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**Loss, Hope, and Redemption:**  
**The Consequences of Methamphetamine use in a Sample of Incarcerated Women**

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A Dissertation Submitted to the Graduate School at the University of Missouri - St. Louis  
in partial fulfillment of the requirements for the degree  
Doctor of Philosophy in Criminology and Criminal Justice

July 2015

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## TABLE OF CONTENTS

<b>ABSTRACT:</b> .....	iii
<b>ACKNOWLEDGEMENTS:</b> .....	iv
<b>CHAPTER 1: INTRODUCTION</b> .....	1
<b>CHAPTER 2: LITERATURE AND THEORETICAL REVIEW</b> .....	7
<b>CHAPTER 3: DATA AND METHODS</b> .....	37
<b>CHAPTER 4: NEGATIVE CONSEQUENCES OF METHAMPHETAMINE USE</b> ....	52
<b>CHAPTER 5: HOPE AND REDEMPTION THROUGH IDENTITY CHANGE</b> .....	124
<b>CHAPTER 6: CASE STUDIES IN EXPERIENCE</b> .....	142
<b>CHAPTER 7: CONCLUSIONS AND RECCOMMENDATIONS</b> .....	195
<b>REFERENCES:</b> .....	216

## ABSTRACT

This dissertation examines the consequences of methamphetamine use in a sample of 40 incarcerated women who were court-ordered to participate in a correctional drug and alcohol treatment program in Missouri. Using interview data from this sample, I examine their perceptions of the consequences of their methamphetamine use. The negative consequences I focus on include experiences of violence, damage to interpersonal relationships, and more personal consequences related to health, employment, housing, and the criminal justice system. In this pursuit, I explore the following research questions: 1) What is the relationship between the accumulation of negative consequences and continued and/or increased involvement in drug use and illicit activity?; and 2) How do former methamphetamine users hope to remain desisted from involvement in drug use and illicit activity upon their release from prison/treatment? In order to accomplish these goals, I draw on the life course perspective to help explain the processes of persistence and desistance over the life course.

Ultimately, I show how negative consequences related to these women's methamphetamine use compound and result in the creation of a state of cumulative continuity. Cumulative continuity is a cycle of accumulating negative consequences resulting in continued, and often times increased, drug use and illicit activity. Additionally, I show how this group of women hopes to desist from drug use and illicit activity through identity transformation with goals of normalcy and conventionality related to the process of "making good."

## ACKNOWLEDGEMENTS

This has been a very long and difficult journey, a journey that I could not have completed on my own without the help of so many people along the way. First and foremost, I wish to thank my friend, mentor, and dissertation chair, Dr. Kristin Carbone-Lopez, for everything she has done for me over these last years. Without her patience, guidance, input, faith, and data I would not be where I am today. There truly are no words to express my gratitude for all she has done. When I needed space to work, she gave me space. When I needed to be threatened with violence to produce, she threatened me with violence. When I needed to laugh or complain, her door was always open. I would also like to thank the other members of my dissertation committee who have patiently and supportively waited for me to finish for years. Specifically, I would like to thank Dr. Lee Ann Slocum for always challenging me to think critically about what I was writing. I want to thank Dr. Stephanie DiPietro for her enthusiasm which was always welcome when the dissertation process started to weigh heavy on me. Lastly, I want to thank Dr. Jody Miller who opened my eyes to the importance of looking at gender as it related to victimization, crime, and deviance as well as allowing me access to her data.

Furthermore, I would like to thank my friends and family for their constant support. My father, Mark Gunderman, who has always been my greatest supporter and advocate, always reminded me that “everything will work out in the end.” As usual he was right. Finally, I wish to thank my wife, Karen Gunderman, for her love and support. She has endured my ups and downs, my absence, my frustrations, and my insecurities with grace and patience. Thank you all so very much.



## CHAPTER 1: INTRODUCTION

This is a story about a group of women who use methamphetamine. These women are not perfect daughters, mothers, wives, partners, or women, but neither are they faceless, voiceless monsters. Many come from broken chaotic homes, but some describe their childhoods as happy and normal. Their pathways into methamphetamine use varied. A few of the women reported entrees into methamphetamine that were tragically violent. In many cases, women began to use as a result of the influence of friends and family. But nearly all of the women began using because they had to grow up too fast and took on too many responsibilities.

However they began using, whatever path they took, they all ended up in prison, some of them more than once. Despite their shared experience of incarceration, the consequences they faced because of using methamphetamine were not necessarily uniform. However, there are reoccurring themes of loss and failure. For many, using violence and experiencing violence was a way of life. For some, that violence was sexual in nature. Many of them became mothers at young ages. Their methamphetamine use affected their relationships with their children, significant others, and family members in profound and long lasting ways. As one might expect, their methamphetamine use also had detrimental effects on their health, their employment, and their living situations.

The goal of this dissertation is not to argue that these women are good or bad, but rather to move beyond such flawed dichotomies. Instead, my goal is to document the realities of methamphetamine use for this sample of women through their life experiences and in their own words. These women used methamphetamine, which, when coupled with their prior negative life experiences, compounded their troubles. The negative

consequences that came about as a result of their use led, in many cases, to further illicit activity; sociologists refer to this accumulation of negative consequences as a state of cumulative continuity.

Using interview data from a sample of incarcerated female methamphetamine-users, I examine their perceptions of the consequences of their methamphetamine use. Further, I show how negative consequences related to these women's methamphetamine use compound and result in the creation of a state of cumulative continuity. This state of cumulative continuity is a cycle of accumulating negative consequences resulting in continued, and often times increased, drug use and illicit activity. The negative consequences I focus on in this examination are experiences of violence, damage to interpersonal relationships, and more personal consequences related to health, employment, housing, and involvement with the criminal justice system . Additionally, I examine how this group of women hopes to desist from drug use and illicit activity through cognitive transformation and the creation of redemption scripts as part of the process of "making good." In order to accomplish these goals, I draw on the life course perspective to help explain the processes of persistence and desistance over the life course. As such, I explore the following research questions in this dissertation: 1) What is the relationship between the accumulation of negative consequences and continued and/or increased involvement in drug use and illicit activity?; and 2) How do former methamphetamine users hope to remain desisted from involvement in drug use and illicit activity upon their release from prison/treatment?

The study of female methamphetamine users is important for a number of reasons. Missouri, where this sample is drawn from, for many years logged the highest



annual number of clandestine methamphetamine laboratory incidents in the country; seizures peaked in 2003 at 2,885, and dropped to 1,034 in 2014 (Drug Enforcement Administration, n.d.). This ranked Missouri second highest in the nation behind Indiana for that year (Drug Enforcement Administration, n.d.). Additionally, methamphetamine or amphetamine was mentioned in 24.7% of all drug-related hospital admissions (5,006 hospital admissions) and represented 22.7% of all primary drug mentions for drug treatment programs in Missouri in 2012 (State of Missouri Department of Public Safety, Office of the Director, 2013).

Methamphetamine use is a public health concern reaching beyond rural areas of the South, Southwest, and Midwest. Indeed, Sloboda, Rosenquist, and Howard (1997) describe methamphetamine use as an “American disease.” Linnemann (2010) and Linnemann and Wall (2013) have described the rise in methamphetamine use across the United States as creating a “cultural anxiety,” which stigmatizes users, particularly female users. This increased stigmatization has resulted in fewer resources being available to female methamphetamine users who may be more vulnerable to the health risks associated with methamphetamine use (Substance Abuse and Mental Health Services Administration [SAMSHA], 2007).

Female methamphetamine users differ from their male counterparts in a number of ways. For example, female users often initiate use at earlier ages and exhibit higher rates of dependency as compared to male users (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000). Methamphetamine use may also produce greater stress for women meaning that they suffer more adverse effects from their use than men (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008;

Westermeyer and Boedicker, 2000). At the same time, however, some studies have shown that women may be more amenable to treatment for methamphetamine use and demonstrate greater improvements in family relationships as a result of treatment (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000).

More recent studies, including Dluzen and Lui (2008) and Sheridan et al. (2006), outline the need for additional research to further our understanding of methamphetamine use in different contexts, particularly looking at the experiences of women. The present research not only helps fill this gap in the literature, but is unique in its scope and approach to studying female drug users. Although there is an established literature examining the lives and experiences of drug using women (see Boeri, 2013; Rosenbaum, 1981; Maher, 1997; Taylor 1993; Sterk, 1999) much of it focuses on heroin or crack cocaine, with the exception of Boeri's (2013) work which looks specifically at methamphetamine. The present research, although complementary, differs from Boeri's (2013) work in that her sample is composed of suburban women at various stages of their drug career who live in one of the largest metropolitan areas in the United States. In contrast, the sample examined here, hailed primarily from rural Missouri and – most importantly – was incarcerated at the time of the interviews. Using the life course framework to explore the relationship between the accumulation of negative consequences and continued – even increased – involvement in drug use and illegal activity provides further knowledge about women's experiences with methamphetamine and can also offer insight into the process of cumulative continuity. Additionally, due to their incarceration and participation in a court ordered treatment program, this sample has

essentially desisted from drug use and illicit activity, at least for the time being. This allows the women in this sample to construct redemption scripts, which Maruna (2001) contends will aid in reforming and rebuilding their lives.

In Chapter 2, I review relevant literature pertaining to methamphetamine and its use. Additionally, I highlight prior research using this sample of women in order to demonstrate the uniqueness and appropriateness of these data to examine the research questions of this dissertation. I then review the literature focused on violence as a consequence of drug use, the effects of drug use on interpersonal relationships with family members and significant others, and other consequences of drug use including those related to health, employment, housing, and involvement with the criminal justice system. Next, I review the literature pertaining to coercive drug treatment as the women in this sample were, in many (but not all) cases, court-ordered to participate in treatment while incarcerated. Finally, I outline applicable theoretical frameworks and perspectives that will be used in subsequent chapters to help guide and explain my findings. Here I focus primarily on the life course perspective, specifically cumulative continuity, strain theories, gendered pathways, Maruna's (2001) "making good" thesis, Giordano et al.'s (2002) theory of cognitive transformation, and Paternoster and Bushway's (2009) identity theory of criminal desistance.

Chapter 3 includes a description of the larger study of which these data are drawn. Specifically, I provide an overview of the sample characteristics and methods used in the analysis and interpretation of these data. Chapter 4 focuses on the women's perceptions of the negative consequences related to their methamphetamine use and participation in the methamphetamine market. The loss of safety and security will be explored through an

analysis of their experiences of violence, including violence they experienced and violence they committed. Next, the loss of interpersonal relationships is examined with a focus on the damage to relationships with children, other family members, and significant others. Finally, personal consequences are discussed, including the loss of health, the loss of employment, the loss of residence, and the loss of freedom (legal consequences and their involvement with the criminal justice system).

Chapter 5 examines how this sample of incarcerated female methamphetamine users hopes to remain clean from involvement in drug use and illicit activity upon their release from prison/treatment. In this chapter, I focus in particular on how their incarceration and participation in a court ordered treatment program has created a period of forced desistance. Such forced desistance allows these women to begin to construct redemption scripts which Maruna (2001) argues will ultimately aid in reforming and rebuilding their lives. In Chapter 6, the case studies of four women - Tiffany, Georgia, Amy, and Faith - are presented to demonstrate both the across-person variation in life contexts and experienced consequences related to methamphetamine use and the within-person change over time, particularly as a result of the accumulation of negative consequences. These case studies also allow me to demonstrate how the accumulation of negative consequences is, in some cases, eventually related to the development of women's redemption scripts. Finally, in Chapter 7, I provide a summary of the findings and outline conclusions that can be drawn, as well as limitations of the study and theoretical and policy related recommendations.

## **CHAPTER 2: LITERATURE AND THEORETICAL REVIEW**

In this chapter, I will discuss what is known about the effects of methamphetamine use on health, violence, housing, employment, interpersonal relationships, and about the women who use it. In addition, I will discuss gaps in the literature which I hope to address with this dissertation. Further, I will outline a theoretical framework which may help scholars to understand the experiences of women who use methamphetamine and particularly the consequences they might face as a result of their drug use.

### The scope of the problem

Methamphetamine is considered a highly addictive and powerful Schedule II psychostimulant with long-lasting negative health effects for users, as well as children exposed to the manufacturing and use of methamphetamine (SAMHSA, 1999; Wermuth, 2000). Methamphetamine use is a major concern in the state of Missouri, the location of this study, as well as across many parts of the United States (Center for Substance Abuse Prevention/National Prevention Network, 2006; Missouri Department of Mental Health, 2004). The Center for Substance Abuse Prevention/National Prevention Network (CSAP/NPN) (2006) has reported increasing methamphetamine use in the American Midwest and South which further suggests that the methamphetamine “epidemic,” which originated in the West and Southwest, is moving eastward. Although the highest rates of Emergency Department (ED) mentions remain in Western and Southwestern locations (e.g., Dallas, Denver, Honolulu, Phoenix, San Antonio, San Diego, and San Francisco), Missouri demonstrated a 97.4 percent increase in ED mentions between 1995 and 2002 (Missouri Department of Mental Health, 2004). Additionally, in 2012, Missouri had 1,825 methamphetamine laboratory related incidents (which includes labs, “dumpsites,”

or “chemical and glassware” seizures), more than any other state that year, and has been consistently among the highest in the United States (El Paso Intelligence Center and National Seizure System, 2013). While there has been a great deal of media attention paid to methamphetamine’s environmental (i.e., because of the lab incidents and dumpsites) and public health impact, methamphetamine use and participation in the market also have negative consequences for individuals. Such consequences, except for the individual health related consequences, have received somewhat less attention, either in the media or among scholars.

#### Prior research on the negative effects of methamphetamine

In the following section, I describe the ways in which methamphetamine use adversely affects the health of the user, which is the focus of nearly all of the research to date. Additionally, I will discuss how methamphetamine/drug use can lead to violence, both as victim and perpetrator. Lastly, I will review the research related to how methamphetamine use, like drug use more broadly, affects other life experiences such as employment and maintaining one’s household.

#### *The implications of methamphetamine use for health*

Although Sommers, Baskin, and Baskin-Sommers (2006) suggest that “little is known about the association of [methamphetamine] use and health over time, particularly during the formative stages of adolescence and young adulthood” (1470), Darke et al. (2008) describes major physical and psychological health effects related to methamphetamine use. Physical harms that have been associated with methamphetamine use include overdose, cardiotoxicity, nausea and vomiting, chest pain, increased heart rate, stroke, coma, breathing irregularities, skin abscesses, seizures, and dental problems (Darke et al., 2008; Gonzales et al., 2006). Additionally, psychological harms associated

with methamphetamine use include elevated rates of psychosis, mood and anxiety disorders, cognitive deficits, paranoia, delirium, hallucinations, depression, suicide, and seizures (Boles and Miotto, 2003; Darke et al., 2008; Gonzales et al., 2006).

Another area of particular concern among public health scholars is that use of methamphetamine may be associated with the transmission of infectious diseases, such as Hepatitis C. Those infected with Hepatitis C may suffer additional complications including cirrhosis, liver cancer, and death (Lauer and Walker, 2001). Gonzales et al. (2006) identify illicit drug users, and specifically methamphetamine-dependent individuals, as being a population that is particularly vulnerable to the transmission of certain infectious diseases. For example, the transmission of the Hepatitis C virus often occurs during “drug sharing practices,” which includes sharing of syringes and other injection equipment, backloading, and frontloading syringes (Ellard, 2007; Gonzales et al., 2006). For non-injecting drug users, the primary method of Hepatitis C transmission, and the transmission of other communicable diseases, including HIV and other STI’s, is through unsafe or risky sexual practices (Braine et al., 2005; Gonzales et al., 2006; Zule et al., 2007).

#### Methamphetamine and violence

Sommers, Baskin, and Baskin-Sommers (2006) suggest that violent behavior “result[s] from a complex interaction among a variety of social, personality, environmental, and clinical factors whose relative importance [varies] across situation and time” (1476). Although most substance users (including both drug and alcohol users) do not commit violent acts, there is substantial evidence linking substance use with increased levels of violent behavior (Boles and Miotto, 2003; Darke et al., 2008; Fagan,

1990; Murphy and Ting, 2010; Sommers, Baskin, and Baskin-Sommers, 2006). Due to their extensive psychological effects (psychosis, mood and anxiety disorders, paranoia, hyperawareness, hypervigilance, and hallucinations), methamphetamine and other amphetamines have been associated with violent and criminal behavior, and victimization, particularly in cases of chronic use (Boles and Miotto, 2003; Brecht et al., 2004; Darke et al., 2008; Gonzales et al., 2006). In support of these findings, Sommers, Baskin, and Baskin-Sommers (2006) describe the findings of their research with a sample of 106 respondents including both in-treatment respondents and active community methamphetamine users in Los Angeles County. They report that 37 respondents, over a third of their sample, had assaulted someone while using methamphetamine. Further, Brecht et al. (2004) indicate 56% of the women in their sample of respondents from publically funded treatment centers (inpatient and outpatient) in Los Angeles County reported committing violent behavior while using methamphetamine.

Methamphetamine use increases the likelihood of committing violent acts, but may also lead to increases in the likelihood of violent *victimization* (Sommers, Baskin, and Baskin-Sommers (2006). Boles and Miotto (2003) suggest that methamphetamine has been associated with systemic violence related to the drug market, including victimization. The relationship between the use of methamphetamine and participation in the drug market and violent victimization is reflective of broader research focusing on the victim offender overlap (see Cohen and Felson, 1979; Estevez and Emler, 2011; Henson et al., 2010; Hindelang, Gottfredson, and Garofalo, 1978; Sampson and Lauritsen, 1990). This research demonstrates that victimization is influenced by certain types of lifestyles and choices, such as the use of methamphetamine and participation in the drug market,



which bring individuals into contact with other offenders and potentially violent situations.

These experiences of violence and victimization lead to an increased risk for a variety of psychological problems, including poor self-esteem, depression and anxiety disorders, post-traumatic stress disorder, continued and increasing substance abuse, suicide attempts, eating disorders, and interpersonal and sexual relationship problems (Cohen et al., 2003). Additionally, victims of violence also report a high prevalence of persistent physical problems, including abdominal pain, gastrointestinal symptoms, pelvic or genital pain, and chronic headaches (Cohen et al., 2003). Thus, methamphetamine use can have indirect effects on one's health through its association with violence and victimization.

#### Methamphetamine, employment and housing

There are few studies which specifically address the effects of methamphetamine use on employment and housing circumstances. However, Henry, Minassian, and Perry (2010) examined the effect of methamphetamine dependence on everyday functional ability. They found that the methamphetamine-dependent group registered a lower functional performance in several domains, including comprehension and planning, engaging in financial transactions, setting up travel arrangements, and communication skills as compared to a non-methamphetamine using sample. These findings build on the earlier work of Rendell et al. (2009) and Sadek et al. (2007) which also found that methamphetamine use impairs planning daily activities, communication, and work. These skill domains are essential to success in gaining and maintaining employment. Brecht et

al. (2004) also found that 48% of the women in their sample of methamphetamine users reported work related problems.

Similarly, in most cases an individual needs steady income to maintain a residence. If methamphetamine use inhibits comprehension, planning, and engaging in financial transactions, it may be the case that supporting a drug habit while maintaining employment and housing in addition to all the other related expenses will prove difficult. However, if enabling individuals present in the methamphetamine-users' life provided financial and housing support, such problems may not exist or be as dire.

#### The role of gender: The exacerbation of consequences among women

Up to this point I have discussed primarily gender 'neutral' effects of methamphetamine use, or at least those effects that might be presumed to impact men and women relatively equally. At this point, however, I am going to address those consequences of use that we might expect, based on what we know about drug use more broadly, to affect women differently (more negatively). These differences largely stem from societal expectations of women related to motherhood and domestic partnership.

While female drug users have been the focus of previous inquiry (see Boeri, 2013; Rosenbaum, 1981; Maher, 1997; Taylor 1993; Sterk, 1999) in most cases such research examines women's heroin or crack cocaine use. In addition, prior research has often looked primarily at the effects of drug use on pregnancy and motherhood, as well as societal perceptions of and reactions to drug using and/or addicted mothers. The overwhelming majority of this research has focused on impoverished, lower-class, African-American and Latina crack-using mothers (Baker and Carson, 1999; Campbell, 1999; Maher, 1990; Murphy and Sales, 2001).

However, in recent years, a gendered moral panic over methamphetamine addicted White women, particularly women who are mothers, in rural areas in the West, Southwest, South, and Midwest has replaced the waning moral panic of crack cocaine addicted mothers and their “crack babies.” This previous moral panic of “crack babies,” that was so prominent through much of 1980’s and early to mid-1990’s, primarily focused on the potential prenatal harm of crack and somewhat less on the interpersonal relationships between drug using mothers and their children (Linnemann, 2010). This new moral panic is fueled by stories with titles like “Women Falling Prey to Meth,” an article about the demise of middle-class stay-at-home moms who have turned to methamphetamine to maintain the image of the perfect wife and mother, and who ultimately have lost everything because of their addictions (Belkin, 2002; Leitsinger, 2002). This media sensationalism has resulted in predictable public outrage which has led to methamphetamine specific legislation. Such legislation has resulted in increased penalties for methamphetamine use and manufacturing, and has further expanded the stigmatization and criminalization of methamphetamine use (see Methamphetamine Trafficking Penalty Enhancement Act, 1998; Meth Anti-Proliferation Act of 1999; The Combat Methamphetamine Epidemic Act of 2005)

Yet, despite a cultural moral panic surrounding methamphetamine use, often focused on women, less scholarly research has focused on methamphetamine using women (Haight et al., 2005; Linnemann, 2010; Swetlow, 2003). There are a few noteworthy studies focused on the experiences of methamphetamine using women, however (e.g., Boeri, 2013; Copes et al., 2014). From such research, it seems as though female methamphetamine users differ from their male counterparts in a number of

important ways. For example, female methamphetamine users often initiate use at younger ages than do male users and their initiation experiences also differ from those of males (Brecht et al., 2004; Brecht, Anglin, and Dylan, 2005; Carbone-Lopez and Miller, 2012; Carbone-Lopez, Owens, and Miller, 2012). Victimization experiences, parental involvement in the methamphetamine market, and precocious movement into adult responsibilities such as motherhood and romantic relationships with older males emerge as particularly salient risk factors among young women (Carbone-Lopez and Miller, 2012).

In addition, the “cultural anxiety” surrounding methamphetamine use in the United States appears to have had a particularly stigmatizing effect on female methamphetamine users, which may exacerbate the consequences of use (Linnemann, 2010; Linnemann and Wall, 2013). SAMSHA (2007) suggest that this stigmatization has resulted in fewer resources being available to female methamphetamine users, which makes this group more vulnerable to the health consequences associated with methamphetamine use. However, while female methamphetamine users may suffer more overall adverse effects, they also show a greater amenability to treatment and show greater improvements in family relationships as compared to male users (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000).

### Drug use and Interpersonal Relationships

#### *Family members and significant others*

The interpersonal relationships of drug users are often complicated. Family members and significant others can be either supportive of their recovery or enable their continued drug use. Further, the supportive or enabling actions may be inconsistent and

fluctuate over time. According to Falkin and Strauss (2003), the “social networks of substance-using women consist of people who provide constructive social support, individuals who enable their drug use, and those who do both” (143). Constructive social support systems are typically viewed as a mechanism which aids in recovery. However, drug-using women typically have limited social support systems when compared to non-drug-using women, which results in increased feelings of isolation and loneliness (Falkin and Strauss, 2003). Indeed, a prevalent theme in the literature is that drug use may have a negative effect on relationships with family members (Rotunda and Doman, 2001). For example, drug use produces high levels of negativity, decreased levels of cohesion and expressiveness, deficits in problem-solving capabilities, higher levels of conflict, and poor levels of organization within relationships (Rotunda, Scherer, and Imm, 1995). As a result, drug-using women report higher rates of poor or severed relationships with male partners (Falkin and Strauss, 2003).

In contrast, enabling actions, or codependent behaviors, are often seen as a coping mechanism for family members and significant others of substance users. Often these enabling actions are “types of caretaking and attempts to stabilize situations caused or exacerbated by one member’s substance abuse” (Rotunda and Doman, 2001: 258). Enabling behaviors often include giving the user drugs, supporting them financially, and providing a place for them to live (Falkin and Strauss, 2003). When women who use drugs have enablers in their lives – or have others in their lives that also use drugs – their drug use may be more extensive because of the resources that would otherwise be unavailable to them.

*Motherhood and the effects of methamphetamine on children*

As motherhood is often a master status for women (and a status that may have nearly unattainable requirements), it is important to look at it separately when examining the consequences of methamphetamine use on women's interpersonal relationships. Motherhood is commonly considered to be a defining role in women's lives. This role is constructed and defined by prevailing historical and political contexts (Ridgeway and Correll, 2004; Ulrich and Weatherall, 2000). Contemporary Western society has constructed the ideal of "mother" to be one of selfless-sacrifice directed towards the caring, nurturing, and protecting of one's children. This ideal is heavily drawn from White, middle-class, heteronormative standards of a prominently patriarchal society, yet is universally applied regardless of race/ethnicity, class, or sexual orientation (Baker and Carson, 1999; Collins, 1994; Glenn, 1994; Hays, 1996; Lewis, 2002; McMahon, 1995).

This lofty and idealistic definition of "mother" often results in a dichotomized view of mothers as good or bad with little gray area between. Nowhere is this more apparent than in the case of drug-using mothers (Smart, 1996). This dichotomy may also lead to "mother-blaming," in which mothers who fall short of the prescribed standards of motherhood, which a number of scholars hold to be "demanding, conflicting, and unattainable," are informally and formally punished for their "failings" as mothers (Baker and Carson, 1999, 348; Ettore, 1992). Such sanctions can include stigmatization as unfit mothers, incarceration, and even separation from and loss of custody or guardianship of their children (Baker and Carson, 1999; Fineman, 1995; Litt and McNeil, 1997).

While the pharmacological properties of methamphetamine may initially permit periods of functional use, during which time women may believe their drug use even

*assists* them in the performance of their traditional motherhood roles, ultimately, many women are unable to sustain this (Miller, Carbone-Lopez, and Gunderman, 2015). In many cases, a woman's drug use can lead to real, and often times, severe consequences for her children (Barth, 2009; Nair et al., 2003; Schuler, Nair, and Black, 2002; Schuler, Nair, Black, and Kettinger, 2000). These consequences often negatively affect the parent-child relationship (Barnard and McKeganey, 2004). Nair et al. (2003) explain drug-using mothers are at a "much higher risk of experiencing multiple problems that may undermine their ability to care for their children," including "depression, increased exposure to parental and partner violence, sexual abuse, psychiatric disorders, violent behavior, and criminal behavior" (994). Additionally, Nair et al. (2003) report "compared to nondrug users, substance abusing women experience higher stress related to parenting, are often more punitive towards their children—frequently associated with their own experience of parental and partner violence—and may be less responsive to their infants" (994). Barnard and McKeganey (2004) note that drug users often cycle between relapse and recovery, which can result in periods of relative stability in the household followed by periods of instability. These periods of instability can result in the needs of the children becoming "secondary to those imposed by the drug problem" (553). Further, during these periods of instability, children may not receive proper nutrition or be properly clothed and there may be lapses in hygiene, supervision, and care (Barnard and McKeganey, 2004). Additionally, Barnard and McKeganey (2004) suggest that "a preoccupation with drugs can compromise a parent's ability to be consistent, warm and emotionally responsive" (553).

Infants exposed to drugs prior to birth who experience symptoms of withdrawal are often “irritable, sleep less, have problems with feeding, and are in general more difficult to care for than healthy newborns” (Nair et al., 2003, 994). Additional problems resulting from *in utero* exposure to drugs can include higher incidence of movement and tone abnormalities, jitteriness, and attention problems (Nair et al., 2003; Schuler, Nair, and Black, 2002; Schuler, Nair, Black, and Kettinger, 2000). Kandel (1990) reports that older children of drug using mothers are more aggressive, withdrawn, detached, not well adjusted, and are less obedient than those of non-drug using mothers.

Barth (2009) states that “substance abuse by a child’s parent or guardian is commonly considered to be responsible for a substantial proportion of child maltreatment reported to child welfare services” (96). Situations in which family members have informal and/or ambiguous custody/guardianship arrangements, or when parents are incarcerated, can be especially confusing and traumatic for the children, notably because of the uncertainty surrounding their lives. Oftentimes children, particularly young children, do not fully grasp the totality of the situation and the reason why their mother is absent from their lives. This may lead to feelings of betrayal and resentment, which can later serve as a barrier to repairing damaged relationships when mothers seek to rebuild their lives and families. Even though it may often be in the best interests of the child to be temporarily or permanently removed from guardianship of their mother, that separation is not without adverse consequences and experiences for the child. Each time a child is moved from one placement to the next, they are adversely affected (NCASAA, 2007). Some children who have been placed in the foster system or with relatives outside the home may experience symptoms of separation anxiety disorder. This disorder can



manifest in a number of adverse reactions and experiences. These can include feelings of chronic worrying related to the loss or injury of a caretaker, withdrawal from or refusal to participate in school or other activities outside the home, fear and anxiety associated with being alone, nightmares and difficulty sleeping without of the presence of a caretaker, soiling or wetting the bed, and a host of other physical symptoms including headaches, stomachaches, and nausea when separated from a caretaker (NCASAA, 2007).

Compounding these issues, the NCASAA (2007) also asserts that “each placement increases the likelihood of irreversible damage to their emotional and psychological health” (v6-16). In cases where children experience psychological and physical absence from their mother, the level of harm experienced is both salient and potentially long-lasting.

#### Filling the gap: The current study

The extant literature on drug use, addiction, and crime identifies a number of different consequences of drug use that may impact the life of the user and those around them. As demonstrated, drug use may affect the nature and quality of interpersonal relationships with family members, significant others, and children. Involvement in drug use and the drug market may increase the likelihood of using and experiencing violence. Additionally, drug use may negatively affect one’s health, employment potential, housing options, as well as contribute to criminal involvement and subsequent legal problems. Yet studies which look *exclusively* at women methamphetamine users and the negative consequences they face related to their methamphetamine use are uncommon. Given the unique pharmacological properties of methamphetamine (i.e., as a stimulant) and the gendered moral panic that has shrouded the drug over the recent decade, it is possible that

the consequences that result from methamphetamine may be different from those documented for other drugs.

In order to fill this gap in the literature, this dissertation seeks to broadly investigate the various consequences that women who use methamphetamine experience during periods of use. More specifically, I ask: What are these women's experiences of violence related to participation in the methamphetamine market (e.g., buying, selling, and manufacturing), as well as their own drug use? Second, what is the effect of their methamphetamine use on interpersonal relationships with family members and significant others? Finally, how is their methamphetamine use related to health, employment, and housing-related consequences? Ultimately, I hope to show that negative effects may result from drug use and crime, and that such negative effects may actually perpetuate the cycle by leading women to continue their involvement in crime.

In previous work, Miller, Carbone-Lopez, and Gunderman (2015) examined the gendered narratives of self, addiction, and recovery among methamphetamine using women, which in part laid the groundwork for this dissertation. Miller, Carbone-Lopez, and Gunderman's (2015) research focused on the "gendered chronological story" of incarcerated women's experiences with methamphetamine (88), highlighting the periods of perceived functional use during which methamphetamine seemed to 'enhance' the performance of traditional women's roles. However, the narratives also described an eventual descent into addiction and, in many cases, the beginning steps towards recovery. This dissertation will build on this work to focus specifically on how negative consequences related to these women's methamphetamine use compound and result in the creation of a state of cumulative continuity. In addition, I will examine how this

group of women hopes to desist from drug use and illicit activity through the process of “making good.”

### Theoretical framework

As I describe in greater detail in Chapter 3, I employ inductive analytic techniques, based on modified grounded theory principles, to identify emergent patterns and themes related to the consequences of methamphetamine use experienced by this sample of women. As such, an *a priori* theoretical framework would be inappropriate for this research. However, this does not imply that my research has not been theoretically informed. Silverman (2006) writes that “grounded theory has been criticized for its failure to acknowledge implicit theories which guide work at its early stages” (96). Thus, I acknowledge that a number of criminological theoretical perspectives and frameworks, specifically the process of cumulative continuity which is part of the life-course perspective, strain theories, gendered pathways, Maruna’s (2001) “making good” thesis, Giordano et al.’s (2002) theory of cognitive transformation, and Paternoster and Bushway’s (2009) identity theory of criminal desistance were instrumental to my understanding, analysis, and conceptualization of these data. I highlight the process of cumulative continuity because it best explains how women’s methamphetamine use weakens restraints and subsequently strengthen incentives for further criminal behavior. However, all of these theoretical frameworks are consistent with the broad themes of loss, and hope and redemption, which emerged from these data. As will be detailed in Chapters 4 and 5, the narratives of these women are often divided into two distinct story lines: 1) a recounting of the negative consequences stemming directly or indirectly from their methamphetamine use (loss) and 2) a description of the hope they feel related to

their continued desistance from drug use and illicit activities, and their desire to rebuild their lives upon release from incarceration (hope and redemption).

