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Canada

TOWARDS A SEAMLESS SUPPORT SYSTEM FOR FEDERALLY SENTENCED
WOMEN RETURNING TO THE COMMUNITY

by

Jessica Hutchison

Bachelor of Science, Honours Psychology

at University of Western Ontario, 2004

THESIS

Submitted to the Department of Psychology

in partial fulfillment of the requirements for

Master of Arts

Wilfrid Laurier University

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Abstract

Women are the fastest growing prison population in the world. Furthermore, there has been a significant increase in the numbers of federally sentenced women identified as having a mental health problem. The goal of this study was to determine how the Waterloo Region can create a seamless support system for women with mental health issues leaving Grand Valley Institution for Women (GVI). An anti-oppressive framework was used, which emphasizes issues of power and oppression within the lives of individuals who have been marginalized and oppressed. Three participant groups took part in this research: (a) 12 women with mental health issues who had previously been or are currently incarcerated in GVI, (b) approximately 70 participants at a forum on the reintegration of federally sentenced women with mental health issues, and (c) 16 individuals who work with federally sentenced women, either in GVI or in the community. The findings demonstrate that all women, regardless of their mental health status, need the same resources and supports. The findings from the interviews with women are consistent with other research in this area in that criminalized women experience abuse, poverty, loss, substance use issues and mental health problems. The barriers they experience include a lack of affordable and decent housing, lack of employment opportunities and the prison environment, among others. In order to create a seamless system, changes at the structural level need to occur, including increased housing options, decreased power imbalances in the prison environment and increased employment opportunities. These changes will be difficult to make under the current neo-liberal ideology that our society by which our society is governed. However, change is possible. Ideological and practical recommendations are made that will help create a seamless support system for these women when they return to the community.

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Arriving at this point has been quite the journey and there have been numerous people who have been supportive of me throughout the process. This journey did not begin with the commencement of this degree but well before that when I developed a keen interest in the involvement of people with mental health issues in the criminal justice system. My parents have supported me throughout the years, both financially and emotionally, in my pursuit of higher education. They have heard me say countless times, “when I am finished school...” Well, now that time is here and I sincerely thank them for the unconditional love and support they have provided me over the years. My sister has provided me with the motivation to work hard and strive to achieve the best through her dedication to her work and her determination to be a strong and independent woman. My partner, Ryan, has sacrificed much in order for me to pursue my educational goals. He gave up the good life in Thailand (where we had three months of paid vacation a year!!) to come back to Canada so I could go to school. I am extremely grateful for all of the support he has given me over the years and I truly could not have done this without him.

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you. Geoff, my advisor, you are the type of advisor everyone wishes they had. You are always available, you are always in a good mood and you always have positive things to say. I can always count on you to answer my panicked emails with reassuring words of wisdom. I have truly enjoyed going through this process with you and I thank you for all of your guidance and humour.

Next, I would like to thank the Chaplain at GVI. Without her support, this thesis would not have been possible – literally. She helped me recruit women for the research and because of the trust and respect the women have for her, many women were willing to participate. I am indebted to her.

Finally, to the women themselves who selflessly and courageously talked to me, a stranger, about their lives. Speaking with these women was a truly enlightening experience and has made me even more passionate about seeking justice for those who are unable to seek it for themselves. The strength that these women possess is humbling as I know I would not be as strong as they are if I were put in that situation. Thank you, from the bottom of my heart, for opening up to me and sharing your stories with me.

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Personal Reflections

I want to include my personal reflections of this research process as it has been an extremely educational and gratifying experience for me. It is also common for anti-oppressive researchers to practice reflexivity and acknowledge the role they play in creating, interpreting and theorizing research (Maidment, 2006). The first draft of my thesis proposal was littered with correctional language that contributed to the labelling and “othering” of federally sentenced women. I had uncritically adopted the dominant discourse of corrections although I was seeking to understand criminalized women lives and transition into the community. The more I read and learned about criminalized women the more I realized how dominant the neo-conservative ideology really is. Since my first proposal I have made a conscious effort to resist the dominant correctional discourse as I recognize how pathologizing and victim-blaming it is. Coming from a background of working with individuals with serious mental illness, I thought I had adopted “person-first language”; however, I quickly learned that this did not translate over to the realm of criminalized women (who I used to call female offenders).

The women I spoke with could have been my neighbour, my sister, my mother or my friend. Their stories made me realize how fortunate I am to have grown up in a two parent home with enough food to eat. I was not abused as a child or as an adult. I do not have a mental health concern nor do I struggle with problematic substance use. I am nearing completion of my Master’s degree while some of them are still trying to get their GED. On the surface I seem to be the opposite of these women. However, after speaking with these incredible women it became apparent to me that if any *one* of these things were different (for example, if I was sexually abused as a child) my life could have taken

a drastically different direction and I could have ended up being criminalized just as they are. They are not the Karla Homolkas the media depict. They are ordinary, everyday women who have been dealt a bad hand in life.

This has been a very labour intensive process as I have gone from start to finish in 10 weeks, while working full-time. I interviewed the women, transcribed the interviews and analyzed the interviews in a three week period. I have read more books and articles about criminalized women in the past 10 weeks than I have in my entire life. I even dream about federally sentenced women! While it is exhausting work, it is exhilarating work. Just by speaking with the women and showing them that someone cares enough about them to try to change their situation is reason enough for me to do this. In my role as a Research Analyst at the Crime Prevention Council, I have the capacity to move the findings of this research forward and to help formalize the support system in the Waterloo Region.

I have certainly become more passionate about working with federally sentenced women. Since my research began I have started volunteering in the prison once a week in order to bring some normalcy into these women's lives and to bring some reality into mine. As a citizen of the community in which this prison is located, I feel a moral obligation to support these women in any way I can as I have been afforded privileges in my life that they have not. A lot of the women thanked me for taking an interest in their lives and for trying to help their situations. I can't thank them enough for taking the time and finding the courage to speak with me about their extraordinary experiences.

Introduction

Women are the fastest growing segment of the prison population in Canada (Balfour & Comack, 2006; Canadian Association of Elizabeth Fry Societies, 2010a; Neve & Pate, 2005). While federally sentenced women represent less than five percent of the total federal population (Auditor General of Canada, 2003; Canadian Human Rights Commission, 2003; Correctional Service of Canada, 2006), rates of women federally incarcerated in Canada are increasing (Pollack, 2008). Between 1997 and 2006 there was a 22 percent increase in the population of women in federal prisons (Correctional Service of Canada, 2006). Furthermore, there has been a significant increase in the number of federally sentenced women identified as having a mental health issue at the time of intake with the proportion doubling since 1997, from 13 percent to 26 percent (Correctional Service of Canada, 2006). Compared to their male counterparts, women experience higher rates of mental illness, self-destructive behaviour such as cutting and suicide attempts (Canadian Human Rights Commission, 2004), which are often a means of coping with the distress caused by incarceration (Canadian Association of Elizabeth Fry Societies, 2010; Maidment, 2006). Furthermore, many women are survivors of childhood and adult abuse and the effects of that abuse often impacts their mental health.

One of the significant contributors to the increase in the criminalization of women is the neo-liberal ideology on which our society is governed. Neo-liberal ideology perpetuates a “survival of the fittest” mentality and blames individuals for their disadvantages throughout life (Maidment, 2006, p. 34). Neo-liberal governance has resulted in the retraction of the welfare state, thus increasing the criminalization of the

most marginalized members of our society (Neve & Pate, 2005). As Pollack and Kendall (2005) suggest:

Nikolas Rose argues that citizens within liberal democracies are largely governed through self-regulation rather than through force. He refers to this as responsabilization, a process through which citizens are encouraged to take responsibility for their choices and destinies and to govern themselves through shared moral norms and values (Rose 2000). Those who are thought to fail at self-regulation, such as criminal offenders, are prime targets for “such a re-moralization and responsabilization agenda”. (p. 72)

Furthermore, the evisceration of essential services such as healthcare, education and social services has created an environment that forces women into situations in which they are then criminalized. Many women are criminalized for “survival crimes” (Maidment, 2006, p. 39), such as fraud, as they have no other way of surviving in the neo-liberal society.

Prisons have now become the last resort for dealing with women with mental health problems (Maidment, 2006). Unlike psychiatric institutions, prisons cannot turn women away and they have now become the catchall for those individuals “who fall through the ever-widening gaps in our health care system” (Maidment, 2006, p. 88). Since women are more likely than men to experience mental health problems, the criminalization of mental illness has taken a significant toll on women. This criminalization of mental illness has been suggested to be due to the lack of community supports and services for people experiencing mental health concerns, which is a direct result of neo-liberal governance and the retraction of the welfare state. However, prisons

are institutions with security and punishment as their primary goals and are ill-equipped to provide support to women experiencing mental health problems (Maidment, 2006). Furthermore, the diagnosing of mental health problems may be used to deflect responsibility from structural entities, thus placing the responsibility and onus on the individual experiencing the issues while neglecting to take into consideration the wider context in which that individual lives (Pollack & Kendall, 2005).

Individuals with mental health issues who have been incarcerated and subsequently released to the community have received little attention, particularly in Canada. Women in the correctional system with mental health issues have received even less attention than males, presumably because of their small numbers. Consequently, there are few services or programs that are specifically tailored to the needs of women with mental health issues who have been in the correctional system. However, studies have shown that women are more likely to be reincarcerated when services are lacking in the community (Correctional Service of Canada, 1995). Community-based supports are a logical option for federally sentenced women with mental health issues as a very small fraction of federally sentenced women who reintegrate back into the community commit violent offences; therefore, they present a very low risk to the community (Pollack, 2008). The majority of women who are sent back to prison does not commit new offences but have violated the terms of their parole, usually related to drug and alcohol use. Furthermore, women in the federal system are considered to have high reintegration potential (Correctional Service of Canada, 2007a). However, it is women with mental health issues who often fall through the cracks of the correctional, mental health and social service systems upon release (Soderstrom, 2008).

Grand Valley Institution for Women (GVI) is one of Canada's six federal penitentiaries for females and is located in Kitchener, Ontario. It houses approximately 145 women and comprises minimum, medium and maximum security areas. It is estimated that 25 percent of female federal women have mental health issues at intake (Correctional Service of Canada, 2007b), which means that approximately 36 of the women at GVI have mental health issues. However, this is likely an underestimate of the true proportion of federally sentenced women with mental health issues for several reasons: a) they may hide their mental health problems due to stigma (Correctional Service of Canada, 2007b); b) they may not be identified at intake; and c) individuals may develop mental health problems throughout their incarceration.

In Canada, the majority of incarcerated individuals are eventually released into the community which is a significant transition for most people. It can be presumed that individuals with mental health issues may have a more difficult time transitioning into the community as they have more issues to contend with than those without mental health issues. Currently, there is no program in place at GVI that specifically supports women with mental health issues in their transition into the community after completing their sentence. However, a lack of support during the transition into the community creates a plethora of problems and often results individuals coming into contact with the criminal justice system again (Correctional Service of Canada, 1995). Due to the small proportion of the federal prison population women represent, the vast majority of studies to date have focused primarily on male offender populations (Koons, Burrow, Morash, & Bynum, 1997). However, research needs to be conducted to determine what specific needs federally sentenced women with mental health issues have in order to effectively

support these individuals in their transition back into the community. In fact, Correctional Service of Canada (CSC) has acknowledged that research in this area is vital. “Research dedicated to gaining a better understanding of women’s needs and effective interventions is important to the development of effective policies, programs and practices” (Correctional Service of Canada, 2006, p. 41). However, there appears to be a significant dearth of evidence available to guide the development of reintegration programs (Wilson & Draine, 2006).

Therefore, the objectives of the current thesis are to: (a) gain a deeper understanding of the pathways to criminalization for women with mental health issues, (b) determine the barriers federally sentenced women with mental health issues experience when transitioning into the community and (c) determine how the Waterloo Region can reduce these barriers in order to create a seamless support system for federally sentenced women with mental health issues transitioning into the community. In the following section, I review the literature with regards to the needs of federally sentenced women with mental health issues.

Literature Review

Context and Scope

Federal Correctional System

An overview of the correctional system in Canada is warranted in order to fully comprehend the magnitude of the problem. Canada’s correctional system is broken up into two distinct systems: the federal system and the provincial system. As the federal system is the focus of the current thesis, information about this system will be provided. The federal system is the responsibility of CSC and is reserved for those individuals who

have been sentenced to two or more years in prison. In Ontario, there are 12 federal institutions, 11 of which are for males (Correctional Service of Canada, 2008). The only female federal facility is located in Kitchener, Ontario, and is the facility on which the current thesis is focused. As of 2005/2006, the cost per year of incarcerating a woman at the federal level was \$170,684. The average cost of supervising a person on parole or statutory release was \$23,105 (Public Safety Canada, 2007).

Creating Choices: Report of the Task Force on Federally Sentenced Women

In 1989, a task force was appointed by the Solicitor General to examine the female federal prison system, specifically, the infamous Prison for Women (P4W). This was due, in part, to the dearth of research on women's imprisonment and to suggest alternatives to prison (Maidment, 2006). The Task Force was unusual in the sense that it included the voluntary sector and government members, as well as Aboriginal and minority group representatives as well as women who had been imprisoned (Hannah-Moffat & Shaw, 2000). Many of the members used a feminist perspective and emphasized the need for a "woman-centred" approach to the new facilities and programs.

The result of the Task Force's research was a plan entitled, *Creating Choices*, and the federal government announced that it would implement the Task Force's recommendations (Hannah-Moffatt & Shaw, 2000). The Task Force recommended that women's federal prisons be guided by the following five guiding principles: empowerment, meaningful and responsible choices, respect and dignity, supportive environment and shared responsibility (Task Force on Federally Sentenced Women, 1990). The overall statement of principle was "The Correctional Service of Canada with the support of communities, has the responsibility to create the **environment** that

empowers federally sentenced women to make meaningful and **responsible choices** in order that they may live with **dignity and respect**” (Task Force on Federally Sentenced Women, 1990, p. 54). The report recommended the closure of P4W and the construction of five regional facilities and an Aboriginal Healing Lodge. These facilities have been created and are Nova Institution for Women in Truro, Nova Scotia; Joliette Institution in Joliette, Quebec; Grand Valley Institution for Women in Kitchener, Ontario; Okimaw Ochi Healing Lodge in Maple Creek Saskatchewan; Edmonton Institution for Women in Edmonton, Alberta; and Fraser Valley Institution for Women in Abbotsford, British Columbia. The report also recommended that a parallel community release strategy be developed (Hannah-Moffat & Shaw, 2000).

Although the federal government accepted the recommendations and provided fifty million dollars for their implementation, the government did not agree with the implementation plan (Hannah-Moffat & Shaw, 2000). This led to the eventual withdrawal of support from the Canadian Association of Elizabeth Fry Societies (CAEFS). The government also failed to provide the funding for the community services that were recommended in the report. Several other changes to the original recommendations were made by the government which significantly altered the plan.

Profile of Federally Sentenced Women

Prevalence. There are approximately 900 federally sentenced women in Canada (Correctional Service of Canada, 2006) which accounts for less than five percent of the federal population (Auditor General of Canada, 2003; Canadian Human Rights Commission, 2003). Approximately 400 federally sentenced women are serving their sentence in a correctional facility and 500 are serving their sentence in the community.

While women represent a small proportion of the total inmate population, rates of women federally incarcerated in Canada are increasing (Pollack, 2008). For example, there was a 22 percent increase in the population of women in federal prisons between 1997 and 2006 (Correctional Service of Canada, 2006).

Demographics. The majority of federally sentenced women are in their twenties and thirties, with the average age being 37.7 years, which is significantly younger than the average age of adult women in the general population which is 48.1 years (Kong & AuCoin, 2008). Furthermore, the majority of women in the federal system are Caucasian. However, although Aboriginal females only account for three percent of the female population in Canada, they represent 29 percent of federally sentenced women (Correctional Service of Canada, 2006). Many women in the correctional system come from marginalized backgrounds that may include poverty, discrimination, abuse, and substance use issues (Canada Mortgage and Housing Corporation, 2005; Correctional Service of Canada, 2002). Approximately two-thirds of women in the federal system have children and are more likely than males to have primary childcare responsibilities. Approximately half of the women in the federal system are single (47%) and one-third are married or living in a common-law relationship (35%) (Kong & AuCoin, 2008).

Criminal justice involvement. The majority of federally sentenced women are serving a sentence of less than four years in length (51%) with 18 percent serving a life sentence (Correctional Service of Canada, 2006). Thirty-four percent of federally sentenced women are classified as minimum security, 45 percent medium security, ten percent maximum security and eleven percent are unclassified. As of 2006, just over half of federally sentenced women were serving a sentence for a violent offence and one-

quarter were in for drug offences (Kong & AuCoin, 2008). In 2001, 82 percent of women in the federal system were incarcerated for their first federal offence (Canadian Human Rights Commission, 2003). The recidivism rate for federally sentenced women is approximately 21 percent with only one to two percent returning to prison for the commission of a new crime (Canadian Association of Elizabeth Fry Societies, 2009a).

Mental health issues/trauma. As previously mentioned, approximately 25 percent of federally sentenced women are identified with mental health issues at intake (Correctional Service of Canada, 2007b). However, diagnoses of psychiatric disorders need to be interpreted with caution as the medical model tends to decontextualize women's actions and focuses on deficits while allowing social structures to escape scrutiny (Pollack, 2004). A large proportion of federally sentenced women has experienced child sexual and/or physical abuse and has been involved in abusive relationships as adults. The resulting psychological effects of trauma such as self-injury, depression and suicidal ideation are ways that women deal with such traumatic events. These coping mechanisms for dealing with such traumas are often seen as a symptom of a pathology rather than as a way of coping with feelings of powerlessness (Pollack, 2004). In many cases, women harm themselves as a way of dealing with the distress and absolute powerlessness caused by incarceration (Canadian Association of Elizabeth Fry Societies, 2010b; Maidment, 2006).

Pathways to Criminalization and Barriers to Reintegration

In order to fully understand the complex social factors that bring women into contact with the criminal justice system it is imperative that an analysis of the oppression women face in various aspects of their lives is undertaken (Pollack, 2004). Oppression

exists at the personal, interpersonal and systemic levels, which ultimately restricts choices for women. As such, federally sentenced women face a multitude of barriers when they are released from custody. They are likely to suffer from structural inequalities and be poor, unemployed, homeless, suffer from ill health and to have been excluded from school (Dominelli, 2004). Women involved in the correctional system are more likely than men to have a broad range of service needs and are less likely than men to have these needs met (The National GAINS Center, 1999). The majority of federally sentenced women have children and they are likely the primary caretaker of these children (Balfour & Comack, 2006). Furthermore, federally sentenced women are generally underemployed, undereducated and experience significant poverty (Balfour & Comack, 2006; Bloom, Owen & Covington, 2004). Federally sentenced women also face circumstances that tend to be specific to their gender such as sexual abuse, sexual assault and domestic violence (Bloom, Owen & Covington, 2004). Numerous barriers exist for federally sentenced women with mental health issues as they try to renegotiate their way back into the community. This next section describes some of the pathways to criminalization, as well as the barriers they experience when transitioning into the community following federal incarceration.

Poverty and Housing Issues

Many women in the federal correctional system come from disadvantaged backgrounds of poverty (Balfour & Comack, 2006; Canadian Association of Elizabeth Fry Societies, 2010c; Canada Mortgage and Housing Corporation, 2005; Correctional Service of Canada, 2002; Maidment, 2006). Consequently, when they are released the largest problem they face is poverty and inadequate access to resources. Individuals

living in poverty are often marginalized and deprived of opportunities to participate meaningfully in society (Prilleltensky, 2003). Poverty is associated with powerlessness, limitations and restricted opportunities in life, physical weakness, shame and feelings of inferiority, and gender and age discrimination. Individuals with mental health issues are often powerless in overcoming the barriers associated with poverty as individuals with disabilities are discriminated against in our society at the policy level as well as the relational level, which results in chronic poverty for the majority of these individuals. Furthermore, women with mental health issues and criminal justice involvement encounter significant barriers to overcoming poverty as they possess three characteristics that are highly stigmatized in our society (i.e., being a woman, having a criminal record and experiencing a mental health issue). Consequently, many women are forced to rely on social assistance although this form of income does not provide enough money to live above the poverty line.

While incarcerated, women will likely lose their source of income whether it is a job, Ontario Works (OW), Ontario Disability Support Program (ODSP) or other sources. Although individuals incarcerated at the federal level receive income during their incarceration, it is not a substantial sum. Federal prisoners can receive up to \$6.90 per day if they participate in the programs according to their correctional plan and as little as \$1.00 per day if they do not (Correctional Service Canada, 2004). Consequently, women are often released from prison with little or no money. This creates a plethora of problems, the most important of which is a lack of housing options.

Due to their limited resources women released from custody are often limited to housing options such as shelters, halfway houses and subsidized housing (Canada

Mortgage and Housing Corporation, 2007). These types of housing options are often located in low-income areas in which substance abuse, prostitution, violence and other social problems are prevalent (Arai, Pedlar, & Shaw, 2006; Pollack, 2008). Individuals who live in disadvantaged neighbourhoods are at an increased risk of criminal justice involvement as they are surrounded by individuals who experience the same social and structural challenges (Fisher, Wolff, & Roy-Bujnowski, 2003). It has been suggested that individuals who experience housing instability are more likely to come into contact with police and be charged with an offence (Roman, McBride, & Osborne, 2005). A study conducted for CSC regarding women's perceptions of challenges in reintegrating back into the community found that the women reported that living in halfway houses was the most difficult challenge to overcome (Gobeil, 2008). The women reported that substance use was prevalent and that the halfway houses were geographically distant from their families and social supports.

Women in the correctional system typically lack money, family support, life skills and identification papers and suffer acute and chronic mental health problems as well as addiction when leaving prison (Canada Mortgage and Housing Corporation, 2005). Furthermore, a significant proportion of women in the federal system also have primary childcare responsibilities. These factors, along with having criminal records, accentuates the difficulties women leaving prison will have in securing and maintaining housing (Hartwell, 2001). Post-release accommodation for federally sentenced women must accept children (Correctional Service of Canada, 2002), which is a significant barrier for women reintegrating back into the community.

Another significant issue faced by women leaving the federal system is homelessness. Access to safe residential services represents a significant challenge for individuals with mental health issues who have criminal justice involvement (Weisman et al., 2004). As mentioned above, women may not have adequate financial resources to secure safe housing and therefore run the risk of becoming homeless. Furthermore, individuals may have lost their housing during their incarceration (Canada Mortgage and Housing Corporation, 2007). It is estimated that 30 to 40 percent of incarcerated individuals will have no homes to go to upon release (Canada Mortgage and Housing Corporation, 2007; Hartwell, 2003). Many criminalized women possess characteristics that are discriminated against in our society, such as lack of stable employment, lack of education, substance use issues, mental health issues and a criminal record, which makes obtaining housing difficult. When women are released with few outside supports and do not have access to proper transition planning, they run the risk of being released to a situation of homelessness, which increases their risk of reincarceration (Canada Mortgage and Housing Corporation, 2007). While individuals who are homeless rely on shelters, the usage of shelters post-release has been shown to increase the risk of reincarceration (Roman et al., 2005). Consequently, homelessness perpetuates the cycle of criminal justice involvement as it increases the risk of being re-arrested and being incarcerated increases the risk of being homeless upon release. Therefore, a logical solution would be to ensure that women being released from prison have “safe, private and stable transitional housing” (Canada Mortgage and Housing Corporation, 2005, p. 3) upon reentering the community.

