RESEARCH ARTICLE

Stigma, surveillance, and wounded healing: Promoting a critical ethics of care in research with formerly incarcerated Black women

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Abstract

Black women experience myriad challenges post incarceration, from managing stigma within social relationships to navigating surveillance when interfacing with service systems. It is these challenges that also make them vulnerable participants in community-based research. With many of potential research harms not falling under the guidance of Institutional Review Boards, it is critical to explore how communities experiencing stigma and surveillance perceive their engagement in research. As such, this study explores how 28 justice-involved Black women experience the research process. Findings reveal that participants view the research context as spaces for reflecting on surveillance and stigma in ways that promote self-recovery. Moreover, they perceive the interview process to allow them to envision identities as wounded healers who use their pasts as mechanisms to help others. The study's implications for anti-oppressive inquiry underscore the need for researchers to employ ethical care and justice frameworks that center compassion, reflexivity, and equity throughout the process.

1 | BACKGROUND

Seen as an important method for investigating highly sensitive topics, interviewing involves the qualitative researcher entering the world of the participant and giving voice to those experiences, which have traditionally gone underrepresented and unheard (Iphofen & Tolich, 2018; Roger et al., 2018). As such, the qualitative interviewing endeavor can become a powerful, even therapeutic context for individuals to reconstruct the meanings they attach to life circumstances (Birch & Miller, 2000; Holloway & Freshwater, 2007; Smith, 2013). Accordingly, research participation has been framed as a political strategy for individuals to tell their stories on their own terms and shape the way one's community is viewed and represented within society (East, et al., 2010; Moosa-Mitha, 2005). For community-based anti-oppressive researchers, the process of facilitating one's journey of telling their story is critical as investigators often seek to elucidate the experiences of those who navigate multiple forms of surveillance, stigmatization, and oppression.

On the other hand, anti-oppressive researchers, who view knowledge production as embedded in a group's historical and cultural stories of marginalization, have also raised counter concerns about the potential harms that do not fall under the rubric of risk recognized by the Institutional Review Board (IRB; Iphofen & Tolich, 2018; Tolich & Fitzgerald, 2006). That is, although research exclusion in the name of protection can harm marginalized groups, researchers are simultaneously concerned about risks that are temporally removed from the immediate context of the research study. Anti-oppressive qualitative researchers and behavioral health ethicists alike have explored how excluding populations, who are deemed vulnerable by IRB's, discursively eliminates their agency, misaligns with greater societal need, and fundamentally leaves lacunae in understanding the lived experiences of communities navigating systemic oppression (Iphofen & Tolich, 2018; Mitchelson, 2017). Contrarily, inclusion also elicits significant concerns regarding the ways in which the process of representation and engagement with stigmatized communities has the potential to harm already marginalized groups. This problem is particularly salient when we consider how often relatively powerful outsiders are insufficiently engaged and knowledgeable about the lives of the participants they seek to speak on behalf of (Alcoff, 2009; Hardesty & Gunn, 2019). The process of inclusion can indeed heighten risks as research shows that participants report perceived judgment, fears regarding researcher misrepresentation, and, possibly, increased sense of secondary traumatization due to the use of condescending language and other harmful research processes (Bell & Salmon, 2011; Gunn et al, 2021; Urada & Simmons, 2014).

In fact, sociologists like Jack Katz asserted that in research projects that involve substantial community involvement, appropriate ethical review can only take place after data collection, because it is impossible for researchers to anticipate risks that may arise during the study and engagement with a community (Sultana, 2007). This brings to bear questions regarding how scholars can engage in the research endeavor in ways that are responsive to the complexities of representing vulnerable communities, while being attuned to notions of marginality, agency, power, and positionality. This study will explore questions of representation through an examination of how formerly incarcerated Black women view the research endeavor as they disclose their experiences of surveillance and stigma.

1.1 | Formerly incarcerated Black women and trauma

Over the past several decades, the population of women in US prisons and jails has outpaced the rate of increase of males, with rates of 646% and 419%, respectively (Mauer, 2013), with Black women accounting for the greatest

increase in female imprisonment, with rates that double that of their White female counterparts (Bronson & Carson, 2019). This rise in predominantly Black female imprisonment can be attributed to the impact of stringent drug policies, as well as higher rates of co-occurring substance use and mental health disorders, which have been criminalized, consequently creating a trauma-to-prison pipeline that potentiates women's pathways into various systems of surveillance (Baumle, 2018; Sanders, 2014; Van Olphen et al., 2009).

Unfortunately, incarcerated women experience multiple sources of illness and trauma over their life-course, which shape their ability to recover and reintegrate back into society. Trauma and mental health problems often co-occur, with ~73% of women in prisons and 75% in jails having symptoms of mental illness disorders (James & Glaze, 2006). Moreover, nearly 80% of imprisoned women manage problems with drugs or alcohol, and nearly half were intoxicated at the time of their offense (Covington & Bloom, 2003). In addition, women with substance-use problems tend to have longer histories of addiction than men and are more likely to have illness experiences that are linked to past trauma and abuse (McKim, 2017; Sanders, 2014). In fact, scholars Green et al. (2005) report that ~77%–98% of incarcerated women have experienced some level of exposure to trauma over their developmental life course (e.g., sexual, or physical abuse as a child and/or intimate partner violence experiences as an adult). These cumulative experiences of trauma are evidenced to be a clear risk factor for pathways into both substance-use illness and criminal involvement, as women seek ways to cope with multiple traumatic experiences often within relationships they once trusted and sought care and support from (Burke, 2002; Green et al., 2016). Moreover, critical scholarship purports that women's cumulative experiences of trauma are rooted in the devaluation of female bodies and women's embeddedness in a matrix of violence which heightens exposure to surveillance, abuse, and harm over their life cycle (Collins, 2004; Richie, 2012). With an expanded understanding of how other adverse traumatic events overlap in the lives of incarcerated women, it has become critical to further examine the link between women's experiences of multisystemic trauma, their pathways into the criminal legal involvement, and the negative implications for their well-being and reentry (Felitti & Anda, 2010).

