



HHS Public Access

Author manuscript

Qual Soc Work. Author manuscript; available in PMC 2018 August 14.

Published in final edited form as:

Qual Soc Work. 2018 July ; 17(4): 490–508. doi:10.1177/1473325016680282.

“That’s not me anymore”: Resistance strategies for managing intersectional stigmas for women with substance use and incarceration histories

Alana J Gunn,

Binghamton University, USA

Tina K Sacks, and

University of California, USA

Alexis Jemal

Hunter College, USA

Abstract

Significant previous research has focused on how individuals experience stigma when interacting with the public sphere and service agencies; the purpose of this grounded theory study is to explore how formerly incarcerated mothers with histories of substance use experience stigmas from their intimate relationships with family and romantic partners. Using an intersectionality lens, this study reveals that the women perceived multiple stigmas due to their previous substance use, incarceration, and other addiction-related behaviors that challenged their roles as mothers and romantic partners. Compounding the behavioral-related stigmas were race and class-based stereotypes of black criminality that also challenged women’s ability to embody key motherhood and womanhood roles. As a result, the women employed resistance strategies to safeguard against stigma and preserve their recovery. The implications for practice underscore the significance of addressing personal experiences of stigma, complex relational dynamics, and understanding the needs of support systems that are also shaped by the women’s cycles of incarceration and illness.

Keywords

Substance abuse; women; intersectionality; stigma management; incarceration

Stringent drug policies and gendered shifts in substance use patterns over recent decades have led to an upswing in incarcerations for women (Allard, 2002; Burke, 2002). In fact, drug-related offenses have been the greatest source of growth in the female incarcerated population, with more than a quarter (28%) serving sentences for these offenses in 2005 (Lawston, 2008; WPA, 2009). This upsurge has disproportionately impacted women, with an

Reprints and permissions: sagepub.co.uk/journalsPermissions.nav

Corresponding author: Alana J Gunn, Department of Social Work, College of Community and Public Affairs, Binghamton University, PO Box 6000, Binghamton, NY 13902, USA. agunn@binghamton.edu.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

increase of 19% nearly double the rate experienced by men (10%) during the same time period of 1999–2008 (West and Sabol, 2009; WPA, 2009). Amid this upswing in female incarceration, researchers and service providers are recognizing the urgency of establishing effective transitional programs for women reentering their communities. For example, research efforts on women’s complex drug, trauma, and mental health disorders have led to the incorporation of gender-sensitive treatment services (Covington, 2008; CSAT, 2009; Najavits, 2002).

Systemic barriers to reintegration affect all formerly incarcerated individuals. Notable issues identified in research include the pervasiveness of institutionalized stigma, particularly in the spheres of employment and social services (Bushway, 2000; Van Olphen, J., Eliason, M. J., Freudenberg, N., & Barnes, M., 2009, 2008). Federal bans on food stamps for those convicted of a drug felony and the “One Strike, You’re Out” law that evicts public housing tenants with records adversely affect women, limiting their options for employment, housing, and education upon release (Allard, 2002; Van Olphen, J., Eliason, M. J., Freudenberg, N., & Barnes, M., 2009). These experiences of stigma in the broader society further compound the challenges faced by women already navigating substance misuse while reestablishing their lives postincarceration.

Comparatively little attention has been devoted to understanding stigma that occurs outside of macro society, particularly within romantic and familial relationships. While research substantiates the significant roles that intimate relationships play in women’s treatment and reentry processes (Ellis et al., 2004; Falkin and Strauss, 2003; Leverentz, 2006), few studies examine how these would-be supports can also communicate stigma. Given that women are more likely than men to seek reconnection upon release, research that explores the potential of these intimate relationships to impart stigma is particularly relevant (Leverentz, 2006; Tracy et al., 2009). This qualitative study of incarcerated mothers completing their sentences in residential treatment employs an intersectionality lens (Crenshaw, 1991; Hills Collins, 2002), examining the multiplicative effects of various social positions to understand women’s experiences of stigmatization and their strategies for resistance.

Background and significance

Erving Goffman (1963) defines stigma as “an attribute that links a person to an undesirable stereotype leading individuals to reduce the bearer from a whole and usual person to a tainted discounted one” (p. 11). Discrediting marks or stigmas may be based on behavioral blemishes such as involvement with crime or “tribal” identities such as race (Goffman, 1963). In the devalued state, the target of stigma is confronted with feelings of marginalization, as their sense of belonging and, ultimately, social identity, is questioned (Feldman and Crandall, 2007; Major and O’Brien, 2005). Because social identity reconstruction is critical for recovery (Hughes, 2007; Koski-Jannes, 2002; McIntosh and McKeganey, 2000), it is important to explore stigma experiences among women in treatment seeking support from intimate relationships.

Stigma, crime, and substance use disorders

Scholars (Clear et al., 2001; LeBel, 2008; Western et al., 2001) studying incarceration stigma have found that formerly incarcerated individuals face rejection from potential employers, service institutions, and their communities. For example, job applications frequently require the applicant to self-disclose prior history of criminal involvement, creating a literal mark on one's record (Holzer et al., 2006; Pager, 2007). While some jobs are strictly off limits due to legal restrictions, stigmas also disbar reentrants from jobs they are not automatically disqualified from, leading to experiences of intense frustration, low self-esteem (Pager, 2007), and decreased life satisfaction (LeBel, 2008).

Substance use disorders are also highly stigmatized as users of illicit drugs often report being seen as untrustworthy, blameworthy, and dangerous (Livingston et al., 2012; Room, 2005), hindering their help-seeking behaviors (Fitzgerald et al., 2004; Hartwell, 2004). Alcohol use also carries a stigma, although undoubtedly the stigma attached to illicit drug use, with its legal status and criminal labeling, can be more severe (Eggertson, 2013; Room, 2005). Given substance use is often a primary contributor to incarceration, women find themselves dealing with the dual stigmas attached to substance use and crime (Olpen et al., 2009).