### *Cumulative continuity*

As discussed previously, the negative consequences I focus on (violence, damage to interpersonal relationships, and personal consequences related to health, employment, housing, and legal consequences) represent things these women feel they have lost due to their methamphetamine use. Experiences with violence, I suggest, represent a loss of safety and security. Damage to interpersonal relationships encompasses the loss of positive relationships with children, parents, and significant others. My examination of personal consequences also focuses on the loss of health, legitimate employment, stable residence, and ultimately personal freedom upon involvement with the criminal justice system and eventual incarceration. These accumulating losses (or consequences) can be seen as transitions contributing to a trajectory of continued, and often times increased, drug use and illicit activity (Elder, 1994). Transitions are distinct life changes or events within a trajectory which result in a change in status or social identity (Elder, 1985). Trajectories are a series of interrelated situations within a defined scope of behavior and/or experience (Elder, 1985). Rutter and Rutter (1993) indicate that these transitions and trajectories can result in turning points. Turning points are “an alteration or deflection in a long-term pathway or trajectory that was initiated at an earlier point in time” (Sampson and Laub, 2005: 16) which can then direct individuals down adaptive or maladaptive life paths. The maladaptive life paths will be examined through the concept of cumulative continuity, while the adaptive paths will be examined through the concept of making good.

Drawing on the work of Heckman (1981), cumulative continuity is one mechanism for explaining sustained or persistent offending within the life course perspective. In explaining the relationship between early offending and adult criminality, Sampson and Laub (1997) explain that cumulative continuity “posits that delinquency incrementally mortgages the future by generating negative consequences for the life chances of stigmatized and institutionalized youth (51). More broadly, cumulative continuity explains the detrimental effect of accumulating negative consequences and how they adversely influence future life options and behaviors, specifically deviance and criminality (Agnew, 1997; Caspi and Moffitt, 1993; Caspi, Bem, and Elder, 1989; Browning and Laumann, 1997; Nagin and Paternoster, 1991, 2000). Nagin and Paternoster (2000) summarize the process:

[C]ommitting crimes can weaken or destroy one’s involvement in a network of conventional relationships (spouse, children, relatives, neighbors) that could have provided even partial restraint on criminal tendencies. Criminal acts committed now can also increase one’s risk of future crime by leading one into closer affiliation with other offenders. In fact, one could think of numerous ways in which committing crimes has the two-pronged effect of both weakening restraints/inhibitions and strengthening incentives for additional criminal behavior...Generally, the [cumulative continuity] process occurs when criminal and non-criminal activity materially transforms conditions in

the offender's life, thereby altering the probability of future offending. (118-119)

In short, criminal offending and drug use, which in itself is a criminal act, predict future criminal offending and drug use because of their detrimental effects on the life and relationships of the individual. Further, Moffitt (1993) suggests that serious sanctions, such as incarceration and other involvement with the criminal justice system may result in the “knifing off” of future opportunities related to a conventional lifestyle.

Incarceration often results in the loss of pro-social networks and bonds with children, family members, and others. This loss of pro-social networks and bonds may affect custody and or guardianship of children, stable supportive relationships with significant others, and employment and housing opportunities. Without these supports in place, relapse and recidivism are more likely to occur.

Mullings and colleagues provide an example of the application of cumulative continuity in the examination of intravenous (IV) drug users. They found that IV drug use narrows life options, decreases one's ability to assume conventional roles, and reinforces continued IV drug use (Mullings, Marquart, and Diamond, 2001). This same process may be found within the sample of women examined here. Their methamphetamine use may narrow their life options and their ability to assume conventional roles, and may subsequently reinforce their continued drug use and the accumulation of negative consequences stemming from their drug use.

#### *Gendered pathways*

A gendered pathways perspective can also help to understand how childhood and adult experiences of women influence offending behaviors (Belknap 2007). Prior

research has demonstrated that chaotic family lives, childhood trauma, victimization, substance abuse, poverty, gendered expectations, peers, romantic relationships, parental criminality, and inequalities have a salient impact on the development of a woman's experiences, options, and identity which may ultimately affect her drug use and involvement in crime and delinquency (Belknap, 2007; Brown, 2006; Carbone-Lopez and Miller, 2012; Chesney-Lind and Rodriguez, 1983; Chesney-Lind and Sheldon, 2004, 2012; Daly, 1992, 1998; Salisbury and Van Voorhis, 2009). Daly (1992) further notes that those adverse experiences which create gendered pathways to offending are not evenly distributed among women. There is evidence that women offenders, in particular, have substantial histories of violent victimization (see e.g., Wellish and Falkin, 1994; Carbone-Lopez and Kruttschnitt, 2010). While not all women in the criminal justice system have experiences with adverse life experiences, like abuse and chaotic family situations, nor do all women who experience such adverse life experience go on to offend, Maeve (2000) demonstrates that experiences of violence and sexual victimization are often "life-shaping events," which may result in self-destructive tendencies, risk-taking behaviors, and the use of drugs and alcohol (474).

#### *General strain theory*

According to Agnew's General Strain Theory (1992, 2006), strains result from three broad categories of life events: 1) the inability to achieve valued goals; 2) the removal of positive stimuli; and 3) the introduction of noxious stimuli into an individual's life. As a result of these strains, an individual may commit deviant and/or criminal acts, including substance abuse, in order to cope with or ease the negative emotionality related to the strain (Agnew, 2006). Methamphetamine use, and drug use

more generally, and associated negative consequences, including criminal involvement and loss of interpersonal relationships, employment, housing, and health, may be viewed as forms of strain.

In a recent extension of General Strain Theory, Slocum (2010) explains that persistent offending over the life course may be a result of chronic strain and stress proliferation. Slocum (2010) explains:

An additional mechanism by which offending may be maintained over the life course is via chronic strain and stress proliferation. Chronic strains are arguably one of the most detrimental types of stressors, and some researchers go so far as to posit that other types of stressors affect negative outcomes solely as initiators of chronic stressors (Pearlin, Menaghan, Lieberman, and Mullan, 1981). Although chronic stressors may result from persistent life difficulties (McLean and Link, 1994), stress researchers also posit that chronic strain is produced through a dynamic process known as stress proliferation. In this process, current stressors have a direct causal effect on future stressors, and exposure to one trauma puts people at risk for exposure to another. Stress proliferation may be responsible for maintaining continuity in stressor exposure and hence offending and substance use over time (214).



Additionally, Slocum (2010) notes a consensus in the literature that “chronic strain is central to the stress process and that accumulating stressors contribute to escalation in delinquency and substance use” (216). The accumulation of stressors leading to an escalation in criminality and drug use, and its logical consistency with the mechanism of cumulative continuity makes General Strain Theory and the chronic stressors and stress proliferation extension useful in explaining the consequences of methamphetamine use.

*Interpreting data from multiple theoretical perspectives: An example*

These data allow for the interpretation of multiple theoretical perspectives. As an example, I highlight Wendy’s narrative. Early on in her interview she discusses her entry into methamphetamine use, which is consistent with a gendered pathway model of childhood trauma preceding drug use. She explained:

I was severely abused, my step-dad abused me daily. And my mother was a prostitute and was never there for me. So I wasn’t happy as a child at all. And I was forced pretty much at the age of 13 to try to raise my younger siblings and I just remember not really caring about life...

Later in her interview she discussed why she continued to use methamphetamine. Here her narrative suggests the presence of strain as she specifically notes using to deal with things that “went wrong” in her life:

Yah, um, like if I would get like depressed or like there was something wrong, like if something went wrong in my life. Like it could be anything like from life the smallest little bitty thing to something huge, I would use more to try to

get time to think about it that, like I didn't have to think about it or feel anything.

Later, in her narrative Wendy describes the negative life events and consequences she believed contributed to her continued methamphetamine use and the consequences that resulted from her methamphetamine use. In the following passage strain, gendered pathways, and the process of cumulative continuity are present:

[F]rom a young age, meth had taken my mother from me. I never really knew my true mother...My mother deserted me when I was a few weeks old and when she came back into my life she was like a good mom for like five years. Then I guess she started using meth again...I never got to know, I never had a true I guess what they call normal family 'cause I told my mom there was several times that he [step-father] was abusing me and she was more interested in using drugs. My step dad also used methamphetamines and I witnessed my step dad kill my sister from anger and from coming down off meth and nothing was done. It destroyed my marriage. My ex-husband does not use drugs of any kind and when he found out I was using them again he was very, very angry and there was no understanding, no talking, no anything...It's destroyed several relationships I was in...It's affected my relationships with my children because my children can

look at me and say ‘mommy I know you’re in jail because of drugs.’

In her narrative Wendy is clear that she continued to use drugs, including methamphetamine until she was incarcerated. Although multiple theoretical perspectives are present in these data, I am drawing primarily on the life course perspective, particularly the process of cumulative continuity because it is my view that it is not just that methamphetamine use has consequences, but that the consequences of methamphetamine use then perpetuate further methamphetamine use.

### *Desistance*

When discussing the topic of desistance from crime and drug use in regard to a sample of incarcerated women, one must be careful. I classify these women as being in a state of “forced desistance.” Their drug use and related criminal lifestyles have resulted in their incarceration and, in many cases, participation in a court-ordered drug and alcohol treatment program. While participating in this treatment program it can be assumed that, for the time being, they have desisted from both crime and drug use as requirements for participation. Some may argue that this is not “true” desistance from crime and drug use. However, desistance is a topic of long standing debate within the criminological community. A number of researchers have defined desistance as a singular event, that being the point at which a person ceases criminal activity (Farrall and Bowling, 1999; Shover, 1996). Many other researchers, including Maruna (2001) whose work I heavily draw from in this dissertation, believe that desistance is instead a process that a person goes through (Bushway, Piquero, Broidy, Cauffman, and Mazerolle, 2001; Kazemian, 2007; Laub and Sampson, 2003; Paternoster and Bushway, 2009).

Desistance can be conceptualized in two models: ontogenic or sociogenic. The ontogenic model explains desistance through maturational processes, such as aging (see Gleuk and Gluek, 1951; Gottfredson and Hirschi, 1990; Hirschi and Gottfredson 1983; Levinson, 1986; Mulvey, 2011; Tittle, 1988). This maturational process of desistance is most often illustrated through the age-crime curve. The basic premise is that there is a sharp incline in crime and delinquency during early adolescence which peaks during the mid to late teenage years. This peak in offending is followed by a steep and then gradual decline in offending through the remainder of an individual's life (Farrington, 1986). The sociogenic model moves beyond simple maturation arguments to include historical context, environmental influences, social structure, bonds and attachments, developmental processes, psychological characteristics, cognition, identity, and human agency (see Dannefer, 1984; Farrall and Bowling, 1999; Giordano, Cernkovich, and Rudolph, 2002; Giordano, 2010; Laub and Sampson, 2001, 2003; LeBlanc and Loeber, 1998; Maruna, 2001; Paternoster and Bushway, 2009). In contrast to the primary focus on maturation, the sociogenic model posits that social interaction with institutions which provide informal social control has important effects on stability and change over criminal behavior over the life course.

*Making good: Redemption scripts*

The desistance process which Maruna (2001) describes in his seminal work, *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*, is sociogenic in nature and focuses on the role of self-narratives to facilitate desistance through cognitive adaptation and identity transformation with goals of normalcy and conventionality. In his study, individuals who persisted in crime created "condemnation scripts" in which they

spoke of feelings of powerlessness over their environments, powerlessness to change their lives, and a general sense that they were “doomed to deviance” (Maruna, 2001). On the other hand, individuals who desisted from crime created “redemption scripts.”

Maruna (2001) explains the redemption script process:

The redemption script begins by establishing the goodness and conventionality of the narrator – a victim of society who gets involved with crime and drugs to achieve some sort of power over otherwise bleak circumstances. This deviance eventually becomes its own trap, however, as the narrator becomes ensnared in the vicious cycle of crime and imprisonment. Yet, with the help of some outside force, someone who “believed in” the ex-offender, the narrator is able to accomplish what he or she was “always meant to do.” (87)

This perspective provides a suitable context for an examination of these incarcerated former methamphetamine-using women’s attempts to establish their goodness and conventionality. This process may be especially salient for the mothers in this sample, who may look toward their children as a source of motivation for staying clean. For some women, the treatment environment, in addition to involvement of family members in some cases, may provide an “outside source” that believes both in them and their recovery.

*Cognitive transformation*

In addition to Maruna's (2001) redemption script process in his "making good" thesis, Giordano et al. (2002) highlight the role of transformation in the desistance process. Giordano et al. (2002) present a more "agentic" view of desistance in which "hooks for change" serve as "catalysts for lasting change when they energize rather fundamental shifts in identity and change the meaning and desirability of deviant/criminal behavior itself" (992). "Hooks for change" refer to "potentially prosocial features of the environment," which may include marriage and employment (Giordano et al., 2002, 1000). In their theory, the *environment* (hooks for change) "provide[s] a kind of scaffolding that makes possible the construction of significant life changes" when individuals make the *choice* (cognitive shift) to pursue these life changes (Giordano et al., 2002: 1000).

Cognitive shifts are "fundamental to the transformation process" which is essential to desistance (Giordano et al., 2002: 999). Giordano et al. (2002) describe four types of related cognitive shifts which are part of the desistance process. The first is a "basic openness to change" (1000). This openness to change, they argue, is the most "fundamental cognitive transformation related to desistance and has been discussed in great detail in the treatment and addiction literature" (Giordano et al., 2002: 1000). However, although openness to change is necessary, it is insufficient on its own. The second cognitive shift relates to direct exposure of the individual to a "particular hook or set of hooks for change" (Giordano et al., 2002: 1000). This cognitive transformation focuses on the "reciprocal relationship between the actor and the environment" (Giordano et al., 2002: 1001). The third cognitive shift occurs when "actors are able to envision and begin to fashion an appealing and conventional 'replacement self' that can supplant the

marginal one that must be left behind” (Giordano et al., 2002: 1001). Giordano et al. (2002) posit that hooks for change provide both an “opening” for one to begin creating a new identity as well as “reinforcement” throughout the process of transformation (1002). The last cognitive shift described by Giordano et al. (2002) involves a distinct change in how the individual views their prior deviant behavior and/or lifestyle. In this sense, Giordano et al. (2002) explain “the desistance process can be seen as relatively complete when the actor no longer sees these same behaviors as positive, valuable, or personally relevant” (1002). Giordano et al. (2002) summarize their theory of cognitive transformation:

[T]he various cognitive transformations not only relate to one another (an ideal typical sequence: an overall “readiness” influences receptivity to one or more hooks for change, hooks influence the shift in identity, and identity changes gradually decrease the desirability and salience of the deviant behavior), but they also inspire and direct behavior. Actions that flow from these cognitive shifts, and that cannot be explained solely with reference to predictor effects (e.g., where the spouse forces the actor to discard bad companions), we consider agentic moves. Both cognitive shifts and the agentic moves that connect to them will be associated with sustained behavioral change (1002-1103).

A number of other elements of Giordano et al.'s (2002) theory of cognitive transformation are also relevant to this dissertation. Their theory highlights the role of gender in the desistance process, particularly in regard to gender socialization. Giordano et al. (2002) explain:

(1) Marital attachment may be even more critical as an influence on desistance for women than for men, (2) childbearing may represent a more life-changing transition for female than for male offenders, and (3) employment experiences will tend to be less important for women than for men (996).

Giordano et al. (2002) also present the concepts of *blueprints for change* and *respectability packages* as part of the cognitive transformation process related to desistance. A *blueprint for change* may aid in facilitating the “development of an alternative view of self that was seen as fundamentally incompatible with criminal behavior” (Giordano et al., 2002: 1038). In other words, when individuals begin to think about their future self in new, more prosocial ways, it can help them to remain desisted. Furthermore, a *respectability package* refers to the co-occurrence of marriage and stable (legitimate) employment which are related to continued desistance as discussed in Laub and Sampson's theory of informal social control. The presence of a *respectability package*, particularly a “high quality” *respectability package* predicts a greater likelihood of continued desistance from crime and deviance.



*Identity theory of criminal desistance*

Paternoster and Bushway (2009) build on the work of Maruna (2001) and Giordano et al. (2002) in their identity theory of criminal desistance. In their theory Paternoster and Bushway (2009) posit:

[O]ffenders have “working selves” as criminal offenders with a set of preferences and social networks consistent with that self. In addition to the working self, or the self in the present, there is a future, or possible, self that consists both of desires as to what the person wishes or hopes to become (the positive possible self) and anxiety over what they fear they may become (the feared self). Persons are committed to their working self until they determine that the cost of this commitment is greater than the benefits. A perception that one may in fact turn out to become the feared self, a perception assisted by the linking of life failures, or what has been called the “crystallization of discontent,” provides the initial motivation to change the self. This initial motivation brings with it a change in preferences and social networks that stabilize the newly emerging self (1103).

Paternoster and Bushway’s (2009) identity theory of criminal desistance, however, differs from the work of Maruna (2001) and Giordano et al. (2002) in key ways. Paternoster and Bushway (2009) explain that, although, they agree with Maruna’s view

that “sustained desistance most likely requires a fundamental and intentional shift in a person’s sense of self,” they do not agree that reframing and the “willful cognitive distortion of the past to align it with the present” is sufficient for desistance (1107). Instead, Paternoster and Bushway (2009) believe true desistance requires the offender “cast off his old identity in favor of a new one” (1107-1108). Additionally, Paternoster and Bushway (2009) criticize Maruna’s work for not including “a description of the process that leads to a disenchantment with crime or a criminal identity, the appeal of a new, conventional identity of, nor how that identity must be built up” (1108).

Similarly, Paternoster and Bushway (2009) state that “we think that the kinds of conventional social relationships and role-taking described by Giordano et al. are important and necessary parts of the desistance process,” however, they disagree on the temporal ordering (1106). Paternoster and Bushway (2009) explain that the conventional social relationships and role-taking described by Giordano et al. are “not accessed until after offenders first decide to change and then actually begin to change their sense of who they are” (1106).

## CHAPTER 3: DATA AND METHODS

In this chapter, I provide a description of the methods used to examine the research questions posed in my study. Broadly, my study focuses on the consequences of methamphetamine use among a sample of incarcerated women. Drawing from a life course perspective, I ask: 1) What is the relationship between the accumulation of negative consequences and continued and/or increased involvement in drug use and illicit activity?; and 2) How do former users hope to remain desisted from involvement in drug use and illicit activity upon their release from prison/treatment?

In the following sections, I describe the broader study on women's use of methamphetamine from which these data are drawn and then provide an overview of the sample. I also describe the analytic techniques I use to examine my research questions. Finally, I discuss both the strengths and limitations of these qualitative data for addressing the research questions posed in this study.

### Data

This examination of the consequences of methamphetamine use relies on 40 qualitative interviews collected as part of a larger study of women's experiences with methamphetamine. The women who took part in the study were incarcerated in Missouri and many of them had been court-ordered to participate in a correctional drug and alcohol treatment program while in prison. At the initiation of the study, the research team<sup>1</sup> met with women housed in the treatment unit and described the study to them, inviting any women who were interested to write their name on a list of volunteers to be called for

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<sup>1</sup> The research team consisted of Dr. Kristin Carbone-Lopez and three female graduate students who were trained in in-depth qualitative interviewing techniques and human subject protection protocols prior to data collection.

interviews at a later time. Because of the large number of women who volunteered initially, they were called to interview in order of the nearest approaching release dates.

Initial screening by interviewers ensured that those who volunteered had sufficient experience with methamphetamine: women who said they had used methamphetamine more than five times in the 12 months prior to incarceration or had ever sold or cooked meth were eligible to participate.<sup>2</sup> To ensure confidentiality of the participants, all interviews were conducted by female interviewers in private offices within the institution, outside of the presence of correctional officers, treatment staff, and other offenders. Prior to the interview, respondents were informed of their rights as participants in the study. After outlining the research objectives of the study, the interviewers explained to women that they did not have to answer questions they felt were too sensitive. Interviewers also asked the women not to use their real names or the names of other people or places discussed during the interview. Respondents received \$20 compensation for their participation in the study. The interviews were audio recorded and later transcribed verbatim by the interviewer. Pseudonyms are used throughout the transcripts to protect women's confidential information.

The interviews were semi-structured in nature and lasted, on average, one hour. Interviews focused on a number of topics related to the participants' use of methamphetamine. This included general background information; the circumstances surrounding their initiation into methamphetamine and other drug use; their patterns of use throughout their lifetime including periods of increased use and desistance; their prior criminal involvement; their knowledge and participation in methamphetamine

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<sup>2</sup> It was not a requirement that women were incarcerated on methamphetamine-related charges to take part in the study.

distribution networks; and childhood experiences of adversity or violence. The focus of the present study is on the consequences of methamphetamine use and a number of questions were included in the interview to elicit information on how methamphetamine use had impacted the women's lives. For example, interviewers asked women whether they had ever lost custody of their children; experienced violence; were made to do something sexual that they did not want to; were fired from or lost a job; or were kicked out of someplace they were living as a result of their methamphetamine use. Interviewers also asked women whether they believed their methamphetamine use had any negative impacts on their overall health or on their relationships with others.

#### Analytic Plan

The use of qualitative analytic methods is the most appropriate means of examining the research questions asked in this research because they are uniquely suited to provide a window into the lives and experiences from the participants' perspective (Denzin and Lincoln, 1994; Lofland et al., 2006). Lambert et al. (1995) and Nichert et al. (2004) further argue that qualitative methods are useful in the study of drug users and marginalized populations.

I began data analysis by merging all data relevant to the consequences of methamphetamine use and desistance into a single data file. These data were found in both interview sections related to *the consequences of methamphetamine use* and *relationships with others* as well as other sections in which the disclosure of relevant information occurred organically during the course of the interview. I then used inductive analytic techniques, based on modified grounded theory principles, to identify emergent patterns and themes related to the consequences of methamphetamine experienced by this

sample of women. This was accomplished through close and repeated readings of the data as well as line-by-line open coding. Through the identification of recurring themes, patterns and topical areas, I was able to discern important categories for analysis. For example, I identified *loss* as an important theme that represented the consequences women experienced as a result of their methamphetamine use. The advantage of beginning with open coding was that I was able to uncover themes that I may not have discovered through a more focused coding alone. While my research questions focus primarily on consequences of methamphetamine use, through the analysis, I also identified themes of *hope and redemption*.

Simple tabulations, constant comparative methods, and deviant case analysis were also used to strengthen the internal validity of the analysis. The use of a constant comparative approach in which continuities, discontinuities, and patterns within and across interviews are identified and used to test emergent hypotheses allows for refinement and rejection of initially identified analytic patterns and to further establish the representativeness of the themes and patterns presented (Charmaz, 2006; Miller, 2005, 2011; Silverman, 2006). The themes identified in the findings are representative of the most common patterns found in the narratives (Miller, 2005).

In addition, four case studies are presented to illustrate the variation in women's experiences. The implementation of case studies is useful in this context for a number of reasons. Hancock and Algozzine (2006) maintain that case study research allows for the study of individuals as well as various phenomena. Hancock and Algozzine (2006) further explain that "case study research is richly descriptive...It employs quotes of key participants, anecdotes, prose composed from interviews, and other literary techniques to

create mental images that bring to life the complexity of the many variables inherent in the phenomenon being studied” (16). Baxter and Jack (2008) and Yin (2003) argue that the use of case studies is appropriate when attempting to answer “how” and “why” questions as well as when analyzing the contextual conditions which are believed to be relevant to the specific events and experiences being examined. Laub and Sampson (2006) believe narratives such as these “help unpack the mechanisms that connect salient life events across the life course, especially regarding personal choice and situational context” (10). I employ the case studies to more fully illustrate how the within-person negative consequences, resulting from drug and related criminal activity, may in some cases compound, leading women to continue their involvement in drug use and crime and influence their desistance process. In addition, the case studies provide the opportunity to demonstrate across-person differences in experiences, demonstrating that the consequences of methamphetamine use are not uniform.

### Sample description

It is important to keep in mind that the women who comprise this sample were not only incarcerated at the time of their interviews (though not necessarily on methamphetamine-related charges), but they were also participating in a (often court-ordered) treatment program. Indeed, they were living in the treatment unit within the prison. Thus, it is necessary to provide some background information on the treatment protocol.

### *Coercive treatment*

Brecht, Douglas, and Anglin (2005) indicate that the growing “prevalence of methamphetamine use and the associated social costs” have resulted in policymakers

“mandating a growing number of methamphetamine users to substance treatment via the criminal justice system” (337). The subjects of this dissertation were, in many cases, court-ordered to participate in a correctional drug and alcohol treatment program in Missouri. Their court-ordered participation can be defined as coercive through legal pressure (Brecht, Anglin, and Dylan, 2005; Farabee, Pendergast, and Anglin, 1998; Urbanoski, 2010; Wild, 2006). Urbanoski (2010) defines coercive treatment as any form of treatment which is “perceived as an imposition and an infringement on autonomy, regardless of the agent or source” (2).

Coercive treatment of drug users, in various forms, has existed in the United States in one form or another since the 1920’s (Anglin and Hser, 1991; Farabee, Pendergast, and Anglin 1998; Inciardi, 1988). Further, Lurigio (2000) suggests that “treatment programs in jails and prisons typically serve more serious drug abusing offenders and have several advantages over community-based programs involving the same populations” (502). Some of the advantages of coercive corrections based substance abuse programs include their ‘captive’ audiences and subsequently low dropout rates, the fact that they are often located in the safest and cleanest areas of the prison, their cost effectiveness relative to community-based residential treatment programs, and that they may be the only treatment programs available to drug users who otherwise cannot or would not seek treatment (Lurigio, 2000; Urbanoski, 2010). Many coercive corrections based substance abuse programs implement a therapeutic community treatment model, which aims to “break members’ addictive habits,” pushes them to “examine the causes of their destructive behaviors,” as well as “restructure addict’s personalities and lifestyles,



encouraging them to refrain from drug use and other antisocial activities, to become gainfully employed, and to adopt prosocial values” (Lurigio, 2000: 502).

Although there is some disagreement in the literature (see Wild, 2006 for a review of the criticisms of coercive treatment), coercive treatment is believed to be a generally effective treatment policy (Brecht, Douglas, and Anglin, 2005; Farabee, Pendergast, and Anglin, 1998; Nance et al., 2007; National Institute of Drug Abuse, 2006; Sullivan et al., 2008). Effectiveness is typically reported as the greater likelihood of an offender entering and remaining in treatment, longer retention, and “comparable or better short term treatment responses (e.g., reductions in substance use, criminal activity) to others in treatment” (Farabee, Pendergast, and Anglin, 1998; Urbanoski, 2010: 4). Brecht, Anglin and Dylan (2005) report methamphetamine users who had participated in coercive treatment did not differ significantly by gender or ethnicity, but were younger than methamphetamine users who freely chose to seek treatment. This suggests that the “agency pressure may bring methamphetamine users into treatment sooner than would occur without such pressure” (Brecht, Anglin and Dylan, 2005: 350). Further, Brecht, Anglin and Dylan (2005) also report moderate levels of positive outcomes for methamphetamine users similar to those reported in studies of other drug users. This suggests that coercive treatment for methamphetamine users is at least as effective as it is for other drug users.

### *The prison*

At the prison where the women in the sample were housed, substance abuse treatment is provided by a contracted agency, the Gateway Foundation (Joint Committee

on Corrections, 2012).<sup>3</sup> The Gateway Foundation employs a modified therapeutic community treatment model as the underpinning of its in-prison substance abuse treatment services (Gateway Foundation, 2014). This therapeutic community treatment model was originally developed in 1958 by Chuck Dederich and had as its original goal to provide a controlled substance-free environment in which alcohol and substance users could rebuild their lives, using the principles of Alcoholics Anonymous (AA) along with a social learning model (SAMHSA, 1999b). The community treatment model's intent is to promote a more holistic lifestyle and to identify areas for change such as negative personal behaviors—social, psychological, and emotional—that can lead to substance use. These changes are facilitated through learning from fellow residents, staff members, and other figures of authority (Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment, 1999b). Two unique characteristics of this model seem to make it appropriate for the treatment of those with the most severe substance abuse problems and for those requiring long-term care: 1) the use of the community itself as therapist and teacher in the treatment process and; 2) a highly structured, well-defined, and continuous process of self-reliant program operation.

At the women's prison, the substance abuse treatment program has a total of 240 beds: 90 beds are reserved for Long Term offenders and 150 beds for Short Term offenders (Joint Committee on Corrections, 2012). The treatment program at the prison

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<sup>3</sup> The Gateway Foundation is a private, not-for-profit organization, which began offering treatment programs in 1968 specifically focused on the connection between criminal activity and substance abuse (Gateway Foundation, 2015). Over the last 47 years, Gateway Foundation has become one of the largest and most recognized providers of substance abuse and co-occurring treatment services in the United States and they specifically target under-served populations which include the incarcerated, both adult and adolescents (Gateway Foundation, 2015). The Gateway Foundation has established corrections-based treatment programs in Arizona, Florida, Indiana, Missouri and New Jersey, serving approximately 20,000 clients per year in its correctional treatment programs (Gateway Foundation, 2015). Additionally, the Gateway Foundations is the primary provider of in-prison substance abuse treatment services for the Missouri Department of Corrections (Gateway Foundation, 2015).

implements group therapy, individual sessions, educational lectures, educational videos and peer groups consistent with the therapeutic community treatment model (Joint Committee on Corrections, 2012).

### *The sample*

In terms of demographic characteristics, the women in the sample are predominately White, with only one Latina respondent. The racial distribution of the sample is not surprising, as methamphetamine use is disproportionately concentrated among suburban and rural whites. The respondents ranged in age from 20 to 58 at the time of the interview, with most women being in their twenties and thirties. The majority of the women in the sample had attained a high school diploma/GED or less, with only eight women reporting “some college” or higher. All respondents reported poly-drug use, including methamphetamine, marijuana, heroin, cocaine, crack, hallucinogens, inhalants, and an assortment of prescription pills. Methamphetamine use typically began in late adolescence, with some variation across the sample. Twelve women in the sample disclosed childhood sexual abuse which affected their initiation into methamphetamine use, typically through precocious role entry (see Carbone-Lopez and Miller, 2012).

Thirty-four of the women reported being mothers. The number of children ranged from one to nine, with two and three children being the modal categories. At the time of the interview, 32 respondents had minor children (i.e., under the age of 18) and the ages of the children ranged from one to 32 years of age. Slightly more than half of the mothers (55%) had their first child before the age of 18. Twenty-two (65%) of the respondents discussed losing/giving-up custody of their children, permanently or temporarily, either due to state or family interventions. Ten respondents indicated that

they had never lost custody/guardianship of their children prior to incarceration.

Additionally, all women in the sample discuss in their narratives that their involvement with methamphetamine has had a negative impact on others in their lives including parents, grandparents, other relatives, significant others, and/or friends.

**Table 3.1 Demographic Characteristics of the Sample**

	N/Mean	N Missing
Respondent Race		
<i>White</i>	39	
<i>Latina</i>	1	
Age (average)	33	
Age (range)	20 to 58	
Education		
<i>Less than HS</i>	19	
<i>HS diploma/GED</i>	7	
<i>Some college or more</i>	8	
Childhood Sexual Abuse	12	
Have Children	34	
Number of Children (mode)	2 & 3	
Lost Custody of Children	22	
Arrest History		
<i>Less than 5 Arrests</i>	9	
<i>Between 5 and 9 Arrests</i>	7	
<i>Between 10 and 14 Arrests</i>	7	
<i>15 or More Arrests</i>	17	
Current Sentence		4
<i>Methamphetamine-Related</i>	15	
<i>Other Drug Charges</i>	5	
<i>Probation/Parole Violations</i>	11	
<i>Other Criminal Charges</i>	5	

Many of the women in the sample had extensive criminal histories related to illicit drugs, including methamphetamine use, distribution, and manufacturing, as well as non-drug related crimes. The women in the sample reported extensive experience with the criminal justice system.<sup>4</sup> Seventeen women reported having been arrested more than 15 times, seven women reported being arrested between 10 and 14 times, seven women reported being arrested between five and nine times, and nine women reported being arrested less than five times. In addition to their involvement in illicit drug use, the women in the sample report involvement in a variety of criminal behaviors including vandalism, larceny, breaking and entering, robbery, motor vehicle theft, fraud, forgery, writing bad checks, assault, child endangerment, prostitution, and murder. Fifteen women were serving a sentence directly related to methamphetamine and half of the women in the sample were incarcerated due to drug charges or related probation or parole violations.

### *Experiences of violence*

The use and experience of violence was a common occurrence for most of the women in this sample. Violence, both using violence and personally experiencing violent acts, was operationalized as an affirmative response to direct questioning related to women's experiences of violence related to their methamphetamine use. Additionally, if a respondent, at any time during their interview, discussed experiencing any form of violent altercation during the period of time they were using methamphetamine, they were also included here.

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<sup>4</sup> Information concerning number of arrests and criminal involvement was not corroborated with official records and was thus reliant solely on retrospective recounts by the respondents.