On top of these illness-related experiences, being imprisoned itself can be a traumatic process filled with multiple forms of surveillance. Research indicates that both women and men face deprived and precarious conditions, as well as rigid correctional policies that regulate not just their movement but control their access to resources such as food, mental, and physical health services, as well as social and community supports (De Viggiani, 2007; Geller et al., 2014; Godderis, 2006; Remster & Kramer, 2018). This further exacerbates socioemotional damage and harms women's capacity to cope after incarceration upon reentry (Haney, 2006).

1.2 | Stigma and surveillance

Moreover, this surveillance and monitoring reinforces experiences of felt stigma, which is one's sense of inhabiting a devalued status deriving from possessing socially degraded identities leading one to perceive exclusion, rejection, and shame (Scrambler, 2009). Conversely, being the brunt of stigmatization means that one also navigates surveillance based on these perceived devalued statuses (Benbow et al., 2019; Patel, 2012). As such, stigma becomes another mechanism of surveillance; this is a particularly complex process to manage for formerly incarcerated women, as multiple societal marks of "deviance" communicate permanent devalued statuses (Gunn et al., 2018; Leverentz, 2011) and, consequently, reify and reproduce existing inequities of class, race, gender, and sexuality (Parker & Aggleton, 2003).

Not only are women's histories with incarceration often marked by stigma, but women's experiences with mothering can also impart a mark of devaluation, as a vast population of imprisoned women are mothers, particularly of young children (Dallaire, 2007) making motherhood a critical identity experience further disrupted during incarceration. Researchers have found that women who seek to re-engage in their familial and communal relationships report experiences of social rejection and judgment by virtue of how their incarceration marks

mothers as "maternally unorthodox" and more deviant than their male counterparts who are protected by norms of masculinity (Burke, 2002, Sykes, 2011). Moreover, stigmas attached to substance use often script formerly incarcerated women as discredited, untrustworthy, and dangerous, due to how substance use overlaps with incarceration to further violate norms of respectable womanhood and motherhood (Burke, 2002; Leverentz, 2011, Gunn et al., 2018).

In addition, research shows that women with drug use histories often have overlapping histories with sex work. These interlocking experiences further increase their exposure to not just trauma but stigmatization and shaming from both their community as well as social institutions alike (Gueta & Addad, 2014; Salazar et al., 2014; Sallmann, 2010). Scholars have found that these forms of more structural stigma can create barriers to accessing services as well as limit social support, as formerly incarcerated women experience stigma and surveillance from both community-based corrections and policing systems, as well as when interfacing with social service providers (Burnes et al., 2012; Gurusami, 2019; Schewnar & Law, 2020). For formerly incarcerated Black women, the focus of this study, experiences of surveillance overlapping with felt stigmatization become further reified as racialized beliefs of Black criminality compound their already stigmatized womanhood (Burke, 2002; Harris-Perry, 2011; Richie, 2012; Sanders, 2014).

Unfortunately, experiences of stigma itself have been associated with ethics-specific concerns as participants report perceptions of coercion, judgment and exacerbated emotional distress/shame within the research process (Bayer, 2008; Drotar, 2008; Sieber, 2012). Formerly incarcerated Black women may fall at the intersection of many groups who have socially devalued experiences (sex work, drug use, trauma/violence, and incarceration) and consequently face multiple stigmas ("addict," "criminal," "bad mother," and "whore"; Mitchell & Davis, 2019; Sallmann, 2010) making them incredibly vulnerable participants in research. Considering Black women's potential for "intersectional stigma" (Logie et al., 2011) and surveillance, it becomes critical to explore how their experiences navigating these institutional and social harms shape their engagement with and perception of the research process.

IRBs have sought to protect populations that fall under categories of being vulnerable, such as those that are pregnant, children, and those that are incarcerated (Pope et al., 2017). In particular, imprisoned individuals have historically been viewed as "categorically vulnerable," due to being socially constrained by a host of structurally imposed power relations (Mitchelson, 2017). Moreover, individuals who are incarcerated are geographically residing within coercive and violent spaces, which consequently can impact their sense of self-determination and decision-making power within the research process (Hoffman, 2000; Michelson, 2017).

