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Taking Off the Mask: Examining the Biopolitics of Care Amongst Criminalized Women with Substance Use Histories

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Abstract: The carceral apparatus in the U.S. can be understood as mechanisms of policing, criminalizing, and incarcerating through the criminal justice system in its traditional sense but also encompassing mechanisms of social control, surveillance, and violence exerted through other systems such as family policing organizations, social service agencies, and helping professions. As we are witnessing the impacts of the toxic drug supply crisis and continued reliance on the "war on drugs" policies, these carceral functions are deeply felt among people who use drugs and have substance use disorders. This qualitative study uses the Foucauldian lens of biopolitics and biopower to examine how power operates in carceral systems and impacts women who use substances. By conducting and analyzing in-depth interviews with four women who identify as systems-involved in the U.S., this study highlights that power operates in a multitude of ways. The findings highlight the gendered experience these individuals face navigating these systems of circularity, including the minimization of bodily autonomy, the destruction of social reproduction, and coercive performances to the patriarchal gaze. The findings also amplify the women's perspective on systemic change and offer alternatives to current carceral approaches. This research provides insights for social service professionals in all fields for more liberatory approaches to working with women in carceral settings and proposes a radical departure from current trajectories of social control and criminalization.

Keywords: systems impact; gender; women; substance use; family policing; criminal justice

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1. Introduction

The project I am sharing here is one that was born out of a larger community-based participatory research study (Dyett, forthcoming). The larger study was a sequential mixed-methods project focused on the experiences of people who use or have used substances and who find themselves involved in carceral systems as a result. A system is broadly defined as any disciplinary state agency, such as child welfare, criminal justice, and juvenile justice agencies. After the completion of this project, it became very evident that the women in the study experienced vastly different experiences navigating these systems, likely due to their gender identity. In reviewing this, I felt it necessary to create space to accurately represent their experience and highlight their resiliency, which is what this project has become.

In this piece, I will present qualitative findings from four in-depth interviews with women who identified as having current or former histories of substance use and system(s) involvement. Specifically, this work asks, how do women experience system impacts because of their substance use? And in what ways do biopower and biopolitics shape the experiences of women in the carceral system? The analysis of transcripts is grounded in the framework of biopolitics to assist in highlighting the phenomena the women describe in navigating this system. Biopolitics can be understood as the power wielded by states

to control populations, which often leads to controlling life and death (Foucault 1978). Through its grounding in biopolitics, this work aims to deepen our understanding of women's experiences while also gaining a greater understanding of the ways these systems engage in biopolitical power and harm communities.

I hope that this piece will provide a more nuanced understanding of surveilling techniques that are often used under the guise of safety, child saving, or child protection, which are often masquerading under these terms and, in reality, perpetuating real and long-lasting harm. The project hopes to amplify, through the lived experience of the narratives provided, the true reality behind the mask and engage in an unmasking of the masquerade.

1.1. Biopolitics and Biopower

Biopolitics, first introduced by Michel Foucault (1978) and further theorized by other scholars (Negri 2000; Agamben 1996; Rabinow and Rose 2006; Dillon 2007; Butler 2002, 2004; Esposito 2008), is, in essence, the politics of life, regulated through power from a state regime; this power is known as biopower. Foucault (1978) states that through the transformation to modernity, biopower has been established as a phenomenon in which Western states possess and utilize "a power to foster life or disallow it to the point of death" (1978, p. 138). In other words, biopower is the power held by state regimes that is exercised over the processes of sustaining life, while biopolitics is the broader political ideology and often the driving force behind biopower. Biopower is akin to the force exerted when a baseball player swings a bat and hits a baseball, while biopolitics is the decisions made by the team's manager.

Foucault (1978) argues that biopower and biopolitics were born out of a transformation in Western societies' use of power that began in the eighteenth century. He argues that under sovereign rule, with monarchs and kings, power was wielded by imposing death or granting life. In modern times, this power has been transformed from dichotomous life and death and instead is the reverse, "the right of the social body to ensure, maintain, or develop its life" (Foucault 1978, p. 136); further, "wars are no longer waged in the name of a sovereign who must be defended; they are waged on behalf of the existence of everyone; entire populations are mobilized for the purpose of wholesale slaughter in the name of life necessity" (1978, p. 137). Along this discourse of violence enacted in the name of life, state power can be understood as an act to "foster life or disallow it to the point of death" (Foucault 1978, p. 138).

This adoption of biopolitics is concerned with two main avenues of human life. The first is on the body itself, the anatom-politics, and the second is the body's process of social reproduction, such as health, birth, child-rearing, and life expectancy, termed biopolitics (Foucault 1978; Gutiérrez 2016). Alongside this transformation of power, the fields of public health, social services, and other regulatory agencies began being popularized and used by governments under the guise of life-preserving services but also as a mechanism of state regulation (Foucault 1978; Choi 2012). This paradox is what Toldo (2022) describes as a mechanism through which biopolitics maintains its legitimacy by exerting power over certain bodies under the facade of care. Toldo (2022) argues, "biopower needs care as a legitimizing narrative and, at the same time, it produces care, as a subversive force that undermines the stability of the biopolitical regime itself" (p. 4).

1.2. Biopolitics and Gender

Biopolitics has been asserted by Foucault (1978, 2008) as a necessary state tactic for the development of capitalism to control labor forces and meet the economic demands of nation-states. In the Foucauldian tradition, biopolitics is responsible for creating and upholding "segregation and social hierarchization, guaranteeing relations of domination

and effects of hegemony" (Foucault 1978, p. 141). Within this, domination and control based on gender are integral aspects of the biopolitical approach, with Foucault citing the following specifically:

> [T]he hysterization of women, which involved a thorough medicalization of their bodies and their sex, was carried out in the name of the responsibility they owed to the health of their children, the solidity of the family institution, and the safeguarding of society. It was the reverse relationship that applied in the case of birth controls and the psychiatrization of perversions: here the intervention was regulatory in nature, but it had to rely on the demand for individual disciplines and constraints (p. 147).

