

Shared Precarities and Maternal Subjectivities: Navigating Motherhood and Child Custody Loss Among North American Women in Street-Based Sex Work

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Abstract Drawing upon over a decade of research in our respective communities, we argue that the intergenerational socioeconomic insecurities and violence prevalent in the lives of North American street-involved women, their families, and others in their social circles constitute a set of shared precarities. Taking both socioinstitutional and interpersonal forms, shared precarities obviate the women's rights to access the lived experience and social status of motherhood. Yet they also engender maternal subjectivities reflective of the ambivalence, temporal ambiguity, and interconnections between family and state structures that characterize the women's child custody arrangements. These maternal subjectivities, and the shared precarities that give rise to them, emphasize how individual members of marginalized communities cope with violence generated by the legitimization of particular family forms and devaluation/criminalization of others. [gender, sex work, precarity, United States, Canada]

The Violence of Shared Precarities

A cluster of ideological, socioinstitutional, and embodied forces congeals around and within the lives of street-involved women, who trade sex for cash or drugs as part of their struggles with addiction, precarious housing, and compromised mental and physical health. These forces also severely constrain or preclude their participation in forms of mothering accorded positive status in dominant North American culture, which is significant given that a majority of North American street-involved women are mothers of minor children (Duff et al. 2015). Street-involved women are particularly excluded from intensive mothering, an individualized, culturally valued North American caregiving form that requires great financial, temporal, and emotional investment (Hays 1998). Intensive mothering also mandates the coresidence of women and the children to whom they have given birth and accordingly presents one of the most difficult roles and sets of conditions for street-involved women to juggle and succeed in vis-à-vis dominant norms as well as the women's individual understandings and desires related to what motherhood means.

Numerous structural and interpersonal inequalities limit street-involved women's abilities to care for their children, including vulnerabilities resulting from intergenerational poverty,

unemployment, gender disparity, racism, and classism (Knight et al. 2013). State policies and institutional practices regulate the women's daily lives as criminalized citizens while family-level interventions can reify hegemonic constructions of maternal failure or offer temporary respite from these forms of systemic violence. The multiple institutional, interpersonal, and structural forces that collude in the lives of street-involved women render them targets of disproportionate sociolegal scrutiny while also forcing them to acknowledge that, in some instances, family or state intervention is the only means by which they can provide for their children.

Symbolic violence, originally defined by sociologist Pierre Bourdieu as the ideological naturalization of social inequalities, emphasizes the inseparability of interpersonal violence, intergenerational poverty, addictions, and related social problems (Bourdieu and Wacquant 1992). Philippe Bourgois argues that symbolic violence is just one aspect of what he terms "invisible violence," which includes the structural violence of limited opportunities, the symbolic violence of culturally legitimized inequalities, and the normalized violence of "everyday interactions and routinized bureaucracies that render violence invisible and produce social indifference" (2006, 19). Among the women in our study, violence also occurs as part of what Viviane Namaste (2000), in her work with trans people, articulates as "erasure," a cultural and institutional process that renders particular communities unable to legally, socially, or otherwise represent themselves and their interests as equal members of society.

We argue that the intergenerational socioeconomic insecurities and violence at work in the lives of street-involved women, their families, and others in their social circles constitute a set of shared precarities. These precarities, which take both socioinstitutional and interpersonal forms, engender maternal subjectivities reflective of the ambivalence, temporal ambiguity, and interconnections between family and state structures that characterize the women's child custody arrangements. Socioinstitutional and family systems, which comprise and reproduce such precarities, invalidate street-involved women's parental rights by sociolegally and morally positioning the women as fundamentally risky subjects who pose a danger to their children.

Drawing on our ethnographic data regarding child custody loss among street-involved women in the United States and Canada, our theoretical framework unites and extends anthropological understandings of subjectivity, precarity, and violence to critically engage with the ways that women construct maternal subjectivities as they attempt to gain access to and care for their children despite state or family opposition to their doing so. We elucidate how the women envision themselves as mothers to their children within the context of shared precarities, even as socioinstitutional and interpersonal forces obviate the women's rights to access the lived experience and social status of motherhood.

Situating Maternal Subjectivities Within Shared Precarities

Our analysis conceptualizes subjectivity as a theoretical-analytical framework to make sense of how women become "active subjects who participate in the construction of the wants and

needs that culture enjoins them to desire or to resist” (Mahoney and Yngvesson 1992, 45). In so doing, we extend the conflicted discourse about agency, long a staple of academic inquiries into the sex industry. The ethnographic research on the lives of North American women in street-based sex work is vast, and many studies examine their experiences with illicit drug use, addictions, legislative and social regulation, sexuality, health, and the body. However, there are few explorations of motherhood and even fewer studies that focus on child loss and maternal subjectivity. Shared precarities are intergenerational for the vast majority of street-involved women, and the women’s experiences with child custody loss highlight the undertheorized relational aspects of precarity and the maternal subjectivities that emerge within and because of it.

Qualitative and ethnographic research pertaining to motherhood among women in sex work has two primary empirical streams: studies of stratified reproduction and investigations of how women navigate dominant cultural norms about mothering. The first stream examines how poverty, historical processes of racialized discrimination, gender inequity, intergenerational poverty, and criminalization accord negative sociocultural value and state attention to marginalized mothers (Harris and Wolfe 2014). Some of these studies also discuss strategies street-involved women use to access reproductive health care services and try to follow through with their pregnancy-related regimes as best they can while balancing their immediate needs for shelter, addictions treatment, food, and other basic requirements (Knight 2015). Researchers working with Indigenous women in Canada have examined nonconsensual sterilization and disproportionately high rates of state-sanctioned child custody loss, which are directly linked to the ongoing colonial process (Blackstock, Trocme, and Bennett 2004). The United States has a similar history of forced sterilization, court-mandated use of unsafe birth control, and other forms of reproductive policing among women of color and intergenerationally poor White women (Flavin 2010).

