Stigma from above: new theoretical perspective to understand the sexual and reproductive health of women experiencing homelessness

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Article

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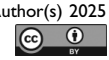

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Abstract

There is a stark knowledge gap on the sexual and reproductive health (SRH) of women experiencing homelessness. The limited research that does exist foregrounds the challenges that they face at every stage of their reproductive lives. However, this body of research is often theoretically underdeveloped. To address this gap, I propose utilising a reproductive justice framework to understand the constraints within which women experiencing homelessness navigate their SRH homeless. Reproductive justice draws attention to the connectedness of reproductive issues with other social justice issues, and to the structural conditions which constrain the exercising of choice. This article focuses on one form of injustice, structural stigma, deploying a re-politicised theorisation of structural stigma as a mode of social control that is violently enacted upon women who experience homelessness. This conceptualisation of stigma, and its effects, holds the potential to underpin a future research agenda and provide a more nuanced understanding of the barriers that women who experience homelessness face throughout their reproductive lives.

Keywords

decision making, reproductive justice, stigma, women's homelessness, Imogen Tyler

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Introduction: the state of sexual and reproductive health for women experiencing homelessness

Little attention has been paid to the specific healthcare needs of women experiencing homelessness,[1] despite evidence that demonstrates significant unmet healthcare needs across homeless populations (Homeless Link, 2022; Omeray et al., 2020). This reflects a wider scarcity of research on the distinctiveness of women's homelessness. Women have routinely been excluded from narrow definitions of homelessness, underestimated in official statistics and obscured by methodological tools designed to capture visible forms of homelessness more commonly experienced by lone adult men (Bretherton and Mayock, 2021). Consequently, women's experiences of, and their separate and discrete pathways into, homelessness have only begun to receive academic attention in recent years in the UK, the USA and Australia[2] (e.g. Bimpson et al., 2020; Bretherton, 2020; Brott and Townley, 2023; Hastings and Craig, 2023; Theobald et al., 2022).

The scarcity of research on women's homelessness is arguably most apparent in the stark knowledge gap on their sexual and reproductive health (SRH) experiences. The limited research that exists foregrounds the challenges they face at every stage of their reproductive lives. However, existing research is primarily concentrated on a few distinct SRH experiences, meaning that the broader spectrum of women's reproductive lives has been routinely disregarded. For example, Brott and Townley's (2023) scoping review of research from the USA points to the combination of individual, relational and contextual barriers that women face to accessing contraception, abortion and prenatal care. However, their review found that the majority of articles examined barriers to contraceptive care, and focused on individual-level barriers, such as misconceptions about healthcare systems, time constraints and financial barriers, and only a small number looked at relational and contextual barriers. This suggests that existing literature on the SRH of women who experience homelessness is guided by narrow disciplinary principles and research interests that fail to examine structural barriers to access, and the plethora of SRH experiences beyond contraceptive usage.

In response to the existing literature's inattention to the impact of structural forces on the SRH of women experiencing homelessness, I propose using a reproductive justice approach, a conceptual lens that has been underutilised, thus far, within homelessness research. This intersectional lens conceives of women's decision-making processes as taking place within their social, economic and cultural worlds to understand the multitude of inter-connected factors that inform their SRH. I argue that adopting a reproductive justice framework is critical to addressing the research gap on the SRH of women experiencing homelessness. It allows for a critical examination of the web of social structures that help inform women's experiences, and in doing so holds the potential to begin untangling the multiple oppressions, compounded by stigma, that they face in relation to their reproductive options.