However, affordable housing in Canada is virtually unavailable as the cancellation of federal funding for social housing in 1993 reduced the number of affordable housing units from 20,000 per year to a dismal 1,000 per year (Wellesley Institute, 2008). This reduction in social housing is directly attributable to neo-liberal ideology and the retraction of the welfare state. The government no longer felt that it should provide affordable housing to the most marginalized and vulnerable people in our society, which ultimately has led to the criminalization of these people. Canada is the only major country in the world without a national housing strategy. Even the United Nations' Special Rapporteur on the Right to Adequate Housing is concerned about Canada's current housing situation.

Everywhere that I visited in Canada, I met people who are homeless and living in inadequate and insecure housing conditions. On this mission I heard of hundreds of people who have died, as a direct result of Canada's nation-wide housing crisis...Everything that I witnessed on this mission confirms the deep and devastating impact of this national crisis on the lives of women, youth, children and men. (Wellesley Institute, 2008, p. 5)

This speaks to the atrocious situation in Canada in terms of affordable housing. Individuals living in poverty have very limited access to safe, affordable housing and, as such, are forced to live in inadequate and unsafe housing units. In order for federally sentenced women to safe and successfully transition into the community, safe and affordable housing needs to be made available to them.

Substance Use Issues

A large proportion of federally sentenced women struggle with problematic substance use issues (Maidment, 2006). A local study that involved interviews with 68 women who had served federal sentences concluded that 97 percent of study participants reported that they had struggled with drug/alcohol problems for many years (Pollack, 2008). The women reported that they faced many barriers when trying to access addictions services in the community such as lack of treatment facilities in rural areas, expensive fees, waiting lists for publicly funded treatment and lack of culturally appropriate and/or gender specific treatment options. This speaks to the need for more accessible and appropriate community-based treatment options for women so that they can address their addictions issues which, in turn, could possibly decrease their chances of coming into contact with the criminal justice system.

Furthermore, it has been reported that drugs and/or alcohol dependencies are a key factor involved in women's offending (Maidment, 2006). Often, women's crimes are a means to obtaining drugs or drug money or the crimes are committed while under the influence of drugs and/or alcohol. Women may begin using drugs and/or alcohol to cope with the realities of being poor and to help cope with the pains of past abuse (Maidment, 2006). Significant proportions of women in the federal system have histories of childhood abuse and have experienced violence in their intimate relationships. Substance use studies have indicated that trauma, particularly physical and sexual abuse, is closely associated with substance use problems in women (Bloom, Owen, & Covington, 2005). Women may attempt to quell the symptoms associated with their experiences of trauma and victimization. However, women with mental health issues who have substance use

issues are at an increased risk of becoming involved in the criminal justice system (Osher & Steadman, 2007). It has been suggested that there is a lack of addictions supports in the community which likely contributes to women's criminalization. This lack of support might result in women violating the terms of their parole regarding substance use (Pollack, 2008). Parole stipulations related to alcohol and drug use are based on a zero tolerance policy which forces parole officers to revoke a woman's parole if she has used drugs or alcohol in any quantity. If appropriate and accessible treatment and support is not available and parole officers are required to revoke women's parole, it is impossible for women to deal with their substance use problems. Therefore, community-based supports that are accessible and appropriate for women, as well as a harm reduction approach to alcohol and drug use while women are on parole, are needed to address substance use issues in order to help women remain in the community and to enhance their well-being.

Mental Health Services

In Canada, the majority of individuals sentenced to federal custody are eventually released into the community. A lack of community-based support for individuals with mental health issues can result in an increased incidence of psychiatric symptoms, hospitalization, relapse into substance use, suicide, homelessness and reincarceration (Osher et al, 2002). CSC has stated in its *Mental Health Strategy for Women in the Correctional System* that its goal is "to develop and maintain a coordinated continuum of care that addresses the varied mental health needs of women in the correctional system in order to maximize well-being and to promote effective reintegration" (Correctional Service of Canada, 2002, p. 23). However, persons leaving correctional facilities often

experience difficulties connecting with psychiatric and related services in the community (Weisman et al., 2004).

Furthermore, the programming that is available often individualizes women's problems, thus ignoring the systemic and interpersonal factors such as poverty, racism and sexual violence (Pollack, 2004). In order to effectively meet the needs of these women, the wider social context must be taken into consideration. Behaviours women exhibit to cope with past trauma and abuse are often labeled as symptoms of psychiatric disorders and are treated as a medical issue rather than addressing the root causes of the behaviours. Furthermore, women's attempts to overcome poverty often put them at risk for criminalization and psychiatrization (Balfour & Comack, 2006). While psychiatric medications and treatment are necessary and useful in some instances, each person's unique circumstances and life histories need to be taken into consideration when providing mental health services. Mental health services can contribute to oppression experienced by criminalized women as they are often professionally-driven and "blame the victim" by pathologizing women and decontextualizing their experiences. The majority of mental health services create an unequal power dynamic between the service provider and the person receiving services by seeing the service provider as the "expert" and the woman as the "client". Mental health services also tend to be deficit-based and focus on what women lack rather than acknowledging their unique strengths and abilities (Pollack, 2004). Therefore, mental health services need to be shifted from an expert-driven process to one that is more inclusive of women's experiences and that incorporates recognition and resistance to oppression (Pollack, 2004).

Trauma Counselling

Research suggests that 90 percent of Aboriginal federally sentenced women and 80 percent of the remaining federally sentenced women are survivors of sexual and/or physical abuse (Correctional Service of Canada, 1995). Federally sentenced women have high rates of childhood sexual abuse, commonly incestuous, violent, extended over a long period of time and with multiple perpetrators (Canadian Association of Elizabeth Fry Societies, 2010d). These experiences are extremely traumatic for women and have been linked to mental health problems, substance use problems and criminal involvement. Community-based supports should include trauma counselling, either individual or group, for women who have been abused as children and adults in order to enhance their well-being and ultimately decrease their chances of winding up in the criminal justice system. These supports should not be affiliated with CSC as women have indicated that they do not feel they can be honest and open with CSC staff (Pollack, 2008). Woman-centred therapy which is based upon the principles of power sharing, connecting women's marginalization to their criminalization and fostering autonomy and respect have been found to be the most beneficial models. Counsellors should appreciate and acknowledge women's experiences in terms of power and control issues and should be delivered with respect and collaboration (Pollack, 2008).

Education and Employment

The educational status of women in the federal system has been found to be low, with approximately 50 percent having less than a grade 10 education; whereas this is the case for only 19 percent of adults in the general population (Blanchette, 2002). Similarly, 80 percent of women in the federal system are unemployed at the time of their admission

to a correctional facility, whereas only 10 percent of adults in the general population are unemployed. As many women live in poverty, they have restricted access to educational and job skills training. A significant number of women have limited employment skills and sporadic work histories (Bloom, Owen & Covington, 2004). Without job skills women are unable to compete in the labour market and are forced to either work in low wage jobs or receive social assistance, neither of which provides enough to rise out of poverty. Job skills training that will allow women to compete in the labour force should be made available to women who live in poverty. This will allow them to have more access to living wage jobs and have more access to resources. Furthermore, having a criminal record poses a significant barrier to obtaining employment when released from prison (Bloom, Owen & Covington, 2004). Consequently, community and institutional support should address the issue of education and employment related skills by providing the opportunities for women to have access to education and training that will enable them to compete in the job market. Employers should also shift their policies to allow women with criminal records to work for them.

Childcare/Parenting

When women are incarcerated, their children experience negative consequences as well (Dauvergne-Latimer, 1995). It is estimated that two-thirds of federally sentenced women are mothers, the majority of whom are sole-supporting parents (Balfour & Comack, 2006; Canadian Association of Elizabeth Fry Societies, 2010a). Programs designed to meet the needs of the mother and the psychosocial, emotional and developmental needs of her children are necessary to break the intergenerational cycle of poverty, despair and criminal justice involvement (Gillece, 2002).

A concern federally sentenced women have when trying to reintegrate back into the community is access to childcare for their dependent children while they are pursuing employment and/or an education (The National GAINS Center, 1999). Parole officers and other community supports should assist women in the correctional system with accessing affordable childcare so that they are free to seek employment and an education in order to enhance her and her children's well-being. Finally, reuniting with their children and taking on the primary childcare responsibilities after being incarcerated for a length of time is understandably stressful and even overwhelming for some women. Therefore, assistance in reuniting with children may be needed in order to decrease the stress associated with such a responsibility.

Peer Support

Research has indicated that peer support is a very important aspect in federally sentenced women's lives (Pollack, 2008). Women found that receiving support from someone who had been in a similar situation and had similar experiences was very beneficial as they found it inspirational. Furthermore, women are more able to open-up and trust their peers than staff at CSC. While federally sentenced women are able to connect and receive supports from their peers while incarcerated, parole stipulations once released often state that women cannot associate with people who have criminal records (Pollack, 2009). Therefore, women are no longer allowed to receive support from women they built relationships with in prison once they are released. Often, federally sentenced women do not have many contacts other than workers from CSC. Thus, support from peers with whom women are similar to and familiar with would presumably enhance their quality of life and make the transition into the community easier. For example,

women who have been released from federal custody could help women navigate the system once they are released to the community to ensure that she is connected to the proper resources. However, until correctional policies are changed to allow women to receive and provide support to other women with criminal justice involvement, this will not be possible.

Family Support

Individuals who have been incarcerated for a significant length of time are separated from their family. Many federal women are sentenced to a prison that is far away from their home community as there are only six federal penitentiaries across Canada. Women who may have had contact with their family prior to being incarcerated are unable to maintain this relationship while in prison. Positive social support is associated with a higher quality of life after release from prison (Jacoby & Kozie-Peak, 1997). However, approximately one-third of women in the federal system experience significant familial disruption (Blanchette, 2002). Women who have been incarcerated and had a successful transition into the community have reported that positive family supports were the most important type of support in the community (Correctional Service of Canada, 1995; Gobeil, 2008; Maidment, 2006; Pedlar, Arai, Yuen & Fortune, 2008). Re-establishing contacts with family may provide women with the necessary ongoing support to live successfully in the community (Correctional Service of Canada, 2002). Therefore, family issues are an important area of focus for enhancing the reintegration of women in the federal system back into the community. Reconnecting with family members after being released from prison is an important aspect of the reintegration process (Lamb & Weinberger, 1998).

Stigma

Stigma is a very real and very negative reality for individuals with mental health issues who have criminal justice involvement. Individuals with mental health issues suffer from stigma related to their mental illness; however, this group is also stigmatized for its criminal involvement (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005) which has been termed “double stigma” (Roskes, Feldman, Arrington, & Leisher, 1999). Furthermore, I argue that federally sentenced women with mental health issues have three characteristics that are stigmatized: being a woman, having mental health issues and having a criminal record. Women who have successfully reintegrated back into the community after serving a federal sentence have reported that they have experienced considerable stigma as it relates to obtaining employment and housing (Gobeil, 2008). As a result of this stigma these individuals face a multitude of barriers when trying to transition back into the community. For example, housing programs are often hesitant to accept individuals with mental health issues and criminal histories (Lamb, Weinberger, & Gross, 1999; Lamberti, Weisman, & Faden, 2004; Weisman et al., 2004); mental health agencies may be reluctant to accept them into their programs as they are seen as “problem patients” or “treatment resistant” (Lamb et al., 1999; Weisman et al., 2004); and landlords may chose not to rent to these individuals (Canada Mortgage and Housing Corporation, 2007).

This stigma may be due to superstition, lack of knowledge and empathy, old belief systems and a tendency to fear and exclude those who are perceived to be different (Health Canada, 2002). Furthermore, crimes committed by individuals with mental illness perpetuate the inaccurate belief that all individuals with mental health issues are

dangerous (Hodgins et al., 2007). As a consequence of this stigma, the public is afraid to have programs in their neighbourhoods and politicians are reluctant to fund community-based programs for this group as they believe public safety is best kept if these individuals are locked up in a hospital or custody (Hodgins et al., 2007). Stigma is deeply rooted and difficult to overcome; however, through public awareness and education it can be reduced so that these individuals may live comfortably and receive services in the community in which they live.

Systems Collaboration

One of the biggest barriers to accessible community-based support is the mutual distrust between the mental health and criminal justice systems (Roskes & Feldman, 1999). These barriers can arise from different philosophies, structures and functions. Each system has different social roles with the mental health system promoting health and the criminal justice system promoting public safety and justice (Lamberti & Weisman, 2004). Further barriers that can impede the effective support of this group are issues related to confidentiality, delayed information exchange, lack of cross-training of front line workers and differing attitudes about how to effectively support these individuals (Weisman et al., 2004). Successful collaboration between systems requires open and honest communication. Each system needs to be cognizant of the other's perspective and accept that they are both working towards the same overarching goal (Lamb et al., 1999). Furthermore, collaboration is presumably difficult between the correctional system and the mental health system in Canada as CSC is under federal jurisdiction while the mental health system is the responsibility of the provinces and territories. Community-based organizations need to create linkages with other services in

order to effectively support women transitioning into the community (Richie, 2001). Therefore, community-based supports that consist of cross-system collaboration are necessary in order to provide a seamless service to this group to reduce recidivism and increase well-being.

Gender-Responsive Approaches

In order to effectively address the needs of federally sentenced women in their transition into the community it is imperative that social (e.g., poverty, race, class and gender inequality) and cultural factors be taken into consideration (Bloom, Owen & Covington, 2005). Being gender-responsive “means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s lives and addresses the issues of the participants” (Bloom, Owen & Covington, 2005, p.11). For example, women have indicated that it is essential that their gender-specific needs, such as child care and protection from sexual harassment, are addressed in order for them to enter and complete substance use treatment (Richie, 2001). These approaches are multidimensional and acknowledge women’s pathways into the criminal justice system. For women, the most common pathways into the criminal justice system are based on survival of abuse, poverty and substance use issues (Bloom et al., 2005).

However, despite well-intentioned feminist efforts, gender-responsive policies within the correctional system actually perpetuate and legitimate the logics of imprisonment (Pollack, 2007). For example, psychiatry, psychology and psychotherapy within the prison system have been used to further control and govern women in prison and ultimately responsabilize them for their marginalization and disadvantage. It has been

well established that the majority of women in prison are survivors of trauma and abuse such as childhood sexual and physical abuse and have experienced violence in their relationships as adults. However, while the correctional system recognizes and acknowledges this fact, its response to helping women deal with past traumas is individualizing and pathologizing as it focuses on self-esteem and psychological treatment needs rather than changing the foundations of penal theory and practice that perpetuates the social exclusion these women experience (Pollack, 2007). Similarly, Shaylor (2009) suggests that the penal system has interpreted gender-responsive approaches to be the rehabilitation of the prisoners:

What is known in criminology as gender responsive justice depends on a belief in rehabilitation – a concept introduced in the penal system itself at its origin to replace corporal punishment – and resting on the idea that there is something fundamentally wrong with people in prison that needs to be fixed and the imprisonment can serve that function. (p. 149)

In order for the prison system to effectively implement gender-responsive approaches and strategies, an overhaul of the entire theory and practice of the penal system is necessary. Some would even argue that gender-responsive approaches are incompatible with the correctional system as it is a system based on punishment and control, in which makes it impossible to incorporate gender-responsive approaches. However, more appropriate approaches to supporting criminalized women that acknowledge the realities of the women's lives and recognize the oppression and marginalization these women experience are needed.

Theoretical Framework

This thesis uses an anti-oppressive framework. This framework emphasizes issues of power and oppression within the lives of individuals who have been marginalized and oppressed (Pollack, 2004). Anti-oppressive theory views people's experiences within the wider social context of their lives. Furthermore, this theory attempts to change structural, institutional arrangements, social processes and social practices that work together to oppress subordinate groups (Mullaly, 2002). This framework is based on the assumption that issues such as homelessness, hunger, domestic violence and crime are inter-related symptoms of the same underlying causes (i.e., domination, exploitation, oppression and injustice) (Mullaly, 2002). It seeks to address these root causes by transforming the system rather than merely attempting to ameliorate the problems experienced by individual women.

Federally sentenced women with mental health issues come from marginalized backgrounds of poverty, abuse and discrimination (Canada Mortgage and Housing Corporation, 2005; Correctional Service of Canada, 2002) and their coping strategies for dealing with these disadvantages are often pathologized and decontextualized (Pollack, 2004). This project seeks to shed light on the issue of women's criminalization by giving federally sentenced women a voice to tell their stories as well as by bringing key stakeholders together to determine how, as a community, we can work together to enhance federally sentenced women's quality of life and decrease their chances of being sent back to prison. While it is understood that structural transformation cannot occur overnight, this study seeks to act as an catalyst of the transformation process by challenging the way service providers deliver their services, challenging them to work

together rather than in service silos and encouraging agency policy changes that currently oppress these women.

Current Research

The Waterloo Region, which is the region in which GVI is housed, recognizes that women with mental health issues who have been incarcerated need support during their transition back into the community. However, there is currently little support offered to women with mental health issues transitioning to the community. This presumably makes the transition back to community life a very stressful and difficult time for most people and is a considerable service gap that needs to be addressed. To my knowledge, no study has been conducted to determine how the Waterloo Region can reduce barriers experienced by federally sentenced women with mental health issues in order to create a seamless support system when they transition into the community. Consequently, the research questions are:

1. What are the pathways to criminalization for women with mental health issues who are currently or have previously been federally incarcerated?
2. What barriers do women with mental health issues experience when transitioning to the community from custody?
3. How can the Waterloo Region reduce these barriers in order to create a seamless support system for federally sentenced women with mental health issues transitioning into the community?

Methodology

Overview of Research Approach

In Table 1, I present an overview of the research questions and the methods that were used to answer those questions. Before describing the specific research methods that were used, I provide background on the two research traditions on which this research is based: (a) qualitative methods, and (b) action research.

Table 1

Research Questions and Corresponding Research Methods

Research Questions	Research Methods
1. What are the pathways to criminalization for women with mental health issues who are currently or have previously been federally incarcerated?	Interviews with women who are currently incarcerated at GVI Interviews with women who have been federally incarcerated and are now in the community
2. What barriers do federally sentenced women with mental health issues experience when transitioning to the community from custody?	Interviews with women who are currently incarcerated at GVI Interviews with women who have been federally incarcerated and are now in the community Interviews with service providers
3. How can the Waterloo Region reduce these barriers in order to create a seamless support system for federally sentenced women with mental health issues transitioning into the community?	Small group discussions at the community forum Interviews with women who are currently incarcerated at GVI Interviews with women who have been federally incarcerated and are now in the community Interviews with service providers

Qualitative methods. Qualitative research methods were used for all participant groups. As Denzin and Lincoln (2005) suggest,

Qualitative research is a situated activity that locates the observer in the world...

At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of meanings people bring to them. (p. 3)

This study employed two separate qualitative methods for collecting data: individual interviews and small group discussions. Interviews were conducted with women currently incarcerated in GVI and with women who have been previously incarcerated and are now in the community. I chose to conduct the interviews with women in the community wherever they wanted, such as their house or coffee shop in order to create an environment that was as comfortable for the woman as possible. By interviewing women in their homes and city of residence I strove to “study things in their natural settings” (Denzin & Lincoln, 2005, p. 3). Similarly, I interviewed women incarcerated at GVI at the institution. While being imprisoned is not a natural situation, it was the reality of the women’s experiences at the time. Small group discussions took place at a community forum on this topic and were recorded on chart paper. The chart paper recordings were analyzed to answer the question regarding how the Waterloo Region can reduce the barriers these women face in order to create a seamless support system for these women. Lastly, I interviewed individuals who work with federally sentenced women, either at GVI or in the community. I interviewed most service

providers at their place of work with a couple interviews being conducted at a coffee shop.

Action research. Action research is based on the assumption that the recording of events and formulation of explanations by uninvolved researchers is inadequate (Stringer, 1999). Its purpose is to assist people in understanding their situation and thus resolving the problems that confront them. As Stringer explains, “community-based action research provides a model for enacting local, action-oriented approaches to inquiry, applying small-scale theorizing to specific problems in specific situation” (p. 10). The situation in the Waterloo Region is very unique in that it houses one of the six federal penitentiaries for women in Canada. Thus, service providers across various sectors in the Region are faced with the unique challenge of trying to support women with mental health issues transition from GVI into the community.

As one service sector cannot effectively meet the unique needs of these women, a coordinated and collaborative effort is necessary. Therefore, one of the goals of this study is to engage all relevant stakeholders in order to develop a coordinated and seamless system. Service providers from various sectors were involved in the problem-solving process of determining how to create a seamless support system. Further, forum participants were challenged to rethink the way they provide services for these women and to consider policy changes within their agencies. This process, in and of itself, has led to a more collaborative approach to supporting women leaving GVI by connecting agencies and individuals who have not had previously the opportunity to collaborate. Further, the results of this study will be made available to all individuals who participate in order to encourage the implementation of strategies and approaches discussed. This

study seeks to act as an initiator of multi-sector collaboration in the Waterloo Region in order to create a coordinated and seamless support system for women with mental health issues leaving GVI.

Furthermore, in my role as a Research Analyst at the Waterloo Region Crime Prevention Council I have the capacity to put forward the recommendations from this study to relevant stakeholders, such as the Warden of GVI and community agencies that work with criminalized women. All of the recommendations from this study will be presented to the Waterloo Region Crime Prevention Council at one of their upcoming monthly meetings in order to elicit support and action for the recommendations. This is presumably different from most Master's theses as this project will not be completed the day that I defend and will go further than the Wilfrid Laurier University library. A lot of research is conducted for the "sake of conducting research" to which I am adamantly opposed. I chose to conduct a study that strives to have real impacts on the lives of the individuals who participate in the research and this should be possible due to my role at the Crime Prevention Council. If even one recommendation is implemented because of this study then I will have succeeded in my goal of having real impact on the women involved.

Sampling Strategy

Three different groups of individuals participated in this study: (a) women with mental health issues who have been or are currently incarcerated at Grand Valley Institution for Women, (b) service providers, policy-makers, academics, community citizens and government officials who participated in a community forum and (c)

individuals who work with federally sentenced women, either in GVI or in the community.

Women with mental health issues. Women (18 years of age or older) with mental health issues who are currently incarcerated at GVI were recruited through the use of recruitment posters that were put up at GVI (see Appendix A for recruitment poster). The Chaplain at GVI was made aware of the study and was able to inform the women in the prison. Individuals were asked to self-identify as having a mental health issue such as schizophrenia, major depression, bipolar disorder, anxiety disorder and/or post-traumatic stress disorder. If a woman was interested in participating she told the Chaplain who contacted me via email to set up an interview time. I went to GVI to conduct the interviews, and all of the interviews were digitally recorded with the participants' permission. This sample is a convenience sample as I did not receive permission to conduct research in GVI from CSC until the beginning of June 2010. Also, the original submission to CSC requested permission to conduct a focus group with women in GVI; however, CSC determined that individual interviews would be more appropriate "for the safety and security of the institution". Due to the timing of the approval I asked the Chaplain if she would help me to recruit women for the study. The Chaplain made an announcement at a church service at GVI and asked women to tell her if they were interested in participating.

As well, women with mental health issues (18 years of age or older) who have been incarcerated at GVI but now live in the community were recruited through the Chaplain. Initial attempts to recruit women in the community who were not on parole (as I did not receive CSC approval for those on parole until June 2010) were unsuccessful.