The second stream investigates how women navigate dominant cultural norms about mothering, such as self-sacrifice as well as protecting, providing for, and staying home with children, in the context of their daily lives (O’Reilly 2016). Many street-involved women adhere to these notions of motherhood by putting their children’s well-being and safety before their own needs, even if doing so means losing their children (Elliott, Powell, and Brenton 2012). Women also often reduce their illicit drug use, sex work, and related potentially harmful activities, and many make caregiving arrangements with family members or other providers to protect children from knowledge about or contact with these activities (McClelland and Newell 2008). Some women reject certain aspects of dominant mothering ideologies as overly prescriptive, culturally irrelevant, and virtually impossible to achieve (Romagnoli and Wall 2012). Studies have explored the competing identities of “mother” and “sex worker” and how some women fluidly move in and out of these overlapping sets of selves (Dodworth 2014). Yet very few studies include empirical insights into the relationships between women and their children (see The Red Umbrella Collective 2015 for an exception), whose lives are often framed as negative, risky, and unhealthy because of their mothers’ sex trade involvement.

Street-involved women—along with most of their family members, intimate partners, and others in their social circles—have a set of shared precarities co-constituted by the persistent absence in their lives of the socioeconomic and community supports that dominant North American cultural norms regard as necessary to well-being. Precarity often features in international labor and migration studies to denote pervasive conditions of insecurity, danger, and uncertainty (Mosoetsa, Stillerman, and Tiller 2016). Yet most significantly, precarity is a state of being in which individuals suffer from long-term lack with respect to stable work that pays a living wage, opportunities for advancement, and the ability to represent their collective interests in the society of which they are a part (Standing 2011).

Our analysis extends these discussions on mothering and precarity by focusing on how the shared precarities among our participants, their children, their families, intimate partners, and others close to them, result in what Viviane Namaste (2000) terms “erasure.” Namaste argues that different sociocultural, medical, and legislative systems and modes of representation collude to not just regulate and marginalize trans lives, but to render their existence impossible. Such erasure also occurs through widespread transphobia, denial of health care services, remaining uncounted in government records or research, and their dismissal as “real” or “human” people by dominant cultural forces (Bauer et al. 2009). These forms of erasure reduce trans people to the merely figural, the object, a set of rhetorical tropes that others use to talk about “them” in ways that deny trans people of their corporeal existence and subjectivity (Namaste 2000, 52). Our participants face a similar erasure through dominant North American cultural norms that reduce women in sex work to dangerous, useless people who are criminalized in ways that pose significant risks to their safety, ability to support themselves, and child custody loss that removes—literally—their opportunities to mother and care for children.

Yet in the face of shared precarities and various forms of cultural erasure and violence that constrain the women’s choices, we demonstrate that neither result in the absence of maternal subjectivity. Women in our study continue to embody and carry their maternal subjectivities even as they grapple with profound ambivalence about family and other socioinstitutional systems that hold powerful sway in their own, and their children’s, lives. Women often experience the shared precarities that characterize their relationships both within and to these systems as intensely personal and emotionalized precisely because these systems hold such powerful sway. Hence shared precarities also exist as feelings and embodied actions that seep into relationships, both in the flesh and those that are imagined or longed for, between women, their children, their children’s caregivers, and others in their lives.

Shared precarities often give rise to fundamentally oppositional relations by pitting mothers against their children and their children’s caregivers in a battle against dominant constructions of motherhood and childhood which they always seem destined to lose. These shared precarities work in tandem with cultural erasure to set the women up as morally degenerate “nonmothers” whose children must be kept away from them to be safe and to realize a kind of childhood that the women are unable to provide. Research typically frames children as nonagential victims of their mothers’ bad behavior and unforgiving child welfare policies

(The Red Umbrella Collective 2015), yet our analysis demonstrates how women regularly devise strategies to circumvent these conditions in ways that reveal their agentic maternal subjectivities—constrained as they may be—as well as the productive, albeit caliginous, nature of shared precarities.

Community-Based Research with North American Street-Involved Women: Contexts, Methods, and Ethics

Analysis presented here emerged from a study examining street-involved women's health care and social services experiences in Denver, Colorado and London, Ontario, two midsized North American cities in which the authors have engaged in over a decade of community-based collaborations with agencies that provide assistance to street-involved and other marginalized women related to their health care and social support needs. This joint project unfolded over the course of six months (May–November 2014) during which Dewey and Orchard engaged potential participants through measures proven successful in their previous projects, including recruitment posters and agency-staff recommendations in London, and chain-referral sampling at the agency and in neighborhoods where street-based sex trading and illicit drug use are commonplace in Denver. The individual interviews lasted between 30 and 90 minutes, and among the women in London they took place in a private room at the community agency ($N = 23$), and in Denver the interviews occurred at the community agency and/or in motel rooms where women reside ($N = 24$). All participants received 20 U.S. or Canadian dollars as a token of appreciation for their time.

All women had experienced temporary or permanent child custody loss instigated by family members or social services and criminal justice professionals whose work legally obligates them to make reports of child neglect or maltreatment to the Children's Aid Society (CAS) in London and the Child Welfare Division of the Department of Human Services in Denver. North American normative institutional and cultural practices prioritize children's residence with biological relatives, yet it was not uncommon for women to have multiple children in different caregiving arrangements, whether with family members, unrelated foster or adoptive parents, or in a group home. Despite some differences between the women and the sites in which they (and the authors) live, three primary themes—ambivalence, temporal ambiguity, and interconnections between family and state structures—emerged strongly across both data sets with respect to how women constructed their maternal subjectivities. This strong emergence of shared themes, along with our long-term, established relationships in our respective communities, underlies our rationale in jointly analyzing both data sets here.

Following verbatim transcription of all interview audio files, Dewey and Orchard used a deductive open-coding process to create a codebook that identified 39 central themes. This analytical process revealed that most women in both sites discussed their children in relation to their health care and social services experiences that were the focus of the interview guide, which did not include any questions related to pregnancy, children, or mothering. This prompted Dewey to axially code the transcripts using three themes identified in the open-coding process—"Family," "Support System," and "Relationships (not family)"—to

disaggregate transcript excerpts pertaining to child custody. Results presented here include data from interviews with more than half of the street-involved participants, and perspectives from health care and social services providers feature elsewhere (Dewey, Zheng and Orchard 2016). Brown provided significant assistance with framing the findings through the theoretical-analytical lens of maternal subjectivities and writing a first draft of the present article.