We can see this play out in the current gendered discourse in the U.S. carceral system. In the Western state psyche, women are often not the prevailing image of someone involved in the criminal justice system, reinforcing narratives of inherent positivity and nonviolence traits in women (Weare 2013; Belknap 2021; Stuart van Wormer and Bartollas 2022). However, a more nuanced approach is necessary when discussing this, as Black women, transwomen, and immigrant women are prevalent through media portrayals of those allegedly committing crimes (Lin 2016; Belknap 2021). Legal scholars argue that laws, specifically in the United States, were designed with a paternalistic attitude that women needed to be protected and preserved as the social reproduction mechanism and, often, the property of men (Kanowitz 1973). However, this legislation only applied to upper-class white women while simultaneously criminalizing poor and working-class women, women who identified as immigrants, disabled women, queer women, and women of color (Lin 2016; Stuart van Wormer and Bartollas 2022; Belknap 2021; Bixby et al. 2022).

Further, legal protections often appear mute if a woman is accused of causing harm to children and disrupting socially imposed social reproduction tasks. Built upon histories of slavery and colonization, our contemporary criminal justice and child welfare systems, henceforth referred to as the family policing system, foster a racialized and gendered systemic dispossession of women, their families, and children across the U.S. (Agozino 1997; Dettlaff 2023; Roberts 2021). When grounded in biopolitics, we can see state agencies regulating the social reproduction and the physical bodies of women living at the margin.

1.3. Criminalizing the Body and Social Reproduction

The family policing system in the United States was erected shortly after the abolition of slavery, with interests in upholding social stratification through the maintenance of white supremacy (Dettlaff and Copeland 2023; Roberts 2021). This is evident at first with the exclusion of children of color and their families from receiving early welfare services and support, seen as some of the first policies in family policing history (Dettlaff and Copeland 2023; Hogan and Siu 1988). This practice shifted from exclusion to hyper-inclusion by policing and surveilling communities of color, predominantly Black communities, after the passage of the 1960 Flemming Rule (Dettlaff et al. 2023). The Flemming Rule prohibited the exclusion of welfare services for no reason but encouraged states to investigate homes that may be considered unsuitable for children to live in or undeserving of aid, which meant that states were disproportionately investigating Black and low-income families (Dettlaff et al. 2023; Lawrence-Webb 1997). This approach has remained the status quo among family policing agencies today, resulting in the disproportionate involvement of Black families at every phase in the family policing system. Black youths are more likely to be removed from the home, denied kinship placement, have multiple foster placements, and be placed in congregate care settings (Dettlaff and Boyd 2020; Harp and Bunting 2020; Cénat et al. 2021; Kim et al. 2011). This regulation of marginalized communities embodies the biopolitics of population regulation and control. The biopower enacted by processes such as family

policing investigations and child removal disrupts the communities' ability to engage in social reproduction as they see fit and instead falls under the scrutiny of the state.

Similarly, the family policing system in the U.S. has been critiqued as a tool used to enact cultural genocide against Indigenous populations nationwide (Smith 2009; Churchill 2008). The widespread child removal from Indigenous communities by welfare workers is well documented throughout the 19th and 20th centuries (Tsosie 2023; Smith 2009). Removals often resulted in placement in Indian boarding schools, often run by white staff and religious groups; the boarding schools' missions were to "civilize" Native youths (Tsosie 2023; Smith 2009). The religious groups often secured contracts from the federal government to carry out this mission (Tsosie 2023). The goal of the widespread use of boarding schools was considered to "Kill the Indian, Save the Man", as famously stated by Richard Henry Pratt, a U.S. Cavalry captain who opened the first boarding school (Lomawaima and Ostler 2018; Tsosie 2023). The youths were often punished for speaking tribal language and were forced to cut off their long hair, wear settler-style clothing, and work (Smith 2004, 2009; Churchill 2008). The youths were often subject to disease; malnutrition; physical, emotional, and sexual abuse; and death (Slaubaugh 2023; McBride 2020). Cultural assimilation and the destruction of tribal communities were at the center of all tasks.

In the mid-20th century, the U.S. policy on family policing shifted to using a new harmful tool to enact cultural genocide, the termination of parental rights, and the adoption of Indigenous youths into white families. After fierce advocacy from largely Indigenous women, the Indian Child Welfare Act was passed in 1978, which requires child welfare agencies to put forth an effort to keep Indigenous youths within their communities (Rocha Beardall and Edwards 2021). Despite this valiant effort, federal governments have provided little oversight on whether the law is being followed, and there is very limited financial support for tribal governments to support the law. Therefore, Indigenous youths are still disproportionately removed from their homes and their communities and placed in foster systems across the U.S. (Rocha Beardall and Edwards 2021; Grinnell Davis et al. 2023). The biopower enacted against Indigenous communities attempted to exert state dominance over their non-hegemonic ways of living and child-rearing. Despite these violent attempts, these communities have continued to exist and persist.

1.4. Contemporary Family Policing

Since the 21st century began, we have seen an uptick in new forms of family policing through mechanisms of surveillance of pregnancy and childbirth. In a notable case from 2003, a Black woman experiencing poverty in South Carolina, Regina McKnight, was convicted of homicide after giving birth to a stillborn baby (Goodwin 2007). With accusations that her substance use, although never proven, caused the stillbirth, McKnight was charged with "homicide by child abuse" (Goodwin 2007, 2017). This conviction resulted in a wave of state policing of pregnant and parenting people across the U.S., resulting in many Black, poor, and Indigenous women being surveilled and policed around their child-rearing, and it created what Lerner (2010) has called a "war on moms" (Goodwin 2017; Gurr 2011; Lerner 2010). The stated goal of this policing was often to prevent fetal harm. However, with local and state prosecutors granted significant flexibility in how they address this stated goal, their tactics often result in gendered and racialized state-sanctioned harassment of marginalized bodies (Fentiman 2008; Goodwin 2017).

