



## “People just don't look at you the same way”: Public stigma, private suffering and unmet social support needs among mothers who use drugs in the aftermath of child removal



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### A B S T R A C T

Reduced social support among parents is a well-established risk factor for child removal by child protective services. There has been relatively little attention, however, to mothers' social networks following child removal, including how stigma and additional strain of living apart from children may influence mothers' social ties. Foregrounding the rarely heard perspectives of mothers who use drugs, a group disproportionately intervened upon by child protective services, this study examines social relationships and social support among mothers in the aftermath of child removal. We conducted in-depth interviews with 19 women who use drugs and conducted thematic analysis to examine social relationships and patterns of social support. Women reported severely disadvantaged social networks following child removal, with network ties commonly cited as providing low support, most often attributed to poverty-related adversities, lack of acknowledgment of the traumatic nature of women's losses, and pronounced stigmatization. Findings highlight how unmet social support needs and stigma can act to deepen social blame and marginalization of mothers following child removal, impeding efforts toward family reunification and foreclosing other life opportunities. More mutually supportive, peer-to-peer spaces are needed to provide support to parents currently involved in the system and to challenge processes of stigmatization.

### 1. Background

Little is known about the extent to which mothers' life trajectories are impacted following removal of their children by child protective services (CPS) (Broadhurst & Mason, 2017; Hook, Romich, Lee, Marcenko, & Kang, 2016; Lee, Romich, Kang, Hook, & Marcenko, 2017), especially in cases where formal family reunification efforts fail. Greater understanding of this aftermath would assist in more effectively designing family-centered and strength-based policies and programs that are responsive to mothers' needs and support family reunification (Kyte, Trocme, & Chamberland, 2013; Lietz & Strength, 2011; Schofield & Ward, 2011). In North America, research on the experiences of parents with children in out-of-home placement has primarily focused on documenting parent satisfaction with CPS workers, responsiveness of services to families' needs, information sharing, and relationships of power (e.g., Callahan & Lumb, 1995; Dumbrell, 2006; Marcenko, Lyons, & Courtney, 2011; Rostad, Rogers, & Chaffin, 2017). Correspondingly,

there is a paucity of research accounting for the perspective of parents, and particularly mothers, who are most frequently primary caregivers at the time of child removal and important actors in CPS processes (Courtney, McMurtry, & Zinn, 2004; Pelton, 2015). Although there is a growing body of research linking parenting contexts (e.g., poverty, drug use, housing instability, mental health struggles, domestic violence, low social support) and risk of out-of-home placement (Fong, 2017; Slack, Lee, & Berger, 2007), knowledge of how these contexts improve or worsen following removal of children is scant. The few studies examining impacts of child removal on mothers describe a range of negative outcomes, including trauma and post-traumatic stress, grief, depression, anxiety, suicidality, residential instability, stigma, and economic disconnection (Haight et al., 2002; Hook et al., 2016; Kenny, Barrington, & Green, 2015; Nixon, Radtke, & Tutty, 2013; Reid, Greaves, & Poole, 2008; Schofield et al., 2010; Sykes, 2011; Wall-Wieler et al., 2017a, 2017b). While in the aftermath of child removal parents often report increased social isolation (Gracia & Musitu, 2003; Sykes,

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2011), research on social relationships and support during this period, particularly for women who use drugs (who account for more than half of all parents facing out-of-home placement) remain scarce. More insights from mothers who use drugs about their lives and needs during this period are critical to improving service delivery and enhancing the home environments to which children will likely return or reconnect with when they age out of care.

In the US, parental drug use is implicated in between 50 and 79% of cases where children are placed out-of-home (Testa & Smith, 2002). Data also show the rate of out-of-home placement due to parental drug use rate is significantly rising, (Administration for Children & Families, 2017) despite an absence of conclusive evidence that parental drug use on its own negatively affects family life (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999; Hogan, Myers, & Elswick, 2006). Further, there has been growing recognition of the complex factors shaping women's drug use including poverty, drug laws, violence, inequalities of race, class, sex and gender (Banwell & Bammer, 2006; Boyd, 1999), as well as the salient role of trauma, including the significance of historical and collective traumas (e.g., genocide, slavery, segregation, and ongoing institutionalized colonialism and racism) for Indigenous and Black/African American women, who are disproportionately intervened upon by the child protection system (Blakey & Hatcher, 2013; De Leeuw, Greenwood, & Cameron, 2010). Since research shows that mothers who use drugs are more likely to have their children in foster care for longer periods and/or to experience termination of parental rights (Miller, Fisher, Fetrow, & Jordan, 2006; Smith & Testa, 2002), illuminating their experiences following separation from their children, including their social relationships and the broader organization of their lives are vital to addressing their needs and wellness; an area that is also of concern to children in care, who have been shown to be often preoccupied with their parents' wellbeing (Holland & Crowley, 2013; Schofield & Ward, 2011).