Interviewing with women who face significant stigmatization poses ethical challenges that our long-term community-based research design helped to mitigate. Foremost among these challenges are the potential for women to feel abused or exploited through invasive interview questions or other research procedures. At the institutional levels, ethics approval for the study was obtained from the universities at which Dewey and Orchard are employed and at one of which Brown was a student at the time of the research. All three authors live, or have previously resided, in close proximity to the Denver and London neighborhoods where the women in our study engage in street-based sex trading and illicit drug use. Our established community reputations as researchers and collaborators with community agencies positively regarded by the women all helped to assure women of mutually respectful interview dynamics.

During the open-ended interviews, Dewey and Orchard encouraged women to set the agenda in terms of subject matter, length, and other key aspects that emphasized their control over the information shared with interviewers. Conducting the interviews at community agencies frequented and respected by the women further facilitated a nonjudgmental and supportive atmosphere. In order to represent the women's perspectives as fully as possible and avoid reinforcing stigmatization, we did not prompt women to consider, for instance, whether child custody loss was a "reasonable" response to their life situations. Instead, our goal was to elicit the women's accounts on their own terms.

Women in both sites share sociodemographic characteristics that reflect deep socioeconomic, ethno-racial, and gendered disparities, with Denver women identifying primarily as African American, followed by White and Latina, and London women identifying as predominantly White, followed by Indigenous and Mixed ancestry. In both cities, the women spend the majority of their time in a street culture where pervasive forms of violence operate at the interpersonal and structural levels. There are also shared health care and social services experiences, including the delay or denial of emergency room care and the women's near-universal diagnosis with one or more of the following mental health conditions: bipolar disorder, schizophrenia, and post-traumatic stress disorder.

There are three primary distinctions between the Denver and London women in the areas of illicit drug use, mental health care, and sex work's social organization. With respect to illicit drug use and mode of administration, Denver women tend to use a singular substance (often crack cocaine, which is smoked), whereas women in London are more likely to inject, ingest, or smoke a wide range of illicit and pharmaceutical drugs. Denver women report more challenges than their London peers in accessing mental health care and medication,

with Denver women typically receiving diagnosis and medication in a crisis situation, such as incarceration or by visiting the emergency room following a severe mental health episode. Women in London have more consistent access to mental health care and medication, which they obtain through a family physician or a mental health professional referred by their medical doctor or services provider, or by purchasing them in illicit street economies. Different sex work typologies characterize each site: Denver women who engage in street-based sex work typically do so exclusively and without previous sex-industry involvement, whereas London women have experience with a wider range of sex-trade activities in addition to street work, including strip clubs, massage parlors, and escorting.

Despite these differences, women in both Denver and London consistently emphasize the ambivalence, temporal ambiguity, and interconnections between family and state structures that surround their children's custody arrangements. We attribute this striking consistency to shared North American dominant cultural norms and institutional practices. Specifically, these norms and practices include similar child custody loss procedures at the state and provincial levels, norms that valorize intensive mothering above all other parenting forms, and street-involved women's pervasive stigmatization and criminalization in both the United States and Canada.

Ambivalence

General consensus among our participants is that social services and criminal justice systems wield too much power and authority in their lives, especially with respect to their children. Yet most women also acknowledge that their addictions, mental health issues, and homelessness compromise their abilities to provide children with full-time care, which, in turn, necessitates that family members, state agents, or individuals appointed legal guardianship assume this primary caregiver role. Our participants consistently describe custody loss as emotionally overwhelming due to the intensification of stigma associated with street involvement that often occurs when women are unable to procure housing, maintain sobriety, or meet other requirements of involvement in their children's lives, even as they acknowledge how difficult it is to obtain these things. Such sentiments reflect the shared precarities that underlie maternal subjectivities which emphasize the ambivalence pervading child custody arrangements, particularly with respect to how often women regard themselves as subject to punitive socioinstitutional and interpersonal scrutiny.

Lexi, who is from Denver, exemplifies a maternal subjectivity that emphasizes the ambivalence many street-involved women feel about the role of caseworkers or other social services providers tasked by the state with monitoring custody arrangements. Drawing on her own experiences, as well as the experiences of others in her family and social circle who have lost custody of their children, Lexi says of social services, "I have mixed feelings about them: half-way assholes and half-way decent, 'cause sometimes the kids do need to leave the home." Lexi acknowledges that state agents have a role to play in protecting children's welfare, even though such agents may sometimes remove children too quickly over matters that may be normal in their parents' lives, such as a loud argument:

[Social services will say] . . . “they [children] have to be removed” . . . Couples argue. Now, if you break a bone . . . physical contact, period, it should be looked at, but other than that I think social services needs to take a breather . . . The effort should be looked at, like, she’s fuckin’ trying. Help her get a place, help her get established, help her do something positive. If all you’re doing is, “no, you can’t do that, no, you can’t do this, no, you can’t do that” . . . Social services is right but it’s not the shit.

For Lexi and many other street-involved women, state agents have an important job to do, especially in situations where physical violence occurs, but they lack sensitivity regarding the supports that mothers need to raise their children and stabilize their lives. This lack of sensitivity is particularly important in both North American contexts due to the pervasiveness of dominant cultural norms that valorize intensive mothering.

Many women attempt to keep children’s residential caregiving within the family, yet women also acknowledge that these arrangements can be the source of considerable emotional and economic difficulties for their family members. The shared precarities that suffuse the lives of the women, their children, many of their children’s caregivers, and others in their social circles considerably restrict long-term residence options for children, as potential caregivers are often struggling with poverty and significant stress. Even without residential custody, the women often organize their lives around their children, inasmuch as they can do so, yet express their awareness of the sometimes-considerable limitations of these arrangements. Steff, who lives in London, prefers for her children to reside with her drug-involved aunt who “owns her own house . . . [has] got a good income and the only thing she does is she shoots up . . . but she can maintain her home.” As Steff’s reasoning shows, the ability to maintain stable housing, legal work, and other indicators of what dominant North American cultural norms esteem as a socially acceptable lifestyle is a larger factor in her children’s well-being than drug-involvement provided that an individual, like Steff’s aunt, is able to successfully keep the latter hidden from institutional scrutiny.

