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Locked Up then Locked Out: Reentry Programming and Women's Post-Carceral Success

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Honor Scholar Senior Project

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Abstract

Women represent one of the fastest growing populations in the American criminal justice system today, with rates of female incarceration increasing 700% from 1980 to 2014. In a criminal justice system built by and for men, however, women's narratives often go unheard and their needs unmet, especially in the tenuous period post-incarceration. This paper focuses on women's experiences of reentry, the period in which women are transitioning back to their communities after incarceration. Specifically, this paper will assess whether current reentry programming is equipped to adequately attend to and advocate for women's post-carceral needs. I situate women's needs upon reentry in a larger contextual frame that addresses both their pathways to criminality, as well as their experiences during incarceration, in order to address the complex nature of women's involvement with the criminal justice system and its impact on the feasibility of their post-carceral success. Following this discussion, I present three analytical case studies of current programs to paint a more qualitative picture of reentry programming for women in the U.S., and I conclude with a brief discussion of the future of reentry programming.

Introduction

Mass incarceration can be seen as one of the greatest social harms of the contemporary American landscape. Through what many refer to as the prison industrial complex, imprisonment has become both an economic engine for our country, as well as a system of racialized and classed stratification that disproportionately impacts some of the most marginalized communities in our society. Angela Davis describes the prison industrial complex as performing a feat of "magic," a disappearing act of sorts: "Homelessness, unemployment, drug addiction, and illiteracy are just a few of the problems that disappear from public view when

the human beings contending with them are relegated to cages...Once the aura of magic is stripped away from the imprisonment solution, however, what is revealed is racism, class bias and the parasitic seduction of capitalist profit” (Gordon 1999). Beyond making social issues, racism, and capitalist greed invisible, I argue that the dominant narratives surrounding incarceration also have a disappearing effect for criminal justice involved women, who’s stories and experiences are not only under told but underrepresented in policy and programming surrounding the criminal justice system. Research, literature, and narratives that inform our contemporary understanding of imprisonment in America are largely androcentric- centered on the experiences of solely men.

In an androcentric criminal justice system, not only are women’s voices and stories frequently silenced or ignored, but their hardships and their *needs* often go unaddressed as well. Reentry programming is typically assumed to be genderless, or universal for both men and women. However, women represent a distinct portion of the incarcerated population with unique pathways to criminality and needs upon reentry. A failure to recognize and address these gendered needs decreases the chances of a successful reentry, and can greatly impact the odds of a woman recidivating, or returning to prison or jail. This paper focuses on women’s experiences of reentry, in order to assess whether current reentry programming is equipped to adequately attend to and advocate for women’s post-carceral needs. I situate women’s needs upon reentry in a larger contextual frame that addresses both their pathways to criminality as well as their experiences during incarceration in order to address the complex nature of women’s needs upon reentry. Following this discussion, I present three analytical case studies of current programs to paint a more qualitative picture of reentry programming for women in the U.S., and I conclude with a brief discussion of the possibilities and limitations of reentry programming as a whole.

Context

The United States has the largest prison population in the world, with roughly 2,218,000 individuals currently behind bars (Kaeble and Bonczar 2016). An additional 4,651,000 adults in the U.S are on parole or probation, meaning that 1 in 37 adults are currently under some form of community supervision (Kaeble and Glaze 2016). In terms of reentry, over 630,000 individuals are released from U.S. prisons yearly and must undergo the dramatic transition from incarceration to independence referred to as reentry (Carson and Golinelli 2013). Males represent approximately 82% of all adults under correctional supervision, be it jail, prison, probation or parole (Colbert et al.2013). However, females currently represent the fastest growing prison population, with female rates of incarceration increasing 700% from 1980 to 2014, and outpacing the growth rate for male incarceration by over 50% (The Sentencing Project 2015). In terms of global scale, the U.S. currently houses one third of all incarcerated women in the world (Stanton, Kako, and Sawin 2016). Dominant discourses surrounding the criminal justice system tend to be largely androcentric, focusing almost solely on the experiences and needs of men. However, the American system of mass incarceration demands an intersectional analysis that brings the needs and experiences of this rapidly growing group of women to the center of conversations surrounding criminal justice reform and the impact of mass incarceration on our society.