The extent and nature to which social relationship impact people's wellbeing have been shown to depend on mechanisms of social support, often referred to more broadly in the social sciences as social capital (Putnam, 2000). As a mechanism within social relationships, social support is defined as the process by which formal or informal social and material resources are provided to an individual, often categorized in the following typologies: emotional support (expression of empathy, love, comfort, trust or listening); instrumental support (direct assistance or tangible aid, including financial and material support); appraisal support (relevant to an individual's self-evaluation, including affirmation); and informational support (guidance and connection to services or resources) (House, 1981). Bronfenbrenner's (1979) ecological theory of human development was among the first to recognize the importance of social support in the context of physical and psychological wellbeing, and a wealth of literature since then has demonstrated the role of positive social support in promoting health and better equipping people to cope with stressful and adverse life events (Bronfenbrenner, 1979; Geens & Vandenbroeck, 2014; Heffner, Waring, Roberts, Eaton, & Gramling, 2011; Kawachi & Berkman, 2000). Our focus on social relationships, conceptualized as relational pathways through which types of social support are enacted, deters from undifferentiated notions of social support which can blur mechanisms through which social inequalities and systems of institutional power influence types of social support (Szreter & Woolcock, 2004), this dual emphasis brings attention to ways that power influence formation of women's social relationships and support networks (Marmot & Wilkinson, 2006; Parker & Aggleton, 2003). Similar to other studies of social support with populations of marginalized women, such as prisoners (Clone & DeHart, 2014; Willging, Nicdao, Trott, & Kellett, 2016), in this approach we also aim to bring attention to the relational ways that institutions and professionals intersect with women's lives and social networks during this period.

Research shows broadly that women's formal and informal social support is a protective factor against child removal by CPS (Brown,

Hicks, & Tracy, 2016; Stith et al., 2009) and can provide important social connectivity and strengthening support to child protection-involved parents (Lalayants, Baier, Benedict, & Mera, 2014). Low levels of social support to families are highlighted as predictive of intervention by CPS (Fong, 2017; Gracia & Musitu, 2003; Kotch et al., 1997), operating through a postulated pathway in which low support can reduce a family's capacity to buffer impacts of multiple and intersecting stresses, and other negative factors (Henly, Danziger, & Offer, 2005). Parents' social support is also closely appraised by CPS in family reunification planning (Lietz & Strength, 2011), with low levels of social support shown to make it difficult or impossible to meet CPS' requirements for family reunification (Fuentes-Peláez, Balsells, Fernández, Vaquero, & Amorós, 2014). To date, studies have generally not differentiated types of support and have often focused on experiences of social support by a family as a unit, including support to extended family members involved in kinship foster care of children.

Since conceptualizations of parental 'fitness' and 'unfitness' do not emerge in a vacuum, and are more precisely historically, socially and culturally situated, it is of use to also draw on theoretical conceptualizations of stigma to understand and explain women's social ties and support mechanisms in the aftermath of child custody loss to CPS. Link and Phelan (2001) define stigma as existing "when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation." (p.377) Research on mothers following child loss to CPS show they experience high levels of societal stigma and shame (Sykes, 2011; Wells, 2011). Schofield et al. (2010) describe parents with children in foster care as 'outsiders', facing everyday threats of social censure, where the 'failed' parent is forced to grapple with daily reminders of the absence of their children and the stigmatized status of their restricted parenting role. Stigma as theorized by Parker and Aggleton (2003) is also helpful in its conceptualization of stigma as an assemblage of social control where 'othering' occurs in the service of power and maintaining an inequitable social order. The stigmatization of mothers following this form of loss can thus not be separated from neoliberal logics that emphasize the individualization of one's parenting "responsibilities", reinforce social blame, censure and marginalization of those who 'fail' in their parenting efforts (Broadhurst & Mason, 2017; Brown, 2006), and valorize the White mother as superior to the racialized mother (Roberts, 2008).

Foregrounding the rarely heard perspectives of mothers who use drugs, the objective of this study was to describe women's social relationships and the types and quality of social support in the period following child removal by CPS (resulting in temporary or permanent termination of parental rights). Focusing on the social relationships of mothers, our approach brings attention to the ways the macro-social (i.e., child protection system) interacts with the micro-social (i.e., ties to children, family, intimate partners, etc.) in shaping how social support is constituted during this period, and how these interactions can differentially organize women's day-to-day lives and experiences of wellbeing.

## 2. Methods

We draw on data from in-depth interviews with women in Toronto, Canada who use drugs and experienced child custody loss to CPS collected in 2013 as part of a study examining the health and social trajectories of women in the aftermath of child custody loss (see [omitted for blind-review]).

We recruited participants through posters displayed at community-based agencies offering women-centered, youth and/or harm reduction services in Toronto (Canada). Women who self-identified as using illicit drugs (in previous 6 months) and who had experienced custody loss of one or more children were invited to inquire about participating in in-depth interviews.

We used a theoretical sampling approach, aiming to extend our understanding of different contextual and individual-level factors

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