Meanwhile, significant bodies of research on incarceration and drug-related stigma have focused disproportionately on men, leaving the question of how stigma interacts with gendered role expectations underexplored (Olphen et al., 2009). Feminist scholars who address this lacunae (Burke, 2002; Chesney-Lind, 2002; Covington, 2008; Sanders, 2014) suggest that women may be viewed as more deviant because, in addition to violating social norms that proscribe illegal behavior with a criminal label, their crimes also defy norms about the so-called good woman and good mother (Gunn and Canada, 2015; Ferraro and Moe, 2003). These norms dictate that women must conform to standards of innocence and moral purity and selflessly act as the primary custodial caretaker of children and moral compass of their family (May, 2008; Raddon, 2002). By virtue of their incarceration, mothers are seen as "maternally unorthodox" and more deviant than men who are protected by norms of masculinity (Burke, 2002; Chesney-Lind, 2002).

Incarceration and substance use can also lead to histories of child welfare involvement, which also violates motherhood norms (Kielty, 2008; Sykes, 2011; Virokannas, 2011). Studies show that noncustodial mothers often manage self-shame and social rejection from their community as they seek to ameliorate identities of devalued motherhood (Kielty, 2008; O'Brien, 2001; Opsal, 2011). They also experience intense guilt over how child welfare involvement may shape their child's well-being (Kemp et al., 2009; Taylor et al., 2008) exacerbating not just mistrust of these systems, but a sense of devaluation and stigmatization (Sykes, 2011).

As such, gendered dimensions of stigma are thrown into sharp relief when one considers the way substance use and incarceration, respectively, interrupt women's abilities to enact core aspects of womanhood, including motherhood. In addition, substance use disorders, which already mark women as dirty and contaminated (Ettorre, 2004), have been associated with

exchanging sex for money which is seen as the ultimate shame and sexual degradation of women (Carstairs, 1998; Gunn and Canada, 2015). While male sex workers may be viewed as engaging in a taboo but nonetheless instrumental exchange of sex for money, female sex work is tantamount to selling one's selfhood (Grant, 2014; Correa Salazar et al., 2014). Once priced and sold, the sexual purity that defines appropriate womanhood can never be reacquired (Grant, 2014).

Intersectionality

While women with substance use and incarceration histories face multiple sources of stigmatization, little is known about how these stigmas operate simultaneously (LeBel, 2008). Considering this, critical theorists have emerged to explore the ways intersections of identities influence individuals' lived experiences and their social legibility (Crenshaw, 1991; Nash, 2008). As an analytical framework, intersectionality attends to the ways different aspects of one's multiple identities may be fore-grounded or backgrounded, depending upon social context, and the ways oppression can manifest for people who simultaneously belong to multiple marginalized groups (Crenshaw, 1991; Hill Collins, 2000; Samuels and Fariyal, 2008).

Traditionally, intersectionality analysis has examined the convergence of categories of gender, race, and class; however, recent work has called for a more nuanced, expanded conception which accounts for a diversity of subject experiences (Cho et al., 2013; Nash, 2008). As such, contemporary works have examined intersectional relationships between categories of gender and disability status (Slayter, 2009), motherhood and immigrant identity (Raj and Silverman, 2002), and age converging with gender or place (Hopkins and Pain, 2007; Taefi, 2009). Additionally, health statuses of HIV have been studied as it intersects with substance use (Earnshaw et al., 2015), gender and sexuality (Dworkin, 2005), and race and migrant status (Doyal and Anderson, 2005).

Scholars, such as Zack (2005) argue that all women are intersectional subjects due to the potential for their already devalued womanhood to intersect with other categories to create oppression. Continuing in this expansion of the intersectionality literature, this study will explore how core identities of substance use and/or involvement with crime intersect with gendered identities of womanhood and motherhood. While the study gives attention to the complexities of intersecting race and gender, it seeks to expand upon attention to other, less examined convergences.

Resistant strategies for managing stigma

In addition to documenting formerly incarcerated women's experiences with stigma within interpersonal relationships, this study identifies the strategies women use to resist and manage stigma. Prior studies show that stigma can threaten women's abilities to reconstruct their roles as women and mothers. Sallmann (2010) found that women with histories of sex work and substance use reported daily experiences of stigma through discrimination and acts of violence. In response they resisted and viewed the messages as a manifestation of a double standard. Similarly, in Dodsworth's study (2014), women actively embraced dual

identities as sex workers and as mothers. Mothers saw sex work as a means of earning money that could choose to exit from, as opposed to a core attribute that reduces one's claim to full personhood.

In another study, women adopted different strategies for developing new identities while in treatment (Gueta and Addad, 2014). Some women chose to view their past as one of self-medication due to victimization and resisted labels of being a "monster." Others reframed institutional discourses in NA, embracing the disease model of addiction but not the recovery mantra of turning to a higher spiritual power for deliverance (Gueta and Addad, 2014). Virokannas (2011) found that mothers with substance misuse resisted stigmas by confronting child welfare workers communicating beliefs of women as "bad mothers." Moreover, women didn't always directly confront stigmas, sometimes they challenged assumptions by modeling patience and "responsible parenting."

Scholars have also investigated how mothers reconstruct social identities postincarceration (Brown and Bloom, 2009; Opsal, 2011). Opsal (2011) found that mothers on parole developed their identities by rejecting dominant ideologies of tarnished maternity. Thus, they created "replacement selves" by reevaluating their relapse experiences and disassociating from their demonized drug-using identity. These studies highlight how women with experiences of substance use, incarceration, and/or sex work navigate stigmatized identities. What makes this reconstruction process most challenging is that their experiences of stigma are attached to multiple, *intersecting* stigmas.