Under this masquerade of care and protection, biopolitics encroaches on pregnant and parenting individuals' private lives through vessels such as health care providers and social service agencies. Pregnant and parenting individuals who are believed to be using illicit substances are often at the highest risk for these policing tactics (Paone and Alperen 1998;

Austin et al. 2022; Bruzelius et al. 2024). This also empowers social service and healthcare providers to weaponize their assumptions about who uses drugs and who does not and employ invasive tactics to test their guesses, such as nonconsensual drug testing; healthcare providers reporting positive drug screens to policing agencies, in spite of their lack of reliability; child protective service reports filed and CPS investigations of families in hospitals, in homes, and while children are at school; the removal of custody from parents; and the termination of parental rights (Movement for Family Power et al. 2023). Women diagnosed with a substance use disorder and Black women experience these interventions the most (Bruzelius et al. 2024; Cohen et al. 2023; Harp and Bunting 2020), despite the fact that Black women and white women present with similar rates of substance use (Roberts and Nuru-Jeter 2011). Women of color (Dettlaff and Boyd 2020), poor women (Cohen et al. 2023; Cancian et al. 2013), LGBTQIA+ folks (Joslin and Sakimura 2022; Washington 2022), and women with disabilities (LaLiberte et al. 2024) are being policed and surveilled at higher rates and are disproportionately represented in family policing systems across the country.

This societal construction of "child saving and protecting" that has allowed the policing of marginalized pregnant and parenting people and their families has resulted in significant intergenerational trauma and criminalization of families across the U.S. In addition, it has also contributed to the deeply entrenched stigma associated with parents who use illicit substances. This stigma often keeps people from ever accessing harm reduction services or treatment if they have a substance use disorder (Hayek et al. 2024). The biopolitical nature of surveilling and regulating marginalized bodies suggests a state-sanctioned approach to enacting the biopower of marginalized communities. This ideology has crept into the realm of health care and social service providers, despite many of those professions having codes of ethics that prohibit or claim to prohibit discrimination against their clients. Without keen awareness of this insidious phenomenon, these professions will continue to be complicit in the biopolitical agenda of harm against non-dominant communities.

1.5. Biopolitics, Substance Use, and Carceral Systems

Contemporary scholarship increasingly uses a biopolitical lens to examine substance use and the carceral mechanisms of the state. For example, Pienaar et al. (2017) argue that an overreliance on the biomedical model of substance use and addiction has reinforced a binary distinction between "acceptable" and "non-acceptable" substance use. This binary allows the state to exert power over those deemed "unacceptable", severely limiting individuals' ability to exercise true bodily autonomy. Fear of state surveillance and intervention—whether through incarceration or through other forms of policing—further diminishes this autonomy. Under biopolitical regimes, interventions are designed to regulate those deemed to engage in inappropriate use (Johansen et al. 2021).

In the U.S., these interventions are primarily enacted through state agencies like the criminal justice and family policing systems. The criminal justice system enforces a regime of policing, surveillance, and punishment against those who do not conform to the state's ideal of the "homogenous citizen". These biopolitical exercises of power encroach upon, reorganize, and control marginalized communities and individuals. Similarly, family policing mechanisms deploy similar tactics, often framed as benevolent care for children (Dettlaff 2023; Drake 2024). However, these mechanisms are also embedded in biopolitical power dynamics that infringe on the bodily autonomy and social reproduction of some while allowing others to thrive (Dettlaff and Copeland 2023).

The surveillance and punishment strategies used by both the criminal justice and family policing systems globally are considered a direct manifestation of biopolitics. These systems deploy racist, classist, and gendered tactics, with whiteness, cisgender maleness,

and wealth regarded as the standard of humanity, while those who do not fit these ideals are dehumanized, othered, and subjugated (Nijjar 2022; David 2021; Rivera-Ulloa 2024; Roberts 2021; Knezevic 2021).

To highlight this imperative, gain a deeper understanding of this violent phenomenon, and create space for resistance, this research uses the lens of biopolitics to analyze the current state of family policing and criminal justice institutions today by utilizing qualitative data from in-depth interviews with four women who identify as system(s)-involved.

2. Materials and Methods

This research analyzes interviews from individuals identifying as women with systems involvement and a substance use history from a larger mixed-methods study (see results here, Dyett, forthcoming). Drawing upon transcripts from four in-depth interviews, this paper explores the unique gendered experience of identifying as women and navigating the U.S. carceral system. Specifically, this work asks the following: How do women experience system impacts because of their substance use? And in what ways do biopower and biopolitics shape the experiences of women in the carceral system?

Given the nature of interacting with human subjects and discussing vulnerable subjects, this research first sought and received approval from the Institutional Review Board regarding its appropriateness and ensuring it was in line with ethical standards of conducting research. After IRB approval was secured, recruitment for the project began. Participants were recruited from an outpatient drug and alcohol clinic in the northeastern United States. Recruitment was performed by hanging flyers around the clinic and sending emails to active clients at the clinic, inviting them to participate in a semi-structured interview. Participants were encouraged to call or email if they were interested in participating.

Once a participant reached out, I ensured that they met the inclusion criteria for the study. Three inclusion parameters had to be met: (1) the individual had to be 18 years or older, (2) the individual had to self-identify as having a current or previous substance use history, and (3) the individual had to self-identify as having a current or previous system(s) impact, with system(s) being broadly defined as any involvement with a disciplinary state agency.

