"*To come out of jail, it's like, you're lost*": Psychological Barriers Women Experience During

Community Reintegration After Incarceration

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## Abstract

As the fastest-growing prison population worldwide, women face distinct barriers to community reintegration after incarceration. Gender disparities substantially impact mental and emotional wellness, overlapping with negative coping strategies (e.g. substance use) and, therefore, involvement with the legal system. The current thesis includes two studies that examined the obstacles and distinct needs that women experience after incarceration. Using survey responses, study one explored the relationship between psychological barriers (i.e. self-esteem, self-stigma, social support, loneliness, and trauma) and prosocial reintegration and community connection. Results showed that self-esteem, social support, self-stigma, and loneliness are associated with reintegration and community connection. Through conducting interviews, study two investigated women's experiences and the barriers to reintegration. Results showed four overarching themes: connection as a pillar of healing, individual barriers, structural and systemic barriers, and ways forward. These findings demonstrate the need for additional resources and an improved release plan recognizing the obstacles women face during reintegration.

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## Chapter 1: General Introduction

### Introduction

Transitioning from incarceration to the community can initiate a phase of emotional

turmoil due to the need to adapt quickly and learn from others (Pettus-Davis & Kennedy, 2019).

Despite having established goals, risk management strategies, and regulations that may be in

place for individuals leaving incarceration, women often enter the community in survival mode,

acutely aware of the need to quickly create a vastly different lifestyle to live a law-abiding life

(Tyagi, 2016). As the fastest-growing prison population worldwide, women face distinct barriers

to successful community reintegration after incarceration (Herring, 2020). Women leaving

incarceration face several gender-specific disparities, such as abuse, poverty, systemic

oppression, and substance use (Yu, 2018). Experiences of gender inequity can substantially

impact mental and emotional wellness as they may contribute to women's negative coping

strategies upon release (e.g., substance use, self-harm) and, therefore, their reinvolvement with

the legal system (Canadian Women's Foundation, 2014; Wright et al., 2012). With 59% of

provincially sentenced females reoffending, identifying women's needs and barriers to support

their success in a prosocial life upon release could be foundational to developing needed change

in ending the cycle of reincarceration (Department of Justice, 2020).

### Release Planning

In Canada, the terms reintegration, re-entry, and rehabilitation are often used

interchangeably when referring to individuals being released from prison, indicating that

sufficient support is available (Griffiths et al., 2007; John Howard Society of Ontario et al.,

2016; MacKenzie & Amirault, 2021). Travis (2005) argues that re-entry is the often inevitable

process of being released from prison, whereas reintegration and rehabilitation are the long-term

goals of becoming a prosocial community member. Re-entry implies that minimal preparation was completed to support the transition from incarceration into the community (Travis, 2005). Research has shown incarceration in Canada has little to no rehabilitative effect and often fails to deter future offending (Public Safety Canada, 2020). Scholars suggest that the limited rehabilitative impact is due primarily to a lack of continuous support following the end of the individual's sentence. After interviewing 60 Canadians who were recently incarcerated, Barlfour et al. (2018) found that individuals were often released without a release plan or connections to available services. Participants reported a fragmented and inconsistent re-entry process where individuals were being released without warm clothing in the winter, in opiate withdrawal, without transportation, or released directly back to the street (Barlfour et al., 2018). Notably, there was variation in the support they received during reentry; importantly, Balfour et al. (2018) found that the differences depended on the institution rather than the individual's needs.

In a study on Canadians' post-release needs, Hannah-Moffat and Innocente (2013) stated, "…they must also be given the opportunity and systemic resources to support those changes and to thrive, not just to 'successfully' complete their parole without incident" (p. 95). Scholars suggest that our current criminal justice system is designed to support re-entry rather than reintegration as systems fail to recognize the broader social context (i.e. poverty, abuse, stigma) that can prevent prosocial re-entry (Hannah-Moffat & Innocente, 2013; Maidment, 2006; Sheppard, 2022). Similarly, risk assessments often neglect to adequately consider the individual's social context; risk assessments are conducted to aid in the decision-making process of an individual's release through consideration of a person's risk factors, and situational and contextual variables are widely recognized as critical to contributing to the success of a person's

community re-entry (e.g., RNR, HCR-20 and START items; Bloom et al., 2003; SAMHSA, 2020; Van Voorhis, 2012).

**Risk Assessment**

There is substantial research supporting risk assessment tools; however, research on individual psychological factors that influence a woman's risk of re-offending is limited (Brown, 2017; Fleming et al., 2021; MacKenzie & Amirault, 2021). Risk assessments are used to assess the likelihood of future criminal activity of a person convicted of a criminal offence, primarily based on their past criminal history (Bonta & Andrews, 2007). Despite having gender-specific risks and needs upon release, women who have been incarcerated are often neglected in the evaluation and development of risk assessment tools (Belisle et al., 2022; Fleming et al., 2021).

With unique pathways into the criminal justice system, posing less of a threat of violence, and engaging in different types of offences, women may present criminogenic risk differently than males, therefore requiring a different approach than males (Fleming et al., 2021; Wright et al., 2012). Despite the influence on women's engagement in criminal activities, particular risk factors critical to women (e.g. trauma, unsafe housing, education, self-esteem, self-efficacy, mental illness, substance use, poverty, unhealthy relationships) are often absent in gender-neutral measures of risk (Fleming et al., 2021; Van Voorhis et al., 2008). Compared to men, commonly used predictors of criminal behaviour were similarly predictive for women; however, additional factors such as criminal attitudes were less consistently associated with offending in females, and the influence of some risk factors (e.g. family support, self-harm, education, mental illness) did not have comparable weight to males (Fleming et al., 2021; Strub et al., 2016; Van Voorhis et al., 2008). With most risk assessment tools being either male-specific or "gender-neutral," scholars have suggested the need for ongoing research and development of measures that are

gender responsive and consider women's unique experiences (Brown et al., 2020; Strub et al., 2016; Van Voorhis et al., 2008).

Prior research shows that the most beneficial reintegration programs are based on the Risk, Need, and Responsivity principles, also known as RNR (Geraghty & Woodhams, 2015). RNR principles and risk assessments focus on assessing and targeting the risk of reoffending (Bonta & Andrews, 2007; Ward et al., 2007). RNR focuses on matching the level of service to the individual's risk, assessing and targeting criminogenic needs, and maximizing the likelihood of learning from a rehabilitative intervention by tailoring the support to the individual's strengths, learning style, and motivation (Bonta & Andrews, 2007). A significant criticism of RNR is that even though it identifies the risks and needs of individuals, it neglects to consider the reintegration process and a holistic approach (Ward et al., 2007).

Although recidivism is an essential consideration in identifying risk, many argue it is an insufficient measure of prosocial re-entry (Griffins et al., 2007; National Academies of Sciences, Engineering, and Medicine, 2022). Estimated recidivism risk is influenced by how and when reoffending is measured and can be measured at various times during an individual's contact with the criminal justice system (Griffins et al., 2007). The overarching goal of reintegration is to be more than arrest-free for a set period; it is a long period of successful reintegration that allows someone to contribute positively to the community (Petersilia, 2004). Supporting the successful transition from prison to the community by targeting overall risk factors, including gender-specific risks, is crucial to address the steady increase of women convicted of a criminal offence (MacKenzie & Amirault, 2021; Wright et al., 2012). By identifying the psychological barriers women experience during reintegration, we can contribute to positively supporting the re-entry process for women who have been involved in the criminal justice system.

**Theoretical Perspectives**

**General Strain Theory**

Robert Agnew developed the General Strain Theory in 1992 to describe how negative

emotions and experiences can lead to a life of delinquency and inability to achieve one's goals

when coping strategies, resources, social supports, self-esteem, and other factors are not present

(Agnew, 1992). Agnew (1992) describes the two types of strain experienced as objective and

subjective. Objective strains refer to events or conditions that cause strain that many people in

the general population do not experience, such as a lack of sufficient food and shelter, violence, a

lack of safety, or other factors that are often experienced by those recently released from

incarceration (Froggio, 2007). Subjective strain is defined as events that are often subjectively

experienced, such as a family member's death or the process of incarceration (Froggio, 2007).

The way that individuals subjectively evaluate objective strains is affected by a variety of

complex psychological traits and experiences, such as an individual's self-esteem, self-efficacy,

beliefs, social support, and other personal factors (Froggio, 2007).

Strain theorists argue that women start and continue a life of crime as a result of the

unique stressors in their lives, which impacts their vulnerability to negative emotional responses

to strains (Ackerman & Sacks, 2012). This theory argues that delinquency results in an

individual's inability to achieve their goals through law-abiding channels due to their respective

strain (Ackerman & Sacks, 2012). Largely due to societal stigma and discrimination, individuals

who have been involved in the criminal justice system face more challenges than the general

population in securing jobs, housing, sobriety, and achieving other goals (Ackerman & Sacks,

2012; Valenty, 2021). Strain Theory explains that individuals returning to the community after

incarceration may struggle with securing essential resources and other objective strains due to

psychological barriers such as low self-esteem and a lack of social support (Froggio, 2007).
These psychological factors can lead individuals back to familiar criminal activities (Brown,
2017).

General Strain Theory posits that how individuals navigate negative emotions is crucial
to understanding criminal behaviour and delinquency, especially when explaining gender
differences (Froggio, 2007; Puhrmann, 2015). According to previous research, a substantial
distinction in how individuals experience strains is in their approach to managing anger
(Puhrmann, 2015). Women are more likely to experience anger in conjunction with depression
and sadness, whereas men may express anger through actions, explaining why females often
engage in less violent acts than males (Puhrmann, 2015). For instance, within three years of
release, males aged 18-34 are 1.6 times more likely (27%) to have a new conviction for a violent
offence than females within the same age group (17%; Pedneault et al., 2024). Comparatively,
women are 10% more likely than males to have a new conviction for a property offence and 5%
more likely to have a new conviction for administration of justice (Pedneault et al., 2024).
General Strain Theory suggests that there are gender differences in strains such as sexual
violence, leading to gendered differences in negative reactions and, therefore, differences in
criminality and delinquency (Agnew, 1992; Puhrmann, 2015).

**Labelling Theory**

Labelling theory, developed by Howard Becker in 1963, theorizes that labelling those
convicted of an offence will perpetuate criminal behaviour (Becker, 1963). The theory identifies
an act as "criminal" at the time of getting caught (Becker, 1963). Therefore, it is not the act that
is deviant but the criminal label that society applies through official convictions. People
reintegrating into society after being convicted of an offence experience significant levels of

stigmatization from the public (Valenty, 2021). With intersecting identities, women who have been incarcerated experience increased discrimination with the influence of gender roles and societal expectations assigned to women (Moore et al., 2020). Isolating women who have offended through labelling and stigmatization can increase deviant behaviour as it reduces access to prosocial activities and groups (Valenty, 2021). Labelling people who have offended contributes to higher recidivism rates as it limits opportunities and potential for prosocial behaviour (Moore et al., 2018). Labels and judgements from society on people who have been incarcerated affect self-image and perception; therefore, it is common for individuals to return to deviant groups to provide shelter and companionship (Valenty, 2021).

Often, it is easier to adhere to the label that society enforces than to try to overcome it, which significantly affects one's self-concept (Mingus & Burchfield, 2012). Bradley-Engen (2011) argued that people who have been incarcerated internalize and incorporate a criminal label into their self-image through society's isolation, which further produces deviant behaviour. Previous studies have found a strong relationship between a criminal label given by society and an individual's self-esteem (Bradley-Engen, 2011; Moore et al., 2018; Valenty, 2021). It can be inferred that the criminal label given after incarceration can also affect an individual's self-stigma, loneliness, and relationships.

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**Gender and Incarceration**

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**Intersectionality**

The guidelines for psychologists outlined by the Canadian Psychology Association (2007) describe the need to understand and recognize that female patients may have diverse identities and experience their lives in multiple contexts, with gender inequity being only one of their intersecting identities. Intersectionality is defined as people uniquely experiencing

oppression and privilege based on their overlapping identities, such as gender, race, and sexuality (Kelly et al., 2021). While women in the general community experience unique challenges (i.e., increased risk of sexual assault, trauma, mental illness, etc.), in a correctional setting, women's experiences of gender, having been incarcerated, and other potential identities such as race, socioeconomic status, etc., should be considered through an intersectional framework rather than viewed as independent of one another (Nicholls et al., 2015; Status of Women Canada, 2016).

Women who have been incarcerated need to be understood through an intersectional framework due to the connection between gender inequalities and stigma-related involvement with the justice system (Nicholls et al., 2015). The criminal justice system aims to be founded on equality, treating everyone equally regardless of their circumstances; however, effective services are based on equity, ensuring unique needs are considered (Ritter et al., 2022). The majority of current correctional practices are based on the needs of males and frequently neglect gender-specific needs, especially those with intersectional identities such as race and gender (Ritter et al., 2022).

**Over-Representation of Indigenous Women**

Although the present study focuses on all women, it is necessary to acknowledge the over-representation of Indigenous women as their experiences of colonization and racism substantially affect the growing rate of women convicted of a criminal offence (McNab, 2020). Stemming from the intergenerational effects of colonization and policies rooted in racism, Indigenous women make up approximately 4% of the female Canadian population yet represent nearly 50% of federally sentenced women (McNab, 2020; Office of the Correctional Investigator, 2021). Notably, the rate of over-representation of Indigenous women is likely more significant as many Indigenous individuals do not identify as Indigenous upon incarceration

(Howell, 2008). In Canada, the number of females sentenced to federal institutions has increased by over 44% for non-Indigenous women and 76.4% for Indigenous women between 2006 and 2016, a substantially higher proportion than males (Department of Justice, 2019). Compared to the general population, Indigenous people are more likely to be jailed at a younger age, less likely to be granted parole, denied bail more often, and more likely to be released later in their sentence (Department of Justice, 2019). Systemic discrimination and racism have aggravated the overrepresentation of Indigenous people in the justice system, making them more likely to be a victim, accused, or convicted of a crime (McNab, 2020). The history of colonialism, displacement, and residential schools translate to lower education levels, lower incomes, higher levels of mental health issues, substance abuse, and incarceration rates (McNab, 2020).

Indigenous women and girls experience disproportionate rates of violence in Canada, with over 4,000 missing and murdered Indigenous women (Brant, 2017). The high number of missing and murdered Indigenous women result from the over-sexualization and dangerous cultural attitudes and stereotypes that Canadian society has (Brant, 2017). Indigenous people are nearly twice as likely as non-Indigenous people to have experienced violence within the last year (Perreault, 2022). Additionally, Statistics Canada reported that 26% of Indigenous women had experienced sexual violence under the age of 15, three times the proportion of non-Indigenous women (Perreault, 2022). Director and Producer of *Our Sisters in Spirit*, Nick Printup (2016), stated, "To begin to understand the severity of the tragedy facing Indigenous women today, you must first understand the history."

Indigenous women's participation in illegal activities is rooted in their constant battle to fight against systemic barriers (McNab, 2020). Women may be involved in illegal activities to acquire survival needs such as food, shelter, and substances (Sharma et al., 2021). Indigenous

people in Canada have an average total income of $44,300 dollars, which is $9,000 less than non-Indigenous families (Statista Research Department, 2024). Indigenous women are often stigmatized, victimized, and criminalized; they are also resourceful, intelligent, and compassionate members of our community whose voices of reintegration challenges deserve to be heard (Lam, 2020). By respecting and valuing Indigenous knowledge and culture, we can provide a foundation for creating the needed change in the community (McNab, 2020). Without recognizing the psychological barriers women face, we neglect a vital component of successfully supporting the reintegration of female Indigenous people and ending the cycle of re-incarceration.

## Contributors of Negative Re-entry

### High Prevalence of Abuse

The most significant risk factor for being a victim of physical and sexual abuse is being female (Adams et al., 2008). Women with a history of physical/sexual violence or neglect are more likely to have a lower education and socioeconomic status (Canadian Women's Foundation, 2014). Women convicted of an offence often have a history of traumatic family backgrounds with significant experiences of being a victim of abuse throughout childhood and adulthood (Strub et al., 2016). Of women who have been federally sentenced, 68% reported having been sexually abused, and 86% have been physically abused, with the actual prevalence likely even higher due to underreporting (Zinger, 2014).

Trauma bonding, an emotional attachment developed from cycles of violence and manipulation, is a common attachment style for women who have experienced trauma in a romantic relationship (Namnya et al., 2008). With a high percentage of women in prison having been in abusive relationships, reintegration support services should consider that it takes an

average of seven times for a survivor to leave the abusive situation (National Domestic Violence

Hotline, n.d). Survivors of abuse experience psychological, physical, financial and emotional

manipulation and trauma (Johnson, 2017). Because of the high prevalence of women who have

offended have been a victim of abuse, it is essential to understand the association that abuse has

with the cycle of returning to being involved in criminal behaviour, such as an increase in

substance use or other harmful coping mechanisms (Canadian Women's Foundation, 2014).

Experiences of traumatic events are strongly linked to substance use disorders as a

method to self-medicate the dysregulation of stress-related hormones following abuse (Khoury et

al., 2010). A desire to neutralize the emotional and physical pain experienced from surviving

past or current trauma using substances is common, especially for female survivors of sexual

abuse (Pascual-Leone et al., 2017). With substance use being a common coping mechanism used

to lessen the pain related to traumatic abuse, perpetrators often use methods of coercive control

by facilitating a dependence on them to provide and secure substances (Pascual-Leone et al.,

2017). Coercive control is used to control behaviours and independence using emotional abuse to

harm, punish, or frighten the victim from seeking support (Rivera et al., 2015). This dynamic

enforces the perception that the individual cannot confide in other supports and report the

violence due to their own criminal behaviour by using substances (Gadd et al., 2019). Due to the

fear of being convicted for accessing and using substances, it is challenging for individuals to

believe they have the power and ability to confide in support and, in turn, make the necessary

changes to a prosocial life (Canadian Women's Foundation, 2014). With substance use closely

linked to the victimization of women, serving as a connection between criminal culture and

perpetrators of abuse, women may continue a life of illegal activity (Rivera et al., 2015).

**Poverty and Being a Primary Caregiver**

Women reintegrating into society after incarceration are forced to navigate physical, mental, and environmental obstacles, creating significant daily stressors (Sheppard et al., 2022). To meet their basic needs and survive, women who are reintegrating after incarceration may engage in illegal behaviour such as sex trade work, drug trafficking, property and violent crimes, and other illegal acts (Miller & Bowen, 2020; Tyagi, 2006). Of people who access social services such as health care, daycare, public housing, and income assistance, 77% are women (Tyagi, 2006). Compared to men, women are at a greater likelihood of losing their housing during their incarceration as men are more likely to have a partner at home to maintain the household (Comack, 2018). These gender disparities contribute to the explanation of why being in a romantic relationship with the opposite sex is a risk factor for women but a protective factor for men (Comack, 2018; Sheppard, 2023). With social services often having limited funding, women are commonly forced to supplement their income through criminal activities to provide for themselves and their families (Tyagi, 2006).

Upwards of 93% of single mothers under 25 live below the poverty line (Public Safety Canada, 2015). Making an average of $15,000 annually, young single mothers are at an increased risk of survival-based criminal activity (Public Safety Canada, 2015). In Canada, an estimated 460,000 children have been separated from their parents due to incarceration during any given year (Stack, 2020). At the time of their arrest, 2/3 of women were single mothers, which suggests that they have had a significant responsibility that may have contributed to committing illegal acts to survive and provide for their children (Office of Correctional Investigator, 2014).

As a multifaceted problem within our society, it is crucial to understand the precursors of poverty and how this can affect women reintegrating after incarceration (Arnsperger, 2004; Blomley, 2009). The top 1% of wealthy Canadians' income has increased by 256% between 1979 and 2006, while the lowest 20% of incomes rose by a mere 11% (Dines, 2012). Women in low-income situations are particularly vulnerable, trying to survive with limited means (Roebuck, n.d). The rise in poverty levels significantly contributes to women's capacity to financially support their families, influencing the methods they must utilize to provide for them (Office of Correctional Investigator, 2014).

**Systemic Oppression and Patriarchal Barriers**

Despite the structural barriers, these gender-specific challenges are often not recognized in our society (Alfred & Chlup, 2009). With women having a significantly lower average income than men, this gender disparity increases a woman's likelihood of living in poverty and illegally navigating the system in a survival-based way (Alfred & Chlup, 2009). Women make an average income of $43,010 compared to men, who, on average, make $60,680 annually; women represent most of the population living in low-income households (Statistics Canada, 2021). Current legislation often contributes to challenges of gender disparity and sexism that women already face (Alfred & Chlup, 2009). These societal issues contribute to systemic barriers and challenges for women to live law-abiding lives (World Health Organization, 2014).