However, once interviews with people who work with federally sentenced women commenced, opportunities arose for recruiting women in the community. Also, once permission was granted from CSC to speak with women on parole, recruitment was easier. The Chaplain posted the recruitment letter on her Facebook page in addition to sending out a mass email to all of the women she has contact with who used to be imprisoned in GVI (see Appendix B for recruitment letter). If a woman agreed to participate in the study, she contacted me via email or phone to set up an interview time. Interviews were conducted wherever the woman felt most comfortable and was most convenient. Interviews took place in coffee shops, the woman's home and in my car, in several different cities around Southwestern Ontario. All interviews were digitally recorded with the participants' permission. All together, 12 women participated in the study, six from GVI and six from the community.

Participants at the forum. Approximately 100 individuals from community agencies spanning numerous sectors, policy-makers, government officials, community citizens and volunteers participated in the study via a community forum (see Appendix C for recruitment poster). Three women who were incarcerated in GVI at the time of the forum attended on escorted temporary absences. One woman participated in a panel discussion on her experiences transitioning from federal custody to the community. The community forum took place on Thursday, February 11, 2010 and was entitled, "The safe and successful reintegration of federally sentenced women with mental health issues into the community". The forum was hosted by the Canadian Mental Health Association Grand River Branch (CMHAGRB), Waterloo Region Crime Prevention Council (WRCPC), GVI and the Waterloo-Wellington Human Service and Justice Coordinating

Committee. I was one of the lead organizers of the forum through my work as a Research Analyst at the WRCPC. The forum was comprised of presentations from staff of CSC, staff from community agencies and a woman with mental health issues who was incarcerated at the time in the morning with discussions taking place in the afternoon. The forum was the result of a successful application to CSC for funds to hold the forum. We also received funding from the Waterloo-Wellington Human Service and Justice Coordinating Committee. The forum was facilitated by staff from the Centre for Community-Based Research (CCBR) and the questions focused on how the Waterloo Region can create a seamless and coordinated system for federally sentenced women with mental health issues transitioning into the community.

Individuals who work with federally sentenced women. This participant group was not included in the original proposal for this research. They were added as permission to conduct research with women in GVI and on parole in the community was not received from CSC until June 2010. As this is a Master's research project and thus, time sensitive, it was decided to conduct interviews with people who work with federally sentenced women as it was deemed to be the next best thing to speaking with the women directly. Purposive sampling was conducted in order to obtain a sample of individuals who represent the various sectors federally sentenced women come into contact with. An email explaining the purpose of the research, the participants and the level of involvement requested from them was sent to several individuals. I also obtained participants using the snowball technique in that interviewees provided me with the names of individuals they believed would make a significant contribution to the research. Eleven interviews were conducted, 10 in person and one on the phone. Due to a

scheduling conflict, one participant answered the interview questions independently and sent them to me electronically. A total of 16 individuals participated in the interviews as four of the interviews had two service providers take part, one was a phone interview and one was completed electronically. The interviews ranged from 30 minutes to 90 minutes and all interviews were digitally recorded with permission of the participant, including the phone interview. The interviews focused on what barriers they believe women with mental health issues leaving GVI experience as well as how the system can be changed to create a more seamless support system

Procedures

Individual interviews with women with mental health issues. A semi-structured interview guide was used for the interview with women in GVI (see Appendix D for interview guide), as well as with women who have been previously incarcerated but are now in the community (see Appendix E for interview guide). A written consent form was provided to each participant (see Appendices F and G for consent forms). The individual interviews focused on the experiences of these women in order to gain a deeper understanding of their lives prior to incarceration, the barriers they are or will face with when transitioning into the community from custody and what they believe would help them remain in the community following release. Individual interviews with women in GVI and the community took between 30 and 90 minutes. A demographic questionnaire was also completed by each participant (see Appendix H for demographic questionnaire).

Small group discussions. Data were collected during the community forum on the reintegration of federally sentenced women with mental health issues back into the community. Information letters explaining the research and a passive consent form were

provided to all participants in their forum package (see Appendix I). The research was also announced by the facilitator from CCBR. Small group discussions took place and conversations were recorded on chart paper. The discussions were focused on how the Waterloo Region can reduce barriers in order to create a seamless support system for federally sentenced women with mental health issues transitioning into the community (see Appendix J). The chart paper recordings were analyzed to answer this question. Data obtained from this forum was also used in a report to CSC as a funding requirement.

Interviews with individuals who work with federally sentenced women. A semi-structured interview guide was used to conduct interviews with individuals who work with federally sentenced women (see Appendix K). Written consent statements were provided to each participant (see Appendix L). The questions focused on what barriers they believe federally sentenced women with mental health issues experience when transitioning from GVI to the community as well as how the system can be improved in order to create a more seamless support system.

Participants

Women in GVI and the community. Twelve women in total participated in the research with six in GVI and six in the community. All of the women in GVI self-identified as having been diagnosed with a mental illness and three women in the community identified as such. The three women in the community who did not identify as having a mental health issue wanted to participate as they believed they have insight into the lives of women with mental health issues. The average age of the women was 41 years. Nine of the 12 women have children, seven of whom had a least one child under the age of 18 years at the time of the interview. Eleven of the women had only received

one federal sentence and one had received three federal sentences. For six of the women, this was the first time they had been imprisoned at the federal or provincial level. Five women were convicted of a violent crime, four with a drug offence, four with a property offence. One woman was convicted of both drug and property offences which is why the total does not add up to 12. Eight women identified as White, two as White and Aboriginal, one as Italian and one as “other”. Two women were sentenced to life, nine had sentences from two to five years and one woman had a sentence of six years. Table 2 provides an overview of demographic information for the women in GVI and the community.

Table 2

Demographic Information for Women in GVI and Community

Pseudonym	Age	Children	Mental health issues	Ethno-racial background	Offence type	Community or GVI	Times received federal sentence
Carol	47	No	No	White	Violent	Community	1
Carrie	47	No	Yes	White	Drug	Community	1
Tabitha	42	No	Yes	White	Violent	Community	1
Dewey	49	Yes	No	Other	Violent	Community	1
Diana	38	Yes	Yes	Italian	Drug	Community	1
Star	50	Yes	Yes	White and Aboriginal	Violent	GVI	1
Missie	38	Yes	No	White	Drug	Community	1
Terry	49	Yes	Yes	White	Property	GVI	1
Trish	29	Yes	Yes	White	Violent	GVI	1
Kennedy	29	Yes	Yes	White	Property	GVI	1
Stacy	31	Yes	Yes	White and Aboriginal	Property	GVI	3
Tracy	44	Yes	Yes	White	Drug and Property	GVI	1

Participants at the forum. Attendees at the forum represented various sectors. Participants did not complete a demographic questionnaire but through the registration process I was able to determine what sector they were from. Participants represented the following sectors: mental health, CSC, youth, victims, multicultural, self-help, restorative justice, lawyers, Elizabeth Fry Societies, child protection, hospitals, addictions, faith, academia, public health, trauma and abuse, social planning, older adults, halfway houses, police, violence against women, the community, volunteers and Members of Parliament. Some individuals left the forum after lunch and did not participate in the small group discussions (e.g., MPs, etc.) However, there were approximately 70 individuals who took part in the brainstorming process.

Individuals who work with federally sentenced women. This sample was obtained using purposive sampling in order to ensure the appropriate sectors were represented. The sectors that are represented are mental health, faith, child protection, sexual violence, trauma and abuse, restorative justice, advocacy, volunteers, addictions and academia. Eleven interviews were conducted, 10 in person and one on the phone. Due to a scheduling conflict, one participant answered the interview questions independently and sent them to me electronically. A total of 16 individuals participated in the interviews as four of the interviews had two participants take part, one was a phone interview and one was completed electronically.

Analysis Procedure

Interviews with Women

All interviews with women in GVI and in the community were digitally recorded with the participants' permission. These recordings were transcribed by me and organized

by stakeholder group (i.e., those in GVI and those in the community). Each participant chose her own pseudonym in order to ensure anonymity. The interviews were transcribed as the interviews took place and, as such, analysis took place at an early stage. According to Miles and Huberman (1994), “It [early analysis] helps the field-worker cycle back and forth between thinking about the existing data and generating strategies for collecting new, often better, data” (p. 50). Early analysis helped me to identify emerging themes and allowed me to probe a little deeper if the themes emerged in subsequent interviews. Early analysis also allowed me to refine my interview guide by taking out questions that did not produce data that was conducive to answering the research questions. Once transcribed, I reviewed each transcript line by line within the paragraph and applied descriptive codes to segments of text in order to break down and reduce the data (Strauss & Corbin, 1990). Coding concluded when there was an exhaustion of sources, saturation of categories and regularities emerged. For each interview, during transcription, I wrote a memo detailing my thoughts, questions and codes and themes that emerged. Next, theme coding took place by making connections between the categories by summarizing segments of the data and grouping these summaries into smaller numbers of overarching themes (Miles & Huberman, 1984).

Four phases of analysis took place. The first phase occurred as I transcribed the interviews. The second phase involved using a qualitative data management software called Nvivo to sort the data. Nvivo was used in order to sort the data into categories by research question: women’s pathways to criminalization, barriers to reintegration and solutions to reduce the barriers and by level of analysis (personal level, interpersonal level and structural level). The third phase of analysis was conducted manually in that I

did not use the computer software but had hardcopies of all interview transcripts and went through them line by line and colour-coded common patterns and relationship. Manual coding allowed for a “higher degree of interaction and familiarity with the data” (Maidment, 2006, p. 55).

After the data were collected and coded, patterns or relationships among codes or themes were examined. The fourth phase of analysis was the creation of a Partially-Ordered Meta Matrix (Miles & Huberman, 1994) in order to conduct cross-case analysis. As data were organized by research question as well as level of analysis in Nvivo, the themes were entered into the columns and organized by research question and level of analysis with cases entered in the rows. This visual representation of the data allowed me to condense categories if they were similar, remove categories that were not representative of the women and to make conclusions. Data which supported conclusions were checked back against the transcripts in order to ensure the context was captured correctly and my interpretation of the quote was correct. Some quotes have been checked back with women in the community to ensure that the context was correct and to determine if they are okay with specific quotes being used as some of the information could potentially identify who they are. Member checks have been completed for women in GVI and women in the community. A two page overview of the findings has been created for this purpose. I went to GVI and spent approximately 30 minutes with each participant asking for their feedback about the findings. I also brought a printed copy of the findings in their entirety in case a woman wanted to see where and how her quotations were being used. Similarly, I sent the overview via email to all of the participants in the community as that is our main method of communication. Personal

visits were not warranted due to time constraints. Also, the women whose profiles are featured in the findings have been shown to each participant verbatim and each woman agreed to have her profile included.

Small Group Discussions at the Forum

The data from the small group discussions were transcribed by me and organized by group. Initial analysis took place by hand shortly after the forum had occurred. Some groups organized their responses by topic (e.g., housing, employment, etc.), while other groups did not. The transcripts were reviewed line by line and descriptive codes were applied to segments of the text in order to break down and reduce the data (Strauss & Corbin, 1990). Next, theme coding took place by making connections between the categories by summarizing segments of the data and grouping these summaries into smaller numbers of overarching themes (Miles & Huberman, 1984). A second phase of analysis took place following the analysis of the interviews with women in GVI and the community. Again, data were analyzed manually using the same procedure detailed above. The two analyzed transcripts were then compared to one another to determine if there were any inconsistencies. The results were then organized into overarching themes with the data to support the theme listed below.

Service Provider Interviews

Four of the 10 service provider interviews were transcribed. One service provider typed out her responses and sent them to me electronically. I decided to stop transcribing these interviews once I began interviewing women in GVI and the community and to use quotes from the interviews in order to validate the themes that emerged from the interviews with women and the forum participants. As such, quotes from service

providers will be interspersed throughout this document. I have used the quotes from the transcribed interviews as well as the audio interviews by listening to the interviews and transcribing the segments of the interview that correspond with the findings from the interviews with women and forum participants.

Findings

The findings of this study are divided by participant group (i.e., women with lived experience and forum attendees). Findings from the interviews with women will be presented first, followed by the findings from the forum. Quotations from service providers will appear throughout in order to strengthen the highlighted themes. The findings are presented by research question. Using the findings from interviews with women in the community and GVI, I begin by discussing the themes that emerged regarding women's pathways to criminalization, such as abuse, loss and poverty. Next, I discuss the barriers that women experience when transitioning from federal custody to community, such as lack of employment opportunities, lack of support and lack of decent housing. I then discuss the suggestions made by the women to enhance women's transition to community. Finally, using the findings from the small group discussions at the forum I discuss recommended solutions for enhancing the reintegration of federally sentenced women.

I have utilized an approach to reporting findings by using extensive use of direct quotations from the women in this study (Maidment, 2006). This is in keeping with the presentation of women's voices at the forefront of this research, which as DeVault (1996) argues, "is imperative that we listen to the voices of our respondents and not selectively hear or document what fits neatly with our own subjective orientations" (cited in

Maidment, 2006, p. 56). In my findings section I have tried to let the women's voices speak for themselves and have not altered the quotations which is why some of the verbatim quotations are quite lengthy in order to capture the women's experiences in their truest form (Maidment, 2006). Furthermore, the quotations from service providers are included in order to strengthen the issues raised by the women and are not intended to appear more important than the findings from the women. This study has been conducted in order to give criminalized women a voice and the fact that service providers also described the same issues as the women only strengthens the women's voices. The findings from the service providers and forum attendees indicate that the community, in addition to the women, understands the issues and experiences of criminalized women, specifically in relation to the retraction of the welfare state as a result of neo-liberal ideology. Also, two profiles of women are provided in the sections about women's pathways to criminalization and the barriers experienced when transitioning. The women whose profiles are included have both approved their respective pieces.

Women's Pathways to Criminalization

Results from the interviews with women in the community and in GVI demonstrate women's struggles and hardships throughout life, often beginning in childhood. The women spoke about being mothers, victims of sexual, physical and/or emotional abuse, experiencing great loss in their lives, struggling with problematic substance use and having a difficult childhood. Many women also spoke about experiencing mental health issues such as depression and anxiety, often beginning in early adolescence. The following discussion highlights some of the experiences discussed by the women. This section begins with a profile of a woman incarcerated at GVI.

Profile of a Woman in GVI

Kennedy is a 29 year old mother of four. Her mother was killed when she was only eight years old after which she went to live with her grandmother. Kennedy had a lot of grief built up with her mother's passing and she began to exhibit behaviour that was deemed "delinquent". Her grandmother thought the best thing for her was to put her in group homes, where Kennedy's behaviour worsened. Kennedy received her first criminal charge at the age of 12 and was sent to a juvenile detention centre and has been in and out of the juvenile and adult criminal justice system ever since. Kennedy has a history of psychiatric hospitalizations and recently tried to kill herself by cutting her wrist and hanging herself. She has been diagnosed with major depression, drug dependency disorder and antisocial personality disorder and is taking medication for depression as well as hallucinations and delusions. Kennedy was convicted of numerous property offences and driving related offences. Her sentence did not add up to two years plus a day so she asked for a federal sentence so she could receive the programming. So far, Kennedy has found it difficult to access the programs in GVI. Kennedy came directly to GVI from the psychiatric hospital (after a two week transition period in a detention centre).

Analysis of Profile

As will be seen in the findings section, this profile demonstrates that Kennedy's pathway to criminalization is consistent with the pathways to criminalization for other women. Her pathway to criminalization began when she was still a child as she experienced significant loss with the death of her mother and began to behave in ways

that eventually resulted in her being labeled as “delinquent” and sent to juvenile detention centres and group homes. Kennedy’s profile also demonstrates that she has experienced significant mental health problems and has ended up in the criminal justice system instead of receiving support for her mental health issues. Kennedy had her first child when she was a teenager and has four children in total. Kennedy’s life is a good example of the lives criminalized women lead. The following section highlights the main themes described by the women.

Mental Health Issues

Nine of the twelve women interviewed indicated that they had been diagnosed with a mental illness with six currently in GVI and three living in the community. The diagnoses that were disclosed were major depression, anxiety disorder, post traumatic stress disorder, bipolar disorder, antisocial personality disorder, and obsessive compulsive disorder. Women spoke about obtaining an “official diagnosis” for their mental health concerns but also described that they felt that they were aware of the issues long before receiving a diagnosis. As Trish explains, “I have suffered depression. I know I am aware of it. And I always expected that I had social anxiety issues and I had that confirmed with the psychiatrist too.” Likewise, in response to a question about when she received an official diagnosis for her depression Kennedy replied, “officially would have been this year. But I have had a mental illness I know for quite a while now.” Some women spoke about what they believe contributed to their mental health problems. When asked what could have helped prevent her from coming into contact with the criminal justice system Star replied, “higher self-esteem...if I had self-esteem and self-confidence I wouldn’t have had the depression.” Similarly, Carrie explained, “I can’t remember a

time when I wasn't judged or teased or laughed at or anything. There was never a time when it didn't happen. That is why I have been depressed all my life." Women also spoke about the severity of their mental health struggles, including attempts to end their lives. Kennedy explains, "I was in the psychiatric hospital prior to this cause I tried to hang myself and I cut my arm so they put me in there." Also, Carrie described, "I have suffered from it all my life. And I was feeling black. Like my whole world looked black. I was very angry. Very alone. Very upset. And I had no one to talk to." Several service providers spoke about mental health issues and criminalized women. A service provider commented on the relationship between mental health issues and experiences of sexual violence, "We are dealing with women that are struggling with post-traumatic stress disorder, women that are struggling with all sorts of coping mechanisms. Depression, self-injury". Similarly, another service provider suggested:

I only have theory, my own personal theory, I don't know what percentage of people are and women specifically, are psychiatrized, labelled with a mental health issue that isn't really there because these symptoms you are presenting mirror the symptoms of a mental health issue but actually they are a response to trauma.

Also, another service provider said:

You can back that up to way before they were in prison and work with the issues that marginalize them in the first place. Mental health, some of that is the root cause and some of that is a reaction to some of the unbelievable circumstances that so many of these people have grown up in, and then the situations that have precipitated out of that.

Substance Use Issues

Struggling with problematic substance use was a very common theme throughout the interviews. Women described having parents who were “alcoholics” and “addicts”, beginning to use alcohol and drugs at a young age and using drugs and alcohol as a coping mechanism. Tracy described her childhood like this,

Well I was born an alcoholic addict. My mom, way back then 44 years ago, she was an alcoholic herself and they used to put beer on my bottles. By the time I was 4 years old I was running around at poker games drinking and smoking.

There were drugs.

Missie described her father as an alcoholic, “my dad was an alcoholic and kind of abusive and my mom ended up leaving when I was 10 or 11 and we all ended up staying with my dad.”

Several women explained that they started using drugs and/or alcohol at a very young age. Terry said,

Jessica: You were drinking in your early teens?

Terry: Yeah. Yeah. Um, so I hitchhiked across the country... did a lot of stuff, most of which I am not proud of now. But I joined AA when I was 17 then I finished high school that year.

Similarly, Trish said,

When I look back now I can tell there was the physical addiction. I actually remember one, I don't know, I was probably about 15 and I remember being somewhere and we had a little bit of vodka. A couple of my friends were having a drink and we were going to a party and I said “we should get some more.” And

then they were like looking at me “what do you mean? We don’t need to get any more.” I can tell now looking back I was looking to get drunk. So I think alcoholism as a disease is a huge issue too.

Other women also indicated that they began using drugs and alcohol at an early age.

Stacy said, “I have had a drug addiction since I was 12.” Missie also described her first experience with drugs, “I started doing drugs probably when I was 11. 10 or 11. Doing hash and pot and buying it off dealers. I think back, it is so weird being that young and doing stuff like that and drinking.”

Several women indicated that they used drugs and alcohol to cope with negative feelings and situations. Stacy said, “I have never had to deal with life’s hard times without some buffer. Some kind of drug that is going to make this a little easier.” Trish also explained, “I know I definitely had social anxiety issues. The drinking made me feel like I belonged.” Similarly, Carrie said,

And when you are depressed and hurting, you have no one to talk to and life feels like it’s the pits and not the cherries, the drugs make you feel better. And when you are high you don’t have to deal with all of those problems that you have.

Under Pressure

Several women spoke about feeling as though they had to conform to others’ expectations of them. As Stacy explains, “I thought I had to live up to everyone else’s expectations... I am 31 years old and I have lived my life for everybody else. That is why I ended up here.” Similarly, Dewey describes,

I am good for everybody but myself. But the message I say to women is that you need to be good to yourself and take time for yourself. We seem to keep ourselves

secondary or not at all. I was sort of raised to take care of my husband, not take care of me. And when he didn't take care of me, I didn't have anybody to take care of me.

Carol spoke about the pressure put on women to assume stereotypical female roles in our society: "women have been stressed all their lives. If a woman years ago wanted a career 'oh, what about your family or what about this or what about that?' Well, what about me?" Some women spoke about feeling pressure when they were a child. Terry recalled, "my father was a perfectionist. He was very demanding... at school I would come home with a report card and get 97% and my father wants to know what happened to the other 3%."

Criminalization

All of the women spoke about their experiences with the criminal justice system, both the present and past involvement. For six of the 12 women, this was their one and only criminal conviction, provincial or federal. Dewey spoke about this being her only criminal offence: "I had no other conditions [parole] because I didn't have a criminal record before. I didn't have substance abuse. I was that one off, one in a million. Very unusual in that sense." Carol also described how this was her only involvement with the criminal justice system in the following excerpt:

Jessica: So what was being in GVI like?

Carol: Well being a first time woman it was some getting used to.

Jessica: So you have never been to provincial or anything? This was it?

Carol: Nothing. This was a one time offence.

Other women spoke about their extensive involvement with the criminal justice system, often beginning in early adolescence. Kennedy described her experience with the justice system:

My grandmother realized that they [group homes] were making me worse and took me out of them at the age of 12 when I got my first criminal charge. I was arrested, charged with my first crime at 12 years old and did my first stint in juvenile. It was pretty scary at the time. But I didn't learn from it because growing up I was in and out all my life. I have done quite a bit of jail time, juvenile and adult. I don't know, for some reason I just keep turning back. Every time I do good, it just seems like I fall and end up back in police custody and back in the jail system. And then I got my first federal sentence right now.

Similarly, Stacy explained her repeated involvement: "yeah, because it's my third [federal sentence], I am not going to get parole. And my offences that I am in for were committed while I was on my statutory release from my previous sentence." Similarly, Diana explained, "so yeah I got arrested in 2006 and then I was out on bail, I was arrested again, I got out on bail, I got arrested again." Tracy spoke about her excitement to finally be free from the correctional system:

I'm done. No more answering to anybody... it has been almost 12 years, 10 years, a little bit over that I have had that to answer. That probation is always hanging over me. Now almost three years of being here and being on parole just bouncing back and forth.

Family Dynamics

All of the women spoke about their childhoods during the interviews, and only one woman spoke about her childhood positively. Trish said, “I was brought up in a very good home. My dad was in the military, my mom’s a nurse... my parents have been in the same home for 23 years.” But most of the women reported coming from struggling families. Stacy recalled,

Yeah, I guess I had a pretty dysfunctional childhood. Back and forth between my parents and grandparents a lot. I didn’t meet my real father until I was 7 and then I didn’t see him again until I was 11. Then I went to live with my mom. She is a single mom. I have a younger sister and a younger brother. They have different fathers than me. She raised them their whole life so there was some awkward tension there.