After confirming that individuals met the inclusion criteria, I explained to them the nature of the study and the primary research questions, which was to understand their experience as a person with a history of substance use navigating system(s) involvement and drug and alcohol treatment. Individuals were granted space and time to ask questions. All participants were provided with an informed consent form and asked to complete this before beginning the project. Once individuals had completed the informed consent and received answers to any questions they had, they were invited to take part in a semi-structured interview about their experience being impacted by the system(s), having a substance use history, and being in drug and alcohol treatment. Twelve individuals took part in the interviews. Four of the individuals from this sample identified as women and described unique gendered experiences that are analyzed separately in this work.

I utilized a semi-structured interview guide that asked open-ended questions about the individual's substance use, treatment, and system(s) involvement history. The guide asked 7 open-ended questions to individuals, largely focusing on their personal experience navigating these different systems. While the guide provided a framework, it also allowed space for informal dialogue and for the interviewees to share their own stories in ways that felt comfortable to them. Interviews took place both in person and over Zoom, based on the participants' preferences. All interviewees consented to their interviews being recorded. After the interviews, individuals were compensated $25 for their participation.

After each interview was complete, transcripts were curated from the recording, cleaned, and read through by the writer to ensure accuracy. For the larger mixed-methods study, these transcripts were first analyzed using reflexive thematic analysis (RTA), an approach to qualitative data analysis that acknowledges the researcher's positionality and potential for biases. RTA challenges researchers to use this awareness while finding patterns and key themes from qualitative works (Braun and Clarke 2019).

During this phase of the analysis, transcripts were coded using the 6 steps of RTA, as outlined by Braun and Clarke (2019, 2023). First, I familiarized myself with the data by thoroughly reading the transcripts, taking notes, and becoming comfortable with the content. Second, I uploaded the transcripts to the qualitative coding software Atlas.ti 23, where I began identifying patterns in the data and assigning codes based on these patterns, using a parent–child code structure.

In the third step, I generated initial themes from the list of codes and the relevant text segments. Steps four and five involved refining and solidifying the overall themes by reviewing the transcripts, codes, and themes. Finally, in the sixth step, I wrote up the key findings and themes from all the interviews. During this final step, I identified unique themes and patterns emerging from the four women in the study, which led to a second phase of data analysis, presented in this work.

The second phase involved repeating the 6 steps of RTA with the four transcripts from the study participants. After the first step was completed, a new research question emerged, prompting a shift from an exploratory study to a more focused analysis of power. Two primary research questions arose: *How do women experience the impact of systems due to their substance use? In what ways do biopower and biopolitics shape the experiences of women in the carceral system?* These questions guided the subsequent RTA steps, with a particular emphasis on examining how power operated in the lives of the interviewees and how this manifested in the transcripts. As a result, new codes and themes emerged from this refined analysis, with final themes presented here.

3. Results

This study included four participants with diverse experiences of criminal justice and family policing involvement. Participant 1, a 43-year-old cisgender white heterosexual woman, has had both criminal justice and family policing involvement and is a mother. Participant 2, a 31-year-old cisgender white bisexual woman, also has experiences with both criminal justice and family policing systems and is a mother as well. Participant 3, a 29-year-old cisgender heterosexual white woman, was involved with both the criminal justice system and family policing as a child, though she does not have her own children. Participant 4, a 40-year-old cisgender heterosexual white woman, has criminal justice involvement and previous family policing experiences, though she does not have children. She identifies with family policing involvement from her childhood, as her mother struggled with substance use. Each participant's unique background provides valuable insight into the intersection of gender, substance use, and state systems.

The findings from the interview process and qualitative analysis yielded the following six key themes: infringement on bodily autonomy, forced performance to the patriarchal gaze, destruction of social reproduction, the explicit violence of incarceration and child removal, and imagining for change.

3.1. Theme 1: Infringement on Bodily Autonomy: Nonconsensual Treatment, Random Drug Testing, and Lack of Choice

All four interviewees confirmed that engaging in an abstinence-based drug and alcohol program was a requirement upon coming in contact with the criminal justice or family

policing system. This is often referred to as nonconsensual treatment, as the decision to fully consent to treatment is moot when threats of incarceration or child removal are being held over the individual's head. The women often discussed not having a choice in making their goal around substance use but instead being forced into abstinence-only approaches and punished if they were not successful. While many of the women wanted to abstain or reduce their substance use, they described this all-or-nothing approach as daunting. The existing research emphasizes this sentiment that abstinence-only models are often punitive, are ineffective, and do not support moderation, control, or reduction of use (Paquette et al. 2022; Werb et al. 2016).

Participant 2 reported being told by her family policing case workers when she described the abstinence-only program as not feeling helpful to her that "It doesn't work unless YOU want it to". She described feeling shame and embarrassment and having little support from her caseworkers. Later on in her journey, she remarked the following:

> I also wanted it this time around so that again makes a very big difference. I don't think that should just be a set protocol. I think it should be a rolling protocol because not everyone's the same. Not every situation is the same. And in the system like things you're kind of lumped together as one thing and then you're labeled as this one thing and it's either hard as hell to get out of that label and then you are just kind of stuck there.

Another interviewee echoed this sentiment, stating, "Not everybody's the same. Not everybody can quit cold turkey. Some people need different management steps to go through this" (Participant 4).

Coupled with their requirements for engaging in treatment, interviewees also described having to relinquish their rights to confidentiality once in treatment. The women were required to sign a release of information within their drug and alcohol program so that the treatment agency could share information about their treatment with their mandating agency. Although the state in which this research took place does have some regulations surrounding what information can and cannot be shared with the criminal justice and family policing agencies, the regulation permits releasing "(1) Whether the client is or is not in treatment. (2) The prognosis of the client. (3) The nature of the project. (4) A brief description of the progress of the client. (5) A short statement as to whether the client has relapsed into drug, or alcohol abuse and the frequency of such relapse." (4 Pennsylvania Code § 255.5 2024).