**Table 3.2 Experiences of Violence**

	<b>Yes</b>	<b>No</b>	<b>Missing</b>
Used Violence Against Someone	34	6	0
Experienced Violence	32	6	2

As shown in Table 3.2, 34 of the women reported using violence against another person in relation to their methamphetamine use and/or their participation in the methamphetamine market. Thirty-two women also reported having experienced some form of violence.

*Negative health consequences*

The existence of negative health related consequences was operationalized as an affirmative response to direct questioning related to potential health issues stemming from their methamphetamine use. Additionally, if a respondent, at any time during their interview, noted experiencing any health related consequences during the period of time they were using methamphetamine, or after the cessation of their methamphetamine use, they were also included. Twenty-six women in the sample indicated that they experienced some form of negative health consequences related to their methamphetamine use and/or participation in the methamphetamine market, primarily manufacturing the drug. As seen in Table 3.3, the ailments reported by the sample include Hepatitis C, mental health problems, neurological problems/memory loss, dental problems, unhealthy weight loss, respiratory problems, vascular issues, as well as a number of other unspecified problems. The total number of ailments reported by the

sample is greater than the number of respondents who reported negative health consequences; this is due to 10 women reporting multiple negative health consequences.

**Table 3.3 Health Related Consequences**

	<b>Yes</b>	<b>No</b>
Negative Health Consequences	26	14
<i>Specific Ailments</i>		
Hepatitis C	8	
Mental Health Problems	5	
Neurological/Memory Loss	5	
Teeth	4	
Unhealthy Weight Loss	4	
Respiratory Problems	4	
Vascular Issues	2	
Miscellaneous Other	8	

*Employment and housing related consequences*

Loss of employment was operationalized as an affirmative response to direct questioning related to periods of employment and/or unemployment related to their methamphetamine use. Additionally, if a respondent, at any time during their interview, discussed periods of employment and/or unemployment during the period of time they were using methamphetamine they were also included here. Missing data related to questions concerning employment status prior to their current incarceration is the result of interviewers neglecting to gather the information at the time of the interview.

Experiences related to the loss of a place of residence were operationalized as an affirmative response to direct questioning related to the loss of residency related to their methamphetamine use. In addition, if a respondent, at any time during their interview,

indicated that they had experienced any loss of residency during the period of time they were using methamphetamine I included them here.

As shown in Table 3.4, one quarter of the sample indicated that they were legally employed prior to their current incarceration. Twenty-eight women in the sample reported that their methamphetamine use and/or participation in the methamphetamine market resulted in the loss of legitimate employment at some point in their lives. Moreover, 21 women, just over half of the sample, indicated that they had experienced the loss of a place of residence due to their methamphetamine use and/or participation in the methamphetamine market.

**Table 3.4 Employment and Housing Related Consequences**

	<b>Yes</b>	<b>No</b>	<b>Missing</b>
Employed Before Prison	10	18	12
Lost Job Because of Meth	28	12	0
Lost Residence Because of Meth	21	19	0

*Desistance and redemption*

The presence of elements related to Maruna’s (2001) “making good” process, specifically a redemption script, was operationalized as any indication by the respondent that there was identity transformation through attempts to (1) establish their goodness and conventionality, (2) with help of some outside force, (3) in order to accomplish what she was “always meant to do.” Nearly three quarters of the narratives in the total sample contain redemption scripts. The narratives of 28 of the 34 mothers in the sample contained redemption scripts. In contrast, none of the narratives of the six women in the sample who did not have children contained redemption scripts.



**Table 3.5 Redemption Scripts**

	<b>Yes</b>	<b>No</b>	<b>Missing</b>
Redemption Scripts			
Total Sample	28	12	0
Mothers	28	6	0
Non-Mothers	0	6	0

## **CHAPTER 4: NEGATIVE CONSEQUENCES OF METHAMPHETAMINE USE**

In this chapter I examine the negative consequences related to women's methamphetamine use and participation in the methamphetamine market. I begin with an overview of the negative effects that methamphetamine had on the lives of the women in this sample and introduce the framework of "loss." Next I discuss the loss of safety and security through an analysis of their experiences of violence, including violence they experienced and violence they committed. Then, I examine the loss of interpersonal relationships focusing on the damage to relationships with children, other family members, and significant others. Lastly, I discuss personal consequences including the loss of health, the loss of employment, the loss of residence, and the loss of freedom (legal consequences and their involvement with the criminal justice system).

### Negative effects on life: Loss

The majority of the women in this sample had used methamphetamine, and other drugs, for many years. Over the course of their drug use they experienced numerous negative consequences. In the early stages of their methamphetamine use these consequences were minor enough that many believed their methamphetamine use might actually be beneficial in their lives (see Miller, Carbone-Lopez and Gunderman, 2015). Early on in their use, methamphetamine was often thought to assist in providing the energy needed to care for their children and homes, succeed at work, as well as aid in weight loss pursuant to ideals of beauty. However, over time, the negative consequences of their methamphetamine use accumulated and compounded. After months and years of methamphetamine use, the accruing negative consequences of their methamphetamine use resulted in experiences of loss in multiple domains of their lives. Experiences of

violence, both as a victim and perpetrator, illustrate a loss of safety and security in their lives as a result of their methamphetamine use. Further, many women discussed the loss of interpersonal relationships with children, family members, and/or significant others due to their methamphetamine use. The loss of housing, employment, and/or health due to their methamphetamine use was also prevalent within this sample. Lastly, frequent and escalating criminal involvement related to their methamphetamine use ultimately resulted in involvement with the criminal justice system and the eventual loss of freedom for all of the women in this sample.

At the time of their interview, the women in this sample were participants in a drug and alcohol treatment program. Their participation in this program afforded them a period of “forced desistance” from methamphetamine and crime, as well as the opportunity to look back at their lives and in their own words convey their experiences. Throughout their narratives, all of the women discussed how their methamphetamine use had negatively impacted their lives. As noted previously, loss was a prominent theme in the narratives of the women. Of the 40 women interviewed, 20 specifically used the words “loss,” “lost,” or “lose” in describing the negative effects that methamphetamine had on their lives. Although not using the specific terms “loss,” “lost,” or “lose,” the remainder of the sample also conveyed the sentiment of “loss” in describing the negative effects methamphetamine had on their lives. Some of the women believed that their methamphetamine use was to blame for everything they had lost. For example, Christina stated that methamphetamine had “ruined my life. It’s taken, stripped me of everything that I ever loved or ever had, it’s stripped me...” Similarly Jessica indicated “I have suffered catastrophic consequences in my life due to meth... I had the potential to do a lot

of things and I let meth consume my life and destroy whatever I have going on. It's ruined my life completely." Thus, while the specific circumstances differed, there were commonalities in the negative ways methamphetamine had affected each of the women's lives.

One common negative consequence discussed by many of the women was violence; 32 women described experiencing violence while using methamphetamine. An example of the physical violence these women suffered while using methamphetamine can be seen in Heather's narrative. Heather described a violent encounter with her daughter's father: "I had my face kicked in last summer [by] my daughter's father. I went over to his house to pick up her shoes...he kicked my face in and beat the living crap out of me." This assault resulted in the loss of several of her teeth which were already damaged from her methamphetamine use.

The negative impact of methamphetamine use on their interpersonal relationships with children, family members, and significant others was also a common theme in the women's responses. Methamphetamine does not just affect the individual using the drug; it affects all the people in their lives. Geri expressed this realization when she stated, "It doesn't just affect that person. It's like a domino effect." Valerie too asserted, "You can't have family, you can't have love, meth kills love."

Twenty of the 34 mothers in the sample specifically discussed how their methamphetamine use negatively affected their relationships with their children. Many of these women spoke of losing time with their children or the loss of custody of their children through informal and/or formal means as a result of their methamphetamine use. Mariah said, "Well it got to the point where I couldn't... it wasn't good for my kids to be

around [me]...my mom had my kids and then my aunt had my kids, you know.” Jade also relied on her mother to care for her children while using. She described having a “great babysitter in my parents which is good for my son.” At the same time, she also acknowledged that she “definitely put him on the back-burner. And I was not the mom that I know I can be and that I know how to be.” Paige too discussed “missing time” with her daughter as a result of her use:

I mean I have been around my daughter but it has kept me,  
I mean I’m there physically but mentally, I’m just gone. I  
sit here and I think about all the times that I could have  
been playing with her. Pushing her on the little tire swing  
and reading her stories and yet I was too busy getting high  
and tweaking and trying to fix something that wasn’t even  
broken.

Tammy and Barbara expressed the sentiment that their children no longer have a mother because of their methamphetamine use. Barbara recounted missing so many holidays and birthdays that her children “don’t even know who their mom is.” Jessica and Amy reflected upon missing years of their children’s lives because of their methamphetamine use. Amy explained “I missed out on raising my kid, for the past three years. I’ve done time since I was 17 and I’ve been locked up probably three and half years of that off and on.” Shelia described disappearing and leaving her children with her husband: “I left my kids for months at a time just because I wanted to go get high. No trace, they didn’t know if I was dead or alive.”

Aside from being absent from their children physically and/or emotionally during times of drug use and incarceration, some of the women formally lost custody of their children. Kennedy had her children taken by the Department of Family Services twice. Geri also had her custodial rights removed by the State. Liberty lost custody of her daughter because she was born with methamphetamine in her system. Crying, she explained what occurred:

I gave birth to my little girl and she was born with meth in her system so I lost her. She wasn't supposed to be born until the 25<sup>th</sup> of December. She came the 3<sup>rd</sup> of December and I was clean my whole pregnancy until my husband said, "you're going to do this." Well you know I just done one little line, in that little second that was on a Saturday night and it wasn't good. I woke up Sunday morning 6:30 in the morning, thought I had peed on myself, it was blood. My placenta was pulling away and I was just covered in blood and I just went to the hospital and I had her at 3:29 in the afternoon. Well they tested her and tested me and she went to a foster home. She's adopted.

Jayda and Wendy were concerned that their own methamphetamine use had caused them to lose the opportunity to teach their children the dangers of drugs use. Jayda declared "I'm not going to get my kids back, I'm not going to be able to teach my kids the right behaviors." She continued, suggesting her fear that her children might learn from her behavior and that "I don't want them to be a drug user or anything like that."

Wendy also showed a great deal of guilt over other ways her methamphetamine use had affected her children. She recalled that her arrest “was in the newspapers so my kids have to live every day in the same town and go to school with everyone knowing that their mom is a drug addict and a drug dealer. You know that affects them.”

Relationships with children were not the only type of interpersonal relationship negatively impacted by methamphetamine use. Twenty of the women in the sample also described how their methamphetamine use had affected their relationships with other family members including parents, grandparents and siblings. In many cases women not only described losing the trust of their family members, but that their family members were angry and disappointed in them. Wendy stated “...my sister is very angry at me for using drugs.” Shannon explained “I lost trust. I lost their support. I broke their hearts. I made them mad and angry at me. Sometimes I made people hate me ...I lost a lot.” Jessica and Amy also felt they had lost the trust of their families. Jessica stated “It’s taken my family. My family has lost trust in me.” Amy added “My family, I’ve stepped on my word a lot with them. Broken promises, trust.”

Faith and Kelly believed that their methamphetamine use caused them to distance themselves from their families. Faith stated “No matter how much money I made, or how much dope that I profited, you can’t put a price on all the Christmases, all the birthdays I missed out on with my family. I can’t buy back nine years with my family.” Likewise, Kelly explained “I didn’t realize it, but I had closed out my whole family.” Nanci and Jade’s methamphetamine use affected their relationships with their mothers in particular. For example, Jade had been best friends with her mother until she began using methamphetamine. She told the interviewer, “We used to go to the movies, we’d go

shopping all the time.” After she began using, however, she reported, “I would have rather gotten high than do that with her, and if I wasn’t getting high, I was feeling like crap and I didn’t want to do anything with her.” These examples highlight the negative impact methamphetamine had on these women’s relationships with their families.

Five of the women in the sample described how their methamphetamine use had affected their relationships with significant others. Despite mutual drug use and violence being the defining feature in the majority of the intimate relationships discussed in these women’s narratives, when asked “Do you think that using meth has had any negative effects on your life?” three of these women focused on the loss or possible loss of positive relationships with significant others. Kennedy and Lisa, at the time of the interview, were divorced or were in the process of getting divorced. Kennedy explained, “I cheated on my husband a lot. And now, we’re getting a divorce.” Debbie was worried that her current relationship would not last due to her methamphetamine use. She said, “I have a man in my life that loves me and I know he loves me. And I don’t feel that I am worthy of him.” In addition to abandoning her children, Shelia also abandoned her husband and left him to wonder whether she was “dead or alive.” Methamphetamine use also negatively impacted some of the other women’s already violent relationships with significant others, compounding their relationship issues.

Beyond experiences of violence and effects on interpersonal relationships, a number of women spoke of the loss of employment, residence, and health as ways that their methamphetamine use had negatively affected their lives. Four women, Mariah, Lauren, Donna, and Samantha, specifically discussed the loss of employment. For example, Mariah recalled, “I couldn’t hold a job. I put myself in a lot of bad situations.”



Additionally, four women, Margaret, Geri, Rose, and Amy, explained they lost places of residence because of their methamphetamine use. Rose elaborated: “I was homeless there for a while, we had lost everything we ever, all of our household possessions, had to start over again, which that’s pretty common with meth use.” Likewise, Amy described losing her home, “I lost a house. Three bedrooms, two bath house and everything in it.” Nine women in the sample indicated that their health was negatively affected by their methamphetamine use. Their health concerns included mental illness, memory loss, dental problems, unhealthy weight loss, physical pain, skin disorders, and, in one case, various injuries due to a methamphetamine related car accident. Dorothy described the head on collision that left her seriously injured and put another person in a coma for three months:

I was coming home and I didn’t want to use [methamphetamine] ‘cause I didn’t want to be awake when I got home, I wanted to get some rest. So what happened was I fell asleep at the wheel and crashed into someone. Yeah, a head-on collision. Yeah, put the other person in a coma. Three months, which is really really scary, and I broke both my legs, lacerated liver, pelvis, pins in my hips reconstructed, left and right, both feet. Yeah, it was pretty devastating.

Rachel discussed how her methamphetamine use affected her health more generally. She stated “I would’ve been healthier. My memory’s not so good anymore. My teeth are bad. I’ve lost a lot.”

Other losses described by the women in this sample included the loss of opportunities and goals, the loss of dreams, the loss of values, the loss of self-respect and self-esteem, the loss of pride, and the loss of hope which contributed to their continued use of methamphetamine. Shannon recounted:

I was in high school and got kicked out. I was doing really good. I could have gone and got the two credits that I needed but I went to drugs. And I lost all of those. I lost all my values. I lost anything at all that I ever, dreams and goals and belief in myself. Confidence, I lost it all.

Anna, Rachel, and Samantha also mentioned lost opportunities. Anna described what she considered to be one of the biggest losses in her life related to her methamphetamine use:

It caused me to lose a couple of big things in my life. When I was little, I always enjoyed playing softball. I was on a traveling team that was like from nine to twelve or nine to thirteen...During my Freshman year of high school, I made the junior varsity softball team. Doing that, I could have had a scholarship to any college I want to go to, but I thought the meth was more important. That was one of the biggest losses I had.

Rainbow, in turn, struggled with shame and self-esteem because of her methamphetamine use. The negative effects she described were somewhat more internalized; she recalled that methamphetamine had led to “a lot of shame built, you know, and [affected her] self-esteem... it’s had negative effects all the way around...I hated myself, I was disgusted

with myself, how I looked, how I felt.” Likewise, Paige stated “It’s just made me feel like less of a person. It’s messed with my self-esteem.” Debbie claimed. “I’m not the same person I use to be. I have high anxiety, I have concentration [problems], I have memory loss, I have panic attacks, and I have low self-esteem, very low self-esteem, no self-worth.” Though these types of losses are not specifically discussed further in this chapter, they are related to, and intersect with, the other negative consequences experienced by these women. Additionally, these less common themes support the overall concept of loss experienced by the women due to methamphetamine use.

Finally, 13 women indicated that a loss of freedom or as Paige puts it “just being here,” [prison] was a major negative effect of their methamphetamine use. The women in this sample reported extensive involvement with the criminal system and all eventually wound up incarcerated. Samantha summed up many of the women’s feelings in her statement, “if you do [methamphetamine], I mean, you’re going to end up in prison. No matter what.” Similarly, Jillian described the effects of her methamphetamine use as, “Well, I mean, the obvious...okay, I got two cases from it or whatever and ended up here.” Further, Tammy believed that if she had not been using methamphetamine, she would not be in prison. In her words, “There’s no doubt about it! I wouldn’t have gone out that night and committed these crimes.” Dorothy found her loss of freedom to be a terrifying consequence, “I lost my independence, my freedom, it’s terrifying. Believe me, it is! It is terrifying, there’s no other word for it, it’s Hell! Valerie also faced a scary and uncertain future as she had federal charges pending following her release from her current term of incarceration. She described her situation:

Number one, I'm here. Number two I'm not going home when I leave here. I'm going to a federal holdover to await my federal trial. I'll either do that time or get that probation, which I pray every night that I get because my daughter has gone without me enough. I don't know anything about it yet...but whatever happens, happens, it's too late now...You know, federal is scary. Federal is really scary.

A substantial amount of the crime discussed by the women in this sample was directly related to their methamphetamine use. With this being the case, it comes as no surprise that their legal consequences appear to go hand-in-hand with methamphetamine use.

In this introductory section, I have provided a broad overview of the negative consequences experienced and described by the women in this sample and introduced the framework of loss as a mechanism to classify the negative consequences of methamphetamine use. In the following sections I will discuss these various outcomes in greater detail. First I will examine experiences of violence, both as a victim and perpetrator. In looking at these women's experiences of violence, I will focus on intimate partner violence, violence related to participation in the methamphetamine market, and sexual violence. Next, I discuss the use of violence focusing again on intimate partner violence, violence related to participation in the methamphetamine market, and other uses of violence unrelated to the two other categories. The next section examines the loss of interpersonal relationships with children, family members, and significant others. In the final section I will discuss personal consequences related to the loss of housing,

employment, health, and freedom through a review of their criminal involvement and subsequent legal consequences related to their methamphetamine use. Ultimately, I will demonstrate that the negative consequences experienced by this sample of women are interrelated and often lead to their continued methamphetamine use.

## Violence

### *Women's experiences of violence by intimates*

The experience of violent victimization, often in multiple forms, was a common occurrence for the women in this sample and represents a significant form of strain in their lives. In total, 32 women disclosed they had suffered violence directly related to their methamphetamine use, including 5 women who reported experiencing sexual violence. This negative consequence was not unexpected given that there is a consensus among clinicians and researchers that violence and abuse are more widespread in treatment populations than in the general public (Cohen et al., 2003). Additionally, Baskin-Sommers and Sommers (2006) suggest that methamphetamine use may be a risk factor for violence. Further, a number of studies have documented intimate partner violence (IPV) among methamphetamine- using women (Abdul-Khabir et al., 2014; Busch-Armendariz et al., 2010). Cohen et al. (2003) report 80% of the female methamphetamine-using participants in their study reported abuse or violence at the hands of their partners and 40% experienced both physical and sexual abuse.

The most frequently reported form of violence in the sample was interpersonal violence committed by a significant other, typically a boyfriend or husband. The women in the sample also reported experiencing violence related to participation in the

methamphetamine market. Finally, another type of violent victimization reported by these women included sexual assault and rape.

Twenty-two women in the sample, nearly 70% of the women who reported experiencing violent victimization directly related to their methamphetamine use, were victimized by an intimate partner. For example, Liberty stated that her husband “beat me all the time.” She continued, “He beat me, he pulled me up the stairs in our apartment by the head of my hair. He’s pushed me down the stairs, he’s kicked me, he’s punched me.” Liberty’s narrative demonstrates that violence was often a frequent occurrence and varied in form and intensity. Debbie recalled that one of her ex-boyfriends was “very violent” and controlling but that she was “afraid to tell anyone” about his behavior. She expounded on her experience:

He would put knives to my throat and to the back of my head. And he would hit me, spit on me, use a broom to hit me in my collarbones so I couldn’t get close to him... Physically, he would scream at me all the time. I couldn’t do anything right. I couldn’t go anywhere. I couldn’t use the phone, couldn’t answer the phone.

In some cases, violence occurred when women and their partners used methamphetamine together. For instance, Jillian’s ex-boyfriend would become violent towards her when they were using methamphetamine. She explained:

I have an ex-boyfriend who used to fight a lot and we got high all the time. And like, he broke two of my ribs...I got

my tooth in the back knocked out. Got my head bashed into the front windshield of the car, and stuff like that.

Similarly, Erin recounted a number of violent encounters with her husband while they were using methamphetamine, including a time when he “beat me up and took off with drug money.” She remarked that “whenever you are on the drug, you don’t realize that there’s like violence, fights and stuff...” suggesting that her own use made her unable to see the terrible state her relationship was in. just how violent their relationship truly was.

Rachel reported a great deal of violence from multiple intimate partners in her life. Her son’s father was particularly abusive toward her; for example she recalled a time that he broke her nose when she found out he had been cheating on her. He was so abusive, in fact, she told the interviewer, “I used to lay awake wondering if he was coming to kill me.” Alicia and Heather revealed that their significant others, had in fact, made serious attempts to try to kill them while they were using methamphetamine. And Heather recounted the night her boyfriend attacked her in front of her young child:

I had been asleep... He had been drinking. He is a violent drunk and I got woke up with him grabbing my foot. And with one pull, pulled me from the bed into the kitchen and he started whaling on me. ...I let him beat on me for 45 minutes without making a sound because I didn’t want the baby to wake up. And then I started fighting back. You know my eyes were swollen shut and blood all over the place. And then the baby woke up and I am screaming at

her to go back to her room like she is in trouble 'cause I didn't want her to see me die. He would choke me until I was unconscious and then stop. He would wait for me to and then he would do it again. He did that about six times.

In her narrative, Heather indicated that this incident was methamphetamine related and it was her two year old daughter that saved her life that night. She elaborated, "My two year stopped him from killing me by breaking a toy guitar over his back and screaming 'don't hurt my mommy.'" While she did leave him the next day, Heather's methamphetamine use increased following this incident as a way of dealing with the trauma she experienced. She stated:

I've pretty much stayed high since then. 'Cause meth to me doesn't cover up the pain. I mean it does for some people but for me it doesn't. It's all still there, I just don't care anymore when I'm high. And I kind of like that. I like not waking up in the middle of the night with nightmares of him trying to kill me in front of our two year old daughter.

This was also not the only instance of domestic violence Heather had experienced. She referred to herself as a "loser magnet," and recounted that her daughter's father had previously "kicked my face in and beat the living crap out of me." In addition to the accounts of these eight women, 14 others expressed similar stories of intimate partner violence related to their methamphetamine use.



*Women's experiences of violence within the methamphetamine market*

Four women, Margaret, Amy, Valerie, and Kelly, reported that they had experienced violence related to their participation in the methamphetamine market.

Margaret specified that she only experienced what she characterized as minor violence:

Occasionally, there was a couple guys that was like "oh, she's just a female so let's take advantage." I always carried a gun on me and that was always pretty stupid to get involved in...But I've been really blessed to not get hurt too bad, you know, in most of the cases.

However, Margaret indicated that other women had not been so lucky. She described that she had "witnessed a lot of things." Continuing, she recalled "I've witnessed girls being tied up in basements abused and robbed by somebody you were with. You know, I've witnessed lots of crazy things but it was usually to prostitutes or somebody stupid to make money like that."

Valerie described a situation in which she was trying to buy methamphetamine from a friend and ended up getting in a physical altercation:

I was at a person's house to meet the man who happened to be a snitch but I was there with her and he was telling me to leave and I was like "I'm not leaving until I do business with her." She said this is her house and that's how it is, he wanted me to leave and I wouldn't leave so he tried to push me to leave and we got in a fight.

Kelly indicated that she had been in multiple violent altercations while selling and using methamphetamine:

Well I was beat up by a guy and got scars on my face, you know. Because he didn't think he should pay what I thought he should. I'm sure you can see the scars on my face...I got a scar on my arm here where I was stabbed. I've been so out of it before I fought naked out in the middle of hotel parking lots and stuff.

Amy also described being beaten by her brothers and her friends, "the boys," for trying to steal their methamphetamine, "If I couldn't be sneaky enough, then I would just take it. And my brothers beat me up several times because of it. The boys have beat me up several times because of it."

The fact that so few of the women reported experiencing violence related to their participation in the methamphetamine market is somewhat surprising. As Boles and Miotto (2003) suggest, systemic violence, including victimization, is strongly associated with methamphetamine market involvement including buying and selling. A possible explanation for the absence of reported violence in this sample related to their participation in the methamphetamine market is that many of these women report making their own methamphetamine (or using methamphetamine that was locally made). As a result, there is perhaps less potential or cause for the kind of violence that is typically associated with more traditional drug markets. A second possible explanation may be methodological in nature; the interview guide focused more heavily on their interpersonal

relationships and as a consequence the women focused on the violence they experience within those relationships.

### *Women's use of violence*

Thirty-two women in this sample indicated that they had committed acts of violence related to their methamphetamine use. Research has shown that there is substantial evidence linking substance use with increased levels of violent behavior (Boles and Miotto, 2003; Darke et al., 2008; Fagan, 1990; Murphy and Ting, 2010; Sommers, Baskin, and Baskin-Sommers, 2006). Further, due to its extensive psychological effects (psychosis, mood and anxiety disorders, paranoia, hyperawareness, hypervigilance, and hallucinations), methamphetamine and other amphetamines have been associated with violent criminal behavior, particularly in cases of chronic use (Boles and Miotto, 2003; Brecht et al., 2004; Darke et al., 2008; Gonzales et al., 2006). Acts of violence were categorized into three distinct groups: violence against significant others, violence related to participation in the methamphetamine market, and other instances of violence not related to the previous two categories. The focus on violence against significant others provides a relatively unique contribution to the literature as Abdul-Khabir et al. (2014) indicate that “almost no studies have investigated women as perpetrators of IPV [intimate partner violence] in relation to meth use” (311).

### *Using violence against intimate partners*

As previously discussed, intimate partner violence was a common occurrence for the women in this sample with twenty-two women, or nearly 70% of the sample, indicating that they had experienced this form of violence. Twenty women in the sample also disclosed they had used violence against an intimate partner as well. There was a

75% overlap between the two groups, suggesting that intimate partner violence is often reciprocal in nature within this group of methamphetamine using. Additionally, it is important to note that I excluded cases in which the violence was committed solely in self-defense.

The violence between Jessica and her boyfriend was reciprocal in nature. She recalled that “we both antagonize each other. Like I know what buttons to push to make him snap and he knew that to do to make me snap.” Jessica went on to explain:

I was quick to hit him too. Hit first and ask questions later.

Hit him and run and lock the bathroom door so he couldn't get to me type of thing. It was both ways. We both started it on various occasions.

Erin too recounted multiple instances in which she committed intimate partner violence. Erin explained “I've thrown grease on him and got him with stun guns.” She went on to say that the “first four or five years we were together we did nothing but beat each other up. We'd make up and stuff; we'd have some good times but we had a lot of violent times too.”

Twelve other women also disclosed instances of intimate partner violence in which they hit, kicked, and/or threw objects at their significant other while using methamphetamine. Further, it was indicated in seven of those 12 narratives that the intimate partner violence was reciprocal in nature. This reciprocal interpersonal violence appeared to be a direct result of methamphetamine use by both parties.

In other cases, women recounted using violence that did not appear to be precipitated by others' use of violence. Jillian reported that she attempted to stab her boyfriend with a knife after stealing his Jeep the night before. She explained:

I stole his Jeep, but like he was behind my door and he like busted in or whatever in my kitchen, so I grabbed a knife and tried to stab him. I was high. I was definitely high then.

Likewise, Rachel described a number of instances of violence she committed against her significant other, "I was so drugged out. I remember smashing my car into his car because he was trying to take my son from me... I've hit my ex with a hammer, stabbed him before."

Tracy described times during which she was so violent towards her boyfriend that the police were called:

At times my boyfriend had to call the law on me. Because he would lock me out of my own house and...I would always be able to get in. They call me door kicker because I can get through any door no matter what it is. And then once I would get in there I would beat him up and he'd have to call the law on me. Sometimes the neighbors would call the law.

Likewise, Lisa's violence towards her significant other resulted in police intervention. She indicated "I picked up three counts of battery on a police officer because of my significant other at the time. Just fights, you know? They escalate into punching and hitting, you know, all that."

Christina disclosed she had even threatened her boyfriend with a weapon in front of her children:

I pulled out a shotgun that my dad had sold me, this sawed off shotgun...and my boyfriend came down and had a look on his face and he was like telling me to go upstairs and I was like 'what?' And I cocked the shotgun and his eyes got really big and I said 'oh.' The kids started laughing like yeah until I snapped and then I felt so bad. I was crying. I'm so sorry. If I wasn't on drugs I wouldn't do that. I wouldn't do this stuff.

Like Christina, many of the women's narratives indicated regret for their actions and that if they had not been using methamphetamine they would not have acted in the same manner.

*Using violence in the methamphetamine market*

Ten of the women in this sample, just under a third of the women who indicated that they had committed acts of violence, specified they committed violent acts due to their experiences in the methamphetamine market. Most of their violence was instrumental in retrieving money owed to them or in response to the theft of methamphetamine. Faith alluded to using violence in order to get back money she had loaned to other users. She explained her use of violence as due to being in the type of business she was in and "front[ing] out money, that means you loan it to 'em and they're supposed to come and pay you and they don't pay ya. I tend to go get my money."

Barbara explained that she would assist her friends in collecting money owed to them. “And I would go and kick in their doors. I beat people up just to get the money back and take their stuff. So yeah, I used violence a lot.” Geri used violence for a number of reasons related to her participation in the methamphetamine market. She stated that she “beat up people that owed me money.” In other situations, she reported that she would use violence to remove people she did not trust and “scandalous women” from her home when they would try to buy methamphetamine from her. Amy too explained she got into “fights with grown men over dope and money, territory.”

Margret used violence in response to people stealing methamphetamine from her or to help a male friend when a female would steal from them. She elaborated that her use of violence was often “when somebody stole meth to get my stuff back. Or somebody would steal from my buddy, and it was a female so he couldn’t do nothing about it so I was the one that did something about it.” Kelly recounted the crime she was currently incarcerated for committing:

The neighbor she just wouldn’t shut up and her son was playing “Mr. Lonely” over and over again and I could hear it and it got on my nerves. And her boyfriend, he stole my pills and stuff. And I was upset...The neighbor, I stabbed her four times.

The “pills and stuff” Kelly stabbed her neighbor for were used in manufacturing methamphetamine.

Tiffany appeared to have a particular hatred for snitches because they posed a danger to her freedom. She described how she handled snitches:

I chased people [snitches] off. I'd pick up something, hit them with it, knock them out, drag them off, put them in a ditch. Didn't care... put a hit on somebody who I thought was an undercover. And he ended up with a crowbar struck to his head plenty of times. I didn't kill him or anything because I don't want to kill him. I just want to teach him a lesson about being a snitch...

Finally, Christina used violence to acquire methamphetamine by robbing drug dealers. She stated "I would do whatever I had to do. A lot of things, you do a lot of things. When you are in that state of mind, you don't think about the consequences. I would rob people." She continued "I robbed a lot of people and I'm not happy about that. But the drug, when you really want it you're going to get it, no matter what it takes."

#### *Other uses of violence*

Additionally, 15 women reported committing violent acts not directed at their significant other or related to their participation in the methamphetamine market. Their violence was often directed at a family member, friends, and/or the police. Nanci, Kennedy, Mackenzie, Jessica, and Kelly disclosed that they had assaulted their parents, primarily their mothers, while high on methamphetamine. Kennedy stated "I was always fighting with my mother before I came here. I've done things I said I would never do. I hit my mother." Likewise, Kelly explained "I've gone after my mom before, which is horrible because she's my mom."

Lisa, Lauren, and Erin reported that they had assaulted friends while using methamphetamine. Erin recalled:



Me and my best friend got into a fist fight one time out in the front yard. These girls were gonna jump in and my husband had to pull a knife to keep 'em from jumping in. But me and her got in a fight and that's from a long time coming. We both used to sell meth together before me and my husband got together, me and her were best friends and we would sell it together. We were real close and she got jealous and...so I've gotten into it with her.

Lisa also indicated she had been violent toward friends, "I hit my friends, I've left my friends in different cities, I mean yeah, I've acted crazy."

Jade, Lisa and Valerie stated that they had assaulted police officers while using methamphetamine as well. Valerie recounted her incident:

I was at his [a friend's] house in the bathroom getting ready to take a bath apparently and I flipped out. And ended up in the shed, he kicked me out of his house and called the police and when the cops got there I didn't really realize it was the cops. I thought I had to protect myself from something for some reason. So I came out of the shed with a shovel naked, got maced by the cops, still fighting. Got shackled, still fighting. I was throwing boards at them apparently before they shackled me and woke up in Knoxville [in jail] two days later.