To implement a reproductive justice framework, this article centres one form of injustice, structural stigma, that women experiencing homelessness face regarding their SRH. In doing so, the systemic conditions within which women's decision making occurs can be revealed. I take up Imogen Tyler's (2020) call to adopt a top-down approach to

theorising stigma as a disciplinary force and technique of governmentality. Structural stigma as a mode of violence has been employed in other areas of scholarship, such as the experiences of welfare claimants (Baumberg, 2016). I propose that applying this conceptualisation to the experiences of women who are homeless can advance our understanding, while demonstrating how women's bodies are impacted by stigmatising narratives that justify punitive, disempowering and conditional austerity policies – all of which curb reproductive choices. This raises questions about the disciplinary effects of stigma on women experiencing homelessness, who occupy multiple stigmatised positions.

Women who experience homelessness are subjected to narratives that stigmatise them as deviant, criminal and unworthy, and frame their homelessness as the result of their own personal failures. Such discourses continue to be rife in the public and policy arenas. By exploring the 'complex *structural and relational processes* underlying women's homelessness and their responses to the experience of homelessness', a reproductive justice lens moves beyond these narratives and reveals the systems and gender-based inequalities that help shape their SRH experiences (Mayock and Bretherton, 2015: 273; emphasis in original).

In what follows, I employ the World Health Organization's definition of SRH as 'a state of physical, emotional, mental and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity' (Starrs et al., 2018: 2644). SRH decision making encompasses the constellation of decisions that women make across their reproductive lives, including decisions about childbearing and sexual activity. Decision making is not a static process, as women continuously navigate choices regarding their SRH; these decisions are often interconnected and made simultaneously.

This article begins by reviewing the small body of existing literature on the SRH of women experiencing homelessness. It demonstrates that applying a gender perspective to experiences of homelessness reveals the specific set of challenges that women too often face. It moves on to outline the core components of a reproductive justice framework and explains how paying attention to the way in which intersecting systems of oppression impact bodily autonomy encourages an interrogation of the conditions under which women experiencing homelessness are compelled to make decisions about their SRH. The concept of structural stigma (Link and Phelan, 2014; Tyler, 2020), enacted and experienced through structural forces and characterised as violent, is then discussed. Finally, I move on to discuss the potential of engaging with theorisations of structural stigma to research the SRH of women experiencing homelessness, and in SRH research more broadly, arguing that conceptualising stigma as a political apparatus allows us to look towards dismantling systems of oppression, underpinned by stigma, that limit women's autonomy over their bodies.

Existing literature on the sexual and reproductive health of women experiencing homelessness

The small existing body of literature on women's homelessness details the multitude of gender expectations that intersect with homelessness. This includes women's roles as

mothers and carers, their place in the home and notions of traditional femininity (Bretherton and Mayock, 2021). Scholars have shown that such expectations have important implications for policy and service responses to women's homelessness, which offer conditional support dependent on women exhibiting such traits (Bretherton et al., 2015). Whilst the literature suggests that gender informs experiences of homelessness, to date many studies have remained gender blind in their analyses (Savage, 2016). Failing to examine the gendered dimensions of homelessness has resulted in a lack of targeted responses to the specific set of issues that women face when at risk of, during and after exiting homelessness, regarding their SRH and more broadly.

The importance of adopting a gender focus is clear when considering existing research on the SRH of women who experience homelessness. Riley et al. (2007: 415) posit that 'women-specific studies indicate that gender is one of the strongest predictors of poor health among the homeless [sic]'. Poor health includes reproductive health; indeed, the existing research from the USA, the UK and Australia has outlined the many challenges that women experiencing homelessness face across the spectrum of reproductive health. These include adverse reproductive and maternal health outcomes (Corey et al., 2020; Stein et al., 2000), significant unmet needs in accessing health services (Shah et al., 2019) and difficulties in preparing for motherhood (Murray et al., 2020).

Writing in the UK context, Rae and Rees (2015: 2104; emphasis mine) found that 'when homeless individuals feel marginalised … this can have a *profound* negative impact on their health-seeking behaviour and engagement'. These barriers to access are evident in the significant unmet needs that women experiencing homelessness face when accessing SRH services, for example in receiving information on the full range of contraceptive options available to them (Shah et al., 2019). Similarly, Gordon et al. (2019) report that women who experience homelessness in the UK are twice as likely to become pregnant than women in the general population yet are less likely to receive antenatal care. Moreover, scholars have demonstrated that women experiencing homelessness also face barriers to accessing antenatal care, such as negative stereotyping from healthcare providers; this delays the seeking of care due to anticipated judgement and stigma, and financial constraints (McGeough et al., 2020).