Women also express ambivalence with respect to custody arrangements that limit their ability to see or spend time with their children, often by describing their resignation to the situation even as they seek to mitigate its impact. Anna describes moving from her hometown to be in close proximity to her children, who live near London: “My kids aren’t in my care . . . the family they’re with is . . . about a half an hour away . . . I came here just to be able to, if I get the option to see the kids, I’m like half an hour away versus . . . two and a half hours . . . they say geography doesn’t change anything, but for me it did.” Anna expresses a maternal subjectivity that, while ambivalent with respect to whether or not she will be able to see her children, emphasizes how her physical relocation might further enable that possibility. Yet even as Anna takes steps to build a relationship with her children, this ambivalence emphasizes significant custodial and other limitations on her ability to do so.

Women describe custodial arrangements that, while sanctioned by a court, may be contested or refused by caregivers whose social status relative to the women gives them greater decision-making authority over children’s lives. Cherise, also from London, feels that the girlfriend of one of her children’s fathers overextends her parental reach in violation of the court decision

about visitation rights, which she hopes will change. Cherise notes, “this girlfriend . . . says to me, ‘[your son] has two moms now,’ which, he will never have two moms, he’ll only have one . . . She’s the one that’s not letting me see [him], and it states in the court [adjudication documents] that I have supervised visits with all my kids.” In Cherise’s account, the violence of shared precarities is evident in a caregiver’s ability to deny her state-sanctioned access to her children.

Caught between familial and state forces that equally position the women as suspect and unfit caregivers, some women choose open-adoption arrangements with unrelated persons as a path to what they regard as acceptable outcomes for their children. This is particularly common in situations where biological family custody or caregiving is not an option due to the absence of a relative with sufficient economic, social, and other individual resources that dominant cultural norms deem necessary to raise a child. State intervention, whether in the form of an arrest or an allegation of child maltreatment filed with a state agency, may also prompt women’s consideration of open adoption, as could women’s own regard of their circumstances as poorly suited to raising children due to internalized stigma, lack of resources, or both.

Nola, who is from London, uses the discourse of choice to frame her actions within dominant North American cultural norms regarding intensive mothering (Hays 1998), emphasizing concern for her children’s well-being as the predominant factor in choosing an open adoption:

[My children are] together, same family. I got to meet the family and everything. They weren’t able to have children, so I was happy that [my kids] were just the main focus . . . I made that choice, too; I thought it was the best decision to do. They’d be healthier, safer, and happy there. I was seeing them up until two years ago . . . Christmas Eve came and then I just stopped after that. It was just too hard, on me, and on them, and I didn’t want to come in and out of their lives . . . after that, I was really depressed and still to this day I’m still in depression and anxiety.

Women without relatives to care for children often recount striving for an open adoption as best for their children because of adoptive families’ relative class privilege and consequent abilities to practice intensive mothering. Yet such women also express deep ambivalence about the emotions and roles associated with these custodial arrangements. As in Nola’s example, some women view their inconstant presence as irresponsible, creating a sense of insecurity for their children and for themselves that prompts them to cease contact altogether with their children.

In a particularly troubling example of the violence inherent to shared precarities, some women experience a lack of informed consent in the adoption process and feel relatively powerless to rectify the situation due to their lack of socioeconomic capital. Macey, from Denver, noted, “I’m still trying to figure out what’s going on with my son ‘cause he was supposed to be going to a[n] open adoption but I think something, some good, is gonna happen for that situation. As long as I’m in [addictions] treatment, for some reason God is

telling me not to give up.” Macey’s example illustrates how, even in a relatively positive set of circumstances in which an adoptive family makes a legal agreement to maintain contact with the birth mother, the situation may unfold in a different way due to socioinstitutional and interpersonal forces beyond a woman’s control. Hence, even as Macey expresses a sense of hopefulness regarding the open adoption, she also describes an ambivalent social position between addiction recovery and the ability to be involved in her son’s life.

Ambivalence also emerges strongly as women recall the actions of caseworkers, police, or other court-appointed officials who make them feel as if their children are being used as leverage to intimidate them into compliance with court-mandated stipulations. In these instances, women express a sense of righteous indignation at the discretionary authority wielded by law enforcement and social services professionals while also being resigned to what the women perceive as the impunity with which these professionals may act. As Deb said of the Denver social services providers who threatened to terminate her parental rights if she does not maintain long-term sobriety, “They took my kids . . . and they dangle them over [my] head, like a carrot.”

Part of the women’s ambivalence toward these professionals stems from the reality that keeping or regaining child custody requires financial stability that many of the women can only attain through continued involvement in sex work, the most expedient means for women to earn money in the intergenerationally poor neighborhoods in which they live. K’neisha is proud to have helped a peer regain custody of her children by introducing a few women with young children to a legal strip club in the Denver neighborhood where they had both illegally worked the street: “they still work there . . . [One] got her kid back and I seen her with her baby and it’s like, ‘oooooh, you got your baby back!’ and she’s like, ‘yeah, I’ve got a job now.’”

Ambivalent maternal subjectivities emerge from such contradictory injunctions, whereby state agents mandate that women obtain stable housing as a means of earning an income without appropriate consideration of the difficulties they encounter in attempting to do so. This sense of ambivalence is grounded in women’s knowledge that they exist in a fundamentally different sociocultural world from those tasked with their, and their children’s, oversight. The shared precarities that shape the women’s lives make them feel discredited as mothers in ways exacerbated by the actions of state agents who use their discretion in a punitive or even harassing manner, as did Krystal’s Denver social services caseworker, who “always put me down. She always kept saying I didn’t want my kids and I never wanted to see them again.” Mariah, also from Denver, similarly observes that criminal justice and social services professionals focus their energies on her children while disregarding her well-being by: “always trying to take [my] kids and they use that against [me] . . . like, ‘don’t worry about her, she’s fine’ but then . . . if I get in [legal] trouble they’re like, ‘where’s your daughter?’ . . . It’s like trying to blackmail [me] with [my] kids.”

Krystal and Mariah both emphasize ambivalence as a maternal subjectivity that expresses the precarious socioeconomic circumstances they share with their children and others in

their lives while also emphasizing how these precarities result in intensified police and social services oversight. In an extreme example of such intensification operating with virtual impunity in the context of the shared precarities of poverty, addiction, and related social problems, Meryl describes an encounter with a London police officer who behaved unprofessionally with her minor son. “He went running up to my son,” Meryl says of the police officer, “tapped him on the shoulder and goes, ‘Your mother’s a fucking crackhead and I’m putting her in jail.’”