Women who have been incarcerated are often viewed through a patriarchal lens, leading to neglect and discrimination through policies and programming (Tyagi, 2006). The patriarchy is defined as a society where males hold power, with women being excluded from any control and experiencing significant inequalities (Gupta et al., 2023). Our Canadian correctional system reflects a male-dominated society, further marginalizing women who have offended (Tyagi,

2006). Programs and policies were primarily developed based on male participants, leading to inadequate support for females (Holtfreter & Cupp, 2007; World Health Organization, 2014). The barriers women face in a correctional system designed for males add to their challenges during reintegration after incarceration into the community (Alfred & Chlup, 2009).

**Mental Illness**

Gender disparities surrounding the barriers individuals experience when accessing care and interventions that address immediate and long-term needs are primarily a result of social inequalities and gender-based stereotypes around mental illness (Nicholls et al., 2009; Yu, 2018). Women are socialized to adhere to certain acceptable behaviours, navigate sexist work environments, receive lower wages, and other disparities that increase mental health concerns for women by normalizing the inequalities (Tyagi, 2006; Yu, 2018). At the time of admission to prison, women are twice as likely than men to be diagnosed with a mental illness (Leschied, 2011) and are more likely to be diagnosed with co-occurring disorders (mental illness and substance use disorders; Butler et al., 2024). Women who experience substance use issues, mental illness, and victimization are further marginalized and substantially more likely to be imprisoned (Leschied, 2011; World Health Organization, 2014).

Women experience significant physical safety violations when experiencing sexual harassment, objectification, and violence, which contributes to the development of symptomology of poor mental health, trauma, anxiety, eating disorders and other concerns that are considered more prominent in females (Leschied, 2011). With over half of women reporting feeling dismissed by a doctor when they sought help (Fabian, 2017), women's health concerns continue to be dismissed as histrionic or "emotional" (Tasca et al., 2012). To support women in

reintegrating into their communities after incarceration, society needs to lessen barriers for women seeking support for mental illness.

**Substance Use**

Transitioning from incarceration to reintegration creates a substantial vulnerability for incarcerated women who struggle with substance use and criminogenic patterns (Fader & Dum, 2013). Research has demonstrated that compared to men, women entering the community after incarceration are often more reliant on substances, are at a higher risk of a fatal overdose, and, for the majority of women, were introduced to drug use by a male partner (Fader & Dum, 2013; Matheson et al., 2008). After completing a substance use treatment program, 41.3% of women with substance use issues return to custody in their first year after being released from Correctional Services Canada (Matheson et al., 2008). Sadly, this cycle often includes the gradual cognitive deterioration of the individual due to substance use and overdose experiences, which contribute to additional challenges (Matheson et al., 2008). Substance use often begins as a poor coping strategy to mitigate the harm they are experiencing from surviving trauma; however, prolonged substance use can compound problems and create additional challenges (Bahr et al., 2012). Ending the substance use and crime cycle is partially contingent on recognizing the gender disparities and developing a gender-responsive approach to women's reintegration (Alfred & Chlup, 2009).

Substance use can contribute to criminal activity, with 42% of Canadians convicted of a federal criminal offence self-reporting that they would not have committed a criminal offence if they were not using substances at the time of the offence (Young et al., 2021). Bahr et al. (2012) stated that those released from prison often returned shortly after due to their inability to refrain from substance use and the circumstances that coincide with illicit drug use. Barrett et al., 2010

stated that 80% of incarcerated women reported a history of substance use. Although a considerable amount of research focuses on substance use and criminal activity, research on the relationship between substance use in women and incarceration is limited, especially with the reintegration process (Adams et al., 2008).

Based on a model proposed by Goldstein (1985), Pernanen et al. (2002) developed a framework on the association between drug use and crime being a result of 1) the psychopharmacological effects of drug use, such as the disinhibiting effects of alcohol leading to violence, 2) committing crime to pay for illicit substances 3) criminal behaviour as a transacting business related to drug use 4) crime being the direct result of laws that regulate controlled substance use. When individuals are incarcerated, access to drugs does not disappear, and some research argues that access to drugs increases, leading to a pattern of continued drug use (World Health Organization, 2014). As such, the individuals reintegrating into the community often continue with their substance problems (World Health Organization, 2014). Problematic substance use contributes to an individual reoffending; it can hinder progress with the criminal justice system and negatively influence community reintegration (Butler et al., 2024; Griffiths et al., 2007).

**Psychological Obstacles Upon Re-entry**

**Self-Esteem**

Self-esteem is the positive or negative evaluation of ourselves, which strongly affects our actions daily (Brown, 2017; Rosenberg, 1979). Self-esteem affects our approach to social situations as individuals with high levels of self-esteem are more capable of coping with stress and trauma and developing interpersonal skills (Huang et al., 2019). High self-esteem correlates with positive outcomes and plentiful benefits (Baumeister et al., 2003). Markedly, a higher sense of self allows for healthier relationships and leaves positive impressions on others, whereas low

self-esteem is often related to weak and deviant social interactions (Baumeister et al., 2003). Social inclusion is a human need; therefore, exclusion affects self-esteem and one's ability to fit in with others (Wagner et al., 2018).

Self-esteem has been found to affect adjustment into the community after incarceration (Brown, 2017; Yang et al., 2015). Research has historically focused on males convicted of a criminal offence or "gender neutral" assessments of self-esteem and its relationship to reintegration with contradictory results (Thapa et al., 2021). With the relationship between self-esteem and prosocial reintegration being unclear and controversial, gender-responsive research is needed (Thapa et al., 2021). The RNR model does not conceptualize self-esteem as a criminogenic need, as findings are inconsistent on how self-esteem impacts recidivism (Thapa et al., 2021). However, researchers focusing on female offending argue that self-esteem is a dynamic protective factor for women (Thapa et al., 2021; Yang et al., 2015). Similar to previous findings with female participants (Kort-Butler, 2006; Van Voorhis, 2012), Yang et al. (2015) found that while high levels of self-esteem predicted recidivism among males, it reduced recidivism for females. As risk assessments have historically been based on males, current practices do not recognize self-esteem as a risk/protective factor, which directly contradicts gender-responsive research on self-esteem (Yang et al., 2015).

Corrigan et al. (2006) found that low self-esteem in people with a mental illness is significantly associated with a higher perception and internalization of stigma, which Moore et al. (2018) argue generalizes to other stigmatized groups and, therefore, extends to those who have offended (Moore et al., 2018). When a marginalized group, such as those with substance use issues or a criminal conviction, experience significant stigma, it is common to internalize that which affects self-esteem and life satisfaction (Moore et al., 2018). Those with a criminal

conviction who have high self-esteem have a lower chance of perceiving stigma and internalizing negative stereotypes that will affect their self-perception (Moore et al., 2018).

**Self-Stigma**

Stereotypes, discriminatory treatment, and restrictive laws can significantly affect one's self-concept, contributing to the risk of reoffending after incarceration (Bradley-Engen, 2011; Moore et al., 2018). Through an intersectional lens, research suggests that belonging to multiple undervalued groups, such as being a woman, a racial minority, or having a criminal history, can exacerbate the impact of stigma, increasing vulnerability to self-stigma (Moore et al., 2020). Women who have been incarcerated are more likely than other groups (e.g. women in the community and men who have been justice-involved) to frequently experience stigma related to parenting, substance use, or involvement in sex work (Kulesza et al., 2016). Moore et al. (2020) found that an increase in perceived stress and pressure was associated with internalized self-stigma in women, providing further challenges for their self-concept.

Recognizing the influence of self-image on recidivism, research has focused on the impact of self-stigma, an evolving process where negative stereotypes and discrimination are internalized and believed to accurately represent a group that the individual belongs to and, therefore, themselves (Corrigan et al., 2006; Moore et al., 2018). Self-stigma is a process starting with perceived stigma, which is the awareness that others hold discriminatory beliefs and stereotypes about a group that the individual belongs to (Moore et al., 2018). If that public stigma is believed and accepted by that person, they will internalize the belief that that stereotype truly reflects themselves and the group they belong to (Bradley-Engen, 2011). By internalizing the stigma, they accept the negative perceptions and feelings of hopelessness, which can, in turn, be detrimental to community reintegration after incarceration (Moore et al., 2018). Self-stigma

has been associated with low self-esteem, poor mental health, increased substance use, and risky and violent behaviour (Moore et al., 2018).

People who have offended are among the most stigmatized and stereotyped marginalized populations in our society, with frequent perspectives that they are "criminals" and should be only seen and labelled as such (Bradley-Engen, 2011). Unfortunately, negative stereotypes often arise towards those who have been convicted of a criminal offence with labels such as "dangerous," "untrustworthy," and "unintelligent" (Bradley-Engen, 2011). Negative perceptions are accurate in some instances; not all are focused or want to change their offending patterns and lifestyles (Bradley-Engen, 2011); however, for those who want to change their offending patterns, these labels contribute to negative perceptions and impact reintegration (Moore et al., 2018). The isolation and discrimination that people with criminal records experience from society can significantly affect their self-concept (Moore et al., 2018). Self-stigma is strongly intertwined with hopelessness, often resulting from a negative self-concept where an individual accepts negative expectations about their future (Stutts & Cohen, 2022).

Stereotypes that people who have been convicted of an offence experience are often internalized and falsely believed to be accurate representations of personal character (Bradley-Engen, 2011). False stereotypes can produce negative psychological and behavioural consequences that can become self-stigma and, in turn, influence one's self-concept (Moore et al., 2018). The expectation of experiencing discrimination and stigmatization from the public can influence employment seeking, adherence to probation and other regulations, searching for substance use treatment, and seeking additional resources and support, which leads to increasing one's risk of recidivism (Moore et al., 2018). Self-stigma can have pivotal implications during the community re-entry process, so it is crucial to recognize the factors that increase

vulnerability toward self-stigma (Moore et al., 2018). Protective and risk factors of self-stigma were largely unknown until Moore et al.'s (2018) research found that low self-esteem highly impacts the risk of internalizing negative stereotypes of stigma against those who have been convicted of a criminal offence population.

**Loneliness**

Individuals reintegrating into society after incarceration are vulnerable to feelings of loneliness and social isolation, which can significantly negatively impact the prosocial relationships needed for positive reintegration (Jozan, 2020). Regardless of the social connections present in the community, an individual who is reintegrating into the community may feel lonely, disconnected, and isolated (Shanker et al., 2019). Loneliness is a subjective experience with a discrepancy between desired and perceived levels of social connections (Hawkley & Cacioppo, 2010). With an innate need to connect, it is mentally and physically distressing when individuals experience a gap between their desire for social connection and reality (Hawkley & Cacioppo, 2010). When a motivation to connect with others fails post-incarceration, loneliness can result in social withdrawal and maladaptive behaviours (Qualter et al., 2015).

With such a strong focus on navigating the system and connecting to adequate support and resources, individuals may experience challenges post-incarceration in building and maintaining supportive relationships (Perron et al., 2014). Loneliness is frequently experienced by those feeling estranged from their support systems and alienated from society (Kidd & Davidson, 2007). As a result, these individuals may seek advantageous negative reconnection with others to keep themselves safe from the anticipated societal stigma (Jozan, 2020). The maladaptive behaviours from feelings of loneliness have been shown to result in the

reinforcement of negative social interactions and hypervigilance to perceived stigma and social threats (Jozan, 2020).

Beutel et al. (2017) found that the majority of individuals with high levels of loneliness were women, and factors more commonly experienced by women, such as generalized anxiety, panic attacks, suicidality, and exposure to traumatic events were strongly associated with loneliness. Exposure to trauma, which is strongly associated with criminal justice involvement, may influence negative internal reactions leading to feelings of loneliness (Moore et al., 2020). Being two to three times more likely to experience a traumatic event that could lead to a Post Traumatic Stress Disorder diagnosis, women are at an increased likelihood of experiencing loneliness (Olff, 2017). When analyzing the history of sexual trauma and loneliness, Kao et al. (2014) found a stronger association among women (d = 0.66) than men (d = 0.32), indicating the need for increased resources, social connections, and sense of belonging.

As feelings of loneliness are increased by feeling separated from a support system, 40% of women reported that maintaining a relationship with their children after incarceration would reduce their likelihood of reoffending (Nutbrown et al., 2019). By maintaining a relationship, incarcerated people and their family members can feel supported and empowered through the future barriers they may face (Nutbrown et al., 2019). Over 375,000 Canadian children affected by parental incarceration do not have a relationship with their mothers after release (KIP Canada, 2020). Furthermore, with a challenging relationship with their children after incarceration, women have less support and drive to maintain a law-abiding lifestyle. The loss of family, children, and other supporters contributes to feelings of loneliness and isolation.

**Community Social Connectedness**

Community social connectedness is defined as a sense of belonging to others and a feeling of inclusion within the community (BC Health Communities, 2018; Folk et al., 2016). The nature of one's relationship with others can impact their trajectory in life (Mashek et al., 2007). British Columbia (BC) Health Communities (2018) emphasizes that a community is socially connected if everyone feels they belong. Connection to the community is an influential and integral part of an individual that can elicit a sense of belonging and attachment (Mashek et al., 2007). As it shapes how we approach the world and ourselves, social connection to the community influences our attitudes and values, and can impact the likelihood of a woman experiencing revictimization and reoffending (Folk et al., 2016).

Connectedness to the community is a broad construct that captures a personal feeling of closeness to the social world (Folk et al., 2016). Women who have been incarcerated face substantial discrimination compared to men and women not involved with the justice system, often being blamed for their trauma, judged harshly, and generally receiving less support from the community (Kao et al., 2014). In non-correctional research, those with a strong sense of community reported higher subjective well-being, prosocial behavioural outcomes, decreased drug use, and reduced feelings of loneliness (Folk et al., 2016). The importance of community connection has been frequently explored with prosocial populations (i.e., sports teams, youth in high school, etc.; Hayes & Chodkiewicz, 2006; Misener & Doherty, 2012). However, limited research on community social connections with those convicted of a criminal offence, especially women, has been conducted. As shown by Kao et al. (2014), who surveyed incarcerated individuals, social support is significantly associated with gender, and therefore, additional research is needed.

**Trauma**

Neural mapping and brain scans have outlined the alteration that previous traumatic experiences can have on neural development, suggesting lasting consequences (Maté, 2009). When more than one type of trauma is experienced, referred to as complex trauma, individuals are at an increased likelihood of developing Post Traumatic Stress Disorder (PTSD) (Violence Policy Center, 2017). People living with PTSD can be triggered by memories of past trauma, leading to changes in behaviour patterns, such as increased substance use and maladaptation (Violence Policy Center, 2017). The consequences of experiencing violence can include difficulties in forming trusting relationships, as well as the inability to differentiate between a safe environment and threats (Violence Policy Center, 2017). Early trauma can affect how individuals manage their stress later in life (Maté, 2009). Individuals who experienced trauma in childhood are more likely to be over-reactive and distressed when facing stress later in life (Mate, 2009). Similar to low self-esteem, adverse childhood experiences can affect the management and reactions to stressful situations later in life (Huang et al., 2019; Maté, 2008).

Vitopoulos et al. (2019) found that 72% of women with a history of offending had experienced at least one type of childhood maltreatment, a substantially larger amount than the estimated 32% with this experience in the general population (Afifi et al., 2014). Trauma's role in recidivism and reintegration has been a heavily debated topic, especially for females who have offended (Vitopoulos et al., 2019). Women are significantly more likely to experience complex trauma and have higher levels of PTSD than men (Vitopoulos et al., 2019). The past trauma that women have experienced can result in severe anxiety, panic disorder, major depressive disorder, substance use disorder, post-traumatic stress disorder and many other forms of mental health issues (Grossman, 2018.). Furthermore, self-esteem can be affected mainly due to traumatic

experiences stemming from negative thoughts about oneself and self-blame from the event (Shores & Millon, 2016). Mental health issues that stem from traumatic events can affect the reintegration of someone who has offended, as they are at a higher risk of substance use and negative social interactions (Vitopoulos et al., 2019).

## Chapter 2- Study 1

The number of incarcerated women is rapidly increasing, yet research focuses mainly on males who have been convicted of a criminal offence and often neglects to consider females (Department of Justice Canada, 2020; Public Safety Canada, 2015). Research exists on instrumental barriers that women experience when reintegration; however, research on the relationship between emotional and mental wellness with community connection and prosocial reintegration after incarceration is limited. By determining and understanding the psychological barriers women experience after release, we can contribute to women having a positive reintegration by targeting and addressing those barriers upon release.

**Present Study**

Using survey responses from women who have experienced incarceration, the present study aimed to better understand the relationship between psychological barriers (i.e. self-esteem, self-stigma, relationship satisfaction, loneliness, and trauma) and prosocial reintegration and community connection. The outcome variables, post-incarceration community re-entry and community connection, have been examined in previous research on individuals returning to the community (Allan et al., 2023; Lowe et al., 2017; Rydberg et al., 2022). A multiple regression analysis examined how the predictor variables (the psychological factors) impact the outcome variables (prosocial reintegration and community connection). All tests were two-tailed, and p values < .05 were considered statistically significant.

**Research Questions and Hypotheses**

The study investigated the following research questions: Are there psychological barriers that need to be considered when assessing the likelihood of desistance for women after incarceration? Are there psychological barriers that need to be considered when assessing the likelihood of community connection for women after incarceration?

Based on the previous research conducted on women who have offended, research hypotheses were developed as the foundation for Study 1.

H1: Self-esteem and social support will be positively associated with post-incarceration reintegration.

H2: Self-esteem and social support will be positively associated with community connection.

H3: Self-stigma, loneliness, and trauma will be negatively associated with post-incarceration reintegration.

H4: Self-stigma, loneliness, and trauma will be negatively associated with community connection.

## Method

**Participants and Procedure**

The total sample was composed of 110 self-identifying females who were over the age of 18, self-identified as having previously been incarcerated in a Canadian correctional center, and currently reside in Canada. Information was collected on respondents' demographic characteristics such as age, sexual orientation, race, education level, and employment. The majority of participants were between 26 and 45 ($n = 81$; 73.64%). Participant race was diverse (35.5% Black; 34.5% White; 8.2% Indigenous; 7.3% South Asian; 5.5% Middle Eastern; 2.7% East/Southeast Asian; 2.5% Latino; 1.8% preferred not to say). Participants currently resided in

various provinces across the country, such as Ontario (34.3%), Alberta (15.6%), British

Columbia (14.1%), Nova Scotia (14.1%), Quebec (10.9%), Newfoundland and Labrador (4.7%),

Saskatchewan (3.1%), New Brunswick (1.6%), and Manitoba (1.6%). The majority of

participants did not identify as 2SLGBTQ (77.3%), did not complete post-secondary education

(70.0%), and were employed full-time (69.1%). Demographic information for the sample is

presented in Table 1.

**Table 1**
*Study Demographics (N = 110)*

|  | *n* | *%* |
|---|---|---|
| **Age (*N* = 110)** | | |
| 18-25 | 9 | 8.2 |
| 26-35 | 45 | 40.9 |
| 36-45 | 36 | 32.7 |
| 46-55 | 17 | 15.5 |
| 56+ | 3 | 2.7 |
| **Race (*N* = 110)** | | |
| Black | 39 | 35.5 |
| Indigenous | 9 | 8.2 |
| East/Southeast Asian | 3 | 2.7 |
| Latino | 5 | 4.5 |
| Middle Eastern | 6 | 5.5 |
| White | 38 | 34.5 |
| South Asian | 8 | 7.3 |
| Prefer not to say | 2 | 1.8 |
| **Current province of residence (*N* = 64)** | | |
| British Columbia | 9 | 14.1 |
| Alberta | 10 | 15.6 |
| Saskatchewan | 2 | 3.1 |
| Manitoba | 1 | 1.6 |
| Ontario | 22 | 34.3 |
| Quebec | 7 | 10.9 |
| New Brunswick | 1 | 1.6 |
| Nova Scotia | 9 | 14.1 |
| Prince Edward Island | 0 | 0.0 |
| Newfoundland and Labrador | 3 | 4.7 |
| Nunavut | 0 | 0.0 |
| Northwest Territories | 0 | 0.0 |
| Yukon | 0 | 0.0 |
| **Identify as 2SLGBTQ (*N* = 109)** | | |
| Yes | | 21.8 |
| No | 85 | 77.3 |
| Not Sure | 0 | 0.0 |
| Prefer not to answer | 0 | 0.0 |

| Education level (*N* = 110) | | |
|---|---|---|
| Less than high school | 5 | 4.5 |
| High School | 46 | 41.8 |
| Some college or university | 26 | 23.6 |
| College or specialized diploma | 19 | 17.3 |
| Bachelor's degree | 10 | 9.1 |
| Some post-baccalaureate | 3 | 2.7 |
| Graduate degree | 1 | 0.9 |
| **Employment (*N* = 110)** | | |
| Full time | 76 | 69.1 |
| Part time | 23 | 20.9 |
| None | 11 | 10.0 |

Prior to the collection of data, ethics approval was obtained from Saint Mary's University Research Ethics Board. Data was collected through an anonymous online survey. The survey link was included on a poster (Appendix L), which was distributed via email to approximately 250 relevant organizations across Canada (i.e. probation offices, parole offices, Department of Justice, shelters, reintegration services, overdose prevention sites). The poster was also shared via social media. Additionally, respondent-driven sampling, a commonly used snowball recruitment method for hard-to-reach populations, was used. This sampling strategy allowed participants the opportunity to receive compensation ($5 gift card) if they introduced their peers to the study and they both participated. Participants were compensated $10 for the interview and $5 for the survey. By selecting the link via the poster, participants were directed to a Qualtrics survey platform that asked them to review and provide consent prior to responding to the survey. The survey took approximately 20 minutes to complete. The consent form described the purpose of the study, eligibility, potential risks and benefits of their participation, limits of confidentiality, and the right to withdraw.