However, the formerly incarcerated community, particularly those transitioning back into their communities still under community supervision, are not automatically classified as vulnerable by ethical review boards (Pope et al., 2007). Although there has been recognition under Subpart C, which has been expanded to include those under custodial detention, significant points of research concern still exist regarding the real or perceived risks that come with participating in research, while under community corrections supervision (Iphofen & Tolich, 2018). Breaches in confidentiality by researcher, perceived stigmatization and fears regarding surveillance are all potential risks for individuals already managing concerns as they navigate overlapping systems of surveillance post-incarceration (Schenwar & Law, 2020; Gunn et al., 2021; Urada & Simmons, 2014). Considering these concerns around risk and protection and the emergent challenging of categories of vulnerability, this study will explore how formerly incarcerated Black women talk about their experiences of surveillance within the interview process. Moreover, this study will explore how the research endeavor shapes the way women think and navigate surveillance and also how researchers themselves can shape this meaning-making process. With IRB institutional practices that do not, and many argue, cannot safeguard communities from myriad risks and are ill-equipped to thoughtfully assess their vulnerability, it is critical to examine how researchers can create spaces that will help minimize risks in the research process for communities navigating intersectional experiences of stigma and surveillance.

2 | METHODS

2.1 | Participants

This study is based on qualitative interviews conducted with 28 Black women living in a small-size city within a larger rural county. Once a center of industry and technology, the research site has experienced significant loss of industrial jobs in the last few decades (Norton, 2019). The city's median household income is $30,978. Moreover, about 23.6% of families and 33.3% of the population are below the poverty line, including 47.3% of those under age 18 years and 14.9% of those aged 65 years or over (US Census). In terms of racial makeup, White residents compose 70% of the city's occupants, residents of Asian descent represent 5%, Hispanic residents make up 7%, and those who identify as Black comprise 12% of the city's residents, making it a predominantly White city facing significant poverty (US Census). Additionally, this county is characterized by many of the common challenges faced in deindustrialized, deurbanized spaces where residents experience a lack of access to public transportation, sparse availability of affordable health services, long term job loss, and increased opioid drug addiction and overdose (Rural Health Network, 2020; Norton, 2019). Further, although governmental entities have stripped away components of a viable social safety net, the county has heavily invested in incarceration, policing, and surveillance (Norton, 2019), making this a critical site for examining incarceration, poverty, and surveillance, as it relates to the lived experiences of formerly incarcerated Black women.

The participants were interviewed while they were engaged in a mandated reentry program post-incarceration specifically for women with compounding experiences of substance-use problems. The author of this study observed this peer support group as the context for recruiting the sample for this research study. To be eligible for the study, women had to identify as Black, live in the targeted research study region, have both previous substance-use experiences, and been released from a prison or jail within the last 3 years. Examining other factors, women in the study varied in terms of years of substance use, age, highest level of education, offense committed, and the time spent in the reentry program. About 75% of the sample are over age 30 years, slightly less than one-third of the sample received some level of college education, and there was a diversity of recent offenses, with almost 15% of the sample's recent offense being a parole violation.

2.2 | Data collection

This study's analysis draws from a study which included an ethics-specific debriefing. The debriefing, which this study analyzes data from, consisted of questions that ask respondents about how it felt to answer prompts regarding (1) their past experiences with incarceration and substance use, and (2) societal perceptions of their interlocking criminal justice and illness experiences. Women were also asked to share their perceptions of their interactions with different systems such as their family, community correction entities and other social services.

Individual interviews ranged from 60 to 90 min. They were digitally audio-recorded and transcribed verbatim. In addition, interviews used a semistructured format with open ended questions and optional probes, which allowed participants to elaborate on topics of importance. All study procedures were approved by the IRB at the author's university and by the funding institution. Each participant provided written informed consent and was compensated with 40 dollars. All names referenced in this research study are pseudonyms to allow for anonymity.

2.3 | Rigor and trustworthiness

The author formed a Community Advisory Board (CAB) to provide key understanding throughout various stages of the study. The CAB consisted of individuals who all had direct criminal justice and substance-use experiences. The

CAB was instrumental in providing insights on the interview guide and suggesting potential areas for development. They were also consulted to discuss preliminary findings from the data and the author collaborated with the CAB to present emergent analysis at local criminal justice reform events.

Although the study specifically utilized interviews as the primary mode of data collection, the author also engaged in extended immersion in the field for ~7 months. During this time, the author attended substance-use recovery meetings. This allowed the researcher to establish trust with both program participants and staff and verify interpretation of the data as the study developed. All of these steps were taken at different stages of the study to ensure rigor.

In terms of researchexposure, two of the participants cited previously engaging in studies which explored their experiences with drug use and/or past incarceration. Although both participants were evidently still motivated to participate further in research, one of the respondents discussed a previous interviewing experience where the investigator used judgmental language to refer to her mothering experiences. The participant also discussed how the researchers were never seen again after the one interview encounter and how that was problematic.

On the contrary, participants often cited the author's community engagement and in-depth discussion of the research project in the field as being one of the motivations for their research participation. In terms of study framing, the researcher/author began by explaining the study as a community project seeking to explore women's experiences reentering their community postincarceration, while in drug treatment. Moreover, the principal investigator discussed her advocacy work in the community in efforts to promote understanding of the barriers faced by justice-involved individuals as they seek to rebuild their lives. In addition to the researcher's field presence, participants cited hearing about the study from previous research respondents who discussed their positive engagement experiences.

2.4 | Data analysis

Data analysis was performed utilizing content-based thematic analysis, a process of reviewing and coding data to identify key patterns. Coding proceeded in a multistage deductive/inductive process with three individuals participating in the coding process. Using an initial code list based on the aims of the parent study and previous research findings exploring these topics, the three coders independently coded ~25% of the transcripts.