All the women endorsed having to check in with their criminal justice or family policing agency and be subject to random drug testing. Common challenges to this process that were discussed were being notified that they needed to present for a drug screen and having only a few hours to get there, which meant leaving work or school early, and inaccessible travel to agencies. As Participant 4 noted, the family policing system required her to present in person to their agency for these drug screens, which required a nearly two-hour commute. When she asked if there was a way to get the drug screen done somewhere closer to her, like Quest Diagnostics, she was told they had to be administered by the agency themselves and at their office; otherwise, "they told me they won't count" (Participant 4).

The interviewees described a sense of infringement on not only what they were allowed and not allowed to consume but also their freedom of time. All four individuals endorsed being on probation with the adult criminal justice system. Participant 1 was placed on a community supervision program, in which her physical location was consistently monitored through an ankle GPS device. With this, she had to request daily windows in which she was allowed to leave her home for work or drug and alcohol treatment. She reported receiving no other windows in which she could leave her home.

Participant 4 described not feeling safe to access resources in her community if she was using them for fear that they would infringe on her privacy and fall back into criminalizing her behaviors. She feared that this would happen to her because this was an experience that had already occurred. As she describes it, "I go into hospital for mental health and drug addiction, and I get hit with a possession charge" (Participant 4). She reports presenting to an emergency room experiencing withdrawal symptoms and requesting assistance getting into an inpatient rehabilitation center that could help her recover. She describes instead her possessions being searched by medical staff when a bundle of heroin was found in her bag and that they reported this to the hospital security, who called the police. She was given a possession charge and discharged from the hospital with no connections to drug and alcohol facilities. She exclaims, "We should not trying to like criminalize people that are just trying to access resources" (Participant 4).

This continual oversight and supervision from carceral agencies instilled stress and fear among the interviewees. Participant 1 expressed "I'm always on edge because they could always call me or even lock me up". Participant 3 echoed this sentiment, stating "Mentally absolutely, I'm constantly living in fear", highlighting the insidious nature of punishment regimes' impacts on the body.

3.2. Theme 2: A Forced Performance to the Patriarchal Carceral Gaze

All interviewees described feeling that they had to act in specific ways to appease their case workers, probation officers, and judges within the courts. They described feeling that this phenomenon was happening because they were women, poor, or working class, and especially because some of them were women with children. Participant 3 exclaimed the following:

> It's not enough to be clean and sober. It's all about people's perception of you. So if you've got the reputation already, it doesn't matter if you change or if you turn your life around. It just won't matter. Because you still have that like stamp. It's a stigma that never goes away.

Participant 2 expressed a similar sentiment about her experience in the family policing system fighting for custody of her son. She noted the following:

> I can definitely see a lot of the mental health stuff being interpreted incorrectly and then weaponized instead of... you know, considering what's best for the child's well being, it seems to be kind of just like a popularity contest. Who do we like more? That's who wins you know? It's just if they could paint you to be a certain way and a judge decides that they don't like this picture of you, it doesn't matter about the kid. Yeah, they've already made up their mind.

Participant 1 echoed this sentiment of mental health stigma and weaponization within the court system. Referring to the family policing system, she exclaimed the following:

> They don't see themselves as a force of trauma as an agent of trauma, when they in fact are the largest agent of trauma so they're judging you based on how you're presenting and not taking into account the fact that they're responsible for a lot of the symptoms that you're experiencing. So it's all out of context.

She goes on to share that the court system mandated her to complete a psychiatric evaluation. She shared that she was forced to see a court-appointed psychologist for the evaluation, who accepted only cash and not health insurance for his services. She shares that "multiple counties, they all use the same person. And he's untouchable. So you're not even given the right to like get a second opinion" (Participant 1). She goes on to share that the psychologist used a "70-year-old scan tron" to give her the diagnosis of borderline personality disorder, a diagnosis she had never received despite seeing multiple

psychologists, psychiatrists, and therapists over the last 20 years. The diagnosis has disproportionately been given to women (Bjorklund 2006), with some scholars arguing that the diagnostic criteria for personality disorders in general are often based on pathologizing non-ethnocentric behaviors and stigmatizing the marginalized, including women, people experiencing poverty, and people of color (O'carroll 2022; Cohen et al. 2008).

Participant 2 expressed experiencing something similar with her judge and court workers. From the experience, she shared the following:

> As a woman in general, the system has labeled me as an addict, a poor mother. And those two things will follow me for the rest of my life. They've already impacted my life not being able to get housing because of my child endangerment charge. Like I said, once you get that badge, it's hard to get rid of it.

She shared that her child endangerment charge came out of experiencing an overdose with her children in her home. While she acknowledges the danger of this, she also points out the irony of the charge now creating greater precarity for her children as she struggles to find housing for herself and them. She reports feeling as though her life and her children's lives are "just pawns in their game, and like, I hate to be a broken record with this but it's just a bunch of old white men. Like they might have been educated at one time, but they're not educated by today's standards" (Participant 2).

The women explicitly identified many of the gendered assumptions made about women who use drugs and the violent stereotypes about mothers who use drugs. Their experience emphasizes the presence of these harmful logics within the criminal justice and family policing agencies, which forces them to perform a dance of the "good mother" to comply and regain rights to their children and their lives.

3.3. Theme 3: Degradation of Social Reproduction

Participants 1 and 2 described being mandated by family policing agencies to attend parenting classes that the agency provided. They described this experience as complicated in that they learned some helpful parenting skills while also, at the time, feeling that the parenting class enforced parenting styles and values that were contrary to their styles and values. This infringes upon and degrades social reproduction as it invasively undermines the autonomy of the parents being impacted, often forcing them to abandon their values, cultural practices, and family traditions. Furthermore, this is a mechanism for indoctrinating non-dominant groups into hegemonic norms, while also reinforcing power dynamics and social stratification by labeling what is the "correct" way to parent and other forms of parenting.

Participant 2 reflected on her experience with parenting classes didactically as she was forced to attend the class but also had the class taken away if she did not comply with other mandates. She explains this further:

> If you miss or fail a drug screen, then they just stop your parenting class. Like, that is the time when a person, especially in addiction, needs help the most. You don't just turn your back on them because they got high, right? It is very contradictory.