In the USA, Munro et al. (2021) found that even in states with supportive policies and free abortion care, youth who experience homelessness reported barriers to access. These included a lack of education and information about the services available, past negative experiences with health providers, fear of interacting with the state and the stigma of obtaining an abortion. These findings suggest that service availability and affordability do not translate into access and point to a more complex picture. Cronley et al. (2018) describe how their research participants frequently reported feeling a loss of control over their bodies, birth experiences and reproductive health rights; they spoke of the prolonged impact that reproductive health-related trauma had on their lives. In the Australian context, Murray et al. (2020) have explored the way in which women have spoken about the mental, physical and practical difficulties they faced in preparing for motherhood without having access to a stable home environment, and the negative impact this has had on themselves and their babies.

Additionally, Reeve (2018) points to the complex relationship between reproductive health and triggers of homelessness for women; reproductive health issues have been shown to be a cause of homelessness, as well as exacerbated by experiences of homelessness. In the UK, in Groundswell's (2020) study of health conditions faced by women experiencing homelessness, women spoke of relationship breakdown with their partners after becoming pregnant, which resulted in being forced to leave their home and becoming homeless. Women also cited the devastating consequences of child removal and their coping strategies – for example, using substances – to manage the pain of their loss. This was found to push women deeper into homelessness and increased their vulnerability to adverse SRH outcomes. This research points to the compounding effects of stigma on women and the ways it restricts women's reproductive autonomy. It suggests that a holistic approach is needed to understand the role of SRH experiences within women's complex and varied pathways into homelessness, as well as their SRH experiences once homeless. In the next section, I argue that the foundational principles of the reproductive justice movement provide the tools to inform such an enquiry.

A reproductive justice framework

This section outlines the core tenets of a reproductive justice framework and explains its value in understanding the conditions under which women who experience homelessness need to manage their SRH. At a time in which women's reproductive rights continue to be rolled back in countries across the globe, conversations about reproductive autonomy and the right to be able to make decisions over one's body are particularly timely and pertinent. However, the conversation often stops there, resting on the assumption that rights equal autonomy, access and ultimately freedom. I argue that a reproductive justice approach moves past individualising notions of choice and foregrounds the contexts in which these decisions are made. In doing so, this article contributes to an emerging scholarship that advocates drawing on notions of stigma to advance structural analyses of typically overlooked SRH experiences (e.g. Browne, 2025).

Emerging from American women of colour (WOC) grassroots health organisations in the 1990s, reproductive justice rejects the oversimplified picture of reproductive rights, and problematises the notion of 'free choice'. Articulated by one of the movement's pioneers, Loretta Ross (2017: 291), 'reproductive justice is rooted in the belief that systemic inequality has always shaped people's decision making around childbearing and parenting, particularly vulnerable women'. The movement draws attention to the structural conditions which limit women's ability to exercise choice and realise their rights (Morison and Herbert, 2018). It grew out of WOC activists' disillusionment with predominantly white, middle-class, pro-choice organisations that focused almost exclusively on the right to abortion, and a frustration at the disregard of health issues that were important to their communities. Reproductive justice is based on three core principles: the right to have a child, the right not to have a child and the right to raise children in safe and healthy environments (Price, 2010). It turns a critical eye on histories of reproductive healthcare and underscores the role that contraception has played in the coercion and sterilisation of Black, disabled and other marginalised women (Gilliam et al., 2009).