After multiple transcripts were reviewed by the research team, line-by-line coding was used to reduce the data into manageable chunks to code. Next, a constant comparison method was used to examine existing codes against emerging codes, combine redundant codes, and eliminate codes that no longer was substantiated by the data (Glaser & Strauss, 2017; Strauss & Corbin, 1997). To best refine codes collaboratively, the three researchers then met for consensus sessions to discuss emergent themes and build the code list. The meetings were a time to discuss discrepancies and new codes not previously developed. Once the code list was refined, the three researchers proceeded to code the remainder of the interviews individually, meeting periodically to discuss findings and research consensus.

A final step was used by the sole author to develop proposed relationships between existing codes and concepts forming analytic explanations (Charmaz, 2006, Glaser & Strauss, 2017). The analysis in this study focuses specifically on identifying relationships within the interview data regarding women's perceptions of their participation in the study. To facilitate this phase of analysis, the author employed some of the heuristic "six Cs" as follows: Causes, Contexts, Consequences, Conditions, Covariances, and/or Contingencies (Charmaz, 2006; Glaser & Strauss, 2017). In this analytic step, the researcher asks questions of the data, selectively using any or all of the six Cs, to establish the conceptual relationships between emerging themes or concepts. As such, the analysis within this study presents findings from a subset of the six Cs: (1) How do women construct and talk through their experiences of surveillance and stigma within the research context; (2) what are the consequences of women's disclosure of surveillance within qualitative interviewing; and (3) what are the research environment conditions

shaping how women talk about their surveillance experiences attached to their incarceration and substance use? These domains are further discussed within the Section 3.

3 | FINDINGS

3.1 | Sharing stigma and surveillance stories as part of one's recovery

The findings from this study illuminate that participants perceive the qualitative research process as a context for reflecting on their experiences of stigma and surveillance related to their histories of substance use and imprisonment. Moreover, the retelling of their stories animate the ways in which women's experiences with various technologies of surveillance are intersectional and enduring, expanding beyond their time in prison to impact their reintegration. We can see this in Clarrisa's story about facing surveillance upon her reentry into the community.

> We go through so much inside and out we have to talk about it or we will feel so low from keeping it in. We need to be heard. Like these officers, these PO's are quick to tell you. "You're out here smoking crack," or "if you wasn't running around after this guy (male name) or (male name) doing what they do, you wouldn't be here." First of all, that's not even what happened, how I took up drugs, but he wasn't saying that to Suzy over there. Black women get treated really different up here [upstate]… we are looked down upon and don't be a Black woman from downstate, from the city. They look at our every move, they assume we doing something wrong, but Suzy gets the benefit of the doubt.

Clarissa has been out on parole for over 7 months; she is recovering from a drug dependency, which spans over 13 years, that led to her involvement in crime. Even after incarceration, she still feels the sense of surveillance, particularly by community corrections and policing systems due to her experiences of intersectional stigma. Clarissa perceives gendered stereotypes that her drug use is as a result of her engaging in problematic male relationships, reducing a woman's serious illness experiences to one's dependency on a harmful romantic partnership. Moreover, Clarissa sees these judgments as racialized, as she perceives this stereotype to view Black women in more devaluing ways than views held about her White female counterparts who have also engaged in crime. To her, beliefs of criminalized Blackness script Black women as more prone to re-offend and unworthy of the "second chances" afforded to White women, further rendering them devalued beings.

Clarissa's passage also speaks to another interesting layer of stigma she perceives. According to Clarissa, regionally specific stigmas are imposed upon Black women who return from prison to finish out their community supervision in smaller, more White communities than the larger urban centers the women grew up in. Within more White, racially homogenous, smaller urban spaces, formerly incarcerated Black women may perceive racialized stigmas from social service professionals and community supervision staff of being seen as deviant and untrustworthy. Together, these intersecting stigmas become mechanisms reinforcing women's sense of being under surveillance and devalued, making it important for women to talk about their stories to counteract the potential for internalizing stigma.

This sense of both racialized and gendered stigmatization is also evident here in Tanya's story as she describes how women's overlapping perceptions of devaluation can shape their disclosure in research:

> I think Black women are judged more harshly. We are criminals, not like White women, they are looked on different, innocent. We deserve this. We left our kids to get a high. Things are different for us. You know more stereotypes. They say we're garbage and we're trash and we've got no virtue… My stories are not for someone to shame me. So I think that may cause women to hesitate to fully share, participate. particularly us.

According to Tanya, Black women who engage in the research process may choose to not fully disclose their experiences due to an anticipated belief of facing stigma and judgment from the researcher that mirrors the same judgments they face from the larger society attached to their intersecting experiences of not just substance use and incarceration, but Black criminalized motherhood. As Tanya expresses women, particularly mothers, who have engaged in drug use are often seen as blameworthy and deviant. When mothering and drug use intersect with "Black criminality," the anticipation of being judged can be greater. This expectation may lead women to choose not to fully share their past socially devalued behaviors.

As seen in these examples Black women with histories of incarceration, addiction, and impaired mothering are bringing to bear myriad experiences of surveillance and stigma to the research context. For these women, the qualitative research interview can offer a space for disclosing; however, the fear of judgment still existst potentially create challenges to disclosure.