This paper draws on Foucault's (1975) theory of the carceral, discipline, and punishment as well as an intersectional feminist criminological framework. Central to Foucault's theory of the carceral is an understanding of the narratives society constructs surrounding "deviance," and a focus on the ways in which society utilizes these narratives to justify the continued surveillance of certain "deviant" bodies. Foucault (1975) views incarceration and the penal system as a "great carceral continuum" (297) which permeates and gains legitimacy from multiple social

institutions- from education, to medicine, to social work, and legislation. Because the carceral is so deeply embedded in these social institutions, it has an immense amount of power to police the social order- a hierarchical order which is both raced, classed, and gendered. Foucault argues that whenever someone transgresses the norms associated with their position in the social hierarchy, they are labeled as “deviant” and, therefore, criminal, because their actions are seen as dangerous to the legitimacy and the functioning of the dominant social order. In other words, policing deviance is essential to maintaining the existing social hierarchy.

Unfortunately, in a society built on the racist pursuit of capitalistic ideals, certain bodies are already almost automatically associated with a narrative of deviance- namely female bodies, bodies of color, and poor bodies. Nee and Witt (2013) studied public perceptions of a variety of criminal profiles, from those with mental illness, to substance abusers, to repeat offenders, and found that “offenders with no mental health problems, but disadvantaged by their socio-economic background, are likely to meet the strongest force of discrimination from the public” (681). The profile of an individual from a disadvantaged background “was viewed as the most untrustworthy, the most untreatable, and the only characterization...likely to commit serious crime in the future” (Nee and Witt 2013: 681). While one might expect “deviance” to be attributed to the individuals in the study who deviated from traditional able-bodied norms (i.e. the offenders with mental illness or substance use disorders), on the contrary, it was the individuals who “deviated” racially or in terms of class that faced the most significant discrimination. These individuals were not seen as deviant because of any specific action they took, but rather they were viewed this way because of the deviance associated with their identity. The only “norms” these individuals “deviated” from were the hegemonic norms of the white, upper class.

Foucault argues that surveillance is the means by which we police and protect the dominant social order. Because we already conceptualize certain bodies as deviant, we

disproportionately surveil certain communities, namely poor communities and communities of color. This surveillance serves the cyclical purpose of reinforcing narratives of deviance and criminality in these communities, and subsequently justifying their continued surveillance. As Foucault asserts: “It is not on the fringes of society and through successive exiles that criminality is born, but by means of ever more closely placed insertions, under ever more insistent surveillance, by an accumulation of disciplinary coercion,” (301). This excessive surveillance is not only useful in reinforcing and justifying raced and classed narratives of “deviance,” but also serves the purpose of creating what Foucault refers to as “docile” and “submissive” bodies. The carceral system is structured to constantly surveil, punish, then surveil again, until individuals lose their autonomy to transgress social norms, and become submissive and accepting of the social order.

While Foucault’s framework highlights the structural nature of the carceral (the ways in which it is institutionalized and driven by systems of racist and classist ideologies), it also less explicitly speaks to the ways in which society utilizes a rhetoric of individual responsibility to justify this structural system. The aforementioned study by Nee and Witt (2013) helps to highlight this phenomenon. As noted, individuals from socially disadvantaged backgrounds were the only group who were negatively received by the public, viewed as “untrustworthy” and the most likely to commit another crime in the future. In the discussion of their study’s results, Nee and Witt (2013) hypothesize that this occurred because this group was seen as having “no excuse” for their criminal behavior, such as a mental illness or substance use disorder, which would reduce their culpability. While the language of “excuses” for criminal behavior is somewhat problematic in that it reveals that some individuals may get a “pass” for their behavior while others will not, it is interesting to note what is conceptualized as a valid “excuse” in this context. Mental illness and substance abuse are seen as “excuses” for criminal behavior, most