Similarly, Missie remembered,

My household was very dysfunctional. My dad was very abusive. My mom wasn’t emotionally there for us. We had a lot of siblings, total chaos all the time. It was never like we would sit down and have supper together... it wasn’t like a normal family but it was normal for us because that is how we were raised. Like I said my dad was an alcoholic and very abusive.

Women also talked about “unspoken rules” in their families. Tabitha explained, “it was the way I was brought up too. You didn’t ask for help. You didn’t air your dirty laundry.” Likewise, Stacy said, “my family is classic secret keepers. Just don’t talk about it and it has never happened. So that’s the way I have grown up and trying to change that mindset is really hard.” Terry had a similar experience: “my mom was always big on what you

felt didn't matter as much as people's perceptions. What the neighbours thought was always more important than anything else." Dewey also spoke about her upbringing and her family's beliefs,

I think coming from old school values and being raised in a Catholic school and church, your husband was really the centre of your life and that is how my life evolved. I know it sounds cliché now but back in the 70s and 80s that is what it was for me, that was my life and that's what my belief system was, rightly or wrongly.

Mothers

Nine of the twelve women reported being mothers. Seven of the nine mothers had at least one child under the age of 18 years at the time of the interview. Three of the women explained that they got pregnant while they were very young. Kennedy, who is 29 years old, said, "I have a 13 year old, he turned 13 on April 23rd. I have an 11 year old and six and a half and a five and a half. Three boys and a girl." Stacy also explained, "and then when I was 19 I had a baby and now my grandparents have raised my daughter pretty much because I have been in jail so I have just repeated the cycle." Similarly, Diana said, "I got pregnant very young, was 17 so I had a daughter very young." Most women spoke about how important their kids are to them. Tracy explained how her son's health concerns impacted her:

I was going through, like, my son had lung cancer, my brother has cancer. I just found out that it's emphysema with my son. That was a big thing I was dealing with and I was going through a lot of emotional stuff.

When asked to describe what her life has been like prior to being incarcerated Dewey spoke about being a mom:

Just your average, active mom. Working with some of the autistic society with my son who was diagnosed with autism, my youngest. So that was pretty well, at the time he was 6 or 7. We were just doing some research then. Yeah, that was basically what I was doing.

Loss

Many of the women described experiencing significant loss of loved ones throughout their lives. Women spoke of people close to them dying, of their parents abandoning them when they were children or of losing their children while incarcerated. The death of a parent was described by four of the women. Star explained, “and then my dad passed away from a boating accident when I just turned 11. So that started a string of things.” Similarly, Kennedy linked her mother’s tragic death to the beginning of her criminal justice involvement,

Kennedy: I guess what led me up to breaking the law would be my mother’s passing when I was 8 years old. My mom was killed.

Jessica: Murdered?

Kennedy: Yeah. Sort of took a toll on me at a young age.

Tracy lost her father when she was only three years old and Carol lost her father when she was moving from GVI to the halfway house. Carrie spoke about the lack of closure from the death of her grandmother,

We came to see my grandmother and... we were going to the funeral and the bastard hopped on the fucking highway and took me back to [name of town] and

there's nothing I can do about it. I was in a cast on the highway. And I missed my grandmother's funeral.

Women not only spoke about the death of family members but of friends as well. Stacy explained, "my best friend died and I sort of lost my mind... he was my best friend for 21 years... he was the one person in my life who was there and I had nobody to help me through that out there." Women also spoke about losing their parents, not to death, but to abandonment. Dewey explained how the abandonment by her mom impacted her in her future marriage,

In hindsight now I should have left that marriage 10, 15 years ago and I think one of the things they said in my therapy is that I identified myself through him and when he left and the abandonment went back to when my mother left me when I was 6 and these things subconsciously played a role.

Missie also recalled her mother's abandonment,

Of course when she first left, her husband now, my stepdad, she was working for him at his restaurant. He had a little cabin place. So she was living there for a while so we still had contact with her but then out of the blue, they were together, we didn't know and they ran away together to Ontario. But we didn't even know where they were. She just upped and left.

Stacy recalled,

I had a lot of issues of abandonment and I felt really alone because I never believed that my mom really loved me when I was a kid which is why I lived with my grandparents and then all of a sudden my grandparents who were supposed to

protect me and love me forever and ever and take care of me just let me go into an environment that was not good for me.

The loss of children when the women were incarcerated took a significant toll on the women. Women described the time away from their children as “horrible” and “hurtful.” When speaking about the family visits she had with her children while at GVI Dewey explained,

The worst thing for me was being separated from my kids. Nothing can bring that time back to us. That was definitely challenging and that was when I was most depressed when they went home every weekend. Saying goodbye to them, it was horrible. And you never get used to that.

Missie recalled the pain she went through when she lost her children,

CAS apprehended my kids so if I was able to quit then I would have gotten my kids back no problem. I wouldn't have went to prison. But I continued to sell. And I started using way more because I was so freaked out from losing my kids. Even though I was stoned all the time my kids were still there and they were still mine. Losing them it was so, it was very hurtful but it was so embarrassing. What are people going to think? And my kids cause we were close.

Stacy described what it was like to go through the process of putting her daughter up for adoption while at GVI,

Going through the whole adoption of my daughter without drugs was one of the hardest things I ever did. But I look at it and I think that was one of the most emotionally detrimental periods I am ever going to go through in my life and I did it without being high. I didn't have to numb out. I actually felt those feelings and I

actually went through them and I still go through them. Some days are a lot worse than others.

Abuse

The majority of the women described being the victims of physical, sexual and/or emotional abuse as children and/or adults. Several women explained that they were victims of abuse in both childhood and in intimate relationships as adults. Tabitha recalled,

She wasn't physically abusive but she was emotionally abusive. My father was physically abusive, my grandmother was emotionally abusive, so there was abuse surrounding my whole life. I didn't even find out what abuse was until I was incarcerated.

Tabitha also explained the abuse she endured in her relationship,

I was with my husband for 7 years and it was the worst relationship I had ever had. He was extremely abusive physically, mentally and emotionally. And one day... he raped me and I got pregnant and one day he'd say he loved me and wanted the baby and the next day he'd say if I had a baby with cystic fibrosis, which my brother died from, he would kill it.

Star explained how she was sexually abused as a child,

Right after my dad passed away I was sexually abused by an older cousin. We had moved, my mom moved us, my brother, me and he into my cousins house and we were there I am guessing maybe a month and that is when that stuff was going on. I thought she knew so I never asked her about it. She never knew so she never told me anything. She never knew until a few years ago.

Furthermore, a service provider, who specializes in violence against women said, “We overall we know that women who are incarcerated, the level sexual violence they have experienced in their lives... is astronomically high”. Similarly, another service provider explained that she recognizes criminalized women often come from backgrounds of abuse, “These are often women that have led a life of abuse and loneliness. Not having a solid family base”. Star also recalled being married to a man who abused her kids. They divorced once and got married again a few years later,

I left the first time because he was verbally and physically abusing the kids. The second time we were married for 5 months and he started this hollering again and I said right away nip it in the bud so I took the kids and took them to Women’s Crisis Centre. This is a wake up call.

Tracy described how her ex tried to kill her,

He broke the right side of my face all the bones. I was in a coma... he got 8 months total for 3 assaults. He was supposed to be attempted murder on me so he would have got 7 years but he got eight months and did a total of 6.

Several women described being abused, not physically or sexually, but emotionally and mentally by their intimate partners. Terry said,

I separated from my first husband and we tried a brief reconciliation but it didn’t work. He had a lot of anger. He was very controlling and when we got married it didn’t bother me but then it began to bother me a lot. He never hurt me but he had a lot of anger so it was like walking on eggshells.

Similarly, Carol stated,

Mine may be not violent in so much as physical abuse. Mental abuse, well, lemme see, to prove it is very hard in the court system, mental abuse. Whether I was mentally abused or whether I was not mentally abused... these things are very hard to prove in court whether they are abusive or not.

Carrie spoke about being abused mentally by her mother: “she’s at an old age home and she’s taken over. That’s the kind of personality. She’s very powerful and she kept my sister and me down big time for a lot of years.”

Poverty

Several of the women spoke about not having enough money in their childhood and as an adult. Stacy recalls, “when I lived with my mother we were poor. We were mother’s allowance children. I ate puffed wheat and toast for dinner for a really long time. Kraft dinner was a luxury in my house.” Carrie talked about the cycle of poverty and how difficult it is to break free from it:

The government needs to find a way to get rid of the classes and help the poor people even if it costs the rich people because it’s not fair. Just because I was born into poverty is pretty well a guarantee that I am going to stay in poverty.

Some of the women explained that the lack of money is what led to them selling and transporting drugs. Tracy explained that after experiencing horrendous abuse she lost everything in the battle to have the abuser convicted: “so I lost everything. My business, my home, everything. And I turned to crack. I became one of the biggest male or female drug dealers in [name of city].” Similarly, Carrie said,

I was on ODSP, wasn't enough money, still isn't enough money. So I was propositioned, "would you like to go on a trip and make some money?", "what do I gotta do?", "just go down and come back", "okay". So I did it. Quite a few times. Diana recalled her first experience with the welfare system: "so I went on maternity leave, back then they penalize you for maternity leave. I had to wait 16 weeks for a cheque. That's when they first directed me to welfare." She later spoke about the lack of money leading her to sell drugs: "so I went back to what I knew prior to getting pregnant. I was selling weed and hash in downtown [name of city]."

Barriers to Reintegration

The women described experiencing numerous barriers when trying to reintegrate back into the community. Several women spoke about the need to deal with issues such as substance use issues and the underlying contributors to such issues, such as sexual and physical abuse. Women also spoke about barriers such as a lack of housing options and employment opportunities as well as the repressive prison environment. This section begins with a profile of a woman in the community.

Profile of a Woman in the Community

Tabitha is serving a life sentence and is now in the community after spending 14 years in federal prison. After her time in prison, Tabitha was understandably frightened of being in the community and was scared of the subway, the shopping mall and didn't know how to use a cell phone because they were so small compared to the ones she knew before she was incarcerated. Tabitha did not receive the proper support from the institution to adequately prepare for her for her transition into the community. She left GVI with no identification and was

forced to go by herself, across town on a bus, to obtain her identification. When she arrived, she found out that she did not have the documentation needed to get her ID. Tabitha did not have access to a doctor when she left the prison and was given two weeks' worth of medication. She has been living a halfway house for several years because she cannot find housing. She is afraid to live alone as she has never lived alone in her life. In her relationship prior to becoming incarcerated Tabitha was physically, emotionally and sexually abused. Tabitha also grew up with a verbally abusive mother and physically abusive father. She experiences severe panic attacks which include flashbacks to abuse and she has been diagnosed with post traumatic stress disorder.

Analysis of Profile

This profile is a strong example of the barriers women in GVI face when trying to return to the community. Tabitha did not receive adequate release planning and support when leaving even though she had been imprisoned for over a decade. She left the institution by herself and had no identification or access to a doctor even though she only had enough medication for two weeks. As will be seen in this findings section, women are often left to fend for themselves in the community after being in prison, and are often without essential documentation or access to services. Tabitha's struggles are not uncommon as the following section demonstrates.

Housing

The majority of the women spoke about the lack of housing options, as well as the downfalls of some of the halfway houses. Some of the women had experienced living in a halfway house and some of them were nervous about going to one for the first time.

Some of the women spoke very positively of the halfway house they were at. Diana spoke about her experience in a halfway house, “I had a great experience there. The halfway house there is amazing. The women are really, really good there.” However, further on into the discussion she spoke about why she chose to go to Kingston instead of Toronto, “I don’t understand why they put people in Toronto, it’s a set up. Why would they put a halfway house in the crack central? I don’t know. I didn’t even know that was a halfway house.” Carrie echoed Diana’s sentiments about the location of the halfway house in Toronto,

It is right dead centre of crack ally. Right across the street. In my room, and I had one of the rooms on the very end. They all had screen doors on them with a little balcony. I would have to keep it closed because they were smoking crack and smoking weed out there. And it drove me insane!

Terry, who was in prison for the first time, spoke about what she had heard about the halfway houses,

I am not going to Brampton. I have heard horror stories about that one. About the rules. Apparently it’s one of the strictest ones. I have heard Toronto is pretty bad too. That is more location. I can’t see putting somebody in downtown Toronto when they have drug issues. It just doesn’t make sense.

Although Dewey did not spend much time at the halfway house as she was working and taking care of her children she noted, “I didn’t see anything that was productive there. Really it was just a place where people kind of slept. There was really nothing there.” Service providers also spoke about the locations of some of the halfway houses in relation to the women’s children. An example of this is below:

If a woman is going to a halfway house she may or may not be able to see her children because the placement of the halfway house is not always in a convenient place and the women have curfew and quite rigid. They are still under supervision. Similarly, another service provider commented on the location of the Toronto halfway house as well as the lack of a halfway house in the Waterloo region. Many women form relationships with volunteers who come into the prison every Tuesday night through the *Stride* program offered by Community Justice Initiatives and are not able to keep these connections as there is no halfway house in the region.

And, here's what speaks to the whole halfway challenge. If you have *Stride* night coming in every Tuesday night and you have developed a rapport with a circle, you've developed a rapport with people coming in from the community as volunteers or doing programs and you are starting to feel good about yourself because you are circling yourself, surrounded by people who believe in you and are willing to support you. But then it's time to come up for release, well where are you going to live? "Well, I'm sorry. Living here is not an option." So suddenly we've just set the woman up for failure because all of her supports are here and she ends up in Barrie where she knows no one or we send her to downtown Toronto where she's completely surrounded by all of the issues that may have contributed to her coming to prison in the first place.

Another common theme that emerged under housing was the lack of housing options when women leave the halfway house. The majority of women did not have the financial resources to secure housing that was affordable and decent. Carrie recalled having to

spend a night in a woman's residence, after leaving GVI, as one of the most traumatic experiences in her life:

Yeah, they've had a big bed bug problem in Toronto for the past couple of years... I got there and they said you have to have a shower and you have to wash your clothes. I said "I just came from jail we don't have bed bugs there and I had a shower this morning and I washed my clothes last night." They put me in a room, took out my clothes, they're all neatly folded, clean, everything. Girl comes and looks at it and says you don't have to do your laundry but you do have to have a shower. Oh my god. I thought I was going to die. I went in that fucking thing, it is a room they have on the main floor. I was traumatized. The fucking floor was wet, muddy and gross. The shower stall had snot and blood all over it. Oh my god it was just fucked.

Similarly, Tabitha explained that she can't find housing even though she has been out of GVI for three years, "I can't find any housing. There's nothing. I have been on the list since 2007." Diana also recalled that she couldn't find housing when she left, "I couldn't get housing when I got out either. That's another issue that doesn't work when women get out. If you don't have anything how are you supposed to get housing?" Missie also experienced a lack of housing options when she returned to the community, "Housing, I had to move into this dump [previous apartment] because my housing didn't come through. I was lucky to get this place [the house she living in currently]." Missie spoke about her apartment being so bad that the wall rotted through to the next apartment because the landlord did not fix a water leak.

Employment

All of the women talked about employment being a huge barrier to their transition into the community. Two women had employers who were willing to hold their jobs while they completed their sentences. Dewey spoke about her manager being extremely supportive of her throughout her ordeal, “my manager’s been incredible and supportive all the way right to the parole board. They wanted me back, they were there marching in my court and I was phenomenally blessed.” When we were talking about women having a criminal record that impacts their ability to gain employment, Dewey suggested that it was because her charge had nothing to do with her ability to work that enabled her to maintain her employment:

Well I guess because of what I was charged for had nothing to do with the work I do, so they didn’t see it to be relevant. They saw it as being a personal issue. As long as I was capable of coming back to work and willing to.

Other women were not so fortunate. Women in GVI for whom this was their first time being incarcerated spoke about being afraid that their criminal record and gap in résumé would inhibit their ability to find work when they are released. Trish said, “I need to get a job and I am actually concerned and I have a lot of worries about what and where I am going to work... now I have a criminal record so obviously that’s a big roadblock.” Similarly, Star’s immediate response to the question about problems she will experience when leaving was, “problems? Criminal record. Getting a job.” Terry was concerned about the gap in her résumé after being incarcerated for a length of time. Carol, who is living in the community, spoke at great length about her criminal record prohibiting her

from getting decent employment as well as the current legislation that is motioning to implement stricter criteria for people applying for a pardon,

So there should be no reason why I can't get a decent job. But because it says I have a criminal record. I have applied to various places, Home Depot, Lowes Warehouses, on load offload truck, grocery stores that have unions, that have decent wages. And every time I have to fill that out the question is "do you have a criminal record for which you haven't been pardoned for?" If I could possibly say "pardon in process" whether or not I am going to get it, as long as I can start the process, then they'll at least take a look at me.

Carol also spoke about women in general who come out from prison and experience barriers gaining meaningful employment despite obtaining the credentials while in GVI,

So it makes it really, really, difficult... they go to jail, they do all the programs, they try and change their life, they get their parole, they come out here and it's like "why did I do all that? It didn't get me anywhere. Why did I go and get my grade 12 or my grade 10 that I am required to get? For what? I can't get a job anyways." And instead of some people looking at it as though okay you've changed your life, you've got the schooling, you've got credentials, they don't look at us like that.

Some women explained that they were able to obtain employment, however, it was not meaningful employment and was low paying. Diana joked about her situation when she left GVI,

I was working at Dairy Queen. So it was funny cause at the family case conferencing my PO [parole officer] said "you know" she said to Children's Aid,

“Diane has come a long way. She has come from making \$3000 a day to scooping ice cream.” She was like “I was there. I saw her in her uniform.” I had to take pictures of it because I was going to post it on Facebook and say “look at me now.”

Stacy was involved in the criminal justice system for so long that she didn’t have any professional references,

And I know that I need help with employment and housing and all that stuff. I have been in jail for the past 10 years. Employment skills? What? I have the skills. I don’t have any references. I don’t have any employers who will say, “oh yeah she was great.”

Lack of Resources

Several women spoke about not having resources when they left GVI and/or the halfway house. These resources included identification, information and resources in general. Some women even wanted to go back to GVI because they had no resources to help them in the community. Diana’s comments suggest that she was aware that she would experience barriers once she left GVI and was preparing for them:

As soon as I got out they expected me, in the 60 day period, not only to get my ID back and do all of these things that’s why I was working because I knew what I was going to be facing and I wanted to try and save money.

Tabitha, who had been in GVI for over 10 years, experienced similar barriers in terms of a lack of identification when she left GVI as well as a lack of support in trying to get it back:

When I first got out, I had no ID. They sent me way out to St. Christopher House which is way the hell out in the west end and I got lost. And they didn't tell me that I needed certain things so when I finally got there I couldn't even do it.

Tabitha went on to say that she believes three quarters of women in GVI do not have their identification when they leave and suggests that it is because they do not allow the free ID clinics into GVI before the women are released.

Several women spoke about the lack of information available to them regarding community resources. Trish said, "I don't know anything about resources out there. That's one thing I think society has a hard time with is access to information." Missie's comments suggest that there is a lot of information to share with the women but it just isn't being done,

They should have bulletin boards of support up. Even for housing they couldn't help me with housing, they couldn't help me find an organization. Everything was close doors, close doors. Where if something works for you pass that information on. You shouldn't keep it as a secret.

Some women indicated that they wanted to go back to GVI because there was nothing in the community for them. Tracy described purposely going back to the city she knew she would be arrested in,

I went back to [name of city]. I knew the cops all knew me. I could have taken off out west. I could have taken off anywhere. But I went back to [name of city] and I knew they were going to arrest me... He [police officer] goes "what the hell are you doing?" I said "I need to go back to federal, I can't take this."

Similarly, Carrie didn't want to go back into the community after having her parole revoked and being sent back to GVI. The following excerpt indicates this:

Carrie: one of the women [name of woman] from Kingston halfway house was there that day and I am saying "I'm never going back out I'll just do my time." I was just "no, I don't want back out."

Jessica: You didn't want back out into the community?

Carrie: Right. I didn't at that time. It was too much for me to handle. Too much drugs, too much fucking bullshit, right?

Other women spoke about women in general suggesting that there is a lack of resources for them once they leave the prison. Carol said,

All they need is a chance. And you want to take them away from them? What kind of country do we live in? It sure ain't a free one. And that is what Canada is supposed to be all about. These women need a chance... they need to be given a chance. They need to have things available to them.

Diana summed it up nicely when she said:

So I think once they are in there and you feel good but a soon as you get out and you don't have those resources and you hear "oh your life is going to be so much better if you don't use" then all of a sudden you feel like a balloon that got deflated. And then the easiest thing to do is to go back to what you know.

Poverty

Women often spoke about leaving prison with very little money. They still get paid from CSC but as the quotes below suggest, it is not nearly enough to gain access to resources such as decent housing and transportation. Tabitha described it like this:

And you come out here and they want you to go to all of these appointments but they won't give you any freaking tokens. Or a bus pass or nothing. But they expect you to do it on \$28.70 and two tokens a week. That's to buy your cigarettes, your bus tokens, your shampoo, whatever else you need, on \$28. And some women can't work because they have so many appointments and so many programs that they can't work and they have to live on the \$28.70 and two tokens. And they give you tokens for programs and to go to your psychology appointment. That's it. Not your doctor's appointments or not to go to AA or any of those things. Gotta do it all on your own. You have to do pretty well everything on your own.

Similarly, Missie explains that they receive the same amount of money at the halfway house as they did in GVI:

When the girls get to the halfway house it is different than being in GVI because you get \$55 every two weeks. That's a lot of money because you don't have to buy a lot. When you get out into the community if you want to go to a fast food restaurant, if you want to rent a movie if you want to absolutely anything, clothes, cost money where you don't have to worry about it as much when you are in there. If you have one pair of shoes who cares? But when you are out, you want this you want that. It gets difficult.

Diana, who has been in the community for over a year and is doing a co-op placement for school and working twice a week, said:

Our fridge is almost empty. We are living on the bare minimum. Thank god they picked me up for those courses cause they pay me every Tuesday and that tax

cheque came in and I was able to pay my cell bill. All this stuff but we are still waiting for my grocery money.

Carrie indicated that she is unable to work and receives money from the Ontario Disability Support Program (ODSP): “I was on ODSP, wasn’t enough money, still isn’t enough money.”

Prison Environment

The majority of women spoke about the prison environment itself being a significant barrier to reintegration. The main theme that emerged was the erosion of the Creating Choices philosophy. One woman spoke explicitly about this while others implied that the philosophy is long gone through stories of waiting lists for programs and services, the power imbalance between correctional staff and the women, repressive rules and the dual role of parole officers. Stacy, who has been incarcerated at GVI for three separate convictions, spoke at length about the erosion of the Creating Choices philosophy:

There just needs to be a lot more programming here. What they are doing here is just nuts. When they opened these places it was supposed to be Creating Choices. The funny thing is they are having this 20th anniversary thing going on next door next week or so. It is the 20th year of the Creating Choices model being implemented. When did it get implemented? Please show me because it sure as hell isn’t in this prison. And apparently this is the only prison like that in Canada. I have heard the other women’s prisons are running on a much better regime that they actually do programming. They actually care for the women. What happened to this one? Where did we get lost? Yeah we are the biggest one, I get that.

Biggest mistake was making this a multi level institution. That's when they lost everything. Now they have to run everything like it is a maximum security. That is not fair to us. You've just taken away any hope of us getting better.