Reproductive justice is thus a powerful tool to debunk the assertions embedded in neoliberalism and post-feminism that choices are available to all; it avoids pathologisation and sheds light on the reality of the structural conditions that mean this is not a reality for all women. This theory highlights the contradiction between a neoliberal rationality which encourages a shrinking of the welfare state, devolves responsibility onto individuals and celebrates 'freedom of choice', whilst at the same time enacting greater control over certain women's bodies through intensified regulation, the denial of services and policies of welfare conditionality (Morison and Herbert, 2018).

Intersectional at its core, reproductive justice contextualises the decisions that women make within the systems of oppression in which they are located. Health outcomes are understood as connected to a person's economic, cultural and social locations (Eaton and Stephens, 2020). This framework firmly asserts the importance of avoiding essentialism when listening to people's stories, and embraces lived experience as a legitimate and important form of knowledge (Price, 2010). Its intersectional lens acknowledges that women who experience homelessness are not a homogenous group and have multiple and intersecting identities, many of which are marred with stigma. In doing so, it holds the potential to render visible the neoliberal, patriarchal and racialised power structures that inform their SRH decision-making processes, and allows us to investigate the impact that these intersecting forces have on women's reproductive lives and choices (Browne, 2025).

Women experiencing homelessness face stigmatisation on multiple levels, as I expand upon below. Reproductive justice urges us to consider how stigma is perpetuated on a structural level. As such, stigma is situated as an important structural barrier that circumscribes women's SRH options. In the following section, I discuss conceptualisations of stigma as a structural and violent force, showing how they are currently absent from the theorisation of SRH decision making in this context. Moreover, I draw on Imogen Tyler's (2020) top-down conceptualisation of stigma, outlining the value of adopting this perspective, and the potential that it holds to advance understandings of the SRH of women who experience homelessness.

A top-down conceptualisation of stigma as a mode of violence

Women who experience homelessness face some of the most acute forms of marginalisation and exclusion (Bretherton and Mayock, 2021), an experience informed and exacerbated by discourses of homelessness that are themselves saturated with stigma. Stigma is defined here as a situation 'when a person possesses (or is believed to possess) "some attribute or characteristic that conveys a social identity that is devalued in a particular social context"' (Crocker et al., 1998, cited in Major and O'Brien, 2005: 394–395). Sociological perspectives have often taken the route of exploring stigma via an identity-management angle. This stems from the germinal work of Goffman (1963), who theorises stigma as occurring on an interpersonal level and centres on how stigmatisation creates 'spoiled identities', a process through which individuals are devalued and excluded from full participation in society.

I draw on theory that expands upon Goffman's (1963) classic conceptualisation of stigma as relational by taking up Tyler's (2020) call to instead adopt a top-down

approach. In her book *Stigma*, Tyler (2020) criticises Goffman's work for being too focused on the interpersonal. She departs from this conceptualisation, demonstrating how stigma functions as a disciplinary force – a mode of power and form of governmentality. She outlines the political mechanisms of stigma by making visible how it is weaponised to legitimise austerity narratives which designate certain groups unworthy of state support. In doing so, Goffman's static, micro-level definition of stigma is re-examined and the ways in which stigma is fed by, and reproduces, structural inequalities are made visible. Through Tyler's conceptualisation, stigma is re-politicised and situated as a tool that is intrinsically tied to the political and economic imperatives of capitalism, 'intimately linked with neoliberal governance' and framed as essential to the success of late neoliberal capitalism (Tyler and Slater, 2018: 727).

I also draw upon the work of Link and Phelan (2014), who conceptualise stigma as enacted at an institutional level in order to fulfil the aims of the stigmatisers; this conceptualisation is encapsulated in their concept of 'stigma power'. They argue that stigma is deliberately exercised to keep people 'in, away or down', acknowledging the changing nature of stigma, the structures that perpetuate it, as well as its material effects. Unlike Tyler (2020), Link and Phelan's (2014: 24) work is less explicitly focused on stigma's ties to neoliberal capitalism, and more focused on how power is enacted by the 'stigmatisers'. Writing in the context of mental health research, they argue that there has been little focus on structural forms of stigma, leading to the assertation that **'**the underrepresentation of this aspect is a dramatic shortcoming in the literature on stigma, as the processes involved are likely major contributors to unequal outcomes' (Link et al., 2004: 516). Their assertion suggests the potentiality of using structural stigma to examine the conditions under which women experiencing homelessness have to navigate their SRH and to reveal the processes behind the adverse health outcomes they face.