likely because society tends to strip individuals with mental illness or substance use disorders of their autonomy, and frame them in terms of being dominated by an illness or disease. However, individuals from socially disadvantaged backgrounds were viewed as having full autonomy in their decision to partake in criminal behavior, despite the implied social and economic marginalization of their communities. Devastated economies, social marginalization, and the subsequent strain on the ability to meet one's basic human needs, were not seen as an "excuse" for criminal behavior. Responsibility, in these contexts, was completely individualized. The narrative of individual responsibility for criminality is a common narrative utilized by society which hides the structural drivers of the carceral. This rhetoric will be critiqued frequently throughout the ensuing analysis.

This paper also draws from intersectional feminist criminological theory. This framework avoids homogenizing women into one monolithic group, and rather recognizes that race class, gender and multiple other locations of social inequality intersect to inform each individual woman's lived experiences. This intersectional approach recognizes that these different categories "act as 'structuring forces' affecting how people act, the opportunities that are available to them, and the way in which their behavior is socially defined" (Burgess-Proctor 2006: 39). Specifically, this paper attempts to utilize a racialized and gendered lens to understand the ways in which these factors intersect to create disparate criminal justice outcomes for women. Unfortunately, many state and federal criminal justice statistics fail to include a racial component when presenting quantitative information about incarcerated women, generally lumping women into a singular category for analysis. However, to the extent that these statistics are available, race will be incorporated as an important unit of analysis throughout the extent of the paper.

In terms of intersectionality, it is impossible to analyze the American criminal justice system without addressing the ways in which gender, race, and class intersect to inform contemporary patterns of incarceration. Perhaps the most salient of these categories in relation to the current system of policing and incarceration in America is race. Across the board, people of color are incarcerated at disproportionately higher rates than their white counterparts. In her book *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, Michelle Alexander argues that the racial disparities of mass incarceration in America have created a racial caste system reminiscent of the Jim Crow era in American history. While black men are arguably the most drastically impacted by this racial caste system, with nearly one in three black men facing incarceration at some point during their lifetime (Alexander 2010) women of color are not exempt from these inequitable trends in incarceration. While the past decade has shown a decline in the incarceration of black women and an increase in the incarceration of white women, black women are still twice as likely to be imprisoned than white women in America, and Latina women 1.2 times more likely (The Sentencing Project 2015). Race and gender alone, however, do not provide a complete picture of incarceration in America.

Poverty is also disproportionately tied to the American criminal justice system. Around 60% of incarcerated women were unemployed prior to their incarceration, and around 30% were utilizing some form of government assistance compared to only 8% of incarcerated men (Swavola, Riley, and Subramanian 2016). Poverty has long been a woman's issue, both at home and abroad. Women's marginalized position in society; their association with domestic labor, child care, and consequently low wages; and a variety of institutional barriers to education, the labor force, and the political realm have largely contributed to women's close proximity to poverty. As of 2011, American women were 20% more likely to be poor than men (Mykyta and Renwick 2013). While female headed households accounted for only 19.5% of all

U.S. families, nearly 50% of families living in poverty were single mother households (Mykyta and Renwick 2013). An intersectional analysis shows that these high rates of poverty are not impacted solely by gender, however, but also race. More specifically, 29% of white single mother households live in poverty in the U.S., compared to 43% of African American single mother households, and 46% of Latina single mother households (Taylor 2010). Further, black women in America are five times more likely to receive some form of public assistance, and nearly three times more likely to be unemployed than white women (Taylor 2010). The next section of the paper analyzes the ways in which race, class, and gender intersect to inform women's pathways to criminality, as well as some overarching gendered themes that emerge in looking at women's involvement with the criminal justice system.