Likewise, Jade explained that while using methamphetamine she wrestled a police officer in her front yard. She went on to say “they sprayed me with pepper mace” and “now I have resisting arrest on my record.” Jade added “I never normally would’ve done that unless I was high.”

Shannon and Tammy disclosed that they committed robbery while using methamphetamine. Tammy further explained that, because someone died in the course of the robbery, she had been convicted of murder. She described the incident:

In '95, I went out and committed armed robberies while I was on meth, I needed the money. I had sold a lot of drugs down in Mississippi, I had sold coke and pot and stuff and then I tried to see if I could come up to Kansas City and make money, and went out to three armed robberies and the clerk got killed, that was not supposed to happen, you know. The dude I was with got rubber arms and just shot the clerk.

Tammy believed that she only acted in this manner because she was using methamphetamine. She explained:

I mean I was mean, I was out of my mind, I was mean, I was hateful. It's not just any drug, but meth will not only take your physical and you're emotional, but it's your spiritual, it just kills you. You are the walking dead! I don't care about you, I don't care if you die if you are in my way,

and it makes you hateful and mean and you just don't care about anybody.

Finally, Rainbow stated she nearly stabbed a truck driver during an attempted robbery while she was working as a prostitute. She explained what happened:

I did try to stab a trucker when I was a kid. I didn't feel like turning tricks so I made this man think I was going to...and I had a knife and I was going to make him think I was going to stick it in his leg if he didn't give me money and he called my bluff. I was all of about 15 and I was like damn it; I couldn't stab him so I took my knife and ran off.

Rainbow also disclosed that, more recently, she had discharged her gun three times into a house while using methamphetamine. After using a large amount of methamphetamine Rainbow explained "I already done and had my dope, I was going there to get my saw to go home because I had to get up for work the next morning." However, she encountered "a guy there robbin' this guy for his dope." The would-be robber threatened Rainbow claiming he would take her "out back and put three or four holes" in her. In response, Rainbow shot "three warning shots" toward the house because she "didn't want to shoot stray bullets in the neighborhood."

It was this crime that ultimately led to Rainbow's current incarceration. She believed that her methamphetamine use was the reason she committed this crime. She stated "I've carried a firearm for 12 years and I have never discharged it. I've brandished it, but I've never discharged it. I've never been high like that and I'd never been in a situation like that." She continued, "probably if I hadn't just done a shot of dope, I

probably wouldn't have done it, and it was really good dope, but I probably wouldn't have done it." Rainbow's sentiment that methamphetamine use triggered her violent act is a sentiment shared by the majority of the women who disclosed committing violent acts regardless of the context in which they occurred. Their methamphetamine use, she believed, altered their thinking and behavior, which led to their acts of violence against others.

### Interpersonal Relationships

#### *Children*

The mother-child relationship is both an important and complex relationship. Maternal drug use can have severe consequences for children (Barth, 2009; Nair et al., 2003; Schuler, Nair, and Black, 2002; Schuler, Nair, Black, and Kettinger, 2000). Barnard and McKeganey (2004) argue that drug users often cycle between relapse and recovery, which can result in periods of relative stability in the household followed by periods of instability. These periods of instability can result in the needs of the children becoming "secondary to those imposed by the drug problem" (553). Indeed, Barth (2009) states "substance abuse by a child's parent or guardian is commonly considered to be responsible for a substantial proportion of child maltreatment reported to child welfare services" (96). Section 568.045.1 of the Missouri Revised Statutes, Chapter 568, Offenses Against the Family, in part, defines endangering the welfare of a child in the first degree to include one who "(1) Knowingly acts in a manner that creates a substantial risk to the life, body, or health of a child less than seventeen years of age; or (2) In the presence of a child less than seventeen years of age or in a residence where a child less than seventeen years of age resides, unlawfully manufactures, or attempts to manufacture

compounds, possesses, produces, prepares, sells, transports, tests or analyzes amphetamine or methamphetamine or any of their analogues.” Based on this legal definition, 19 of the 34 mothers in this sample disclosed behaviors which could be classified as child endangerment.

Eight women disclosed that they had used methamphetamine while pregnant. Problems resulting from *in utero* exposure to drugs, including methamphetamine, can include higher incidence of movement and tone abnormalities, jitteriness, and attention problems (Nair et al., 2003; Schuler, Nair, and Black, 2002; Schuler, Nair, Black, and Kettinger, 2000). Moreover, infants who experience withdrawal symptoms are often “irritable, sleep less, have problems with feeding, and are in general more difficult to care for than healthy newborns” (Nair et al., 2003: 994). Alicia disclosed that “throughout my pregnancy with my son, with my third born, I never even looked at it as I was addicted to meth and I did it every single day.” Lauren and Liberty indicated that their children were born with methamphetamine in their systems. Liberty subsequently lost custody of her daughter.

In another case, Jayda used methamphetamine into her third trimester with her second daughter. Jayda indicated she initially did not want her daughter, which contributed to her continued methamphetamine use. She explained:

I got addicted to it and I had to have it and I didn't quit until I was seven months pregnant with my second daughter... at first I didn't want her, unfortunately I didn't believe in abortion, I did and I didn't. I just (sigh) I feel bad about it now because it wasn't my first daughter's father

that I was pregnant by, I mean it could have been and it could have been somebody else's and I wanted to have an abortion but I didn't feel it was really right so I thought if I keep using then I'll have a miscarriage.

Ultimately, Jayda's daughter was born with drugs in her system because, despite abstaining from methamphetamine use, she was "using pain pills and Xanax®." Jayda further explained "she got taken away and I didn't get her back 'til she was six months and still to this day I have to go through drama to see her because of my past mainly."

Jayda recounted another instance of endangering the welfare of one of her children as well. She described two separate instances which occurred at a local department store. The first:

I left Kayla with my mom, I always left Kayla with my mom. I wasn't used to having her with me. And I was never used to having kids with me period, and I took her with me, me and a friend and we took a bunch of pills and I left her at Wal-Mart and right when I was going to get onto the highway I was like, 'oh my gosh I left Kayla in the bathroom,' and turned right around and had to make up an excuse, 'well, I was just looking for her outside and I just forgot she was there,' and I feel terrible about it [she shudders].

Despite having her child taken from her for a period of time and being under scrutiny of child protective services, Jayda continued to make poor decisions regarding the welfare of her child. The second instance she described resulted in her arrest:

I didn't change a thing you know, I again and again started leaving her and my stuff, my boyfriend's daughter and my baby in the car while I ran into Wal-Mart to get something and they called. And the police arrested me for leaving them out there even though I didn't leave them long.

Other women also described times during which their methamphetamine use endangered their children as well. Margaret and Rachel reported that they drove while intoxicated on methamphetamine with their children in the vehicle. Margaret indicated that she "got high. Went into the car to go to Oklahoma to meet them and got lost in Oklahoma on the way home. I had my oldest daughter with me still." Similarly, Rachel overdosed on methamphetamine and Xanax® while driving with her children. She described the situation:

I've overdosed in Kansas City with my kids...I didn't want my husband to know I had gotten meth, so I was eating Xanax® trying to come down and my oldest son was with me and I got pulled over in Kansas City and I was so far gone that they had to pump my stomach and my son was right there watching everything. It's one of my biggest regrets.

Mariah recalled that when she was using methamphetamine she “would just be screaming at my kids, you know,” but clarified “I never abused my kids physically.” However, she also disclosed her young children had “found syringes...they’ve seen me high a dozen times.” Erin’s child also found unsafe items. Erin and her husband bought and sold guns as a method of financing their methamphetamine addiction. While they were using methamphetamine, one of her children got hold of one of their guns:

I had this 380 [gun] and my husband left it out...When we got together, I had them. I’ve always loved guns. Steve was messing with them and he left this one out on the dresser and my two year old come walking down the hallway, like this, and it was, it was a gun that don’t have a case around it, it was stripped so it don’t have a safety either. And he come walking down the hallway, going ‘gun, gun,’

Four women, Heather, Christina, Georgia, and Paige, explained that their children witnessed domestic violence while they and their significant others were using methamphetamine. Recall from the *Violence Section* that Heather and Christina described incidents of violent altercations between them and their significant others which occurred in front of their children. Likewise, Georgia explained her children have “been around when we’ve gotten into fights, he’d hit me when I was pregnant, stuff like that.”

The narratives of seven women suggest that they endangered their children as a result of their participation in the methamphetamine market. Geri stated she was “putting my kids in a lot of danger.” She went on to disclose that she had lost custody of her children “when I got arrested for manufacturing.” While living with three of her children,



Alicia explained that the police “found chemicals in my house to manufacture meth.” She acknowledged that she had allowed her boyfriend to manufacture methamphetamine in the house “because he had nowhere else to cook it. So I let him do it in the house.”

Rachel disclosed that she manufactured and sold methamphetamine out of her house, but went on to qualify that she never manufactured methamphetamine while her children were present:

I was cooking it in my house right next to a school. My kids were never there when I did cook it. That’s the only good thing I would say about that. I did sell drugs when my kids are home but I never cooked with my kids. But I could have.

Kathy also used and sold methamphetamine out of her home in the presence of her children. She recounted, “I’ve had people around that didn’t need to be around, in my home...you know, acting crazy and stuff.” She further discussed neglecting her children’s needs because of her and her significant other’s methamphetamine addiction: “A lot of money that should have been for groceries and bills went out the door in the hands of my spouse for meth and for, I guess making it, and caring for his other women. You know, gas, whatever, food, eating, you know, motels.”

Heather also reported manufacturing methamphetamine with her boyfriend. She described the situation: “We were cooking dope. That’s how we were making money... We cooked every day, well every other day. Sometimes twice a day.” Her parents took custody of her child shortly after she began manufacturing methamphetamine with her boyfriend which led to her increased methamphetamine use.

She recalled, “I had lost my daughter for a couple months and I stayed high the whole time I was with him.”

Because of their methamphetamine use and participation in the methamphetamine market, 29 mothers indicated in their narratives that they had lost relationships with their children as a result of periods of separation from their children. These periods of separation ranged from days to years to permanent loss of custody. In some cases, the periods of separation resulted from personal choices of the mothers to leave their children while using, selling, and or manufacturing methamphetamine. In other cases, women reported formal and informal removal of custody of their children by the State and relatives. The loss of a relationship with a child represents a significant source of strain in the lives of the women in this sample and may even contribute toward increased offending methamphetamine use. It is important to note that despite leaving their children with the child’s father or other relatives, in a number of cases the mothers maintained legal custody of their children.

In cases where the children are removed from the custody of the mother, the removal often poses a “catch 22” though it is done in the best interest of the child. Despite being in the best interests of the child to be temporarily or permanently removed from custody of their mother, that separation is not without adverse consequences and experiences for the child. The NCASAA (2007) notes that each time a child is moved from one placement to the next they are adversely affected. Further, situations in which family members have informal and/or ambiguous custody arrangements are especially confusing and traumatic for the child, notably because of the uncertainty surrounding their lives. Oftentimes children, particularly young children, do not fully grasp the totality

of the situation and reasons why their mother is absent from their lives. Moreover, the NCASAA (2007) asserts that “each placement increases the likelihood of irreversible damage to their emotional and psychological health” (v6-16).

A number of the mothers in the sample disclosed they left their children with relatives to pursue their methamphetamine use. Mariah left her kids with her mother and aunt multiple times because she could not function as a mother while using methamphetamine. She explained:

Well it got to the point where I couldn't... it wasn't good for my kids to be around. I couldn't hold a job. I put myself in a lot of bad situations. You know, it affected my whole family. Because my mom had my kids and then my aunt had my kids... they've been through a lot. But when I started slipping, I let them to go to my mom's house because I didn't want to put them through all that shit.

Shelia disclosed that during her peak period of use she “only saw them probably about 4 or 5 times in that whole year and a half and I only lived just a couple miles away.”

Margaret recounted that she split her children up and had since lost her relationship with them since they moved to Texas. She explained:

I was...splitting my daughters up...I basically lost my relationship with my kids. I mean, they moved to Texas. And then...I mean, I went down to Texas to visit them and I don't even remember going, you know. Being there, I remember a couple of incidences and stuff but we were so

high and so gone, it's like a big blur. A big blackout. I physically cannot remember...like I've seen pictures of my oldest daughter. I had her until she was four. And then I gave her up. She was gone for a couple years...I didn't even recognize her pictures, you know. I mean, it's...I mean, that's because I was too busy getting high to come around.

Barbara stated "my kids don't even know who their mom is," because "I was hardly ever around them. Unless I was clean, I wasn't around them. They was with my brother or my parents. Somebody else in the family, not me." Jade remarked that she had "a great babysitter in my parents which is good for my son. But I definitely put him on the back-burner. And I was not the mom that I know I can be and that I know how to be."

Nine women noted during their interview that their children had been removed by the State because of their methamphetamine use and/or participation in the methamphetamine market. Tiffany lost custody of her three children because of being financially unfit and due to the condition of her house, which was indirectly related to her methamphetamine use. She was rarely able to see her children. Additionally, Kennedy reported that "You know for two years, DFS has taken my kids twice," because of her participation in methamphetamine manufacturing. Geri also explained she lost her kids to the State due to manufacturing methamphetamine. After Lauren's children were removed from her care because she "couldn't stay off drugs", she said she "just couldn't get better...it's like I didn't care even though I did."

Other women permanently lost their children through adoption. Jillian reported that she permanently lost custody of two of her children: “My first two kids, my seven and my six-year-old, I don’t have them. They’re adopted.” Tracy also reported that her children were removed by the State and three were eventually adopted. Five of Christina’s nine children were put in foster care by the State and her youngest daughter was adopted.

Eleven women specifically described their perceptions of how instances of child endangerment and separation had affected their children. Samantha described her newborn, born with drugs in his system as “really fussy” and that he “wouldn’t want to go to bed.” Additionally, she was struck how, even at such a young age, he reacted negatively when she used methamphetamine around him. Samantha explained “it was weird because every time I would be high, he wouldn’t want to go to sleep. If I wasn’t high, he would go right to sleep and stay asleep.” Tiffany’s daughter, who was in the custody of her father who still used methamphetamine, would act out. Tiffany indicated “She’s already turned six and she’s already tried to run away from his house four times.” Geri reported that her children “have that feeling of my mom didn’t want me. Why were drugs more important than me?” Shelia and Liberty indicated that their children now resent them for their actions. Shelia explained that her eight year old son tells her “you’re not my mom anymore.” Jade reported that her son was mad at her because of her methamphetamine use. Alicia indicated that her son and daughter were upset with her. Likewise, Rachel felt her children held a grudge against her. Kathy expressed that her daughter had lost respect for her.

Erin's children were present when a police raid was executed on their house. One of her children was particularly affected by this incident, she explained:

They were in the house when the task force kicked in our door and the kids were at the table doing their homework and...I'd just got home from school and my husband was on his way out. They kicked in the door right in front of the kids. They were traumatized. They seen the cops beat my husband down. The cops, they just kept beating him in the head and they [kids] were like jumping up and down, saying ... "stop hitting him", crying. But at first when they came in, the kids were like "There's no drugs here." So they had no idea. We've always had a nice home and they, it just freaked them out. My youngest one, he had to go to the children's hospital for two or three weeks because of separation anxiety, being away from me. They had no idea. They took them because they were in the house with the dope.

Additionally, two mothers, Liberty and Kathy disclosed that their children had used methamphetamine themselves. Liberty explained:

I called home to check on my home plan and they says they haven't been out there and I says "tell my son that when he goes to his parole officer, see what's going on" and he says, "well I don't think he's going to see his parole officer." I

said “why,” and he said, “cause he’s smoking meth.” As much as he put me down and said what he said to me about it, look at him.

Likewise, Kathy described the situation with her daughter:

My oldest daughter had some issues. Umm, she went to treatment this last spring, for marijuana and meth use. Straight A student, she had a four year scholarship but she said that she thought her senior year was kind of a party.

Liberty and Kathy’s narratives demonstrate how maternal drug use may influence the behaviors and actions of their children.

### *Family*

Twenty-eight women in this sample disclosed that their methamphetamine use resulted in damage to or the loss of relationships with family members including siblings, parents and grandparents. The damage to or the loss of relationships with family members was also a form of strain experienced by this sample. This finding is consistent with Rotunda and Doman (2001) who suggest that one of the most prevalent themes found in the literature is that drug use has a negative effect on relationships with family members. Additionally, 14 women explained that immediate family members either used methamphetamine and/or directly enabled their use.

In discussing how her methamphetamine use affected her relationship with her family, Nanci stated “I mean, it destroys relationships. It destroys trust. It makes people someone that they’re not.” This statement typifies the experiences of 28 women in this sample. Nanci went on to explain how her methamphetamine use led her to distance

herself from her grandmother, which hurt their relationship. Likewise, Anna indicated that although her parents were methamphetamine users, her grandparents were not, nor did they know that their children and grandchild were using methamphetamine. When they found out, Anna explained “they lost a lot of trust.” The “loss of trust” was a common theme recounted by the women in this sample in terms of how their methamphetamine use affected their relationships with their families. Shelia explained that both of her sisters and her father lost trust in her: “Like my sisters, they lost a lot of trust in me...My dad, yeah, he lost a lot of trust in me.” Likewise, Tiffany also indicated that her family did not trust her anymore; she simply stated “They don’t trust me.”

Tammy explained that her methamphetamine use “devastated” her family. “My family’s devastated, they’re upper-class, well, middle-upper, and I will never forget at Jackson County when I was sitting there, and my dad said, ‘You have embarrassed me with my ministry.’” Patti also indicated her family was devastated by not only her methamphetamine use, but her intravenous use of the drug:

They were just devastated when they found out that I was using... intravenously. They were devastated about that but they knew prior to that I was doing meth.

Mariah explained her family was “just disgusted” with her because of methamphetamine use. She went on to say “none of them really didn’t really want to have anything to do with me, you know, because dope was my life.” When discussing her family, Jayda reported “they looked down on me” because of her methamphetamine use. Christina disclosed that after being arrested for methamphetamine use, her family “disowned me ‘cause I was a disgrace.” She continued, “My parents disowned me for like ten years.”



The damage to or the loss of relationships with female family members, especially mothers and sisters, was particularly salient for the women in this sample. Margaret lost her relationship with her mom, who had been “like a best friend to her.” Jillian also lost her relationship with her mother; she explained, “I guess my mom was just like... first, she started bitching at me about it. And then she kind of just stopped and just laid off... she took off and left or whatever and I got mad at her about it.” Heather discussed how her methamphetamine use and manufacturing affected her relationship with her mother and sister:

My mom knew I was high. I would lie of course when I wouldn't tell her “yeah mom I was on meth every day and I'm cooking it,” but my mom knew I was high. For no reason at all, I would blow up at her, hang up on her. Same with my little sister. They knew I was sick, they just wouldn't help me and I resented them for it. I was mad that they would leave me when I was a drug addict and I needed help.

Wendy indicated her sister was particularly upset by her drug use because they had grown up in a family plagued by methamphetamine. She reported:

With my sister...she is angry with me because she thinks we grew up in this lifestyle, she changed her life. She went straight into the Air Force...And she's married and she will not have any children. And she is very angry and upset at

me because she doesn't understand why. She says that I should have learned from where I lived.

Wendy further explained that she has no contact with her parents because of a history of methamphetamine use, abandonment, and abuse. "I have no contact with my mother and I will not have any contact with her. I have no contact with my step-father." She recounted:

From a young age meth had taken my mother from me. I never really knew my true mother, I can remember her but bits and pieces of her. She was very young when she had me. My mother deserted me when I was a few weeks old and when she came back into my life she was like a good mom for like five years. Then I guess she started using meth again and my mother was arrested when I was 14, then again at 16 my mother did 9 years. And my mother is still using meth and I never got to know, I never got the bond, never had a true I guess what they call normal family 'cause I told my mom there was several times that he [stepdad] was abusing me and she was more interested in using drugs. My stepdad also used methamphetamines and I witnessed my stepdad kill my sister from anger and from coming down off meth and nothing was done. You know he abused me, he abused my mother.

Valerie also reported that her relationships with her mother and sister had been damaged because of her methamphetamine use. Valerie's contentious relationship with her sister was exacerbated due to custody issues with her daughter. At the time of the interview, Valerie's sister had custody of Valerie's daughter and had gone to great lengths to protect her from Valerie's methamphetamine addiction. Valerie reported that her sister prevented her from visiting her daughter because "my sister thought I was a threat to my daughter." Valerie's mother had at times also distanced herself from Valerie because of her methamphetamine use; she explained "my mother, she did the tough love thing for a while, kicked me out, wouldn't have contact with me."

In other cases, the women in the sample reported damage to or the loss of relationships resulting from them leaving their families to focus on their methamphetamine use and/or to avoid what they perceived as negative reactions to their use by their families. In other words, it was them who made the choice to cut off ties, at least while they were at their peak of using. Kelly explained "I didn't realize it, but I had closed out my whole family." Margaret, who indicated that her methamphetamine use cost her relationship with her mom, explained that she distanced herself for a long period of time from her mother:

But with my mom, it's ruined a lot of things. We have a lot of trust issues. One of our biggest issues is that I didn't tell her about it. "Fine, I'm doing it and...you know, you told me not to lie to you about it." So I didn't go around her. I just wouldn't go home. I just wouldn't check in. It was

probably two years and my mom didn't hear from me but maybe once or twice.

Christina, whose family had disowned her, acknowledged "I think I disowned them too. I ran away." She rationalized that she did not call them "because I was always high every day and I just knew they would hear it in my voice. And I was too wrapped up in doing what I was doing. I didn't want to be involved with them." Similarly, Lisa explained "with my family when I'm in my addiction I don't want nothing to do with them because they're the bad guys, they want me off of it." Dorothy stated "I think it's kept me away from them, because when I used to do drugs, I wouldn't do them around them, so, if I was doing drugs I wouldn't go around my family." Erin indicated:

It's put, it's made me put distance, for some reason I've always been able to come up with a justifiable reason to not live next to my mom or not live next to the people who needed me most. I think it's because so I wouldn't have to take accountability for my drug use.

Likewise, Patti explained "I just distanced myself from them. I didn't go around them. I didn't have time for my family or anybody when I was in my drug use. It was all about me." And Debbie expressed shame and guilt over how her methamphetamine use came between her and her family, "I tore myself away from my family. I have a lot of shame, a lot of guilt."

Fourteen women disclosed that their family members used, sold, or manufactured methamphetamine. Familial drug use has been shown to be a path toward methamphetamine use initiation (see Carbone-Lopez, Owens, and Miller, 2012). In this

sample, familial and mutual drug use appears to facilitate, or enable, continued methamphetamine use. Anna recounted how her family contributed to her methamphetamine use:

When I first started off, it was just my boyfriend's dad, you know, and friends. Like my mom didn't know about it yet. And my family didn't know about it yet. I hid it from them. And along down the road, I told my mom you know "Hey, I'm getting high." And so me and mom started using together. And [then] me and my brother and my mom's boyfriend....Knowing that I always had it. And my family...it was like a family thing. Like everybody in my family dealt drugs. And at one time, literally there would be five drug dealers at our house. And all my friends did it. So it was just always there.

Tracy's mother contributed to her methamphetamine use as well. In fact, she remarked that "my first bag was bought from her." Paige's mother would cook methamphetamine in the home, even enlisting Paige's help. Paige also recalled seeing her mom use with her sister:

Well, my mom was a cook so I would always see her doing her thing in the kitchen stuff. And my sister was older than me and my mom was smoking dope with my sister. And I always seen them smoking dope and stuff... She would have me scrape the red phosphorous off the matchbooks for

her. She'd soak them. And this is how I learned how to cook meth too, 'cause watching my mom so many times.

Paige went on to describe her mother's reaction to finding out that she too was using methamphetamine:

My mom's reaction, she well, she was mad because I stole her dope (laughs). I don't remember her being mad so much about me getting high. It's kind of like the same when she found out I was smoking weed. "If you're going to get high, I would rather you get high at home and don't do it on the streets because I don't want you to get hurt." She didn't get high with me though, not until I was about 15, 16, is when she started to do dope with me.

Her relationship with her mother also led to her continued use; after Paige had stopped using methamphetamine for a period of time she reconnected with her mother. This reconnection ultimately contributed to her relapsing.

Familial drug use did not always prevent the loss of family relationships however. Despite having used methamphetamine with her sister regularly, the relationship was damaged when Sheila's sister decided to quit using methamphetamine. Jessica reported that a number of her family members including her parents and brother used or manufactured methamphetamine. Yet, she also stated that:

It's ruined my family. It's destroyed my family completely. Like there is no foundation now. Both of my parents have been to prison because of it. I

followed in their exact footsteps and went to prison for the same thing they did.

Finally, Amy explained that despite the fact her family was involved in the meth market, she believed that her actions directly contributed to their continued use and subsequently to even more strained relationships. She stated:

[I] helped my family get further into their addiction. As opposed to if I weren't feeding them the dope or giving them the dope to watch my kid, or do this, or get me this, or find me a new car to buy. Just I haven't helped, at all. I've just broken them down further.

#### *Significant others*

Falkin and Strauss (2003) find that drug-using women report higher rates of poor or severed relationships with male partners. In this sample, the most commonly discussed effect that methamphetamine use had on women's relationships with significant others was intimate partner violence. As discussed previously in the *Violence* section of this chapter, 22 women reported experiencing intimate partner violence and 20 women disclosed they had committed intimate partner violence as well. As this phenomenon has already been examined in detail, it will not be included further in this section. After intimate partner violence, the loss of relationships was the second most common effect of methamphetamine use on relationships with significant others. This finding is similar to that of the effect methamphetamine had on their relationship with other family members. Only two women specifically discussed enabling behaviors by significant others, but

clearly more was going on because so many of their partners also used. However, this was not often discussed in the women's narratives.

While reflecting on those relationships she had while using methamphetamine, Mariah (who was currently married but separated and had been previously divorced) stated "You can't have a real relationship and be on meth. You just can't... You just can't mix meth and have a relationship." In all, 21 women in the sample indicated that they had lost at least one relationship due to their methamphetamine use. Nanci described her relationship with her husband who had never used drugs. She stated he has "resentments towards me" and that he blamed the downfall of their relationship, telling her "I begged you to stay home and you wouldn't and I asked [you] to play with kids and you still wouldn't. And now look." Similarly, Wendy described how her methamphetamine use affected her relationship with her ex-husband and other relationships as well:

It destroyed my marriage. My ex-husband does not use drugs of any kind and when he found out I was using them again he was very, very angry and there was no understanding, no talking no anything. It was just done. It's destroyed several relationships I was in... My son's dad was a very great guy like he never used drugs...and we broke up because of my addiction.

Liberty explained that her first marriage would have ended in divorce due to her methamphetamine use except that her husband died before she could divorce him. She went on to explain that her current marriage was ending because of methamphetamine as well. She stated "my second husband, I got to get away from him because he's addicted



to dope. He is still using dope, he doesn't care." In fact, she had told him their marriage was over right before she turned herself in:

It was at my friend's house. I was with my husband, we were on the run, and ...I guess I was tired, you know, I guess, because I was wanting to turn myself in (tears up) and I had a whole bunch of dope and I just threw it on the table and he says, "what are you doing?" And I says, "I'm walking away." And he says, "walking away from what?" And I said, "I guess I'm walking away from you, this marriage, I'm ready to go turn myself in, face my consequences, I'm done."

Likewise, Tiffany and Margaret stated that they planned to end or had already ended their relationships with significant others because of the others' continued methamphetamine involvement. Tiffany indicated "When I get out, I'm going to be face to face and say 'look, this is how it's going to be. You're going to go get help or see ya.'"

Margaret described two failed relationships in her narrative, one with her daughter's father and her relationship with her current boyfriend, both related to methamphetamine use:

Well with my daughter's dad, we were together for four years. Everything was fine until he started doing meth. He hadn't done meth. And he started doing meth and he literally lost his job, quit going to school...He got really paranoid. He thought I was doing...it just totally ruined our

relationship. With my, the current guy I'm with, we've been together for a year. And I've told him if he doesn't...and supposedly he's quit but because I'm in here, I can't tell. But if he doesn't quit, I'm done. It's just too much of a risk. It's not worth it to me. It's not worth the hassle. It's not worth my children. It's not worth locking myself in that room. It's not worth being up and not functioning the next day. You know, I have two little girls that I've destroyed enough with my partying that I don't try to keep on doing it.

Rachel's narrative also suggests she had a complicated relationship with her husband. Initially she told the interviewer that "my husband now really didn't do meth too much. I was married when I started cookin' it, he didn't like it, I kicked him out so I could continue doing what I wanted to do." She explained her actions: "I thought my husband was a hypocrite. He used to be a cocaine dealer so that's how I met him." Though he was dealing cocaine and marijuana, he did not like Rachel using methamphetamine; she recalled "but when I started getting heavy into it, he would try and tell me no." But elsewhere she described her husband as her "rock", noting that "he's always been there for me and he'd get me out of any jam." She even claimed, "that man would have my back no matter what. Regardless of it was illegal or not, he would protect me. He's just, I'm really lucky to have him." Rachel's mixed feelings about their relationship meant that she was unsure whether their relationship would continue after her release. In

addition, the fact that her husband was diabetic and she had a “hard time even being in the house if someone has pills” also became something she considered. She feared that she may steal his pain medication, “not that I want to” but because “I’m addict and I will.”

Faith’s husband, who did not use methamphetamine, helped her to remain clean for approximately five years. Unfortunately, she suffered a relapse and left; after she began using again, she met her boyfriend, Jacob. Their relationship was inextricably tied to their methamphetamine use. Faith and Jacob soon began manufacturing, selling, and using methamphetamine together. Eventually, Faith wanted to stop because she knew they would be caught soon. Faith was correct; she was arrested and convicted of trafficking methamphetamine in the first degree. Their relationship did not last, she explains “but now that I’ve been gone, and he moved in with my best friend two weeks after I got locked up.” Yet throughout the time they were separated, Faith’s husband supported her but also enabled her continued methamphetamine use.

Not surprisingly, infidelity was reported by six women in the sample. Kennedy explained “I cheated on my husband a lot. And now, we’re getting a divorce... I haven’t talked to my husband in a year.” Christina recounted her infidelity and the subsequent loss of her relationships with both her husband and her boyfriend:

After my husband went to prison and stuff, I got with other people and it never worked out. I was with them for maybe six months, maybe a year because of my drug use, they didn’t want me getting high. So I’d sneak getting high.

In contrast, Paige, Heather, and Samantha indicated that their significant others were unfaithful to them while they were using methamphetamine which led to the end of their relationships. Paige described the night she discovered her boyfriend's affair:

I kept finding him at a crack house and I couldn't deal with it...I got this feeling that something wasn't right. So I got off work, borrowed a friend's car that works at the club with me, and I knew to go to the girl's house, the crack house. Sure enough, his truck was sitting out front. This house is always full, you know. So I knock on the front door and no one answers. So I go around to the back door and got a knife and threatened this girl...threatened her horribly. I was like, "If you value your life in any way, you will not have my man over at your house." Eventually he answers the door and I just barged right in and was like, "Where is she at?" And she is hiding in the kitchen like a coward. He is in there. He had his gym bag full of clothes on the floor, leather jacket on, condoms in this coat pocket and I was completely like, "Oh my God," I'm just shocked. I can't do it 'cause this girl like had skin hanging off her bones. I probably wasn't all that snazzy looking myself 'cause I was doing dope all the time and my face was kind of sunken in but I still had all my teeth. And I still had some curves on my body. I was like, "What are you doing?"

It's like a 10 year old boy with no teeth. What are you doing?" Yeah that was the end of that relationship.

### Personal consequences

#### *Housing*

Hartney (2014) argues that methamphetamine use has severe effects on the ability of users to properly function in their daily lives. Moreover, Henry, Minassian, and Perry (2010) found that the methamphetamine users in their sample registered a lower functional performance in several domains including comprehension, planning, and engaging in financial transactions. Further, Rendell et al. (2009) and Sadek et al. (2007) state that methamphetamine use impairs planning daily activities, communication, and work. This impaired functionality can significantly impact an individual's ability to maintain stable housing.

Twenty-one women in this sample reported that they had lost a place of residence at some point during their use. Rose, in fact, said that losing a place to live was "pretty common with meth use." The typical explanations for the loss of residence included failure to pay rent, the mortgage, or bills in general, family or friends evicting them because of concerns over their methamphetamine use, or as a result of legal consequences related to their methamphetamine use. Those who reported not losing a place of residence employed a variety of practices to avoid that outcome, including moving before they faced eviction, relying on friends and family for support, and using methamphetamine in places other than their homes. A number of respondents who reported losing a place of residence at some point in their past also utilized some of these tactics to prevent further loss of residency.

Of the 21 women who reported losing a place of residence because of their methamphetamine use, eight indicated it was due to their inability or decision not to pay rent, the mortgage, or bills in general. Debbie indicated she lost her home because she did not work; she explained “I’ve lost places to live because of meth. I never worked when I was doing meth.” Jillian also reported losing her home: “I was trying to buy a house and it got foreclosed on, because I wasn’t paying for the house.”