*Data Integrity.* Participant responses were excluded if they did not pass the three attention checks, if their response was flagged as not being from an eligible participant (i.e. not female, not living in Canada, under 18 years old), or if their response was identified as

originating from an automated bot. Despite safety protocols and data protection mechanisms (i.e. CAPTCHA, bot detection, and ballot box stuffing), automated computer software bots infiltrated the survey. Internet-based surveys are on the rise, especially with hard-to-reach populations such as people with substance use issues (Schmidt et al., 2016), sex workers (Thng et al., 2018), and social justice movements (Harvey, 2017). With an increase in Internet surveys, recent research has shown that this increase coincides with the participation of Internet automated bots (Griffin et al., 2022; King-Ngyberg et al., 2023). After disseminating the recruitment materials via email to relevant organizations, due to the high number of responses ($N = 620$), the author discovered that many responses were automated bots that inferably found the study through social media platforms. Based on the recommendations of Griffin et al. (2022) and King-Ngyberg et al. (2023), a systematic bot detection and removal process took place, resulting in the removal of 527 responses. Responses were removed if they completed the survey in an unrealistic amount of time (i.e. less than seven minutes), did not reside in Canada, identified as a male, or had suspicious responses to open-ended questions that were unlikely to be from a human. Examples of suspicious responses included responding to the question *what crimes were you convicted for*? with "New York," "I was murdered," and "calling my family names, I cant stand it".

As recommended in previous studies (Griffin et al., 2022; King-Ngyberg et al., 2023), to stop the bots from continuing to infiltrate the survey, the first survey was paused, and a separate survey was created with additional data protection measures in place (i.e. including questions that are only visible to bots (Honeypot Method), additional CAPTCHAs, Canadian IP address requirements)[1]. Although to a lesser degree, the second survey received bot responses and 82 responses were removed. Two responses in the total data set were removed for failing to pass the

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[1] The first wave of recruitment was from November 9th to December 2nd 2023.
The second wave of recruitment was from December 8th 2023 to May 26th 2024.

three attention checks. Despite having the option at the end of the survey, no participants chose to withdraw from the study.

**Measures**

*Demographic Questions.* Participants responded to questions regarding their age, race, sexual orientation, education, employment status, and the province they currently live in. The responses provide background information about the individual and their previous incarceration.

*Additional Descriptive Questions.* Participants responded to additional questions to provide context on the incarceration they experienced. Participants were asked open-ended questions about how long ago they were incarcerated, the crime/s they were convicted for, and the time spent in the institution. Additionally, they were asked questions on a 4-point Likert scale (1 = never to 4 = very often) on how frequently they used substances at the time surrounding incarceration and their current use.

*Multidimensional Scale Perceived Support.* Participants were asked 12 questions examining their perceived support from their significant others, family members, and friends on a seven-point Likert scale (1 = very strongly disagree to 7 = very strongly agree). A score of 12-35 indicates low perceived support, 36-60 as medium support, and 61-84 as high levels of perceived support from significant others, family, and friends. Authors of the scale, Zimet et al. (1988), found coefficient alpha values ranged from .84 to .92. Internal consistency with the present sample was .89, consistent with similar research on those incarcerated ($\alpha = .93$; Wittenborn et al., 2020). Some examples of questions include: *There is a special person who is around when I am in need*, m*y friends really try to help me*, and *my family is willing to help me make decisions*.

***Rosenberg Self-Esteem Scale.*** The Rosenberg Self-esteem Scale is a commonly used measure developed by Morris Rosenberg (1965) to assess self-esteem measurements. This 40-item scale is used to measure self-esteem in the present study on a four-point response structure (1 = strongly disagree to 4 = strongly agree), with a high score indicating higher levels of self-esteem. Internal consistency for the Rosenberg Self-Esteem Scale with research on similar populations was .79 (Boduszek et al., 2013), which is similar to the present study ($\alpha = .80$). Types of questions include: *On the whole, I am satisfied with myself,* and *At times, I think I am no good at all*. The responses are coded accordingly with some reverse coded and are collected to form an overall self-esteem score.

***Self-Stigma of Individuals with Criminal Records Scale.*** Moore and colleagues (2016) adapted the Self-Stigma of Mental Illness Scale to develop the Self-Stigma of Individuals with Criminal Records Scale (SSICR). The 27-item SSICR was created to be used with people who have criminally offended. The scale assesses stereotype awareness perceived stigma), stereotype agreement, and stereotype concurrence (internalized stigma). The scale assesses nine common stereotypes about those who have been incarcerated with three clauses: 1) perceived stigma ("the public thinks most people with a criminal record are…"), stereotype agreement ("I think most people with a criminal record are…") and internalized stigma ("Because I have a criminal record, I am…"). The items are rated on a four-point scale from 1) Strongly Disagree to 4) Strongly Agree, with a high score indicating a high level of self-stigma. Moore et al. (2018) found that each section of the scale had acceptable reliability: perceived stigma $\alpha = .92$, stereotype agreement $\alpha = .84$, and internalized stigma $\alpha = .73$. The internal consistency for the present study is similar for perceived stigma ($\alpha = .82$), stereotype agreement ($\alpha = .81$), and internalized stigma ($\alpha = .83$).

*UCLA Loneliness Scale.* Developed by Russell et al. (1980) at the University of California, Los Angeles (UCLA), the UCLA Loneliness Scale is used for investigating an individual's feelings of loneliness. By measuring loneliness, the scale investigates potential feelings of sadness that stem from an absence or lack of meaningful interpersonal relationships. The scale asks participants to indicate how often they experience specific situations. It is 20 items on a 4-point scale measuring how often an individual can relate to the feelings that the questions describe. Types of questions include: *I am unhappy doing so many things alone,* and *I have nobody to talk to*. Previous research with participants who are incarcerated demonstrated an internal consistency of .89 (Nunes & Cortoni, 2007), which is comparable to the present study ($\alpha$ = .95).

*Life Events Checklist/ Traumatic Life Events Questionnaires- Adapted.* The Life Events Checklist was developed by Gray et al. (2004) as a 17-item self-report tool that looks at potentially traumatic events in an individual's life. With significant item overlap to the commonly used Traumatic Life Event Questionnaire (TLEQ; Kubany et al., 2000; Weathers et al., 2013), examples of items that participants are asked include natural disasters, fires, and physical assault. The TLEQ is a 22-item questionnaire that asks participants about the frequency of the traumatic event, whereas the LEC asks about the level of experience. In an attempt to have as minimally invasive questions asked to the participants as possible, the author used the LEC 17 items in combination with the TLEQ choice of responses (i.e. frequency of occurrence such as never, once, 2-3 times, 4-10 times, 10+ times, prefer not to say). When analyzing the psychometric properties of both scales, Gray et al. (2004) acknowledged the adaptability of the scales. As both questionnaires are self-reported, Cronbach's alpha was not reported. Notably, Gray et al. (2004) found that the TLEQ had a kappa coefficient of .40 or higher for female

participants and a mean kappa of .70 when compared to participant interviews. Additionally, the LEC had a kappa coefficient of .61 for all items, and the retest correlation was $r = .82$, $p < .001$.

   ***Brief Sense of Community Scale.*** Developed by Peterson et al. (2008), the Brief Sense of Community Scale assesses the fulfillment, membership, influence, and emotional connection someone has to their community. Types of questions include: *I can get what I need in this neighbourhood,* and *I feel connected to this neighbourhood*.  This scale consists of eight questions on a 5-point Likert scale from 1) Strongly Agree to 5) Strongly Disagree. Peterson et al. (2008) reported a Cronbach's alpha of .92, which is comparable to the present study ($\alpha = .84$).

   ***Post- Incarceration Reintegration Scale (PIRS).*** Despite the growing literature on risk assessment tools, there continues to be limited research and tools on community reintegration after incarceration. Based on a coding framework created by Willis and Grace (2008) measuring community reintegration planning after prison release, the author and thesis supervisor of the present study developed the Post-Incarceration Reintegration Scale (PIRS). Through the Good Lives Model, Willis and Grace (2008) expanded on the well-established static and dynamic risk factors of recidivism to domains that have been consistently identified as barriers upon release: a) housing needs, b) social support, c) idiosyncratic risk factors, d) employment, e) Good Lives Model secondary goods f) motivation. Willis and Grace (2008) found that social support, employment, and housing needs have an AUC of .78, with an average Cohen's kappa value of 0.83 among all items. In response to the limited scales available that measure well-being, criminal desistance, and success in other domains surrounding reintegration success, the National Academics of Sciences, Engineering, and Medicine (2022) proposed the Subjective and Objective Measures of Post-Release Success. While Willis and Grace (2008) provided a framework for the PIRS, the questions stemmed from the Subjective and Objective Measures of

Post-Release Success and various other relevant research studies conducted on community re-entry (Balfour et al., 2018; Liu et al., 2023; Sheppard, 2022). The present scale consists of twelve questions on a 5-point Likert scale from 1) Strongly Disagree to 5) Strongly Agree with two items being reverse coded (item #5 and item #9). A high total score indicates a high level of post-release community planning and prosocial reintegration. The scale has a Cronbach's alpha of .81.

## Results

### Descriptives

The largest portion of individuals in the sample (29.11%; $n = 32$) indicated that they were incarcerated two to three years ago. Among participants, 17 ($n = 22.4\%$) reported their most recent conviction being for a non-sexual violent crime. Additionally, 14 participants ($n = 12.7\%$) responded that their most recent conviction was for a drug-related offence and expanded on their response with explanations such as "*My first charge was trafficking with the intent to sell into a correctional center n then mostly thief to support my drug addiction*" and "*Many different non-violent crimes to support my drug habit.*" A significant relationship was found between substance use surrounding the time of incarceration and current substance use, $X^2$ (105) = 63.46, $p < .001$. Descriptive information about the participants' criminal offending is found in Table 2.

**Table 2**
*Descriptives (N = 110)*

|  | *n* | *%* |
|---|---|---|
| How long ago were you incarcerated? ($N = 79$) |  |  |
| < 6 months | 7 | 8.9 |
| 6 months to a year | 9 | 11.4 |
| 2 – 3 years | 32 | 40.5 |
| 4 – 5 years | 21 | 26.6 |
| 6 – 7 years | 8 | 10.1 |
| 8 + years | 2 | 2.5 |
| What crime was your most recent conviction ($N = 76$) |  |  |
| Violent crime (Not including Sexual Offence) | 17 | 22.4 |
| Drug related offence | 14 | 18.4 |

| | | |
|---|---|---|
| Driving related offence | 5 | 6.5 |
| Sexual offence | 1 | 1.3 |
| Mischief | 4 | 5.3 |
| Financial offence | 5 | 6.6 |
| Theft | 16 | 21.1 |
| Fraud | 12 | 15.8 |
| Other minor offence | 2 | 2.6 |
| How often did you drink alcohol or use substances surrounding your incarceration? (*N* = 105) | | |
| Never | 45 | 42.9 |
| Occasionally | 28 | 26.7 |
| Frequently | 17 | 16.2 |
| Very Often | 15 | 14.3 |
| How often do you currently drink alcohol or use substances? (*N* = 107) | | |
| Never | 29 | 27.1 |
| Occasionally | 47 | 43.9 |
| Frequently | 16 | 15.0 |
| Very Often | 15 | 14.0 |

**Bivariate Correlations**

Bivariate correlations were used to analyze the association between all continuous variables (Table 3). Social support was positively correlated with self-esteem ($r = .711$; $p < .001$), community connection ($r = .595$; $p < .001$), and post-incarceration reintegration ($r = .629$; $p < .001$). Social support was negatively correlated with the three levels of self-stigma, perception ($r = -.556$; $p < .001$), internalized ($r = -.268$; $p < .001$), and stereotype agreement ($r = -.231$; $p = .015$), as well as with loneliness ($r = -.759$; $p < .001$), and experiences of trauma ($r = -.268$; $p = .013$). Self-esteem was positively correlated with community connection ($r = .677$; $p < .001$), and post-incarceration reintegration ($r = .747$; $p < .001$) and was negatively correlated with self-stigma perception ($r = -.611$; $p < .001$), loneliness ($r = -.798$; $p < .001$), and trauma ($r = -.448$; $p < .001$). Self-stigma based on the public's perception was positively correlated with loneliness ($r = .704$, $p < .001$) and trauma ($r = .450$; $p < .001$) but was negatively correlated with community connection ($r = -.515$; $p < .001$), and post-incarceration reintegration ($r = -.548$; $p < .001$). Self-stigma based on internalized views was positively correlated with self-stigma agreement ($r = .750$; $p < .001$) and negatively correlated with trauma ($r = -.538$; $p < .001$) and

post-incarceration reintegration ($r$ = -.248; $p$ < .001). Self-stigma related to stereotype agreement was negatively related to trauma ($r$ = -.494; $p$ < .001). Loneliness was positively associated with experiences of trauma ($r$ = .491; $p$ < .001) and negatively associated with community connection ($r$ = -.724.; $p$ < .001), and post-incarceration reintegration ($r$ = -.704; $p$ < .001). Trauma was negatively correlated with community connection ($r$ = -519.; $p$ < .001), and post incarceration reintegration ($r$ = -.277; $p$ < .001). Lastly, post-incarceration reintegration was positively correlated with community connection ($r$ = .862; $p$ < .001).

**Table 3**

*Means and Correlations of Variables in the Study (N = 110)*

| | Variable | M | SD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Social support | 61.98 | 14.66 | - | | | | | | | | |
| 2 | Self-esteem | 27.99 | 5.23 | .71** | - | | | | | | | |
| 3 | Perceived Self-stigma | 25.17 | 5.27 | -.56** | -.61** | - | | | | | | |
| 4 | Internalized Self-stigma | 19.51 | 5.51 | -.27** | -.09 | .01 | - | | | | | |
| 5 | Self-stigma Agreement | 19.26 | 5.36 | -.23* | -.02 | .05 | .75** | - | | | | |
| 6 | Loneliness | 24.79 | 13.03 | -.76** | -.80** | .70** | .09 | .04 | - | | | |
| 7 | Trauma | 4.24 | 9.49 | -.27* | -.45** | .45** | -.54** | -.49** | .49** | - | | |
| 8 | Sense of Community | 29.29 | 6.01 | .60** | .68** | -.52** | -.01 | .06 | -.73** | -.52** | - | |
| 9 | Reintegration | 43.29 | 7.86 | .63** | .75** | -.55** | -.25** | -.17 | -.70** | -.28* | .76** | - |

*Correlation is significant at the 0.05 level (two tailed)
**Correlation is significant at the 0.01 level (two tailed)

**Regression Analyses**

*Hypothesis 1.* A multiple regression model demonstrated that predictor variables of self-esteem and social support were significantly associated with prosocial reintegration, $F^2$ (2, 107) = 73.13, $p < .001$, with an $R^2$ of 0.58, indicating that 58% of the variance in post-incarceration reintegration can be explained by the two predictors. Self-esteem ($B = .912$, $p < .001$) and social support ($B = .106$, $p = .029$) were significantly associated with post-incarceration reintegration.

*Hypothesis 2.* The multiple regression model with predictor variables of self-esteem and social support were significantly associated with community connection, $F^2$ (2, 107) = 50.28, $p < .001$, with an $R^2$ of .48, indicating that 48% of the variance in community connection can be explained by the two predictors. Self-esteem ($B = .59$, $p < .001$) and social support ($B = .094$, $p = .02$) were significantly associated with community connection.

*Hypothesis 3.* As only 77.3% of participants completed the Traumatic Life Event Questionnaires (TLEQ), it was removed for the regression analyses to ensure the analysis appropriately represented the total sample size ($N = 110$; See Appendix M for the regression model with TLEQ included in the analysis). The multiple regression model with predictor variables of loneliness and the three levels of self-stigma (perception, internal, and agreement) was significant, $F^2$ (4, 105) = 30.75, $p < .001$, with an $R^2$ of 0.54, indicating that 54% of the variance in post-incarceration reintegration can be explained by the four predictors. The three levels of self-stigma, perception ($B = -.181$, $p = .20$), internal ($B = -.285$, $p = 0.051$), and agreement ($B = .008$, $p = .956$) were not statistically associated with post-incarceration reintegration; however, loneliness was associated with a decrease in post-incarceration reintegration ($B = -.363$, $p < .001$).

*Hypothesis 4.* As stated in hypothesis 3, TLEQ was not included in this analysis due to the limited number of surveys completed ($N = 110$; See Appendix N for the regression model with TLEQ included in the analysis). The multiple regression model with predictor variables of loneliness and the three levels of self-stigma (perception, internal, and agreement) was significant, $F^2 (4, 105) = 29.94$, $p < .001$, with an $R^2$ of 0.53, indicating that 53% of the variance in the outcome variable, community connection can be explained by the four predictors. The three levels of self-stigma, perception ($B = -.019$, $p = .862$), internal ($B = -.024$, $p = 0.831$), and agreement ($B = .114$, $p = .320$) were not statistically associated with community connection. However, loneliness was associated with a decreased community connection ($B = -.330$, $p < .001$).

## Discussion

The present study examined psychological barriers that prior research suggests that women may experience when re-entering the community after incarceration (e.g., perceived support, self-esteem, self-stigma, loneliness, and trauma) and their influence on community reintegration and community connection. All of the psychological barriers except for self-stigma agreement were correlated with post-incarceration reintegration. A multiple regression analysis found that as self-esteem and perceived social support increase, post-incarceration reintegration and community connection increase, whereas the opposite association was seen with loneliness. Although post-incarceration reintegration was not significantly predicted by perceived ($p = .20$) or internal self-stigma ($p = .051$), the results indicate a need for further research with an increased sample size. Having a smaller sample size may have impacted our findings, particularly with internalized self-stigma, as a multiple regression analysis found internal self-stigma was $p = 0.051$, and a $p$-value of $< 0.05$ was considered significant. Notably, a significant

relationship was found when conducting a correlation analysis, which found that as prosocial reintegration increases, internalized self-stigma decreases ($r = -.248$; $p < .001$). A larger sample size may allow for the requisite power needed to find a significant relationship between how internalized self-stigma can impact prosocial reintegration and decrease the potential for Type II error, the failure to find a significant effect when there is one.

As previously noted, trauma was removed from the regression analysis as only 77% of participants completed the survey. Considering trauma was included in the original research questions and is often prevalent in women who are incarcerated, an exploratory analysis was conducted to address the initial hypotheses that self-stigma, loneliness and trauma are associated with both outcome variables of reintegration and community connection (Appendix M/N). Participants with missing responses to the trauma questionnaire were removed from the analysis. Comparable to the initial findings for the outcome variable of reintegration, the multiple regression model with predictor variables of loneliness, three levels of self-stigma (perception, internal, and agreement), and trauma was significant, $F^2 (5, 79) = 17.62$, $p < .001$, with an $R^2$ of 0.53 as well as when community connection was the outcome variable, $F^2 (5, 79) = 18.76$, $p < .001$, with an $R^2$ of 0.54. Trauma was not significantly associated with reintegration ($B = -.04$, $p = .662$); however, it was significant with community connection ($B = -.15$, $p = .032$). Including trauma as a predictor variable influenced the significance level of additional predictors, specifically internalized self-stigma and self-stigma agreement. With the outcome variable of reintegration, internalized self-stigma was not significant in the initial regression model ($B = -.29$, $p = .051$), yet it was significant when trauma was included as a predictor variable ($B = -.41$, $p = .031$). Additionally, although self-stigma agreement was not significant with community

connection in the initial regression model ($B = .11$, $p = .320$), when trauma was included in the regression model, a significant association was found ($B = .34$, $p = .022$).