Whilst understanding the impacts of stigma on identity management is an important area of consideration in the lives of those who experience homelessness, I follow Link and Phelan's (2014) and Tyler's (2020) conceptualisation of stigma as integral to maintaining social norms and acting as a form of social control and neoliberal governance. Shifting the perspective to focus on stigma as a force that is actively produced, and unintentionally (re)produced through everyday practices and behaviours, allows stigma to be used as an analytical tool. Such a shift from relational to structural conceptualisations opens ways of thinking about how power is generated through institutions and enacted upon marginalised groups to devalue them. As a result, stigma can be understood as a form of structural violence (Galtung, 1969); violence that is carried out through bureaucratic processes which help to implement it in mundane and routine ways (Galtung, 1969). Structural violence is not exceptional, but rather something that takes place in everyday life and is slowly enacted over time. The normalisation of violence suggests that we have become desensitised to it, making it harder to spot and thus more insidious (Cooper and Whyte, 2017).

Indeed, the violence of stigma has been highlighted by scholars examining experiences of welfare claimants, who identify stigma as shaping dehumanising service interactions and resulting in the internalisation of blame and shame narratives (e.g. Baumberg, 2016; Goodall and Cook, 2021; Okoroji et al., 2020). This is evident in the work of Finn

and Murphy (2022: 683), who found that experiences of stigma were amplified in the context of female parents claiming welfare, who 'identified a double and triple aspect of stigmatisation, discriminated against within the private rental sector for being single mothers, homeless and poor'. Stigmatising narratives, stemming from and reinforced by traditional gendered expectations, were shown to generate a specific set of judgements that women faced regarding their parenting and caring responsibilities. Experiencing stigma in these interactions led to feelings of shame, a lack of autonomy, judgement and dehumanisation. This reinforces the assertion that 'stigma impacts on possibilities of agency', and indicates its potential to obstruct the SRH decision making of women experiencing homelessness (Finn and Murphy, 2022: 686).

As Mercado et al. (2024) have shown, structural stigma contributes to unequal health outcomes, has negative consequences for the general health of individuals who experience homelessness and means they are less likely to engage in health-seeking behaviours. Reilly et al. (2022), for example, conducted the first systematic review on the effects of stigma on the health outcomes of people experiencing homelessness and found they experienced significant stigma when accessing services, particularly in interactions with healthcare providers. The violent effects of stigma have been demonstrated in a number of other public health contexts, e.g. mothers who have had multiple children removed from their care (Broadhurst and Mason, 2013) or the use of emergency hormonal contraception being portrayed as indicative of irresponsibility (Murphy and Pooke, 2019).

Despite the theorisation of structural stigma as a mode of violence in the literature on homelessness and public health respectively, there is a notable lack of research that considers the impacts of stigma on how women experiencing homelessness navigate their SRH. As Hatzenbuehler et al. (2013: 814) stress, 'stigma thwarts, undermines, or exacerbates several processes (i.e., availability of resources, social relationships, psychological and behavioural responses, stress) that ultimately lead to adverse health outcomes'. Considering the literature on structural stigma and violence together suggests that violent experiences of structural stigma are likely to characterise and inform the SRH of women who experience homelessness, creating adverse health outcomes and curtailing reproductive autonomy. The discussion now moves on to outline how structural stigma operates as a socio-cultural process in the context of women's homelessness by exploring how 'spoiled identities' are created by structural forces. It demonstrates that structural stigma can be applied to reveal the gendered dimensions of homelessness that are frequently overlooked.