Ambivalence also emerges as a maternal subjectivity in women’s accounts of intense guilt and shame regarding a constellation of addiction- and homelessness-related struggles that lead them to avoid or cease contact with their children. In some of these instances, women describe their inability to maintain relationships with their children as deepening their involvement in illicit drug use and street life. Vanessa, from Denver, notes: “I haven’t seen my kids at all this year because I was ashamed. I didn’t want them to see that I relapsed . . . I started getting high every day.” Children play a vital role in the women’s identities, maternal subjectivities, and motivations to take care of themselves, and for some women, their consequent inability to see their children precipitates a decline in mental health. Nola, from London, describes this decline as “depression, anxiety, post-partum from losing babies.”

Women sometimes posit a causal effect between child custody loss and intensified illicit drug and/or street involvement in ways that highlight the shared precarities they face. While such accounts may seem one-sided because they do not consider the possibility that child custody loss might be a reasonable response to their situations, they reflect the women’s—and, in most instances, their community’s—alienation from sociolegal mechanisms to contest such loss. Magdalena, in Denver, succinctly explains, “my kids were taken from me a year ago, so that’s why I’m out on the street.” Courtney, in London, shares that once she and her intimate partner “split up and he got custody of the kids . . . I just said, ‘to hell with it’ and I just went haywire.” Anna, also from London, talks about spiraling out of control after social services “took the kids, that was it. So then [it was] just partying . . . drugs, money, and that lifestyle has no other commitments . . . I mean, the drugs was kind of already there, but I wouldn’t have done other stuff with [custody of] the kids.” Taken together, women’s accounts of ambivalence regarding child custody loss emphasize the competing and sometimes unrealistic demands they face while grappling with the shared precarities that shape their lives and the lives of those closest to them, sometimes in uncertain temporal capacities.

Temporal Ambiguity

Women whose children reside with family members or with unrelated persons in foster care both describe murky terms surrounding when, for how long, and if children will return to their custody. In most cases, women’s relationships to their children remain dependent on shifting variables, including changes to the women’s lives, family members’ or other caregivers’ availability and goodwill, and the discretionary actions of social services providers and criminal justice professionals. Family members who help care for the women’s children

are not always permanent guardians or otherwise authorized by the state as responsible for children's welfare, and their support may oscillate depending upon their ability to take on this responsibility and their perceptions of the women's abilities to mother. In many cases, such support and perceptions are connected with whether or not the women, and sometimes their family members, are visibly struggling with illicit drug use.

As a maternal subjectivity, temporal ambiguity emphasizes the significant number of time-sensitive matters that pertain to child custody loss, women's ability to see their children, and the possibility of regaining custody. The sheer number of individuals able to exert authority in the women's lives engenders a feeling of powerlessness in many women, as they are well aware that their restricted parental rights can be further curtailed at any time. Women's accounts of this reality accordingly resemble a high stakes game of chance, as on any given day a case worker's support of a woman obtaining child custody can be voided by a police officer who arrests the woman, and, subsequently, a judge may sentence her to jail, court-mandated drug treatment, or probationary terms that directly impact her ability to reside or maintain contact with her children.

Custodial arrangements are likewise time-sensitive and susceptible to a great amount of turmoil and fluctuation depending on court-ordered stipulations as well as interpersonal relationships between the women, the children's fathers, and other family members and intimate partners. In some instances, caregivers obtain custody of the women's children and then cease contact with the child when the mother is able to regain custody through adherence to the court's terms. Women often consequently regard caregivers as gatekeepers between themselves and their children, with the children precariously placed pawns in the shifting interpersonal relationships between their caregivers and their mothers.

Precarities shared between the women and their family members only further complicate how often and when women can see their children. Many of our participants center their lives on their children as much as they are able, yet the level of engagement possible or time allowed fluctuates greatly in ways that reflect the prevailing state of family relations, court-mandated stipulations, or both. Corinne, from Denver, expresses a maternal subjectivity that deems shared custody of her daughter acceptable because it occurs in a seasonal caregiving cycle. "I let her live with my brother and his wife and kids," she notes, "when I get her in the summer, we just go have fun. So, all winter long, I hustle, try to get enough money to be able to take her places and do stuff with her." Yet this seasonal cycle remains dependent on Corinne's brother's willingness to care for her daughter as well as Corinne's ability to earn enough money trading sex on the street to support her daughter during their time together in the summer.

Angelina, from London, expresses the multiple levels of temporal ambiguity that characterize her maternal subjectivity, particularly with respect to state agents. Such temporal ambiguity is particularly evident in her description of the court stipulations that ended four-and-a-half years of involvement with the Ontario Children's Aid Society [CAS], a provincial organization that provides child protective services through local agencies:

I got me a thing in court that says that if I am in the role of caretaking with my children that I am not to be using substances and if I am not with them at that time they cannot take my kids. If I say, “my kids are at daycare” and I get caught on the street prostituting, smoking crack, they can’t take my kids because I was not in the role of caretaker CAS came out [to my home] a week ago . . . and they’re like, “don’t worry, everything’s going through” . . . they have nothing to do with [my younger son] but they do with [my older son] . . . it’ll be done and I’m like, “tomorrow I am rid of CAS.” It was . . . a long process and a hard road.

In her close attention to both the closure of the CAS case and stipulations she believes govern her illicit drug use and childcare responsibilities, Angelina evinces a maternal subjectivity that emphasizes the powers of time and place with respect to state involvement in her and her children’s lives.

In their descriptions of trying to coparent or maintain a meaningful connection with children who are cared for by others, many women express a sense of frustration and powerlessness. This is particularly true in instances where women believe their children are receiving inadequate care, or when caregivers deny the women access to their children. However, several women emphasize a sense that despite the unjust hurdles they currently face, their children will eventually return to them as the “rightful” parent. Charlotte, from London, sees herself in her son, who resides with her other children, her sister, and her sister’s husband, an abusive and very religious Christian. She says of her children: “They’re realizing that nature/nurture, they’re coming back to their Mommy and Daddy . . . [my other son] said his step-dad . . . threw him through a china cabinet . . . [He] said, ‘Mom, the only reason I went to [my] baptism is ‘cause Dad threatened me and offered me food’ Same as me, it’s food or dope.”