Despite these fears, study participants share stories of stigma and surveillance as a way of furthering their recovery. Lena's quote speaks to how sharing one's story of stigma can help women deal with their pasts.

> Why not share your past here [in the interview] it can **help get us from our past**. The past is not the past to everyone. Sometimes your family members doesn't understand your changes, they saw you at your worse, saw you using and **they still see you as that**... I stole some things from my auntie and grandma in my addiction, and they **still** won't let me in the house today. And I've been clean for quite some time, and they still have that—you know I still have that stigma of being an addict, if you would. You need to share your journey with those who **will listen to it**. It is a journey to change how you feel about yourself and talking about it is a big part.

As seen in Lena's excerpt, telling her story is a part of a larger process of recovery. The transformation is not just pertaining to one's recovery from addiction, but for these women, retelling their story becomes a mechanism for ameliorating stigma and rejection they face in other spheres of their life. Lena perceives some of her family to still see her as someone that cannot be trusted due to her addiction history. Histories of addiction and harmful behaviors often create enduring marks of stigma and mistrust from family members who are unable to believe in women's capacity to recover. By telling one's story to someone who is perceived as actively listening, women are able to, as Lena says, "**get from their past**." Similar to Lena, Rachel also sees the process of talking about stigma as a process of "letting go of it" or casting it away:

> Sometimes women just want to let it all go and **let it out**. And a lot of times that's why people end up **back in the system at the end because they don't feel good about who they are**, they still feel like addicts even after using. They don't believe that they can stay off drugs or that they can find a decent job after being told no so much—when they walk down the street they wonder if folks know that they're on parole... We don't even have control over our lives, what we are doing. A lot of times we have to learn how to not absorb everything that's thrown at us, said to us. We need to throw it all up because **they are tired** of holding it in. They are tired **of living with that less than feeling**. So they just **throw it up, for anyone to grab it**.

In this really visual narrative, Rachel relates the process of telling one's story of stigma and surveillance to a cathartic process of letting it all out almost as if one is "vomiting" up their stigma as part of a process of healing. For her, when one "throws up their story," they are throwing up the permanence of the addiction label or the rejection and accompanying fears of never finding employment, or even the constant worry that others know that you are on parole. As for Rachel, when women hold in their stories, they are holding in their sense of being stigmatized and under surveillance, and that promotes one's sense of devaluation and even, as she suggests, the possibility to recidivate. As such, the act of holding it in becomes more harmful to self than allowing yourself to, "let it out." It is

also interesting that Rachel's quote places significance on the process of throwing it out for anyone to absorb or grab, as to suggest that disclosing within the interview process is beneficial for women's process of recovery, exclusive of the potential benefit it provides to the audience that hears and disseminates this information, in this case the researcher.

3.2 | Helping others through one's stories of stigma

As evidenced, telling one's story can allow Black women to share and release experiences of stigmatization and surveillance that can promote their personal well-being and recovery process. The desire to share one's past stories within the interview process can also amplify and encourage women's desire to promote change in the lives of others. We see this theme communicated in the passages of both Farah and Brittany. Farah is a woman who identifies as recovering from a drug addiction that consumed half of her life. Here she says:

> Telling my story with you here makes me want to tell someone who really needs it! Someone hears your story, **our story**, it might not be just drugs, it can be anything, feeling judged, like nothing. It's all about what we do with all this. **they say your ministry is what tried to break you, your testimony is how you use it**. I want to tell it to help that Black girl who was never loved, rejected like me and is thinking of drugs.

Farah's quote speaks to how the storytelling process allows participants to envision how their life stories, which "tried to break them," can be used for greater purposes beyond their own personal reflection. Farah wants her story to reach Black girls who are dealing with experiences of harm and rejection and are at risk of turning to drug use to self-medicate in the way that she did. In fact, Farah sees her harmful experiences of being degraded and stigmatized as being a part of her ministry to be turned into her testimony as a tool to reach others. This view of storytelling as not just a personal cathartic process, but also a mechanism to help others can be seen in this next passage by Britanny:

> And thank God I survived it. So if I have survived it that means there is something for me to do. And a lot of times we can live our whole lives, our whole lives, **and not really see or find our purpose**. Especially if you have had pitfalls, been spit on, you're hurt, had stumbling blocks. So if my story helps someone else then that is good.

Brittany also has a desire to use her story of triumph and survival to help others in need. Like Farah, she reframes her past experiences of rejection, judgment, and pain as her tool for pursuing her purpose. In fact, her revelation that many people do not find their purpose in their life almost suggests she sees her ability to channel her past hurtful experiences of devaluation as not just her purpose, but possibly a purposive gift to be shared with others who are being devalued and at risk of not surviving. Rebecca extends this concept of helping others here:

> Interviewee: I believe whatever recovery you made, you only can keep it if you give it away to those who need it. Interviewer: Can you tell me what is IT? Interviewee: You have to talk about how you made it through not just the addiction, but how you felt about yourself, to keep it your recovery, **to see yourself new**. We are still going through it, the fear, doubt. I don't want anyone to go through what I went through so I believe in giving it away, giving up your story. I really want to educate others, that's why I am talking to you.