Liberty, Wendy, and Patti all noted that they lost their places of residence because they chose to indulge their methamphetamine addiction over paying their rent. Liberty said she “got my own apartment, done good, just didn’t pay rent because I chose to spend it on dope.” Likewise Wendy explained she was not “able to pay my bills because I was more worried about buying drugs.” Patti faced a similar situation:

I just began using the money that was being left by my 14 year’s dad to buy 8-balls of meth or whatever for me to stay high. He was up in St. Louis working and before you knew, rent was behind and I was trying to hide it for a long time, and it finally got to where I couldn’t hide it from him anymore. We ended up getting kicked out.

Shannon reported being kicked out of a number of places while using methamphetamine. Shannon was first kicked out of her foster mother’s home because she was high on methamphetamine and “wasn’t coming home for days.” She then moved in with her boyfriend. However, shortly after moving in with her boyfriend he was arrested and incarcerated; when that happened she was again left homeless because, in her words, “I couldn’t pay the bills. He wasn’t there and plus it was in his name.” After being kicked

out of her boyfriend's residence, she moved back in with her foster mother but was subsequently kicked out of that home multiple times. Eventually, Shannon explained, "I went to my friend's house. Her parents found out that I was into meth...and they didn't want me around their kids so I was kicked out of their house."

Other women, like Shannon, were also evicted by friends and family members because of apprehension about their drug use. Tensions with Rachel's father led to her leaving his home at seventeen. She described what happened, "[When] I was 17 I was kicked out of the house. I don't know if I was kicked out or if I just moved out. Me and my dad just did not get along at all. I moved out with a black trash bag. I was doing drugs real bad then." Valerie reported her mother kicking her out multiple times due to her methamphetamine use. Eventually, Valerie had her own apartment which she shared with her young daughter. However, she was soon evicted because of her methamphetamine use which resulted in her giving up her daughter and "choosing" to be homeless. She explains what happened:

When my daughter was 3 ½, I got my own apartment and ran back into some of the old crowd. And within three months, I was so bad off again that I put my daughter with my sister because I couldn't take care of her. And she's been there ever since so the past five years, it's just been crazy. I used as much as I could... I lived out of my car. I mean I chose to a lot of times too. I mean my grandparents were alive, I could have lived there, but I chose to because then I could use freely, and pursue my addiction freely.

At one point, Samantha lived at her friend's parent's house. Eventually, her friend's mother forced them to leave because they would not stop using methamphetamine around her young daughter. She recounted:

Her mom knew, she knew 'cause we were up at all hours of the night and then we would watch her little sister and my baby daddy would come home at 7 o'clock in the morning just wide awake and we'd watch [the sister] and so she knew. She told us if we don't stop we'd have to get our stuff and get out. And my best friend got mad at her and loud, so she kicked us out.

Heather was also kicked out of a friend's house, but for a very different reason. She explained that she was forced to leave not because of her methamphetamine use, but because she refused to supply her friends with methamphetamine. "They kicked me out because I quit supplying them. I cut them off. So they kicked me out and kept everything I owned" despite, as she claimed, she "was still paying them cash rent every week."

Additionally, Heather reported being kicked out of a previous residence as a result of legal problems with the police. She explained that her landlord evicted her "when the cops kicked in my door." In total, eight women indicated that they lost a residence due to legal troubles and/or intervention by law enforcement. Jade was evicted following a violent altercation with a police officer, "That time when I got arrested, I wrestled the cop in the front yard. I got kicked out of that house because of the scene with the police in the front yard."



Alicia reported losing at least two places of residence because of allegations of manufacturing methamphetamine. She described the second incident:

The second time, when they said they had found chemicals in my house, which I was living in an apartment complex, and they find it in the hallway of my apartment complex. And brought it into my house and said it was into my house, which it wasn't...I ended up getting kicked out of there because of him making meth.

Rainbow was evicted because of “gun charges and then the Feds were investigating the house.” Ultimately, Rainbow said that “they found out about that and I wasn’t paying the bills and they just kind of used it to their advantage.” Christina also lost her house because she was caught selling methamphetamine out of it. She reported “when I was in California when I lost my house. It got raided twice.” Shelia lost her apartment following a methamphetamine related arrest. She indicated that there are laws preventing landlords from renting to individuals with drug charges, “my landlord kicked me out because I was on the list for the landlord association so I couldn’t legally rent out of that town.”

In contrast, 19 women in the sample reported never losing a place of residency because of their methamphetamine use. Georgia reported that she had avoided losing a place to live by not using methamphetamine in the places she lived. She elaborated:

We lived with his mother and she had a shed on the side of the house and we’d go in the shed, or we’d go to our friends’ houses [to use]. I never did any of that at my

grandparents' house or not in his mom's house, nothing like that.

Faith relied on the support of family members to maintain residential stability; she explained "I've lived in the same house all my life. I live in my grandmother's house and my dad willed it to me."

Paige also indicated she never lost a place to live while using methamphetamine. Interestingly, she believed her methamphetamine use helped her maintain a place to live. Paige described her living situation:

I never got kicked out of anywhere or lost a house. 'Cause usually if I was living with someone, that's how I paid my rent. You know, 'Here's an 8-ball. Get out of my face.' And they weren't going to kick me out, of course not. If anything, I kept more of a home when I had dope. Like the times where I did stop and I wasn't messing around with anything was the times that I had a hard time paying bills and keeping a place to live.

Others, including Margaret and Jessica, reported that they had avoided losing a place to live by moving before the situation got to the point of eviction. Margaret explained "We'd just bounce around from place to place. We're all meth heads in the past so it didn't really matter. I would get uncomfortable...so I'd go to the next place." This strategy of "bouncing around from place to place" was also used by a number of women in the sample to prevent eviction. Jillian, Geri, Amy, and Samantha reported they had moved often to avoid being kicked out of the places they lived.

## *Employment*

Twenty-eight women in the sample reported that they had lost employment, at some point in their lives, due to their methamphetamine use. The women stated various reasons for their job loss including habitual lateness or missing work, stealing from employers, complications due to dealing methamphetamine, having been caught using methamphetamine at work, fighting, and being high on methamphetamine while at work. Hartney (2014) explains that although each person may react to methamphetamine intoxication differently, the typical methamphetamine high involves euphoria, emotional blunting, delusions, hallucinations, anxiety, aggression, and “tweaking,” which includes changes to heart rhythm or breathing, sweating, feelings of being very hot or cold, or nausea and vomiting. Ultimately, the inability to function while using methamphetamine was, according to the women, frequently the root cause for their job loss. As Valerie declared, “you can’t work; you can’t hold a job when you are on meth.”

The reasons the women lost their jobs were often overlapping and related. For example being high may have resulted in women not showing up, being late, or affected their job performance. The distribution of methamphetamine may also have affected job performance and punctuality. Barbara explained:

I’ve lost many jobs. Sometimes it was because I didn’t show up. Sometimes it was because I was late and continued to be late. Or I know a couple of times I’ve walked off the job to go get high. You just don’t care about the job when you get high. When you are getting high, you don’t have no control over nothing. You think you do, but

you don't. You don't care about nobody else, how they think, how they feel. You just care about getting high.

Erin reported losing nine jobs in recent years, seven of which were directly related to her methamphetamine use. She went on describe one such situation: "I worked at this hospital for about two months and I cut my finger real bad and they did a pee test on me...so I know that they knew that I had meth in my system." After the incident, she just "didn't go back" assuming that she would be fired anyway because of the results of her drug test. Erin continued, "The past year's been the worst as far as losing jobs. I keep getting into altercations with other people." Lauren also struggled to maintain employment while using methamphetamine. Her narrative illustrated the difficulty in functioning while using methamphetamine, particularly the "crashes" which occur after the high wore off. She explained:

I thought I had everything under control and it helped me work and everything but in the end, after me being up for so many days, I didn't want to go to work because even though I was still speeding in my mind, I'd been up so long my mind was just out of it, you know? I'd start getting kind of paranoid, I didn't want to be around anyone, you know, or I was so worried about getting high that I didn't want to go to work that day, you know? I was afraid I'd miss out on things, people getting high without me, basically. Or I would crash because I'd been up for so long, I'd crash for days at a time.

Because methamphetamine is a stimulant, it makes it difficult to sleep while using and sleep deprivation can exacerbate other negative side effects of the drug including losses in functionality (Hartney, 2014).

Overall, 14 women explained that being or getting high contributed to their job loss. Geri explained “I wouldn’t show up because I’d be too high to work around the people I was working with. I’d just leave. Make up excuses why I had to go.” Thirteen women indicated that their methamphetamine use specifically contributed to them missing work or showing up late, which led to their dismissal. Four women related that they had sold methamphetamine while at work. Amy stated:

I was working at a nursing home as a dietary aid and started selling out of the back door. And I started getting paranoid like everybody knew and was coming to work high and late and just wasn’t functioning right some days. I was just too strung out and they fired me.

Amy’s account, like many others, suggests that the reasons she lost her jobs were overlapping but nevertheless related directly to her methamphetamine use.

Additionally, four women, Mackenzie, Lauren, Rachel, and Heather, reported that theft contributed to their job loss. Heather, who also dealt methamphetamine out of her place of employment, explained why she lost her job:

I was selling dope in and out of there but I was never caught doing that there. I would get high at work. Get high with the people I worked with sometimes. One of my dope associates came in and my boss had it set up where there

was anything in the store you wanted, you could get it and pay for it in the next paycheck. Well a friend of mine came in, or dope associate, she really wanted something and I was going to get it and pay for it in two days on my paycheck. Well they saw it on camera. They fired me for it. And I thought it was a little unfair. I was going to pay for it anyway. I wrote the IOU out but they said it was stealing. And even though I would get high with my boss all the time they said it was dope related and that's why they were firing me. He told them I was a drug addict. And that's why I did it.

Likewise, Lauren suggested that she had lost jobs in the past because she “would steal money from them because I was a waitress and I dealt with their money.”

Of the 12 women who reported not losing a job due to their methamphetamine use, the typical explanation, used by seven respondents, was that they never had legitimate employment, so they did not have a job to lose. Faith explained “I've never held down a job, I've never worked outside my family. I always worked for my dad, my husband, or my brother.” Instead, Faith added “I always sold drugs and made plenty of money.” Tammy indicated “I just didn't work (laughs). I didn't even try to get a job. Jobs take too much time from your drug use, if you're serious about it.” Samantha relied on others to provide for her needs so she did not have to get a job. She explained, “I lived with my boyfriend and I lived with friends, so I never had a need for nothing.”

Two women, Rainbow and Kelly, claimed they never lost employment because they were functional while using methamphetamine. Rainbow described her situation:

I worked in my home. I'm an outside sales rep for manufacturing productions...And I would travel a four state area and work out of my home...So, there I never saw my boss unless I was brought in for salesmen. As long as I was producing those sales numbers, he really didn't give a shit how I was doing it.

Kelly indicated that, unlike many other women in the sample, she “was always up at dawn ready to go,” which prevented her from losing her job.

### *Health*

Common adverse health effects related to methamphetamine use include weight loss, organ toxicity, overall compromised health, dental problems, chronic psychological effects (e.g., psychosis, paranoia, hallucinations, suicidal tendencies, etc.), skin disorders and secondary skin infections, hair loss, cardiovascular damage, strokes and cerebrovascular changes, including hemorrhages (SAMHSA, 1999; Wermuth, 2000). Twenty-six of the women in the sample reported negative health consequences related to their methamphetamine use. Furthermore, most of these women reported multiple health issues. Those with relatively minor health problems or only one major health issue expressed that they were “lucky” acknowledging their experiences could have been much worse. Jessica and Jade believed they were lucky to only have problems with their teeth. Moreover, Lisa claimed “I was lucky and didn't catch Hep C or AIDS when I was intravenously using, thank God.”

A total of eight women indicated that they had contracted Hepatitis C while using methamphetamine; all of these women believed that intravenous drug use contributed to their infection, and two of the eight reported that risky sexual behavior may have contributed as well. Valerie explained how she contracted Hepatitis C:

I have Hepatitis C. I can tell you exactly where I got it from, I was dating a guy and I knew he had it...and I have herpes because of it too...I mean, I've shared needles, I've done all of that. Not proud of it, but I've done it. But he said the shot was through with his dirty needle and squirt it back out in the spoon and I used my needle to draw it up and shoot it which was contaminated as soon as the needle touched it. And I didn't care, I was jonesin', it was the only dope around and I wanted a shot.

Likewise, Lauren stated:

I have Hepatitis C, and I know it's related to needle use. My fiancée at the time had Hep C and I still shared a needle with him because I didn't care, you know. In the heat of the moment it didn't matter. Or, one time he couldn't find a vein, and he had a needle, a syringe full of dope and he was going to throw it in the trash, and I said, 'whoa, whoa, whoa, wait a minute' and I shot it in my arm with his blood in it, you know, I've done some pretty stupid things on it.



Additionally, Kathy believed she contracted Hepatitis C through intravenous methamphetamine use, but was not completely convinced. She also indicated that “it could have been sex.”

Six women discussed dental problems including the loss of teeth and gum disease. Mackenzie indicated “my teeth, where my teeth and gum line meet have some horrific cavities and they hurt. This is the worst.”

Four women indicated that they had suffered unhealthy weight loss due to their methamphetamine use. Rachel described her experience:

I’ve always been skinny to begin with but doing drugs that made it a lot worse. It really did. When I was bad I was really bad. You could see my ribs, every bone in me. When the wind blew I’d probably tip over so. I’m lucky to be where I’m at. A lot of people accuse me of being anorexic and it’s just I wouldn’t eat when I was on meth. Never had an eating disorder or anything like that...I only weighed only 80 pounds when I got into there and the doctors told me I was literally killing myself. I was dying.

Four women, Tiffany, Kelly, Amy, and Faith, specified that they had respiratory issues related to their methamphetamine use including asthma, chronic obstructive pulmonary disease (COPD), chronic pneumonia, and crystalized lungs and vocal cords. Amy speculated that her respiratory issues resulted from her time spent manufacturing methamphetamine. She remarked, “sometimes I have a hard time breathing and I think it’s because of all the anhydrous [ammonia] I’ve breathed in.”

Further, seven women revealed that they had struggled with mental health issues stemming from their methamphetamine use, including anxiety, depression, emotional problems, and memory loss. Debbie stated, “I’m not the same person I used to be. I have high anxiety...I have memory loss, I have panic attacks.” Moreover, Christina declared “I’m mentally unstable. My mind is not right... I feel drugs have damaged my brain.”

Women also disclosed various other negative health affects related to their methamphetamine use. Two women, Kelly and Donna, discussed heart problems including a heart attack and irregular heartbeat, respectively. Margaret indicated she had contracted a severe staph infection. Wendy expressed that she had begun to experience seizures from her methamphetamine use. Valerie contracted herpes from the man who also gave her Hepatitis C. Paige indicated she had substantial scarring from “picking” at her skin. Finally, Debbie disclosed blood related issues. She noted, “I had bruises all over my body, from my waist up because my blood cells were being destroyed. Platelets you know, I was hemorrhaging.”

#### *Criminal justice involvement and legal consequences*

The women in this sample generally reported extensive criminal records. Nine women reported being arrested less than five times. Seven women reported being arrested between five and nine times. Seven women also reported being arrested between 10 and 14 times. And 17 women reported being arrested more than 15 times. They disclosed committing many different crimes including vandalism, tampering with motor vehicles, driving related offenses, theft, shoplifting, receiving stolen property, auto theft, burglary, breaking and entering, fraud, forgery, writing bad checks, child endangerment, assault, assault of a police officer, robbery, weapons charges (guns and knives), murder,

prostitution, and various drug crimes including use, distribution, and manufacturing. It is important to note that, although many of the crimes committed by the women in this sample were directly or indirectly related to their methamphetamine use, not all crimes reported in their narratives were drug related.

In their narratives, 25 women indicated that their current term of incarceration was related to their methamphetamine use. For example, Tiffany, Shannon, Kennedy, Jessica, Heather, Valerie and Debbie's were in prison because of charges related to methamphetamine manufacturing. Christina, Anna, and Amy were incarcerated on charges related to the distribution of methamphetamine. Nanci, Margaret, Barbara, Lisa, Dorothy, Donna, and Tracy were incarcerated for methamphetamine possession. The remaining women were incarcerated either due to probation violations related to testing positive for methamphetamine or for crimes that somehow related to their methamphetamine use.

Lauren indicated she had been arrested and incarcerated approximately 20 times. She explained that her current prison term was for "10 counts of forgery, two counts of stealing, three counts of possession of a controlled substance, one count of trafficking and passing bad checks." Lauren claimed that besides possession of drugs, shoplifting, forgery, and writing bad checks were the crimes she most commonly committed. She explained:

It seemed like it was easiest, I felt like I was good at it. I would steal mainly like expensive clothes and sell them to drug dealers or get gift cards, and sell them for cash to dealers, stuff like that. That and I also liked to write checks,

other people's checks, forging checks, it was easy money for me. If I could just get a hold of a check it didn't matter to me if I would get caught later. As long as I could sign that check and get that cash right that minute, I was okay with it.

When questioned as to why she committed these crimes, she replied simply "for drugs." Lauren also bought pills to support her drug habit. She told the interviewer, "I would do a lot of pill shopping too and I would buy pills and I would exchange them for...a couple grams of meth and \$100 cash." Lauren had an elaborate system of fraud and forgery to support her methamphetamine addiction. She explained how she typically committed these crimes:

My mom was a bookkeeper for all these different businesses and they would have their business checks. We would get certain companies' account numbers and go buy business checks at Office Depot and get the checks printed and a lot of times it never came back on me because I'd use different names, fake names and stuff but eventually it all added up and it comes back on you...I would run out of names to use and I would have to use my own name, which I didn't care at the time, as long as I got the money, I didn't care what came later...there's been times where I found people's IDs and I would open accounts in their names. I'd

dress up, put my hair in a hat and go to the bank, there were a lot of things.

Lauren added that using this method she had “stolen thousands upon thousands of dollars...to get high, to get drugs.” Furthermore, she also assisted in the manufacturing of methamphetamine, and sold it as well. After helping manufacture the methamphetamine, she and her boyfriend would buy a portion of the product and cut it to resell.

Rachel disclosed that she had been arrested and incarcerated 10 to 12 times in her life. Her current term of incarceration was for felony possession of prescription pills and a probation violation resulting from testing positive for drugs. Rachel described having typically committed shoplifting and burglary “to get the money to buy meth. Just to get money.” Rachel recounted two instances of shoplifting:

I remember we were going to Kohl’s and that’s where I got arrested at, for shoplifting. When I am high like that I do really stupid things. It’s not something I do when I’m sober but I have been caught shoplifting a couple times now from being so high. I think I’m immortal and no one is going to catch me and I do really stupid stuff...Well it was closing time, which was really stupid, so I was getting me a new pair of shoes. And they [the police] caught me and they were going to let me go and when they ran my name, they saw I had a warrant out for probation and parole with a \$75,000 dollar bond. And I was already out on bond too.

The second instance occurred at a Walmart she was banned from due to three prior shoplifting charges. Rachel explained:

So it's something I like to do when I'm high. I'd steal makeup, little stuff. Makeup, when I was on meth and Xanax® I remember taking my son's diaper bag, totally emptying it out and just loading it with all sorts of stuff, movies, CD's at Wal-Mart...I got busted at Wal-Mart. I got an assault charge for punching a security guard 'cause I was so high, and they got me for trespassing 'cause I was back in there.

Overall, Rachel reported that she had shoplifted "over 300 times or more." In addition to shoplifting, Rachel also recounted a number of occasions where she was an accomplice in burglaries with her ex-boyfriend. She elaborated that in one situation she "broke into someone's house with [her] ex and stole guns and stuff to sell" and in another she was the getaway driver while her ex-boyfriend stole a man's camera for them to sell. Rachel also confessed to manufacturing and selling methamphetamine, as well as stealing one of the chemicals – anhydrous ammonia – necessary to produce the methamphetamine.

Despite her participation in the manufacturing and distribution of methamphetamine and theft of anhydrous (which is itself a methamphetamine-related charge in Missouri), Rachel was never caught for those crimes. However, she was arrested and convicted of a class C felony for methamphetamine possession and received a 90-day jail sentence and five years on probation.

Valerie explained that she had been arrested 10 to 15 times and had been incarcerated approximately five to seven times. Valerie also had pending federal charges related to buying the Sudafed® pills used in the manufacturing of methamphetamine. Valerie described the situation, “that was what I did, how I supported my habit. I would go around and buy up, I bought an obscene amount [of pills] and I had been doing it for so many years.” Moreover, like Rachel and Lauren, Valerie stole to support her methamphetamine habit:

I stole cars, I’ve done some shoplifting. I was caught both times. Before they made Sudafed® illegal, or put it behind the shelves, I used to steal it off the shelves to support my habit...and the burglary was to support my habit...The stealing cars, I was just more an accessory. We’d either steal cars to use to get supplies to cook the meth or to sell to people that needed cars to cook the meth...I would shoplift to support myself in the habit ‘cause I was homeless. I’d steal stuff from Wal-Mart and then go return it and trade the card for money, or use the card to buy stuff to make meth. That was how I supported myself for a while.

Valerie indicated that she “only got caught a couple of times out of a thousand” instances of shoplifting.

Alicia reported that she had been arrested and incarcerated approximately 15 times in her life. Her current incarceration was for manufacturing and possession of methamphetamine and child endangerment. Alicia explained what happened:

The police had come to my house and knocked on the door. And they were there to arrest me on a warrant for a misdemeanor traffic ticket. And the cops know me in my town. I always open up the door to them and let them in. 'Alicia, we gotta take you to jail.' I was like 'okay.' Well this day, I didn't open the door. I went and hid. They knew I was in there and this threw up red flags to officers. They called for the the county backup to come there and the DEA and everybody. They had asked me to search my house. And I told them no. And they said 'well, if you don't let us search and we find anything in your house, we'll make sure you never see your kids again.' And I was like 'well, there ain't nothing in my house. You're not searching.' Finally, I gave them permission to search. And they found chemicals in my house to manufacture meth...I was with three of my kids.

Due to the presence of the children in the home, Alicia was charged with child endangerment. As an aside, her boyfriend and father of her children, who was also present, only received a possession charge, according to Alicia.



Lisa indicated that she had been arrested and incarcerated more than 10 times, but was unsure of the specific number. Her current incarceration was for possession of methamphetamine with the intent to use. Lisa explained that her prior criminal history consisted primarily of breaking and entering, burglary, forgery, and distribution of methamphetamine and other drugs. She and her friend would typically steal “DVD’s, movies, stereos, and jewelry” from “storage units, houses, and stores.” Lisa also disclosed that she committed forgery when she began writing prescriptions on a prescription pad stolen by one of her friends from a doctor’s office. Additionally, Lisa would manufacture and sell methamphetamine to support her habit.

Lauren, Rachel, Valerie, and Lisa are only four cases, but their crimes and criminal history represent the experiences of many of the women in this sample. Their crimes were most often committed due to their methamphetamine use or to support their addiction. Most of these women did not have stable legitimate employment and a steady income to support their expensive drug habits or addiction. As such, often times they turned to theft, shoplifting, fraud, forgery, and the manufacturing and distribution of methamphetamine to meet their needs. Additionally, a criminal record, specifically one related to methamphetamine can serve a substantial barrier to stable legitimate employment and housing which can also contribute to continued methamphetamine use. Yet, all of the women in this sample were ultimately incarcerated for their various crimes, and it is this incarceration which has—perhaps somewhat ironically—afforded them the opportunity to pursue continued desistance from crime and methamphetamine use and the hope of redemption.

## **CHAPTER 5: HOPE AND REDEMPTION THROUGH IDENTITY CHANGE**

In Chapter 4, the numerous and accruing negative consequences related to this sample's methamphetamine use were described. These accumulating consequences may contribute to a trajectory of continued, and often times increased, drug use and illicit activity (Elder, 1994). Rutter and Rutter (1993) indicate that these trajectories can ultimately lead to turning points. These turning points may then force or lead individuals down adaptive or maladaptive life paths. The women's maladaptive life paths were examined in the previous chapter through the concept of cumulative continuity (accumulating negative consequences which narrowed life options and resulted in increased drug use and illicit activity). Their adaptive paths will be examined through the concept of "making good," specifically the development of redemption scripts.

As a result of their drug use, and oftentimes related criminal lifestyles, the women in this sample have been incarcerated and may have been court-ordered to participate in a drug and alcohol treatment program while in prison. While participating in this treatment program, it can be assumed that, for the time being, they have desisted from both crime and drug use as requirements for participation. As such, I classify these women as being in a state of "forced desistance." Further, their incarceration and participation in a drug and alcohol treatment program has afforded these women the opportunity to take the first steps toward what may be considered continued and sustained desistance from drug use and crime. The initial steps in developing a redemption script may ultimately stop the downward spiral of accumulating negative consequences related to their methamphetamine use and in time perhaps reverse some of consequences as well. Fundamental to this process is identity transformation, which is a core element in the

development of redemption scripts and is central to the desistance processes described by Giordano et al. (2002) and Paternoster and Bushway (2009). Additionally, attempts to rebuild damaged and lost relationships with others and the presence of outside support of their recovery are shown to aid in the identity transformation process.

#### Cognitive shifts, identity change, and redemption scripts

These initial steps toward continued and sustained desistance from drug use and crime are consistent with elements of the desistance processes discussed by Giordano et al. (2002), Paternoster and Bushway (2009), and Maruna (2001). These desistance processes focuses on the role of self-narratives to facilitate desistance through cognitive adaptation, shift, or transformation and identity transformation. Tebes et al. (2004) explain that:

Cognitive transformation involves a turning point in a person's life characterized by: (1) the recognition that coping with adversity resulted in new opportunities; and, (2) the reevaluation of the experience from one that was primarily traumatic or threatening to one that is growth promoting (769).

Similarly, Giordano et al. (2002) posits that cognitive shifts are “fundamental to the transformation process” which are essential to desistance (Giordano et al., 2002: 999). Giordano et al. (2002) describe that the ideal desistance process is one in which “an overall ‘readiness’ influences receptivity to one or more hooks for change, hooks influence the shift in identity, and identity changes gradually decrease the desirability and salience of the deviant behavior” (1002-1003). Thus, they stress the importance of

readiness for change as well as cognitive shifts in one's (positive) beliefs about themselves.

Paternoster and Bushway's (2009) identity theory of criminal desistance also features identity change as the key aspect of desistance. Paternoster and Bushway (2009) describe three types of self. The first is the "working self," which is the identity of the active criminal offender. The second self is the "future or possible self," which is the self the person wishes and hopes to be (non-criminal, conventional). Lastly the third self is the "feared self," which is the person they are afraid they will become unless they change from their current path of criminality and deviance. Furthermore, Paternoster and Bushway (2009) explain that change occurs only after the "crystallization of discontent" (1124). Paternoster and Bushway (2009) explain this process as:

[T]he forming of associative links among a multitude of unpleasant, unsatisfactory, and otherwise negative features of one's current life situation. Prior to a crystallization of discontent, a person may have many complaints and misgivings about some role, relationship, or involvement, but these remain separate from each other. The crystallization brings them together into a coherent body of complaints and misgivings...The subjective impact can be enormous, because a large mass of negative features may be enough to undermine a person's commitment to a role, relationship, or involvement, whereas when there are many individual and seemingly unrelated complaints that arise

one at a time, not one of them is sufficient to undermine that commitment... Isolated problems, frustrations, and bad days can be ignored as low-level setbacks that do not reflect negatively on one's overall level of satisfaction and commitment. But a large pattern of problems and frustrations brings one up to a broader level of meaning and raises the issue of whether the positives outweigh the negatives. (1124)

Lastly, Maruna (2001) suggests that the creation of "redemption scripts" can, in fact, facilitate the desistance process. Maruna (2001) explains the redemption script process:

The redemption script begins by establishing the goodness and conventionality of the narrator – a victim of society who gets involved with crime and drugs to achieve some sort of power over otherwise bleak circumstances. This deviance eventually becomes its own trap, however, as the narrator becomes ensnared in the vicious cycle of crime and imprisonment. Yet, with the help of some outside force, someone who "believed in" the ex-offender, the narrator is able to accomplish what he or she was "always meant to do" (87).

Maruna (2001) also states that development and recognition of the core self are "key themes that characterize desisting narratives" (115). The core self, also referred to as the

“real me” or “true self,” is a subjective understanding of one’s true nature (Maruna, 2001, 88). This concept is equitable to Paternoster and Bushway’s (2009) “future or possible self.” The creation or recognition of one’s core self allows the narrator to knife off their negative past and focus on their positive future (Maruna, 2001).

Furthermore, the concept of redemption scripts provides a useful framework to examine these former methamphetamine-using women’s attempts to establish their goodness and conventionality related to their core self. In their narratives, 25 women discussed the process of rebuilding damaged and lost relationships with children, family members, and significant others. Further, the treatment environment, in addition to involvement and support of family members, has provided an “outside source” that believes both in them and their recovery. The redemption script process is especially salient for 20 mothers in this sample, who articulated their desire to be good mothers as a source of motivation for staying clean. Additionally, a number of women discussed their hopes of returning to school, becoming employed, and helping other recovering addicts in the future.

#### Identity transformation: Goals of normalcy and conventionality

Twenty-eight women in the sample described an identity transformation consistent with Giordano et al.’s (2002) cognitive transformation (primarily the expression of a *blueprint for change*), Paternoster and Bushway’s (2009) description of the development of the “future or possible self”, and Maruna’s (2001) redemption script process typically through attempts to (1) establish their goodness and conventionality (2) with help of some outside force (3) in order to accomplish what they were “always meant to do.” However, any woman who expressed some degree of identity transformation in

their narrative was included in this category. Women who only expressed support from outside sources or attempts to rebuild lost or damaged relationships, without any indication of identity transformation, were excluded from this analysis. For example, Kelly described her transformation, “Prison has changed my life. I’m grateful that I’m here.” She continued “I was a different person. I’m just learning who I am. I’m not like what I was. I’m just a different person sober.” In her narrative Kelly highlights that her time in prison has changed her (for the better) and that she is a “different person.”

Additionally, Kelly explained why she needed to change:

You have to get away, you have to change everything that you were. You have to change all of your friends. All of your people, all of your places. And even if you do that, even if you change that you’re doing meth, but you’re still hanging out with all of those people in those places, then you’re still living that meth lifestyle. So, you might as well be doing meth, ‘cause you’re still the same person. So, you’ve got to change everything.

This philosophy of changing “people, places, and things” is common in treatment communities such as Alcoholics Anonymous and Narcotics Anonymous and is subsequently a reoccurring theme in the narratives of the women in this sample. Patti remarked “the only thing I have to change about me is everything. Just a little bit of everything.” Likewise, Geri said “I want to be a different person... I’ve learned to accept that I’m an addict and be aware of those things that put me back in that same situation.” Likewise, Samantha told the interviewer “I’m going to move to a different town, my

mom's gonna get us a house. It's going to be me, my mom and my son. And I'm moving into a town where I don't know nobody." Her statement is reflective of the common philosophy of changing "people, places, and things," as well as pursuing conventional norms of motherhood. She continued "There are so many people out there that's done this. They go back and use and they come right back here. Every time they end up right back here, every time. It just ain't worth it with my kid."

Maruna (2001) explains that learning to enjoy generativity, or the concern for others and hope to guide future generations, is an important aspect of identity transformation. Fifteen women disclosed a hope to return to conventional norms related to motherhood and family, education, employment, and service to society. Additionally, these narratives are also consistent with Giordano et al.'s (2002) gendered "hook for change" of motherhood. Jillian, who had not seen her youngest daughter since her incarceration, expressed that her daughter was now her only concern. Similarly, Alicia explained:

I'm done. Because it's not...It's not worth it, you know. Because I have four kids at home that's waiting for me to come home. I'm all they got. And I can't let them, you know, be away from me again. And after almost four years clean, there's no way I can mess that up.

Liberty, whose children currently resided with their paternal grandmother, indicated that she had discussed the process of getting her children from their grandmother:



I am scared, you know, I cannot guarantee one day from the next, but I can guarantee you I will give you my best to stay clean and to focus on life and my kids now. You see a lot of women, they say, “oh I can’t wait to get home, I’m gonna be clean, I’m gonna be clean,” but you can look at them and tell as soon as you get home you’re doing your drugs. I’m not...no...no, with the good Lord on my side, I’m going to be ok.

Likewise, Georgia said “I’m going to take care of my little girls like a normal mom should and I’m just going to relax. I’m going to stay at home and relax, go to work, and come home and take care of my kids.” Moreover, Heather explained:

My daughter...deserves to have a mom who is coherent all the time. Not you know, “I’ve been up for eight days. I’m going to pass out for a day.” My daughter deserves to have more than that in her life. She has been through so much already because of her father and his behavior. She deserves better. I deserve better.

While Wendy remarked that “a lot of people look at this program or prison as a bad thing” she felt “very blessed to have been given the opportunity.” Upon her release, Wendy indicated “I am going actually to my mother-in-law’s home where my youngest two children are.” Further, she hoped to reconnect with her other children including her other daughter, but was afraid of hurting her in the process. She explained, “I want to

know my daughter and I want her to know me but at the same time I don't want to disrupt her life. I have not been a part of her life for almost four years.”