Women and the Criminal Justice System

Nonviolent offenses such as property crimes, drug related offenses, and public order offenses, respectively, comprise women's most common criminal offenses (The Sentencing Project 2015). These nonviolent offenses generally land women in prison or jail for two years or less, however, approximately one third of these women will recidivate within three years of their release (Stanton et al. 2016). In terms of demographics, while statistics vary based on region and prison, generally around two thirds of incarcerated women are women of color. Black women are incarcerated at higher rates than any other racial group, representing around 45% of the total population. Latina women typically represent around 15% of the total population, and white women represent around 35% of incarcerated women (Swavola et al. 2016). Indeed, race not only plays a role in incarceration but also in women's pathways to criminality.

The majority of the nonviolent offenses women commit revolve around drug use/ possession and other property or public order offenses such as prostitution, fraud, larceny, burglary, or forgery. In low income, urban communities the majority of these crimes take place

within the context of what Eleanor Miller (1986) refers to as “deviant street networks.” Miller defines these street networks as “a selection of individuals mobilized in relation to a specific illicit ends. Such a network has fluid boundaries, may or may not have a real nucleus, and can be activated for relatively short or for extended periods of time” (Miller 1986: 35). The goal of these street networks is generally “to facilitate street hustling as an income-producing strategy” (Miller 1986: 36) through activities such as prostitution, forgery/fraud, drug trafficking, burglary, or a variety of other property related crimes. Miller posits that the majority of these deviant street networks are controlled predominantly by men, however, her study focuses on the pathways in which women come to be involved, or rather are recruited, into these illicit criminal economies. The three main pathways Miller observes are recruitment through domestic networks, running away from home, or drug use.

Miller finds that the pathways through which women are recruited to street networks are often racialized. For instance, Miller observes that black women are most commonly recruited through their position in domestic networks (Miller 1986). Domestic networks refer to a specific familial form in which households are “linked together on the basis of kinship, pseudo-kinship, and reciprocal personal and economic relationships” (Miller 1986: 66). Essentially, these domestic networks represent fluid and informal “extended families” which demand reciprocal obligations and support from members. Miller argues that “individuals may mobilize members of their domestic network not only to face economic and social crises and to take advantage of legitimate opportunities but to take advantage of illegitimate opportunities as well” (Miller 1986: 70). In this way, it is not uncommon for black women to be recruited to street networks through a member of their domestic network who may already be involved in that economy. It is important to note that by no means are all domestic networks intertwined with street networks, but to the

degree in which these two networks do intersect, black women may face higher rates of recruitment to deviant street networks through connections within their domestic networks.

Latina and white women, Miller finds, are more likely than black women to be recruited into deviant street networks through their drug use, which is typically initiated and/or supported by relationships with males (Miller 1986). Drug use as a pathway to street networks is, however, one of the least commonly cited pathways. Rather running away represents one of the most common pathways to street hustling amongst women of all races. A large amount of women run away from households in which they may have been abused, living in extreme poverty, or under the care of a parent or guardian who may have had a substance abuse disorder (Miller 1986). Pushed out of their homes, these women often find themselves in precarious economic and social positions, which may lead them to street networks and illicit activities as a form of economic income. This precarious position may also make them more vulnerable to an exploitative relationship in which their involvement with a criminally involved male may act as their entrance to criminality (Miller 1986). It is important to note that while many women's narratives highlight a singular route to involvement in criminal activity, these pathways are oftentimes blurred and women may find themselves involved in illicit street economies through various intersections of these pathways.

While women come to criminality through somewhat racialized pathways, across race and class one specific set of factors is generally recognized to represent women's gendered relationship with the criminal justice system. The large majority of incarcerated women have experienced poverty, mental illness, substance abuse, and/or traumatic histories of abuse at some point in their lives prior to their incarceration. Poverty and the economic hardships that many of these women face are commonly associated with women's involvement in crime. For example, studies estimate that up to 60% of women in jail did not have full time employment

prior to their arrest, compared with only 40% of men; and up to a third of incarcerated women report utilizing Temporary Assistance to Needy Families (TANF) prior to arrest, compared to only 8% of their incarcerated male counterparts (Swavola et al. 2016). Low levels of educational attainment among incarcerated women may be a contributing factor to their lack of employment, as approximately 65% of incarcerated women reported never completing high school (Evans 2007). Incarcerated women also commonly face the unique financial strain of single motherhood. Approximately 80% of women in prison are mothers to a minor, the majority of these women acting as the sole caregiver for the child (Berman et al. 2005; Scroggins and Malley 2010; Swavola et al. 2016). While, as discussed above, poverty disparately effects women of color in America, it is nonetheless considered to be a rather universal predictor of female incarceration.