Stigma and women's homelessness: 'spoiled identities'

As discussed above, women experiencing homelessness are routinely denied the autonomy to make decisions about their SRH. I propose that structural stigma is a key mechanism in this denial, and that thinking structurally about stigma as a form of oppression calls into question the conditions under which rights are exercised. To unpack how stigma operates in this context, I outline the gendered dimensions of the stigmatisation of women who experience homelessness through examination of the creation of 'spoiled identities'.

Stigmatising discourses are pathologising. With respect to women experiencing homelessness, they position these women as transgressing societal norms and, consequently, as unworthy of support and unable to make their own decisions (Löfstand and Quilgars, 2015). Mayock and Sheridan (2020: 19) contend that 'stigmatising discourses that depict women experiencing homelessness as transgressing normative assumptions about women's roles as mothers, carers and home-makers are historically rooted'. These discourses persist today, with women frequently portrayed as 'victims' or 'fallen women' for straying from traditional family structures (Bretherton and Mayock, 2021). Stigmatising narratives can also be understood through Tyler's (2013) conceptualisation of 'revolting subjects'; a group subjected to social abjection through moral judgements and stigmatising rhetoric which conjure up ideas about their deservingness. Saunders (2021: 79) argues that these discourses not only individualise women's decision-making processes and hold them responsible for their 'wrong' choices but evoke ideas about 'failed' femininity, and in turn about who can be read as a valuablereproductive citizen.

Paying attention to the SRH of women experiencing homelessness reveals the distinct, gendered ways that stigma operates. To uncover the effects of stigma upon the SRH decision making of women experiencing homelessness, it is essential, first, to trace how stigma operates to create 'spoiled identities'. Goffman (1963: 3) defines spoiled identities as 'the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity'. To understand how women experiencing homelessness are ascribed 'spoiled identities', then, it is important to consider the multidimensional levels at which stigma operates to reveal the underlying forces that generate such identities. More specifically, it is crucial to examine the historical and cultural contexts of gender oppression, and how these inform and interact with contemporary discourses of the 'problem woman'. Only through conducting a gendered analysis can the 'spoiled identity' of the 'homeless woman' as a discursive category with a particular set of labels attached to it, and the consequences of such a label for SRH decision making, be exposed.

Stigma draws upon and reproduces existing gender, race and class inequalities that position women who experience homelessness as deviant subjects for failing to fulfil primary care roles. These narratives shore up the parameters of what 'good motherhood' looks like by positioning all that is not white, middle class and heterosexual in opposition to this ideal (Lowe, 2016). Broadhurst and Mason (2013), for example, write about 'spoiled identities' in the context of motherhood. They argue that women who have had multiple children permanently removed from their care are situated as 'maternal outcasts' for falling outside of the normative expectations of motherhood. These labels render invisible, and disregard, the conditions of poverty which make motherhood difficult. Bimpson et al. (2020), moreover, demonstrate that repeat child removal is a common experience for women who experience homelessness and points to the intersections of housing, domestic violence and poverty-related neglect. The profound social stigma associated with child removal has been shown to influence women's interpersonal and professional encounters. This results in heightened vulnerability and a deep sense of isolation (Broadhurst and Mason, 2013). These feelings are often intensified for women who have experienced repeated child removals. Boddy and Wheeler (2020)

discuss this, describing stigma as a political economy that upholds a punitive child protection system that does not recognise women who have had their children removed as mothers and positions them as 'other'. This underscores how institutions perpetuate structural stigma narratives.

The intense emotive responses that are generated in the public imagination towards 'maternal outcasts' point to the severe judgements that women experiencing homelessness face in their perceived transgression from gender norms (Broadhurst and Mason, 2020).[3] Savage (2016), for example, argues that women experiencing homelessness are stigmatised for 'failing' in their role as primary carers and points to the stigma attached to the label of failure. This points to the affective implications of gendered stereotypes in relation to women's caring roles and demonstrates that, in a society that allocates the responsibility of care roles to women, 'the salience of the affective domain for developing gender-sensitive approaches in homeless policy cannot be overstated' (Savage: 2016: 56).