Methods

The data used in this analysis are part of a larger study, conducted between May 2012 and December 2012, of mothers completing their prison sentences in a residential treatment. The larger study examined how women managed stigma from society, their communities, peer, and intimate relationships. This paper explores specifically how mothers with intersecting experiences of incarceration and substance use navigate stigmas from family and romantic relationships. As such, a constructivist grounded theory methodology (Charmaz, 2006) was used to "interpret how subjects construct their realities" by focusing on their meaning-making processes (Charmaz, 2006: 524). Thus, the semistructured interview process was free flowing, while incorporating active interviewing and narrative storytelling (Riessman, 2001).

Recruitment and sampling

This study took place at the fictitiously named "Renewal Program," a treatment program for women completing prison sentences for nonviolent offenses. The program aims to provide women with multiple supports and services to prepare them to reenter their communities. Combining treatment models, including the therapeutic community (De Leon, 2000) and the 12-Step approach (Wallace, 2003), the Renewal Program promotes a drug abstinence-based context that strengthens women's coping skills and elicits positive behavioral change (Johnson, Director, personal communication). An initial recruitment step was to establish a relationship of trust with program staff, so the first author spent considerable time

volunteering in the center's efforts to understand the needs of their client population. After time away from the site, the first author returned and began recruiting women by posting flyers throughout the treatment facility and presenting study information in programming workshops. The study's purpose was described as exploring women's experiences as they transition back into their communities and recover from substance use. All of the interviews took place at a different location from where the participants resided to allow for confidentiality, and they received \$30 for their participation.

Participants were initially recruited without considering characteristics such as race and ethnicity. But following initial data analyses, the principal researcher began to sample based upon emerging theoretical propositions. For example, interviews revealed that women's experiences with stigma differed by their racial/ethnic status, therefore, the researcher oversampled white and Latina participants (36%) relative to their actual representation in the treatment center (28%).¹ Of the total sample, 19 respondents were black, seven were white, and four were Latina. Respondents ranged in age from 19 to 56 years old. They also varied in duration of addiction, with a range of 3–37 years. Nine women (15%) were currently pursuing or had already completed some college education. Lastly, the duration of time spent at the center ranged from 90 days to approximately two years.

While 34 women expressed interest in the study, four later declined to participate. Decisions to abstain could relate to scheduling issues; however, it could also be attributed to the subject matter, as reliving a pre- and postincarceration narrative may elicit discomfort. Also, participants may have not wanted to discuss their experiences with a "researcher outsider," someone who didn't have identities and oppressions that mirrored their own. However, the first author believes these barriers were mitigated by using a colearning approach to research that allows for a more egalitarian and engaging process. Participants would often explain terminology to the first author, conveying their sense of agency; moreover, they commented on the nonjudgmental space, suggesting that contrasting researcher–participant identities were not a significant barrier.

Data analysis

Data analysis was informed by discursive studies examining stigma and identity navigation (Benwell and Stokoe, 2010; Virokannas, 2011). Analysis of these discursive practices followed a grounded theory approach, utilizing initial coding, focused coding, and theoretical coding. Initial coding was used to reduce narrative data into manageable chunks (Charmaz, 2006). Maintaining the action-oriented nature of the data (Charmaz, 2006), many codes were framed as performing an act (e.g. *Withdrawing from Stigmatizer*, *Reframing Stigma*, *Communicating Black Criminality Label*, *Confronting Stigmatizer*). Focused coding involved the constant comparison of earlier codes with emerging ones to elevate the most salient codes to categories (Charmaz, 2006; Glaser, 1992). Finally, theoretical coding involves assessing how salient codes relate to each other to formulate theoretical

¹All research methods were approved by Institutional Review Board (IRB). During recruitment, the primary investigator explained, both verbally and in writing, that participation was strictly voluntary. Participants were asked to sign a written consent form, which detailed the study risks and benefits and the steps taken to protect participant confidentiality. All names used in this study are pseudonyms.

conceptualizations; using coding families (Glaser, 1992) to facilitate this process, the researcher grouped codes by *cause* of stigma, *contexts* of stigmatization, and *consequences* of stigma. To further ensure analytic rigor, the first author participated in numerous peer reviews of early analytic assertions, engaged in ongoing self-reflexivity and memoing (Charmaz, 2006; Schuermans, 2013), all of which produced the conceptualizations presented below.

Findings

For the women in this study, stigmatization was a common occurrence, where prior experiences with addiction and crime subsumed any recovery behaviors and placed an enduring mark on the women's personhood. Moreover, previous behaviors violated norms based on gendered expectations of proper womanhood and motherhood and were also associated, at times, with racialized stereotypes, most notably of "Black criminality." However, women's responses to stigma indicated they were not passive recipients. Instead, they resisted stigma, employing strategies to safeguard their burgeoning postrecovery identities as women and mothers committed to drug abstinence and desistance from crime.

Stigmatization within familial relationships

Nearly two-thirds of the women interviewed reported being stigmatized as "bad" mothers by family. Jane, a Latina mother of two, had been trying to reconnect with her family at the time of the interview, but her mother continued to stereotype her as a "junkie, despite her attempts to reestablish herself as a hardworking and independent adult:

My mom was like, 'You're a junkie'. Even now, I have a job, taking care of my kids ...She thinks I'm an unfit mother ...I remember when I called my parents in the middle of the night to get my kids because I was being arrested. She still has that view of me.

Similarly, the past experiences of Rebecca, a white woman who had been drug abstinent for over a year, have adversely affected her family's reputation and marked her as a bad mother:

My mom does a lot in the church, has a business ...I know people look down on them because of me, being in treatment. My sister tells me all the time, I've made the family look bad, got my mother taking care of my kids ...My sister thinks she is a great mother, kids in college, while I'm seen as the addict.

Both Jane and Rebecca reported that the "addict" label operates as an enduring mark, with addiction seen as a permanent condition that casts a shadow on one's behaviors, even as contrary evidence suggests personal transformation and a reestablishing of independence. When this mark is layered onto motherhood norms, the scope of the stigmatization widens. Jane's mother considers her unfit because they had to get her children when she was arrested. Due to Rebecca's intersecting drug use and mothering, her family perceives community judgment, which is then placed upon Rebecca.