Traumatic histories and histories of abuse represent another prevalent predictor of women's involvement in the criminal justice system. A study by DeHart et al. (2013) found that 60% of incarcerated women in their sample had experienced some form of caregiver violence or abuse before the age of 18. Further, 86% of women reported being the victim of some form of sexual violence, 77% reported having experienced some form of partner violence, 63% reported experiencing some form of nonfamilial violence, and 73% reported witnessing some type of extraneous violence. Over 55% of the women in the sample reported experiencing four or more of these types of violence throughout their lives (DeHart et al. 2014). Being a witness to violence or being a victim of interpersonal violence have been shown to significantly increase the risk of developing comorbid PTSD, depressive disorders, and substance use disorders (Kilpatrick et al. 2003). This is undoubtedly reflected in the extremely high prevalence of mental illness and substance use disorders in incarcerated women.

Indeed, substance use, mental illness and co-occurring disorders appear to be the norm rather than the exception for incarcerated women. One 2014 study found that 43% of incarcerated women in rural and urban jails across the country met the lifetime criteria for a serious mental illness, including depression, bipolar disorder, or schizophrenia. An additional 82% of women in the study met the lifetime criteria for a substance use disorder, and 53% met the lifetime criteria for PTSD (Lynch et al. 2014). In terms of co-occurring disorders, “29% met criteria for lifetime serious mental illness and PTSD, 38% met criteria for lifetime serious mental illness and a co-occurring substance use disorder, and about one in four [26%] met criteria for all three in their lifetime” (Lynch et al. 2014: 4). As a whole, incarcerated women are between two to three times more likely to have a mental illness than their incarcerated male counterparts (Belknap, Lynch, and DeHart 2016; Steadman et al. 2009; Zlotnick et al. 2008). Further, female inmates are 5-8 times more likely to abuse alcohol than women in the general population, and ten times more likely to abuse drugs (Zlotnick 2002). Individuals with mental illness and co-occurring disorders have been shown to be at higher risk of breaking the conditions of their community supervision and recidivating within a year of release (Peters, Wexler, and Lurigio 2015) so these women are at increased risk of becoming entrapped in a cycle of incarceration.

Women’s Experiences in Prison

While women generally come into jail or prison with high rates of mental illness, substance use disorders, and traumatic histories, very few women receive treatment or therapy for any of these conditions while incarcerated. As discussed above, women in prison experience disproportionately higher rates of serious mental illness and substance use disorders than their incarcerated male counterparts, or non-incarcerated female counterparts. However, less than a third of incarcerated inmates will receive mental health services while incarcerated- 24% in federal prisons, 34% in state prisons, and only 17% in local jails (James and Glaze 2005). Of

those women who do receive treatment for a mental illness during incarceration, 37% report a medication delay of anywhere from a few months to almost a year after initial incarceration (D.C. Prisoners' Legal Service Project 2005). Not only do women struggle with obtaining treatment while in prison, some women's experiences in prison may actually exacerbate their pre-existing mental illness. Indeed, women with mental illnesses are likely to serve a longer sentence than those without, and are also more likely to act out aggressively and be charged with institutional infractions during their confinement (Houser and Welsh 2014; James and Glaze 2005). These behavioral outbursts are more likely to result in the subsequent use of force by jail staff, or possibly even solitary confinement for these women, which may create or exacerbate preexisting trauma or psychological issues (Peters et al. 2015).