Without timely and non-judgmental access to treatment during incarceration, there is a heightened risk of the continuation of intergenerational trauma and repeat offending. These findings indicate the need for additional research on how trauma can impact reintegration and community connection, specifically in consideration of additional psychological barriers such as self-stigma.  Benfer et al. (2023) note that the social cognitive model explains that PTSD, shame, and worthlessness are founded on similar beliefs, which can result in self-stigma and can impact one's behaviour (e.g. "I am a criminal, and therefore, I shouldn't be around prosocial people"). Additional research can better understand the co-occurrence of trauma and self-stigma with its relationship to reintegration after incarceration with hopes of contributing to increased treatment adherence and desistence from crime (Benfer et al., 2023; Fung et al., 2023).

The scale used for self-stigma is separated into three sections (perception, internal, and agreement). Self-stigma begins with a belief that others hold negative views on the group the individual belongs to (perceived stigma). Although perceived stigma did not significantly predict reintegration and community connection through a regression analysis, it was significantly correlated with self-esteem, loneliness, trauma, community connection, and prosocial reintegration. These findings align with previous research showing that perceived stigma is negatively associated with well-being (Holzemer et al., 2009; Link et al., 2001; McWilliams & Hunter, 2021). If the perceived stigma is accepted as accurate, stereotype agreement occurs. Self-stigma agreement was correlated with internalized self-stigma, social support and experiences of trauma. If a stereotype perception and agreement are accepted, the stigma becomes internalized, which can have negative consequences (Corrigan et al., 2006; Moore et al., 2018). As our

findings have demonstrated, internalized self-stigma is correlated with self-esteem, trauma, and post-reintegration. Agreeing with and internalizing stereotypes may increase illegal actions that are consistent with and further confirm beliefs that individuals have about themselves, indicating a need for community support that facilitates inclusion upon release.

The findings in the present study complement the General Strain Theory (Agnew, 1992), which states that factors such as self-esteem and social support can substantially impact criminal involvement. Similarly, Labelling Theory (Becker, 1963) explains that one's self-concept and social connections can be affected by the labels and stigma of society. The present study found that as a participant's self-esteem and perception of social support increase, the level of community connection and prosociality in post-incarceration reintegration increases. These findings demonstrate the need for additional research to examine the importance of fostering self-worth and confidence among women who have experienced incarceration and its association with prosocial reintegration and connection with prosocial community members.

Complementing the need to support the development of women's self-esteem after incarceration, women's social supports upon release were shown to influence their reintegration. Previous research has demonstrated that relationships developed throughout one's life can influence their life trajectory (Mashek et al., 2007). The present study showed that maintaining positive social networks and feeling supported by loved ones upon release can significantly increase the likelihood of prosocial reintegration and community inclusion. Additionally, the findings highlighted the detrimental effects of social isolation on the reintegration process; suggesting that interventions to reduce loneliness could be beneficial to minimizing re-offending.

**Limitations and Future Directions**

There are notable limitations within the present study. First, responses identified as originating from automated bots were systematically removed from the data set to ensure data integrity (see method section). While this step was necessary to maintain the quality of the data, it may have introduced bias if genuine responses were inadvertently excluded. Future research should implement more advanced techniques to block bot responses and effectively distinguish between authentic and bot responses. Secondly, the outcome variable to measure post-incarceration reintegration was developed for this study and is not a previously validated tool. Due to the limited measures available that assess community re-entry after incarceration rather than recidivism, the Post-Incarceration Reintegration Scale (PIRS) was used. Future research should consider validating instruments that measure community re-entry to ensure that all relevant reintegration aspects are captured.

The current research project contributes to filling the gap in research on the psychological barriers women experience when returning to the community after incarceration; however, additional research is needed. Based on our findings, which indicate that self-esteem, social support, self-stigma, and loneliness are associated with reintegration and community connection, additional research on women's experiences after incarceration is necessary to contribute to desistence. Using a moderator/mediator analysis of the psychological barriers used in the current study with the outcome variables of reintegration and community connection could provide future research with a stronger understanding of the association between variables. Additionally, a longitudinal research study can help to recognize whether there is a need for additional resources that focus on increasing self-esteem, connection, empowerment, and navigating stigma and the impact these supports have on desistence over time. By extending our findings and

demonstrating how to best implement resources that address the psychological barriers identified in the current study, research can contribute to mitigating the impact of barriers for women after incarceration.

Furthermore, increased research is needed that demonstrates gender-based differences in risk factors and challenges after incarceration. Notably, as this study focuses on women, we are unable to make conclusive statements comparing males to females. Therefore, a gap in the literature remains on gender-specific differences in needs and barriers during reintegration. Future research can expand on this study in hopes of contributing to a more robust sample and increasing generalizability. The majority of previous research argues that interventions and risk tools are "gender neutral," yet their sample is often exclusively males or does not disaggregate findings by gender (Gobeil et al., 2016). A meta-analysis by Gobeil et al. (2016) on female offending found that gender-informed interventions were significantly more likely to be associated with reduced recidivism. In consideration of previous research (Holtfreter & Cupp, 2007; Van Voorhis et al., 2008) and the findings in the current study, additional research on "gender-responsive" strategies is needed to better understand the challenges women experience after incarceration and the relationship that psychological barriers may have on desistence.

**Chapter 3: Study 2**

Although results from Study 1 provide an improved understanding of the association between specific psychological barriers and community reintegration after incarceration, a gap remains in knowing from their perspective how women experience re-entry and what barriers are in place.

With an increased likelihood of experiencing gender-based inequality and victimization, women are at a unique risk of experiencing challenges in mental and emotional wellness,

potentially impacting their involvement with the justice system (Matheson et al., 2008; Ritter et al., 2022). Access to resources such as affordable and safe housing, health care, mental health and substance use support, and clothing are essential to women getting the support they need during reintegration (Wright et al., 2012). Sheppard (2022) found that women's basic needs, such as shelter, food, and safety, were not being met upon release from a Canadian Correctional Center and, in turn, impacted their desistance from crime. Due to the substantial stigma surrounding criminal justice involvement and the relational nature of desistance, participants in the study conducted by Sheppard (2022) reported experiencing an impact on practical elements of desistance, such as securing employment and housing. Although the process of desistance stems from an individual's drive to make prosocial changes (Sheppard, 2022), the changes occur within a patriarchal society that impedes women's success (Alfred & Chlup, 2009).

Although women are a small percentage of the incarcerated population, compared to males, their incarceration rate has drastically increased (de Vogel & Nicholls, 2016; Herring, 2020). The increase in females convicted of a criminal offence has resulted in overcrowding of the five Canadian Regional Women's Correctional Facilities, according to the Office of Correctional Investigation (2016). With a lack of resources available and gender-based inequality upon re-entry, many Canadian women experience the "revolving door syndrome" characterized by being discharged from prison, reimprisoned, and rereleased, with the cycle continuously repeating throughout their lifetime (Blair-Lawton et al., 2020).

**Present Study**

Expanding on Study 1, which looked at specific psychological barriers upon reintegration, the current study focused on women's experiences of re-entry after incarceration from their perspective. Specifically, we aimed to understand what psychological, structural,

environmental, and gender-based barriers women experience after release from prison. Consistent with Braun and Clark (2022), the research questions evolved and expanded throughout the research process while remaining guided by the research purpose, understanding women's experiences of re-entry after incarceration.

**Positionality**

As our identities and their intersections can shape how we engage and understand the world, it is important to acknowledge one's positionality within research with transparency and reflexivity. Jordyn (she/her) is a white female settler born and raised on the traditional territory of the Snuneymuxw First Nation, colonially known as Nanaimo, British Columbia. Jordyn does not have direct experience of having personally been incarcerated. Within this identity comes certain privileges, allowing her to navigate society with a level of safety, autonomy, and opportunity that is often not equally accessible to women who have experienced incarceration. Jordyn acknowledges that this disparity can potentially create power imbalances in the research relationship, which could influence how people participate in research. With that in mind, Jordyn has developed this study through a trauma-informed approach centred around women's strengths and the power of sharing their voices.

Jordyn's work within this field of research is immersive in that she has worked with the community for various years with individuals who are or have been involved in the criminal system. At the time of data collection, Jordyn worked as a health outreach worker, providing harm reduction supplies for safer substance use. However, participants were ensured that confidentiality would be upheld and their access to services was unrelated to their participation. Regarding academic positionality, Jordyn was a Master of Science student in Forensic Psychology at Saint Mary's University in Halifax, Nova Scotia, during the research process. She

has research experience with people who have been incarcerated and has visited numerous prisons and jails across Canada. Jordyn is honoured to have received permission from participants to use this research platform to tell their stories and to be trusted with the opportunity to share their meaningful experiences in hopes of improving the lives of women's re-entry after incarceration.

**Methodologies and Approach to Qualitative Research**

*Feminist Research Methodologies.* With the idea that gender is the center of inquiry and the research process, feminist methodology recognizes the strengths of women's voices and lived experiences. Feminist research recognizes the importance of hearing from women about their challenges and how this intersects with race, class, sexual orientation, age, and other identities rather than having researchers merely describe women's circumstances on their behalf (Hesse-Biber, 2013). Within feminist methodology, power imbalances are acknowledged, and women are not depicted as powerless and without autonomy. Throughout the research process, feminist research aims to contribute to a decrease in the oppression of women, such as victim-blaming narratives (Olsen, 2007). With a feminist methodology, the present research centers on women's experiences within the broader context of gender, considering women's intersecting identities such as race, socio-economic status, age, and other identities.

*Epistemology and Ontology.* Critics of feminist research suggest that it represents a homogenous concept of womanhood that is primarily based on the experience of White, western, middle-class women. In consideration of these critiques, a bounded relativism ontology and a social constructivist epistemology were used throughout the research process in recognition that women are a diverse group. Through a bounded relativism approach, the researcher approached the study by recognizing that although one shared reality may exist within a group, it differs

across groups, with women having shared experiences in navigating the patriarchal societal and gender-based barriers (Moon & Blackman, 2014). In terms of the approach to the assumption of knowledge, a social constructivist epistemological approach was used. Underlying the reflexive relationship between knowledge, the process of knowledge production, and those involved in producing such knowledge, by adopting a social constructivist approach, we integrate a recognition of the implications of social contexts (Terkildsen et al., 2022). By understanding that the production of meaning and knowledge is socially constructed through interactions and interpretations, the varying experiences within gender can be better understood as being context-dependent on experiences of intersecting identities (Olsen, 2007; Peck & Mummery, 2018).

**Method**

**Participants and Procedures**

Six women participated in the semi-structured interviews. Information was collected on respondents' demographic characteristics such as age, sexual orientation, race, education level, and employment. Participants were between the ages of 18-25 ($n = 2$), 36 - 45 ($n = 2$), and 46 – 55 ($n = 2$). Half of the participants did not identify as 2SLGBTQ ($n = 3$; 50.0%), had a college diploma ($n = 3$; 50.0%), and were not currently employed ($n = 3$; 50.0%).  Participants identified as Black ($n = 1$; 16.7%), Indigenous ($n = 2$; 33.3%), and White ($n = 3$; 50.0%). Half of the participants were from Nova Scotia ($n = 3$; 50.0%), two were from Ontario (33.3%), and one was from British Columbia (16.7%). The length of time since incarceration varied among participants, with 33.3% having been incarcerated a year ago, 16.7% four years ago, 16.7% seven years ago, 16.7% nine years ago, and one participant replying that *"collectively many years over a 25-year span of being caught in the revolving door of incarceration"*. The majority of individuals in the sample ($n = 5$; 83.3%) indicated that they were incarcerated for a drug-

related offence. When asked about substance use, all participants responded that they used substances during the time of their incarceration; however, the majority (83.3%) responded "never" to if they currently use substances. Demographic information is found in Table 4.

**Table 4**
*Study Demographics and Descriptives (N = 6)*

|  | *n* | *%* |
|---|---|---|
| Age | | |
|     18-25 | 2 | 33.3 |
|     36-45 | 2 | 33.3 |
|     46-55 | 2 | 33.3 |
| Race | | |
|     Black | 1 | 16.7 |
|     Indigenous | 2 | 33.3 |
|     White | 3 | 50.0 |
| Current province of residence | | |
|     British Columbia | 1 | 16.7 |
|     Ontario | 2 | 33.3 |
|     Nova Scotia | 3 | 50.0 |
| Identify as 2SLGBTQ | | |
|     Yes | 2 | 33.3 |
|     No | 3 | 50.0 |
|     Prefer not to answer | 1 | 16.7 |
| Education level | | |
|     Less than high school | 1 | 16.7 |
|     Some college or university | 2 | 33.3 |
|     College or specialized diploma | 3 | 50.0 |
| Employment | | |
|     Full time | 2 | 33.3 |
|     Part time | 1 | 16.7 |
|     None | 3 | 50.0 |
| How long ago were you incarcerated? | | |
|     1 year | 2 | 16.7 |
|     3 – 4 years | 1 | 16.7 |
|     6 – 7 years | 1 | 33.3 |
|     8 – 9 years | 1 | 16.7 |
|     Uncertain due to revolving door of incarceration | 1 | 16.7 |
| What crime was your most recent conviction? | | |
|     Assault | 1 | 16.7 |
|     Drug related offence | 5 | 83.3 |
| How long did you spend in the institution? | | |
|     < 1 year | 3 | 50.0 |
|     3 years | 2 | 33.3 |
|     1 – 3 years | 1 | 16.7 |
| How often did you drink alcohol or use substances surrounding your incarceration? | | |
|     Occasionally | 2 | 33.3 |

| | | |
|---|---|---|
| Frequently | 1 | 16.7 |
| Very Often | 3 | 50.0 |
| How often do you currently drink alcohol or use substances? | | |
| Never | 5 | 83.3 |
| Occasionally | 1 | 43.9 |

*Note.* Options were not listed in the table if there were no responses.

Prior to the collection of data, ethics approval was obtained from Saint Mary's University Research Ethics Board. To address the research question in Study 2, six participants completed a one-on-one semi-structured interview with 12 questions (Appendix I). Recruitment was conducted alongside Study 1 via posters distributed through email, respondent-driven sampling, and social media. Participants had the choice to do the survey and/or the interview. For anonymity reasons, participation in the survey was independent of the interview and vice versa. Therefore, participation in either method could not be controlled for and counterbalanced. The interviews were approximately one hour on average, ranging from 20 to 96 minutes. Although participants local to the principal investigator were offered the option to participate in person, all participants ($N = 6$) chose to participate in the study online via Zoom.

Participants were compensated $10 for participating in the interview. Before the interview, they were asked to complete a demographic form and an informed consent form via Qualtrics. The consent form described the purpose of the study, eligibility, potential risks and benefits of their participation, limits of confidentiality, and the right to withdraw. Additionally, participants were asked to consent to be audio recorded during the interview for transcription purposes and quoted in the final research paper. The audio-recorded interviews were transcribed verbatim. In addition to written consent, before starting the interview, the interviewer provided an overview of the informed consent form and received verbal consent before the participant was audio recorded and quoted. Despite having the option to withdraw from the study at the end of

the interview, no participants did so. After the interview, participants were provided with the debriefing form and were offered the opportunity to email any questions or concerns.

**Data Analysis**

   *Reflexivity.* A reflective thematic analysis was used in Study 2 as it allows for the data to be analyzed through a contextual understanding when recognizing meaning within the data. Given the inevitable subjectivity within thematic analysis, reflexivity was used throughout the research process, with the researcher reflecting on their assumptions, practices, and how this may influence the data analysis. Notably, subjectivity is viewed as a resource within reflective analysis as it allows for previous knowledge on the topic to be incorporated and, therefore, supports the enrichment of analysis. As suggested by Braun and Clark (2022) as being a critical element to reflexivity, the author used a reflexive journal throughout the research process to document their thoughts, meaning-making, and general reflections. The concept of a reflexive journal is to have an opportunity to reflect on feelings of discomfort, unsettlement, and questions along the research journey to use as a tool for improved thematic analysis. In addition to a research journal, the author had continuous discussions throughout the research process with their supervisor and a research assistant for reflection purposes and to mitigate bias.

   Throughout the research process, ethical considerations were made around the researcher's responsibilities to participants and potential power dynamics inherent to research with socially marginalized individuals. Braun and Clarke (2022) proposed that reflexive thematic analysis must consider ethics, politics, and practices as the interpretive nature of thematic analysis is partial, imperfect, and reflects situatedness. By considering intersectionality within the data analysis, we can engage with the participant data through a contextual lens while recognizing privilege and marginalization when making sense of the themes.

***Data Analysis Process.*** The present study used an inductive approach to thematic analysis to find commonalities in data without determining a priori themes. The present study's approach to analysis was guided by Braun and Clarke's (2006; 2022) six-phase thematic analysis, where codes and themes are developed and revised through a continuous process of reviewing the data.

During the first stage, the author immersed themself in the data to gain a stronger understanding of the perspectives of the women who were interviewed. Prior to this step, the author was familiar with the data by conducting all participant interviews and previously having listened to the audio recordings for transcription purposes. That said, in stage one, the author read through paper copies of the transcripts, highlighting any particularly important points raised by the participants, taking brief notes, and writing any analytic ideas. Any important insights were then written in the reflexivity journal.

In the second phase, the author systematically identified portions of data conducive to the research questions, applying code labels to the identified sections. Initial codes were developed using NVivo12, a common qualitative software for sorting and exploring data. A complete coding method was used, rather than a selective coding method, allowing for the inclusion of all relevant information in the sample. Using this method, multiple codes could have been applied to a single unit of data if appropriate. Considering that some codes were easily distinguishable within the data, whereas other codes involved interpreting the latent content of the interview, both latent and semantic codes were used throughout the coding process.

After developing initial codes, the author determined relevant coding labels and identified themes that have central organizing concepts (Braun & Clarke, 2022; Braun & Clarke, 2006). In stage four, themes were constructed. After forming each candidate theme, the author reviewed,

revised, and named the themes to ensure they highlighted the patterns within the dataset. Throughout this process, the author, individually and with her supervisor, reflected on and considered how these themes appropriately represented the broader context surrounding this research focus. To add interpretative depth and clarity, additional structuring of the themes was used by having overarching themes. Overarching themes are umbrella ideas or concepts of various themes. During the initial stages of analysis, 121 codes were found. The author repeated the six steps of thematic analysis suggested by Braun and Clark (2022) until the number and names of codes and themes were finalized. After redefining the codes and themes, 39 codes, 12 themes, and four overarching themes were found. Once the themes were finalized, the author completed the final step of writing the report by weaving together an analytic narrative and data extracts.

## Results and Discussion

The reflexive thematic analysis resulted in four overarching themes, with three themes in each of the overarching themes (Table 5). The first overarching theme: Connection as a Pillar of Healing, consisted of three themes: a) relationship challenges upon release, b) seeking and providing a sense of community, and c) navigating community stigma and discrimination. The second theme: Individual Barriers Upon Release, consisted of three themes: a) psychological barriers, b) substance use, and c) returning to a survival-based lifestyle. The third theme: Structural and Systemic Barriers, consisted of three themes: a) navigating an unjust system, b) an unrealistic release plan and limited resources, and c) sexualization and male relationships. Lastly, the fourth theme: Ways Forward, consisted of three themes: a) needs for desistence, b) advice for women by women, and c) resilience and the future. All themes are reviewed in detail below. To maintain participants' privacy, any identifiable information has been removed in the following

quotes, and participants were provided with an alphanumeric code, which will be used throughout the paper. For clarity, filler words such as "like" and "um" have been removed in the quotes below and shortened quotes will be noted with ellipses.