Charlotte’s sense that her innate biological bond with her children will eventually supersede the current custodial arrangement and lead to her reunification with her children has a profoundly uncertain temporal quality to it that reflects other aspects of shared precarities at work in street-involved women’s lives. In her ethnography of street-involved pregnant women in San Francisco, Kelly Ray Knight (2015) highlights the discordances between competing temporal forces that structure the women’s quotidian movements as they attempt to balance prenatal health care with the daily business of survival. This includes trading sex or selling small amounts of drugs in order to earn enough money to stave off last-minute eviction from a motel room, withdrawal that accompanies not using particular substances within a particular window of time, and other undesirable, time-sensitive outcomes. The women do so while attempting to attend prenatal and caseworker appointments in which some health care providers characterize the women as “ticking time bombs” in reference to the inevitability of their giving birth (Knight 2015).

Women juggle these multiple types of time, and their attempts to adhere to time-sensitive stipulations imposed by services providers or a court, with the knowledge that state agents and family members can use their criminalized and stigmatized social status as evidence of their inability to mother. This happened to Charlotte, who recounts how CAS workers took

her newborn daughter into custody despite previous promises the agency made: “They told me that if I stayed clean and the baby came out clean, everything would be fine. I worked my ass off to get clean The only issue was that we didn’t have a home Just after she opened her eyes CAS said, ‘well, we’re taking her’ So my step-mom drove me . . . back down here [to a neighborhood where street-based sex trading and illicit drug use occur], instantly, boom, no problem.”

Charlotte describes an abrupt temporal, spatial, and cultural role shift in which she moved, in a matter of hours, from being a mother holding her newborn baby to a woman trading sex for drugs and cash on the street. This trajectory emphasizes the shared precarities among Charlotte and her relatives, including the stepmother who agrees to transport her directly from the hospital to her old working neighborhood. As such, Charlotte expresses a maternal subjectivity in which the temporal ambiguity that surrounds child custody loss, even when unexpected, plays a governing role in both her own life and the lives of those closest to her.

Temporal ambiguity emerges, as it did in Charlotte’s example, throughout women’s accounts of how rapidly life-changing events can unfold in ways that require the ability to immediately mobilize family or other caregiving support to defend or otherwise care for children. Elena, from Denver, recalls her extended family members helping her to avoid social services involvement following a relative’s violent attack and her own short-term incarceration for defending her newborn: “He was trying to take my youngest baby and put her in the microwave and my cousin came behind with a knife and just start[ed] stabbin’ him, we started beatin’ on him We went to jail that night They let us go because [the relative] has a history of hurting people and so he’s in prison for a lifetime.” Elena’s description of successfully mobilizing family support to defend and retain custody of her child exemplifies the violence of shared precarities in interpersonal and structural forms, with multiple family members incarcerated after a physical altercation involving a newborn.

Temporal ambiguity emerges particularly strongly in Elena’s account of her maternal subjectivity, in which she acknowledges the contingencies involved in her ability to fight off the attack, be released from jail after a relatively short time, and the lengthy duration of the attacker’s subsequent prison sentence. Elena emphasizes the powerful role that timely mobilization of family support played in allowing her to maintain custody of her child, such that events might have unfolded in ways that could have otherwise resulted in her child’s death or her or her family members’ longer-term incarceration. Women also invoked temporal ambiguity to describe guilt they felt for acting violently toward their children, often by noting their inability to change the enduring consequences of temporarily violent and out-of-control actions they regret. Patricia, from London, expresses guilt for abusing her daughter while struggling with the effects of withdrawal: “I raged out of control with no dope and she was the only one in the house So I take the hammer and go in the room to smash her I really feel like a piece of shit and no matter what I do or what I say . . . that’s one of my biggest regrets.”

These descriptions of temporal ambiguity offered by Charlotte, Elena, and Patricia cast their and their family members' shared precarities into particularly stark relief: Charlotte's stepmother drops her off in a neighborhood where she will have ready access to illicit drugs soon after giving birth, Elena and her relatives spend jail time together after a knife assault, and Patricia recalls attempting to seriously injure her daughter. The three women, like all our participants, belong to intergenerationally poor families who live in highly policed neighborhoods where illicit drugs, sex trading, and other criminalized forms of income generation are economic mainstays. At certain points in their lives, characterized as they are by these shared precarities, many of the women feel they are temporarily unable to handle the responsibilities of raising their children owing to factors that include addictions, homelessness, poverty, and the difficulties of their own childhoods. Annette, from London, notes, "After my kids were taken from me I just had to make a choice, knowing that I had to make myself grow in order to raise my children and so I had to let them go for a minute."

Shared precarities create a stressful environment that can result in the women's family members enlisting state agents' support to remove children from their mothers' care to ensure their safety and well-being. In these cases, women's family members may feel overburdened, exhausted, and frustrated by the women's seeming inability to fulfill their obligations to their children and make the decision to place the children in foster care. The children are often left hanging in the balance as they are shuttled between and intermittently cared for by a series of different actors, including family members, foster parents, social services agencies, and their mothers.

Interconnections Between Family and State Structures

The intertwined effects and inner workings of custody loss by family members or state agents make it somewhat artificial to neatly separate custodial arrangements into distinctive or bound realms of "family" and "state." Even though extended family placement is the preferred option among most of our participants as well as North American social services systems, women report an added level of disenfranchisement when caregivers or others with decision-making authority appear to disregard their custody preferences. Family placement is a well-intentioned practice easily complicated by shared precarities, including the realities of strained relationships and socioeconomic struggles. Such complications are particularly likely to occur when the women's family members are involved in, or only slightly separated from, the same struggles with poverty, violence, addiction, and mental health issues that render the women "unfit" caregivers.

Women who express interconnections between family and state structures as part of their maternal subjectivities often emphasize that state-initiated child custody loss can be a traumatic experience repeated across generations of their natal and extended families. In some instances, the women have lost their own children and access to, or the ability to care for, their grandchildren, through whom many attempt to redress their initial parental failings. As KelliAnn, from London, put it, "I know what it's like to have your mom abandon you and now I did that to my kids." Patricia, also from London, likewise describes the loss of child

custody repeating itself across generations: “I just lost my grandkids a couple years ago, and they were my everything, ‘cause I fucked up my kids’ life . . . My Mom had it with [caring for my daughter] and called CAS . . . the Judge told CAS to . . . send her to her father. Like, who do you think you are? They had all these big to-do people . . . come into my house and I’m goin’, ‘Why are they, what’s going on here?’”