Beyond mental health services, women in prison also struggle to obtain effective substance abuse treatment during their incarceration. The majority of treatment programs in prisons are based on cognitive-behavioral therapy, which has a strong focus on changing individual thought processes and behaviors. "At the core of cognitive-behavioral programming is the notion of a 'criminal mind' and programmes are designed to counter criminal thought patterns and restructure offenders' ways of thinking. The impact of environmental factors and structural inequalities are considered irrelevant within the cognitive-behavioral framework" (Pollack 2004). As discussed previously, the use of an individual rhetoric of criminality is commonplace in public and political discourse- and can be seen here influencing treatment models as well. Rather than contextualizing drug use in the framework of the larger economy, cultural and gendered violence, or other socioeconomic factors, a cognitive behavioral approach would frame drug use as a "bad" personal choice, simultaneously assuming that "good" choices are equally available to all people:

This perspective reflects a meritocratic vision that assumes the inherent freedom of all people to pursue their own goals, and which obscures historical, social and

political realities that define the availability of choices. Therefore, the individual who is unsuccessful at living independently has simply made bad choices” (Pollack 2004).

This “pedagogy of individual choice,” positions women as entirely at fault for their current situation and entirely responsible for “fixing” or changing their circumstances (Kellet and Willging 2011). As a result, women who reenter socially and economically marginalized communities that lack the proper resources and support systems to assist their transition, generally feel guilty or personally responsible if they fail to successfully transition (Kellet and Willging 2011).

One of the most common models of cognitive behavioral therapy utilized in prison substance abuse treatment programs is the therapeutic community (TC) model, which “provides a total environment in which transformations in the drug users’ conduct, attitudes, and emotions are fostered, monitored, and mutually reinforced by a daily regimen” (Messina, Burdon, and Prendergast 2006). This model has proven to be successful for most men, but has not shown the same effectiveness for women (Messina et al. 2006). In fact, studies of in-prison TC programs for women have shown no significant long term decrease in drug-use or recidivism between women utilizing the treatment program and those who did not (Messina et al. 2006; Prendergast et al. 1995). This phenomenon highlights the danger of universalizing the needs and experiences of men to all populations. Because women have different pathways to substance use (generally through traumatic histories of abuse) and different motives for seeking treatment (usually for their own health or the wellbeing of their family) they require treatment models that address things like mental health, PTSD, abusive relationships, and parenting on top of general substance abuse (Messina et al. 2006; Prendergast et al. 1995). Further, where treatment options are unavailable or ineffective in prisons, women are left to deal with addiction and withdrawal on their own while incarcerated. Going through withdrawals “cold turkey” may

lead women to self-harm in order to receive medical attention, or even to continue using illegal substances while incarcerated (Mitchell et al. 2009).

Incarcerated women also lack access to proper physical and reproductive health services during incarceration, despite their high prevalence of physical health complications. Nearly 20% of incarcerated women report having been diagnosed with a chronic communicable disease such as an STI, hepatitis, HIV, or tuberculosis (Colbert et al. 2013). Rates of diabetes, asthma, and musculoskeletal issues are also reportedly high among female prisoners (Colbert et al. 2013; D.C. Prisoners' Legal Service Project 2005). Further, the stress of incarceration has been shown to increase risk of menstrual dysfunction such as amenorrhea and menstrual irregularity (Allsworth et al. 2007). While physical and reproductive health risks are high among the population of incarcerated women, research has found that both physical and gynecological healthcare in most prison and jail facilities is inadequate (D.C. Prisoners' Legal Service Project 2005; Freudenberg 2002; Magee et al. 2005; Weatherhead 2003). Most prisons rely on a "sick call system" whereby women must submit written sick call slips detailing their need for medical care. Not only does this system require that women be literate, English speakers able to clearly articulate their health needs, but women also cite having to submit multiple sick call slips before being seen by a doctor, meaning it usually takes days, if not weeks, for women to receive health care (D.C. Prisoners' Legal Service Project 2005; Magee et al. 2005). Further, many women report that prison physicians are rude, rough, and reserved, oftentimes refusing to communicate thoroughly with women about their health status or the nature of the procedure they're performing (Magee et al. 2005).

