothers. SA, who conducted interviews in the adult sections, noted occasional gestures of kindness by guards toward adult detainees without children, mainly on the women's side, but very rarely felt that staff were questioning their own role. When it came to adults, guards felt they were participating in the effort to 'keep Canada safe' and that their job was therefore morally correct, even as they tried to carry it out humanely. In general, this was associated with a perception that detention conditions were generally relatively 'good' and that detention was usually relatively short. This is in keeping with Bosworth's observations of staff responsible for adult detainees in the UK, where "for the most part, staff turn away (emotionally withdraw) from those in their care" (2019, p. 544). In our study, staff appeared to turn towards children, suggesting a continuum of empathic concern and moral distress associated with confining detainees with children at one end, adults at the other, and mothers somewhere in the middle. This continuum supported the projection of moral responsibility for harm on mothers. Further, by casting mothers as people who need to be supervised or taught how to act appropriately with their children, guards may rationalize and legitimize their task to maintain consistency between their official role and their concern for children's wellbeing.

While scapegoating mothers and rationalizing their role as guides to mothers perhaps relieves the personnel's moral distress, their 'ontological insecurity' (Bosworth and Slade, 2014) within the detention centre may also make a stance of empathic concern and altruism difficult. For Bosworth, staff within the detention centre struggle with a kind of 'status-insecurity' or 'ontological insecurity' related in part to the precarity of their jobs, but also the 'confusion over the purpose of their job,' (2014, p. 179) which may impact an empathic stance with others. Rousseau and Foxen have illustrated the challenges decision-makers face in the context of the refugee determination processes and point out how an empathic stance is contingent, in part, on the position of power of the decision-maker:

> On the side of the listener […] institutional power is often held by representatives who are delegated considerable authority in their specific function, but occupy relatively precarious positions, which do not allow them to adopt a position of strong advocacy […] Political and institutional
>
> power shape the empathic encounter (2010, pp. 89–90).

In the case of these tribunal decision-makers, anger towards the system is 'displaced on the refugee' (Rousseau and Foxen, 2010, p. 79). The staff in our study, some of whom were in low-wage positions with private security agencies, and others who felt the scrutiny of the larger CBSA structure which employed them and could fire them (as some informants told us) if they stuck out their necks, could not, in a sense, "afford the cost of an empathic encounter" (Rousseau and Foxen, 2010, p. 89). Bosworth has highlighted this in the context of immigration detention in the UK, where she notes that staff are "precarious and powerful," possessing authority in low-status work positions (2019, p. 547). Their authority often requires putting aside their feelings and "rests on an abrogation of their self rather than on engagement with the other" (Bosworth, 2019, p. 544). In our study, despite the IHC staff's relative position of power (compared to detainees), preserving their employment and desire to identify in a benevolent role seemed to necessitate a projection and denial of the detainee mothers' experiences.

Frost & Hoggett assert that projection and denial operate not only at the level of individual suffering but also for social suffering: "What I cannot bear in myself I can always locate in the other, hence the relief and satisfaction to be gained from racism, homophobia, etc. … suffering can be dealt with by splitting, projection, idealization and denigration' (2008, p. 453). One need not look far to hear prominent political leaders' justifications of incarceration, separation or other means of controlling migrant bodies to protect the populace from a threatening Other. In many ways, the individual everyday encounter is structured by the same dynamics as the macropolitical. However, an examination of the day-to-day experiences on the ground may challenge some current views that "inhuman social behaviours are possible because we operate and are motivated by an underlying and re-emerging ontology of the subhuman" (Teo, 2020, pp. 137–138). Teo, for example, suggests that when migrants are cast as subhuman, "neither the[ir] mental life nor the body […] matters" (2020). Yet, in our study, especially in the case of children, one cannot simply reduce the staff's understanding of the detainees as 'subhuman.' On the contrary, guards and administrators were caught in a position of enforcing mothers' and children's incarcerations while also, at times, acknowledging the detainees' human distress, especially in the case of children. The projection of aggressor (or subhuman Other) was not always *a priori* (though we saw how racist and anti-migrant discourses inscribe actors' perceptions) but sometimes a reaction to the confused position staff were put in. In this sense, humanitarianism is not the opposite of an ideology of subhumanism. Both are two sides of the same coin. As others have pointed out, adopting a humanitarian gaze (Fassin, 2012) or an empathic stance (Bloom, 2017) does not necessarily lead to altruism. Empathic regard for the humanity of some creates shame and humiliation in the observer that may lead to a disavowal of responsibility and casting of blame on a more susceptible Other.