Service providers also spoke about the erosion of the Creating Choices philosophy. One service provider said, "What you actually have being delivered on ground level is different from the essence of what Creating Choices was supposed to deliver." Another service provider commented about the lack of community agencies that are contracted to provide services in the prison, "The idea was, they had a lot of contractors in, it has changed quite a bit. The whole Creating Choices was about bringing contractors in to be a bridge out to the community." Similarly, here are two more examples, from different service providers:

Going back to Creating Choices, if the original intent was to create different relationships between staff and inmates I mean almost the day they brought back uniforms that went out the window. When I first started going to GVI there were no uniforms for the guards.

And:

The basic principles of Creating Choices are what should guide everybody's work and should guide the competition process. If you are not interested in treating women with respect and dignity and creating that supportive environment for women to make those changes, don't come to work then.

Several women talked about waiting lists for services and programs in GVI.

Similarly, another service provider spoke at length about the negative repercussions of incorporating a maximum security unit into GVI, which was not originally in the plans in

the *Creating Choices* strategy. “You put them in the worst set of circumstances with the least amount of freedom and dignity and you wonder why... if they didn’t have mental health issues coming in, chances are they are going to have it coming out.” Without being able to access services and programs, the reintegration process cannot properly begin.

Stacy said it well when she said:

I don’t know how you guys think this is going to help women. That you wonder why the recidivism rate is so high and why women keep coming back on parole. They are not succeeding out there. Why? Why do they keep screwing up and coming back? Something is obviously not happening here to help them for when they get out of here. Because it’s not. That piece is missing and I don’t know when CSC is going to open their eyes and take a look at it and say “oops I think we did something wrong.”

Trish spoke about the waiting lists for psychological services:

We are short staffed in psychology here so unless I am in crisis I get to go on a nice big huge waiting list. They did phone me and ask if I am in crisis and I said “well I am not going to kill myself I can tell you that.” But how well can you measure how good or bad you are because I did break down a couple days ago.

Similarly, Stacy spoke about her experiences with waiting lists:

They don’t open doors. And sometimes I have to fight for it. I was surprised the last two times I’ve been here I signed up for psychology and I signed up for a wait list. I was here 36 months one time and never saw a psychologist at all. This time I was seeing psychology within 5 months of when I was here. Cause they had so many psychologists at the time. And now they have downsized again.

Star also experienced frustration about being put on a waiting list to see psychology and suggested that they need to replace the Chief of Psychology who left the institution on June 17th:

I just talked to her because I sent a memo saying “who am I seeing and when am I starting?” And she just said, I just seen her about an hour ago and she said “you are on the waiting list for regular psychology because there is no one else.” Sorry that’s not acceptable. We are here to get our treatment. They need to hire someone like yesterday.

Kennedy talked about asking for a federal sentence in order to access programs even though her sentence did not add up to two years plus a day, “I myself asked for a federal sentence so I could get the programs and stuff in here but I find to get in to the programs here it takes a long time.”

The power imbalance between correctional staff and the women came across as a strong theme throughout the interviews. One service provider spoke about the dual role of staff in the institution, “It’s hard too because of the dual role at GVI which in principle is really meant to create a lot of support for the women. But even in psychology, they are the folks doing the counselling but they are also the folks doing the risk assessments.”

Star spoke about the power imbalance between her and a staff member in the psychology department:

She just finished doing my assessment and I think she was a little bit biased about what she wrote but there is nothing I can do about it. She said “you said that and I am not changing it.” And I said “I don’t remember ever saying that.” But it is her word against mine. Who are they going to believe? Not me.

Kennedy talked about the consequences of telling a correctional worker if you are feeling suicidal, which illustrates the power the guards have over the women:

Yeah that's another thing is to tell the guards and stuff here if you are going to hurt yourself you get thrown in segregation and you're stripped of your clothes, you might as well say stripped of your dignity. No wonder they don't know what you are thinking until after it's done.

Power imbalance in GVI is also played out by taking things away from women in the name of security. This is in direct contradiction of the Creating Choices philosophy as it disempowers women and restricts their ability to make meaningful choices. Tabitha spoke about the power tactics used by GVI by taking away items from the women, "the more I hear about the place the worse it's getting. You can't even have your own bedding anymore. You can't have your own pillow anymore." Tracy also talked about the way the prison rules are implemented:

But they are forcing us to become criminals, to stay criminals in here. We are not allowed to wear each other's clothing. We can't do this or that. Well we have to hide everything... they are trying to make us get better but we are not... the warden here has taken sugar away from us and this and that. One house has their fruit taken away for 30 days because they made a brew. Now rye bread is taken away from us. Not allowed to have rye bread, not allowed to have pancake syrup and we have to have diet sugar free pancake syrup now.

The dual role of the parole officers came up quite often with the women in the community. A service provider said, "That dual role is very tricky. Yes you are my parole officer but you are also my security person." Similarly, another service provider spoke

about the importance of having a staff person who is not tied to CSC for the women to talk to,

Somebody from the outside. They are much more comfortable talking about their intimate, which will often be since their whole life environment will be about prison if they have a concern or complaint about the prison it is so useful for the to be able to feel that they can get some productive discussion going because it is somebody objective to talk to about it with.

The women spoke about being told that they are supposed to trust parole officers and to tell them when they are struggling; however, this often results in having their parole revoked. Carrie recalled one particular instance when she confided in her parole officer that she was feeling depressed:

They [parole officers] said to us, "if you ever have a problem, you need some help come and talk to us and we'll help you." So I am sitting there, debating, and finally I say okay I'll try to let them help me. I went in and told her what I was feeling like. I told her that everything was black. I told her I wanted to hurt somebody, kill somebody. But I had never been violent in my life. I was just having all these fucking feelings and I didn't know how to get rid of them. So I went to her to ask her to help me. Two hours later I was back in jail. That's how they helped me.

Carol recalled her first experience with her parole officer:

You know, you are under certain rules of supervision for a period of time under parole. This is federally. Under this rule of supervision your parole officer is trained to see whether or not you are on the up and up. I learned that the hard way.

My first parole officer, the first thing she said to me at the half way house, after my father's death, was "in my eyes you are the most dangerous person to be out walking the streets." I was looking at her and going "you want me to come and talk to you once a week and you want me to trust you?" Right. Didn't happen. And we clashed.

Tracy summed it up very nicely:

You can't tell us to be honest and when we are honest about it send us right back to jail because then we don't trust you. Or when we are in the relapse prevention maintenance program and talk and open up, they go right to a parole officer and tell them "oh I think she is going to have a slip." We don't trust you. We don't trust enough as it is now because of our upbringing of being raped and molested and beaten. So when we are out there, to give you that trust, a little piece of us, and a little piece of trust and you guys blow it. They blow it all to hell. It's like why should we?

Inconsistent supports in GVI also arose as a theme. GVI contracts with community services to provide some service inside the prison such as reintegration planning and Aboriginal services. At the time these interviews were taking place, the Elizabeth Fry staff member who provides reintegration services had been without a contract for three weeks with no renewal in sight. Terry noted,

I don't even know what I am supposed to be doing. I made the application for the halfway house. But right now our we don't have anybody, all the halfway houses are through the Elizabeth Fry and we don't have anybody in here to coordinate that anymore. She is not here right now... her contract expired. Something

happened anyways cause there's nobody here. And they said it would be about a month.

Star also explained that the contracts often end without being renewed:

But this has more than once happened with [Elizabeth Fry staff]. And the Aboriginal person the same thing. There was a lapse of time between hiring. The one that is here now was given a six month contract and she has been here for five so. Is it going to be a gap in between again? [When conducting member checks, Stat noted that the Elizabeth Fry staff was back after a 6 week lapse]

Stacy compared the speed at which security measures are brought in to the renewal of contracts for community agencies:

When it comes to something that is going to help us they are not quick on it. They take their sweet time but the minute it is for them you see how fast it gets done. If it is a security measure being taken do you want to see how fast it happens?

Lastly, women spoke about the difficulty of healing from trauma and abuse in a prison environment. Several of them indicated that it is almost impossible but that they were doing the best they could with what they had. Stacy described it like this:

Which I mean it's a tough environment to try and heal in. This is one of the worst environments to try to get your life together and they are all supposed to be about rehabilitation and bettering yourself yet they are constantly knocking you down but I am doing the best I can. It just seems that, they are so security minded here when something little happens, whether it involves you or not you feel like you have done something horrible.

Similarly, Tabitha explained:

How can you heal from abuse in an abusive environment? You can't. There is no place more abusive than a penitentiary. So how can you heal from being abused when you are abused every day? Everyday you are abused. You are made to feel little, you get charges and you can't do anything about it and you go to speak up and it falls on deaf ears.

Stigma and Discrimination

Many of the women spoke about experiencing discrimination either for their criminal justice involvement or their mental health issues, sometimes both. Women experienced it from medical professionals, staff within the criminal justice system as well as the general public. Kennedy spoke about the discrimination she faced when trying to get help at a hospital, "and I tried to tell the doctor there that I felt suicidal, that I wanted to kill myself but he didn't believe me. He thought that I was just saying that to get out of police custody." A service provider also commented on the stigma associated with mental health issues, "Any mental health label has a stigma attached... the impact of any diagnosis especially a mental health diagnosis is a lot of stigma attached." Stacy spoke about people within the criminal justice system passing judgment on her:

There will even be people at the courthouse and stuff some of the bailiffs will say "you come from such a good family what happened to you?" And I'm like, "I don't know. I got dropped on my head as a baby I guess." How do you respond to that? You don't have to live with them.

Carol also spoke about experiencing discrimination because of her record when she tried to get help from the police when experiencing issues with a neighbour:

Well cops come over and they see the address and the house is in my name. Hello, big old red flag starts waving on the computer. Click on it. “Oh shooting death of her boyfriend, second degree murder.” Oh yeah how far do you really think they are going to go for me? Are they going to go out on a limb for me?

Carrie spoke passionately about wishing people’s perceptions of women in the federal correctional system would change:

You are what you look like. It’s true. I wish people would not have these preconceived notions, just sit down and talk to a person and get to know them before you judge them. That’s the worst part is the judgment. We have already been judged by the court of law. We have already been judged by our higher power. We don’t need someone who is supposed to be on the same level judging us too. If it weren’t for their circumstances they could have ended up here just as much.

Lack of Support

Many women spoke about the lack of support for substance use issues and mental health issues in the community. Two service providers spoke to the issue of waiting lists for these essential services in the community:

I think again the women come out with the best of intentions that “I’m going to keep up with my counselling I’m going to this meeting, that meeting” and then they realize that there is a huge wait or something and just the energy fades away so I think there’s a huge need for more aggressive system of provision of mental health supports across the board in the way that you are talking about.

Similarly,

But if you're on a wait list to see a psychiatrist and you only have so many weeks' worth of medication going out and the whole stress of reintegration that everyone would go through but you just up the ante by how many degrees when you also have a mental health challenge. It's like falling off a cliff.

Women in GVI and in the community talked about the need for supports when they move into the community. When asked about what types of supports she would need in the community, Kennedy replied:

More things for us to turn to if we need help... the only thing for people with mental illness is just admitting yourself into the hospital. That is the only thing. They don't have too many supports on the outside.

Carrie spoke about having to change counsellors because her original counsellor went to a different agency. She doesn't feel that her new counsellor cares about her:

Yeah, she won't come here because she has allergies to the animals. She came here once and she won't come back again. Which is not really fair because everybody else their counsellor comes to them, they don't have to go to her or him. She doesn't do a hell of a lot for me. I had another counsellor, [name of counsellor], I loved her. She went to another agency. Pissed me off. But this one, I'm thinking about getting another one because she obviously doesn't give a shit.

Tracy spoke about finding a treatment program that was consistent with her values and beliefs:

Actually the barrier right now for me is getting over my addiction. That is number one. And that is finding treatment that I can believe in... I think I am going to find that faith based treatment is the best for me. I've tried everything else. I have had

abuse all my life and people telling me what to do and yelling at me. I can't do that anymore. I want the gentleness in my life. I want that more than anything else I want in my life.

Government Policies

Government guidelines and restrictions emerged as a significant barrier for women. Women had difficulty with the welfare system, the student loan system and rules imposed by government legislation. Missie spoke about her experience trying to get help from Ontario Works when moving into a new place:

So it is difficult to try to get ahead when they have all these stipulations, you have to do this or you have to do that, or "we can't help you with this." They even told me when I was moving in here they would help me with hydro, they would help with me with stuff and when it came time to help me they wouldn't help me.

Diana talked about the barriers she came up against when coming back to the community, beginning with welfare,

The whole system starting from the minute you get arrested from when you get out and have to deal with welfare, sure you have to work hard, I am not saying make it easy for people. We fucked up. Oh well. But now let's fix it.

Two women spoke about their inability to get a student loan through the Ontario Student Assistance Program (OSAP) as they had outstanding loans from when they were experiencing a rough time in their lives. Stacy said:

I had an OSAP loan in 2000. In 2001 I went to prison, I never finished school and I never paid my loan back. I have called OSAP and they said "there is no interest forgiveness you owe us this, this, this, and this. Before we will give you another

loan you need to pay the accumulated interest on your loan.” I was very honest with them and I said I didn’t pay my loan because I was in prison. They said “well you should have called us.” My life was falling apart and calling OSAP was my number one priority?

Carrie spoke of a similar experience when talking about going back to school, “but if it didn’t cost so much I would do it. And I can’t get OSAP because I had one from Humber and I never paid them back. I was a mess for years.”

Women also talked about current and future government legislation creating barriers for them. Tabitha talked about the non-association clause which prohibits federally sentenced women from associating with people “in known criminal activity”:

God would I love to see changes. Like this non-association thing. These women are coming out here and they can’t even go shopping with somebody. It is scary when you come out. It doesn’t matter if you have been in for two years or 20 years. Things change. And if you are trying to change and you don’t want then to associate with old acquaintances, then let them associate with new acquaintances.

Stacy spoke about the current politic climate and the approach the government is taking on crime:

I know the government right now doesn’t help. Tough on crime. Why don’t we do something to cut down on crime? If you don’t help the women when they are sitting in jail they are just going to get out and do it again. I just don’t see what Harper doesn’t get about the whole thing. They just don’t care.

Finally, the current legislation to change the pardon criteria will create significant barriers for some women. Carol said:

I look at things sometimes, the women have hope, they come out, “I have changed my life, maybe somebody will give me a chance” right? Okay, so you might give me chance and they have that little bit of hope hanging in the back of her head. And they get out and our politicians are saying “well if you have a criminal offence or you got this or you got that, too bad. You can’t get pardoned. Can’t even apply for one.”

Solutions to Barriers

The most important component for transitioning into the community was supportive relationships. These relationships could be formal, informal, peer, family or spiritual. All women spoke about the necessity for positive relationships. The women also spoke about things like more housing options, more job training and job development and individualized supports.

Supportive Relationships

Every woman spoke about the importance of having supportive relationships in her life. Women spoke about the importance of volunteers, family, peers and the Chaplain at GVI. Several of the women spoke about the Stride program that is offered through Community Justice Initiatives. Diana said, “I love Stride. I did it when I was there.” Stacy commented on that fact that they get to give back to the community through the sale of the items they make at Stride Night. “Yeah it is really good. Especially when they make crafts for the store. It gives you a chance to give back to the community.” Since the Stride Circle program is only offered to women who will be living in the Kitchener-Waterloo and surrounding area when they leave, only one woman in the

community had a Stride Circle and one woman at GVI was organizing her Stride Circle at the time of the interviews. Missie spoke about her Stride Circle glowingly,

I really wanted a Stride Circle so when I met [name of circle volunteer] and then my AA sponsor joined in as part of the Stride Circle and then [name of CJI staff person] just so you have more people. She is really good. She's another one who pushes for a lot of things.

Women also spoke about the support they received from volunteers through the chaplaincy program at GVI. Missie said, "the second time I got out was that I had some good supports in the community and that was through chaplaincy programs." Similarly, Terry noted, "the chaplaincy programs are great. A lot of community people come in and volunteer." However, Carrie explained that the relationship built through the chaplaincy program has to end once a woman leaves GVI, which has a significant impact on their reintegration:

The volunteers from the chaplaincy department are not allowed to have contact with an inmate who has been released and is on parole. This is a very large detriment to the well being of an ex-woman.... so now, you have people, who were doing great, but because of a stupid rule, now are left alone again, with no faith support.

A strong theme that came through in the interviews was the support the women received and continue to receive from the prison chaplain. Trish explained,

I went to [the Chaplain] and I had nowhere else to go. And I have trust issues, I have major trust issues. I learned that. But I went to her and told her what was weighing on me and she actually set me up right away with a Christian lady who

comes in here and does one on ones once a week with me for an hour in the evening.

Missie also spoke about the Chaplain in a very positive light:

Yeah [the Chaplain] is awesome. If it wasn't for [the Chaplain] I don't know what that prison would be like. All my good experiences [the Chaplain] had something to do with it. Even when their [her children] dad passed away [the Chaplain] got me that ETA in a day because when someone passes away its not like you can plan for that. She came to the ETA with me she even came to family decision making with me and sat with me for 8 hours.

Stacy spoke glowingly about the Chaplain as she supported her in a very difficult time in her life, "I probably wouldn't have made it through without her... I don't know what I would do without her in my life."

Several women spoke about their families and how important they were in their lives. Star explained,

Yeah my two daughters and I are like glue. She, my oldest, I got my first letter though, the institution... I got one yesterday and it just made me cry. It was like "mommy none of this is your fault. Don't take this on...I forgive you and I love you."

Similarly, when asked if her parents are supportive of her, Trish replied, "they have been amazing. They have been there the whole way. They were through court which was an ordeal in itself." Carol also spoke about the support of her family, "kept connected with family. I had great family support." Tracy described the support she received from her son, much to her surprise:

And I thought this time coming in [to GVI] he would hate me but when I explained what happened he said “well mom you had three and a half months and you did really good. You can do it again.” And I said “yeah I can.”

Dewey, who has been in the community for years, explained how her family supported her while she was in GVI,

And my dad was very good at helping me with the kids and my daughter was a teenager at the time and she stood up to the plate and really took charge and became a second mom. She was 19 at the time.

Support from peers was also spoken about with great significance. While thinking about her release from GVI, Trish said, “anyway if I leave here and walk into a halfway house even like it sounds really, not have someone hold your hand but have somebody ‘alright let’s go down and get a library card’ and actually have a friend.” Tabitha also spoke about having someone show her around when she left GVI for a halfway house, “they were very nice. They let the girls take me around, show me things and do stuff. They were very, very good with me. They knew I was terrified.” Kennedy spoke about the importance of having someone to talk to who has been in a similar situation:

Talking to other people with similar situations seems to help a lot. I find when you talk to somebody that’s never went through anything you went through they kind of just look at you with a blind eye because they don’t know what you went through. So I find talking to somebody who has been through it even it’s not a counsellor, if it’s just a friend somebody to talk to. Talking seems to help a lot.

Dewey spoke about the support she received from friends, coworkers and even strangers:

It was just remarkable. I had my friends and people that I supervised over the years that I didn't even remember them they were sending me cards and letters and well wishes. They wanted to do anything they could do to make sure the kids and I were okay. I just had an incredible support system. Even from strangers.

Employment

Several women spoke about the need for more job training and job development for women leaving the federal prison system. As they face numerous barriers in terms of accessing meaningful employment, women felt as though there should be specific training for women leaving prison. Tabitha talked about the need for more training while in GVI:

They've gotta get some kind of vocational training going on. They have to. Something. A woodworking shop, there's a girl who was at P4W [Prison for Women] she did the woodworking, when she got out she opened her own store and she still has it running. So give them something they can learn so when they get out they don't have to go back to selling drugs, they don't have to go back to that lifestyle, give them something to learn.

Trish spoke about her need for employment counselling, "job counselling is a big deal too because I know for myself I never had any great career." Stacy also talked about the need for job training as she has been in and out of prison for the past 10 years, "I am going to need some job training obviously." Although Kennedy works in the construction industry, she suggested that there be options for women in the federal system to take more training to diversify their skills,

Another thing would be programs and stuff for the off season like workshops and stuff like that to help build better skills and to be able to look for work in the off season. Just a skills workshop to build skills in case you want to change professions. Stuff like that would help so you wouldn't get into trouble, keep you busy.

In addition to more job training, some women spoke about the need for a specialized job developer who works in the community to help women leaving the federal system find jobs. Diana spoke passionately about this topic:

There should be a person that is specifically just for that reason. To go out and job develop. Why can't they job develop? Get companies on board. Let's say yes, Wal-Mart, not only do we hire people with disabilities but we also give work release programs to offenders. I don't understand why that is not in place.

Diana also suggested that there be some sort of "one-stop-shop" for job related activities similar to the approach taken by the Dream Centre in Kitchener:

Their [Dream Centre] vision is let's get people in here, it is a one stop shop. So why can't somebody, be one person in each agency like John Howard be that one stop shop? I'll do your resume, I'll talk to employers, we'll get you some interviews.

Individualized Supports

Another theme that came across the interviews was that of individualized supports for women leaving the federal prison system. Instead of trying to support women using a "one size fits all" model, women suggested tailoring the supports to each woman's unique circumstances. Dewey said, "you need to connect with people one-on-

one. You need to deal with what the real issues are. Because everybody's needs are different so you need to treat them individually." Similarly, Missie explained that women need individualized support even from volunteers,

I have gone to a couple of the training things when they are training Stride people to be volunteers and I just tell them "I can tell you what worked for me but that may not work for the next person. It might work for the next person but you just have to be there for support."

Trish used a very simple analogy for treating women as individuals and providing them with several options:

I think every case is different and that is the hard part. It is so case by case. I don't know if there's some way or maybe there is already in effect but some sort of system that could treat people individually. Have a whole broad spectrum of criteria and be like here's your personal, you hear about those personal diet plans? Really. It's the same sort of concept. I think would be really effective.

Release Planning

Another recommendation that emerged as a common theme was that of release planning. Several women spoke about the need to start release planning early and continue it when out in the community. Dewey suggested,

Somebody connecting with you from the outside world because you do need that. You are not going to be in there forever. You need to start thinking about integration actually when you walk in the door because I'm telling you, time does go quickly and you need to be prepared. Don't leave it to the last month or two when you are leaving.

Trish spoke about the need for continuous support even after she has left the institution, “I think it is going to be constant support for the first six months or a year.” Stacy, who has been back to GVI for three separate convictions acknowledged, that she needs to have a comprehensive release plan in place in order to stay in the community, “I need to make sure when I get out that that my release plan is so solid that there’s no way I am coming back.” A service provider spoke about an example of a situation in which a woman from GVI was supposed to be coming to her agency for support, “It’s sometimes even just their release plan... we had a woman coming to us... she was released from GVI with \$300 cash and she wasn’t given any transportation to get here. So of course she never made it here.” Dewey also suggested that while at GVI she noticed that a lot of the women who had support from an Aboriginal elder often succeeded in the community. Therefore, she recommended that all women have access to an elder/mentor in order to make their transition easier:

We have elders who used to come into GVI and I found that they were very active in helping these women get connected into housing, employment, so it would be nice if everybody had an elder/mentor if you didn’t have one of your own like I did with my parent and my kids and my employer. So people who don’t have that, it would be nice if there was somebody else like an elder. Because I found the women who were leaving or had issues or concerns, they were able to sort it out through an elder.

Housing

In terms of housing issues, there were recommendations about allowing children to live in halfway houses, more supportive housing and a safe house for people struggling

with substance use issues. Diana spoke about her experience at the halfway house in Kingston with her son,

They wanted to do a mother-child program. Because what I went through I sort of set the precedent to have something there in place for them. So they are going to do that. I think that is another thing halfway houses need to look into. When they are out and they have the opportunity to have their kids back wouldn't it be better to have a child back under the microscope of CSC and the halfway house and see how they interact with the child? I don't understand why they would skip that part and allow the mother to go back into the community, unsupervised, I don't care how much Children's Aid is at your door they can never supervise you as much as living in a controlled environment.