Beyond pre-existing health conditions that women must grapple with during incarceration, incarceration itself may have a negative impact on lifetime health as well as the racial stratification of health. Massoglia (2008) found that incarceration has a significant

negative impact on midlife health functioning. He attributes this not only to the fact that incarceration heightens one's exposure to infectious diseases such as HIV and Hepatitis C, but also to the stress that incarceration generates, the barriers to jobs and living wages that a record of incarceration creates, and the decreased social status of "ex-convicts"- all of which have been proven to negatively affect one's health outcomes (Massoglia 2008). Massoglia finds that the negative health outcomes produced by incarceration contribute to the racial stratification of health in America both inside and outside of prison. Because disproportionate aggregate numbers of people of color are incarcerated in America, the subsequent effect of incarceration on overall health is greater for people of color than for whites. While this study fails to present a gendered analysis of racialized health disparities, the findings are still significant in that they highlight the disproportionate impact of incarceration on the health outcomes of communities of color, and therefore women of color.

Beyond healthcare needs, maintaining relationships with friends and family- specifically children- is often very difficult for women in prison. Due to the small numbers of women's prisons, the majority of incarcerated women are housed in a facility between 100 and 500 miles from their home, making visitation nearly impossible for children staying with alternative caregivers during their mothers' incarceration (Austin et al. 2002; Berman et al. 2005). Not only does this have implications in terms of family dissolution, but children of incarcerated mothers have been shown to be 2.5 times more likely to be incarcerated as adults than children with incarcerated fathers (Dallaire 2007). This is most likely due to the fact that incarcerated mothers are more likely to be the sole caregiver of their children prior to incarceration than incarcerated fathers- meaning that the incarceration of these mothers has a more direct impact on children, seriously disrupting the parent child attachment (Dallaire 2007). This gendered discrepancy highlights the heightened risk of generational criminal justice involvement when mothers are

incarcerated. This emphasizes women's increased need for family and children related services and support both during and following incarceration.

Women's Needs Upon Reentry

Despite their growing involvement in the criminal justice system, women's needs remain largely underrepresented in terms of reentry programming. As outlined above, women's time in prison or jail often exacerbates rather than rehabilitates their preexisting health issues and may create strains in their relationships with loved ones. Upon reentry women are responsible for finding stable healthcare and rebuilding these relationships. Further, recently released women may be tasked with finding stable housing and employment, finding substance abuse treatment, and possibly regaining custody of children, all while navigating their present and historical position within a complex web of social networks. The following section details women's specific needs upon reentry and the barriers or support they may find in fulfilling these needs.

Healthcare

The patterns of inadequate mental, physical, and reproductive care seen in most prison and jail facilities means that the majority of women reentering society still require treatment for their preexisting health condition- which may have actually worsened during incarceration. Upon reentry, however, women are faced with a plethora of barriers to obtaining proper mental and physical healthcare. Some of these barriers specifically include lack of health insurance or a means to pay for services and medications, lack of transportation to get to healthcare providers, and lack of knowledge regarding treatment as well as scheduling procedures (Colbert et al. 2013; Stanton et al. 2016). For this reason, health related interventions and resources are critical components needed in reentry programming for women. One meta-analysis of 155 reentry programs in America's ten major metropolitan cities found that counseling and mental health services were offered by less than half of the reentry programs in the sample (Scroggins

and Malley 2010). General physical health services were offered by even fewer programs, many of which limited their treatment to HIV care and prevention. The dearth of healthcare services in reentry programs means that women are often placed on a waiting list, and some report waiting up to 24 months for healthcare services (Scroggins and Malley 2010). Substance abuse treatment was one of the most widely available health services within the sample, with at least two programs in every metropolitan city offering some form of substance abuse treatment (Scroggins and Malley 2010). It remains unclear, however, whether these programs are gender responsive; assist women with the necessary transportation to their appointments; or provide childcare services during their appointments in order to ensure successful rehabilitation. Further, this sample does not account for women who come from rural areas where reentry programming is much more limited in scope and services.