Intergenerational child custody loss occurs among women from all ethno-racial groups, but this practice has additional connotations for women of color. Indigenous women in Canada have historically experienced systemic violence associated with the Government of Canada’s forced removal of successive generations of children from their families, a keystone colonial policy designed to assimilate Aboriginal people. Skye, from London, recounts this policy’s enduring impact on her own family: “The other two [children] are in care . . . but they’re in a White home . . . My [case]worker from the Reserve, he was supposed to get a Native home because I’m traditional. I don’t believe in the ‘White Way’ . . . I still go to church and everything, but since I learnt my [culture’s] ways, then that’s what got me sane in the head.” This placement occurred in the context of what Skye regarded as her own parental failings and drug-related breakdown: “I was starting to treat my daughter like how my Mom treated me . . . no love . . . just a lot of putting up boundaries . . . Thank goodness CAS stepped in when they did because I had a breakdown.”

The shared precarities and historically rooted forms of systemic violence Skye recounts as instrumental in her losing custody of her daughter are also evident among African American women, whose sisters, mothers, aunts, and other female family members often go to great lengths to avoid children “going to the system.” Such custody arrangements, which certainly constitute a maternal subjectivity that resists systemic racism and high rates of policing and social services oversight in African American communities, almost always pose significant financial and social burdens on cash- and resource-strapped families. Noelle, from Denver, feels that her sister’s mental health issues partially result from the full-time caregiving role their mother provided for Noelle’s daughter while Noelle was in prison: “[my sister’s] in a mental house right now and I feel like I got a big part in why she’s acting the way she’s acting . . . My Mom has my daughter, and she . . . needed attention, and I feel like it bothered my little sister, because she wasn’t getting enough of her mom. If I was there, it wouldn’t’ve been that way.”

Multiple interconnections between the carceral state and family structures are evident in these attempts by Noelle’s mother to keep her granddaughter out of the state foster-care system and another daughter’s subsequent commitment to a state mental hospital. Traci, who is African American, recalls the intense stress she felt when social services issued her with an ultimatum requiring her to either find her children stable housing with relatives or relinquish them to foster care and possibly face arrest for endangering her children’s welfare: “I got back into my addiction and I was stressin’ out . . . the state was fighting me, trying to take my kids, so I had to turn my kids over to my family . . . just move my kids out of the house . . . I was going through a lot.” State authority strongly manifests in these

examples of maternal subjectivity through the state's power to arrest, detain, delegitimize, and reconstitute family structures.

Shared precariousness' propensity to instigate deep interconnections between family and state structures is also pronounced among intergenerationally poor White women, who are less likely than women of color to have family support in caring for children and consequently rely on foster-care placements. LeeAnn expresses a maternal subjectivity that emphasizes the interconnections between family and state structures in her account of the rapid series of events that led to losing custody of her children shortly after she arrived in Denver from another state. These events began with her eviction from a family member's apartment due to restrictions on the number of people who can live in state-subsidized housing in the United States:

When I came here [from another state], I had both my kids. I had everything goin' on for me . . . I was gonna live with my Aunt and everything was gonna be okay, and then I got to my Aunt's house, and she was living in [state-subsidized] housing and then she was like, "oh, I can only have you for two weeks, you're gonna have to go to the shelter." . . . If I had known that, I wouldn't have even have left [the other state] . . . I lost everything that I loved. My life, my kids, my belongings, my values, my morals, everything went out the fucking window when I got in these fuckin' shelters . . . Their only aim is to take mothers away from their children and keep criminals off the street for the night.

Maternal subjectivities that emphasize the interconnections between family and state structures are also evident in accounts of custody decisions influenced by the women's actions as well as the behaviors of intimate partners, family members, and others with whom the women live or spend time. This is particularly true in cases of intimate partner violence. Nola, from London, reasons that her two infants were placed in a closed adoption because their father was abusive to her. Lauren, also from London, emphasizes her perceptions that intimate partner violence can begin a cycle of criminal justice involvement leading to child custody loss, as happened when she was arrested after a physical altercation with her intimate partner. Prior to the arrest, he planted a small amount (48 grams/1.7 ounces) of marijuana in her purse, and she "did 121 days [in jail] . . . [was] found 'not guilty' and lost [her] kids." Dion entered into a prolonged custody battle with Denver social services after her intimate partner sexually assaulted her son: "I had to plead guilty [to endangering the welfare of a child]. [My partner] did a year in the penitentiary, and I spent eight years fighting for my kids."

In some instances, women regard family members as colluding with, or being supported by, institutional structures that have the authority to influence or make custody determinations. Women often convey the frustration, guilt, and powerlessness they feel about their relative inability to engage in intensive mothering or otherwise engage with children cared for by family members or unrelated persons, some of whom regard the women with resentment or scorn because of their street involvement. As noted, our participants face pervasive stigmatization in almost every aspect of their lives due to illicit drug and street involvement. Their family relationships are not immune to the influence of dominant cultural values and norms,

and therefore this stigmatization can present as suspicion and judgment. Patricia, from London, felt mentally unstable and contemplated taking violent revenge against her brother and sister, who she felt were responsible for her losing custody of her children:

What really drove me mental . . . [was] when [my siblings] told me that [my kids] were adopted . . . My whole fucking life is gone now . . . [changes tone, as if speaking to her siblings] “I think you guys need to know how it feels to lose . . . You’re gonna watch me kill my nieces and nephews” . . . That hurt me to say that . . . but they don’t know what loss is . . . [I’m] just supposed to pick up and turn around and, “oh, la-dee-da.”

For some women, like Patricia, who adopt a maternal subjectivity that holds family members responsible for colluding with state agents or otherwise contributing to child custody arrangements the women regard as undesirable, the loss is too much to bear and results in long-term or permanently severed family contact. Keanna did not speak to her family for five years following the death of her two-month-old infant, who was already under social services scrutiny as a result of Keanna’s struggles with addiction, homelessness, and HIV-related health complications. Keanna, like many African American women in our study, stayed with family members for a period of time until disagreements and the shared precarities of economic strain made her situation untenable. In this instance, Keanna ascribed blame to her sister, who, “threw me out in the rain with the baby, and the baby had the virus. And the baby died. I didn’t have money for a funeral, so I had my own funeral.” Charlotte, from London, recounts her parents denying knowledge of her newborn daughter’s secret adoption through an arrangement, which she was not consulted about, between social services and her sister: “I will never speak to my parents again . . . I called my Mom and just ask[ed] her, ‘do you know anything, have you heard anything [about the baby’s whereabouts]?’ And she’d be like, ‘no, sweetie, we have no idea.’ Probably sittin’ there with her in her arms.”