Stigmatising narratives are reinforced and compounded at an institutional level by government policies, such as maternity allowance schemes, that are geared towards heteronormative family structures and reproduce traditional gender roles in which women are considered the primary caregivers and men are considered the main breadwinners. These policies homogenise women, fail to account for the differences between women's lived experiences and further alienate already marginalised women (Graham et al., 2022). Policy responses to women's homelessness are thus permeated by gender norms which imagine women as wives, mothers and carers (Bretherton, 2020). Put simply, women are not expected to experience homelessness, and their chances of exiting homelessness are largely dependent on the extent to which they follow conventions of femininity and motherhood. The gendered conditions attached to policy confirm that these responses are not neutral (Löfstand and Quilgars, 2015). The necessity of proving that one is a 'good mother' to receive protection from social work systems is cited as a common experience (Mayock and Sheridan, 2020). These experiences challenge the notion that women are agentive subjects that can enact their own decisions.

Adopting a structural view of stigma reveals the invisible work that women must carry out, and the gendered, racialised and classed standards they must meet, in order to receive care. This top-down conceptualisation shifts focus back onto the role played by institutions in denying women experiencing homelessness autonomy over their bodies. It encourages a critical analysis of narratives and policies that most often promote the fertility of white, middle-class, able-bodied women, whilst limiting the reproduction of those who fall outside of these ideals. In the next section, I explain how applying a lens of structural stigma, as a technique of violence, challenges taken-for-granted notions of free choice and responsibility that permeate stigmatising portrayals of women's homelessness.

Advancing the research agenda on the sexual and reproductive health decision making amongst women who experience homelessness

Applying a theorisation of structural stigma steers the conversation away from interpreting adverse SRH outcomes as the result of 'poor' choices made by 'irresponsible' women.

Instead, it can be deployed to explore how women navigate their SRH when they are excluded from, and mistrusting of, services. Mayock and Sheridan (2020) point to the disempowering and infantilising experiences that characterise women's service interactions as an explanation for why they frequently fall through gaps in the system. This, in turn, has consequences for their SRH. For example, Broadhurst and Mason (2013) show that women may conceal their pregnancy from support services due to the fear of anticipated child removal, and as a result do not receive the care that they need. By interrogating how stigma feeds notions of 'wrong' choices and prevents women from receiving the support to make agentic decisions about their SRH, such a perspective offers an avenue of inquiry into how institutions shape and maintain health disparities for women experiencing homelessness.

Another way in which a structural stigma lens enhances understandings of the gendered nature of homelessness is through examining how norms of femininity, particularly notions of 'good motherhood', are entrenched in welfare state provision, asking what this means for women who often rely on this support for their survival. Such narratives portray these women as a drain on limited state resources; their bodies are devalued and marked as unruly and in need of regulation (Saunders, 2021).

Indeed, discourses of ideal motherhood inform child-removal procedures, a common experience for women experiencing homelessness. The enduring psychosocial consequences of (repeat) child removal have been well documented (Broadhurst and Mason, 2020; Morriss, 2018; Parr, 2024). This suggests that stigma, enacted through violent bureaucratic processes, has implications for their reproductive futures and future SRH decision making. As discussed above, a core principle of reproductive justice is the right *to have* children, as well as not to have them. This is crucial when examining gendered narratives about women who experience homelessness, who are often dismissed as incapable of being 'good' mothers. This demonstrates the value of adopting a reproductive justice framework, as it moves past examining reproductive rights exclusively through a pro-choice/pro-life binary and examines issues such as (multiple) child removal that are common for such women (Bimpson et al., 2020). By analysing processes of structural stigma, knowledge of the barriers women face and why they endure can be advanced.