Five women discussed their desire to pursue educational opportunities or employment upon their release. In addition to focusing on her role as a mother, Wendy also discussed her desire to attend college and eventually work as a substance abuse counselor:

I have obtained my GED since I got here and my main goal is to go to college to work in substance abuse because I want to. I feel that for me like the counselors that I know that have had problems like I have mean so much more to me because they've been there, they've done that. It's not just someone talking to you from something that they learned at school. It comes, not that it doesn't come from their heart, but they have a different outlook on it. And I figured if I could give that back to anybody and just help even one person that I will have succeeded somewhere.

Likewise, Tammy indicated that she also wants to counsel others through a program she has created. She went on to explain:

I've already picked the name out. Convicts in Christ, and I, they want me to talk, I set up some speaker meetings at Cocaine Anonymous and NA and AA meetings and I learned that I can go to juvenile halls, and that's where I want to go. I want to go around and talk to children and

teenagers and to me, if I can stop one, just one child, from going down this path that I've had, this hell of a life that I've had, then all this was worth it for me. I would do it day for day again to save one child because I believe that all this, I've got to turn this around and thank Jesus for something good. Then hell, this, this, might not have all been a bad thing...Yeah, and I mean that. Because I have led so many people down the road of destruction that I have to help my family, me, my brothers, I have to make a change, I have to do some good now, now

Wendy and Tammy's goals of helping others through sharing their negative life experiences represent generativity as legitimacy. Maruna (2001) explains that this process is a "well-known and established role" in which "the penitent ex-offender tries to persuade others not to offend" (118-119). Jayda, Georgia, and Samantha also expressed a desire to become employed in more traditional jobs following their release. Samantha explained "I'll go back for my GED and I want to be a school, kindergarten teacher."

Jade, Mackenzie, Debbie and Tammy also revealed their hopes to lead normal conventional lives without methamphetamine. Jade explained:

I can't wait to go home and sit on the couch with my mom and drink a Pepsi. Back then, you know, I used to laugh at her. Me and my brother would talk about my mom sitting on the couch drinking a Pepsi and how lame she was. That is so not lame to me today, you know. I've told her I can't

wait...I'm excited about my life. Whenever I go home, like Mondays will be movie night. Tuesday will be golf night. Just make different things during the week, you know, interesting. That way I have accountability. You know my mom can be like, "Hey, it's Monday. Movie night." Or my boy will say the same thing. Keep me in check.

Mackenzie expressed a similar desire for normativity and to put her methamphetamine use behind her. She indicated:

I've had enough dealings with it to know what it can do, yeah I might have liked it but there are other things that I can do that I like. I like to fish, I like to camp, I like to be with my family and my kid, and I'm getting married. I have a life to live and I don't need that crap. I've had my runs with it, I've partied enough when I was younger to last me the rest of my life.

Tammy simply explained "I want to go home and enjoy my family." Lastly Debbie, whose methamphetamine contributed to a divorce, expressed her desire to be a good wife and start a life with the man that loves her. She explained "Well our plans are to move out of [X] County, get married, and move to Arkansas. He really stood by me."

### *Rebuilding relationships*

In order to facilitate their identity transformation and continue moving toward their goals of normalcy and conventionality, most of the women discussed the process of rebuilding their interpersonal relationships which had been damaged or lost due to their

methamphetamine use. Attempting to repair their relationships was difficult, not only because of the extensiveness of the damage but also because of the limited resources and opportunities to do so in their current situation. The only means to contact their children, families, and significant others while incarcerated was through letters, phone calls, and visitation. The women indicated that letters and phone calls were the primary means through which they had contact with their children, families, and significant others. Only a small number of women described having visits by family members. Tiffany wrote to her children often and spoke with them when she could. She said:

I stay in contact. I've written them letters. I tell them on the phone, you know, I love them and miss them. And it's not their fault, you know. I let them know. It has nothing to do with them. This is my own mistake.

Kelly, Tammy, and Lisa indicated that they spoke with either their children or families every day. Tammy explained "I talk to them at least twice a week, I talk to my son every day, or once or twice a day."

In many cases however time, distance, and costs prohibited frequent, if any, visitation by their children, families, or significant others. Despite these difficulties, 24 women spoke about the process of rebuilding their relationships. Jillian explained:

I have to rebuild...I have to rebuild a relationship with my mom...My brother doesn't talk to me...I talk to mom. I write her. She writes me. Stuff like that... I only get to talk or hear from her like about once a week, because it's kind of hard to though.

Likewise, Heather explained that it was difficult to rebuild a relationship through only letters and phone calls:

I talk to my mom, two, three times a week. My sister, about once every two weeks. 'Cause it's hard to catch up with them over the phone. And I'm in classes all day here and I go to school for three hours every night Monday through Thursday so it's hard to use the phone every week. I write as much as I call...A relationship can be one way on the phone but in person it's totally different but I have a feeling it's going to be a lot different.

A number of the women in the sample, including Barbara, Alicia, Shelia, Kathy, Rachel, and Wendy, disclosed that they had encountered resistance to reconciliation from their children. Barbara recounted "My younger three kids, I have an awesome relationship with. My oldest daughter, she won't talk to me." Alicia had younger children, two of whom could not understand the situation fully and another who was resistant to making amends:

My soon-to-be five-year-old who was a baby at the time, he doesn't really understand...My seven-year-old, who is the only girl I got, she is...she don't really understand it...But my oldest boy, he'll be 11 in August, and he was six when it happened. It was his birthday. And he asked me right after I got out of jail the first time if it had to do with drugs. And I told him "yeah, it had to do with meth." And he

doesn't really talk to me. I've been in here almost two years and I've gotten two letters from him. He's very very upset with me.

Later she added "my daughter is kind of upset, because of the fact that I am locked up. You know, I'm away. And she wants her princess bedroom and all that. But it's just, I can't give it to her right now." Similarly, Rachel explained:

My son holds a grudge against me. He always throws it in my face that I chose dope and this other guy and that's why I deserve to be locked up. He's getting better about it. My youngest son's still young. He don't remember a lot of things. He loves me unconditionally...My kids, I love them more than life itself. I know I disappointed them and I just want be a better mother to them. I hope my oldest son can forgive me.

Shelia recounted, "my eight year old, he's all the time telling me 'you're not my mom anymore, my dad's not married to you... You're so and so.' It's real crushing." She went on to explain "my fourteen year old, he's comin' around."

Kathy also reported difficulty rebuilding her relationship with her children. As discussed previously, her daughter had received treatment for marijuana and methamphetamine use. As part of her treatment, Kathy indicated that she and her daughter "worked out a lot of the issues she had with me." Her son however, had yet to reconcile with her following her first methamphetamine related arrest.

*Outside support*

Twelve women explained that, although they were working toward rebuilding damaged or lost relationships, they were receiving support from others in their lives. This support was instrumental in their identity transformation and goals of normalcy and conventionality. Liberty stated that she received support from her children's paternal grandmother. She and the children's father were no longer together; while they were still technically married, because of his continued drug use she planned to divorce him when she was released. Despite this, the grandmother (her mother-in-law) told Liberty "you have grown up a lot since you have been in there, she says, you are very smart." The children's grandmother was the guardian of her children and was working closely with Liberty to create a plan for a safe and healthy reunion of the family. Wendy also received support from her son's paternal grandmother; she indicated "I consider more my son's dad's family my family. Like I'm very close to his mother; his mother is like 100% supportive of me. She is very willing to help me change."

Christina, Valerie, and Alicia stated that their mothers were their primary source of support. Christina explained "My mom's got my back...she knows I am trying to get help. And she has faith in me that I'm going to come out of this good." Likewise, Valerie indicated:

My mom is my main support in here. I talk to her every day...Mom tries to send me stuff in the mail at least every other day. So I get mail and she puts money on my books...My mom has dropped \$4500 for a federal lawyer for me.



Tiffany, Jade, and Samantha explained that their families were supportive and proud of their progress in recovery. Samantha stated:

I mean they miss me, because I am here, but they are proud of me. They're very proud of me... Because they can see a change in me. Even though I talk to them on the phone, they can still see the change in me and they all think I am doing a lot better. They are all proud of me for wanting to stay off drugs when I leave here.

Barbara, Shelia, and Heather also discussed receiving support from their parents. Barbara stated:

My parents will always love me. Right or wrong or indifferent, they love me regardless. They don't like the things that I've done but they have no control over that. And they pray for me every single day so they know whenever I'm ready, they're there.

Similarly, Heather explained "My parents support me now. Not financially but emotionally, they support me."

### *Conclusions*

The accounts of those 12 women whose narratives did not contain elements related to identity transformation consistent with elements of the desistance processes discussed by Giordano et al. (2002), Paternoster and Bushway (2009), and Maruna's (2001) redemption script process were similar in many ways. The women discussed attempts at and difficulties rebuilding relationships with children, family and significant

others. Some indicated they were receiving support from others on the outside. However, their narratives did not express any indication of moving toward the goals of normalcy and conventionality. It was this key difference that separated them from the other women in this sample. The absence of any indication of moving toward the goals of normalcy and conventionality may have occurred for a number of reasons. First, the women who did not express any indication of moving toward the goals of normalcy and conventionality may have lacked the desire to change, were not yet ready to change their lives, or had not yet experienced what Paternoster and Bushway (2009) label the “crystallization of discontent.” In essence, these women may view this term of incarceration and participation in the drug and alcohol treatment program as simply another consequence of their methamphetamine use. Second, it may have simply not been discussed due to differences in interviewing techniques, specifically the absence of probing questions which varied between interviews and interviewers. This may be the case because of other similarities present in the narratives of both the women who expressed elements related the development of redemption scripts in their narratives and those who did not, specifically outside support of their recovery and efforts to rebuild lost and damaged relationships with others.

As indicated in the beginning of this chapter, I classify the women in this sample as being in a state of “forced desistance.” Their incarceration and participation in an oftentimes court-ordered drug and alcohol treatment program afforded these women the opportunity to take the first steps toward what may eventually be considered continued and sustained desistance from drug use and crime. It is, of course, unclear as to whether they will remain desisted upon their release. Nor is it guaranteed that their efforts toward

identity transformation and goals of normalcy and conventionality, related to the creation of redemption scripts, will make continued and sustained desistance from drug use and crime more likely. The only certainty is that these women faced many challenges in their attempts to address the numerous and cumulative negative consequences they had experienced as a result of their methamphetamine use.

## CHAPTER 6: CASE STUDIES IN EXPERIENCE

In Chapter 4 of this dissertation, I described the consequences of methamphetamine use within the framework of loss. In so doing, I examined the loss of safety and security by identifying the violence experienced and committed by the women in this sample. Next, I examined how interpersonal relationships were affected by women's use of methamphetamine by focusing on the loss of positive relationships with children for the mothers in the sample and the loss of positive relationships with parents and significant others for the entire sample. Finally, I explored personal consequences relating to the loss of health, employment, housing, and freedom (legal consequences). In Chapter 5, I introduced the themes of hope and redemption through identity transformation, which is a core element in the development of redemption scripts as well central to the desistance processes described by Giordano et al. (2002) and Paternoster and Bushway (2009), highlighting the importance of motherhood and personal responsibility for the desistance process.

In this chapter, I present the narratives of four women to demonstrate both the *across-person variation* in life contexts and experienced consequences related to methamphetamine use and the *within-person change* over time, particularly as a result of the accumulation of negative consequences. By examining across-person differences, it is possible to show that there was some variation in the types and level of personal consequences that women experienced. In other words, not all women experienced negative consequences to the same extent. Further, by looking at within-person change, it is possible to show how the accumulation of negative consequences, in some cases, led to greater use over time.

Yin (2003) posits that the use of case studies is appropriate when attempting to answer “how” and “why” questions as well as when analyzing the contextual conditions which are believed to be relevant to those specific events and experiences being examined. Laub and Sampson (2006) believe narratives such as these “help unpack the mechanisms that connect salient life events across the life course, especially regarding personal choice and situational context” (10). The following case studies can be classified as both descriptive (Yin, 2003) and instrumental (Stake, 1995) in nature. Yin (2003) defines descriptive case studies as those that are useful in describing a phenomenon and the real-life context in which it occurred. Additionally, Stake (1995) argues that instrumental case studies provide particular insight into specific issues; in the present case, the case studies illuminate the cumulative negative effects of methamphetamine use and the attempts of the women in this sample to redeem their lives.

### Tiffany

Tiffany is a white 29-year old mother of three. Tiffany was the youngest of 13 children in her household. Of the 13 children, 10 of them were half-siblings. Tiffany initially described her family life as “interesting,” but later explained that crime and drug use were common elements in her life from a very early age. Tiffany noted that her first word as a baby was “high” because her brother and his wife used drugs around her as an infant, so much so that as an infant she was high due to her proximity to the drug use. She explained:

My family, my brother, he was actually...him and his wife were the first ones to actually get me high because I was an infant inside their room. And that was my first word “high”

because they were getting me high. I didn't find that out until like two years ago. I was kind of like "wow, thanks!" Yeah because the first time I tried to get high, I got high. And most usually your first time getting high, if you'd never been around it, you don't feel the effects of it at all and I felt the effects of it.

Due to growing up around alcohol and drug use, Tiffany was initially put off from the idea of ever using drugs: "my siblings have done drugs and I was always appalled by it and everything." However, by her mid-teens Tiffany began using drugs as well. At 15 years old, Tiffany began smoking marijuana, but a culmination of events in her life led her to try methamphetamine. At that point in her life, Tiffany's mother had recently left the family and Tiffany felt a great deal of abandonment. Additionally, Tiffany had recently dropped out of school. She explained:

Well also my mom—she had left me and my dad. And it might have also been a way to get back at her because I was always against drugs and everything...So when she had left, she said she'd just go and take care of some business and she would come back. But she would never come back. She lied to me, you know. I felt hurt and abandoned. And I was like well this is how I've always gotten her attention in school about being bad. I'll do this that's bad. Maybe she'll come back.

So, under the pretense of acting out to get the attention of her mother and to persuade her to return to her and the family, Tiffany decided to try methamphetamine for the first time.

In addition to the issues related to her mother's departure, Tiffany explained that she did not want to be a hypocrite to her friends who cooked and used methamphetamine. Furthermore, Tiffany had another friend who was also trying methamphetamine for the first time. She described the circumstances of her first use:

I was like "okay, I'll go ahead and try it." Because this other person, it was going to be their first time too...I didn't want to be hypocritical. I thought I was being hypocritical with my friends that had used it. Because I was like "man, why are you doing this stuff? Look at yourself!" And this and that. [They would tell me] "Well you don't know what it's like. Blah blah blah." And I was like "alright, I'll try it" and find out if I like it.

Despite becoming heavily involved in methamphetamine use and manufacturing later in life, Tiffany's first experience was not pleasant. She recalls: "I did not like it. It turned gum into syrup in my mouth. It just had this real bad chomping effect that I could not control." In particular, she described how the drug made her unable to calm down or sleep. She continued: "It just overtook me, you know. Not being able to go to sleep...And I chewed on anything, even aluminum cans. I broke the soda and proceeded to chew on the tab..." Simply put, she explained, "I still didn't like it. And so yeah, I was against it for a long, long time."

Eventually Tiffany tried methamphetamine again because of family reasons. This time was in an attempt win back the love of her ex-boyfriend and father of her children.

Tiffany described her motivation for using the second time:

Next time I used it was in 2001. I used it because I said “the heck with it.” Because my ex—he’s the father of my kids now. He was a user. He liked it. He was able to make it. And I wanted to have more of a bond with him. So after we happened to split up, I was like “well maybe this can get our family back together” because I didn’t want my kids to grow up without a father.

At this point, Tiffany felt smoking methamphetamine was akin to smoking marijuana and cigarettes: “I smoked cigarettes, smoked weed. Why not smoke this too?” Once Tiffany tried methamphetamine the second time, she eventually became addicted to the drug. She reported that her use in the beginning was two to three times a week and eventually escalated to once every three hours. Tiffany, like most of the women in this sample, was a poly-drug user, but preferred marijuana and methamphetamine. In total, she reported using OxyContin®, muscle relaxers, psilocybin mushrooms, marijuana, and methamphetamine.

As I noted previously, this sample’s experiences with methamphetamine differ from the experiences of women addicted to drugs like cocaine, crack cocaine, and heroin (see Miller, Carbone-Lopez, and Gunderman, 2015). A unique characteristic exhibited by women in this sample was a period of perceived functionality. During this period, the user believed their methamphetamine use allowed them to fulfill societal expectations of



motherhood, domestic labor, and beauty. This was evident in Tiffany's case as she believed the psycho-stimulant properties of methamphetamine allowed her to succeed at work, maintain a clean and orderly house, and be a better mother.

While working, Tiffany claimed she had to use methamphetamine to succeed: "if you want to get the quota at work and get your bonuses and what not." However, her methamphetamine use did not go unnoticed at work. She explained "my bosses would be like 'you're getting awfully skinny there. You might wanna slow down...' Yeah, but he couldn't really say much because he was a user too." She continued: [I told them] 'well I want to get the quota.' [They replied] 'We don't care about the quota. Eat something!'"

The cleanliness and order of her home during her initial periods of use did not go unnoticed either. However, she reported receiving only praise. "People were actually bragging about how I was keeping things in order, and my house." Before using methamphetamine, cleanliness and order were not important to Tiffany:

I was pretty much a slob growing up. My room was a mess and stuff like that. No one wants to go in my room. I know my mess. I know where my stuff is. You don't want to go in there because you can't find nothing. I know where it is in my mess. But when I took meth, everything had to be organized. Everything had to be in its place.

Likewise, Tiffany also believed that her methamphetamine use--at least initially—helped her be a better mother to her three children. She recalled:

Everything was in its place, you know. I didn't eat, but my kids ate well. I was up to make them breakfast. I was up to

get them little snacks. I wasn't sleeping or taking naps or letting depression keep me down. I was just on top of everything. And people were proud of me for it. And it showed that they were proud of me for it. And it kept me wanting to do it.

Through these passages, it seems that, for Tiffany, her methamphetamine use was a driving force in her perceived successes at work, in the home, and with her children. Her narrative does an excellent job in illustrating the notion of perceived functionality while using methamphetamine. Without the "benefits" of methamphetamine, Tiffany simply felt like she was unable to function. She explained "When I'm not on it, I'm having to push myself and do this and this and that. When I'm on meth, it gives me the capability to push myself to do this and this and that. And fit everything all in one day." She continued in explaining that while taking methamphetamine she "actually wanted to do more stuff with my kids."

The irony, which only became apparent to Tiffany in hindsight, was that the cumulative negative effects of the drug which she believed allowed her to succeed at work, maintain a clean and orderly house, and be a better mother, ultimately caused her lose the things she most loved. Tiffany reported that her methamphetamine use caused her to lose her job. She explained to the interviewer why she lost her job. "Whenever I get on my crashes and stuff, I'd have to sleep... And when I sleep for that day, that takes up, you know, the work week...[I would be] just not showing up." Eventually the cleanliness and order of her home was affected as well, so much so that it contributed to

the loss of custody of her children, (though not the loss of her home) following the death of her father, who had been supporting her:

I lost custody of my two oldest ones for being financially unfit after my dad passed away. Everything froze up. I knew I was irresponsible with money. I had an account with him. So they froze that and found me financially irresponsible. And then my daughter, my youngest one, she got taken away from me because of my house, even though she wasn't in my home, but for her ever being around my home or anything, they gave her to her dad. And I had nothing to even do with her for three years.

According to Tiffany, her children had also suffered emotionally because of her loss of custody. By her reports, her boyfriend, the father and current guardian of her daughter, still used methamphetamine. Tiffany stated that her daughter needed to be with her father for the time being and she did not want to make him look bad in her eyes, but she believed her daughter had “already figured that out. She’s already turned six and she’s already tried to run away from his house four times.” Her sons, who had been placed with their father, had also responded negatively to the separation from their mother. She told the interviewer, “they even got in trouble with their dad for trying, for stealing from him and going to juvenile themselves. And I told them they couldn’t bail me out of prison.”

Tiffany had also experienced violence perpetrated by her boyfriend, the father of daughter, who continued to use methamphetamine. Most often the violence would be

related to episodes of methamphetamine withdrawal. She described his violence as “rages” that he would take out on her. She also reported that “I stood up against him. He never liked that.” Beyond physical violence, her boyfriend would also control what and how much she ate resulting in a dangerously low weight for Tiffany:

I was on his little diet. He’s just so controlling. So I was on his diet. I just didn’t like where I couldn’t eat something sweet. And he took out all the sweets. I need my sweets every now and then at least. Come on now. And I was getting, I was down to 110 pounds. It was just getting ridiculous. I just had a kid and I shouldn’t have been that little, because I’ve never been that small. I mean, I was eating but [only what] he allowed me to.

Tiffany reported using violence herself, which she directly attributed to her methamphetamine use. She claimed that “I chased people off. I’d pick up something, hit them with it, knock them out, drag them off, put them in a ditch. Didn’t care.” Additionally, she explained she put a “hit out” on a person she believed to be an undercover police officer or informant. “And he ended up with a crowbar struck to his head plenty of times.” Recall that it was Tiffany who expressed a particular disgust for “snitches” in her narrative as they were dangerous to her continued freedom to manufacture and use methamphetamine.

Beyond the violence described above, Tiffany participated in a number of other criminal acts. Tiffany reported that she had been arrested approximately 15 times and placed in jail at least twice prior to her current stint of incarceration, which was for a

methamphetamine related charge and probation violation. Tiffany also indicated that she had committed many offenses for which she had never been caught:

Oh, there's tons of stuff. I've vandalized. I've went out and broke into people's places just because no one was home. I've stolen from my family. I've tore up my vehicle just because I could and it was mine. I lashed out on people. I've caused fights. Threw people out of other people's houses just because I didn't like them there. Yeah, there's a number of things I didn't get turned in for... We went through a bunch of churches. Yeah. We stole the instruments. And donation boxes. The stereo systems. We loaded it all up, hid it out for a long time and got rid of it.

When questioned whether these acts were related to her methamphetamine use, she indicated in the affirmative, "Oh, we didn't sell it. That's the thing. We traded it all for drugs. Yeah, we didn't sell it."

Finally, Tiffany noted that she had suffered respiratory problems related to her drug use. She explained to the interviewer that she had problems with her lungs and vocal cords: "Yeah, my lungs, my vocal cords... They are probably crystallized. Because if you hold it in, stuff crystallizes it. So whenever I cough or anything, it doesn't really bring it out. It's just there." Despite her medical conditions, Tiffany refused to seek medical treatment because of a family history of distrusting doctors.

While participating in treatment, Tiffany had the chance to reflect on her life, her drug use and the cumulative consequences of use, which had resulted in her current

incarceration. When questioned about the possibility of her using methamphetamine again after her release she was cautiously optimistic. While she hoped she could remain clean, she also acknowledged how difficult it would be:

I don't want to [use again]. No. But I don't want to say never. Never is a bad thing to say. That's a definite for failure. Hopefully whenever I get out, you know, I can stick to my program... It's not going to be easy... Coming here. It's affected it a lot. I don't want to come back because I'm only on a 120<sup>5</sup> on the year...

There were also elements of Maruna's (2001) "making good" process including the institution of motherhood in Tiffany's redemption script. She told the interviewer that she remained in contact with her children the best she could and tried to explain their situation in a way she hoped they could understand:

I stay in contact. I've written them letters. I tell them on the phone, you know, I love them and miss them. And it's not their fault, you know. I let them know, it has nothing to do with them. This is my own mistake. And I'm being grounded for me not listening to what I should have been doing.

Lastly, her relationships with the other members of her family were "okay," and they appeared to be more supportive of her efforts to repair the damage she had done in her life because of her sister's "suicidal overdose" on prescription pills which left five

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<sup>5</sup> A 120 refers to a 120-day sentence which is used in Missouri as a revocation of probation or, in some cases, as a "shock" incarceration.

children without their mother. Tiffany elaborated on the situation with her extended family:

They actually appreciate me getting help more now since that, because they didn't push her at all to get any help. They didn't push her to let her see herself need help...And they're proud of me that I didn't need them to recognize it. I'd just come out with it. It's like "look, this is the problem. This is how it's gonna be."

Perhaps more importantly, Tiffany understood that her recovery and her path to rebuilding her life rested on her shoulders. She conceded "I can't help myself unless I wanna help myself... Everyone else can want it for me but 'okay, good for you!' It ain't gonna do me no good. I have to want it for me."

### Georgia

Georgia is a 26year old white mother of two who had never been married. When discussing her childhood, she explained "My family was great. In fact, I had an excellent childhood. My mother was a Sunday school teacher, my father always worked." She graduated high school. However, by the time of her interview, Georgia had an extensive criminal record of approximately 20 stints in county jail. Georgia, like many of the other women in this study, reported poly-drug use, indicating that she "tried just about everything once." She went on later to explain that this included cocaine, ecstasy, pills marijuana, and methamphetamine.

Georgia's first experience with methamphetamine was at the age of 15. Her first boyfriend, who was 18 at the time, introduced her to methamphetamine at a party. She

explained: “I’d seen people smoking it out of bowls and doing lines and we started out with coke and people would go to meth and so I just kind of followed suit with the crowd I was around.” Initially, Georgia smoked and snorted methamphetamine, but eventually favored intravenous use. She reported that she decided to try methamphetamine because “that’s what everybody was doing around me” and that she continued using it because “I liked being able to stay awake, and I felt more energetic, excited, the rush that I got from it.” She added “I thought it was awesome when I first did it. I can stay up all night, I can get my room cleaned, I could do whatever I wanted to do...I felt energetic, I felt invincible.”

Georgia recalled that she was deep into her addiction to methamphetamine after three years of use, about the time she graduated high school. She explained:

When I was doing it every day...I felt like I had to have it every day. And it was after I graduated high school in 2001...I had more time on my hands I guess you could say and instead of me furthering my education and going to college, at this time I’d met up with my kid’s father and he was using meth at the same time, so we just kind of just got together and that’s all we did really was use meth.

During this period in time, Georgia was using approximately two to three grams of methamphetamine a day in addition to the marijuana she was using, which she claimed made her feel “equal.” By 2002, she was in a 30-day rehab program and claimed she did not use methamphetamine for 3-4 months after completion, although she reported that she continued to use marijuana on a regular basis. After her relapse, Georgia began



intravenous use of “red and black” methamphetamine because it was “cleaner.”

Additionally, she claimed that the intravenous use of methamphetamine provided a quicker more intense high:

It was way more intense and it was an instant gratification. Instead of waiting 20 or 30 minutes to feel energized, it was automatic. It took my breath away, it made me start sweating and then I was just ready to go.

In 2003, the consequences of Georgia’s methamphetamine addiction began to accrue and become more severe. Georgia and the father of her children were intravenously using methamphetamine multiple times a day, every day. Neither Georgia nor her partner were working at this time and, to support their habit they turned to crime, claiming they were “just ripping people off” to support their habits. Eventually, Georgia and her partner decided to begin manufacturing methamphetamine for both personal use and to sell because “people would get mad at us [and] people didn’t want to sell us the meth anymore.” In order to manufacture the methamphetamine, Georgia and her partner began stealing the various ingredients and doing “crazy and outrageous things” to procure the anhydrous ammonia. It was at this point Georgia indicated that her relationship with her children’s father began to get “sick.”

Georgia explained that the father of her children would become paranoid and violent while coming down from a methamphetamine high. Despite not being a violent person, she began abusing him as well:

He would get violent when he was coming down. He would get real abusive; he would hallucinate, thinking that people

were stealing his dope, thinking that I was out to get him. Thinking I was sleeping with his friends, stuff like that and he would get real abusive. And for the first couple times I didn't, I'm not a violent person, I don't like violence...um, when he would get abusive I would try to withdraw myself from him or I would leave with some of my friends, if he would allow me. I would leave with some of my friends just to get away from him so we wouldn't fight anymore. Eventually that didn't work and I started abusing him also. I can only take so much and after I was beaten for so many hours, or whatever the case may be or I was telling the truth and he thought I was lying, I just couldn't handle it any more so I started abusing him back.

She went on to explain that, on at least one occasion, her partner almost killed her during his paranoid violent episodes:

There was one time, it was so bad, he was hittin' on me in the car, saying I was lying, I stole his dope, I told his friends to turn on him, whatever...We were in the car and he was driving and he just kept hitting on me and I was like, "I can't handle this anymore," and this was before we had kids. I jumped out of the car when it was moving like 50 mph. I didn't care what happened, I didn't care if I died. At that moment, I probably was ready, I preferred to be

dead instead of doing what I was doing. So I jumped out of the car, he stopped, came back and picked me up. Then every time he would do something like that, give him a day or two, he would come back, say he was sorry, say he would never do it again. But the next time he got high, it was the same thing. And it just kept getting worse, and worse, and worse.

Georgia recounted many other instances of abuse by her partner including her foot being broken in a car door, being punched in the head and face, her hair being pulled, being bitten, being thrown to the ground, and being assaulted while pregnant. Some of these later instances of violence were witnessed by her children. However, she was adamant that, despite the violence in their relationship, he was a good man and a good father when sober. Georgia explained, “I believe that because when he was sober he would never lay a hand on me, he was the sweetest man ever...” adding “when he’s not using, he’s a good father.”

For Georgia, her first pregnancy marked a turning point for her, the cessation of her methamphetamine use. At the time, she was using methamphetamine intravenously. She recalled, “One day I was standing on the floor and I was like, I don’t feel good, and I just fell out [passed out] and they took me to the doctor and found out I was pregnant.” When she learned she was pregnant, she told the interviewer, “I decided I was going to quit. And so I quit, and that was back in 2005, late 2005, and I had my first daughter in (early) 2006. And I haven’t used meth since.”

However, her decision to quit using methamphetamine did not mark an end to her illicit drug use or participation in criminal acts. Georgia continued to smoke marijuana throughout and after both of her pregnancies. In addition to marijuana, Georgia and the father of her children used pills, primarily OxyContin®. In order to finance their drug addiction, Georgia was involved in illegal activity, primarily writing bad checks. Eventually, Georgia had warrants in five different counties, which resulted in her arrest, conviction, and placement on probation after a brief period in jail. Despite being on supervised probation, Georgia continued to use marijuana and illegally obtained prescription pills. After the manufacturing plant she had been working at closed, Georgia resorted to shoplifting and theft to finance their drug habit. This eventually resulted in her arrest and she failed the subsequent urinalysis which resulted in her current term of incarceration.

Beyond the legal consequences related to Georgia's addiction, she reported experiencing relatively few other personal consequences. Although she was Hepatitis C positive, she claimed that it was not the result of sharing needles during intravenous drug use. She admitted however, that she did share needles with the father of her children who went on to share those needles with others, so she may have been responsible for the transmission of the disease to others. During the interview, Georgia showed her teeth to the interviewer to prove they were all intact, unlike other methamphetamine users. She pointed out that she had rarely smoked methamphetamine, so her teeth were never damaged by the drug. Finally, she also never developed the "picking" habit that other methamphetamine users commonly develop, so her skin was clear of pock marks and scars.

In addition to avoiding any major health related consequences, Georgia also reported that she had never lost a home or place of residence because of her methamphetamine use, nor had she lost employment. When questioned about her living arrangements, she explained that she and her partner had always lived with his mother and their children were often with other relatives. Although the living situation was often times violent, it was stable. As for employment, Georgia recalled having one legitimate job which she left when she was pregnant with her first child and returned to later only to lose it when the plant closed. From her narrative, the vast majority of her income was earned through illicit means (i.e., making and selling methamphetamine, writing bad checks, theft, shoplifting, and ripping people off) or during periods of unemployment benefits.

In retrospect, Georgia appeared to recognize that her actions, including her methamphetamine use, had negatively affected her children's lives. She believed that her methamphetamine use itself had not affected her children physically, but the consequences of her addictions had undoubtedly affected them and her relationship with them. Georgia expressed regret that her addiction and the actions to support her drug use resulted in the loss of time with her children. The children were often left with relatives while she and the father of her children used methamphetamine or committed crimes to help them obtain methamphetamine. Additionally, Georgia expressed remorse that her children were currently residing with their father who was still using drugs, and "doing pretty bad" from all counts. This was particularly troubling for her because of the violence she suffered at his hands while he was using drugs, sometimes in the presence of their children.

Like many of the women in the sample, Georgia's narrative contained elements of Maruna's (2001) "making good" process. Georgia indicated that she had the support of her family, noting that upon her release she would be living with her grandparents. In addition to the support of her grandparents, Georgia also expressed her desire and willingness to repair the harms in the relationships with her children moving forward. To do this, she had a plan:

I'm going to get a job, for sure I'm going to get a job. And I'm going to take care of my little girls like a normal mom should and I'm just going to relax. I'm going to stay at home and relax, go to work, and come home and take care of my kids. I might try to get into school.

This sentiment is also reflective of the positive role motherhood is perceived to play in the making good process. Succeeding in motherhood, where they may have "failed" in the past, provides a path to redemption and a way to 'knife off' past lives.