**Table 5**

*Summary of Factors That Impact Reintegration After Incarceration For Women*

| Themes for Navigating Reintegration | Description | Markers for Reintegration (Codes) |
|---|---|---|
| | Connection as a Pillar of Healing (Overarching Theme 1) | |
| Relationship challenges | Influence of relationships, positive or negative, on reintegration | • Parenting challenges<br>• Repairing family relationships<br>• Conditional support<br>• Need connections to be reflective of desired lifestyle |
| Seeking/providing community | Cultivating social connections to create a feeling of community | • Receiving peer support<br>• Providing peer support<br>• Unity and belonging<br>• Feeling heard and trusted<br>• Empathy to all |
| Community stigma and discrimination | Experiencing societal marginalization due to negative public perception of those who have been incarcerated | • Navigating societal labels<br>• Social media informing judgement<br>• Impacts on housing<br>• Ability to be authentic self |
| | Individual Barriers Upon Release (Overarching Theme 2) | |
| Psychological barriers | Emotional and mental challenges experienced after reintegration | • Feeling lost and overwhelmed<br>• Loneliness<br>• Low self-esteem<br>• Self-stigma, shame and guilt |
| Substance use | Direct and indirect impacts of substance use and addiction on reintegration | • Power of addiction<br>• Substance use to ease pain<br>• Overdose and loss |
| Returning to a survival-based lifestyle | Impact of not having basic needs met on self-fulfilment and needing to return to their previous lifestyle | • Returning to the life you knew<br>• Survival lifestyle |

| Structural and Systemic Barriers (Theme 3) | | |
|---|---|---|
| Navigating an unjust system | Consideration of gender identity and respect toward women | • Trauma<br>• Correctional staff mistreatment |
| An unrealistic release plan and limited resources | Release plans needing to be reflective of obstacles upon release and resources available | • "How" not "what"<br>• The need for realistic plans<br>• The solution |
| Sexualization and male relationships | Societal emphasis on females' appearances, relationships, and sexualization | • Navigating relationships impacting crime<br>• Sexualization of women |
| Ways Forward (Theme 4) | | |
| Needs for desistence | Protective factors that support prosocial reintegration into the community | • Family<br>• Prosocial personal traits<br>• Finding a sense of purpose |
| Advice for women by women | Participants' reflections on lessons learnt, what they wish they knew, and what they would say to those currently reintegrating | • You are not your past: look at the bigger picture<br>• Be kind to yourself<br>• Knowledge is power |
| Resilience and the future | Adapting to adversities and the impact on perspective | • Hope<br>• Looking toward the future<br>• Resilience |

## Overarching Theme 1: Connection as a Pillar of Healing

### Relationship Challenges Upon Release
*"She just needed someone to love her"* (B02)

Previous research indicates that those who received visits during their incarceration are 13% less likely to be reconvicted for a federal offence following their release from prison and are 25% less likely to be reconvicted for a technical violation on parole compared to those who do not receive visitations from loved ones during incarceration (Wang, 2021). In the present study, women frequently discussed the influence that relationships had on the trajectory of their re-entry and the obstacles that they had to overcome in rebuilding and developing their connections. Participants shared how they were uncertain about how to best navigate relationship challenges upon release, demonstrating the need for relational programming during and after incarceration that addresses the realistic challenges. This theme was composed of codes such as parenting challenges, repairing family relationships, support being conditional, and connections needing to be reflective of your desired lifestyle.

Considering approximately two-thirds of women who are incarcerated have children, with an average of four children (Kouyounmdjian et al., 2016; Mallicoat, 2014), women's incarceration has substantial impacts on the family system (Paynter et al., 2022). With only five women's prisons across Canada, families have a greater distance to travel to visit their mothers and therefore, a substantial decrease in connection often occurs (Office of Correctional Investigation, 2016). Women described the overwhelming feeling of sadness being apart from their children and the impact that incarceration had on their relationships with family. When discussing how the first few moments felt being away from her child, a participant said, *"I had to give him to my mom. That was the worst feeling ever was to not see him"* (D04), which was also reflected by another participant who said,

"*you're sentenced to two years federal time, and then the sheriffs come in. I thought I was going to be able to hug my kids [long pause], [cries]. Yeah, it still hurts a lot after all this time. So, I couldn't, and because they take you right out there, you're handcuffed, and you're taken down into this cold cell to wait…That was a really hard day*" (E05).

In addition to women experiencing substantial emotional challenges in parental connections, they discussed the challenges that they experienced within their broader family relationships and how they navigated repairing familial relationships to allow for collective healing. Challenging family dynamics surrounding the individual's incarceration can cause strain on the pre-carceral relationship, and therefore, repairing that relationship can take time and patience. Arditti (2003) found that this strain might develop from the actions that led to their imprisonment, as loved ones may struggle to accept the complex history of criminal involvement. One participant stated, "*Not everybody has a lot of people though when they walk out of incarceration. They don't. They burnt the bridges with family. They've burnt bridges with friends*" (B02). When discussing the complexities of healing family relationships, a participant said, "*I shared drugs with my oldest daughter, we used together. I hold a lot of guilt for that. Like, there's so much guilt with addiction…I don't know, it's just deep. It's just really deep*" (E05). The strain on relationships can also develop from the often-extensive amount of lost time during incarceration, therefore impeding opportunities for bonding and connection.

"*I felt more guilt and shame for not being able to focus on them, but I couldn't heal the relationships if I wasn't healed myself. And I think it's hard, it was hard for them too- to kind of take that in. It was really hard to even be involved with the grandchildren again. And (removed name), she was a baby when I went inside, she was nine months old. And I*

*was like, Oh, my God, she's not going to know me. And I just had a lot of [pauses] I had*

*a lot of responsibility. And it was really overwhelming*" (E05).

Women explained that due to the impact of incarceration, they had to provide their loved ones with the space to heal and the opportunity to process their relationship with the incarcerated individual. According to the participants, patience and understanding are important factors when rebuilding relationships, and even though "*getting trust back takes time*" (D04), having a supportive connection is worth it. When discussing what she feels is most important during reintegration, a participant said,

"*Don't push the relationships with family just because you're coming out and you feel*

*like you want all this stuff back that you lost, like, the relationship with the children and*

*parents and siblings and, you know, your family. Don't push it. Give people space to kind*

*of adjust. I know sometimes it can be a real letdown. People come out, oh, I'm free now,*

*and I just want to get together with my family and build those connections, and then*

*they're hit with the door slammed in their face because people are still hurt. They haven't*

*really gotten over it just because you're doing something different, there's still stuck, or*

*maybe you've done stuff and worked on yourself, and they still haven't dealt with it*

*because it's just how it is sometimes. Just give rebuilding relationships time; don't rush*

*it. Snail's pace, and it'll all pay off*" (C03).

Rather than supportive of their growth and healing, women reported that relationships upon release were often conditional or dependent on their criminal-based lifestyle.

"*In the substance use world, the friends aren't really friends, you know, some of them*

*might be, but if they're using, then they're not in your best interest. So, being able to find*

*healthy relationships and people you can count on is tough. It's tough.*" (A01)

In addition to challenges with friendships upon release, women shared difficulties they had in their relationships with correctional staff such as probation or parole officers. Due to what they characterized as the conditional nature of their relationships with correctional staff, participants described feeling that the support they received was not beneficial to their healing as they felt unable to seek help in navigating challenges such as substance use cravings, family dynamics, and stigma. As a result, their re-entry success was impacted. As a participant explained, "*It's also hard to say to your PO, I feel like getting high right now*" (C03).

Participants discussed that the key to living a prosocial lifestyle upon release is connecting with others and avoiding unhealthy connections. As stated by a participant, *"If you don't want to be incarcerated, stay away from bad people"* (B02). Having a supportive person around when navigating challenging times can provide an individual with the tools to overcome challenges. Women explained the importance of surrounding yourself with people who reflect the lifestyle you strive for and allowing them to help you envision your future.

> *"Try to follow the people that have the life you want to live. That was the big thing somebody told me, and I really kind of stuck with that. Like letting go of the old friends and opening up if you meet someone. Maybe they're doing work you want to do, or they're just living the life you want to live, follow those people who might be able to help steer you in the right direction. Designing. I know, that really works for me"* (C03).

**Seeking and Providing a Sense of Community**
"*I was very fortunate because I got the hope from the people that I surround myself with"* (E05)

Cultivating social connections can help to develop a sense of belonging while creating a feeling of purpose and promoting resilience (Mashek et al., 2007). Many women who participated in the study expressed how providing and receiving community support, often through peer support work, is incredibly healing. Peer support is commonly seen in the substance

use recovery community and continues to grow in correctional settings. Aligning with the present study, Palis et al. (2024) found that peer support provides individuals' with hope, an opportunity to build relationships, receive support, and allow for healing connections that reflect individual's needs and priorities. This theme was composed of codes such as receiving peer support, providing peer support, healing through unity and belonging, feeling heard and trusted, and empathy to all.

Illustrating this theme, one participant stated, *"Peer support is the key to change"* (E05). Those incarcerated often experience marginalization and stigmatization from a community that developed their knowledge of those who are incarcerated through books, movies, or social media. Peer support provides individuals with an opportunity to be supported by others who have direct experience in the criminal justice system and truly understand the challenges, "*having those voices of lived experience is so important. So much stuff you can't learn from a book, and you only really can learn from actually being through it"* (B02).

Participants reinforced the need for peer support and resources throughout the re-entry process to allow individuals a safe space to share regardless of where they are at in their criminal justice involvement. When speaking about one of her initial experiences with a peer group, a participant said, "*It was so raw. You could share anything, and it was almost like, sometimes I just had to say the word crack. Because it's such a powerful demon. That it just felt good to release it"* (E5). Another participant reflected on her experience in court, where she was in the final stages of being admitted into wellness court until her male co-accused was acquitted. Therefore, her application was rejected, and she was sentenced to federal incarceration. When reflecting on that experience and how having a peer support person impacted the trajectory of her path, she stated:

"*I just remember that feeling that day. I was shaking all over. I told [wellness court staff], I said I have to go outside I need a cigarette. And I was sitting on the bench, and I was like, fuck me, like, I can't catch a break, you know. And I picked up my phone, and I dialled a member in NA instead of calling the drug dealer because that's really what I wanted to do. Because I'm like, well, I'm going inside, might as well…So I called her*" (E05)

Participants shared about how peer-led groups were a pillar in their healing upon release as they felt acceptance and received unconditional love and support. Women discussed the benefits of receiving support from peers who truly understand the process of re-entry and can speak from their own experiences, "*I chose her because she was incarcerated. I chose her because she's spitting image of me. She understands it because she's been to jail too*" (D4). When reflecting on an experience that she had after going into a crowded mall for the first time shortly after her release and how it felt to share about it in a peer group, a participant said, "*People knew because half of them were ex-offenders. They knew that feeling when I went into the mall that day. They knew. I didn't have to try and find the words to express it. And it was, it was just that, that was healing*" (E5).

Reflecting on the mutual benefit to peer work and the unique relationship it provides, a participant said, "*Having someone else alongside you too. It wasn't just about me, it was about them, too, and I think that kind of keeps us both in check*" (B2). Peer support can be incorporated as a component of reintegration after incarceration for the benefit of the individual providing the service and the one accessing the service (McLuhan et al., 2023). Supporting the current study's findings, previous research has indicated that having a strength-based approach to service delivery through peer support work allows individuals to experience positive self-identity

transformations (Gillard et al., 2014; McLuhan et al., 2023; Palis et al., 2024), *"it was very life-changing for me to be able to do peer work"* (B2). Peer work promotes a feeling of reciprocal hope and an opportunity to redefine themselves based on positive aspects of their life, such as their ability to support others. As one participant said,

> "*I started working as a peer support, and by doing that, that was the single most important thing that I did for my healing because it's- peer support is not counselling it's not that one-sided. It's two people coming together because you have a shared experience. So, I got to share every time I spoke to someone, so that's how I healed*" (E5).

Participants discussed how peer work allowed them to heal their negative self-image and give back to the community by being the support system that they needed when they were re-entering the community. Women shared about their journey of navigating the guilt and shame that they felt reflecting on their criminal justice involvement and their hope to mitigate that for others. When discussing peer work, a participant shared,

> "*That really drives me to keep doing this work, pulling people out of the shadows and trying to support people and try to take out the guilt and share my story lots so I can, hopefully, try to take some of the guilt and shame away from other people so that they can be able to see that, you can turn it into positive, and I try to encourage so many people to get involved in peer work because it's just been so life-changing for me*" (B2).

Although the primary goal of peer support work is to help others who are incarcerated, women spoke about how peer work allowed them to feel connected to the community in a positive and prosocial manner. One participant shared how peer work allowed her to reestablish relationships

with correctional staff and heal by doing so. When reflecting on her experience doing peer
support with women at a correctional facility, a participant shared,

> "*They've invited me in even into the facility. I can just walk in. It feels so good. And the
> warden came up to me and shook my hand. She was like, hi, nice to meet you. And I'm
> like, you know who I am?"* (E05).

Additionally, participants spoke about how peer work provided them with a space where they
were heard and understood rather than the common experience of being instructed on what to do.

> "*The [peer organization name] just looked at me, they're like, just take a breath, what do
> you need right now? No one had asked me that. People told me what I should need. And
> people told me that this is what you need to do. But no one asked what I needed*" (E05).

Expanding from peer work, a sense of community can be felt in various relationships
throughout one's life when belonging, trust, and understanding are present. Participants shared
about how feeling as though they are heard and trusted by the community has incredible healing
properties and increases their desire for prosocial connections.

> "*Being trusted again is a phenomenal feeling. I can't even express it. It made me feel so
> good to know that I was actually helping the community again. Because before, I was the
> one that was in need. Two Christmases ago, I was begging for help. This Christmas, I
> helped three families. It's a huge change, it feels good. It took me a while to get here,
> mind you. It took me six years to get here. But I'm here now. And it feels better".* (D4)

With substantial stigma associated with women who have been involved in the criminal justice
system (Sheppard, 2022), feeling heard and seen by community members can increase an
individual's self-efficacy and drive for a positive lifestyle change. When asked how community
members can support women during their re-entry after incarceration, a participant stated,

"*Listening to people, having people be seen and heard... I always tell people that you need to see people and actually hear what they're saying… let people talk, and they want to be seen, they want to be heard, they want to be valued. And actually hear them, like, letting them tell their story, or letting them share their experience. And you don't have to have some grandiose reply, but just, like, let them know they're heard*" (B02).

This participant's advice for community members to truly listen to those previously incarcerated applies to staff working with those who are incarcerated as well. Another participant reflected on an experience she had shortly after release from incarceration; she was able to see the common dichotomy of "us vs them" disintegrate as she no longer felt like an outsider.

"*This gets me all emotional too... Because you're quite raw when you first come out, right? That's how you feel. Every little thing, almost like, causes pain, whether it's emotional, sometimes it's even physical. Anyways [participant's trial judge] came over to me, and he shook my hand. And he just told me how proud he was. And it was funny because even though we weren't in a meeting, I didn't feel like he was above me. You know, there's something about a [removed peer organization name] meeting that it doesn't matter who you are - you could be the queen, or not the queen, the king? And it doesn't matter because we're all here*" (E5).

Participants spoke with empathetic understanding and a nonjudgmental tone about other individuals regardless of how they were treated by them. Participants shared their admiration for healthcare workers, those currently incarcerated, correctional staff, and general community members. One participant shared about the unjust treatment she experienced from her parole officer that she described as "*emotional abuse*" yet despite the unfair treatment, the participant spoke about her parole office with empathy and understanding,

"*She's not trying to make my life hard. She worked with men for 25 years before women, she has seen the worst in humanity. 25 years male federal offenders in Canada. There's no way she hasn't seen stuff that she wishes she had never experienced... So, like, I know that she's just doing her job. She did it for 25 years with, like, probably an intimidating crowd. There's a reason she's so hard*" (C03).

The immense empathy that the women had for others was also seen in the way they spoke about men and the challenges that they believe men experience during reintegration. Although all women spoke about abuse and harm that they experienced from males in their lives (see Theme: Sexualization and male relationships), they displayed kindness and understanding of the hardships that men also experience.

"*The guys talk about being scared and not knowing where to turn... But I don't know how it is on the street for them because they'd have to acknowledge it. "Yeah I want to I want to become whole". Can you imagine on (street name removed) going up to somebody saying, "I'm feeling lost and I really want to be my authentic self and I want to talk about how I'm feeling and how sad and scared I am". Can you imagine a man saying that? And it's sad that they can't. And I mean there's exceptions to everything. They could probably go to (removed organization name) and talk to someone. But I'm talking on a community level*" (E05).

## Navigating Community Stigma and Discrimination
*"I don't want to be a token of incarceration"* (C03)

Those who have a history of criminal justice involvement are susceptible to being perceived as dangerous, untrustworthy, and manipulative, resulting in experience of discrimination and societal marginalization (Moore et al., 2018; Sheppard, 2022). Consistent with labelling theory, participants recalled their experiences of stigmatization from the public,

which impacted their involvement with prosocial community members and altered their path to healing. This theme was composed of codes such as navigating societal labels, social media informing judgement, impacts on housing, and impacts on the ability to be their authentic selves.

LeBel (2012) found that women who have been incarcerated were at an increased likelihood of being discriminated against compared to men who have been incarcerated. The stigma experienced from incarceration overlaps with the public's opinion of females incarcerated, parenting in prison, their offence, and other factors (Sheppard et al., 2022). When discussing the public's perception of women who have been incarcerated, one participant stated, "*Once you're a criminal, you're a criminal*" (C03). Women shared that the public saw them as "*dangerous*" and an "*outcast*" (F06) regardless of the changes that they made, "*I was just always known as like that crackhead that turned her life around*" (C03). Another participant shared, *"How do you start your life over when you're always known as the girl who like overdosed her kid?"* (C03).

Society holds preconceived notions toward those who have been convicted of criminal offences despite varying levels of education and experiences with the population (Sheppard, 2022). Despite the public being misinformed, women shared that discrimination against those incarcerated is universally accepted, "*that stigma is more of an uneducated stigma. It's almost a morally okay stigma*" (C03). Participants shared that the negative way that they are perceived by the public largely stems from society being misinformed about the criminal justice system through social media platforms. "*Prison's weird. It's a place that everyone wants to know about. Everyone wants to see the inside, but probably only like 1% of the Canadian population does other than the like W5 episode or something*" (C03). A participant shared that she alters the language she uses when talking about prison because of the negative associations the public has

with crime on social media. She said she does not like "*words that people associate quickly with a show like Prison Break or Orange is the New Black*" (C03). Trying to learn about the criminal justice system and specific people who have offended through social media platforms provides a narrow perspective that promotes a misrepresentation of crime and ostracizes those with previous convictions. "*If you Google [removed participant name], it's not the most forgiving Google results. It's not gonna ever change…I've tried to scrub the internet. I literally have tried to look into so many ways to get rid of it*" (C03). Media platforms aim to catch viewers' attention by portraying crime through an entertainment lens, which often "*makes you look more sinister*" (C03) which can impact reentry and survival necessities.

Because of the stigma and the lack of understanding that the public has regarding the correctional process, an individual's reintegration is impacted by barriers to their freedoms, housing, employment, relationships, and additional challenges (Sheppard, 2022).

> "*The other thing that's hard is my Google search result like finding a job and even finding housing, you have every right to Google the person you're going to rent to. And mine shows up like [information removed for anonymity] charged with trafficking heroin. The articles were so incorrect and so biased, and they're just so bad. I look like a complete piece of shit in them, and those aren't going anywhere*" (C3).

When speaking about her experience in securing housing, a participant said,

> "*I met this woman she said, I knew as soon as I saw you that you would be the one for here, but I do have to tell you something. I'm like, okay. She goes the people cross the street, they have cops there, and I think they're a bunch of junkies over there, a bunch of criminals…Like really? Thank you for the warning. And I got the apartment*" (E5)

In fear of judgement and discrimination, participants shared that they are not comfortable in being their authentic selves and have to alter who they are in order to be accepted into society. Participants illustrated how community stigma impacts authenticity, saying, "*I have to pretend I'm something that I'm not*" (E05) and "*You can't honestly be your authentic self on parole*" (C03). Participants shared how they were "*isolated from the community,*" and in order to fit in, they had to act as a "*chameleon*" and "*present myself like I'm not struggling.*" Various women spoke about the impact that their appearance had on their reintegration. Previous literature focuses on self-image during reintegration however, research is limited on how one's perceived appearance impacts whether a woman's reintegration will be prosocial.

> "*I did find that I had an advantage over some other people because of the masks I wear. I'm very good at presenting myself in a different light…I can do my hair and my makeup and put on nice clothes, borrow my daughter's car, and go look at an apartment*" (E05).

Despite altering one's appearance allowing them to fit in, not being able to be their authentic self was described as "*exhausting. It's exhausting trying to pretend that everything's good and you're doing okay*" (E06).