Carrie talked about her positive experience with supportive housing provided by the Canadian Mental Health Association in Toronto:

Yeah. COTA's [Community Occupational Therapy Associates] housing. And it is mental health. COTA is part of mental health and justice. So what it is is I now have a counsellor I see once a week, I'm a client, CMHA client. They do all kinds of shit for me.

Kennedy suggested that a type of "safe house" for people struggling with substance use issues could be beneficial for those who don't have other supports:

Maybe like a safe house would be something that would be good for people when they are wanting to go and use or commit crimes or something like that. Because they don't have anywhere that they can go somewhere safe for them would probably be beneficial.

Other Recommendations

While there were no other recommendations that emerged as a theme, several of the women had suggestions how to make certain aspects of the reintegration process easier. Tabitha and Diana spoke about the need to help women get their identification back before leaving GVI. Tabitha suggested, “find a way for them to get their ID. If there’s free ID clinics out here why can’t you use them? I am sure they must have one in Kitchener. Why can’t they do that? Get the women their ID.” Diana had the good fortune of receiving a bursary to get her identification and other important cards back. “So when I got to Kingston though I was lucky because they gave me a bursary for the birth certificate, health card, whatever it would cost to get done.” Tabitha also suggested that women automatically have access to a doctor after leaving GVI,

And they should have doctors for them when they get out. There's no doctor. You have to get your own. They have a dentist but no doctor...but that should be set up for them when they come out. They can use this doctor if they want to. Not that they are forced to but they can use him until they find their own doctor. Don't force them, give them the option and if they don't like him they can go and find someone else.

Recommendations from Forum Participants

Some of the themes that emerged at the forum were themes that emerged from interviews with women, such as, more employment opportunities, more housing options and more comprehensive release planning. Other themes that emerged that did not emerge from the interviews included information exchanges between community and institution, increased collaboration between community agencies and the institution, the

reinstatement of the Creating Choices philosophy in GVI, the creation of a working group specifically dedicated to the reintegration of women with mental health issues transitioning from GVI and more funding. As the small group discussions were recorded on chart paper, the results are not as detailed as the interviews with women.

Identification

The strongest theme that emerged at the forum throughout the discussions was the lack of identification when leaving GVI. Six of the seven groups spoke about the need to ensure women have their identification prior to transitioning into the community. This theme also dominated the larger group discussions. One of the recommendations was to ensure that women's identification was transferred to GVI with her other belongings when coming from the provincial system. While there are several junctures that identification can be misplaced, the transition from a provincial to federal institution was cited as the most common. Another recommendation that was offered by several groups was that CSC should be responsible for covering the costs associated with a woman recovering her identification and related cards (i.e., health care) and that it should be taken care of prior to the woman leaving the institution. Partnering with an identification clinic, such as the one offered at Mary's Place, was another recommendation. Allowing the women to have access to the service prior to leaving GVI would be greatly beneficial and would prevent the women from encountering significant barriers associated with a lack of identification in the community.

Housing

All seven groups at the forum spoke about the need for more housing options for women with mental health issues leaving GVI. Suggestions of housing options include:

private home placement, supportive housing, prioritized housing such as the Step Home model, a halfway house in the Waterloo region and transitional housing. Other recommendations in terms of housing included allowing women access to the internet and telephones prior to leaving GVI in order to search for available accommodation, partner more effectively with private sector housing and to create housing that is specifically for women coming from the correctional system.

Release Planning

Six of the seven groups identified that more comprehensive release planning is essential for women returning to the community. Several groups suggested that release planning begin well before the woman is released in order to build relationships and to arrange for supports in the community. Providing the women with an opportunity to create a Recovery Support Plan, such as the ones offered by the Canadian Mental Health Association was also a recommendation.

Holistic Approach

Once in the community, women often have to go to several places in order to access services, which are often at opposite ends of the city a woman lives in. Wraparound service provision was recommended in order to ensure the women have access to all of the appropriate services and supports in one place. A holistic approach by providing access to mental health and substance use supports, housing and employment supports and other essential supports was seen as an integral part of ensuring a woman stays in the community. Forum participants acknowledged that individual agencies cannot provide all services and supports and that collaborating and partnering with other agencies in order to provide a seamless support system would be most beneficial.

Communication and Collaboration

In order to ensure a seamless system for women leaving GVI, agencies and service providers need to communicate and collaborate with one another. Groups at the forum suggested that local agencies do not know what other agencies provide in terms of supports for women leaving GVI. This lack of communication can create duplication of services as well as service gaps. It was recommended that agencies share information with one another about the supports offered to women leaving GVI on a more regular basis. Information fairs/exchanges were recommended by six of the seven groups so that agencies, GVI staff and women in GVI have the information about what is available in the community. Agencies also recognized that they need to communicate more often with one another.

Employment

Solutions to employment related barriers were provided by several of the forum groups. It was suggested that more programs and services need to be created/expanded upon to assist women in seeking out, preparing for, obtaining and maintaining meaningful employment. A job maintenance program was suggested as a way to help women stay gainfully employed while in the community. It was also suggested that there be jobs created specifically for women leaving the correctional system so that they are guaranteed employment when they come back to the community.

Public Education

Five of the seven groups recommended that more public education efforts regarding women with mental health issues involved in the correctional system be undertaken. It was suggested that the general community has an altered perception of

women in GVI which often leads to discrimination. It was acknowledged that the community plays a large role in enhancing the transition from GVI to the community; however, it was also recognized that there is a large amount of stigma around being federally incarcerated. A public education campaign to dispel the myths about federally incarcerated women and to demystify the prison system was a strong recommendation from several groups.

Funding

A major obstacle that was discussed was a lack of specialized funding for community agencies to support women coming out of GVI. The services and supports that are funded, such as Stride night and Stride Circles, do not have permanent funding and are under constant threat of having their funding discontinued. It was recommended that CSC provide permanent funding to CJI for the Stride program as it has been proven to be effective in helping women stay in the community following GVI. It was recognized that there is no specific funding for mental health staff from the community. While there is staff in GVI who focus on mental health, it was suggested that there be a position for a community mental health worker to help women with mental health issues transition into the community.

Discussion

This research began with the aim of determining what the life experiences of federally sentenced women with mental health issues are and to determine what they need in order to successfully transition into the community. This was due to my belief that women with mental health issues were, in some way, different than those without mental health issues. However, throughout my interviews with the women, I realized that

all of the women, regardless of their mental health status, experienced marginalization and oppression throughout their lives and that they need the same resources when transitioning to the community. They need access to safe and affordable housing, employment opportunities that provide them with adequate wages, supportive relationships and access to resources in the community. There were no differences found between the women who identified as having mental health issues and those who did not other than the fact that women with mental health issues reported needing extra intervention in the form of counselling, peer support or more intensive support such as psychiatric medication and support from a mental health agency. Other than this extra support, all women spoke about experiencing the same barriers and needing similar supports when transitioning into the community. Similarly, both groups of women (i.e., those with mental health issues and those without) spoke about experiencing trauma and abuse, loss, poverty, substance use issues and difficult childhoods. Therefore, in this discussion, I will be referring to the women I interviewed as “women” and not as “women with mental health issues,” as both groups of women spoke about the same issues.

In this discussion section I interpret the findings by tying the major themes and categories back to the literature in terms of anti-oppression theory. I begin by discussing and exploring themes in terms of women’s pathways to criminalization, followed by the barriers women experience. I then discuss recommended solutions for reducing the barriers experienced by the women in order to create a more seamless support system. As this is action research, I speak about the recommendations on two levels: (a) at the ideological level and (b) at the practical and concrete level.

Women's Pathways to Criminalization

Women often face experiences that tend to be gender-specific, such as sexual abuse, sexual assault, domestic violence and being the sole supporter of dependent children (Richie, 2001). In terms of life experiences the results from interviews with women are consistent with other research conducted with this population (Maidment, 2006; Pedlar et al., 2008; Pollack, 2008; Richie, 2001). The women described having difficult lives that included physical, sexual and/or emotional abuse in childhood and/or as an adult, difficult upbringings, significant loss, poverty, substance use issues, mental health problems and experiencing significant amounts of pressure from external sources. These findings are consistent with the anti-oppression literature as it indicates that federally sentenced women often come from backgrounds of marginalization, oppression and social exclusion (Pollack, 2004). The findings are also consistent with the “pathways to women’s criminalization” literature in that it illustrates that women’s attempts to cope with abuse and trauma and the realities associated with poverty often lead them into situations that increase their likelihood of being criminalized (Maidment, 2006; Pollack, 2008). I begin with a discussion about women’s life experiences of marginalization and oppression and explore women’s pathways to criminalization.

The results demonstrate that the women experienced significant oppression throughout their lives. Oppression often began in their childhoods with many of the women being physically, sexually and/or emotionally abused. This is consistent with the findings from other research, in that it is reported that a significant proportion of criminalized women experience tremendous abuse, often beginning in childhood (Bloom,

Owen & Covington, 2004; Correctional Service of Canada, 1995; Maidment, 2006; Pollack, 2008; Richie, 2006; Task Force on Federally Sentenced Women, 1990). Such experiences are associated with powerlessness, extreme power imbalances and unpredictability (Pollack, 2008). Women also described abuse and trauma occurring in their relationships as adults, which further perpetuated the feelings of powerlessness and inferiority. Some women indicated that they had internalized this oppression and, as a result, developed low self-esteem and self-worth. Many of the women described using alcohol and/or drugs as a means of coping with their experiences of abuse, which led to further oppression and marginalization in that their drug and alcohol use often contributed to low educational and vocational achievement, which in turn, contributed to their experiences of poverty.

The chronic cycle of poverty is often the common denominator among criminalized women (Maidment, 2006). In Canada, many more women than men live below the poverty line and are dependent on welfare (Maidment, 2006). Furthermore, women tend to be unemployed or underemployed in low-paying jobs with no benefits and are the sole supporter of dependent children. The majority of women's criminal activity is directly related to this disadvantaged socioeconomic status and have been called "survival crimes" (Maidment, 2006, p. 39). This was illustrated by many of the women in this research as they spoke explicitly about engaging in criminal activity because they did not have enough money to make ends meet. Several women began selling and/or transporting drugs because it was profitable and they were then able to provide for their children and for themselves.

One of the largest contributors to the poverty experienced by many women is the neo-liberal ideology on which our society is governed. Neo-liberal ideology is “premised on the values of individualism, freedom of choice, market security and minimal state involvement in the economy. [It] marks a dramatic shift in emphasis from collective or social values towards notions of family and individual responsibility” (Comack & Balfour, 2004 as cited in Maidment, 2006, p. 34). Neo-liberalism perpetuates a “survival of the fittest” mentality and places blame on individuals for their disadvantaged situations (Maidment, 2006). As a result of neo-liberal policies and the deterioration of the welfare state, there has been an increase in the “criminalization of the most marginalized, especially young, racialized, and poor women and those with mental and cognitive disabilities” (Neve & Pate, 2005, p. 27). This “criminalization of the most marginalized” was evidenced through the interviews with women as many of the women struggled on a daily basis to cope with the realities of poverty and experiences of victimization. With the evisceration of health, education and social services that has occurred, and continues to occur in Canada, many of the women were forced into situations that led to their criminalization. Many women spoke about the lack of access to mental health supports in the community and suggested that it contributed to their criminalization.

In this study, nine of the 12 participants (75%) indicated that they have been diagnosed with a mental illness. This is consistent with previous research that suggests “the number of women entering the prison system with diagnoses of mental illness has been increasing at a disturbing rate” (Peters, 2003 as cited in Maidment, 2006, p. 89). This criminalization of mental illness is directly related to neo-liberal policies of governance. Several women spoke about being unable to access services and supports in

the community for their mental health concerns, which were often as result of experiences of marginalization and oppression. The impacts of psychiatric deinstitutionalization are still being experienced as there have been significant cutbacks in public spending on mental health services and resources (Neve & Pate, 2005). As a result, women who are in need of mental health support are often left to fend for themselves and wind up in situations that cause them to be criminalized. This results in the responsabilization of women for their criminalization as it decontextualizes women's experiences of oppression and social exclusion. This ultimately "deflects attention from the structural roots of criminalized behaviours" (Neve & Pate, 2005, p. 32) and places blame on the woman for her disadvantaged circumstances. As Maidment suggests, "Criminality is held to be an individual problem and portrayed as the fault of the 'antisocial,' 'cognitively deficient' person who is unable to cope or 'think right' in our society" (Maidment, 2006, p. 6).

Overall, the findings from the interviews with criminalized women indicate that they have been victims of significant marginalization and oppression for the majority of their lives. Due to the neo-liberal ideology on which our society is governed, women have been responsabilized for their disadvantaged circumstances which results in their criminalization. The next section discusses the findings regarding barriers women experience when transitioning into the community by relating it to the literature.

Barriers to Reintegration

The results regarding the barriers women experience when transitioning from GVI into the community are also consistent with the literature in that the women described experiencing stigma and discrimination, a lack of employment skills and opportunities,

lack of affordable and decent housing, lack of support, lack of resources and poverty (Balfour & Comack, 2006; Maidment, 2006; Pedlar et al., 2008; Pollack, 2009; Richie, 2001). Women also explained that government policies and the prison environment itself created enormous barriers when trying to transition into the community. These barriers are a result of neo-liberal ideologies. As Coburn (2004) argues, “the forceful enactment of neo-liberal ideologies and politics exacerbates differences amongst rich and poor within the market, and, at the same time, undermines those social institutions which might help reduce poverty or income inequalities or which buffer the effects of income inequalities on health” (p. 44). Furthermore, he states, “countries pursuing neo-liberal policies display far greater social inequalities and show more people in absolute or relative poverty than do more social democratic nations” (p. 54).

Following their release women are often subjected to further social controls at the local level by being bounced around from one agency to another in an attempt at social management called “transcarceration” (Maidment, 2006b, p. 267). The management and regulation of criminalized women extends beyond the custodial setting to “the direct state level (psychiatry/mental health, child protection, social welfare) to the state-sponsored local level (halfway houses, home care, treatments centres)” (Maidment, 2006b, p. 267).

This was evidenced through the interviews with women, as all of the women in the community described experiences of social control following release. Moreover, the women who were in GVI described past experiences of social controls and/or future experiences they believed they would have once released from prison. The most obvious form of social control beyond the institution is the use of the halfway house following release. All of the women in the community had been mandated to reside in a halfway

house following their incarceration. Women expressed frustration with the fact that although many of the staff at the halfway houses tried to help as much as they could, they were bound by the fact that they received their funding from CSC, which forced them to follow their regulations. An example of the regulations imposed on women in halfway houses is the zero tolerance policy for alcohol and drug use. Women are subjected to urinalysis testing at the halfway houses (and in the community) and staff members are then obligated to report any “failures”. While most of the women thought that they needed some sort of transition house between the institution and the community, they believed that the current state of halfway houses is not conducive to their reintegration. It must be noted that although the locations of the halfway houses were included in this study it was not done so to denigrate the specific agencies themselves. It is understood that the current state of politics plays an enormous role in where halfway houses are located and how they are funded. It is also recognized that halfway houses are located in areas that are over-policed and under-resourced as a result of the current neo-liberal governance. The reason for leaving the locations of the halfway houses in was to demonstrate that there are some halfway houses that are located in decent areas and receive adequate funding while others do not.

As halfway houses for federally sentenced women primarily receive their funding from CSC, “surveillance now takes precedence over advocacy” (Maidment, 2006, p. 147). Similarly, Pollack (2009) notes, “this close tie with the correctional apparatus constrains advocacy efforts and can perpetuate the control mechanisms of the correctional system” (p. 85). This results in the continuation of control exerted in the prison as well as lack of trust for the local agency staff that are relegated to the dual role of supporters and

enforcers. This control exerted by agencies in the community is consistent with

Foucault's (1977) argument that:

Discipline and surveillance create a more extensive form of power... in which the power to punish is inserted more deeply and more certainly into the social fabric.

The advent of non-segregative techniques of control has resulted in more control, not less, as the control net is widened and its mesh thinned (as cited in Maidment, 2006, p. 4).

Women also described experiencing stigma and discrimination when leaving prison. "Stigma and social exclusion is believed to be symptomatic of individualistic societies that operate within a neoliberal context" (Fortune et al., 2010, p. 31). Many women experienced difficulty obtaining decent employment after being released from prison and directly related it to the stigma associated with their criminal record. This is consistent with the neo-liberal ideology that criminalized individuals are responsible for their circumstances and that they are inherently bad people who are unable to conform for society's norms. Women are arguably more prone to stigma for their criminalization than men as they have transgressed the dominant cultural narratives of what women in our society are supposed to behave like. Media representations of criminalized women perpetuate the cultural narratives that "sugar and spice is not so nice" and that women engage in equal amounts of violence as men (Balfour & Comack, 2006, p. 15). This is due, in part, to the neglect of the examination of women's criminalization in "traditional" criminological studies. When women are discussed in mainstream criminology, they are described as "monsters, misfits, and manipulators" (Comack, 2006, p. 22).

This stereotype of women's criminalization is further perpetuated in our neo-liberal society in that women are responsabilized for their criminalization which suggests that women choose to engage in criminal behaviour. Violence committed by women is even more stigmatized, as in a neo-liberal society it is believed that violence "is a conscious choice, a means of solving problems or releasing frustrations" (Comack, 2006, p. 48). Media coverage of the most notorious female serial killer in Canada, Karla Homolka, has reinforced false beliefs that all criminalized women are evil and intrinsically bad. This stigma associated with violence was experienced by some of the women in this study. They experienced discrimination when trying to find employment, housing as well as trying to get help from the police. One of the women explicitly said that she was discriminated against at her trial as it was the year after Karla Homolka's case and the dominant narrative that all women who commit violence are evil people prevailed in the jury's decision to convict her.

The prison environment itself was one of the most talked about barriers to reintegration. This is consistent with other research on women's prisons (Fortune et al, 2010; Hannah-Moffat & Shaw, 2000; Maidment, 2006; Pollack, 2008; Snider, 2006). The seminal document, *Creating Choices*, put forth by the Task Force on Federally Sentenced Women (1990) was originally designed to create a prison environment where women were able to heal from their experiences of trauma and to become empowered to take control of their lives (Pollack, 2005). This, however, has failed to occur. This failure is, in large part, due to the prevailing neo-conservative policies which take a "tough on crime" approach to corrections (Cormack, 2006). Neo-conservative policies have shifted the focus from rehabilitation and empowerment, towards a "law-and-order agenda"

(Maidment, 2006, p. 35). The current state of women's prisons is far from that envisioned by the Task Force on Federally Sentenced Women in that, "prisons operate as sites of inequality, control and oppression that exacerbate the oppressive conditions many women who end up in prison have already experienced in the community" (Fortune et al., 2010, p. 31). Although there is a more feminized discourse surrounding women's corrections in Canada, "the more sinister and oppressive punitive elements of incarceration persist" (Hannah-Moffat, 2001, p. 163). This was evidenced in the interviews with the women as it was noted that the prison is now run like a maximum security prison instead of the minimum security prison it was supposed to be. It was suggested that the moment they put the maximum security unit in GVI and the fence around the institution was when they lost the fundamental philosophy of *Creating Choices*.

Several of the women spoke about the lack of meaningful and responsible choices as there are waiting lists for almost all of the services and programs. Many women spoke about wanting to access psychological services in the institution but were unable to because they were not in "crisis". While there is considerable debate about whether or not prisons can provide adequate psychological services for criminalized women (e.g., Pollack, 2004; Pollack, 2005), it is beyond the scope of this study to enter into that debate. Women also spoke about the lack of options with regards to programming and services in the prison and were only able to "choose" programs from the already prescribed menu of options. This is consistent with Hannah-Moffat's (2000) assertion that, "the choices women are empowered to make are limited to those deemed by administration, and not necessarily the prisoner, as meaningful and responsible" (p. 33).

Furthermore, the power imbalance between criminalized women and CSC staff was discussed at length. Women spoke about being afraid to tell staff at the prison that they were feeling suicidal for fear of being sent to segregation. This is contradictory to the original vision of *Creating Choices* in that staff that was hired would form relationships with the women and support them during their greatest times of need. This is consistent with Maidment's (2006) assertion that "these relationships [with professional staff] are not always positive, and they are often characterized by a level of mistrust, in large part because of their... professional relationships and issues of confidentiality... can make women feel uncomfortable about sharing aspects of their lives in this setting" (p. 119). The dual role of primary workers (i.e., guards, correctional workers) of that of support and security inhibits a woman's ability to heal as "security" of the institution will always trump the needs of the women. For example, suicidal ideation and attempts are deemed a security risk, which is why women are placed in segregation, even though placing a woman in segregation who is suicidal seems counterproductive. This is consistent with Hannah-Moffat's (2001) assertion that "They [prisons] are sites of repression; behind their walls we find an undeniable imbalance in the relations of power between the 'keepers' and the 'kept'. Rarely are the 'keepers' able or willing to relinquish their power to facilitate empowerment" (p. 170). The women spoke about not being able to trust their parole officers once in the community even though they are explicitly told to share their struggles with them. While this is certainly not the case for all parole officers, many women highlighted the fact that although they did form relationships with their parole officers, they were unable to be completely honest and

open with them for fear of having their parole revoked for minor infractions of their parole stipulations.

Similarly, there is a culture of deprivation occurring at GVI in that staff regularly takes things away from the women in the name of security of the institution. For example, there has been no sugar allowed in the institution for two years as some of the women made “brew” (i.e., homemade beer) from it. This was followed by a constant stream of deprivation and the women have had things such as rye bread, fruit juice and pancake syrup taken away for the same reason. This severely limits a woman’s ability to make meaningful and responsible choices and directly demonstrates the power imbalance that is inherent in the prison system. As Hannah-Moffat (2001) suggests, “Prisons are organized to limit individual expressions of autonomy, control, and choice” (p. 170). The prison’s mandate is one of security and punishment and places those who are implementing and maintaining the security and punishment in the role of the oppressor with the prisoners being the oppressed. This is consistent with Fortune and colleagues’ (2010) statement, “the coercive nature of prisons prevents them from being empowering institutions, which in turn hinders reintegration” (p. 20).

It should also be noted that the word “empowerment” has taken on a different meaning from the one envisioned by the Task Force on Federally Sentenced Women. The feminist understanding of the word “empowerment”, which is the meaning *Creating Choices* used, is “a means for transforming the lives of women when power relations are restructured, women are able to make choices and regain control of their lives (Hannah-Moffat, 20010, p. 170). It takes the ideological, political and economic circumstances into consideration and attempts to transform structural inequalities. However, the

definition CSC that has adopted has responsabilized criminalized women in that it does seek to restructure power relations in the prison, but instead focuses on constructing “a rational, prudent, and reformable subject who can be empowered so as to change her life circumstances and to take responsibility for her future and past criminal behaviour” (Hannah-Moffat, 2001, p. 171). This places the responsibility of reintegration directly with the women and completely decontextualizes her experiences of marginalization and oppression and renders the prison not responsible for restructuring the power dynamics that continue to marginalize and oppress women.