Romantic relationships and womanhood norm violations

Nearly half of the respondents in this study experienced or anticipated stigmatization in their romantic relationships. Amy, a White mother, had been romantically involved with a man who sold drugs, which led to her incarceration. While in the treatment, Amy enrolled in college and found herself in a budding relationship with a classmate. As the two became romantically involved, the program restrictions made it increasingly difficult to avoid revealing her past and current treatment involvement:

I liked this guy in one of my classes and we hung out ...I disclosed about my situation because it's hard to have a real relationship with somebody like, well, I have to turn my phone in at 11:00. But when I told him he said, 'Well, I'm working things out with my baby's mom, I'd never have a relationship with you, only wanted to "F" anyway.' ...Like who wants to make their wife somebody who was in prison?

As a result of the rejection, Amy concludes that her past imprisonment casts her as an unacceptable wife, even though she has been improving her life with higher education. The stigma attached to her involvement with crime nonetheless intersects with gender and marks her as permanently undesirable constraining her ability to forge enduring romantic partnerships.

Rhonda, a black woman, was one of a handful of participants who disclosed that her substance use led her to exchange sex for money. Rhonda perceived prostitution, as she refers to it, to be far more stigmatizing than an addiction it is literally unspeakable when interacting with a potential romantic partner.

It's because they view it as once a prostitute, always gonna be a prostitute. I couldn't imagine doing it ...but yeah I feel like they don't look down on me as bad as [if I say I was a heroin addict as they do] if I say, "Hey, I was a heroin addict AND a prostitute." I wouldn't dare tell a man now that I used to prostitute.

As evident, the prostitute stigma intersects with and violates gendered norms regarding sexual purity and acceptable womanhood. Because romantic partnerships and sexuality are integrally linked, women reported avoiding disclosure to potential romantic partners.

Racialized stereotypes and norm violations

In addition to gender norms, racial stereotypes differentially affect incarcerated women with substance use disorders. Lisa, a Latina mother who struggled with heroin addiction, was forced to rely on her family to take care of her children while she was incarcerated. The stigma she faced was intimately linked to her family's perception of appropriate behavior for a Latina woman:

Definitely within my family, in my culture, they were shocked because, the women hold it together, we hold the family down ...we're strong, Hispanic mothers. I haven't held my family down and so I think that I have been judged on that, that's just not what we do, drugs ...And I know that my mom has been disappointed in me for that ...They say we are not like others. In my race, they're mostly pointing

to Blacks, that's what they do ...in my family they always point to Blacks that's where all that stuff is at.

More than half of the 11 non-Black participants in this study mentioned incidents in which the stigma of their substance use and/or incarceration histories were considered especially pernicious because they were associated with the Black community. In Lisa's family, women who use drugs deviate from the expected role for Latinas, behaving in ways viewed as "another race's problem." Jamila, a White woman currently in a relationship with a Black man, perceives racialized stigmas also:

My boyfriend doesn't judge me like my ex-husband did. My ex used to call me a whore; he's why I can't date white guys, and it's not only my ex. I have a whole history of white guys treating me like shit because my past. My boyfriend knows I used drugs, and prostituted, but he is still there for me.

To Jamila, her behaviors confer greater gendered stigmatization among White males than Blacks. Interestingly, this passage illustrates the complexity of intersecting racial and gender oppression. Her boyfriend, who occupies an ostensibly lower social position than White men, may be more accepting of Jamila, because as a White woman, she has social attributes that offset her past. At the same time, as a member of an oppressed minority group that has disproportionate levels of contact with criminal justice systems, he may be less likely to see her past as unusual and linked to individual deficits. Ironically, Jamila's perception that Black men are more accepting than Whites could be driven by her own tendency to racially stereotype based upon her life experiences. In any case, she dates Blacks because she anticipates stigma from the White community.

Strategies for managing stigma in familial and romantic relationships

Although these women's narratives highlight the many challenges they face reentering society, they were not passive recipients of stigma. Thus, study participants discussed several strategies used to resist stigma, which included withdrawal, confrontation, and reappropriation. Women of varying racial and ethnic identities rarely relied on a single engagement strategy. They reported using different strategies depending on the nature of the relationship and the threat it imposed.

Withdrawing from the stigmatizer

Some women perceived the stigma from intimate relationships as a threat to their recovery and reentry and chose to either temporarily or permanently withdraw, as with Jamila, who opted to withdraw from relationships with white men. While her strategy may appear extreme, it speaks to the salience of race-based stigmas to tarnish women's core identities as desirable romantic partners and the importance of management strategies that can mitigate this effect. Sheryl, a Black respondent, also used withdrawal strategies to combat stigma from her sister:

My sister's always calling me an unfit parent ...How can you judge me when you drink alcohol everyday. But by me doing heroin and losing my kids they think I'm

worse ...not letting them bring me down. I just don't deal with themPretend like you care you just want to bad mouth me.

Although her sister also has a drug use problem, Sheryl's substance use is more stigmatized, as views of illicit drug use intersect with normative views of mothering to paint Sheryl as an "unfit parent."

Confronting the stigmatizer

Unlike the above instances, withdrawal was not an option in every relational dynamic, some participants elected to directly confront the person and challenge their efforts to impart permanent labels of stigma. Gloria, a Black woman incarcerated for drug possession, confronted a coworker who had known her when she was actively using and exchanging sex for money:

Yeah, I was working with a guy that knew me, I wouldn't mess with him now—but we used to, you know. He said, "Yeah, I know you real good, real well." And I ignored it for a while ...But then I had to tell him ..."I'm a changed person so what you say about me today, it don't make me." Sometimes it do get under my skin and I may snap out because I don't deserve it ...I think what kind of woman was I druggin, trickin, but I'm changed. I am a new woman.

Presumably, Gloria could not simply end this relationship because he was a coworker; however, she directly challenged the stigma attached to her involvement and how it intersects and violates norms of womanhood. While she acknowledges exchanging sex for money is devaluing, she rejects the idea that she should face ongoing stigma.