Even though many of our participants negatively describe their family or foster-care situations, women find that the system can work in their favor when a sympathetic social services or criminal justice professional uses her or his discretion to offer clemency or support focused on reuniting a woman with her children. Angelina discusses the emotional support and compassion provided by her London caseworker during the difficult series of events related to losing custody of her two sons: “I was at a point where I wasn’t going to take [my older son] back . . . and [my caseworker] was crying because she was telling me . . . ‘I see that he loves you and he just wants you to love him’ . . . She tried to help me not lose [my other baby] because she was pushing me when I was pregnant to go deal with CAS.” Gianna likewise praises a Denver District Court Judge who issued her with a suspended sentence for 13 separate drug-paraphernalia charges with the stipulation that she “focus on kids and adult probation.” In both these instances, women recognize state agents as attempting to assist them in mitigating the shared precarities that shape their lives.

Concluding Thoughts

The violence of shared precarities matters profoundly—both theoretically and in the lives of the women, their children, and their children’s caregivers—because it results in what North

American street-involved women often describe as a destructive path from child custody loss to a nihilistic entrenchment in illicit drug use and street-based sex work. Addictions treatment, stable housing, and other requirements of reuniting with their children further retreat from the realm of possibilities the women envision for themselves following child custody loss, resulting in the reinforcement of shame, stigma, and internal discrediting of themselves. Situating the women's interpretations of child custody loss within the context of shared precarities emphasizes how they construct maternal subjectivities vis-à-vis, and in spite of, the very blurry boundaries between state and family structures.

Our analysis unites and extends understandings of violence and connections between precarity and subjectivities to offer three primary contributions to psychological anthropology, specifically with respect to cultural constructions of motherhood and morality, resiliency within precarity, and the blurry boundaries between state and family structures. Many psychological anthropologists are concerned with how individuals construct moral identities and subjectivities in conjunction with dominant cultural norms (Csordas 2013). Angela Garcia (2014), in her work with New Mexico communities suffering from some of the highest North American rates of heroin addiction and overdose, finds that morality is articulated and enacted through caregiving, commitment, and feelings. The same is true among North American street-involved women, who express maternal subjectivities that reflect, yet are not entirely determined by, the shared precarities that suffuse the lives of the women, their children, many of their children's caregivers, and others in their social circles.

Psychological anthropologists have argued that critical engagement with mothering as a cultural construction "affords insights into a range of related questions concerning human nature, processes of enculturation and socialization, individual agency and lived worlds, cultural patterning and change" (Barlow and Chapin 2010, 324). Feminist scholars likewise emphasize the need to disentangle the socioeconomic, psychological, and political roles and identities associated with mothering from the roles and identities generally ascribed to all women (O'Reilly 2016). Separating the various ways in which individuals and communities perform the caregiving work of mothering from dominant cultural expectations for caregiving—including the North American intensive mothering norms from which most poor women are excluded—emphasizes the existence of a wide array of possibilities for mothering (Ruddick 1995). Our examination of how street-involved women construct maternal subjectivities in the context of shared precarities and widespread erasure of their desires and abilities to participate in this valued cultural identity emphasizes the tremendous power wielded by dominant cultural norms surrounding motherhood.

North American street-involved women demonstrate great resiliency within indisputably difficult circumstances that often include intergenerational poverty, addictions, and precarious housing or homelessness. Such resiliency is evident in the women's expression of maternal subjectivities reflective of the ambivalence, temporal ambiguity, and interconnections between family and state structures that surround their child custody arrangements. Symbolic, invisible, structural, and interpersonal violence flows through and saturates the shared precarities underlying these maternal subjectivities, which the women construct at

least in partial response to the widespread cultural erasure of their identities as mothers. This is particularly significant for psychological anthropologists interested in the complex ways that individuals cultivate resiliency in the context of extreme constraints.

Psychological anthropologists working with Rwandan women who gave birth to children conceived during acts of genocidal rape found that resiliency stemmed from the new mothers' integration into community support structures (Zraly, Rubin, and Mukamana 2013, 411). The maternal subjectivities created by these Rwandan women fostered resiliency, the authors argue, because they provided the women with the ability to claim a valued cultural identity as mothers despite the violence of genocide. The North American women in our study describe violence as a pervasive, enduring, and often historical force that directly informs the shared precarities at work in their communities. Unlike the women in Rwanda, this violence takes on unique forms through the erasure of the North American women's identities as mothers and thus further excludes them from valued forms of social and community life.

State, family, and interpersonal forces appear to collude in the webs of community that emerge through the erasure of street-involved women's identities as mothers. For many of the women, these forces are just one aspect of the state policies and institutional practices that regulate their daily lives as criminalized citizens from communities struggling with shared precarities. Part of the violence inherent to shared precarities is how the women, their families, intimate partners, and others endorse these practices and the dominant cultural norms underlying them in ways that inform the women's maternal subjectivities. The women's experiences highlight how family forms are beholden to and, in many ways, defined by state legal structures and institutional practices. Aradhana Sharma and Akhil Gupta argue that viewing the state as a set of bureaucratic and interpersonal practices can "provide important clues to understanding the micropolitics of state work, how state authority and government operate in people's daily lives, and how the state comes to be imagined, encountered, and reimagined by the population" (2006, 5).

The women's experiences with child custody loss draw particular attention to how culturally valued family forms function as instruments of state power through which dominant sociopolitical regimes legitimize particular types of love and care while devaluing, or even criminalizing, others. Often denied access to the social role of "mother" and a chance to mother in their own ways, the women in our study nonetheless remain bound together with their children in deeply relational ways that reinforce the meanings associated with what it means and feels like to be a mother. The women's attempts to care for their children are rarely recognized as such by state or family, and yet these maternal subjectivities are important aspects of what Alice Elliott, writing of Morocco, calls "labors of hope, wherein one feels compelled to act in the human world in specific, hopeful ways, in a view of a future that has already been written" (2016, 497).

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