To summarize the importance of connection with community members and considerations on how best to move forward as a collective group toward a crime-free society, a participant stated,

> "*How am I going to heal? That word- it is thrown around a lot, and what does it mean? And how is the community going to help me do this? What is their part in all this? That's why I like when [Gabor Mate] talks about how we used to be as a community, as a village and how everybody pitched in. Somebody's sick, or somebody is mentally ill, let's look at this. What are we not doing? Instead of, what are they doing? …But we don't*

*really have a sense of community I don't find. I didn't feel it. And I don't feel it now. It*

*seems like it's just a bunch of separate entities living in one spot. Not really a*

*community*" (E05).

## Overarching Theme 2: Individual Barriers Upon Release

### Psychological Barriers
*"I'm not a bad person trying to get good, I'm a sick person trying to get well" (E05)*

Experiences of gender inequity can substantially impact mental and emotional wellness

as it can contribute to negative coping strategies such as substance use and, in turn, can influence

reoffending (Canadian Women's Foundation, 2014; Wright et al., 2012). This theme was

composed of codes such as feeling lost and overwhelmed, loneliness, low self-esteem, self-

stigma, and shame and guilt.

Women are socialized to adhere to specific behaviours such as sexist work environments,

lower wages, gender roles in relationships, and other disparities that influence a woman's mental

wellness. Participants described feeling overwhelmed and lost immediately after their release

from prison as they tried to navigate continuous hurdles. A meta-analysis by Stanton et al. (2016)

found that women released from prison and jail experience high levels of psychological trauma,

substance use disorders, motherhood challenges, and a need for support. "*To come out of jail, it's*

*like, you're lost*" (D04). Women shared that since they are isolated from the rest of society

during incarceration, when they are released they feel overwhelmed with the freedom that they

have and the obligations that coincide. "*At first, no, I had no hope. I was terrified… I don't know*

*what it's like to be outside again*" (D04). When describing how it would feel to re-enter the

community after numerous years of being incarcerated, a woman shared,

> "*What if there's somebody coming out after 15 years? They're not even going to know*
>
> *how to use a cell phone. Or you know, do the self-checkouts at Walmart. I had a woman*

*say to me that she was in Walmart, she couldn't find the way out because back in the day,*

*you walked by the people that were checking out you just walked by and went out. And*

*she goes- I was in this lineup, and I didn't have anything to pay for, and it was just*

*overwhelming*" (E05).

Without sufficient resources to support the transition into the community, women described

feeling unable to ask for support, *"I just find it hard to ask for help. So, it was a bit*

*overwhelming. It really was. Like taking the bus, I was like, Oh, my heart would be pounding-*

*anxiety*" (E05).

Women expressed feeling overwhelmed through their healing journey however, in order

to heal and live a prosocial life, they felt a need to isolate from connections they had prior to

incarceration. "*Stay away from the people that you hung out with. Start new friends- have new*

*friends, everything will be fine. Or just be by yourself. It's lonely, but after a while, you'll be*

*fine*" (D04). Similar to previous research, the present study found that women felt lonely and

estranged from prosocial supports and alienated from the larger society (Kidd & Davidson, 2007;

Shanker et al., 2019; Sheppard, 2022). With such a strong focus on daily survival and

community discrimination, individuals who were incarcerated may experience difficulty in

building and maintaining supportive relationships, feeling that their new lifestyle choices and

restrictions were a "*burden*" (C03; Perron et al., 2014). "*Kinda lonely. But that's just how it is*

*now*" (D04).

Experiencing stigma and isolation can substantially impact one's self-esteem. Women

described how the way the community treats those who have experienced criminal justice

involvement impacted their self-worth.  When speaking about her experience being involved in

the criminal justice system for 19 years, a participant spoke about the impact of stigma,

"*people walking by, and it's like, they don't even see you, or they look to you with*

*disgust. And then after, you're faced with that for so many years, it really starts to impact*

*the way you're looking at yourself and if you feel valued and, lack of feeling- lack of*

*value in your community or even in the world at all*" (B02).

Previous research has found that low self-esteem and dissatisfaction with life are predicted by the

perception of stigmatization from others (LeBel, 2008). Participants shared how "*most women*

*will come out with low self-esteem*" (B02). Women shared how navigating issues of self-esteem

is a barrier for many women who were incarcerated. "*I think we're all on, not the same journey,*

*but a similar journey through our self-esteem and kind of processing our feelings about*

*ourselves*" (D04). Another participant shared that,

"*I see low self-esteem being a huge barrier. And that feeling worthless, like a throwaway.*

*That was a common line I used to always say is, I just felt like a throwaway*" (B02)

In our patriarchal society, the high beauty standards that women are held to can have

profound impacts on their lives and re-entry (Sheppard, 2022). Participants described how

incarceration directly impacts self-image, such as weight and teeth loss. For some women,

incarceration is a time when their basic needs (i.e. food and shelter) are finally being met and

therefore, your appearance changes. "*A lot of women that get thrown out of jail get fat in jail.*

*And a lot of them deal with a lot of body image when they get out. And like the number one thing*

*is they get their clothes from their house, and nothing fits*" (C03). With appearance substantially

impacting how women are perceived in our society, resources are needed to enhance feelings of

empowerment and self-worth. Previous research has found that art, education, and other

prosocial activities offered during and after incarceration can enhance feelings of confidence,

self-esteem and empowerment (Evans et al., 2018; Merrill & Frigon, 2015; Sheppard, 2022).

Enhancing self-esteem and self-empowerment can substantially reduce the influence of self-stigma. Believing that the public negatively perceives those who have been incarcerated can influence self-perception (Evans et al., 2018; Sheppard, 2022). Demonstrating the need for additional supports that work to combat self-stigma by encouraging positive achievements and behaviour, women shared about the impact that self-stigma has on reintegration. Illustrating the impact of self-stigma, a participant shared, "*They see incarcerated people as very dangerous people in society who deserve more punish. So I did see myself that way*" (F06).

As previously stated, self-stigma is described in the literature as a three-step process (Moore et al., 2018). Self-stigma begins with perceived stigma, which is the awareness that the public has negative perceptions of a group they belong to. It is then followed by stereotype agreement (public stigma is described in theme 3, navigating community stigma; Moore et al., 2018). Women shared that they struggled with self-stigma, believing that the stigma from the public is a true representation of themselves.

"*I went over to the mall…because I was so excited to go shopping, I walked in, and I couldn't do it. I couldn't walk any further. It just felt like everybody knew. And so, I was there for maybe five minutes, and then I had to leave. It was really overwhelming*" (E05).

If stigma is internalized, it can lead to feelings of hopelessness, which can be detrimental to prosocial reintegration.

"*I think like my self-esteem went downhill, and I think that a lot of other women's have gone downhill as well from being incarcerated and then coming out… Who is going to hire me? Who is going to allow me to be in their place after I've done such a crime? …Who's gonna think they can hire me now? I can't get a job, and all I did was steal tampons because I needed them*" (D04).

Another participant shared about her challenges with "*imposter syndrome*" as she transitioned into the workforce after being incarcerated, "*I would always think other people were judging me, but honestly, it was myself judging other people thinking that they were judging me*" (B02).

Experiences of self-stigma contributed to feelings of shame and guilt during reintegration, which women said impacted their healing process, "*I didn't want anybody to know that I had been inside and by doing that, I couldn't really grow or heal from it*" (E05). Women shared that the adjustment process after incarceration was challenging as they were navigating new responsibilities to have a prosocial life while also trying to heal. "*Just adjusting to everything was really tough, just the feelings and the emotions… I keep bringing up the guilt and shame because that was a huge thing for me*" (B02). Despite the praise that can be received from being "*in recovery*" from substance use, women described the parallels with having been justice-involved and the shame that coincides.

> "*There was a lot of shame and guilt. My charge was trafficking a Schedule One drug, it was crack…I wanted to hide that kind of part of myself. I was very proud to say I was a recovering addict because…when you say you're in recovery, everybody tells you how good that is and that they're so proud of you. But when you say you're an ex-offender, doesn't have the same effect. And I found that the first question everybody asks is, what do you do? What were you in for? And then that would start kind of my guilt and shame all over again*" (E05).

When describing what she is the proudest of in her reintegration process, a participant said, "*Lots of stuff I'm proud of. Just I think letting go of that shame and stuff was a huge thing*" (B02).

**Substance Use**
"*My addiction was everything. I call it the drug of no choice, and it was crack*" (E05).

The incarceration of women has drastically increased over the years, with drug offences accounting for nearly half of the crimes (Adams et al., 2008). Breaking the revolving cycle of substance use and crime is largely contingent on identifying gender-responsive strategies to provide the strongest resources and support available (Herring, 2020; Holtfreter & Cupp, 2007). Women shared that substance use substantially impacted their experience of reintegration after being incarcerated. This theme was composed of codes such as the power of addiction, substance use to ease pain, and overdose and loss.

Correctional Services of Canada found that three-quarters of federally sentenced women have a substance use problem (MacDonald, 2014). Buchanan et al. (2011) found that 82% of provincially sentenced women self-identify as using substances. The present study found that all of the women interviewed reported substance use challenges and that addiction had a direct impact on their entry and re-entry into incarceration, "*most of the times when I was going to jail, I was intoxicated. That's just normal for anybody that goes into prisons. It's from that reason*" (D04). A participant described the power of addiction by saying,

> "*I feel like active addiction really takes control, it really makes you go inside. That's what gets people in a lot of trouble. Because you've just got to find your next fix… A lot of people that are incarcerated are addicts. So, like, you know, they do anything and everything to get their fix. I can't say I would never do that because that would be a lie. I used to do whatever it took to get my next fix. Stealing, anything, like anything. Mine was.. anything literally, I can't even explain it. It's hard. It's hard*" (D04).

Women described that during incarceration, the fear of relapsing increases, "*When I went inside, I really wasn't scared of losing my freedom, I was afraid of relapse. That's what I was afraid of. Because as soon as I relapse, all that shits all going to come back, and I'll be in the cycle again,*

*and criminal activity"* (E05). The control of addiction can be overpowering, especially with high amounts of substance inside prisons, "*Well, I'm going inside. Might as well*" (E05).

Khantzian (2017) explains how individuals use substances to relieve feelings of pain and distress. Women shared about the immense pain they felt leaving incarceration due to feelings of shame, stigma, and past trauma and substances relieved that pain momentarily. "*I come out of jail, and I said, let's go get high. Right off the hop. That was the only thing we could do to ease the pain of whatever the fuck we were going through at that time*" (D04). Another participant shared how substance mitigated the challenges she faced during reentry by saying,

> "*You don't have any money. You don't have a place to live. You don't have a job so that you can make money. Wouldn't you want to escape from that? From that feeling? From that loneliness?*" (E05).

Fazel et al. (2006) found that women in prison are up to 10 times more likely to struggle with addiction than women in the general population. With a strong relationship between addiction and trauma, it is not surprising that 95% of individuals who have been incarcerated have experienced trauma (Komarovskaya et al., 2011). Khantzian (2017) argues that the root of addiction is suffering and pain rather than pleasure-seeking. Therefore, people seek substances to relieve their pain (Khantzian, 2017). "*When you get out, it's like, oh, yeah, so I can't use drugs, but I can't- You know, I can't navigate this world*" (E05). They shared that due to continuously experiencing obstacles, "*some women will have a couple week bender and go back*" (B02). When describing how she developed "*abandonment issues*" from an estranged relationship with her parents and witnessing her father attempt suicide, a participant shared that

"*People.. don't dare talk about trauma. It seems to be this.. 'Okay, we'll just acknowledge it and let's move on'. Like hey 'don't use drugs'. Did they once ask me why I started using drugs? I believe addiction is rooted in trauma*" (E05).

Women discussed the impact that incarceration had on substance use tolerance and how they experienced losing loved ones, such as their children, friends, and partners, from illicit drug toxicity (overdose) deaths. A participant spoke about women that she knew and how within the last few years, "*six women have overdosed the week they finished parole. And like they're poor families who got their daughter back for a couple years*" (C03). In British Columbia, illicit drug toxicity (overdose) deaths are the leading cause of death for individuals aged 10 – 59 (Gan et al., 2021). "*I had lost hundreds of people, I have friends and acquaintances, and people I worked with, and people I've worked alongside over the years*" (B02). People leaving incarceration are at an increased risk of experiencing a fatal overdose due to their decreased tolerance (Palis et al., 2024), "*scary. Like, it's like you're fucking with a drug that your tolerance isn't - like you just can't*" (C03). Illustrating the need for wraparound services and resources to support women with substance use issues during the transition into the community, a participant shared,

"*There were so many women that I knew from (removed city name) from the drug scene…Most of the women that have died of drug overdoses I was in jail with died the week of their W.E.D. Their warrant expired, and they died that week*" (C03).

**Returning to a Survival Based Lifestyle**
*"You don't have the ability to think about consequences or to think about healing. It's survival"*
(E05).

Maslow's Hierarchy of Needs recognizes the importance of basic needs such as safety, food, and shelter as the foundation for all other successes (Hopper, 2020). Without women's basic needs met with support from correctional facilities in the transition after incarceration, it is

challenging for women to have their self-fulfillment and psychological needs met (Hopper, 2020). Without all these needs met to support their success, the cycle of recidivism may continue with criminal activities to secure survival-based necessities (Wright et al., 2012). Women shared that during their reentry after incarceration, they often returned to a lifestyle that they were familiar with, which was one where they had to be in a constant state of survival. This theme was composed of codes such as returning to the life you knew and survival lifestyle.

Women shared that after incarceration, they were returning to the same conditions and limitations that they had when they left, which were composed of challenging family dynamics, mental health and substance use issues, poverty, and other challenges. When speaking about challenges other women have when returning to the same environment, a participant said,

"*When they get out, their man is still selling drugs, or their mom and dad are still drunk or whatever, just all of those environments. And they're so unhealthy. And they know they are but where else? They have to go back to their family because they don't have any choices*" (E05).

One participant explained how poverty increases women's vulnerability to survival-based crime, such as sex work.

"*I support women in the sex trade if that's what their choice is to do, but there's just so many women who might not normally make that choice, but because they're vulnerable, and they're using substances, they get taken advantage of so often. They get taken advantage by other people in the community, drug dealers, just average men*" (B02).

Previous research has found that due to the stigma and job prospects of those previously incarcerated, women are more inclined to turn to sex work (Sheppard & Ricciardelli, 2020). A participant explained that immediately upon release, women are continuously put into taxis

where they are solicited for sex, *"You have nowhere to go, no money and you have these people that will come and proposition women, and when they're at their weakest they can be taken advantage of"* (B02).

Leverentz (2014) found that despite professionals requiring women who have been incarcerated to avoid people or places that can increase their return to previous habits, this may be incredibly challenging for some individuals who return to the same environment. A participant shared about a recent experience she had where she was repeatedly called by a previous "friend" offering her substances. After numerous calls being ignored, the individual showed up at her home with drugs, illustrating the temptation to return to a previous lifestyle when the environment is the same. "*You go right back to the same people. It really is the same thing over and over again"* (D04), with another participant describing survival crime as, "*after so many years of that, it is all you know, so it is kind of what you go to*" (B02). With identical conditions upon release, participants discussed how women struggle with feeling a sense of hope and, therefore, return to the lifestyle they know. "*It's hard. It's difficult. That's why you keep going back to jail. Because you just don't know how to live a normal life outside of jail*" (D04).

### Overarching Theme 3: Structural and Systemic Barriers

**Navigating an Unjust System**
*"How do you deal with disappointment from the correctional system? You're consistently disappointed*" (C03).

Recognizing women's unique needs, regulatory boards (i.e. Canadian Psychological Association, 2007; Canadian Association of Occupational Therapists et al., 2024) developed guidelines outlining the need to consider gender identity through an understanding that practices often have ignored and pathologized women's experiences. Furthermore, the Human Rights Act and Correctional Services Act require all corrections employees to treat those incarcerated with

respect, dignity, and courtesy (Correctional Services Regulations, 2017). Regardless of the requirements, women shared that they were not treated with respect and instead suffered trauma and unfair treatment during incarceration. This theme was composed of codes such as trauma and correctional staff mistreatment.

Women explained how they were treated unfairly while they were incarcerated, with one participant saying, "*Oh my god, that place'll fuck you up*" (C03). Participants described how they were treated as "*inhumane,*" sharing about how they were denied their medications, were denied appropriate clothing, dismissed after confiding in staff about losing a loved one, and experienced abuse from staff. "*My distrust with CSC started when they were supposed to support me as a victim*" (C03). One woman shared about experiencing sexual assault while incarcerated and feeling that the correctional staff did not appropriately respond to the violence and instead encouraged the assault. Another woman shared about a peer who was mistreated upon her entry into prison. Prior to the woman's arrest, she witnessed the murder of her husband, and she was also shot during the same incident. Due to the woman's injuries, she was placed into segregation upon entering prison, where she was denied counselling support and instead was alone and isolated. With an immense power dynamic impacting the relationship between the correctional staff and their clients, women felt unable to advocate for themselves to speak up about their experiences of trauma in the criminal justice system. "*At the end of the day, the all-encompassing power is CSC... You can have all the support in the world, but like, I was never unrealistic*" (C03). The systemic injustices within the criminal justice system amplify the psychological barriers women experience and decrease their drive for prosocial reintegration.

### An Unrealistic Release Plan and Limited Resources
"*Now I'm out, and I'm trying to navigate how to be a productive member of society, but I had no direction with that. I had no "how to", this is what to do. And they say they give you a plan, but it's not realistic. It's not realistic to all of a person's emotions and feelings*" (E05).

Balfour et al. (2018) found that within Canada, there is an inconsistent process of developing and implementing release plans, with many individuals reporting that they were released without any services or any release plans in place. In the present study, women shared that they were incredibly dissatisfied with the release plans that they received. They shared that the release plans were inconsistent, unavailable, and overall were not realistic to the obstacles that they faced, especially with the limited resources available. This theme was composed of codes such as focusing on "how" not "what", the need for realistic plans, and the solution.

Participants shared that they reentered the community after incarceration feeling unprepared and unsupported by the correctional system. They shared that their release plans detailed what goals had to be achieved (i.e. securing employment, housing, not using substances), but they were entirely unaware of how to achieve those goals.

"*It says you need a job. You need to get a job that's on the plan, work. How's that going to happen?*" (E05)

"*I couldn't even figure out the fucking bus system after six months. How do I get there?*" (D04)

"*Refrain from alcohol, all drugs. How you're gonna do that?*" (D04)

Without a release plan that is realistic to the obstacles that women will be returning to, they are at a disadvantage in their ability to achieve their specific goals. Participants described the limited support they are provided about the reintegration process. A participant shared about a workshop she had during incarceration where she was provided a fake situation and had to find a solution.

"*Cindy can't budget her food for three month"… Does she steal food from the grocery store? Or does she try to find a food bank? Those really simple solutions where I'm like, man, I need bus fare for the food bank, I need a backpack for all the heavy food or a box,*

*I don't know where that is. Like, there's all these other things that were going through my head where I'm like gotta make sure I can get to the food bank before curfew and then if there's a payphone I can call in for my check-in. There's all these stressful things*" (C03).

Some scholars and advocates argue that reentry begins during incarceration, and therefore support while incarcerated affects them upon release (Sheppard, 2022). Participants shared that the resources that are available are strictly based on how to not reoffend upon release, and other challenges that occur (i.e. suicidal ideation, substance cravings, mental health) that can contribute to reoffending are not discussed enough.

"*In prison, you can't acknowledge self-harm. You can't acknowledge suicidal thoughts, you can't acknowledge eating disorders, you can't acknowledge drug use or impulse - The whole impulsive behaviour part you can't even acknowledge in there because it doesn't happen according to them. Isn't that backwards? …how do you deal with the triggers in the real world when they "don't" exist in the institution?"* (C03). Another participant shared,

"*They get arrested and thrown in jail, and they haven't even dealt with any of the things that happened to them. But here they are now they're just expected to move on. There's not enough counselling available, there's not enough mental health support. Mental health services are so lacking…there's just not enough support like the mental health thing is the hugest thing*" (B02)

Women shared that they experienced substantial challenges upon release with tasks such as using a cellphone, buying transit passes, using the bus, and searching online for a job that staff assumed that they knew how to do, and therefore they did not receive the support for. When speaking about what they envision to be a solution for prosocial reintegration, participants

discussed the need for resources and support to be individualized and immediate upon release. "*It has to be more personalized and more realistic*" (E05). A participant shared about how women with sexual offence convictions need an "*extra step reintegrator*" as they have had limited access to technology and now need to access the internet for foundational necessities such as employment, housing, or prosocial connections. Another woman shared about the challenges of release plans not being individualized by saying,

> "*Like you have the person that has never been in trouble with the law before, has just done six months of a two-year bit -myself, coming out into the community, but then you have someone else that this is their fifth time being in, and you're sure they're coming back. What is that person not getting? It's not the same thing that the person over here needs. They always try to make it like they have the release plan, while it should be released plans. Because they should be different. You're going to be looking at different things. It has to be more individual*" (E05).