Debra, a young Black woman, also confronted the permanency label imposed by her cousins:

I would be hanging with my cousins, they would say stuff like, "oh remember when you would go in the store and stuff things in your coat," and then they would act funny when we go in a store as if they were scared I was about to do something. I had to tell them, "listen I don't steal anymore so don't ever bring that sh** up again. I've changed."

Debra counters her cousins' attempts to script her as a "criminal" by asserting her changed state. She goes on to say later in the interview that, "*we used to drink and drug together, but you dogging me. You no better.*"

While her cousins also engaged in drug use, her criminality deserves additionally shaming as it intersects with criminal justice involvement, making it more deviant. While women like Debra and Gloria are not denying their past was discreditable, they are challenging the view that their past endures into their future and that they are defective individuals, a perspective critical to protecting their burgeoning identities.

Reappropriating stigma

Some stigma management strategies involved women reframing their own views of the stigmatizing attribute as opposed to directly confronting the shaming and labeling. Jamila

(previously mentioned) is a former injection drug user whose significant other wanted her to cover up the scars on her arms with tattoos:

People that shoot up, you can just look at them ...I was gonna get full sleeve tattoos because I was embarrassed of my scars but not anymore. My boyfriend wanted me to cover it up with a tattoo. He wanted me to look more respectable before I met his parents ...I know my scars are embarrassing. I see the looks ...But these are my scars. This what I went through. I survived.

Jamila resisted stigmas attached to her drug use and intersecting womanhood by reappropriating the marks of past failures as symbols of strength. While earlier passage reveals that Jamila's partner is understanding of her past, this passage suggests complexities where Jamila is stigmatized in more subtle ways. While some identities, such as HIV status, sexual orientation, or prostitution, can be concealed, others (e.g. obesity, race, physical disability) cannot (Phillips, 2009). Likewise, Jamila's scars from injection drug use are visible making substance use more stigmatizing. Goffman (1963) theorized that "courtesy stigma" can be conferred on individuals who have an affiliation with the person possessing the stigmatized attribute. Jamila's quote suggests that her partner anticipated stigmatization by his family as a result of her visible signs of drug use. However, Jamila chose to recast an attribute considered shameful as a reminder of her strength.

Jane, the Latina mother of two children introduced earlier also used reappropriation strategies, particularly with her mother:

Once my mother told me to just give up my kids to her. It hurt but I'm not ashamed anymore. I'm better mother because of what I went through. I'm a better person, I'm focused I'm in school ...I know my mother still sees me as a junkie, but I'm working on our relationship. My parents are a big part of my children's lives, so I'm working on things.

To Jane's mother, instances of watching her parent while in her addiction have violated norms of motherhood. However, Jane refuses to embrace the shaming and instead reframes the intersectional stigmas attached to her mothering and substance use as leading to the mother and women she has become.

Moreover, Jane's strategy indicates a desire to maintain the relationship. In instances where women were integrally tied to relationships for resources such as child supportive services, an important component of women's recovery was to preserve familial relationships. In fact, over half of the women interviewed reported remaining engaged in familial relationships with people who stigmatized them, and in many cases they were caring for their children. This can be seen in the narratives of not just Jane, but Rebecca. Rather, than withdrawing, they choose to work through relational strains and shaming.

Discussion and conclusion

The findings of this study suggest that although women face multiple experiences of stigma, they also employ various strategies of resistance or "talking back" (Juhila, 2004) to mitigate threats to their personhood. While some women utilized strategies of withdrawal to

safeguard their recovery and avoid stigmatization, other women opted to confront the stigmatizer and challenge beliefs about the permanency of stigma related to substance use or sex work. Stigma resistance did not always involve an adversarial process of confrontation. Sometimes stigma management focused on a change in a woman's psychological orientation toward her personal experiences that have been socially degraded and pathologized. Jamila's story of reframing her view of her scars from past drug use stands in contrast to the other stigma-mitigating strategies; her stigmatized attribute becomes a tool of empowerment (Shih, 2004) rather than a mark to disassociate and escape from, as traditionally discussed in the stigma literature (Green and Sobo, 2000; Link and Phelan, 2001; Simmonds and Cromber, 2009).

Some strategies involved continuing to engage in strained relationships with a desire to strengthen support networks that were critical to their recovery and/or their ability to reunite with children. This desire to preserve relationships amid perceived stigma expands upon the stigma management literature, which extensively examines stigma management through self-protection (Link and Phelan, 2001; Major and O'Brien, 2005). Findings from this study reveal that women's responses to stigma can be relationship protective, even in instances where the threat to one's sense of self is apparent.

This study also highlighted the ways in which race and racialized perceptions shape experiences with stigmatization. Specifically, the non-Black respondents reported another layer of stigmatization related to how their substance use and crime involvement were associated with "being Black." These findings around "Black criminality" seem to contrast the research of Pfuhl and Henry (1993), which described how a physician (valued socioeconomic status) with a substance use problem was able to avoid the kind of deviant labeling that an impoverished "street junkie" could not. In this study, the White and Latina respondents' deviant experiences with substance use and incarceration conflicted with their racial privilege so much that their behaviors identified them as belonging to a socially devalued racial group, overriding their positive racial/ethnic identities. These findings are supported by Winnick and Bodkin's work (2008) with White and Black formerly incarcerated men seeking employment. The White job seekers were more likely to be secretive about their incarceration history because their "ex-convict status suspended white privilege" (p. 131), whereas the Blacks saw their race as the more stigmatized identity and thus were less fearful of the stigmas attached to past incarceration.

Deviant labeling suspended racial privilege for Black respondents in this study, as their "addict" or ex-offender status is not countered by a positive racial status (Howart, 2005). However, the Black women in this study did not discuss racial dimensions of stigma, so it is difficult to discern how stereotypes related to race operate for them. Their silence may suggest that they view their own behaviors as common; discriminatory policing and sentencing has created a cultural dynamic in which they do not have the privilege of viewing drug use and incarceration as another group's problem. It is also possible that Black respondents elected to focus on behavior-based stigmas that can be altered.