The promise of a reproductive justice framework lies in its intersectional examination of the invisible structural forces that ensure that choice is not only constrained but at times almost completely absent from the decision-making processes of women experiencing homelessness. Turning a critical eye back outwards onto structures brings stigma to the fore and makes visible how it constructs and reinforces the barriers that these women face. In locating their navigations and decisions within intersecting power systems, it offers the potential of identifying structural changes that need to take place – in and outside of healthcare settings – to dismantle inequalities and begin the 'forging of networks of care and solidarity' that are required to achieve reproductive justice for women who experience homelessness (Tyler, 2020: 28).

Whilst the focus of this article has been the navigation of SRH decision making, the interconnectedness of reproductive issues with other social justice issues, central to the reproductive justice movement, points to the wider applicability of this framework. This approach therefore steers future modes of enquiry into women's experiences of homelessness more broadly and demonstrates that to better respond to their needs, the

intersecting social structures that contribute to and perpetuate violence must be interrogated. A reproductive justice perspective spotlights structural violence in the form of unequal access to systems such as housing, healthcare and employment for those living in poverty. Distinguishing between availability and access while stressing stigmatising narratives, I offer a theoretically informed way to thoroughly interrogate how stigma, shame, infantilisation and dehumanisation function as interactional, attitudinal and systemic barriers to good health.

Conclusion

This article illustrates the rich possibilities of implementing a reproductive justice framework to explore the structural barriers that inform and shape the SRH negotiations and decision making of women who experience homelessness. Reproductive justice critically addresses the socio-economic and political inequities that impact marginalised women's access to SRH care. In this research context, this lens contours the specific gendered expectations that women are held to when homeless, and how these expectations interact with other racist, classist and ableist systems to limit the reproductive lives of women experiencing homelessness by designating them as devalued reproductive citizens (Saunders, 2021). This approach delivers the tools to interrogate how stigma, as a mode of social control, creates 'spoiled identities' of homelessness that have violent consequences for women's reproductive health outcomes. It conceptualises stigma as an experience that is characterised by violence, but violence enacted and experienced through structural forces. Furthermore, I contend that stigma and stigmatising narratives operate to obscure structural causes of homelessness, positioning women as irresponsible, immoral and unable to make decisions about their SRH; this positioning, in turn, impacts these women's capacity to have agency over their SRH.

Using this lens to call attention to the conditions under which decision making occurs holds the potential to expand existing research on the experiences of women who are homeless, and on homelessness and stigma more broadly. This opens space for imagining novel intervention points to improve SRH outcomes by identifying other social justice areas, such as housing stability, welfare reform or economic opportunities, that would have to be targeted to create the conditions under which women experiencing homelessness can make decisions. Moreover, by examining how stigma operates along systemic and gendered lines, such an approach allows for imagining more radical solutions for achieving true reproductive justice for women experiencing homelessness.

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Notes

1. 'Homeless woman' is widely acknowledged in the literature as a stigmatising term; therefore, this article uses the language 'experiencing' to denote homelessness as an experience rather than an identity marker. The term 'homelessness' has been chosen over terms such as 'houselessness' or 'rooflessness', as this term encompasses forms of homelessness, such as insecure and inadequate housing, that women are more likely to experience.
2. Gaps in the evidence base in England and Australia, the locations where the author has conducted research, mean that it has been necessary to look beyond these geographical contexts for additional research on women experiencing homelessness. This has led to studies being included from the USA, where much of this literature has been found. Research on this topic is currently very rare, therefore this article draws upon research from these countries as this is where the evidence on women experiencing homelessness is emerging from.
3. It is important to note here that mothering norms are constructed not only along gendered lines but also according to hierarchies of structural racism that maintain White supremacy. Further research is urgently needed to explore the complex interactions between gender, race and class in creating idealised notions of care, in the context of homelessness and more broadly.

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