**Sexualization and Male Relationships**
"*He's gonna make you do whatever the fuck it takes to get money. I have been pimped out more times than I can count*" (D03)

Within our patriarchal society, women have been socialized to adhere to sexist and objectifying environments. Feminist theorists argue that the sexualization of women is a tool used by patriarchal societies to maintain control over women, reducing their power and autonomy by focusing on sexual attributes. Consistent with General Strain Theory and Labelling Theory, women shared how the societal emphasis on physical appearance, male relationships, and sex impacted their engagement in criminal behaviour. This theme was composed of codes such as navigating relationships impacting crime and the sexualization of women.

Participants shared about their experiences of gender-based violence which included sexual assault, robbery, and physical abuse. "*When a lot of things happen, you have a lot to heal*" (E05). One woman spoke about how, immediately after being released from incarceration, women are frequently solicited for sex by the taxi drivers who pick them up from prison. Specifically, she shared about one occasion where, after being solicited for sex, the taxi driver took the woman to buy drugs, sexually assaulted her, watched her overdose and left her. Previous research has found that 68% of women have experienced sexual assault, and 86% have experienced physical abuse, demonstrating the need for a trauma-informed approach to reintegration after incarceration (Zinger, 2014). A participant described her experience of being sexualized upon release by saying, "*You got your boyfriend who's continuously hustling you and telling you, hey, why don't we go make money together? Nah. The money together is he's gonna put you out on the street*" (D04).

> "*Women are vulnerable when they're out, and they have that guy beeping in their ear. It's not fun. Those guys will force you to do whatever it takes for them to get drugs. They will ream you down so hard just to get drugs, and they will put you in jail*" (D04).

It has been well established within the literature that compared to men, women are at an increased likelihood to be drawn to crime and deviance due to their relationships (boyfriends, husbands, pimps, fathers; Leverentz, 2006; Sheppard, 2022).

> "*I feel like I don't need to be in jail no more. I don't want to be. I need to stay away from the people, the places, the things that used to make me go downhill. And most of the time, that was a man*" (D04).

Women with criminal justice involvement are more likely to have a relationship with an antisocial partner compared to men with criminal justice involvement (Leverentz, 2006). A study

by Leverentz (2006) found that due to the stigma related to criminally involved females, women have fewer choices of partners than men do when returning to the community. "*Going into a relationship is very difficult because people see you as a very bad person*" (F06). Women spoke about how, for them and for many women they know, relationships with men substantially impacted their substance use and, in turn, their criminal involvement.

"*The relationship I was in was very toxic. He introduced me to coke*" (E05)

"*Last year, something bad had happened, and I got into a relationship with a guy who was feeding it to me*" (D04)

"*I was in really risky situations, or, you know, dating dealers, because of my substance use issues. Being taken advantage of that way*" (B02)

The importance of having trauma-informed and gender-based services available for women upon reentry from incarceration, was elucidated by a participant who shared,

"*Being sexualized has a huge impact, especially in the community where people are preying on women, taking advantage of women no matter how strong you are. You are resilient. That doesn't really matter because, it really impacts people when you're vulnerable*" (D04)

## Overarching Theme 4: Ways Forward

### Needs for Desistence

*"Stay away from drugs, go to school, get an education, do whatever it takes. Do whatever to keep yourself occupied as much as you can to stay out of jail"* (D04)

Women spoke about the factors that helped them during their re-entry into the community into incarceration. They expressed the importance of being involved with meaningful activities and prosocial connections. This theme was composed of codes such as family, personal traits, and finding a sense of purpose.

Sheppard (2022) found that women who are incarcerated strive to feel productive and contribute to society upon their release, coinciding with the findings in the present study. Women described activities such as walking, watching television, sports, school, and working as foundational to the desistence process. "*Going back to school and having something that gave me purpose*" (C03). As another woman explained,

> "*I think just having that little job, just giving people purpose. Having that purpose can be life changing. And then also, like having that income, being able to be self-sufficient is an inch too*" (B02).

When identifying personal traits that helped them during reintegration, participants spoke about helping others, having the desire to learn, and having a family support system. Rodermond et al. (2016) found that women with criminal justice involvement are more likely than males to be positively impacted by family support. One participant spoke about how having her son in her life was her motivator for desistence, "*For me, because my son was with me at that time, I couldn't. I can't. I had to stop doing everything*" (D04).

**Advice For Women by Women**

Throughout the interviews, the women spoke about lessons they have learnt, what they wish they knew, and what they would say to those currently re-entering after incarceration. This theme was composed of codes such as you are not your past: look at the bigger picture, be kind to yourself, and knowledge is power.

Participants discussed the importance of others learning from the lessons and challenges that they experienced. Peers who have shared experiences with those newly released from incarceration can offer empathy and validation in addition to practical strategies, resources, and advice in navigating challenges (Matthews, 2021). Palis et al. (2024) conducted a qualitative

study on peer work and found that receiving advice and learning about shared experiences can be beneficial to the vulnerable state individuals may be in during re-entry. For the person sharing advice, this can act as a motivator for personal growth and can provide a sense of purpose for the challenges they overcame surrounding their incarceration (Palis et al., 2024). Matthews (2021) found that advice from those who have been incarcerated to others in a similar situation is perceived as more believable, trustworthy, and helpful for both individuals' healing journeys.

The path toward desistence may not consistently be straightforward for individuals as they navigate challenges and heal from their past. In the present study, women shared the need to focus on the future they envision and *"People's past doesn't define them*" (B02), with additional examples listed below.

"*No one is gonna believe in you, except you. So, believe in yourself, and believe your future is bright*" (A01)

"*Whatever, however, whatever you have to do to not use, that's what you focus on*" (E05)

"*I had to start fresh, and it doesn't hurt to start fresh. It hurts when you are going right back to the same thing. And then you are just going right back inside right after that. What would you rather? Would you rather stay outside, enjoy your life, enjoy the community, start helping the community or go right back to the same person you were and go back to jail? There's no point in going back to jail. Not at all*" (D04).

Maruna (2001) developed a theory of desistance focusing on the importance of a gradual shift in self-narrative to achieve desistance from crime. With the path to healing being a continuously evolving journey, when sharing the advice that they had for women leaving incarceration, participants discussed the need to "Not to be too hard on themselves. Don't be too self-critical" (B02) with additional examples listed below.

"*It's the relationship with myself that was the most important*" (E05)

"*You are resilient*" (B02)

"*If I had to just say one thing that they should do, it would be to be kind to themselves, and then what does that look like for you? Because I was never very kind to myself. A lot of negative thoughts and a lot of guilt and shame and hurt, and rejection and all that kind of stuff. All those negative things. So, if I was just kind, just be kind to yourself because we're, like, number one, right? So, it has to start with how am I going to learn? Never mind love, how am I gonna like myself again?*" (E05).

McLuhan et al. (2023) found that there is an immense need for coordination and communication between resource supports and correctional facilities to mitigate the challenges after incarceration. Although there is a scarcity of resources available after incarceration, awareness and access to the resources that are available, such as peer support groups, housing services, prosocial friendships, and employment assistance can promote desistence from crime. Women in the current study shared about the power of having knowledge and access to resources with examples listed below.

"*Have those resources at hand the second you get out, you will not go back. Utilize those resources*" (D04)

"*Reach out to anybody that you feel is a safe person to speak to if you want to stay away from prison. Reach out to them. They are your best support. You have those people behind you, you won't go back. That's what I did. I never went back*" (D04)

**Resilience and the future**
"*I thank the woman that I was who started drinking how many years ago because she got me through to here. I always say she kept me alive, so I could survive, so that I could thrive*" (E05)

Despite evidence that resilience is a positive way for individuals to adapt to obstacles, it is understudied within criminal justice research, specifically with women. While not neglecting the fact that women experience challenges during reintegration, resilience is a concept that refers to a continuous process where an individual is able to positively adapt to adversities while maintaining mental strength (Shankar et al., 2019). The women in the current study shared how they have overcome challenges and demonstrated resilience and hope for their future. This theme was composed of codes such as hope, looking toward the future, and resilience.

Women explained that the reason they are on a path to desistence is primarily due to their hope for their future. They described a sense of hope stemming from being able to see their grandchildren grow up, their careers flourish, start healthy marriages, and live their lives outside of the justice system. "*I just can't imagine ever jeopardizing everything I've built in my life*" (B02). A participant shared about how she was recently offered substances, and the thought of what her future holds after her most recent charges get dropped was a motivator to say no.

> "*Any other time, I'd be like, let's go. Let's go. Let's go. No, this time, I have court in a week. I'm not doing this because I'll end up in jail, and I'm gonna be breached, and then I'm gonna go back to prison. I don't want that because the charges I just had that's gonna be dropped tomorrow. I could be looking at five years. Do I really want to be looking at five years? No. Not at all…So I'll say goodbye to it. I just I can't, I can't… I have to say no. No matter what*" (D04).

Similar to how individuals build muscles, fostering resilience takes time and deliberation (American Psychological Association, 2017). "*I never thought I would bounce back. Never imagined. Never imagined after 25 years of being caught in that revolving door*" (B02). As stated by Ungar (2013), resilience is contextualized with resilience needing to be considered in

the context of the specific adversity, indicating that healing can be a continuous journey considering the trauma that one may have experienced.

> "*Everybody's always looking for that authentic self, and that's what they want to present to the world, to the community. That I'm healed, and I'm whole. Well, that piece of me that was in the trap house, that piece of me that was in [prison name removed], they are pieces of me. So, I don't try to forget about them and not have them a part of me. I keep them with me now because they're a good reminder of where I don't want to be. That's how you become whole*" (E05).

When reflecting on the healing process, a participant shared,

> "*It triggers me, it triggers my emotions, but it's a good thing. I think triggers are really good things, people think they're bad, but I think they're good. Because they remind you where you've been and that feeling, and I don't ever want to go back to that. So, I'm glad that I have that emotion*" (E05).

A participant illustrated the journey of overcoming challenges and the process of resilience by saying,

> "*I'm proud of what I do. I'm proud of who I am. I'm proud of where, like, I'm just proud of myself. And a lot of stuff in my past I have regrets, of course, but I've got past the shame and the guilt and all that stuff I carried and, now I'm just really proud that I have overcome all that and that I was able to move forward with my life in a good way*" (B02).

## Limitations

There are notable limitations within the present study. The findings in the current study presented 12 themes that were found within the multifaceted and complex experiences that the women shared about their reintegration. The participants shared broadly about their experiences,

and even though the author found numerous themes within the dataset, variations of the number of themes may have been found by other researchers. That said, Braun and Clarke (2022) explained that many themes are often needed when presenting an overview of key patterns in a dataset compared to an in-depth exploration of one or two facets of the data where fewer themes would be appropriate. To mitigate this potential limitation, reflexivity was used throughout the data analysis, where the author considered whether the themes are rich and complex enough to be considered a theme or if they report only one dimension and alternatively should be considered a code.

An additional limitation is that the majority of the women were engaged in the desistance process of reintegration. Despite the interviews being available for women who are at any point in their reintegration process, whether in an active criminal lifestyle or not, the majority of women spoke about desistence. Therefore, the results cannot be transferred to assess the reintegration needs of all women considering the unique circumstances and varying levels of desistence present among women. While the women reflected on their past experiences of reentry and the challenges that they have seen other women face, it is not necessarily reflective of other women's current lifestyle.

## Chapter 4: General Discussion

Although women are a small percentage of the incarcerated population, compared to males, their incarceration rate has drastically increased (de Vogel & Nicholls, 2016; Herring, 2020). Upon prison release, women face unique and multifaceted external barriers to prosocial reintegration (Holtfreter & Cupp, 2007). Without recognizing how the unique barriers women experience can impact reintegration, we neglect a vital component of successfully supporting the reintegration of females convicted of a criminal offence and ending the cycle of re-incarceration.

**Implications**

An important finding throughout the research studies was the need for an improved release plan that recognizes the realities of re-entry after incarceration for women. As women face unique and multifaceted external barriers to a successful reintegration process (Holtfreter & Cupp, 2007), specific, gender-salient discharge planning must be in place that incorporates appropriate resources and risk management tools (Huebner et al., 2009). The findings in the present study extend previous research, which found that 31% of females re-entering the community from 2018 to 2021 reported that they were not prepared for release when they were first eligible for parole (Office of the Auditor General of Canada, 2022). As demonstrated in study one, post-incarceration reintegration is associated with social support, self-esteem, self-stigma, loneliness, trauma, and feeling a sense of community. With the significant correlation between psychological barriers and prosocial reintegration, a release plan that addresses the obstacles that women may experience and that helps mitigate emotional distress may be more likely to yield reduced recidivism and improved community integration. The findings in study one were further examined in study two within the themes "An Unrealistic Release Plan and Limited Resources", "Returning to a Survival Based Lifestyle", and "Psychological Barriers". Within these themes, participants explained how they entered the community with a list of goals they had to achieve, but they had no idea how or where to start. Therefore, while incarcerated, there is a significant need for access to clinical programs and release planning that actively involves the individual woman overseeing and contributing to her release plan. Without a release plan informed by the individual and developed with the involvement of peer support workers and other supports, the likelihood of recidivism presumably increases.

Expanding on the need for a realistic release plan, an additional takeaway from these studies is the need for additional resources upon release. With the lack of resources available, many Canadian women experience the "revolving door syndrome" characterized by being discharged from prison, reimprisoned, and rereleased, with the cycle continuously repeating throughout their lifetime (Blair-Lawton et al., 2020). The findings of this study illustrate the need for resources that support women in navigating gender disparities that contribute to the experience of psychological barriers during re-entry after incarceration. With every incarcerated female convicted of a criminal offence costing an average of $212,005 (at least $90,000/ per year more than males), addressing the increase in the incarceration of females can positively impact communities (Public Safety Canada, 2020). As a comparison, the salary of a social services worker is $40,000 per year (Elizabeth Fry Northern Alberta, n.d.). Reallocating funds could better support women reintegrating into the community upon release and prevent future criminal behaviour (Elizabeth Fry Northern Alberta, n.d.). Without women's basic needs met with support from correctional facilities in this transition, it is challenging for women to have their self-fulfillment and psychological needs met (Hopper, 2020). Without all these needs met to support their success, the cycle of recidivism may continue with criminal activities to secure survival-based necessities (Wright et al., 2012).

Further implications of this study extend to the broader societal impact of custodial sentences on women, particularly concerning their ties to their communities and the stigma associated with incarceration. As demonstrated by the findings in the present study, the reintegration process for women re-entering the community can be positively impacted by social connections. Participants in study two shared that they were continuously discriminated against due to their criminal justice involvement with perspectives from the public, such as "*Once you're*

*a criminal, you're a criminal"* (C03), as well as findings in study one that stigma is associated with reintegration. If individuals are unable to receive the necessary resources and release planning from correctional institutions, an increase in community connection and belonging is needed to decrease recidivism.

Further disconnecting individuals from prosocial and positive community engagement, experiences within custodial settings, such as a lack of access to correctional programming, may negatively and substantially impact an individual's likelihood of returning to prior criminal activity. The Office of the Auditor General of Canada (2022) conducted an audit on the Correctional Services of Canada (CSC), which found that the CSC failed to identify and eliminate systemic barriers that continuously disadvantage specific groups of individuals, such as women, Indigenous peoples, and visible minorities. A reasoning behind the audit was that CSC is mandated to prepare individuals for safe re-entry into the community, providing interventions and services during incarceration that are responsive to the unique needs of particular groups such as women (Office of the Auditor General of Canada, 2022). Despite the responsibility of custodial centers being to "rehabilitate" individuals rather than punish them, the findings in the present study demonstrate the need for additional services during and after incarceration that address women's needs. Compared to provincial institutions, federal institutions (2+ year sentences) provide more opportunities for individuals to access interventions due to the increased sentence length. However, only 29% of women released in 2021 completed programming before their first parole eligibility date, a number that continues to decline steadily (e.g. 50% completed programming in 2019; Office of the Auditor General of Canada, 2022). Complementing the findings in the present study, previous research suggests that programming for women within custody needs to be founded on a holistic approach that recognizes women's social realities and

is part of a continuum of care that supports women in their reintegration into society (Office of the Auditor General of Canada, 2022).

**Future Research Directions**

Women represent less than 10% of people convicted of a criminal offence, and therefore limited research has been conducted in recognition of their needs (Herring, 2020; Latimer & Lawrence, 2006; Nicholls et al., 2009). Additional research is needed to better understand women's experience of re-entry after incarceration in order to better address their needs for desistence. Future studies should aim to provide a more in-depth investigation of specific psychological barriers. This could be done by interviewing women specifically about one type of psychological barrier they experienced upon release and by conducting a more expansive sampling that better represents varying levels of desistence. Furthermore, the psychological barriers during re-entry could be studied with a longitudinal design to examine how outcomes and specific barriers evolve over time.

Given the common wariness that individuals who are actively involved in the criminal justice system may have about participating in research, those individuals likely did not partake in the study. For accessibility and inclusion purposes, the current study provided the option for in-person participation in specific locations. However, the availability of in-person participation was limited and future research should provide more inclusive and accessible opportunities. Due to time constraints, participatory action research was not available/feasible for this present study however, future research should consider working with community members (i.e. peer workers, and service providers) for a more accessible and appropriate research process.

Overall, the findings in this thesis consistently demonstrated that the female participants experienced widespread systemic gaps in the Canadian correctional system and that there is a

need for increased resources to support women after incarceration. The women who have

directly experienced these systemic failings are the experts of their own experiences, and

therefore, listening to those with lived experiences is critical to creating future change. With

recidivism rates between 33% to 80% and unique barriers for women establishing a pro-social

lifestyle upon prison release, it is necessary to understand this growing high-needs population

better (Adams et al., 2008).

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**Appendices**

**Appendix A: Informed Consent Form**

**Psychological Barriers of Women Reintegrating into the Community After Incarceration**
Saint Mary's University REB FILE #23-086
Research Team: Student Researcher: Jordyn Monaghan
Faculty Researcher: Dr. Meg Ternes, Department of Psychology
Saint Mary's University, 923 Robie Street, Halifax, NS B3H 3C3
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**Introduction**
We welcome you to participate in our research study, which aims to better understand the experiences and barriers women navigate in their reintegration into the community after incarceration. This study is conducted in completion of the student researcher's Master of Science thesis.

**Purpose and Rationale**
Women experience many unique challenges during community reintegration. By recognizing the unique psychological barriers women experience during re-entry, we hope to support females who have offended through contributing to a better understanding of effective resources. We are looking for you to share your experience, advice, and knowledge of reintegration into the community after you were released from incarceration.

**Who Is Eligible?**
You are eligible to participate in this study if you meet the following criteria:
1) You self-identify as a woman
2) You are over 18 years of age
3) You permanently reside in Canada
4) Have been incarcerated in a Canadian Correctional Center

**Procedure**
If you wish to participate in this study, you will be asked to complete an online questionnaire which will take about 20 minutes and/or a semi-structured interview over Zoom which will take about 30 minutes. You have the option to participate in either or both the questionnaires and the interview. You will be asked questions that include but are not limited to, how you view yourself, how you believe the public views you, experiences of traumatic events, and other items.

**What are the potential risks of this research?**
This study focuses on obstacles of reintegration after incarceration. As these topics can be emotional for some, there is a potential of psychological or emotional risk. Additionally, you will be asked to disclose sensitive information regarding your own experiences and perspectives. These questions may make you feel uncomfortable. If you think that these topics will be upsetting for you, we suggest that you do not participate in this study. If you wish to participate in our study, you have an option to decline, skip questions you are not comfortable in answering, or withdraw at any time without negative consequences. All responses to both the survey and

interview will be confidential, and private. This means that only members of the research team will know your responses. Collectively with all other participants, overall data will be shared for the purpose of publishing findings and sharing results however, no personally identifiable information will be shared.

Should you experience any negative outcomes as a result of this study, please contact Dr. Meg Ternes by phone (902-420-5853) or email (meg.ternes@smu.ca) immediately. If you are in crisis, please contact a resource listed below, call 911, or your local emergency department.