This study has several limitations. First, because the question addressed emerged from the fieldwork, the data does not include a more systematic exploration of the subjective experience of staff. Although the ethnographic observations are precious because they partially bypass the social desirability filters and intellectualization processes, they cannot account entirely for the subjects' reflective stance nor the discursive strategies they may use to explain and justify their positioning. Second, ten years have passed since the collection of data for this study, and since then both the Canadian government and CBSA have made significant efforts to reform and improve the immigration detention system in Canada, including the production of i) new guidelines emphasizing alternatives to detention (CBSA, 2017); ii) a policy directive regarding the detention of minors (Public Safety Canada, 2017); and iii) construction of new IHCs in Montreal and British Columbia. CBSA notes that these changes aim to provide "a better, fairer immigration

detention system that supports the humane and dignified treatment of individuals while protecting public safety" (CBSA, 2017). Whereas these new frameworks have decreased the number of children in detention (CBSA, 2019), refugee supporting organizations have noted that efforts to improve the system have been undermined by a 'culture' within the CBSA that fails to live 'up to its aspiration of "humane and dignified treatment of individuals" throughout the detention process' (Canadian Council for Refugees, 2022). While our study does not examine the larger culture of the CBSA, it is the first to ask questions of the *micro*--cultures within immigration detention centres in Canada and the ways different actors in the IHCs negotiate their interactions. Understanding the institutional practices and everyday encounters within the IHCs remains as crucial as ever.

7. Conclusion

Our work in the field shows us how actors on the ground grapple with their encounters with children and mothers, evoking contradictory sentiments and responses. As others have pointed out studying the 'moral discomfort' inherent in the field work of border control has sometimes been overlooked (Franko and Gundhus, 2019). Looking at how people feel, act, understand and tell stories about their enforcement tasks can help us better understand and challenge the industrial-border-complex.

Our results have implications for training, research and policy. First, findings suggest that detention center staff could benefit from training on children and families, introducing a systemic perspective to provide a basic understanding of the mother-child relationship and of the need to protect attachment. This training could also propose a few non-verbal and verbal age-appropriate ways to interact with the children and their mothers, compatible with their function, in order to enhance their sense of agency and mitigate their feeling of being aggressors. An extra-institutional confidential space allowing for the expression of their emotional experiences as parents, caretakers or empathic adults may help to prevent projecting their discomfort and uneasiness onto the mothers, instead proposing a partial identification with them. It is to be noted that institutional monitoring (for example, a complaint system or self-evaluations), while important, may also increase institutional constraints, especially for guards who already may feel stigmatized and insecure in their position, potentially augmenting their resentment toward the detainees, and causing unexpected adverse effects. Thus, any such monitoring system must be accompanied by the abovementioned attention to training and psychosocial support for staff to mitigate unexpected collateral harms.

Research should seek to elicit the voice and agency of the guards and managers who are rarely allowed to talk in their institutional position. Humanizing them and listening respectfully to the way they frame their experience and to the potential forms of structural violence that they endure is an essential step to transform the difficult encounters which take place in detention centres. Policymakers must also grapple with the implications of this research: controlling detainees while protecting children's best interests is a paradoxical task and one with inherent risks for detainees but also for personnel given that prolonged moral distress in staff risks moral injury (Čartolovni et al., 2021) and retaliation towards those in their custody.

For clinicians, researchers and humanitarian workers, this research also warrants reflection. Better understanding the predicament of guards may create a protective alliance with them that could decrease the risk of their retaliation toward detainees. Moreover, as practitioners in the field, we too face distress in witnessing the plight of migrants in our clinics and the field. Like the staff in the IHC, our efforts to preserve our sense of benevolence may make us blind to our projections and avoidance. Our sense of precarity, or moral distress may lead us to deny the harms and hostilities of our larger institutions (or nations) with which we may unwittingly collude. How we can encounter the Other as a 'living presence' (Lévinas and Nemo, 1985) that incites altruism, humane care and ethical policy is a question for border guards, clinicians, and decision-makers alike.

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CRediT authorship contribution statement

Rachel Kronick: Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Janet Cleveland:** Writing – review & editing, Supervision, Conceptualization. **Mary Bosworth:** Writing – review & editing. **Cécile Rousseau:** Writing – review & editing, Supervision, Resources, Methodology, Conceptualization.

Declaration of competing interest

The authors have no conflicts of interest to declare.

Data availability

The data that has been used is confidential.

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