### Amy

Amy is a 22 year old mother of one, with a ninth-grade education. Amy came from a family of methamphetamine users and manufacturers. Many of Amy's problems could be traced to her family environment and upbringing. Amy began using methamphetamine at a very young age: "I was 14 the first time I started using meth and I've used it every day since. I was raised in that environment so my parents use, my grandparents use." She went on to explain that "it was acceptable in my house. My dad was a cook. Both my parents they use. I grew up in that environment. It was always okay." Amy referred to her mother as a "dirtleg," a derogatory term for a woman who has

sex for methamphetamine. This behavior led to the end of Amy's parents' relationship, and led to her mother's subsequent relationship with Amy's stepfather. However, it was not just her parents, both biological and step, who used and manufactured methamphetamine; she also recalled that her aunts, her grandparents, and siblings were deeply involved in the market. The seemingly normative nature of methamphetamine use and manufacturing within her own family greatly influenced Amy's perceptions of what was right and wrong and acceptable. She described:

It's weird because it [meth] is really acceptable in my family. So I never did think there was anything wrong with it until I got old enough to start coming to jail and start doing work on myself I've done. And then I'm like, "well this isn't normal. Not everybody else is in the 9th grade selling and cooking dope and dropping out of school." It was normal in my family.

Amy had a complex relationship with her brother. To Amy, her brother was very much a parental figure for most of her early life. She explained:

My brother basically raised me. It was really lonely. We were neglected. I wore my brother's hand-me-downs so I got made fun of at school a lot. Especially by girls because I was always attached to my brother's hip. 'Cause he was like my mom and dad. We would see our mom and our dad but it wasn't like getting "I love you" and we didn't get no hugs. And most of them we really seen is when we were

getting our asses busted. During summer time, me and my brother would get locked out of the house from nine o'clock in the morning till nine o'clock at night. We had to drink from the spout on the side of the house. It was really lonely. Really really lonely my childhood was.

However, her relationship with her brother was also verbally and physically abusive at times. Amy describes how he would yell at her, hit her, and force her to fight for money.

He would make me fight my little group of friends after school on bets or whatever... Make me fight all the other little boys. I don't know if it's 'cause he didn't know how to channel what he was feeling and what was going on, all the responsibility that he had to take on. 'Cause he took care of me, make sure I had a bath before I went to bed, laid my clothes out for school, made sure I was fed. He did the dishes. He cleaned up the house and stuff and he would help me with my homework...I think it was because he didn't know how to, you know he is only two years older than me so he really didn't know how to talk about anything. He'd just be so frustrated with me that he would just start hitting on me, whaling on me.



This sort of violence was common in the household in which Amy was raised. Amy also witnessed domestic violence between her parents. She recalled her parents fighting both in front of them and behind closed doors.

Violence, thus, has played a large role in Amy's life. And many of the people Amy discussed in her narrative played dual roles in her life. As seen above, her brother was very much caregiver and protector but, at the same time, "beat her up a lot." There was another important group of people in Amy's life who came up frequently during her interview. She called them "the boys," because "I've known them for like 11 years, 16 years, and another one I've known for 13 years." This group of male friends played a very similar role as her brother; they were both protectors and perpetrators of violence. The boys were a group of friends that Amy had known for an extended amount of time and who had used, sold, and manufactured methamphetamine with her throughout her life.

While participating in the methamphetamine market, Amy reported experiencing a great deal of violence, including sexual violence. In the aftermath of these acts of violence, Amy often turned to her brother and the boys because, she explained, "I never called the police...[My family's] not really big on the police." In one situation, Amy reported "when I was 14, I got hog tied and raped when I was delivering a package somewhere." In this situation Amy did not report the rape to the police, but rather to her family who "took care of it the best they could." In other situations, Amy recalled how, because she is a woman, men would verbally and physically abuse her in an attempt to get over on her:

I had dudes that don't know me come across on me, talk crazy to me basically. I've had a couple of dudes try and rob me 'cause I'm a chick. Like "I'm not going to pay you your money." Ok, "well you're going to pay me my money regardless." I've had people proposition me but once they figure out who I am, then it usually doesn't happen at all. For other women it's really hard. Dudes degrade them, rob them, and they treat them bad.

In cases such as these, Amy explained how she would rely on her brother and the boys to rectify the situation. "You want to rob me, then you can rob me, whatever. It ain't worth my life. That's for damn sure. And I'd just go get my brother and the boys and they'd take care of it." Additionally, Amy would reciprocate this protective behavior for the boys as well. She explained that if the boys had "a problem with a dirtleg, they would always call me to have me go over and take care of them." Also, Amy was clear that she also engaged in violence on her own accord. She stated, "I've gotten into plenty of fights with grown men over dope and money, territory, stupid stuff like that." She continued, "Anytime I couldn't manipulate someone to do what I wanted them to do is when I would use violence."

However, as discussed earlier, the boys did not always play a positive and supportive role in Amy's life. They had been violent towards her as well. This violence was often the result of Amy's desire to get more methamphetamine than she could afford, through violence and manipulation. She explained:

What I want is what I get. I'm that type of person. The whole power and control thing. So even if you were the boys and you were telling me no or whatever...or I was coming up short a little bit on some extra dope, if that's what I wanted, you were going to give it to me. If I couldn't manipulate you out of it, if I couldn't whine my way, lie so much that you are just like, "Shut up." If I couldn't be sneaky enough, then I would just take it. And my brothers beat me up several times because of it. The boys have beat me up several times because of it.

It is interesting to note that all of Amy's positive and supportive relationships discussed in her narrative also contain instances of violence and abuse. It is also worth emphasizing that all of her family members and friends also used methamphetamine.

Another source of violence and abuse was from the father of her child. Amy described him as often "beat[ing] her real bad." In reference to the abuse she experienced at his hands, she indicated that "I'm really not the type of person to take that all the time lying down," indicating that she used violence in return. However, Amy explained that she tried alternative methods to handle the situation as well:

When it got really bad, like I learned after fighting him so much, that it was just easier to let him hit me in the face so he would see blood and would stop hitting on me. 'Cause as soon as he would see blood, he would stop hitting on me.

It might be concluded, based on her narrative, that Amy's experiences of violence, both as a victim and as a participant, have impacted her life and her perceptions. It is impossible to say that Amy's life would have been free of violence without the presence of methamphetamine, but her methamphetamine use and participation in the manufacturing and distribution of the drug likely exacerbated her exposure to violence.

Beyond her experiences with violence, Amy's involvement with and exposure to methamphetamine has had a detrimental impact on many other facets of her life. Amy believed that she had lost a great deal because of methamphetamine. This included a house and multiple cars: "I lost a house. Three bedroom, two bath house, and everything in it...I've lost three cars." She also lost lawful employment because of her methamphetamine use and dealing. She recalled:

I was working at a nursing home as a dietary aid and started selling out of the back door. And I started getting paranoid like everybody knew and [I] was coming to work high and late and just wasn't functioning right some days. I was just too strung out and they fired me.

In addition to the loss of property and employment, Amy also reported losing friends and family. Amy recounted the loss of a close friend of hers in a methamphetamine-related accident:

My buddy went and stole juice [anhydrous] and was driving back and the propane tank was sitting in the backseat and he didn't buckle it in and he was turning a corner too sharp and tipped over and it was too full and it

blew up. And it literally froze him to death...That stuff, it eats your skin up...It's bad stuff.

She also reported losing time with her son because of her methamphetamine use and the subsequent legal consequences she faced. Amy reported, "I missed out on raising my kid for the past three years. I've done time since I was 17 and I've been locked up probably three and half years of that off and on." Methamphetamine, she suggested, "eats up your mind, your judgment." She continued:

You get ate up and it consumes you and that's all you ever think about. It's all you ever care about, for real. I've got a kid that I love dearly but didn't love him enough...I sold, doing dope, getting high, and running drugs over him. It's powerful. Very very powerful.

Amy also noted that her family had experienced a great deal of strain because of her involvement with methamphetamine. She believed that she had "stepped on my word a lot with them." She added, "I helped my family get further into their addiction. As opposed to if I weren't feeding them the dope or giving them the dope to watch my kid...I've just broken them down further."

Methamphetamine had also caused Amy to have health problems. As discussed previously, in addition to using methamphetamine, she cooked the drug with her friends and family. In her narrative she recounted one episode where she nearly lost her life:

I [was] in a trailer with my step dad, it had bars on the windows, and he was cooking red and black and we were stripping matches for it. And his buddy had been up for too

long and was double pulling matches back to back and we were telling him, “Look dude, you’re going to ignite them motherfuckers if you keep pulling them back to back like that.” And he’s like, “Oh I know what I’m doing, whatever.” Well he had a beer box and was dropping the strikers down in here and throwing the tabs over here and as he did it ignited and scared him and he went like this and caught the whole thing on fire...We couldn’t get out the door, there were bars on the windows. It was a bad deal.

Exposure to the chemicals used to manufacture methamphetamine is extremely hazardous to one’s health. Amy believed that her exposure contributed to health problems. She stated, “Sometimes I have a hard time breathing and I think it’s because of all the anhydrous I’ve breathed in.” In addition to breathing problems, Amy also noted that she “got Hepatitis C from sharing needles” and developed memory loss and experienced dissociative states as well.

Lastly, Amy lost her freedom because of crimes related to her methamphetamine addiction. Amy had an extensive criminal record. She reported between 15 and 20 arrests and multiple periods of incarceration in both jail and prison. Her previous prison sentence resulted from two felony possessions of methamphetamine and second-degree burglary. Her current prison sentence was the result of three felony counts of possession of methamphetamine with intent to distribute and second degree burglary. Additionally, Amy admitted to committing automobile theft, shoplifting, larceny, fraud, forgery, and

assault. When asked directly if her other offenses were related to her methamphetamine use, Amy responded “Yeah that and I’m an adrenaline junkie. I’d say yeah.”

When asked about her thoughts and plans for the future, her answer was not so different from many of the other women in the sample. However, she was more reserved, and perhaps realistic in her expectations. When asked if she planned on using methamphetamine again after her release she responded:

Can’t say never because, for real, that seems like a long long time when I think of it in terms like that, that I’m never going to get high again. ‘Cause for real, I like to get high. I like the chaos and buzz that goes with the lifestyle. But for today, no. If I take it one day at a time I’m sure I’ll be more apt not to go back to that lifestyle.

She hoped to stay clean by not going home after leaving prison but instead living in a sober-living house.

Amy is also unique in that her narrative did not contain elements of Maruna’s (2001) “making good” process. However, that does not mean that she had not made steps to repair her damaged family relationships. She reported receiving letters and visitation from some of her family. Moreover, she noted that the recovery house where she would be living after being released from prison was “close enough [to her family] that if I get in a bind or something that...somebody will be able to come down there and help me out. But far enough away that if I don’t want them around, then they won’t be around.” Yet, because of her family history and their continued drug use, they may not have been the

support system that many of the other women in the sample could count on in the “making good” narrative.

### Faith

Faith is a 38 year old white female. Faith was one of the few women in this sample who did not have any biological children. However, she reported that she had a stepdaughter from her current marriage and four step-grandchildren. Although Faith only reported attending school through the tenth grade, she attained her GED while incarcerated. Like many of the other women in this sample, Faith reported using many drugs including cocaine, Xanax®, hashish, opium, and Quaaludes, but had primarily used marijuana and methamphetamine for the 20 years prior to her incarceration.

Faith began using methamphetamine at the age of 18. Her entry into methamphetamine use was precipitated by an especially brutal sexual assault by someone she trusted. She recalled:

I was 17 and got pregnant with my daughter and I moved out on my own and became an emancipated minor and had to fight with my mom and dad and my step-dad stepped up to the plate. He had just got out of prison...He needed a home plan so I let him home plan [at my place]. This man raised me since the time I was 10 months old...He partied and drank but I had never been around anything like that you know and he got real pillled up one night and I went to pick him up. He called me to drive because I had a driver's license and I didn't drink or anything and I was pregnant 5-



1/2 months. And when I went and I picked him up he raped me and I went into a miscarriage the next day with my daughter and right after that when I'd see him, I was just going to try anything to just blocked out anything that was happening and I just steadily went off into it.

Following her rape by her stepfather, she used methamphetamine given to her by a friend and reported having a very negative experience. She explained "the very first time I ate it and I stayed up for 4 days and I swore I would never do it again, I didn't want any part of it." However, a number of months later she tried methamphetamine a second time with very different results. Faith recounted her second time using:

I didn't do it for four or five months and then I ate it one more time with a girlfriend of mine and we went to the fair and had a really good time and I really liked it that time...And then my friend, she had already shot dope and everything and the next we tried her way and you know.

Faith noted that she originally preferred eating methamphetamine because chronic sinus problems prevented her from snorting the drug. She quickly transitioned to intravenous use; she recalled that by the time she was incarcerated, she was "doing gram shots of pure, raw methamphetamines, which would be enough for 4 to 6 people" She described the extent of her use in more detail:

For the last 5 years...in my own personal use, I have been very secluded because I lost my veins. I have no veins left so I was having to shoot dope in my neck. I know that

sounds horrifying to some people. So I didn't do dope with a lot of people, you know what I mean?

Faith's methamphetamine had numerous cumulative and negative effects on her life. One of the clearest effects involved her ongoing legal troubles. According to Faith:

Every legal problem I've ever had is a direct result of methamphetamines one way or another. Whether I was out stealing for it, or I was out peddling dope, or trading for knives, it was all revolved back to the same thing. My drug use.

Faith had been involved in a number of different criminal activities. She described herself as a "professional lifter" and quipped "I stole everything that wasn't bolted down. My picture hung in every Wal-Mart and every Get N Go in the whole town of Springfield." This eventually led to her being charged and convicted of three felony theft charges.

After she was released from prison the first time, Faith was then re-incarcerated following an automobile accident. She recalled:

It was raining and my windshield wipers quit working and I still tried to make it out here to this motel 'cause I had seventeen thousand dollars I had to drop off 'cause it was like around Christmas. Anyway, my truck slid into a ditch and knocked me unconscious and the cops pulled up on me and got me and I had a pocket full of dope, money, loaded syringes and everything. They sent me to jail, that was my

very first possession. Never been busted with any dope before that.

Following a second term of incarceration, Faith was arrested again for possession of drugs and weapons, which she was prohibited from possessing due to the terms of her release. She explained:

The second possession was because I had pills, I had some morphine pills and something else that I was just selling, I would trade for them somewhere. I had them in my pocket I don't even remember all about them, but anyway, I had them on me too, so it was a separate possession. And then the unlawful use of a weapon was for being a convicted felon and possessing a knife with over a four and a half inch blade. And you cannot be a felon and have over a four and a half inch blade or it's a felony direct...what happened was I went to a dope house and sold this dude some dope and I left this dope house and this cop has been chasing me around the whole town for months stops me and wants me to tell on this guy. And I'm not telling nothing. And he looks around my truck and finds a knife, he finds a whole seat full of knives because I collected them, because I had a flea market and only one of them had over a four and a half inch blade on it, it was a dagger.

Throughout Faith's narrative, there is a pattern of escalating of criminal activity related to methamphetamine use. Her charges became more serious and her stints of incarceration more frequent and for longer periods. Faith reported that she had been arrested "at least 150 times" and that she had served four prison sentences prior to the time of the interview, further noting that she had spent "9 of the last 15 years locked up."

Eventually, Faith decided that focusing her efforts on manufacturing and selling methamphetamine rather than on other criminal activity made sense. She recalled, "I was buying dope, trading it for dope. And then, it was easier to sell dope than it was to sell the merchandise and I made money on the dope. Plus I did it." She continued:

I quit stealing and stuff 'cause I was already in trouble for all that. They told me if I get any more stealing cases, "we'll give you 20 to life." So I quit stealing anything and learned how to make dope, how to sell dope.

In her eyes, it was both intelligence and greed that led her down this path. When describing how she became involved in manufacturing, Faith said, "Greed, straight greed. Why would I be paying someone else to go out and put my life on the line? If I can have the dope just as good if not better than them and collect all the money." At one point, Faith indicated that she "sold probably from anywhere from 5 to 10 pounds a week" and "probably cleared and spend about at least 100,000 dollars a week."

However, despite her professed success at manufacturing and selling methamphetamine, Faith was ultimately caught, charged and convicted of trafficking methamphetamine, which then resulted in her current term of incarceration. Again, her narrative shows a progression of criminal activity beginning with shoplifting and theft

and ending with manufacturing and trafficking methamphetamine. She saw no other alternative but to commit more serious crimes to feed her addiction and her greed.

A second facet of Faith's life that was negatively affected by her methamphetamine use was her relationship with her family. Faith was upfront that her family life was tumultuous. She witnessed domestic violence between her mother and stepfather. She recalled, "My mom was always in abusive relationships, I seen her be beat, beat, beat, all her life." Prior to the rape by her stepfather, Faith reported that she had fought with her parents over her pregnancy. "[I was] fighting with my mom and dad. They wouldn't sign for me to come home and finish high school unless I signed to have an abortion..." However, it was Faith's methamphetamine use that ultimately had the greatest impact on her family. When questioned about her family's reaction to her drug use, she explained that they did not rebuke her; rather many of them also began using as well. She explained:

Two of my brothers get high. My mom gets high. My dad's not, my dad was real wealthy. He never had a part in it...My mom never really did it until us kids got into it. She's always been a pot smoker and drank. She grew up in the bars and stuff. Then I got into it and then my brother got into it. Then she decided that she wanted to dabble in it too...My brothers, one of them is a hustler like me. He lived life in the fast lane, and made big money like me. He knew the whole town. The other one, he is a worker and we just gave him sets that way he would stay out of trouble. He

worked normal jobs and lived a normal life. My other brother and me always put stuff in his name. He had a job, he could account for us. We gave him a little bit and kept him out of the mix.

Like Faith's biological father, Faith's grandmother never got involved with methamphetamine. However, she played an important role in Faith's life nonetheless. Faith told the interviewer, "I didn't want nothing to ever come as a shock for her. I didn't want her to feel like there was ever anything that I couldn't tell her. I needed trust with her because she would hear about it anyway." She continued, "If I had a lot of money, I trusted my grandma with my money." Faith's grandmother, who raised her, was unlike most people in her life. Her grandmother was a person she could trust and turn to without incrimination.

According to her narrative, Faith's methamphetamine use also greatly affected two other people in her life: her husband and her boyfriend, Danny. Faith's relationships with her significant others were complicated and influenced by her methamphetamine use. Although Faith was married, she was in love w Danny. Faith quit using methamphetamine for a five year period because of her marriage. She explained:

My husband is 17 years older than me and he has never really done methamphetamines or anything like that; he smoked weed and he drinks beer. Anyway, he seen all the things it's done to me and then when my grandma died, I didn't go to the parole office, just said the hell with everything, my life just fell apart, I had been my grandma's

baby my whole life and anyway I didn't like him drinking at all so I told him he had to stop drinking and he said I'll quit drinking if you quit getting high so I quit. You know, because he was a good man, he was the first one I had that totally provided for me, took care of me, and he was really dedicated and I knew he was true blue. You know, so I really wanted this relationship to work and I quit getting high for five years.

However, she did not remain clean. Faith relapsed when a girlfriend of hers was released from prison and the two of them got high together. Faith explained, "then I did that first one and I...didn't stop...I thought I could just do one time and just let it go and go right back to just being clean again and it just don't work like that..." Her relapse into drug use and her subsequent lifestyle strained her marriage and that was when Faith met her boyfriend Danny.

From Faith's narrative, Danny seemed to be in many ways the opposite of her husband; he was deeply involved in methamphetamine use, manufacturing, and trafficking. Faith began dating Danny shortly after she relapsed and they began to sell methamphetamine together. Although Faith's relationship with Danny appeared to be inextricably tied to methamphetamine, she indicated that she loved him in a way that was different from the love she felt for her husband. She explained:

Danny, the last one I was with, I love him more than I love life itself. And I begged him for the last year before I got locked up, "let's just stop. The Feds are breathing down

my brother's neck, they're breathing down our neck, we got people walkin' round our back yard in black suits. Neighbors ain't lying. We need to stop." And he just wouldn't stop. Eventually I went back to jail. I had a chance of stayin' out but I wouldn't go to court on time, I kept jumpin' bond. 'Cause I was still livin' that lifestyle. What really turned me against it [meth] this time is I love Danny and it [meth] cost me one person I truly loved in life. I love my husband, don't get me wrong, but me and Danny was bonding in a way you never could explain.

However, shortly after her incarceration she discovered Danny had simply moved on.

Faith continued, "But now that I've been gone, and he moved in with my best friend two weeks after I got locked up, I don't even feel the same way."

Despite her infidelity and her considerable involvement with methamphetamine and her subsequent incarceration, her husband remained supportive of her, with some reservations. Although they had not been together as husband and wife for six years, Faith indicated that her husband still loved her, but did not believe that she loved him despite her assurances. Faith described their relationship at the time of the interview:

He just don't believe that I love him anymore because of all of the things that I've done. I've been gone from him for the last six years with Danny, and I seen my husband every day, my husband was still there every step of the way. He bought me my dogs, then in the morning he would go to



work and then after he got off from work he'd come by the house and I'd give him the dogs. I'd cook dinner for all of us, it's a crazy relationship...I'm gonna have to show my husband better than I can tell him 'cause I've told him so much that I've not done. That he just don't believe that I love him anymore. Even though he admits that he loves me with everything in him, he just don't believe that I love him and I really do.

Faith was adamant in her love for her husband, despite her actions. She was also well aware of the difficulty she faced in rebuilding their relationship while incarcerated and then after her release. However, she believed that, despite the pain she had caused him, he had been and would always be there for her.

Faith's methamphetamine use had also affected facets of her life beyond family and significant others. Although she did not divulge many details in her narrative, Faith had experienced violence due to her participation in the methamphetamine market. When asked if she had ever experienced violence she responded "Oh yes, lots of it." She also reported using violence as well. Faith ambiguously explained "When you're in the type of business I'm in and you front out money...and they're supposed to come and pay you and they don't pay ya. I tend to go get my money." She also recounted an instance involving her boyfriend Danny and a prostitute: "I caught my boyfriend propositioning a girl propositioning him for the drugs and snapped out."

Faith suffered health related consequences because of her methamphetamine use. Beyond the problems with her veins related to her intravenous drug use, Faith reported a number of respiratory problems as well. She said:

I got asthma real bad. And my sinuses are just tore up from doing all the cold pills, all the pseudoephedrine. If I get a cold, it goes automatically to pneumonia because I can't take cold pills and stuff like that. They have no effect on me.

Faith reported she never lost a job because of methamphetamine use. However, this does not necessarily indicate that she was able to balance her addiction and gainful employment. When asked if she had ever lost a job due to her methamphetamine use, Faith explained:

No, but I never worked for the public. I worked for my dad, he was well aware of it. I worked for my husband, we own a tree service...I've never held down a job, I've never worked outside my family. I always worked for my dad, my husband, or my brother. I had two jobs when I was real young, one at [fast food restaurant] and one at [fast food restaurant]. As far as working outside my family, I never have. I always sold drugs and made plenty of money.

Although Faith made brief mention in her narrative about working as a waitress and at fast food restaurants when she was younger, the vast majority of her income was the result of working under the table for family or through illicit means related to

methamphetamine. As a result, she was in many ways shielded from the loss of a job related to her drug use. Likewise, Faith did not lose a residence because of her drug use. This is also likely the result of her family shielding her from this experience. She explained, “No, I’ve lived in the same house all my life. I live in my grandmother’s house and my dad willed it to me.” So the combined efforts of her grandmother and her father ensured that Faith would always have a place to call home.

Like Amy, Faith’s narrative lacks elements of Maruna’s (2001) “making good” process. Faith was one of the few non-mothers in the sample so the institution of motherhood is not present to draw upon in her redemption script. This is not to say that family was not important to Faith’s recovery and desistance. Faith noted that none of her family members was currently using methamphetamine and that she was in contact with them every day. Additionally, she believed her relationship with her brother was “great” and that it transcended their methamphetamine use. Faith explained:

Me and my brothers are bonded for life. Whether I was to get back into dope, or they got back into dope, we’re gonna have much love for each other. Right, wrong, indifferent, it would take a lot more than dope to come in between us.

In general, Faith appeared to be less optimistic about the certainty of her recovery and continued desistance; however she was still working to repair relationships with her family and husband.

### Summary and conclusions

The four women selected as case studies were not chosen at random, but rather they were intended to represent a cross-section of the full sample. Additionally, each

woman had particular life events useful in illustrating how negative consequences, resulting from methamphetamine use and related criminal activity, may actually compound leading women to continue their involvement in drug use and crime and influence their desistance process.

Table 6.1 provides a summary of demographic characteristics and the themes of loss and desistance for the women described here in this chapter. All of the women in the case studies reported their race as White. Three of the women in the sub-sample, Tiffany, Georgia, and Amy were mothers, which was typical of the women in the sample. Their ages at the time of the interview ranged from 22 to 38 years of age, which was consistent with the average and modal ages of the full sample. Two of the women, Tiffany and Faith, were in relationships. However, Faith was the only one who had ever been married.

**Table 6.1 Demographic Characteristics and Patterns of Loss and Desistance for Women Highlighted in Case Studies**

	<b>Tiffany</b>	<b>Georgia</b>	<b>Amy</b>	<b>Faith</b>
<b>Age</b>	29	26	22	38
<b>Race</b>	White	White	White	White
<b>Relationship status</b>	Never married (Boyfriend)	Never married	Never married	Currently married
<b>Motherhood</b>	3 children Lost custody	2 children Gave up custody	1 child Gave up custody	No children
<b>Initiation Age (Meth)</b>	15-16	15	14	18
<b>Number of Arrests</b>	15	20+	15-20	150
<b>Experienced Violence</b>	Yes	Yes	Yes	Yes
<b>Used Violence</b>	Yes	No	Yes	Yes
<b>Lost Job</b>	Yes	No	Yes	No
<b>Lost Home</b>	No	No	Yes	No
<b>Health Effects</b>	Yes	No	Yes	Yes
<b>'Making Good'</b>	Yes	Yes	No	No

The women in this sub-sample all reported relatively early onset of methamphetamine use, between 14 to 18 years of age. Despite the similarity in age of initiation, their reasons and experience with initiation varied. Tiffany, though she grew up around crime, alcohol, and drugs, was initially very resistant to the idea of using drugs herself, particularly methamphetamine. However, a series of traumatic events, including the departure of her mother, resulted in her first experience using the drug. Despite a very negative first experience, Tiffany went on to try methamphetamine again in an attempt to keep her family together, believing that since the father her children was a methamphetamine user, the shared experience would bring them closer. Unlike Tiffany, Georgia reported having an “excellent childhood.” Georgia’s initiation was not in response to any traumatic events in her life, rather because “that’s what everybody was doing around me.” In contrast, Amy grew up in a household where crime and drug use were common and accepted. Amy’s biological father and step father were methamphetamine cooks and for Amy it was normative to be using and selling methamphetamine by the time she was in ninth grade. Faith’s initiation with methamphetamine use followed a very traumatic sexual victimization. When Faith was 17 and pregnant, her stepfather raped her and subsequently caused her to have a miscarriage. In an attempt to cope with the sexual assault and “block out” her memories and feelings, she reported that she “steadily went off” into methamphetamine use. Her first time using was with a girlfriend, and like Tiffany, the experience was a negative one in which she “swore [she] would never do it again.” Months later she tried methamphetamine again with another girlfriend and had a much more positive

experience. Faith quickly transitioned from eating methamphetamine to intravenously using large amounts of the drug.

The narratives of two women in this subsample, Tiffany and Georgia, illustrate a unique characteristic exhibited by women in this sample; they highlight a period of perceived functionality. For a period of time, Tiffany and Georgia believed their methamphetamine use allowed them to fulfill societal expectations of women regarding motherhood and domestic labor. Tiffany believed the psycho-stimulant properties of methamphetamine allowed her to succeed at work, maintain a clean and orderly house, and be a better mother. She believed her methamphetamine use allowed her to meet her quota at work and received performance based bonuses. At home, she felt that others were proud of her ability to maintain a clean and orderly house. Additionally, she believed she was a more caring and attentive mother while using methamphetamine. Tiffany reported that her children and others were proud of her for being “on top” of everything. Despite the fact that she was not sleeping or eating, the sense of pride she had because of her “successes” at work and in the home reinforced her drug use. Without the aid of methamphetamine, Tiffany felt depressed and had to “push herself” to function, let alone excel at work and in the home. She recalled that while using methamphetamine she “actually wanted to do more stuff with her kids.” Likewise, Georgia believed that the psycho-stimulant properties of methamphetamine gave her the energy to accomplish what she wanted to do. Georgia explained “I liked being able to stay awake, and I felt more energetic, excited, the rush that I got from it.” She continued “I thought it was awesome when I first did it. I can stay up all night...I could do whatever I wanted to do...I felt energetic, I felt invincible.” However, despite these early periods of positive feelings of

functionality, the negative consequences of their methamphetamine use continued to accrue until any perceived functionality was gone.

The domain of crime and legal consequences represents a clear example of how continued and increased methamphetamine use and participation in the market resulted in an accretion of negative life consequences. Tiffany reported that she had been arrested at least 15 times and had been incarcerated twice prior to her incarceration. Tiffany's current incarceration was the result of probation violations and methamphetamine-related charges, including possession of drug paraphernalia. In her narrative, she discussed acts of assault, vandalism, and theft. Tiffany described, in detail, how she and her associates burglarized a number of churches in order to support her methamphetamine addiction. She explained "we traded it all for drugs." Georgia also suggested that her crimes were directly related to her methamphetamine addiction. Georgia reported that neither she nor the father of her children was working, so she resorted to "just ripping people off." This included shoplifting, theft, and writing bad checks. Over her lifetime, Georgia reported that she had been arrested approximately 20 times and placed in jail six or seven times prior to her current term of incarceration. Likewise, Amy indicated that her criminal activities were a direct result of her methamphetamine addiction. She reported between 15 and 20 arrests and multiple periods of incarceration in both jail and prison. Her previous prison sentence resulted from two felony possessions of methamphetamine and second-degree burglary. Additionally, Amy admitted to committing automobile theft, shoplifting, larceny, fraud, forgery, and assault. Her burglary charges specifically resulted from an attempt to recoup money owed to her for methamphetamine she had sold to a family friend. Finally, Faith suggested that "Every legal problem I've ever had is a direct



result of methamphetamines one way or another.” Faith described herself as a “professional lifter,” reporting that she had been arrested “probably at least 150” times and had been in prison four times prior to her interview.

All four of the women highlighted here reported manufacturing and selling methamphetamine. The decision to become more actively involved in the methamphetamine market served a number of functions, including providing monetary income because of the loss or absence of legitimate employment, as well as providing a supply of methamphetamine to support their growing drug addiction. Georgia and Faith’s narratives provided clear examples of women’s motivations for market involvement. In addition to “ripping off” others to support their methamphetamine addiction, Georgia and the father of her children decided to begin manufacturing and selling methamphetamine. The rationale behind this decision was focused on their growing need for the drug and the fact that “people would get mad at us [and] people didn’t want to sell us the meth anymore.” Their decision to begin manufacturing and selling methamphetamine led to numerous illegal and dangerous efforts to procure the necessary ingredients and also marked a violent change in their relationship. As discussed previously, Faith had an extensive criminal record related to theft and shoplifting. She decided she needed to “quit stealing and stuff ‘cause I was already in trouble for all that.” For Faith it was a logical and potentially lucrative decision.

For the women in this subsample, experiencing and committing acts of violence was commonplace. The incidents of violence resulted from their methamphetamine use with significant others, participation in the methamphetamine market, and various criminal enterprises related to their drug use. Tiffany experienced interpersonal violence

perpetrated by the father of her child. She reported that he would go into “rages” directed at her during periods of methamphetamine withdrawal, and these episodes would be escalated when she would stand up for herself. Additionally, beyond the physical violence, her boyfriend would control how much and what she was allowed to eat, causing dangerous weight loss. Georgia’s significant other, and the father of her children, also committed domestic violence against her when he was withdrawing from methamphetamine use. In her narrative, Georgia maintained that this violence was the result of methamphetamine, because when sober her boyfriend was a “good man” and “good father” who would never hurt her or their children. Violence was a dominant theme in Amy’s narrative. Amy witnessed a number of instances of domestic violence between her mother and father who were both methamphetamine users. Amy was also physically abused by her brother who was in many ways a surrogate parent to Amy. She additionally suffered violence at the hands of a group of lifelong friends she calls ‘the boys’ often as a result of disagreements over methamphetamine and money. Like Tiffany and Georgia, Amy also suffered domestic violence from her boyfriend who was also her child’s father. Amy often resisted these assaults, typically with violence. Amy’s initiation into methamphetamine use was, in fact, triggered by a violent sexual assault that occurred while she was delivering drugs for her parents. Due to her and her family’s participation in the manufacturing and distribution of methamphetamine, and their general distrust of the police, no formal legal action was taken in response to the sexual assault. According to Amy, the boys and her family took care of the situation the best they could. Finally, Faith indicated that she too had experienced “lots” of violence. However, Faith chose to not go into any great detail about the violence she has experienced.