The following is a list of Canada-wide mental health resources for all participants in the study:
**Wellness Together Canada**
1-866-585-0445 or Text WELLNESS to 741741
**First Nations and Inuit Hope for Wellness Help Line**
1-855-242-3310 Online chat: https://tinyurl.com/bdczu3fx
**Talk Suicide Canada**
1-833-456-4566 or Text 45645
**Canadian Resource Centre for Victims of Crime**
1-877-232-2610 or Text 613-208-0747
**Kids Help Phone (age 5 to 29)**
1-800-668-6868 or Text CONNECT to 686868
For additional resources in your area, please see the following link: https://tinyurl.com/4dfcxz49

**What will be done with my information?**
If you choose to complete the study, it will be conducted via Qualtrics and Zoom, platforms that have a server located in Canada. The data will be stored on a cloud-based password-protected server and/or on password protected computers. We plan on keeping the data for as long as we think we may need it, and at least five years after the results are published. Only members of the research team will have access to the data, but we may share the data with other scholars or journal editors.

Once all the data is collected and analyzed for this project, we plan on sharing this information with the research community through conferences, presentations, and academic papers. We expect to share our results by Summer 2024.

**Limits of Confidentiality**
Your confidentiality is very important to us, so we want to ensure that you are aware of the limitations of your confidentiality and any situations where we would be legally obligated to report information that you share with us. If you provide us with specific information regarding your intent to harm yourself or others, we will be obligated to notify the authorities. Specifically, during the interview, you should not discuss possible dangers to yourself or others, you should not discuss details of past crimes that you have committed for which you were not convicted, and you should not discuss any crimes that you are planning to do. We will do our best to stop you if we feel that you are about to discuss anything related to the above. However, if you do state anything related to the above, we are both legally and ethically obligated to break the confidential nature of this interview and report the information in question to the designated authorities.

**Compensation**
Participants will be compensated with a gift card up to $15 ($10 for the interview and $5 for the questionnaires). If participants successfully recruit a peer, who then completes the study, they will receive an additional $5 gift card.

**Can I withdraw from this study?**
If you wish to participate in our study, you have an option to decline, skip questions you are not comfortable in answering, or withdraw at any time without negative consequences. To do so, simply click "choose not to answer" on any remaining survey questions to skip to the end, and then click the button "withdraw from this study" that is located at the end of the survey. For the interview, if you are not comfortable answering a question, tell the principal investigator and the question will be skipped without any questions. The Debriefing Form at the end of the survey and/or interview will provide you with information and resources that you may need. If you choose to withdraw from this study, we will remove your data from our dataset. For the questionnaire, if you do not click this button, once your responses have been submitted, you will not be able to withdraw from the study because we would have no way of identifying your responses.

**Participant's Rights and Protections**
This research has been reviewed and cleared by the Saint Mary's University Research Ethics Board. If you have any questions or concerns about ethical matters you may contact the Saint Mary's University Research Ethics Board at ethics@smu.ca or (902)420-5728.

**Need More Information**
If you would like to hear more about this research study prior to participating, you may reach out to one of the main researchers for more information:
    Jordyn Monaghan: Jordyn.Monaghan@smu.ca
    Dr. Marguerite Ternes: meg.ternes@smu.ca

Participant Agreement:
- I understand what this study is about, appreciate the risks and benefits, and that by consenting, I agree to take part in this research study and do not waive any rights to legal recourse in the event of research-related harm.
- I understand that my participation is voluntary and that I can end my participation at any time without penalty.
- I have had adequate time to think about the research study and have had the opportunity to ask questions.

Do you want to participate?
    o   Yes, I consent to participate
    o   No, I do not consent to participate

**Appendix B: Rosenberg Self-esteem Scale**

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree          Agree          Disagree          Strongly Disagree

2. At times, I think I am no good at all.

Strongly Agree          Agree          Disagree          Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree          Agree          Disagree          Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree          Agree          Disagree          Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree          Agree          Disagree          Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree          Agree          Disagree          Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree          Agree          Disagree          Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree          Agree          Disagree          Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree          Agree          Disagree          Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree          Agree          Disagree          Strongly Disagree

**Appendix C- Self-Stigma Scale**

The following scale asks a set of statements based on your view of the public's opinion, your opinion, and lastly, how much you believe the statement about yourself. This a reminder that you are able to skip any questions that you feel uncomfortable answering.
Please indicate how strongly you agree or disagree with each statement.

1. The public believes most people with a criminal record cannot be trusted

Strongly Agree             Agree             Disagree             Strongly Disagree

2. The public believes most people with a criminal record are unwilling to get or keep a regular job

Strongly Agree             Agree             Disagree             Strongly Disagree

3. The public believes most people with a criminal record are dangerous

Strongly Agree             Agree             Disagree             Strongly Disagree

4. The public believes most people with a criminal record are dirty and unkempt

Strongly Agree             Agree             Disagree             Strongly Disagree

5. The public believes most people with a criminal record are below average in intelligence

Strongly Agree             Agree             Disagree             Strongly Disagree

6. The public believes most people with a criminal record are bad people

Strongly Agree             Agree             Disagree             Strongly Disagree

7. The public believes most people with a criminal record are disgusting

Strongly Agree             Agree             Disagree             Strongly Disagree

8. The public believes most people with a criminal record are unpredictable.

Strongly Agree             Agree             Disagree             Strongly Disagree

9. The public believes most people with a criminal record cannot be rehabilitated

Strongly Agree             Agree             Disagree             Strongly Disagree

10. I think most people with a criminal record cannot be trusted

Strongly Agree                Agree                Disagree                Strongly Disagree

11. I think most people with a criminal record are unwilling to get or keep a regular job

Strongly Agree                Agree                Disagree                Strongly Disagree

12. I think most people with a criminal record are dangerous

Strongly Agree                Agree                Disagree                Strongly Disagree

13.  I think most people with a criminal record are dirty and unkempt

Strongly Agree                Agree                Disagree                Strongly Disagree

14. I think most people with a criminal record are below average in intelligence

Strongly Agree                Agree                Disagree                Strongly Disagree

15. I think most people with a criminal record are bad people

Strongly Agree                Agree                Disagree                Strongly Disagree

16. I think most people with a criminal record are disgusting

Strongly Agree                Agree                Disagree                Strongly Disagree

17. I think most people with a criminal record are unpredictable.

Strongly Agree                Agree                Disagree                Strongly Disagree

18. I think believes most people with a criminal record cannot be rehabilitated

Strongly Agree                Agree                Disagree                Strongly Disagree

19. Because I have a criminal record I cannot be trusted

Strongly Agree                Agree                Disagree                Strongly Disagree

20. Because I have a criminal record I am unwilling to get or keep a regular job

Strongly Agree                Agree                Disagree                Strongly Disagree

21. Because I have a criminal record I am dangerous

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

22.  Because I have a criminal record I am dirty and unkempt

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

23. Because I have a criminal record I am below average in intelligence

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

24. Because I have a criminal record I am a bad person

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

25. Because I have a criminal record I am disgusting

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

26. Because I have a criminal record I am unpredictable.

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

27. Because I have a criminal record I cannot be rehabilitated

Strongly Agree　　　　Agree　　　　Disagree　　　　Strongly Disagree

## Appendix D: UCLA Scale

INSTRUCTIONS: Indicate how often each of the statements below describes you.

O indicates "I often feel this way"
S indicates "I sometimes feel this way"
R indicates "I rarely feel this way"
N indicates "I never feel this way"

| | | | | | |
|---|---|---|---|---|---|
| 1. | I am unhappy doing so many things alone | O | S | R | N |
| 2. | I have nobody to talk to | O | S | R | N |
| 3. | I cannot tolerate being so alone | O | S | R | N |
| 4. | I lack companionship | O | S | R | N |
| 5. | I feel as if nobody really understands me | O | S | R | N |
| 6. | I find myself waiting for people to call | O | S | R | N |
| 7. | There is no one I can turn to | O | S | R | N |
| 8. | I am no longer close to anyone | O | S | R | N |
| 9. | My interests and ideas are not shared by those around me | O | S | R | N |
| 10. | I feel left out | O | S | R | N |
| 11. | I feel completely alone | O | S | R | N |
| 12. | I am unable to reach out to those around me | O | S | R | N |
| 13. | My social relationships are superficial | O | S | R | N |
| 14. | I feel starved for company | O | S | R | N |
| 15. | No one really knows me well | O | S | R | N |
| 16. | I feel isolated from others | O | S | R | N |
| 17. | I am unhappy being so withdrawn | O | S | R | N |
| 18. | It is difficult for me to make friends | O | S | R | N |
| 19. | I feel shut out and excluded by others | O | S | R | N |
| 20. | People are around me but not with me | O | S | R | N |

## Appendix E: Life Events Checklist for DSM-5

Introduction: Please answer the following questions based on your experiences over the course of your life.

| Event | Never Experiences | One Time | 2 – 3 times | 4 – 10 times | 10+ times | Prefer not to say |
|---|---|---|---|---|---|---|
| 1. Natural disaster | | | | | | |
| 2. Fire or explosion | | | | | | |
| 3. Transportation accident | | | | | | |
| 4. Serious accident at work, home, or during recreational activity | | | | | | |
| 5. Exposure to toxic substance | | | | | | |
| 6. Physical assault | | | | | | |
| 7. Assault with a weapon | | | | | | |
| 8. Sexual assault | | | | | | |
| 9. Other unwanted or uncomfortable sexual experience | | | | | | |
| 10. Combat or exposure to a war-zone | | | | | | |
| 11. Captivity | | | | | | |
| 12. Life-threatening illness or injury | | | | | | |
| 13. Severe human suffering | | | | | | |
| 14. Witness sudden violent death | | | | | | |
| 15. Sudden accidental death | | | | | | |
| 16. Serious injury, harm, or death you caused to someone else | | | | | | |
| 17. Any other very stressful event or experience | | | | | | |

## Appendix F: Multidimensional Scale of Perceived Social Support

Please indicate how you feel about each statement.

| | Very Strongly Disagree | Strongly Disagree | Mildly Disagree | Neutral | Mildly Agree | Strongly Agree | Very Strongly Agree |
|---|---|---|---|---|---|---|---|
| There is a special person who is around when I am in need. | | | | | | | |
| There is a special person with whom I can share my joys and sorrows | | | | | | | |
| My family really tries to help me | | | | | | | |
| I get the emotional help and support I need from my family. | | | | | | | |
| I have a special person who is a real source of comfort to me. | | | | | | | |
| My friends really try to help me. | | | | | | | |
| I can count on my friends when things go wrong. | | | | | | | |
| I can talk about my problems with my family. | | | | | | | |
| I have friends with whom I can share my joys and sorrows. | | | | | | | |
| There is a special person in my life who cares about my feelings. | | | | | | | |
| My family is willing to help me make decisions. | | | | | | | |

**Appendix G: Brief Sense of Community Scale**

Below are a set of statements about your neighbourhood and the general community of the area you are currently living in. Please indicate the extent to which you agree or disagree with these statements by placing a check mark in the appropriate box.

|  | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| I can get what I need in this neighbourhood |  |  |  |  |  |
| This neighborhood helps me fulfill my needs |  |  |  |  |  |
| I feel like a member of this neighbourhood |  |  |  |  |  |
| I belong in this neighborhood |  |  |  |  |  |
| I have a say about what goes on in my neighborhood |  |  |  |  |  |
| People in this neighboord are good at influencing each other. |  |  |  |  |  |
| I feel connected to this neighborhood |  |  |  |  |  |
| I have a good bond with others in this neighborhood |  |  |  |  |  |

### Appendix H: Post-Incarceration Reintegration Scale
Please circle the response that describes you the best in your current situation.

1. I have a safe place to live
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

2. Housing is not something I worry about.
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

3. I have friends and family I can count on to help me when I need it
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

4. There are many people in the community who will support me.
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

5. Since I have been in the community, I have frequently found myself in a situation where I'm at a high-risk to re-offend.
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

6. When I find myself in a risky situation, I'm able to make safe decisions
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

7. I have a stable job
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

8. Employment is not something I worry about
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

9. I struggle to follow my post release commitments and/or the conditions of my release
   Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

10. Maintaining a crime-free lifestyle is important to me
    Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

11. I am able to access the treatment and resources I need in the community
    Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

12. Treatment and resource support is not something I am worried about
    Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

**Appendix I: Semi-structured Interview Questions**

**General**

1. Can you tell me about your experience re-entering the community after incarceration?
    a. Did you experience any mental and emotional challenges during your re-entry? If so, could you tell me about that?
    b. What helped you during your re-entry?
    c. Are there any challenges that you have not yet mentioned that you think women uniquely experience during re-entry?

**Community and Social Circle**

2. How would you describe your current relationship with the larger community?
    a. Do you feel included or excluded from your larger community?
    b. How did your relationship with the community affect your return after incarceration?
3. How does your current social circle impact your life?
    c. Did you know them before being incarcerated?

**Loneliness**

4. Have you felt alone during the reintegration process? Could you describe your experience

**Self-Stigma**

5. What do you think the community's attitudes are toward women re-entering community after being incarcerated?
    d. Would a woman telling someone about their incarceration impact the way they are treated?
    e. Do you think other's attitudes or anticipated attitudes toward women who have been incarcerated impact their return to community?

**Self-Esteem**

6. Do you think a woman's self-esteem impacts their reintegration into community? Why or why not?

**Substance Use**

7. Do you think substance use would affect a woman's reintegration after incarceration?
    f. What type of impact would substance use have?

**Hopelessness**

8. Did you feel hopeful for the future upon your return to the community?

**Concluding**

9. Are there any personal qualities that you have that helped you re-enter the community? If so, can you describe them?
10. Are there ways society can support what women experience emotionally and mentally when reintegrating into the community after incarceration?
11. What advice would you give someone returning to the community after being incarcerated for the first time?
12. Is there anything else you would like to tell me about your experiences and thoughts related to returning to the community after incarceration?

**Appendix J: Demographic**

Please answer the following questions to what fits for you.

Age

18-25          26-35          36-45          46-55          56-65          65+

To which of the following racial or cultural groups do you belong to? (circle/select all that apply)

Black
First Nations, Metis, Inuit
East/ Southeast Asian
Latino
Middle Eastern
South Asian
White
If none of these work for you, please tell us/ specify here: ____
Prefer not to answer

Do you identify as a member of the 2SLGBTQ+?

Yes          No          Not sure          Prefer not to answer

Highest level of education completed:

Less than grade 10                    High school                    Some College or University

College or specialized diploma   Bachelor's degree          Some post-baccalaureate

Graduate degree (post-baccalaureate)

Employment:

Full-time          Part-time          None

How long ago were you incarcerated? _____

What crimes were you convicted for? _____

How long did you spend in an institution?_____

How often did you drink alcohol or use substances at the time surrounding your incarceration?

Never          Occasionally          Frequently          Very Often

How often do you currently drink alcohol or use substances?

Never          Occasionally          Frequently          Very Often

**Appendix K: Feedback Form**

**Psychological Barriers of Women Reintegrating into the Community After Incarceration**
Saint Mary's University REB #23-086

Research Team:
Student Researcher: Jordyn Monaghan
Faculty Researcher: Dr. Meg Ternes, Department of Psychology
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We would like to thank you for your participation in this study. As a reminder, the purpose of this study was to get a stronger understanding of the experiences and barriers that women navigate in their reintegration into the community after incarceration. This study is conducted in completion of the student researcher's Master of Science thesis.

**Your Data**
Please note that your individual data will be kept secure and confidential. No personal identifiers will be attached to the data. Recorded data will be stored on a password protected laptop. All data will be kept for a minimum of 5 years before being destroyed. Once all data are collected, they will be analyzed and aggregate data (group statistics without any individual identifiers), will be reported publicly at conferences, in academic journals, and in presentations.

**Compensation**
Participants will be compensated with a gift card up to $15 ($10 for the interview and $5 for the questionnaires). If participants successfully recruit a peer, who then completes the study, they will receive an additional $5 gift card

**Questions, Concerns, Inquires, etc.**
Once the data is collected and analyzed, we aim to share the final results through research publications, conferences, and workshops. For the privacy of all participants, only overall results, not the individual results, will be disclosed. If you would like additional information, have questions, or have any concerns, please reach out to the research team via the emails listed above. If you are interested in receiving more information regarding the results of this study, you will find a summary of the results by December 1, 2024
here: https://smu.ca/academics/summaries-of-completed-research.html.

As with all Saint Mary's University projects involving human participants, this project was reviewed by the Saint Mary's University Research Ethics Board. Should you have any comments or concerns about ethical matters or would like to discuss your rights as a research participant, please contact the Chair of the Research Ethics Board at 902-420-5728 or ethics@smu.ca

We understand that these topics may have been difficult, for some, to think about and discuss and would like to repeat the importance of seeking support if you need it.

The following is a list of Canada-wide mental health resources for all participants in the study:

| **Wellness Together Canada** | **Talk Suicide Canada** | **Kids Help Phone** |
|---|---|---|
| 1-866-585-0445 | 1-833-456-4566 | 1-800-668-6868 |
| or Text WELLNESS to 741741 686868 | or Text 45645 | or Text CONNECT to |

| **First Nations and Inuit Hope for Wellness Help Line** | **Canadian Resource Centre for Victims of Crime** |
|---|---|
| 1-855-242-3310 | 1-877-232-2610 |
| https://tinyurl.com/bdczu3fx | or Text 613-208-0747 |

For additional resources in your area, please see the following link:
Mental Health and Wellness Resources/ Supports


Thank you for your participation

**Appendix L: Recruitment Poster**

# Women with Incarceration Experiences Needed!

### Barriers of women reintegrating into the community after incarceration

## The Study

Women experience unique obstacles after they leave incarceration and deserve to have their voices heard! Through an online survey and/or interview, we want to hear about your experiences, advice, and any other challenges that you believe women experience when reintegrating into the community after incarceration

## Who is eligible?

- self identify as a woman
- 18 years and older
- Canadian resident
- Previously been incarcerated in a Canadian institution

## Participation

- **Zoom interview**: Email Jordyn Monaghan to schedule it at reintegrationproject@smu.ca
- **Survey:** Follow the QR code above or find the link here!
- **In-person** participation is available for certain provinces! Please reach out via email to participate in person

## Advocate and be heard!

## How long will it take?

Both the survey and interview take 15-30 minutes each

## Compensation

You will receive up to a $15 gift card for participating ($10 for interview and $5 for questionnaire). If you recruit someone to participate, you could receive $5 after they complete the survey!

For more information please contact:
**reintegrationproject@smu.ca**

REB #23-086
**SAINT MARY'S UNIVERSITY**

This research is supported in part by funding from Research Nova Scotia

RESEARCH NOVA SCOTIA

**Appendix M:** Multiple Regression Results (prosocial reintegration with psychological barriers and trauma as predictors)

*MULTIPLE REGRESSION MODEL AND PROSOCIAL REINTEGRATION WITH PSYCHOLOGICAL BARRIERS AND TRAUMA AS PREDICTORS*

| Predictors | B(SE) | β | t | 95% CI | Sig |
|---|---|---|---|---|---|
| Loneliness | -.34(.07) | -.59 | -5.16 | [-.47, -.21] | $p < .001$ |
| Self-stigma: Perception | -.20(.16) | -.14 | -1.24 | [-.516, .12] | $p = .220$ |
| Self-stigma: Internalized | -.41(.19) | -.29 | -2.20 | [-.79, -.04] | $p = .031$ |
| Self-stigma: Agreement | .10(.19) | -.59 | .07 | [-.28, .49] | $p = .541$ |
| Trauma | -.04(.09) | -.05 | -.44 | [-.21, .13] | $p = .662$ |

$F^2 (5, 79) = 17.62$, $p < .001$, with an $R^2$ of 0.53

**Appendix N: Multiple Regression Results** (Community connection with psychological barriers and trauma as predictors)

*Multiple Regression Model and Community Connection with Psychological Barriers and Trauma as Predictors*

| Predictors | B(SE) | β | t | 95% CI | Sig |
|---|---|---|---|---|---|
| Loneliness | -.26(.05) | -.58 | -5.15 | [-.36, -.16] | $p < .001$ |
| Self-stigma: Perception | .05(.12) | .04 | .36 | [-.20, .29] | $p = .717$ |
| Self-stigma: Internalized | -.26(.14) | -.24 | -1.81 | [-.55, -.03] | $p = .074$ |
| Self-stigma: Agreement | .34(.15) | .29 | 2.33 | [.05, .64] | $p = .022$ |
| Trauma | -.15(.07) | -.23 | -2.18 | [-.28, -.01] | $p = .032$ |

$F^2 (5, 79) = 18.76$, $p < .001$, with an $R^2$ of 0.54