Among the limitations of the study is its purposive sample of mothers who were technically still incarcerated but residing in community-based treatment. These unique circumstances

may limit generalizability to other populations of formerly incarcerated women, who may have similar substance use disorders and incarceration histories but lack access to such services. However, the fact that these women who received intensive treatment services report such significant stigma suggests that women who do not have the benefit of supportive services may be even more adversely affected or stigmatized. A second limitation is the study's focus on women's perceptions of stigma (from family and romantic partners), but not their stigmatizers, which may conflict with the respondents. Nevertheless, this study privileges the perspectives of the women, given that research links both real and perceived stigma to negative well-being (Goffman, 1963; Link and Phelan, 2001). Finally, women were interviewed at one point in time, and their perceptions of stigma might vary over time. Nonetheless, this study provides insights into the pervasiveness of stigma for women as they begin the reintegration process.

These findings demonstrate that family and romantic networks should not be painted in broad strokes as supportive or unsupportive, as they are often times both. For this reason, women must be strategic when deciding if and how to challenge stigma. Resisting and rejecting stigma can be important for women's sense of resiliency and empowerment; however, actively challenging a relationship may not be a viable strategy, especially when a woman's children are being taken care of by family members. In those situations, women may opt to work through stigmatization by modeling different mothering behaviors in hopes of not only getting their children back but changing their families' view of them. It is critical for treatment programs to promote empowerment and resiliency, even when women must coexist in contexts in which stigmatization and shaming occur.

On the other hand, there are instances in which women are more likely to be harmed by maintaining negative relationships. Although the 12-step recovery model recommends making amends with the people harmed by the person's addiction (Marich, 2014; Wallace, 2003), reconciliation becomes extremely complicated if the other party does not have the emotional capacity to engage in resolution. Without the proper guidance, seeking to heal wounded relationships can further the process of reshaping women at a vulnerable time in their recovery.

Likewise, family members and close friends may also benefit from social services to address their issues related to a loved one's prior substance use and incarceration (Brunovskis and Surtees, 2012; Gideon, 2007). Familial relationships may have incurred damage, from the stigma of remaining engaged and/or providing support to loved ones struggling with addiction (Tracy et al., 2009; Vigne et al., 2003). As a result, families frequently engage in "reintegrative shaming," to express disapproval of one's behaviors while staying connected to the individual who is experiencing shame within the process (Harris-Perry, 2011). While processes of reintegrative shaming and stigmatizing may have fundamental aims of healing or promoting change, the implications for already vulnerable women are significant. Services must assist families to better manage their unresolved pain and recovery expectations that validate shaming.

This study further underscores that, to improve service providers' capacities to help previously incarcerated women successfully reintegrate, more research on their stigma

experiences is needed, particularly research that incorporates an intersectionality perspective. Given that Black women comprise a significant proportion of women in substance use treatment, and given that non-Black respondents in this study experienced stigma in racialized ways, it is important to further explore how race shapes stigma experiences and management strategies. Purposive sampling of larger groups of women based on race would allow researchers to further elucidate how racialized statuses intersect with her social positions to produce stigma. In addition, intervention research may identify stigma management strategies that are more or less effective for women, thereby improving reintegration programs.

Acknowledgments

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Allard P. Life Sentences: Denying Welfare Benefits to Women Convicted of Drug Offenses. Washington, DC: Sentencing Project; 2002.
- Benwell B, Stokoe E. Analysing identity in interaction: Contrasting discourse, genealogical, narrative and conversation analysis. In: Wetherell M, Mohanty C, editors *The SAGE Handbook of Identities*. London, UK: Sage; 2010. 82–103.
- Brown M, Bloom B. Reentry and renegotiating motherhood maternal identity and success on parole. *Crime and Delinquency*. 2009; 55(2):313–336.
- Brunovskis A, Surtees R. Coming home: Challenges in family reintegration for trafficked women. *Qualitative Social Work*. 2012; 12(4):454–472.
- Burke AC. Triple jeopardy: Women marginalized by substance abuse, poverty and incarceration. In: Figueira-McDonough J, Sarri RC, editors *Women at the Margins: Neglect, Punishment and Resistance*. Binghamton, NY: Hawthorn Press; 2002. 253–269.
- Bushway SD. The stigma of a criminal history record in the labor market. In: May JP, Pitts KR, editors *Building Violence: How America's Rush to Incarcerate Creates More Violence*. Thousand Oaks, CA: Sage; 2000. 187–203.
- Carstairs C. Innocent addicts, dope fiend and nefarious traffickers: Illegal drug use in 1920s English Canada. *Journal of Canadian Studies/Revue d'études canadiennes*. 1998; 33(3):145–163.
- Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville, MD: Substance Abuse and Mental Health Services Administration (US); 2009. (Treatment Improvement Protocol (TIP) Series, No. 51.) Appendix A: Bibliography
- Charmaz K. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage Publications; 2006.
- Chesney-Lind M. Imprisoning women: The unintended victims of mass imprisonment. In: Mauer M, Chesney-Lind M, editors *Invisible Punishment: The Collateral Consequences of Mass Imprisonment*. NY: The New York Press; 2002. 79–94.
- Cho S, Crenshaw KW, McCall L. Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs*. 2013; 38(4):785–810.
- Clear TR, Rose DR, Ryder JA. Incarceration and the community: The problem of removing and returning offenders. *Crime and Delinquency*. 2001; 47(3):335–351.
- Collins PH. *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge; 2002.
- Correa Salazar C, Martínez Apráez L, Martínez MA. Female sex workers in the city of Bogotá: From stigma to empowerment. winning project of the international MA students contest on 'women empowerment for development'. *International Development Policy*. 2014; 5(3):1–30.