This disciplinary nature of parenting classes further complicates the women's experience and continues the assertion that state agencies have significant power over their lives, the way they parent, and the ability to access these parenting classes.

Parenting classes were just one of many mandates that the women in this study discussed. Mandatory court appearances; other classes like intimate partner violence or victim and offender classes; and drug, alcohol, and mental health treatments were discussed. The women also described the time away from their families as a degrading force. Participant 1 noted the following:

> It is just so strenuous. It's always something every day that we like, especially in the very beginning like three days a week having to come to IOP on top of them having to do parenting classes on top of that. . . I'm trying to maintain a job. I'm trying to maintain a household because I need to keep a secure household, all while doing all the stuff that they want me to do. So it's a juggling act. It's not for the faint of heart and I'm sad to say this that how many stories I've heard parents that just give up on their kids and it's just easier not to because of all the like requirements and the fees and stuff.

Another interviewee resonated with this feeling, describing that it was not just her who felt this impact but also other family members who began taking on child-rearing and caretaking responsibilities to keep the children within the family instead of in foster placements. She describes it as follows:

> I feel for my mom at this point. . .my mom she's really been taking the brunt of this raising a teenage girl and she's already having a teenage son of her own. So, she she's, she's been going through if. It's definitely impacted our whole family.

Likewise, Participant 4 described the impact the system's involvement had on her caretaking responsibilities. She stated that she was the primary caretaker for her elderly father, who was recently diagnosed with cancer. She reports moving back into his home to care for him while she navigates her probation and court involvement due to a possession charge. She reports, "It is just so much to manage, and it all falls on me" (Participant 4).

Exacerbating the already significant stress that meeting the many demands of these agencies has on individuals is the financial profiteering that exists. All four interviewees described the feeling that financial gain felt like a major motivating factor for many aspects of their involvement, with one interviewee describing it as the system(s) "are profiteering off our pain" (Participant 1). This profit extraction through state mechanisms can be seen as directly taking away from the interviewees' ability to provide for themselves and their families, severely limiting their social reproduction abilities. Participant 3 reflected on her own experience, stating she felt the following:

> the person with the most money wins, and there's no real legal aid to speak of for low-income people. I mean, they say that there is, but if you've ever tried calling on them, you'll find there's no help. There's just not enough people. There's too many of us and not enough of them.

This interviewee speaks to the well-documented gap of individuals being unable to afford a private attorney or not provided with a public defender, as most localities do not provide this within family policing cases, and being unable to access legal aid in communities due to them being overburdened by high demand; this is often referred to the justice gap (Legal Services Corporation 2022).

The interviewee who reported being her father's primary caretaker states being in a trap of not making enough money to sustain herself but making too much money to qualify for a public defender or public assistance. "I make just barely too much money that I can't get the help I need, and not enough to cover all the costs" (Participant 4).

Another interviewee supported this perspective by describing her current financial situation. She reports the following:

> I'm in debt to the court system over five grand with various things that have happened in the past. Not really sure how money solves your drug addict problem or your thieving problem or murdering problem but hey, what do I know? I'm just a criminal. I don't know much I guess. (Participant 2)

Her statement amplifies the internalized shame and stigma that the system(s) impact has had. She further shares a history of being arrested and incarcerated for unpaid fines. "I went to county, I was only there for a week, but I was there for an unpaid fine. . . they came after me and put me in custody" (Participant 3).

Consistent with the idea of profit extraction, another interviewee reflected on her positionality: "Just coming from like the white upper-middle-class family has taught me I wouldn't have gotten as far, I probably would be dead, if it wasn't for my family's social status. Because without the money, there's no treatment" (Participant 1).

The debt incurred by being involved in these system(s) felt monumental to most interviewees. As Participant 1 described it, "You'll never get back out from underneath that burden. I mean, I've probably spent hundreds and thousands of dollars, and it keeps going". She further explains the mental stress this has caused, saying, "I'm constantly in fear that if I miss a payment that there's gonna be a bench warrant out for my arrest so therefore my anxieties up constantly". The fear of physical removal from society through incarceration was palpable throughout the interviewees' conversations.

3.4. Theme 4: Violence of Incarceration

Whether through unpaid fines, substance possession, or violating probation requirements, all four women reported being incarcerated at some point. They described the hardship that being removed from society caused themselves and their families, as well as the violence they witnessed or experienced while incarcerated.

Participant 2 reported being incarcerated for a probation violation, stating, "I was in their holding cell with 12 other women total but three of them were pregnant. Two of them lost their babies before I even left", highlighting the horrendous conditions of the county jail and the explicit harm it enacts against women. She goes on to describe her experience in jail:

> When you are in there, you are locked away for 23 h a day. You only get to shower twice a week. You don't even get your basic hygiene needs met you don't get anything while you're in there. You have to buy everything. You don't get one little tube of toothpaste, a toothbrush a comb. My point is if they didn't judge you and put you down as much as they did or made it like oh, you're a leper because you're an addict or you know make you feel that way. I think I probably would have had a little bit more chance of sobriety or have gotten cleaner sooner because I would have felt accepted sooner. It's damn near it's a life sentence too. Because not only do we battle it lifelong, but you got people judging lifelong. (Participant 2)

She amplifies the double bind that many women with substance use and system(s) involvement histories face. The stigma for their substance use or substance use disorder is often only compounded when they are placed in a policing system, by the staff of the systems, as the interviewee describes here, but also by individuals in the future who see a criminal past and deny these individuals employment, housing, and social services.