In addition to experiencing violence firsthand, three of the women in the subsample, Tiffany Amy and, Faith, indicated that they had committed violent acts related to their methamphetamine use. Tiffany's use of violence was often directed toward "snitches." In her narrative she recounted "putting a hit" on a person she believed to be either an undercover police officer or an informant. Also, she reported personally beating people until they were unconscious and placing them in "ditches," to send them a message consistent with the colloquial expression "snitches get stiches and end up in ditches." Amy's use of violence was also related to her participation in the methamphetamine market. She reported having "gotten into plenty of fights with grown men over dope and money, territory, stupid stuff like that." Furthermore, Amy used violence to assist the boys in dealing with 'dirtlegs' who were causing them problems. In this way, Amy was returning the favor to the boys who looked after her in certain situations. Lastly, Faith recounted that she committed violent acts because it was necessary in order to be successful in the methamphetamine market. For Faith, violence was the way in which she got the money people owed her for methamphetamine. Additionally, Faith reported being violent towards a prostitute that her boyfriend was propositioning in exchange for drugs. What can be seen in all three cases is that the use of violence was intrinsically related to each of these women's participation in the methamphetamine market. Violence became a means to protect themselves as well as to ensure proper compensation for services and goods rendered.

Only Tiffany and Amy reported losing employment as a result of their methamphetamine use. Despite Tiffany's belief that her methamphetamine use was essential to her success at work in reaching her quotas and receiving bonuses, it was her

methamphetamine use that ultimately led to the loss of her job. Eventually, Tiffany was no longer able to maintain the level of functionality she believed she possessed while taking methamphetamine. Likewise, Amy reported that she was working at a nursing home as a dietary aid, but her methamphetamine use ultimately resulted in the loss of that job. The common theme in Tiffany and Amy's narratives is their inability to function as required at work. The highs and lows experienced by these two women caused them to miss work and behave erratically, eventually resulting in the loss of legitimate employment. Georgia reported losing a job, but she claimed it was due to layoffs at the plant she worked at and not because of her methamphetamine use. Finally, Faith's narrative was reflective of a number of other women in the full sample who did not report losing a job because of their methamphetamine use. Faith briefly mentioned working as a waitress and at fast food restaurant when she was younger. However, for most of her life, her income was the result of working under the table for her husband, brother or father, or through illicit means related to methamphetamine. The availability of undocumented employment through family provided a safety-net of sorts where difficulties functioning on methamphetamine did not necessary affect employment.

In this subsample, Amy was the only woman who reported losing a residence because of her methamphetamine use. Without providing much detail on the specific circumstances that ultimately led to the loss of her house, Amy simply attributed it to her methamphetamine use. Tiffany, Georgia, and Faith's narratives indicate that they never lost a residence because of their methamphetamine use. Tiffany initially reported a high degree of functionality while using methamphetamine, indicating great pride in keeping her home clean and orderly for children. However, following the death of her father who

had been financially supporting her, as well as her addiction to methamphetamine becoming more severe, the state of her home quickly deteriorated and resulted in the loss of custody of her children. Despite this drastic turn for the worse, she reported never actually losing her home, just her children. Georgia reported never losing a residence due primarily to the fact that she always either lived with her grandmother or with her boyfriend's mother. Additionally, she and her boyfriend would never use, manufacture, or sell methamphetamine in the places they lived which reduced the likelihood of them being asked to leave. And Faith's narrative does a particularly good job of illustrating how, like many of the women who reported not losing a residence because of methamphetamine, family members shielded them from potential negative consequences related to their use. The actions of her grandmother and her father guaranteed her a place to live despite any problems arising from her methamphetamine use.

Three of the women examined in these cases studies, Tiffany, Amy and, Faith, reported health problems consistent with chronic methamphetamine use. Tiffany reported respiratory problems related to her drug use. She explained that she had problems with her lungs and vocal cords. Amy believed her health issues, including breathing problems, Hepatitis C, and memory loss, were the result of both her use of methamphetamine as well as her time spent manufacturing the drug. Faith's primary health related consequence from her intravenous methamphetamine use was problems with her veins. However, her methamphetamine use also exacerbated preexisting sinus and respiratory problems, resulting in chronic pneumonia and a resistance to certain medications. Although Georgia had Hepatitis C, she was adamant that she did not contract the disease due to her intravenous methamphetamine use. Additionally, Georgia

was proud of the fact that unlike many other methamphetamine users she did not exhibit any dental damage or pockmarks common among users.

Methamphetamine use and participation in the methamphetamine market also had negative consequences on the interpersonal relationships these women had with their children, significant others, and various family members. Tiffany's narrative focused on the effect her methamphetamine use had on her children. She lost custody of all three of her children, and she believed the removal of her children had a negative impact on their lives. Tiffany's daughter had run away from her father's home multiple times and Tiffany's sons had juvenile records for theft. Her children struggled to accept the reality and consequences of their mother's incarceration. Georgia also believed her experiences with methamphetamine had negatively affected her relationship with children and their lives. Georgia recounted that she did not spend time with her children because they were often placed with various relatives while she and the children's father would use, manufacture, and sell methamphetamine. Amy noted that her methamphetamine use had impacted her child and her family. Like Tiffany and Georgia, Amy believed she missed out on raising her child because of methamphetamine. Finally, Faith's narrative focused on her relationship with her family and her husband. Like Amy, when Faith's family discovered her drug use they did not condemn it, rather her mother and brothers began using as well. Perhaps the person most greatly affected by Faith's drug use, besides Faith herself, was her husband. Faith abstained from methamphetamine use for approximately five years after marrying her husband. However, after a relapse, she entered into a new relationship with a drug user and her use escalated as well. Faith's husband continued to care for and support her through her escalating use and while she was incarcerated,

despite her infidelity. Faith struggled to convince him that she still loved him despite her actions to the contrary and worried she may never be able to repair the harm she had caused him.

As these women are in the process of recovery and in a period of forced desistance, two of them, Tiffany and Georgia, expressed the desire to abstain from crime and drug use after their release by employing redemption scripts consistent with Maruna's (2001) "making good" process. Tiffany remained cautious in her hopes of maintaining her sobriety post-release, but believed it could be possible. Also, she relied heavily on the support of her children and family in rebuilding their damaged relationships as a central component to her redemption script. Georgia also relied heavily on the support of her children and family as a component of her redemption script. Upon her release she planned on living with her grandmother and getting a job so she could "take care of my little girls like a normal mom should." Beyond that she hoped to possibly return to school. Tiffany and Georgia's narratives promote the positive role motherhood is perceived to play in the making good process. Their hope for future success in motherhood provides a path to redemption and a way to knife off past lives.

Amy and Faith were no less committed or hopeful in their recovery and continued desistance, however their narratives lack elements of Maruna's (2001) "making good" process. Amy indicated that she was making steps to repair damaged family relationships. However, because of her family history of drug abuse, she lacked the support system many of the women in the sample relied upon in constructing a redemption script. Likewise, Faith, one of the few non-mothers in the full sample and the only non-mother discussed in the subsample, could not draw on the institution of motherhood to create a

redemption script. This, however, did not diminish the importance of family in her recovery. The family members who began using methamphetamine due to Faith's use were clean, and she believed her current relationship to be "great" with her brothers. Yet, despite some familial support, Faith was less optimistic about her recovery and continued desistance, perhaps in part because questions concerning the status and future of the relationship with her husband continued to haunt her.



## CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

Each of the women in this sample had a story to tell, a story about the choices they made and the actions that resulted in their current incarceration. Although each story was different, there were common themes that permeated their narratives.

Methamphetamine use and participation in the methamphetamine market negatively affected their life courses. Jessica made a statement which, in many ways, summarized this reality:

I have suffered catastrophic consequences in my life due to meth...living with meth ruins everybody's life. No good comes from it at all. I had the potential to do a lot of things and I let meth consume my life and destroy whatever I have going on. It's ruined my life completely.

The variety and severity of consequences of methamphetamine use varied from woman to woman, but the cumulative nature of the consequences did not. The negative consequences of each woman's methamphetamine use narrowed their life options and their ability to assume conventional roles, and subsequently reinforced their continued drug use and the accumulation of negative consequences stemming from their drug use.

Recall that the purpose of this dissertation was to answer two research questions:

1) What is the relationship between the accumulation of negative consequences and continued, and/or increased involvement in drug use and illicit activity?; and 2) How do former users hope to remain desisted from involvement in drug use and illicit activity upon their release from prison/treatment? In order to answer the first research question, I examined the negative consequences women described related to their methamphetamine

use. I focused on their experiences of violence, damage to their interpersonal relationships, and their personal consequences related to health, employment, housing, and involvement in crime and the legal system.

#### Review of negative consequences creating cumulative continuity

Over three quarters of the women in the sample recounted experiencing violence directly related to their methamphetamine use. The most common source of violence was intimate partner violence; 22 women disclosed that they had experienced intimate partner violence while using methamphetamine. An additional four women indicated that they had experienced violence related to their participation in the methamphetamine market. Other women discussed violent victimization from family members and various other people they encountered while using methamphetamine. Experiences of violence were not singular, isolated events but rather were normative experiences for many of the women in the sample. Furthermore, the women who reported violent victimizations often indicated multiple sources of violence (e.g., multiple significant others, friends, family members, and other methamphetamine users). In some cases, violent victimization resulted in increased methamphetamine use and their own use of (reciprocal) violence. This represents a key finding related to the relationship between the accumulation of negative consequences and continued and even increased involvement in drug use and illicit activity.

In addition to experiencing violence, the perpetration of violence was also a relatively common experience for the women in this sample. Thirty-two women indicated that they had committed acts of violence directly related to their methamphetamine use. Of those 32 women, 20 women in the subsample also disclosed they used violence against

an intimate partner. This finding is a significant contribution to the literature as Abdul-Khabir et al. (2014) indicate that “almost no studies have investigated women as perpetrators of IPV in relation to meth use” (311). Ten women reported using violence related to their participation in the methamphetamine market. Violence was typically used to retrieve money owed to them or in response to the theft of methamphetamine. Lastly, 15 women indicated that they committed violent acts not directed at significant others or related to their participation in the methamphetamine market. Instead, their violence was often directed family members, friends, or the police and resulted, at least in part, from the negative psychological and physical effects of their methamphetamine use. Committing violent acts often resulted in legal consequences and the damage or loss of interpersonal relationships with significant others, friends, and family members.

Damage to and loss of interpersonal relationships with children, family members, and significant others was also a substantial negative consequence of women’s methamphetamine use and participation in the methamphetamine market. Thirty-four women in the sample were mothers. Of those, 19 disclosed behaviors which could be legally classified as child endangerment under current Missouri statutes. These acts included using methamphetamine while pregnant, using in the presence of their children, driving with their children while using, committing acts of domestic violence in the presence of their children, and manufacturing and distributing methamphetamine in the presence of their children. Additionally, 29 mothers discussed either temporary or permanent separation from their children as a direct result of their methamphetamine use. In some cases, these periods of separation resulted from formal or informal intervention of child protective agents or family members. In other cases, the separation was the

choice of the mother. In cases where the mother chose to separate herself from her children, the typical rationale was either to protect the children when it became apparent they could no longer properly care for them or as a means to pursue their methamphetamine use unencumbered by the responsibilities of motherhood. Many of the women in the sample indicated that these acts of child endangerment, and the often subsequent periods of separation, resulted in harm to their children and to the mother-child relationship. A number of the women admitted that separation from their children, particularly in cases where it was not voluntary, resulted in increased methamphetamine use as a way to cope with the loss.

Twenty-eight women in this sample disclosed that their methamphetamine use resulted in damage to, or the loss of, relationships with other family members, including siblings, parents, and grandparents. Family devastation and loss of trust were common themes discussed by the women in this sample. Some noted that their families “wanted nothing to do with them” or that they experienced their family “disowning them” after discovering their methamphetamine use. Specifically, damage to or the loss of relationships with mothers was highlighted by a number of the women in the sample. Although 14 women explained that immediate family members either used methamphetamine or directly enabled their use, their methamphetamine use was also shown to have a negative effect on their family relationships. Only eight women indicated that their family members provided *non-enabling* support of their recovery prior to their entry to the drug and alcohol treatment program in which they were currently participating. In some cases, the loss of familial support affected housing and led to increased involvement in methamphetamine use and criminal activity.

Beyond methamphetamine's impact on violence within intimate relationships, 21 women in the sample indicated that they had lost a least one intimate relationship due to their methamphetamine use. Falkin and Strauss (2003) found that drug-using women report higher rates of poor or severed relationships with male partners. The quality of the lost relationships varied between the respondents. In some cases the lost relationships were with a violent partner where mutual drug use was common. However, in other cases, a positive and supportive relationship was lost. The loss of a relationship with a significant other sometimes resulted in subsequent losses of housing or custody or guardianship of children. Increased methamphetamine use was also common following the loss of a positive and supportive relationship.

In addition to negative consequences related to violence and interpersonal relationships, the women in this sample discussed personal consequences involving employment, housing, health, and legal issues directly related to their methamphetamine use. Hartney (2014) suggests that methamphetamine use has severe effects on the ability of users to properly function in their daily lives. This impaired functionality can significantly impact an individual's ability to maintain stable employment and housing. Twenty-eight women in the sample reported that they had lost employment, at some point in their lives, due to their methamphetamine use. The women stated various reasons for their job loss including habitual lateness or missing work, stealing from employers, complications with dealing methamphetamine, having been caught using methamphetamine at work, fighting, or being high on methamphetamine. Overall, the inability to function while using methamphetamine was typically the root cause for their job loss.

In some cases, the loss or absence of employment had a direct effect on the ability of the women in this sample to maintain stable residency. Another explanation for the loss of residency was related to the choice to use what money they had to buy methamphetamine instead of paying rent or bills in general. In all, 21 women reported losing a place of residence because of their methamphetamine use. The inability to maintain stable employment and housing often times led to additional negative consequences. Some women reported moving in with an abusive significant other because they had no other place to go. This was particularly common in cases where relationships with family members had been severely damaged or lost. A number of mothers indicated that they were separated from their children because they were unable to maintain stable employment and housing. Moreover, nine women disclosed that they had resorted to prostitution to support their methamphetamine use.

Twenty-six of the women in the sample reported negative health consequences related to their methamphetamine use. The majority of their health consequences were adverse health effects related to methamphetamine use commonly reported in the literature. These included Hepatitis C, dental problems, unhealthy weight loss, respiratory complications, heart problems, and mental health issues including anxiety, depression, and memory loss. The most severe health concern for the women in this sample was Hepatitis C, which was contracted through sharing needles related to intravenous methamphetamine use or through risky sexual behaviors. Those women who reported no health problems or relatively minor health problems often expressed that they were “lucky,” particularly in not contracting Hepatitis C.

The women in this sample typically had extensive criminal records. They disclosed committing a variety of different crimes. Although not every crime was directly or indirectly related to their methamphetamine use, the majority of the women in the sample explained that their methamphetamine use greatly contributed to their criminality in many ways. For example, many women indicated that their crimes were most often committed due to their methamphetamine use or to support their methamphetamine addiction. As discussed previously, most of these women did not have stable, legitimate employment or a steady income to support their expensive drug habits. So, they may have turned to theft, shoplifting, fraud, forgery, and the manufacturing and distribution of methamphetamine to meet their needs. And while the entire sample consisted of incarcerated women, 25 women specifically indicated that their current term of incarceration was related to their methamphetamine use.

### *Conclusions*

Overall, my findings suggest that negative consequences related to these women's methamphetamine use compound, which then results in the presence of cumulative continuity. Cumulative continuity is a cycle of accumulating negative consequences resulting in continued, and often times increased, drug use and illicit activity. Each negative consequence experienced by these women as a result of their methamphetamine use was interrelated to one or more other negative consequence. No one domain of negative consequences existed completely independent of the others. It is this interrelated nature of consequences that appears to have resulted in continued, and often times increased, drug use and illicit activity.

What remains to be determined is how and why the consequences of methamphetamine use result in a cycle of accumulating negative consequences which then lead to continued, and often times increased, drug use and illicit activity. To answer this question, we need to look at the interrelationship between the pharmacological effects of methamphetamine use and strain as well as gendered pathways as they pertain to the process of cumulative continuity.

As discussed previously, methamphetamine has a number of negative health and psychological consequences for users. However, the pharmacological effects of methamphetamine also include stimulation and euphoric effects, which are often perceived as positive benefits of methamphetamine use. The methamphetamine high, characterized by these periods of euphoria and stimulation, may play a direct role in the continuation and increased use of methamphetamine because it may be used as a coping mechanism to deal with the accumulating negative life consequences experienced by the women in this sample..

Incorporating a gendered pathways perspective may also help explain how trauma, violent victimization, romantic relationships with significant others, chaotic family life, parental criminality and drug use, and gendered expectations contribute to continued and increased methamphetamine use and criminal involvement. For example, significant others may enable or contribute to increased methamphetamine use. The loss of relationships and custody of children represented a failure to fulfill gendered societal expectations of motherhood which may also contribute to continued and increased methamphetamine use.



In addition to a gendered pathways approach, strain theory also provides possible explanations for continued methamphetamine use and criminal involvement. According to Agnew's General Strain Theory (1992, 2006), strains result from three broad categories of life events: 1) the inability to achieve valued goals; 2) the removal of positive stimuli; and 3) the introduction of noxious stimuli into an individual's life. As a result of these strains, an individual may commit deviant or criminal acts, including substance abuse, in order to cope with or ease the negative emotionality related to the strain (Agnew, 2006). The negative life consequences experienced by the women in this sample resulted in all three categories of strain producing life events discussed by Agnew (1992, 2006). The inability to maintain housing and employment and to be a good mother, daughter, and partner represent the inability to achieve valued goals. Likewise, the loss of housing, employment, health, and relationships with children, family, and significant others represents the removal of positive stimuli. Lastly, the experiences of violence, negative health consequences, and legal consequences related to methamphetamine use and criminal involvement represent the introduction of noxious stimuli in the lives of the women in this sample. In order to cope with these various strains, the women in this sample committed criminal acts, particularly methamphetamine use, to ease the negative emotionality related to the strain.

In summation, methamphetamine use results in the creation of negative life consequences. These negative life consequences are consistent with a gendered pathways model and result in strain. In order or to cope with and ease the negative emotionality related to these strains the women in this sample continued, and in many cases increased, their methamphetamine use due to the perceived positive effects of the drug, namely the

euphoria and stimulant properties. However, the negative pharmacological effects of the drug which directly impacted the functionality and mental stability of the women resulted in continued and accumulating negative life consequences. In order to cope with these continued and accumulating negative life consequences the women in this sample continued and increased their methamphetamine use. This cycle of accumulating negative consequences and continued and increased methamphetamine use resulted in the process of cumulative continuity in which accumulating negative consequences adversely influence future life options and behaviors. What this means is that women are essentially trapped in a never-ending cycle of drug use and crime because their other options are blocked. At the same time, the variation in experiences may be explained by the presence of outside forces which insulated a number of the women in the sample from certain negative consequences. For example, the actions (possibly enabling) of family members and significant others provided income to women when legitimate employment was difficult to maintain and may have prevented certain women in the sample from formally or permanently losing custody of their children or losing a house.

#### Review of redemption through identity transformation

As these women were incarcerated and participating in a drug and alcohol treatment program, they had the opportunity to take the first steps toward what may be considered continued and sustained desistance from drug use and crime. Twenty-nine women described an identity transformation consistent with elements of Giordano et al.'s (2002) theory of cognitive transformation, Paternoster and Bushway's (2009) identity theory of criminal desistance, and Maruna's (2001) redemption script process. This process entails establishing their goodness related to their core self (future or possible

self) with goals of normalcy and conventionality (hooks for change). The desires to be a good mother, a good daughter, or a good partner were typical goals of normalcy and conventionality expressed by this sample and proved a blueprint for change.

Additionally, a number of women indicated the desire to return to school or become employed after leaving prison. Three women specifically discussed their desire to become substance abuse counselors or teachers, which represented generative motivation consistent with Maruna's (2001) redemption script process as well as a blueprint for change consistent with Giordano et al.'s (2002) theory of cognitive transformation.

In addition, most women, including both those demonstrating identity transformation and those who did not, discussed the process of rebuilding damaged and lost relationships with children, family members, and significant others. The involvement and support of family members, provided an "outside source" that believed both in them and their recovery. For some, the process of rebuilding damaged and lost relationships with children, family members, and significant others proved difficult due to the lack of resources and opportunities related to their incarceration.

In response to my second research question, my findings indicate that nearly two thirds of the sample hoped to remain desisted from involvement in drug use and illicit activity upon their release from prison/treatment through identity transformation and goals of normalcy and conventionality, related to the creation of redemption scripts. Further, these women often described the importance of rebuilding damaged or lost relationships and familial support as critical in pursuing these goals.

As Giordano et al.'s (2002) theory of cognitive transformation, Paternoster and Bushway's (2009) identity theory of criminal desistance, and Maruna's (2001)

redemption script process are sociogenic models of desistance, it is important to acknowledge societal expectations which may influence the desistance process for this sample of women. The societal expectations of womanhood and motherhood appear to be particularly salient. The initial steps toward continued and sustained desistance were analyzed through the process of identity change. Again, this process entails establishing their goodness related to their core self with goals of normalcy and conventionality. The desires to be a good mother, a good daughter, and a good partner, to return to school to become a counselor or teacher, and to gain employment upon release were typical goals of normalcy and conventionality expressed by this sample. These goals not only represent generative motivation consistent with Maruna's (2001) redemption script process as well as a blueprint for change consistent with Giordano et al.'s (2002) theory of cognitive transformation, but are also in line with the expectations placed on lower-to-middle class, white women from a primarily rural Midwest area of the country. These women are not only expected to be mothers, but good mothers who put their children's needs before their own. They are expected to be good and supportive wives who support their husbands and their families emotionally and often times financially. Due to these expectations, it is not surprising that in their narratives their core self (future or possible self) and their blueprints for change contained these gendered elements. Furthermore, the 12 women who did not express the desire for identity transformation included all 6 non-mothers in the sample which supports the idea that gendered societal expectations of at least motherhood may play a role in the desistance process.

## Limitations

As with all research, there are a number of general limitations that must be considered when making theoretical and policy related recommendations. This dissertation relies on retrospective qualitative data with a non-representative sample of incarcerated female methamphetamine users, which is racially and geographically homogeneous. As such, findings may not be generalizable to other groups. However, qualitative research does not necessarily seek to be representative of the general population. Second, the incarcerated state and presence of these women in a court-ordered drug and alcohol treatment program may result in the modification of their narratives to be in line with the treatment philosophies of the program in which they were participants. However, it is important to note that without the presence of the treatment program, there may have been no evidence of any kind of ‘making good’ since there would be no ‘outside source’ for some of these women or they may not have started to reconcile their relationship. In addition, events recounted in their narratives occurred over a period of years, and in some cases decades, during which chronic poly-drug use occurred. This may result in factual inaccuracies concerning events and circumstances relevant to this dissertation. However, Thomas Theorem (1928) states “If men define situations as real, they are real in their consequences” (571-572). This suggests that the interpretation of events is not objective, but rather it is subjective in nature. Thus, actions and behaviors are the result of subjective perceptions of a given situation. So, the importance is not placed necessarily on accurately recounting events and life experiences, but rather on the respondents’ perceptions of what occurred and the consequences they perceived to have experienced. Lastly, due to the nature of qualitative research in general,

my findings and results are inherently and unintentionally reflective of my personal biases and idiosyncrasies.<sup>6</sup>

In addition to the general limitations discussed above, a number of other limitations warrant discussion. As this sample is both incarcerated and actively participating in a drug and alcohol treatment program, their experiences and perceptions may differ from a sample of non-incarcerated active users. The negative effects of their methamphetamine use may be more apparent to an incarcerated sample. Their incarceration may be perceived as a “rock bottom” for many women, a culmination of many poor life choices and negative experiences related to their methamphetamine use and criminal involvement. However, this may lead to the false assumption that incarceration is required for a methamphetamine user to be aware of negative consequences of their drug use. I believe that I would find similar perceptions of the negative consequences in a sample of non-incarcerated active methamphetamine users as long as they have used methamphetamine for a long enough period of time for those consequences to occur. By this I mean women who have very recently began using methamphetamine, and still believe it to be a functional drug, will more than likely not report substantial negative life consequences. However, in time, due to the destructive nature of the drug, their experiences would be similar to those in this sample.

Similarly, this sample’s presence in a treatment environment is both a strength and weakness of this research as well. Their active participation in a drug and alcohol treatment program allows a clean and sober period for reflection as well as a foundation to begin the desistance process. This clean and sober period of reflection allowed the

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<sup>6</sup> In order to minimize the influence of my personal biases, reliability checks of the analyses were conducted by the co-principle investigator of this research project, Dr. Kristin Carbone-Lopez.

women in this sample the opportunity to see the negative effects their methamphetamine use has had on their lives and how their methamphetamine use had affected people in their lives such as children, family members, and significant others. Without participating in this treatment program in prison, it is likely some of these women would still be using methamphetamine (even while incarcerated) and be involved in criminal activities and there would be no way to examine the initial steps in their desistance process, particularly how and why they hope to remain desisted from crime and drug use. However, due to their presence in the treatment program, it is impossible to determine if their narratives are accurately reflective of their true thoughts and feelings about their history of methamphetamine use and its subsequent consequences or their hopes of desistance and sobriety. As active participants in a drug and alcohol treatment program, the women in this sample may have modified or altered their narratives to be more in line with the treatment philosophy of the program in which they were participants (e.g., emphasizing making amends to those they have harmed, accepting personal responsibility for one's actions, etc.).

Another potential limitation of this study is that due to the nature of these data, there is no way to follow up on whether the women in this sample actually maintained their desistance from methamphetamine use and criminal involvement upon their release from the treatment program and prison. As such there are no true behavioral change indicators. For example, many women who discussed how their methamphetamine use negatively affected the lives of their children did so in a somewhat cavalier manner that showed a lack of culpability and responsibility for their actions, yet simultaneously expressed the desire to be a 'good' mother to their children as a primary motivation for

change and redemption. This raises the question as to how sincere their motivations for true change and desistance are especially in light of the fact that many of the women in the sample had been incarcerated and in treatment programs before with little if any long term change in their behavior.

Lastly, the interview instrument was not designed to only capture data on the consequences of methamphetamine use. It was designed to broadly capture women's experiences with methamphetamine. The instrument, for example, included questions about initiation into methamphetamine use, women's knowledge and place in the methamphetamine market, family histories, etc. Questions concerning the negative effects of methamphetamine on the lives of these women and their experiences in the treatment program only made up a portion of the overall interview. As such, in places and in certain interviews, there are missing data or data that are not particularly rich, but this is the exception, not the norm. Future research would benefit from interviews designed to specifically examine the negative effects of methamphetamine on women's lives and the motivations and ways in which they hope to remain desisted from methamphetamine use and criminal involvement as well as follow up interviews to gauge if they remained desisted. In light of the limitations of this dissertation, particularly the non-generalizability of these findings, caution must be taken in regard to both theoretical and policy recommendations.

### Recommendations

The primary theoretical recommendation which can be drawn from this dissertation is the applicability of the cumulative continuity framework to describe and explain the negative consequences of methamphetamine use. Cumulative continuity



explains the detrimental effect of accumulating negative consequences and how they adversely influence future life options and behaviors, specifically deviance and criminality (Agnew, 1997; Caspi and Moffitt, 1993; Caspi, Bem, and Elder, 1989; Browning and Laumann, 1997; Nagin and Paternoster, 1991, 2000). In line with Nagin and Paternoster's (2000) summary of cumulative continuity, this sample's methamphetamine use has been shown to weaken or destroy their involvement in a network of conventional relationships (with children, family members, and significant others) that could have provided even partial restraint on criminal tendencies. Their criminal acts, including the use of methamphetamine, increased their risk of future crime by leading them into closer affiliation with other offenders and methamphetamine users. Finally, their methamphetamine use and related criminal activities transformed the conditions in their life, thereby altering the probability of future offending. Thus, what has been demonstrated by this sample is that their methamphetamine use narrowed their life options and their ability to assume conventional roles, and subsequently reinforced their continued drug use and the accumulation of negative consequences stemming from their drug use. I argue that the use of this theoretical framework may contribute to the broader understanding of the processes related to the consequences of methamphetamine use and drug use more generally. Further, the use of the cumulative continuity framework may inform the development of beneficial policy recommendations.

As this sample's methamphetamine use has been shown to weaken or destroy their conventional relationships with children, family members, and significant others, attention should be focused on rebuilding these relationships. Constructive social support systems are typically viewed as mechanisms which aid recovery. For most of the women

in the sample, this process had already begun while participating in treatment. However, the process of rebuilding damaged and lost relationships with children, family members, and significant others proved difficult due to the lack of resources and opportunities related to their incarceration. Many of the women could only communicate with children, family members, and significant others through mail or phone calls. A small number of women indicated they occasionally received brief visits with varying degrees of frequency. Prison-based programs with a specific focus on rebuilding relationships (and the resources to assist in doing so) may prove effective as women have been shown to have a greater amenability to treatment and show greater improvements in family relationships (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000).

Modified restorative justice programs with an emphasis on reintegrative shaming, such as family group conferencing, may provide a viable option. Restorative justice practices feature many nontraditional ideas that serve to reconnect the offender with their victims and the community. Restorative justice also addresses larger social conditions, such as the breakdown of the community and the family. This is because restorative justice is “a process whereby all parties with a stake in a particular offense come together to resolve collectively how to deal with the aftermath of the offense and its implications for the future” (McCold, 1998: 20). This process fosters repentance, forgiveness, and ultimately reintegration by bringing victims, offenders, and communities together allowing offenders to truly see the harm and suffering they have caused (Braithwaite, 1989, 2000a, 2000b). The offender then has the opportunity to apologize to the people they have harmed and make amends to them directly.

Further, these practices emphasize respect, whereby the offender is treated as a good person who has done a bad thing. This is unlike traditional correctional policies which involve stigmatizing shaming which treats the offender as a bad person who has done a bad thing (Braithwaite, 2002a, 2002b). Braithwaite and colleagues (Braithwaite, 2000a, 2000b; Harris, Walgrave, and Braithwaite, 2004) also contend that reintegrative shaming can reduce future crime by preventing the damaging stigmatization of labels that may condemn offenders to a downward spiral of continuing criminal activity consistent with the cumulative continuity framework. While participation in such practices is completely voluntary for all parties, research has demonstrated that those who choose to participate in the process tend to find the experience very satisfying (Bazemore and Umbriet, 2001).

In addition to the implementation of restorative justice practices as a means to combat stigmatizing labels which serve to reinforce barriers to reintegration, the formal removal of legislation which hinders successful reintegration should be considered. This includes statutes which prevent individuals with drug related convictions from receiving social welfare support and federal financial aid to return to school, as well as legislation which restricts housing and employment opportunities. Methamphetamine, in particular, has incredibly harsh penalties which could result in continued use. For example, if women cannot find gainful employment or a place to live when they leave prison (because of restrictions on renting to or hiring individuals with convictions for certain offenses), they may have a greater likelihood of relapse and recidivism.

Of course, this would require a paradigm shift in the way drug users and addicts are viewed. I am not advocating for the decriminalization or legalization of any or all

drugs, however there is a consensus that drug addiction is a “chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (National Institute of Drug Abuse, 2012: 1). With this understanding, logic would dictate that the focus should be on the treatment of drug use rather than the punishment of the drug user. Although the removal of these barriers may allow for greater success in the rehabilitation and reintegration of convicted drug users, it is unlikely that such measures will be implemented due to the current punitive climate surrounding drug use and budget cuts affecting social welfare programs. In the current political climate, drug users are often viewed as undeserving of aid.

Lastly, I would recommend the development and implementation of gender-informed treatment and the care needed to minimize possible harm to women and their families, as well as provide them greater opportunities to be fully present in the lives of their children, families, and significant others (see Ettorre, 2004). Gender-informed treatment and care is necessary due to the gendered effects of methamphetamine. As discussed previously, female methamphetamine users differ from their male counterparts in a number of ways. Female users often initiate use at earlier ages and exhibit higher rates of dependency as compared to male users (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000). Methamphetamine use may also produce greater stress for women meaning that they suffer more adverse effects from their use than men (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000). Also women have been shown to be more amenable to treatment for methamphetamine use and demonstrate greater improvements in family

relationships as a result of treatment (Brecht, Greenwall, and Anglin, 2005; Dluzen and Lui, 2008; Westermeyer and Boedicker, 2000).

Additionally, I support the recommendations of Cohen et al. (2003) who indicate:

Integrated treatment approaches designed to address victimization, PTSD issues, and/or or substance abuse disorders may be needed for a significant proportion of the methamphetamine treatment population, especially women.

Failure to address these issues may interfere with treatment retention and effectiveness and may contribute to relapse.

(382).

An informed comprehensive individualized treatment plan focused on the specific needs of the woman would provide the greatest likelihood of successful desistance from drug use and crime.

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