- Covington SS. Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs*. 2008; 40(sup5):377–385.
- Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*. 1991; 43:1241–1299.
- De Leon G. *The Therapeutic Community Theory, Model, and Method*. New York, NY: Springer; 2000.
- Dodsworth J. Sex work and mother: Managing dual and threatened identities. *Child and Family Social Work*. 2014; 19:99–108.
- Doyal L, Anderson J. ‘My fear is to fall in love again’ How HIV- positive women survive in London. *Social Science and Medicine*. 2005; 60:1729–1738. [PubMed: 15686805]
- Dworkin SL. Who is epidemiologically fathomable in the HIV/AIDS epidemic? Gender, sexuality, and intersectionality in public health. *Culture, Health and Sexuality*. 2005; 7(6):615–623.
- Earnshaw VA, Laramie R, et al. Copenhagen. Intersectionality of internalized HIV stigma and internalized substance use stigma: Implications for depressive symptoms. *Journal of Health Psychology*. 2015; 20(8):1083–1089. [PubMed: 24170015]
- Eggertson L. Stigma a major barrier to treatment for pregnant women with addictions. *Canadian Medical Association Journal*. 2013; 185(18):1562. [PubMed: 24218532]
- Ellis B, Bernichon T, Yu P, et al. Effects of social support on substance abuse relapse in a residential treatment setting for women. *Evaluation and Program Planning*. 2004; 27:213–221.
- Ettorre E. Revisioning women and drug use: Gender sensitivity, embodiment and reducing harm. *International Journal of Drug Policy*. 2004; 15:327–335.
- Falkin G, Strauss S. Social supporters and drug use enablers: A dilemma for women in recovery. *Addictive Behaviors*. 2003; 28:141–155. [PubMed: 12507533]
- Feldman DB, Crandall CS. Dimensions of mental illness stigma: What about mental illness causes social rejection. *Journal of Social and Clinical Psychology*. 2007; 26(2):137–154.
- Fitzgerald T, Purington T, Davis K. , et al. Utilization of needle exchange programs and substance abuse treatment services by injection drug users: Social work practice implications of a harm reduction model. In: Mancoske R, James S, Shelby D, editors *Practice Issues in HIV/AIDS Services: Empowerment-Based Models and Program Applications*. NY: Routledge; 2004. 107–125.
- Gideon L. Family role in the reintegration process of recovering drug addicts: A qualitative review of Israeli offenders. *International Journal of Offender Therapy and Comparative Criminology*. 2007; 51(2):212–226. [PubMed: 17412824]
- Glaser BG. Basics of grounded theory analysis. In: Glaser BG, Strauss A, editors *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago, IL: Aldine; Mill Valley, CA: Sociology Press; 1992.
- Goffman E. *Stigma: Notes on the Management of Spoiled Identity*. New York, NY: Simon and Shuster; 1963.
- Grant MG. *Playing the Whore: The Work of Sex Work*. Verso Books; 2014.
- Green G, Sobo EJ. *The Endangered Self: Managing The Social Risks of HIV*. London: Routledge; 2000.
- Gueta K, Addad M. Recovering drug-dependent mothers’ perspective on gender-sensitive therapy an Israeli case. *Affilia*. 2014; 29(1):78–91.
- Gunn AJ, Canada KE. Intra-group stigma: Examining peer relationships among women in recovery for addictions. *Drugs: Education, Prevention and Policy*. 2015; 22(3):281–292.
- Harris-Perry MV. *Sister Citizen: Shame, Stereotypes, and Black Women in America*. New Haven, CT and London: Yale University Press; 2011.
- Hartwell S. Triple stigma: Persons with mental illness and substance abuse in the criminal justice system. *Criminal Justice Policy Review*. 2004; 15:84–99.
- Hill Collins P. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York, NY: Routledge; 2000. 10th anniversary rev. ed
- Holzer HJ, Raphael S, Stol MA. How do employer perceptions of crime and incarceration affect the employment prospects of less-educated young black men. In: Mincy RB, editor *Black males left behind*. Washington, DC: The Urban Institute Press; 2006. 67–85.