As stated here, for an individual to sustain their own recovery, they must give back or "give it away" in efforts to help others navigate their own stigmatization and addictions. For Rebecca, that means participating in the interview,

and sharing her past to provide needed understanding to others, in particular the researcher, who then becomes the vehicle for sharing her story broadly. To Rebecca, it is in helping others that one comes to keep their own recovery and strengthen their process to see themselves as new.

3.3 | Researcher's role in shaping experiences with stigmatization

Another important finding that emerged from the women's stories is that contextual factors within the research environment can shape how formerly incarcerated women talk about their experiences of surveillance and stigma. The view shared earlier by Rebecca of seeing the researcher as the mechanism for sharing one's testimony speaks to the importance of exploring the role the researcher plays in how Black women share their stories within the interview process. We see this researcher perception further illustrated in this quote by Shana:

> By me talking about my past here **with you it can reach to others who are putting us down**, to people who think we are nothing in society... You could be a voice, you are positive in the community, I seen you at events talking about how you started doing this study, how you care about women locked up, you can be our voice.

In this quote, Shana discussed what she sees as the role of researcher in her process of storytelling. To her, the researcher becomes the voice for sharing the stories of women who have been devalued and stigmatized; Shana sees the researcher as having a valued reputation in the community, and thus capable of being the vehicle for communicating women's stories to the societal systems that stigmatize them. This quote signifies not just the important role of researchers, but the level of power that participants are actively making decisions to give to researchers, that is, the power to share their authentic story and lived experiences of stigma and surveillance with others. This quote also illuminates the importance of the researcher sharing their own story. It is evident that Shana felt more comfortable giving the power of her story to the researcher, because the researcher shared her own story with the community she sought access to.

Tanya further illuminates the importance of the researcher's own storytelling process.

> The way you talked about it. It was not just sounding like getting information, it wasn't just what you were doing, it was about **why you did it**. Being passionate, giving us information about who you were, your background, what you wanted, what you hoped to see happen and why you did this study.

Tanya's insights also illuminate the importance of the researcher's own process of sharing. For Tanya, it was hearing the researcher discuss her passion for the work she is doing, the aims of the study and her own background that motivated her to engage in the current research project.

The sharing of power is a very important process that resonated throughout various stories, like what we see here with Janice where she says:

> You didn't just ask one time if I felt comfortable answering and then get one yes and think that I was ok, you kept asking my permission and checking in to see if I was ok. It helped me to feel more comfortable as we went along letting me know I had the power. And you took your time to explain this to me like it was important that you knew that I got it.

In this quote, Janice is elucidating how simple action steps, such as getting women's permission throughout the interview process as the researcher asks highly sensitive questions, can have great meaning to participants. For

Janice, the permission seeking process communicated that the researcher was giving her the power and autonomy to actively make decisions throughout the interview whether to continue to participate and share her story or not. Although this may seem like a small gesture, for women who navigate surveillance and are often required or coerced to share in punitive spaces, this process is significant.

Taking one's time to explain the interview steps is also important as it is seen an indicator of showing care to the women and prioritizing their comfort in understanding and accessing knowledge. This is also important considering how formerly incarcerated women have often navigated harmful experiences within educational systems. Tanya also discusses a similar sentiment regarding the researcher's role in affirming participants in ways that disrupt stigma.

> When I talked about losing my daughter, and putting my addiction before her you didn't give me **no looks**, **you didn't look down on me**. I don't want to be judged. When we come in here we're already thinking oh she is from the university, she betta than us. You do not come across like, "I'm educated and come talk to me and I'll give you a little something for your time." Then I'm just giving you what I think, just enough, no digging deep, I'm in and out. But you do not come across that way. And the fact that you talk about your work in the community and the fact that you say that you're putting this together so that people can be better served.

According to Tanya, even a researcher's reaction to their stories can signal acceptance and validation or, conversely, judgment. Tanya remarks illustrate that women often come into the interview process with anticipatory fears regarding researcher stigma. As such, the way a researcher chooses to react to women as they share their potentially stigmatizing experiences can either normalize their personhood and pain or further stigmatize them. Moreover, the researcher's own reactions and presentation can shape the kind of information they receive. According to Tanya, if the researcher does not appear to genuinely want to understand their lives, then that changes how a participant may approach the interview. Moreover, it can shape how much depth they provide. Again, the fact that the researcher talked about their background and work ameliorates that sense of anticipatory fear.

4 | DISCUSSION

The act of telling one's truth within the qualitative interview process can be liberating in one's personal journey of transcending harmful events and experiences Thomas, 2005; Zehr et al., 2015). When done within a context that recognizes these harms and oppressions, the interviewing experience becomes not just a task of recalling information, but an active exchange allowing the teller to be both author and audience of their own story (Gunn et al., 2021). Although not designed to be therapeutic, sharing one's story can have health-promoting effects. The findings from this study of Black women managing intersectional stigma and surveillance suggest this.

One of the most critical findings from the study is that the research environment allows women to talk about their experiences of stigma and surveillance in ways that support their recovery. Moreover, Black women's multilayered experiences of stigma and devaluation are not just from community-based correctional systems, but also from their more intimate familial relationships. Emerging research shows that formerly incarcerated individuals often experience various forms of surveillance from diverse service and/or rehabilitative systems, such as employment spheres, mental health, and substance-use services (McKim, 2017; Schenwar & Law, 2020). Unfortunately, these experiences of surveillance create barriers to their health, as research links instances of surveillance and stigma to weakened access to, and engagement in, vital health services and resources (Schenwar & Law, 2020). Moreover, these experiences are both gendered and racialized, as Black women participants report feeling greater stigma perceptions due to how Black criminality further tarnishes their already devalued womanhood and capacity to be seen as redemptive.