Another interviewee described the same institution as "horrendous". She shared the following (here, CYF stands for Children, Youth, and Families, the local family policing agency):

> The county jail might be worse than the shitshow of CYF. The judge wanted to make an example out of me because I missed my court hearing. All right, understandable. They kept postponing my court date to learn for when I was supposed to be released. At one point, they said that I had an out of state container for prostitution. One. I've never lived outside of the city of until recently. . .. So I've never lived outside of Pennsylvania. So I'd really like to know how and like

> let all one I've definitely never prostituted and I've never been that bad. I'm in the middle of a courtroom, bawling my eyes out tell them this isn't me and they wouldn't believe me. . . I was in jail for a total 34 days. (Participant 4)

This experience highlights the state power that criminal justice agencies have, through which they are able to detain certain bodies, especially individuals who are unable to afford private counsel for days or even months, for false allegations, as this interviewee explained.

3.5. Theme 5: Violence of Child Removal

Child removal by family policing agencies often results in the agencies attempting to terminate parental rights and place children in foster care (Trivedi 2019). Despite a wealth of literature showing the long-lasting harm of this practice (Broadhurst and Mason 2020; Trivedi 2019; Sankaran et al. 2018), the termination of parental rights, often referred to as the civil death penalty in family courts (Movement for Family Power et al. 2023; Gwillim 2009), and child removal more generally are family policing agencies' frequent procedures. The explicit violence of child removal was experienced by the two interviewees involved in the family policing system.

One woman reflected on the painful removal of her teenage son from her custody after being his primary caregiver for his entire life. She stated, "It's one of the most traumatic things. It's still ongoing too. So, it's chronically traumatizing" (Participant 1). She further described only being allowed to see her son by paying for supervised visitation through a court-approved agency. She stated, "And there was no safety concerns to begin with. None. It's like they are using my diagnosis against me. And they say, "Well, what if you someday put him in danger? We have to be cautious". Even though there's been no evidence to suggest that I've ever harmed him" (Participant 1). She further describes that her caseworker at one point mentioned concern that she may kidnap her son. She laughed during the interview when retelling this story and exclaimed, "So even though my son is 15, almost 16, we still have to have a supervisor with us. Even though he's not a little baby, and I can't kidnap him. He's literally bigger than me" (Participant 1).

She goes on to describe that her son is a teenager but that he has not been given a choice or a place to voice his opinions on the matter of where he lives. She shares, "They also don't take the children's ages into consideration, which I think is stupid. It's almost like they treat every child as if they're six months old. The child has no say till they're 18. That's the legal age here." (Participant 1).

Participant 2 described experiencing an accidental overdose in her home while her children were there; she reports that her children were removed shortly after this experience. She states her relationship with the family policing system as the following;

> My personal opinion, I think they've done more harm than good. I have to do what they call a PLC, which they basically are forcing me and my mother into which is permanent legal custody, but it still allows me to retain my parental rights, but it leads to the CYF system getting out of my hair basically, and leaves my mom up to make big decisions. But they kind of forced us into that, instead of reunification, even though I completed every single thing that they have asked me to do and jumped through every hoop that they asked me to jump through and they refuse to give her back to me. Nobody can give me a set answer as to why I can't have her back. Which I think is a little messed up.

Again, the theme of nonconsensual agreements between the family policing agency and the mother regarding involvement is prevalent throughout both of these experiences. The mothers are often coerced into legal agreements or supervised visits because they often have no other options. Both women described being presented with the option of supervised visitation from the first experience and the PLC from the second experience

as "the only option". Both interviewees expressed how they struggled financially to meet the everyday demands of life, making it challenging for them to find outside legal representation to help them navigate this complex system. Family policing courts in the U.S. currently do not have as many of the protections granted to the accused as criminal courts, with public defenders not being provided to those in need, for example (Roberts 2021).

3.6. Theme 6: "People Should Know They Are Not Crazy; the System Is Crazy." Recommendations for Systemic Change

The women interviewed express tremendous insight and recommendations for systemic change, based on their own lived experience navigating these systems. The women cohesively stated that the policies and procedures that family policing and criminal justice systems have in place felt punitive and archaic and needed to be overhauled. One interviewee exclaimed, "I would say that it [systems] needs to be updated like things need to be brought into the 21st century" (Participant 4). This sentiment rang true for another interviewee who shared, "I see the point and all of the structures, I just think they need to be broken down and rebuilt again because things have changed. Times have changed. Life constantly changes" (Participant 2), but she felt that these systems did not keep up with these changes.

To sketch a picture of what the experience of navigating the criminal justice and family policing system is akin to, one woman stated it is like "somebody throwing you into a burning building, and then telling you, well, you can't participate in this thing anymore, because now you've got all this smoke inhalation and look how burned you are. So no, you can't do this thing anymore. When they're the ones who did that to you in the first place" (Participant 1). When asked what "this thing" was representative of in the metaphor, she shared, "life".

She went on to describe the contradictory nature of the system as she experienced it, "It's like the system views itself as an objective, separate entity, but it's perpetuating harm", arguing that she did not feel that the systems treated her objectively but instead used things such as her gender, status as a mother, and previous mental health diagnosis as weapons against her. Another interviewee expressed, "The court system in America, you know they're just butting into your business to try to help you. But they're just destroying you, for like, generations to come" (Participant 4). The women describe the paradox, as previously noted by Toldo (2022), of biopolitics masquerading under the guise of care. This occurs through familial coercion and destruction, often framed as child saving or a concern for humanity. In reality, these mechanisms lead to serious trauma, harm, and community devastation.

Alongside their astute criticisms, the interviewees had important recommendations for change. A consistent theme was moving away from the criminalization of substance use, with one interviewee remarking, "I think a major weakness is that they don't really recognize substance use as a disease" (Participant 4), but instead it is viewed as a criminal act. Another interviewee shared a similar experience and needed others to know, "Is that it is a disease it's not that one that someone would actively choose" (Participant 3).