- Hopkins P, Pain R. Geographies of age: Thinking relationally. *Area*. 2007; 39(3):287–294.
- Howarth C. Race as stigma: Positioning the stigmatized as agents, not objects. *Journal of Community Applied Social Psychology*. 2005; 16:442–451.
- Hughes K. Migrating identities: The relational constitution of drug use and addiction. *Sociology of Health & Illness*. 2007; 29(5):673–691. [PubMed: 17714337]
- Juhila K. Talking back to stigmatized identities negotiation of culturally dominant categorizations in interviews with shelter residents. *Qualitative Social Work*. 2004; 3(3):259–275.
- Kemp SP, Marcenko MO, Hoagwood K, et al. Engaging parents in child welfare services: Bridging family needs and child welfare mandates. *Child Welfare*. 2009; 88(1):101. [PubMed: 19653455]
- Kielty S. Working hard to resist a ‘bad mother’ label narratives of non- resident motherhood. *Qualitative Social Work*. 2008; 7:363–379.
- Koski-Jannes A. Social and personal identity projects in the recovery from addictive behaviors. *Addiction Research and Theory*. 2002; 10:183–202.
- Lawston JM. Women, the criminal justice system, and incarceration: Processes of power, silence and resistance. *NWSA Journal*. 2008; 20(2):1–18.
- LeBel TP. Perceptions of and responses to stigma. *Sociology Compass*. 2008; 2(2):409–432.
- Leverentz A. The love of a good man: Romantic relationships as a source of support or hindrance for female ex-offenders. *Journal of Research in Crime and Delinquency*. 2006; 43(4):459–488.
- Link B, Phelan J. Conceptualizing stigma. *Annual Review of Sociology*. 2001; 27:363–385.
- Livingston JD, Milne T, Fang ML, et al. The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction*. 2012; 107(1):39–50.
- Marich J. *Trauma Made Simple: Competencies in Assessment, Treatment and Working with Survivors*. Eau Claire, WI: PESI Publishing & Media; 2014.
- McIntosh J, McKeganey N. Addicts’ narratives of recovery from drug use: Constructing a non-addict identity. *Social Science & Medicine*. 2000; 50(10):1501–1510. [PubMed: 10741584]
- Major B, O’Brien. The social psychology of stigma. *Annual Review of Psychology*. 2005; 56:393–421.
- May V. On being a ‘good’ mother: The moral presentation of self in written life stories. *Sociology*. 2008; 42(3):470–486.
- Najavits LM. *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York, NY: Guilford Press; 2002.
- Nash JC. Re-thinking intersectionality. *Feminist Review*. 2008; 89(1):1–15.
- O’Brien P. *Making it in the “Free World”’: Women in Transition from Prison*. Albany: State University of New York Press; 2001.
- Olphen JV, Eliason MJ, Freudenberg N, et al. Nowhere to go. How stigma limits the options of female drug users after release from jail. *Substance Abuse Treatment, Prevention and Policy*. 2009; 4(10): 1–10.
- Opsal TD. Women disrupting a marginalized identity: Subverting the parolee identity through narrative. *Journal of Contemporary Ethnography*. 2011; 40(2):135–167.
- Pager D. *Marked Race Crime and Finding Work in an Era of Mass Incarceration*. Chicago, IL: The University of Chicago Press; 2007.
- Pfuhl E, Henry S. *The Deviance Process*. New York, NY: Aldine de Gruyter; 1993.
- Phillips KW, Rothbard NP, Dumas TL. To disclose or not to disclose? Status distance and self-disclosure in diverse environments. *Academy of Management Review*. 2009; 34(4):710–732.
- Raddon A. Mothers in the academy: Positioned and positioning within discourses of the ‘successful academic’ and the ‘good mother’. *Studies in Higher Education*. 2002; 27:4.
- Raj A, Silverman J. Violence against immigrant women: The roles of culture, context & legal immigrant status on intimate partner violence. *Violence Against Women*. 2002; 8:367–398.
- Riessman CK. Personal troubles as social issues: A narrative of infertility in context. *Qualitative Research in Social Work*. 2001; 42(5):73–83.
- Room R. Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*. 2005; 24(2): 143–155. [PubMed: 16076584]

- Sallmann J. Living with stigma: Women's experiences of prostitution and substance use. *Affilia*. 2010; 25(2):146–159.
- Samuels GM, Fariyal R. Identity, oppression, and power: Feminisms and intersectionality theory. *Affilia*. 2008; 23(1):5–9.
- Sanders J. *Women in Narcotics Anonymous: Overcoming Stigma and Shame*. New York, NY: Palgrave MacMillan; 2014.
- Schuermans N. Towards rigour in qualitative research. Paper presented at Human Geography PhD Research Seminar; Leuven. 18 March 2013; 2013. Retrieved from https://www.academia.edu/3068584/Schuermans_2013_Towards_rigour_in_qualitative_research
- Shih M. Positive stigma: Examining resilience and empowerment in overcoming stigma. *The ANNALS of the American Academy of Political and Social Science*. 2004; 591(1):175–185.
- Simmonds L, Coomber R. Injecting drug users: A stigmatised and stigmatising population. *International Journal of Drug Policy*. 2009; 20(2):121–130. [PubMed: 17981451]
- Slyter E. Intimate partner violence against women with disabilities: Implications for disability service system case management practice. *Journal of Aggression, Maltreatment and Trauma*. 2009; 18(2): 182–199.
- Sykes J. Negotiating stigma: Understanding mothers' responses to accusations of child neglect. *Children and Youth Services Review*. 2011; 33(3):448–456.
- Taefti N. The synthesis of age and gender: Intersectionality, international human rights law and the marginalisation of the girl-child. *The International Journal of Children's Rights*. 2009; 17(3):345–376.
- Taylor A, Toner P, Templeton L, et al. Parental alcohol misuse in complex families: The implications for engagement. *British Journal of Social Work*. 2008; 38(5):843–864.
- Ferraro KJ, Moe AM. Mothering, crime, and incarceration. *Journal of Contemporary Ethnography*. 2003; 32(1):9–40.
- Tracy EM, Munson MR, Peterson LT, et al. Social support: A mixed blessing for women in substance abuse treatment. *Journal of Social Work Practice in the Addictions*. 2009; 10:257–282.
- Van Olphen J, Eliason MJ, Freudenberg N, Barnes M. Nowhere to go: How stigma limits the options of female drug users after release from jail. *Substance Abuse Treatment, Prevention, and Policy*. 2009; 4(10):1–10.
- Vigne NG, Mamalian CA, Travis J. , et al. *A Portrait of Prisoner Reentry in Illinois*. Washington, DC: Urban Institute, Justice Policy Center; 2003.
- Virokannas E. Identity categorization of motherhood in the context of drug abuse and child welfare services. *Qualitative Social Work*. 2011; 10(3):329–345.
- Wallace J. Theory of 12-step-oriented treatment. In: Jon Morgenstern FR, Walters ST, editors *Treating Substance Abuse*. New York, NY; London: The Guilford Press; 2003. 9–29.
- West HC, Sabol WJ. *Prison Inmates at Midyear 2008 – Statistical Tables*. Bureau of Justice Statistics. U.S. Department of Justice website; 2009. Retrieved 20 March 2015. http://oea.org/dsp/Observatorio/Tablas/usa/US_prison_inmates_statistical_tables_2008.pdf
- Western B, Kling JR, Weiman DF. The labor market consequences of incarceration. *Crime and Delinquency*. 2001; 47(3):410–427.
- Winnick TA, Bodkin M. Anticipated stigma and stigma management among those to be labeled “ex-con”. *Deviant Behavior*. 2008; 29:295–333.
- Womens Prison Association. [accessed 7 August 2015] Quick facts: Women & criminal justice – 2009. 2009. Available at: <http://www.wpaonline.com>
- Zack N. *Inclusive Feminism: A Third Wave Theory of Women's Commonality*. Lanham, MD: Rowman and Littlefield Publishers, Inc; 2005.