Indeed, these perceptions of stigmatization and surveillance are both multilayered and multisystem, as study participants experience perceptions of stigma and rejection from their more intimate, familial relationships as well

due to the strain that histories of incarceration and addiction have placed upon relational bonds. Research shows that formerly incarcerated women's familial systems often communicate mistrust and beliefs regarding the permanence of devalued motherhood, which renders their capacity to find validation of their recovery changes within these important relationships challenging (Gunn et al., 2018; Luther, 2016; Shlafer & Poehlmann, 2010; Van Olphen et al., 2019). As women are more likely than men to seek to reactivate familial bonds upon reentry (Burke, 2002, Leverentz, 2006), these relational processes become critical to examine.

Conversely, the process of simply talking about their stigmas within the interview process, perhaps to someone who did not bear witness to the impact of their addiction and incarceration struggles, can be very meaningful; as the data indicates women find the act of releasing and letting go of these painful stories and calling out these instances of stigma and surveillance, both uplifting and cathartic. And while this process seems to offer healing to the releaser exclusive of what it does for the receiver (researcher), the women also report benefits derived from talking about their experiences that extend beyond their own health promotion.

Another critical finding of this study is that the act of talking about one's experiences within the interview context allows women to envision themselves helping others. The interview process provided opportunity for women to reimagine channeling their stories of rejection and stigma to support others who are experiencing myriad pains, whether of drug use or psychological experiences of devaluation. In fact, women see their stories of struggle as their ministry, and their outreach and transformation as a part of their testimony to share with others. It's this process of using one's story purposeful to minister to others that can potentially be transformative for the women's identities as well, as they reconstruct identities as recovered individuals (Radcliffe, 2011).

Research shows that individuals who have been incarcerated often envision themselves as wounded healers. The wounded healer identity is an archetype rooted in the belief that there is power in healing from one's own sense of being wounded that can used to understand other's needs and support their healing (Martin, 2010; Sedgwick, 1994; Zerubavel & Wright, 2012). Moreover, through the process of helping others who are harmed the healer also finds continued recovery. As such, one can be both wounded as well as working in healthy ways in service of others (Martin, 2010). As Rebecca suggests a significant aspect of recovery for formerly incarcerated women is the process of seeing themselves differently and developing a new self-concept to combat the societal stigmas and experiences of rejection. Research has shown that individuals with experiences such as of incarceration, drug illnesses, and mental health disorders often find that their processes of transforming their self-concept and sense of identity are promoted through their process of healing others (Hughes, 2007; Radcliffe, 2011). With research providing evidence that identity reconstruction is a critical process in illness recovery (Mackintosh, & Knight, 2012), the desire to pursue a life of wounded healing can be incredibly important to the overall transformation of the Black women study participants. It's in utilizing the research context as a site to tell their story that study participants find activation and support of their burgeoning recovery and healer identities.

Nevertheless, the study's findings also revealed that the women's desire to help others isn't just targeted towards those communities at risk of stigma and rejection, women also reported the interview process as a platform for helping the listener, the researcher, and providing them with the tools to effect change and advocate on behalf of harmed communities. In this dialogic exchange, we see the interviewed as an agentic being making an active decision to provide researchers with the stories and knowledge to affect this change.

However, the researcher can also shape the research participant and their storytelling process. The data suggests that the participant's process of disclosure is shaped by how the researcher engages with the participant as they reflect on their experiences with surveillance and stigma. For example, in this study, women discussed the importance of the permission-seeking process throughout the interview in promoting the sharing of power and building relational trust. As the author/interviewer was perceived as actively engaged in checking in to make sure participants were comfortable answering highly sensitive questions, the women reported a sense of feeling empowered and being cared for. Similarly, in a piece by Spates & Gichiru (2015), researchers discussed the importance of going through the informed consent as a way to assure the study participants that the researchers will take care of their stories and protect their privacy, thus promoting relational trust within the interview process.

As such, the researcher's capacity to demonstrate care through intentional action steps is important for building trust, comfort, and allowing for more in-depth information sharing. As Tanya's quote reveals, even the researcher's perceived affirming expressions and reactions to women's stigmatizing experiences are critical elements, which shape the participant's sense of validation. Contrarily, if Tanya perceives judgment from the researcher's facial expressions, it may cause her to share less authentically and see this experience as just a financial exchange. This finding adds nuance to the ethics-related literature, which often focuses on the risks and benefits of providing financial compensation to participate in research (Head, 2009; Klitzman, 2013). According to Tanya, seeing research as just a financial exchange devalues the engagement process and, thus, it is not the most significant incentive to participating for her.

Additionally, the process in which researchers share their own stories with participants of how they came into doing the research and community work they are engaged in is also critical for building relational trust. In a study exploring the opportunities and challenges that qualitative researchers navigate while doing fieldwork, the process of giving up one's story was seen as a way of promoting equity, as the researcher then too becomes the one sharing their own vulnerability (Campbell et al., 2021). Moreover, this sharing process signified a commitment to the work that promoted relational comfort for community members (Campbell et al., 2021; Spates & Gichiru, 2015).