Overall, the barriers that women experience when transitioning into the community are a direct result of the neo-liberal and neo-conservative ideologies on which our society is governed. The prison environment itself perpetuates the oppression women experience throughout their lives and thus impedes the ability of women to transition into the community with ease. The prevailing dominant cultural narrative regarding criminalized women greatly contributes to the stigmatization and discrimination of federally sentenced women. As Rappaport (2000) suggests,

Dominant cultural narratives are overlearned stories communicated through mass media or other large social and cultural institutions and social networks. The dominant cultural narratives are known by most people in a culture. They are often communicated in shorthand, as stereotypes (welfare mother, college student, housing project resident) that conjure up well-practiced images and stories. (p. 4, italics added by original author)

In the next section I discuss potential solutions to reducing the barriers experienced by federally sentenced women. This section begins with an exploration of

the ideological underpinnings of the current political realities and ends with some concrete and practical recommendations about how to create a more seamless support system for federally sentenced women.

Ideological Recommendations

“Making change in neo-liberal societies is not difficult... what *is* difficult is making change that matters to disempowered, marginalized people, change that provides tools they can use to lessen the oppression, challenge repression, and change relations of power” (Snider, 2006, p. 323, emphasis added by original author). The current research demonstrates that criminalized women experience significant amounts of marginalization, oppression and social exclusion as a result of neo-liberal and neo-conservative policies and governance. Marginalized and oppressed women will continue to be criminalized until a paradigm shift occurs in how our society is governed. The dominant cultural narrative of criminalized women is that they are “mad” and “bad” and that they choose to engage in these criminalized behaviours. This responsabilization of criminalized women places blame directly on the women and decontextualizes their life experiences. As Neve and Pate (2005) suggest, “As the economic, social, and political climates within Canada continue to produce ever more daunting challenges to the survival of the most marginalized, we must struggle to resist the rush to vilify women and girls” (p. 31). In order to decrease the number of women being criminalized in our country, we need to divert our spending from building and operating more prison and to increase the availability and accessibility of resources in the community. Access to safe and affordable housing is a human right in Canada and it is criminal that instead of providing

housing to all of our citizens, we choose the more expensive and less effective route of imprisoning them, thus marginalizing and oppressing them even more.

Education and advocacy are central to changing the dominant ideology about criminalized women. However, as Snider (2006) suggests, “this approach requires walking a fine line, because messages deemed ‘too radical’ will never make it into political arenas while those labelled ‘reasonable’ may be incorporated and co-opted, sometimes with disastrous effects” (p. 338). Findings from the forum demonstrate that there is need for more public education regarding criminalized women. However, the current neo-conservative, “tough on crime” agenda, is a difficult campaign to counter as it is the most predominant ideology in Canada. It has been suggested that a dialogue between criminalized women and prison officials is essential to “staving off further regression” in the correctional system (Snider, 2006, p. 338). This dialogue occurred at the forum held in Waterloo Region and included the community as well. As was evidenced at the forum, all of the individuals who were present were there to improve the lives of criminalized women and to determine how they could contribute. A strong theme that emerged was that of helping the broader community shift their preconceived notions of criminalized women to understand the life experiences of these women and to take their circumstances into context. One suggestion was to use the stories of criminalized women in order to “humanize” the cost of imprisoning women. Three women who were incarcerated at the time of the forum were present and one spoke about her experiences in the criminal justice system. This was deemed to be a powerful way of getting the message across that women’s disadvantaged life experiences have caused them to become criminalized. By shifting the dominant narrative from one that suggests

criminalized women are evil and deserve to be punished to one that recognizes women's life circumstances will ultimately reduce the stigma and discrimination experienced by these women. This reduction in stigma will ultimately result in decreased discrimination in terms of employment, housing and access to essential services such as mental health care and health services.

The most dominant theme that emerged from the interviews with women in terms of what facilitates community reintegration was that of supportive relationships. This is consistent with research in that it is widely acknowledged that the women who "successfully" stay in the community are the ones with strong relationships (Fortune et al., 2010; Maidment, 2006; Pedlar et al., 2008; Pollack, 2008; Pollack, 2009). Supportive relationships can take many different forms such as professional supports, family supports, peer supports, volunteer supports and faith-based supports. Many women spoke about the importance of having the community come into the institution while they were imprisoned so that they could begin forming relationships with people before they left. Many women also spoke about the support they had from their families, some of whom would visit them at the institution. In her study about criminalized women on the east coast of Canada, Maidment (2006) found that the chances of staying out of prison increased dramatically for the women who maintained their positive relationships while incarcerated and during release. She acknowledged that professional supports can benefit the woman it is the informal networks of support that make the most transformative impacts. Similarly, Pollack (2009) found that peer support and friendship were important as many women were connected to professional supports associated with CSC which posed many challenges regarding confidentiality and trust. The creation of peer advocates,

mentors and addictions counsellors were deemed necessary in order to create trusting relationships and to support their transition into the community. Therefore, providing federally sentenced women with the opportunity to maintain or to develop positive relationships with family, friends, peers and the community is essential to their reintegration.

In order to effectively meet the needs of criminalized women, a gender-responsive approach is necessary. Criminal justice policies need to take into account women's pathways into criminalization. It is well established that criminalized women differ from criminalized men in their life experiences and pathways to crime (Bloom, Owen & Covington, 2004). Women experience higher rates of sexual and physical abuse, domestic violence, poverty and are often sole supporting parents. Many women in this study reported using alcohol and/or drugs to cope with past abuses and trauma. Problematic substance use is a common pathway to crime for women as it is treated as a criminal issue rather than a health concern. Due to neo-conservative ideology, women who have drug and alcohol issues are being sentenced to long prison terms instead of receiving help for their problems. Gender-responsive policies require "an acknowledgement of the realities of women's lives, including the pathways they travel to criminal offending and the relationships that shape their lives" (Bloom, Owen & Covington, 2004, p. 42). Bloom and Covington (2000) make the following statement:

These approaches [gender-responsive approaches] address social (e.g., poverty, race, class and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family

relationships, substance abuse and co-occurring disorders. They provide a strength-based approach to treatment and skill building. (p. 42)

However, the current practice in the correctional system is to incorporate “gender-responsive strategies” by providing psychotherapy, self-esteem courses and violence prevention programs. These approaches perpetuate the responsabilization of women for their circumstances as the broader social structures are ignored. In order to implement gender-responsive approaches in prison (although some argue this is impossible) supports should be made available that take into account the broader social context of women’s lives, as well as taking a critical look at how the prison environment itself perpetuates the oppression criminalized women experience. Contracting community agencies that are not linked to CSC has been suggested to be a good step in this direction (Pollack, 2008) as the women feel more comfortable talking to them about their struggles without fear that they will be consequenced for what they say. It must be noted though, that these supports must incorporate anti-oppressive approaches that take into account the realities of women’s lives.

Action Research

Until the dominant ideology of criminalized women changes, action needs to be taken to support the women who are currently experiencing imprisonment. As this study includes an action research component, this section explores some concrete and practical options for creating a more seamless support system for federally sentenced women when they are released from prison. As the Waterloo Region is one of the six regions that house prisons for women in Canada, the focus will be on this region. The recommendations put forth by the participants at the forum demonstrate that there is a lack of communication

and collaboration between community agencies and the institution (GVI) as well as between community agencies themselves. This finding appears to provide new insight as I have not come across literature related to criminalized women that considers the communication and collaboration of community agencies. The literature seems to focus on community agencies in terms of the limitations they face from receiving their core funding from CSC. Coming under CSC impedes their ability to advocate for and support women in their transition (Maidment, 2006; Pollack, 2009). The finding that community agencies themselves do not communicate with one another is unique to this study. Forum participants recommended that more formalized meetings take place in order for agencies to educate each other about their roles specific to criminalized women and to begin to create a more seamless support system for them. It was recognized that agencies themselves create barriers for women transitioning into the community and one executive director even explained that she would look into changing her agency's policies that prohibit people with a criminal record from volunteering or working there.

Once community agencies begin to communicate and collaborate more, a more formalized support system can be created in the Waterloo Region. It was also suggested at the forum that a "wraparound" approach be utilized for supporting women leaving GVI. Several of the women interviewed identified the fragmented support system difficult to navigate and access. This finding, too, seems to be unique to this study as the literature does not mention the use of a wraparound approach. The literature certainly speaks about a holistic, gender-responsive approach in which all of the woman's circumstances and life experiences be taken into account when providing services and support (Bloom, Owen & Covington, 2004; Maidment, 2006; Pollack, 2008; Richie, 2001). However, it

does not mention having all of the services criminalized women need to access in one place. This is presumably due to the small numbers of federally sentenced women living in any one area. However, the services that criminalized women need are often the same services required by other marginalized and oppressed groups. Therefore, the creation of a site where criminalized women (and other groups of disenfranchised individuals) can access supports would greatly enhance the ability for them to remain in the community.

A very practical recommendation that emerged from the forum and from the interviews with women was the creation of a halfway house in the region. Women often form relationships while they are in GVI but due to a lack of a halfway house in the region the women are forced to move to another city, which puts strain on the relationship and may result in its demise. One major pitfall of not having a halfway house in the region is that Stride Circle, which is a program that connects community volunteers to a woman entering the community, cannot be formed if a woman does not stay in the community. The large majority of federally sentenced women are mandated to a term in a halfway house following their incarceration which means that they cannot participate in the Stride Circle program. As Fortune and colleagues (2010) found, “Stride Circles, based on the foundations of reciprocity and trust between members, function to minimize power imbalances and honor [sic] women for who they are” (p. 31). It is widely acknowledged that supportive relationships are integral to a woman remaining in the community. However, the fact that women have to move to another city following their incarceration diminished the supportive relationships created and maintained while incarcerated at GVI. Therefore, the logical solution is to build a halfway house for

federally sentenced women in the Waterloo Region so that women have the option of staying in the community in which they have spent a significant amount of time.

Another practical solution to a major barrier experienced by women leaving GVI is for women to obtain their identification prior to leaving the institution. Several of the women in the interviews and many participants at the forum indicated that the lack of identification following incarceration caused numerous problems such as inability to access social assistance, rent a place to live and get health care. A simple solution suggested at the forum was to have an ID clinic come into the institution and provide the women with identification free of charge. This would facilitate a woman gaining access to these essential services when leaving the institution which will increase the chances of her staying in the community.

Overall, the results from this study demonstrate that the dominant neo-liberal and neo-conservative ideologies that govern our society have contributed to the criminalization of women. Findings from interviews with women are consistent with findings from previous research in that the criminalized women in this study largely came from disadvantaged backgrounds filled with abuse, poverty, mental health issues and substance use issues. Women experienced marginalization, oppression and social exclusion throughout their lives including following release from prison as they were subjected to social control mechanisms. The largest barrier women experience when transitioning into the community is the stigma and discrimination associated with a criminal record. The other barriers experienced, such as lack of employment, housing and access to social services are directly linked to dominant cultural narratives that suggest federally sentenced women are evil and deserve punishment. A shift in the dominant

narratives is needed in order for criminalized women to have access to employment, housing, social assistance and supports for problematic substance use and mental health concerns. Finally, until the shift in political, economic and social policies occurs, changes need to be made in our community to support the women transitioning from GVI. The Waterloo Region has the capacity to create a seamless support system for women leaving the institution. However, numerous barriers stand in the way, such as lack of a halfway house in the region and lack of communication and collaboration between key community agencies.

Contributions of this Study

At an intellectual and theoretical level this study contributed to the knowledge about criminalized women. This study replicated findings about women's life experiences of marginalization, social exclusion and oppression. This study did, however, contribute new knowledge in that it demonstrated that all women, regardless of their mental health status, need the same resources and supports when transitioning into the community. They need housing, financial security, employment, supportive relationships and access to essential services like health care and support for problematic substance use issues. Women with mental health concerns need an extra level of support for their mental health issues; however, the basics are the same for all women.

This study used extensive, verbatim quotations from participants which enhanced the impact of the stories and allowed the women's voices to be heard. Too often, researchers or advocates speak on behalf of incarcerated women. I consciously chose to let the women speak for themselves as they are the experts in their lives. I believe that bringing the "humanness" to the issue of criminalization will have more of an impact on

those who subscribe to the dominant neo-conservative ideology of women's criminal behaviour (and those who don't for that matter).

While the forum was not held for the sole purpose of this research, the incorporation of the forum data into this thesis is unique in the sense that the majority of studies on criminalized women only use one form of data, usually and understandably, interviews with criminalized women. This is significant in that it not only provided the women with an opportunity to share their stories and insights but it also allowed for the participants at the forum to contribute to action research. It was evident at the forum that some of the participants were disheartened with forums in general, as the results from the discussions are not usually utilized in meaningful ways. Similarly, while the interviews with service providers were not the main data used in this thesis, the inclusion of their insights strengthened the main findings from the women. While including the service provider insights was not necessary as the women can speak for themselves, it served to triangulate the results from the women in that it validated what they said. This is a unique approach to data collection in that I have not come across any study that has incorporated data from three separate sources, which strengthens the credibility and validity of this research.

As was shown in the findings, the women spoke mostly about their life experiences and barriers to reintegration, while forum participants spoke about structural changes that need to be made in order to reduce the barriers experienced by women. This demonstrates the importance of multiple sources in that without the data from the forum participants, the questions regarding solutions would not have been answered as thoroughly, thus, reducing the quality of the research.

Limitations

As with every research project, this study has several limitations. Firstly, the sample of women is a convenience sample due to the timing of the approval from CSC. As this is a Master's thesis, and thus, time sensitive, it was not feasible to recruit women using any other means. Similarly, all of women who volunteered to participate are associated with the chaplaincy program in GVI. While this may have enhanced the quality of the data received, as the women trust the Chaplain who recruited them for the study, and thus trusted me, it could be construed as a limitation as it is a very select sample. The women who did volunteer also may be the women who are "functioning" better than those who did not volunteer. Also, this sample was predominantly of Caucasian decent and did not have representation from visible minority groups. There are quite a few women in GVI (and most likely in the community) who do not speak English fluently, as such, were not able to participate. The women in GVI who volunteered were in the "general population" in that they were living in the cottages and were classified as minimum or medium security. I was unable to gain access to women in maximum security or segregation. I did not pilot the questionnaire on anyone prior to beginning the interviews with the women. This may have improved the questions. All of the information gathered from the women was based on self-reports. I did not have access (nor did I ask for it) to their personal files.

Validity

Progressive Subjectivity

Throughout the data collection, analysis and writing stages I engaged in self-reflection in order to ensure that any pre-conceived notions I may have held were not

biasing my research in a way that would reduce the quality. I spoke with some women who were convicted of crimes I had not prepared myself for and thus was taken off guard when I learned of the nature of their conviction. I will admit that as progressive as I believed myself to be in my thinking about women in prison, some of the women challenged my somewhat naïve preconceptions of the types of crimes for which women are convicted. One of the women thoroughly challenged my preconceived stereotypes of federally sentenced women and forced me to rethink my beliefs about criminalized women. In order to address my biases about the types of crimes some of the women were convicted of I engaged in peer debriefing.

Peer Debriefing

After experiencing an interview with a woman who had been convicted of a crime to which I was not adequately prepared to hear about I immediately spoke with my supervisor at work as she has worked in this field for many years. I explained all of my feelings and thoughts associated with the interview without compromising her identity. I expressed my feelings of guilt and shame for thinking negatively about the woman at first. However, the more reflecting I did on the situation the more I realized that this was a perfect example of how a woman can be so dominated and so oppressed throughout her life that she can be put into a situation that created horrific consequences. This was the most poignant example of the powerlessness associated with abuse and trauma and the significant effects it has on women. As a result of peer debriefing and self-reflection I have completely shifted my thinking about women who are convicted of this type of serious crime as it has reinforced my belief that women can experience oppression and trauma in such extreme forms that it can have life long impacts beyond their control.

Member Checks

I formally shared my findings with the women who participated in the interviews. For the women in the community, I sent them a summary of the findings (See Appendix M) and provided them with the option of reviewing the entire findings section so they could ensure their quotes were not taken out of context. Five of the six women responded and one asked for the entire results section. Minor changes were made to add context to the quotes. All of the recommendations women made about their quotes were incorporated into the results. For the women in GVI, I visited the institution and met with each woman individually. Four of the six women met with me and I shared with them the findings section with their quotes highlighted. Due to time constraints women were only able to review their contributions. Minor changes were made such as placing commas in quotations but nothing was changed regarding content. All of the women were satisfied with the findings section. I shared the profiles used in the findings section with the two women whom the profiles are about. I emailed the woman in the community and met in person with the woman in GVI. The woman in the community asked that more information be put in the profile to ensure that I captured her experiences properly. The woman in GVI did not make any changes. Both women agreed to have their profile in the thesis although I did warn them that the description may reveal their identity to people in the field who know them. Both agreed to this.

Conclusion

Overall, this study reconfirms that criminalized women experience significant amounts of marginalization, oppression and social exclusion throughout their lives (Pollack, 2004). The women in this study described experiences of sexual, physical

and/or emotional abuse in their childhoods and/or as adults. They also described their experiences living in poverty, on the streets and in unsafe housing. Many of the women experienced mental health issues and problematic substance use issues often associated with their abuse and disadvantaged backgrounds. While this study began with the goal of determining what the lives are like of federally sentenced women with mental health issues and determining what they need when transitioning into the community, it was apparent after completing all of the interviews that all women, regardless of their mental health status, experience and need the same things. The women need safe and affordable housing, income security, employment opportunities, supportive relationships and access to essential services such as medical care. The women who self-identified as having mental health issues and problematic substance use issues explained that they needed all of these things in addition to extra support for their problems. Extra support, such as counselling, peer support or more intensive support such as psychiatric medication and support from a mental health agency, was suggested by some women. However, they also acknowledged that they needed their basic needs covered as well.

The criminalization of poverty and mental health issues was apparent through these interviews. The majority of the women experienced significant disadvantage in terms of economic status and most of them experienced mental health issues. The mental health issues experienced were often associated with past traumas of abuse. Several women spoke about using alcohol and/or drugs as a coping mechanism for dealing with the realities of poverty and marginalization and the effects of trauma. Many of the women spoke about the lack of access to essential services in the community as well as the criminally low social assistance rates, which are a direct result of neo-liberal

governance and the dismantling of the welfare state. Women spoke about not being able to access mental health supports in the community and as a result, the criminal justice system has become the “catchall” for those individuals who need mental health support and cannot access it.

In order to effectively meet the needs of criminalized women, a shift in the neo-conservative and neo-liberal paradigm needs to occur. The dominant cultural narrative of criminalized women is one that suggests these women are “mad” and “bad” and that they deserve to be punished. However, results from this study demonstrate that criminalized women are not inherently evil and that their criminalization is a result of their disadvantaged place in society. Women’s attempts to resist the multiple oppressions they experience, such as sexual and physical abuse, are often criminalized. The stigma associated with having a criminal record is a significant barrier for women attempting to transition into the community. Media portrayals of criminalized women, such as Karla Homolka, reinforce the dominant belief that women choose to participate in criminal activity and that they are active participants in their criminalization. Education and advocacy regarding the lives of federally sentenced women is needed in order to decrease the stigma associated with being criminalized. While it is difficult to counter the prevailing “tough on crime” campaign administered by the current conservative federal government, it is possible to shift people’s perspectives by bringing to their attention the realities of women’s lives.

This study also demonstrated that there are practical solutions to reducing some of the barriers experienced by federally sentenced women when transitioning into the community. There is high motivation in the Waterloo Region to create a more support

system for women leaving GVI as was demonstrated by the attendance and data from the forum. Local agencies acknowledged that they need to increase their communication and collaboration in order to create a more seamless support system. Educating one another about the roles they play in supporting women in their transition will result in the identification of gaps in services and supports. A very practical solution to a significant barrier is the creation of a partnership between GVI and an identification clinic. A major barrier experienced by women is the lack of identification when they leave the institution which, in turn, creates significant barriers such as lack of access to social assistance, health care and housing. Allowing a community agency to provide the women with their identification at no cost will greatly increase their chances of remaining in the community as they will have access to essential resources. Finally, the creation of a halfway house for federally sentenced women in the Waterloo Region is essential as the women who want to live in the region following their sentence are unable to do so. This necessarily reduces a woman's ability to maintain supportive relationships she has created while imprisoned at GVI. Supportive relationships are integral to a woman remaining in the community following incarceration and the creation of a halfway house will enhance the ability of federally sentenced women to maintain their relationships.

Federally sentenced women represent a very small fraction of the federal prison population. Furthermore, there is only one female federal prison in our region. We have the resources to create a more seamless support system for women leaving GVI, it is just a matter of creating a more coordinated and concerted effort to do so.

Appendix A
Recruitment Letter for Women in GVI

You are invited to take part in a research study. The study seeks to gain a deeper understanding of the lives of federally-sentenced women with mental health issues prior to incarceration as well as the barriers women with mental health issues experience when transitioning to the community from custody. The study is also seeking to determine how the Waterloo Region can reduce these barriers in order to create a seamless support system for women transitioning to the community from federal custody.

If you have experienced or are currently experiencing mental health issues (for example, schizophrenia, depression, anxiety, bipolar disorder or post-traumatic stress disorder) you may participate in this study.

If you participate in this research a one-on-one interview will be conducted by the primary researcher, Jessica Hutchison, a Master's student in community psychology. The interview will take approximately one hour of your time and you are free to withdraw from the study at any time.

This research is not connected to Correctional Service of Canada or Grand Valley Institution for Women. No part of the interview will be shared with staff at GVI and you are not required to participate in this study by GVI or CSC. This study is completely voluntary and what you share with the researcher will be kept confidential.

You can be assured you that individuals will not be identifiable as all identifying information (e.g., name, specific locations, etc.) will be removed from data. Only the researcher and her supervisor will have access to the interview transcripts.

If you would like to participate in this study, please contact a member of the Peer Support Team and she will arrange a time for the focus group to take place.

If you have any questions or concerns regarding the procedures or the research itself, please feel free to contact the primary researcher, Jessica Hutchison at 519-400-7154 or hutc7180@wlu.ca.

Thank you for taking the time to consider this invitation.

Sincerely,

Jessica Hutchison
M.A. Candidate Wilfrid Laurier University

Appendix B
Recruitment Letter for Women in the Community

You are invited to take part in a research study. The study seeks to gain a deeper understanding of the lives of federally-sentenced women with mental health issues prior to incarceration as well as the barriers women with mental health issues experience when transitioning to the community from custody. The study is also seeking to determine how the Waterloo Region can reduce these barriers in order to create a seamless support system for women transitioning to the community from federal custody.

If you have experienced or are currently experiencing mental health issues (for example, schizophrenia, depression, anxiety, bipolar disorder or post-traumatic stress disorder) and you have been incarcerated at a federal prison you may participate in this study.

If you participate in this research a one-on-one interview will be conducted by the primary researcher, Jessica Hutchison, a Master's student in community psychology. The interview will take approximately one hour of your time and you are free to withdraw from the study at any time.

This research is not connected to Correctional Service of Canada. No part of the interview will be shared with staff at CSC and you are not required to participate in this study by CSC. This study is completely voluntary and what you share with the researcher will be kept confidential.

You can be assured you that individuals will not be identifiable as all identifying information (e.g., name, specific locations, etc.) will be removed from data. Only the researcher and her supervisor will have access to the interview transcripts.

If you would like to participate in this study please the researcher, Jessica Hutchison by calling 519-400-7154 or emailing her at hutc7180@wlu.ca.

Thank you for taking the time to consider this invitation.