Mirroring this sentiment, another interviewee reflected on her experience of stigma for her substance use. She described feeling that this criminalizing mindset is so entrenched in this system that it felt like "such a tangled mess. I mean, I would say it needs a total overhaul. They should just burn it down and start over" (Participant 2). Likewise, a different interviewee exclaimed the need to educate other women in the system about the gender bias and stigma that they may experience as women, especially if they are mothers. "The way they treat you, it makes you feel crazy. People should know, they are not crazy, the system is crazy" (Participant 3).

With this, the interviewees provided resourceful and creative ideas for increasing access to harm reduction education, services, and materials for people who are still actively using substances. They highlighted that these services need to respect bodily autonomy and not seek to criminalize people but rather provide them with the necessary resources to reduce risk. One interviewee said, "Why don't we have needle bins all over for people to use? I also just feel that you know, if there should be like a safe haven if you are using, a place where you can go but where you are not going to get charged for using" (Participant 4).

Accompanying the call for a shift in mindset on substance use and increased access to harm reduction resources, the women argued for the need to de-financialize the system. The removal of profit extraction mechanisms was apparent throughout all four transcripts, with the women describing that doing away with things like paying to be on probation or parole or paying court costs and fines, along with having greater access to legal aid, would alleviate some of their financial stressors associated with systems involvement.

The loudest theme heard from all four women was the need to move away from a "one size fits all" approach and rehumanize the experience of these women. With this, an interviewee described that her experience in the system seemed to show that the systems "are just lumping people together, generalizing people, and having an overall lack of compassion" (Participant 2). Their stories, while at times divergent, all included diverse experiences that also meant diverse needs. The consensus for rehumanizing their experience and approaching them on a case-by-case basis instead of following a black-and-white procedure was felt. Another interviewee amplified this need by sharing, "We are humans we have we have rights. Yeah, everybody should have these rights. And a lot of these rights are taken from us and continuingly being taken from us" (Participant 3).

4. Discussion and Conclusions

Situated at the intersections of substance use, gender, and state power, this research contributes to the dialogue surrounding the harms of state violence and a better understanding of how power operates in a gendered context (Johansen et al. 2021; Belknap 2021; Schilt-Solberg et al. 2025; Rivera-Ulloa 2024). Rooted in a theoretical lens of biopolitics and biopower, this research highlights the ways in which power is employed under the guise of protection, ultimately infringing upon women's ability to live and create life. This study contributes to existing debates in the literature about the nature of state agencies such as the family policing system and the criminal justice systems, and their inherent oppressive and violent tactics, shrouded under a politic of care (Roberts 2021; Dettlaff 2023; Dettlaff and Copeland 2023).

Consistent with other studies highlighting the unique and harmful experience that mothers suspected of drug use face (Cohen et al. 2023; Movement for Family Power et al. 2023; Fentiman 2008; Drake 2024), the findings of this study amplify the pervasive gendered oppression that women face as they navigate both the family policing and criminal justice systems. Further, the results show the many and vast ways in which power is exercised within these systems. The interviewees emphasized how criminal justice and family policing agencies weaponize care and concern, using tactics such as surveillance, monitoring, and the infringement of bodily autonomy, and severely limit their social reproductive capacities. By masking themselves as "child saving" or "caring for individuals", these systems coerce women to conform to hegemonic social norms around gender and parenting, often stripping them of their own autonomy. Those who fail to comply face violent consequences, including family separation through incarceration or the removal of children by the state. This is consistent with the prolific scholarly work of the

authors Dorothy Roberts (2021) and Alan Dettlaff (2023), who have consistently explored the social control motives that underpin the family policing system, since its inception.

While these narratives expose the harm enacted through biopolitical means, they also illustrate the resilience of women who resist these forces, who offer concrete suggestions for change. For instance, the interviewees advocate for abandoning archaic carceral approaches and recognizing human dignity in all people. Their lived experiences provide invaluable insights for policymakers, researchers, and practitioners who work with individuals affected by similar systems.

This research contributes to the expanding body of literature on the systemic harms that women experience within carceral systems, challenging the prevailing view of these systems as benevolent. Instead, it underscores their inherently carceral and harmful nature (Roberts 2021; Dettlaff 2023; Dettlaff and Copeland 2023; Goodwin 2017; Harp and Bunting 2020; Movement for Family Power et al. 2023). Additionally, this study contributes to the notion that biopower and biopolitics continue to channel marginalized communities into these systems, further eroding their ability to exercise bodily autonomy while exposing them to ongoing oppression and surveillance (David 2021; Gaspar et al. 2022; Johansen et al. 2021; Nijjar 2022; Stuart van Wormer and Bartollas 2022).

This study has several notable limitations. First, while the in-depth interviews provide valuable insights into the experiences of the participants, the small sample size of four limits the breadth of the findings. Future research would benefit from a larger sample size to capture a more diverse range of perspectives. While qualitative data are not intended to be generalizable, this limitation suggests that future studies on biopower in carceral settings could strengthen their findings by incorporating both qualitative and quantitative methods to enhance understanding and potentially improve generalizability. Additionally, all participants were from predominantly urban areas in the northeastern U.S., which presents a geographic limitation. Furthermore, all participants identified as white, cisgender women. Since power operates differently based on social positionality, future research should expand to include individuals with diverse social identities, such as women of color, transgender women, nonbinary individuals, and those from various geographical regions.

The findings call for a reevaluation of the role of family policing and criminal justice agencies and removal of the mask of benevolence. Instead of perpetuating the false narrative of benevolence and child saving, these agencies must be held accountable for their oppressive practices. These systems enact biopolitical control over marginalized groups, forcing them to conform to hegemonic norms or face violent state intervention. Moving forward, researchers, social service providers, and community members must shift their focus from punitive systems to community-centered approaches. By investing in solidarity organizations, mutual aid networks, and community-based collaborations, we can foster genuine community safety, reduce harm to children and families, and empower women constrained by state power. As Hayes and Kaba (2023) aptly states, “It is not saviorism, but collectivity and solidarity, that will fuel our best efforts”.

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