The act of giving up one's story and consequently being vulnerable speaks to foundation principles which undergird community-engaged participatory action research practices. Community-based participatory research (CBPR) is one such epistemological and methodological approach to research which seeks to address power imbalances and the legacy of research harm imposed upon marginalized populations by advancing practices where researchers engage with communities in co-learning, knowledge exchange partnerships throughout the research process (Liebenberg et al., 2018). Within CBPR, there is an emergent focus on the role of CABs in advancing equitable, culturally-responsive research.

A CAB is a group of individuals who identify as being a part of the community that is being researched. Their goal is to inform the emerging research process at vary stages in efforts to promote knowledge of the community, in turn strengthening the researcher's contextual and cultural understanding of what the community needs and faces (Liebenberg et al., 2018). In addition, CABs can be critical in helping to define the aims and intentions of the study in ways which center the needs of the community versus that of the researcher (Cramer et al., 2018).

As such, CAB involvement can be a critical way for marginalized communities, such as formerly incarcerated Black women, to actively engage in leadership roles that shape community engaged research practice and implementation along the different stages of the inquiry process. Through participation on CABs, working in collaboration with "outsiders," women play active roles in defining the research goals in ways that can advance research-informed activism and policy changes. Additionally, these kind of research practices which center the voices of formerly incarcerated Black women are more attuned to the historical, cultural contexts and current experiences of oppressions that many marginalized communities navigate. Moreover, CAB collaborations work to disrupt power hierarchies within research and promote more equity-building, copartnering relationships.

4.1 | Limitations

While this study provides important understandings regarding engaging in research with marginalized populations, there are some limitations that are critical to consider. This study, like others, may be influenced by social desirability bias in participant responding. Distrust and fear of societal persecution can impact participants' reporting of sensitive behaviors, particularly among already stigmatized populations (Guest et al., 2006). Moreover, vulnerable groups often worry about whether their study participation will be kept confidential, which can shape the level at which they disclose (East, 2010; Elmir et al, 2011). With that being said, researchers have attempted to build greater trust to combat fear of surveillance (Elmir et al., 2011). Studies have sought to address these concerns through being responsive to characteristics that may promote collective trust, such as through the use of gender,

race and/or cultural concordance for exploring particularly sensitive topics that speak to myriad forms of oppression (Mehler Sieber, 2012). This current study utilizes diverse strategies in efforts to promote respondents' sense of agency and emotional safety. This included explicitly naming the the fear that participants have that confidential disclosures would be mined for medical or criminal content. On the other hand, the fact that the author/interviewer shares the gender and racial identity of the respondents may unintentionally promote respondents' proclivity to provide socially desirable answers. Furthermore, the author devoted significant efforts to explaining to participants that the interview process was a safe space for exploring their diversity of viewpoints. Additionally, the author reminded the respondents that, at any time, they could refrain from answering a question or choose to terminate the interview all together and still receive compensation. Moreover, the author discussed the importance of their honest feedback as a way of improving the behavioral health research process.

Lastly, the participants in the study were drawn from a convenience sample of women who were engaged in substance-use treatment as part of their mandated reentry programming. This study cannot purport to speak to the needs of all recently released women, including those of different racial backgrounds, living in different regional spaces, who may not have access to gender-specific programming. Reentry programs vary geographically in ways that can shape how one perceives their reintegration process, perceptions of stigma, their ability to access needed support, and possibly their engagement in the research process. This must be considered as a potential limitation of how we apply the findings more broadly.

5 | CONCLUSION

As we consider key methodological tensions that do not fall under the rubric of practices monitored by IRBs, it becomes critical for anti-oppressive scholarship to explore the complexities faced by qualitative researchers who seek to represent the lived experiences of marginalized communities (Alcoff, 2008; Iphofen & Tolich, 2018). With qualitative efforts often aimed at contextualizing the lives of communities who navigate stigma and surveillance, exploring strategies to address these methodological and epistemological complexities is essential. Community-engaged research efforts that promote inclusive research are a part of a larger agenda calling for greater attention towards how we represent others throughout the research endeavor (Campbell et al., 2021; Spates & Gichiru, 2015; Stige et al., 2009).

Utilizing a lens of care ethics and justice within the research process requires that researcher's interpret data in more care-informed ways which employ self-critical practices of reflexivity, which consider the implications of their identities, relationships, and responsibilities throughout the research experience (Herron & Skinner, 2013). Moreover, employing an ethics of care and justice framework foregrounds the importance of engaging in research with compassion to combat historical oppressions and research atrocities, which continue to harm the research inquiry process (Crooks et al., 2021; Pease et al., 2017). With neoliberal notions that render care work as counter to notions of productivity and service efficiency, a critical ethics of care within research recenters compassion as essential to engaging communities who have often been misrepresented and silenced by the various social institutions they interact with and seek services from (Pease et al., 2017). By foregrounding intentional practices of care, anti-oppressive researchers create opportunities for communities, such as formerly incarcerated Black women who navigate multiple systems of surveillance, to tell their stories in spaces of ethical justice and care.

CONFLICTS OF INTEREST

The author declares no conflict of interest.

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PEER REVIEW

The peer review history for this article is available at https://publons.com/publon/10.1002/jcop.22845

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