Sincerely,

Jessica Hutchison
M.A. Candidate Wilfrid Laurier University

Appendix C
Recruitment Poster for Forum

**Because of your personal experience and knowledge, we would like to
invite you to attend the following forum:**

**The Safe and Successful Reintegration of Federally-Sentenced Women
with Mental Health Issues into the Community**

**Please join us for a day of information exchange and community
visioning**

**Thursday, February 11, 2010
Open at 8:30 a.m. for registration
9:00 a.m. – 4:00 p.m.**

**St. George Banquet Hall
665 King Street North
Waterloo, Ontario**

**To register online for this FREE event, please go to:
<http://www.surveymonkey.com/s/2YGCB6M>
by December 23rd in order to secure your spot
LIMITED SPACES AVAILABLE
For questions call 519-575-4757 ext. 5260**

**This event is sponsored by:
Correctional Service of Canada,
Grand Valley Institution for Women,
Canadian Mental Health Association Grand River Branch,
Waterloo Region Crime Prevention Council, and the
Waterloo-Wellington Human Service and Justice Coordinating
Committee**

Appendix D
Interview Guide
Women in GVI

Hello, my name is Jessica Hutchison and I am a student at Wilfrid Laurier University in Waterloo. I would like to speak to you today about your life before coming to prison as well as problems you think you will run into when you move into the community.

As outlined in the consent form, this interview is going to be tape recorded to help me remember everything you say. You don't have to answer a question I ask if you don't want to. Also, feel free to ask me questions at any point during our conversation. I want you to be able to speak freely and honestly. Do you have any questions to ask me?
[I will answer any questions]

Great, let's get started.

[Turn tape recorder on]

I would like to start by learning a little bit about you.

1. Please tell me a little bit about yourself.
2. Please tell me what your life was like before coming to prison.
3. What would have been helpful in preventing you and other women from being imprisoned?

I would now like to get a sense of what problems you think you will face when you move into the community.

1. What kinds of things excite you when you think about leaving here?
2. What kinds of things do you worry about when you think about leaving here?
3. What would help you deal with these problems?
4. What do you need when you leave here?
5. Do you have anything else you would like to say?

Thank you very much for participating in this interview. Your input is very valuable to me and your input along with others' will be used to try to create a support system for women leaving GVI. Do you have any questions for me before I leave?

Thanks again for talking with me.

Appendix E
Interview Guide
Women in the Community

Hello, my name is Jessica Hutchison and I am a student at Wilfrid Laurier University in Waterloo. I would like to speak to you today about your life before you went to prison as well as problems you had when you left prison.

As outlined in the consent form, this interview is going to be tape recorded to help me remember everything you say. You don't have to answer a question I ask if you don't want to. Also, feel free to ask me questions at any point during our conversation. I want you to be able to speak freely and honestly. Do you have any questions to ask me?

[I will answer any questions]

Great, let's get started.

[Turn tape recorder on]

I would like to start by learning more about you.

1. Please tell me a little bit about yourself.
2. Please tell me what your life was like before you went to prison.
3. What would have been helpful in preventing you and other women from being imprisoned?
4. Please tell me what your life is like now.

I would now like to get a sense of what problems you faced when you moved into the community.

1. Please tell me what barriers or problems you experienced when you left prison.

Possible probe: Did you have a place to live?

Possible probe: Did you have enough money to live in the community?

Possible probe: Were you able to find a job when you left prison?

2. Please tell me what could have helped to solve the problems you just spoke about.

Possible probe: Would support finding housing have been helpful?

Possible probe: Would support finding a job have been helpful?

3. What were the good things about leaving prison?

4. Do you have anything else you would like to say?

Thank you very much for participating in this interview. Your input is very valuable to me and your input along with others' will be used to try to create a support system for women leaving GVI. Do you have any questions for me before I leave?

Thanks again for talking with me.

Appendix F
WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT
WOMEN IN GVI

Project: The successful reintegration of federally-sentenced women with mental health issues into the community: An action research study.

Researchers: Jessica Hutchison, MA Candidate Wilfrid Laurier University; Professor Geoffrey Nelson, Wilfrid Laurier University

You are invited to participate in a research study. The purpose of this study is to gain a deeper understanding of women's experiences prior to being federally-incarcerated and to determine how the Waterloo Region can create a seamless support system for federally-sentenced women with mental health issues returning to the community. The researcher is a Master's student in the Community Psychology program at Wilfrid Laurier University.

INFORMATION

Your participation in this study will be in the form of an individual interview. I will be asking you about what your life as well as what problems you think you will encounter when you leave prison. The information you provide me will help to determine what barriers women face when transitioning from prison to the community.

The interview will take approximately one hour of your time.

Approximately 10-12 women will be participating in this study, some at GVI and some in the community. Also, approximately 100 people will be participating in a community forum regarding the safe and successful reintegration of federally-sentenced women with mental health issues into the community.

The interview will be digitally recorded, with your permission, to ensure that all of the information you share with me is captured correctly. If you choose not to have the session recorded, I will take hand-written notes.

RISKS

We do not believe that you will experience any major risks to your well-being by participating in this study. It may be possible that you will become upset recalling negative events you have experienced. If the interview causes you to become upset, the interview will be stopped immediately. You have the right to refuse to answer any questions you are not comfortable with and you can stop the interview at anytime.

Participant's Initials _____

BENEFITS

We anticipate significant benefits to your participation in this study. Firstly, the study will provide you with an opportunity to talk openly about your life and about what can help you when you move into the community. Secondly, your experiences and ideas could be useful in improving supports for federally-sentenced women transitioning into the community. Finally, the results of this study will make a contribution to the research literature on women's experiences prior to incarceration and the barriers they encounter after being incarcerated.

CONFIDENTIALITY

All information you share with the researcher is confidential and will not be disclosed to anyone else except when an individual discloses ongoing abuse of a person who is under the age of 14, or where the interviewer suspects possible abuse or neglect of a person under the age of 14. Information you share will be held in the strictest of confidence by the researcher, except as compelled by law.

Identifying information (such as your name) will be removed from our records of the interview. You will not be referred to by name in our notes or in any research reports or other publications. Interview participants will be identified as Participant 1, Participant 2, and so on.

The interview will be digitally recorded to make sure all of the information you share with us is saved. The recordings will be transcribed by me. Once a recording is transcribed, the recording will be deleted. The electronic transcripts will be saved on a password protected computer at my home office. Only my supervisor and I will have access to these transcripts.

You can refuse to have the session digitally recorded in which case hand written notes will be taken during the interview.

CONTACT

If you have questions at any time about the study of the procedures (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Jessica Hutchison at 519-400-7154 or jess_hutch2@yahoo.ca.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 5225 or rbasso@wlu.ca.

Participant's Initials _____

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data analysis is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

The results of this research will be published in academics journals and presented at academic conferences. These results will also be made available to participants who would like a copy.

CONSENT

I have received a copy of the INFORMED CONSENT STATEMENT. I have read it or had it read to me and understand it. It describes my involvement in the research and the information to be collected from me.

I agree to participate in the individual interview for this research.

Yes _____ No _____

I agree to have the interview recorded.

Yes _____ No _____

I consent to the use of my as quotations, but only in an anonymous form, so that I cannot be identified as the source of these quotes.

Yes _____ No _____

Participant's signature _____

Date _____

Researcher's signature _____

Date _____

Appendix G
 WILFRID LAURIER UNIVERSITY
 INFORMED CONSENT STATEMENT
 WOMEN IN THE COMMUNITY

Project: The successful reintegration of federally-sentenced women with mental health issues into the community: An action research study.

Researchers: Jessica Hutchison, MA Candidate Wilfrid Laurier University; Professor Geoffrey Nelson, Wilfrid Laurier University

You are invited to participate in a research study. The purpose of this study is to gain a deeper understanding of women's experiences prior to being federally-incarcerated and to determine how the Waterloo Region can create a seamless support system for federally-sentenced women with mental health issues returning to the community. The researcher is a Master's student in the Community Psychology program at Wilfrid Laurier University.

INFORMATION

Your participation in this study will be in the form of a one-on-one interview. I will be asking you about what your life as well as what problems you think you will encounter when you leave prison. The information you provide me will help to determine what barriers women face when transitioning from prison to the community.

The interview will take approximately one hour of your time.

Approximately 10-12 women will be participating in this study, some at GVI and some in the community. Also, approximately 100 people will be participating in a community forum regarding the safe and successful reintegration of federally-sentenced women with mental health issues into the community.

The interview will be digitally recorded, with your permission, to ensure that all of the information you share with me is captured correctly. If you choose not to have the interview recorded, I will take hand-written notes.

RISKS

I do not believe that you will experience any major risks to your well-being by participating in this study. It may be possible that you will become upset recalling negative events you have experienced. If the interview causes you to become upset, the interview will be stopped immediately. You have the right to refuse to answer any questions you are not comfortable with and you can stop the interview at anytime.

Participant's Initials _____

BENEFITS

I anticipate significant benefits to your participation in this study. Firstly, the study will provide you with an opportunity to talk openly about your life and about what can help you when you move into the community. Secondly, your experiences and ideas could be useful in improving supports for federally-sentenced women transitioning into the community. Finally, the results of this study will make a contribution to the research literature on women's experiences prior to incarceration and the barriers they encounter after being incarcerated.

CONFIDENTIALITY

All information you share with the researcher is confidential and will not be disclosed to anyone else except when an individual discloses ongoing abuse of a person who is under the age of 14, or where the interviewer suspects possible abuse or neglect of a person under the age of 14. Information you share will be held in the strictest of confidence by the researcher, except as compelled by law.

Identifying information (such as your name) will be removed from our records of the interview. You will not be referred to by name in our notes or in any research reports or other publications. Interview participants will be identified as Participant 1, Participant 2, and so on.

The interview will be digitally recorded to make sure all of the information you share with us is saved. The recordings will be transcribed by me. Once a recording is transcribed, the recording will be deleted. The electronic transcripts will be saved on a password protected computer at my home office. Only my supervisor and I will have access to these transcripts.

You can refuse to have the session digitally recorded in which case hand written notes will be taken during the interview.

CONTACT

If you have questions at any time about the study of the procedures (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Jessica Hutchison at 519-400-7154 or hutc7180@wlu.ca.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 5225 or rbasso@wlu.ca.

Participant's Initials _____

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data analysis is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

The results of this research will be published in academics journals and presented at academic conferences. These results will also be made available to all participants who would like a copy.

CONSENT

I have received a copy of the INFORMED CONSENT STATEMENT. I have read it or had it read to me and understand it. It describes my involvement in the research and the information to be collected from me.

I agree to participate in the individual interview for this research.

Yes _____ No _____

I agree to have the interview recorded.

Yes _____ No _____

I consent to the use of my as quotations, but only in an anonymous form, so that I cannot be identified as the source of these quotes.

Yes _____ No _____

Participant's signature _____

Date _____

Researcher's signature _____

Date _____

Appendix H
Demographic Questionnaire
Women in GVI

1. How old are you? ____
2. What ethno-racial background do you identify with?
 - a. White
 - b. Chinese
 - c. Aboriginal
 - d. South Asian
 - e. Black
 - f. Filipino
 - g. Latin American
 - h. Southeast Asian
 - i. Arab
 - j. Central or West Asian
 - k. Japanese
 - l. Korean
 - m. Other _____
 - n. Don't know
 - o. Do not want to answer
3. Do you have any children?
 - a. Yes
 - b. No
4. If you answered 'Yes' to the last question how many children do you have?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6 or more
5. If you answered 'Yes' to question 2 how many of your children are under the age of 18?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6 or more

6. Were you working at the time you were arrested for your current offence?
 - a. Yes
 - b. No

7. Where were you living before getting arrested?
 - a. Your own house
 - b. Your own apartment
 - c. Friend's house
 - d. Family's house
 - e. Shelter
 - f. On the street

8. Have you ever been diagnosed with a mental illness?
 - a. Yes
 - b. No

9. If you answered 'Yes' to the last question what was your diagnosis?
 - a. Schizophrenia
 - b. Bipolar disorder
 - c. Major depression
 - d. Anxiety disorder
 - e. Post-traumatic stress disorder
 - f. Other _____
 - g. Don't know

10. How many times have you been in federal prison?
 - a. 1
 - b. 2
 - c. 3
 - d. 4 or more

11. How long is your current (or most recent) sentence? ____

12. How much longer until you leave prison? (If you are currently in the community please skip this question) ____

13. Please tell me what you are in here for.
 - a. Violent offence
 - b. Property offence
 - c. Drug offence
 - d. Other _____

Appendix I
Passive Consent Form for Forum Participants

Project: The successful reintegration of federally-sentenced women with mental health issues into the community: An action research study.

Researchers: Jessica Hutchison, MA Candidate Wilfrid Laurier University under the supervision of Dr. Geoff Nelson, professor in the Department of Psychology at Wilfrid Laurier University.

You are invited to participate in a research study. The purpose of this study is to gain a deeper understanding of women's experiences prior to being federally-incarcerated and to determine how the Waterloo Region can create a seamless support system for federally-sentenced women with mental health issues returning to the community. The researcher is a Master's student in the Community Psychology program at Wilfrid Laurier University.

INFORMATION

Your participation in this study will be in the form of small and large discussions at a community forum.

The forum will take approximately three hours of your time.

Approximately 10-12 women will be participating in this study, some at GVI and some in the community. Also, approximately 100 people will be participating in a community forum regarding the safe and successful reintegration of federally-sentenced women with mental health issues into the community.

The small and large group discussions will be recorded on chart paper.

RISKS

I do not believe that you will experience any major risks to your well-being by participating in this study. You have the right to refuse to answer any questions you are not comfortable with.

BENEFITS

I anticipate significant benefits to your participation in this study. Your contribution will assist in determining how we, as a community, can reduce barriers in order to create a seamless support system for federally-sentenced women with mental health issues transitioning into the community from custody. Secondly, this process will provide you with the opportunity to network with persons from other organizations and sectors in order to enhance the support that is available to these women.

CONFIDENTIALITY

All information you share with the researcher is confidential and will not be disclosed to anyone else except in cases of possibility of harm to others, self or the risk of child endangerment, or as compelled by law.

Identifying information (such as your name) will be removed from our records. You will not be referred to by name in our notes or in any research reports or other publications.

CONTACT

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 5225 or rbasso@wlu.ca.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data analysis is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

The results of this research will be published in academics journals and presented at academic conferences. These results will also be made available to all participants who would like a copy.

CONSENT

If you **DO NOT** want to participate in this study, please sign below and return this form to Jessica Hutchison.

Thank you very much for your contribution to this research.

I DO NOT want to participate in this study _____

Print Name

Signature

Date

Appendix J Forum Questions

Small Group Discussion #1

We are interested in knowing how the system and community is responding to the need of women re-entering the community. Think about the main areas of life that are important for successful integration and think about the assets, successes, challenges and gaps. In other words:

What is working well, what is not working well, and why?

There will be a note-taker and facilitator assigned to your group to record your discussion, who will then report back to the larger group.

Small Group Discussion #2

We are interested in knowing what solutions are available in our community to enhance the reintegration of women discharged from Grand Valley Institution and other correctional facilities. Think about all you have heard today and continue to think about the different areas of life that are important to reintegration:

What can be done? What are some solutions to improve coordinated supports and services that promote integration?

Appendix K
WILFRID LAURIER UNIVERSITY
INTERVIEW GUIDE
KEY INFORMANTS

Thank you for taking the time to participate in this interview. Your input is very valuable to me as it will provide insight into the experiences of women with mental health issues who are currently or who have been incarcerated at Grand Valley Institution. The interview should take less than one hour of your time.

Before we get started, let's review the informed consent statement and information letter. You can then decide if you wish to continue with the interview.

[Interviewer reviews information and consent form with participant]

Do you have any questions before we begin?

[Answer any questions the interviewee may have]

I am going to start the tape recorder.

The purpose of this interview is to gather insight into the lives of women with mental health issues who are in GVI or who have been incarcerated in GVI. I would like to gain a deeper understanding of the barriers women experience as well as what you think should be done in order to create a seamless support system for women with mental health issues leaving GVI.

Are you ready to begin?

1. Please tell me about the work you do with women from GVI.
2. What types of mental health issues do you believe the women have? How do you know this?
 - a. What do the women you work with say about their own mental health?
 - b. Do you think that women acquire an official diagnosis while in prison? If so, what factors do you believe contribute to this?
3. How does diagnosing a woman with a mental health issue affect her ability to successfully transition into the community after being released from GVI?
4. What do you know about the women's lives prior to being incarcerated?
5. What do you think would have been helpful in preventing their imprisonment?
6. When women leave GVI, what are they most excited about?

7. What types of things are women worried about when they leave prison?
8. What do women need in order to deal with these problems?
9. What role does the community play in the reintegration of women from GVI?
10. How do the correctional and mental health systems work together to support women with mental health issues leaving GVI?
11. What changes can be made in the system in order to make the transition from GVI to the community a successful one?
12. Is there anything else you would like to add about women who have been incarcerated at GVI?

Thank you very much for taking the time to complete this interview.

|

Appendix L
WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT
KEY INFORMANT

Project: The successful reintegration of federally-sentenced women with mental health issues into the community: An action research study.

Researchers: Jessica Hutchison, MA Candidate Wilfrid Laurier University; Professor Geoffrey Nelson, Wilfrid Laurier University

Transcriber: Jessica Hutchison

You are invited to participate in a research study. The purpose of this study is to gain a deeper understanding of women's experiences prior to and following federal incarceration and to determine how the Waterloo Region can create a seamless support system for federally-sentenced women with mental health issues returning to the community. The researcher is a Master's student in the Community Psychology program at Wilfrid Laurier University.

INFORMATION

Your participation in this study will be in the form of a one-to-one interview. I will be asking you about your work with women with mental health issues who are currently or have previously been incarcerated in Grand Valley Institution as well as your perceptions of the experiences of these women prior to and following incarceration. I will also be asking you how you believe a seamless support system can be created for these women.

The interview will take less than one hour of your time.

Pending approval from the Correctional Service of Canada, approximately 10-12 women will be participating in this study, some at GVI and some in the community. Also, approximately 100 people have participated in a community forum regarding the safe and successful reintegration of federally-sentenced women with mental health issues into the community in February, 2010.

This interview will be digitally recorded, with your permission, to ensure that all of the information you share with me is captured correctly. If you choose not to have the session recorded, I will take hand-written notes.

RISKS

We do not believe that you will experience any major risks to your well-being by participating in this study. You have the right to refuse to answer any questions you are not comfortable with and you can stop the interview at anytime.

BENEFITS

This study will provide you with the opportunity to express your thoughts about women's experiences prior to and following incarceration at GVI. It will also provide you with the opportunity to provide suggestions as to how to create a seamless support system for these women. The results of this study will make a contribution to the research literature on women's experiences prior to and following incarceration and the barriers they encounter after being incarcerated. Your participation may have an impact on how services throughout the region are organized and deliver services to women leaving GVI.

CONFIDENTIALITY

All information you share with the researcher is confidential and will not be disclosed to anyone else except when an individual discloses ongoing abuse of a person who is under the age of 14, or where the interviewer suspects possible abuse or neglect of a person under the age of 14. Information you share will be held in the strictest of confidence by the researcher, except as compelled by law.

Identifying information (such as your name) will be removed from our records of the interview. You will not be referred to by name in our notes or in any research reports or other publications. Interview participants will be identified as Participant 1, Participant 2, and so on.

The interview will be digitally recorded to make sure all of the information you share with us is saved. The recordings will be transcribed by me. Once a recording is transcribed, the recording will be deleted. The electronic transcripts will be saved on a password protected computer at the Waterloo Region Crime Prevention Council. Only my supervisor and I will have access to these transcripts.

You can refuse to have the session digitally recorded in which case hand written notes will be taken during the interview.

CONTACT

If you have questions at any time about the study of the procedures (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Jessica Hutchison at 519-400-7154 or jess_hutch2@yahoo.ca.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 5225 or rbasso@wlu.ca.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data analysis is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

The results of this research will be published in academic journals and presented at academic conferences. These results will also be made available to participants who would like a copy.

CONSENT

I have received a copy of the INFORMED CONSENT STATEMENT. I have read it or had it read to me and understand it. It describes my involvement in the research and the information to be collected from me.

I agree to participate in the individual interview for this research.

Yes _____ No _____

I agree to have the interview recorded.

Yes _____ No _____

I consent to the use of my quotations, but only in an anonymous form, so that I cannot be identified as the source of these quotes.

Yes _____ No _____

Participant's signature _____

Date _____

Appendix M Summary of Findings for Member Checks

The findings of this research are consistent with other research in this area in regards to all three areas of study: women's life experiences, barriers to reintegration and solutions to barriers. Below is an overview of the participants of in the research as well as an overview of the findings of each of the three areas of study.

Participants

- Twelve women in total participated in the research with six in GVI and six in the community.
- All of the women in GVI self-identified as having been diagnosed with a mental illness
- 3 women in the community identified as such.
- The average age of the women was 41 years.
- Nine of the 12 women have children, seven of whom had a least one child under the age of 18 years at the time of the interview.
- Eleven of the women had only received one federal sentence and one had received three federal sentences.
- For six of the women, this was the first time they had been imprisoned at the federal or provincial level.
- Five women were convicted of a violent crime, four with a drug offence, three with a property offence and one with fraud.
- Eight women identified as White, two as White and Aboriginal, one as Italian and one as "other".

- Two women were sentenced to life, nine had sentences from two to five years and one woman had a sentence of six years.

Women's Life Experiences

Results from the interviews with women in the community and in GVI demonstrate women's struggles and hardships throughout life, often beginning in childhood. The women spoke about being mothers, victims of sexual, physical and/or emotional abuse, experiencing great loss in their lives, struggling with problematic substance use and having a difficult childhood. Many women also spoke about experiencing mental health issues such as depression and anxiety, often beginning in early adolescence. Also, many women were under constant pressure to meet people's expectations, often in regards to stereotypic gender roles such as being a wife and caretaker. Several women spoke about living in poverty and the effects it had on their lives. It was apparent through the interviews that these women are survivors. They are survivors of poverty, significant abuse, the mental health and addictions system and the prison system.

Barriers to Reintegration

In terms of barriers women experience when leaving GVI for the community, most of the women spoke about structural barriers such as a lack of decent housing options, lack of employment opportunities, government policies, lack of support and the prison environment. Women also spoke about structural barriers such as lack of housing options and employment opportunities as well as the repressive prison environment. The most talked about barrier when returning to the community was the lack of employment. The majority of women spoke about how important it is to have employment skills and

experience before leaving the prison, which most of them felt they did not have. Having a criminal record was also a significant barrier in terms of gaining employment. The women also spoke about the prison system itself as a barrier to reintegration. It was apparent from the interviews that the philosophy of Creating Choices is not implemented in the prison as many women spoke about long waiting lists for services and programs, the power imbalance between the staff and the women, the dual role of parole officers and inconsistent supports (such as contracts not being extended for community agencies).

Solutions

Every woman spoke about the importance of having supportive relationships in her life. Women spoke about the importance of volunteers, family, peers and the Chaplain at GVI. Several women spoke about the need for more job training and job development for women leaving the federal prison system. As they face numerous barriers in terms of accessing meaningful employment, women felt as though there should be specific training for women leaving prison. Another theme that came across the interviews was that of individualized supports for women leaving the federal prison system. Instead of trying to support women using a “one size fits all” model, women suggested tailoring the supports to each woman’s unique circumstances. Another recommendation that emerged as a common theme was that of release planning. Several women spoke about the need to start release planning early and continue it when out in the community. In terms of housing issues, there were recommendations about allowing children to live in halfway houses, more supportive housing and a safe house for people struggling with substance use issues.

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