Housing

Housing represents yet another imperative necessity for women coming out of the prison system. Referred to by some as the lynchpin of the reentry process, women coming out of prison need a stable residence for a variety of endeavors, from employment and parole, to substance abuse treatment, and regaining custody of children (Bradley et al. 2001). Stable housing has been shown to reduce recidivism and decrease rates of drug use (Bae et al. 2016; Metraux and Culhane 2004). Currently, around a quarter of released prisoners experience homelessness within the first year of their release (Bradley et al. 2001). The Massachusetts Housing and Shelter Alliance reports that around 1,000 individuals annually report to an emergency shelter immediately following discharge from prison or jail, and the city of Boston estimates that nearly 7% of its homeless population at any given time are newly released prisoners, with approximately 22% of its residents having been incarcerated within the past year (Bradley et al. 2001). While the exact number of homeless previously incarcerated women is

unknown, stable housing is consistently listed as women's top priority upon reentry, both pre-release and up to six months post release (Freudenberg et al. 2005; Johnson 2014; Stanton et al. 2016). Finding stable housing is particularly imperative for women with mental illness who are twice as likely as women without to be homeless after release from prison or jail (Stanton et al. 2016).

Women's housing options are often extremely limited upon leaving prison or jail. A significant amount of women are homeless at the time of their arrest, with some studies reporting that up to a third of women were homeless within the year of their arrest (Freudenberg et al. 2005; Scroggins and Malley 2010). With high rates of homelessness, unemployment, and poverty prior to being arrested, it is virtually impossible for most women to consider paying for a place of their own after release. Most commonly, women resign to live with family members or a significant other after release, however, with such extensive histories of drug use and physical and emotional abuse, these women risk moving back in with some of the very individuals who triggered their pathways to criminality (Belknap et al. 2016; Bradley et al. 2001). This may lead to continued cycles of abuse, drug use, and/or reincarceration. Further, the U.S Department of Housing and Urban Development (HUD) has a 'One Strike and You're Out' policy whereby an entire household may be evicted for the criminal actions of any one of its members, which may discourage families from allowing previously convicted women to move back in with them (Bradley et al. 2001). HUD also maintains the right to reject applications from individuals with a criminal record, and has mandatory three year minimum bans for individuals convicted of a drug crime (Bae et al. 2016; Bradley et al. 2001) meaning that many women are denied the ability to receive subsidized housing on their own. Even for those women who are eligible to receive public housing, there are typically insufficient units available to meet the already high demand

for affordable housing, with some urban areas reporting wait times as long as ten years (Bradley et al. 2001; Roman et al. 2006).

Unable to obtain housing of their own, or unwilling to move back in with family or significant others, many women resort to transitional housing or three quarter houses. Transitional housing provides short term, highly subsidized housing to individuals dealing with homelessness, substance abuse, domestic violence, or other crises (Roman et al. 2006). Again, demand for transitional housing is typically high and availability typically low, which leads many individuals to resort to utilizing illegal three quarter housing. Three quarter houses rent beds out to single adults and generally require residents to enroll in some form of substance abuse treatment program while living there (Person 2013). While many governmental and community-based agencies recommend three quarter houses to desperate individuals coming out of the prison system, these homes are not regulated by any government agency and often have dangerous building code violations and overcrowding (Person 2013). It is generally assumed that these homes get kickbacks from substance abuse treatment programs, as they require tenants to attend these programs regardless of their substance use history, and are notorious for illegally evicting individuals without notice after they've completed their treatment program (Person 2013). Typically located in extremely impoverished areas, these three quarter homes represent a temporary and dangerous last resort for men and women with nowhere else to go.

As a whole, reentry programming is inadequate at providing housing support to women. On average, only around 17% of reentry programs in metropolitan areas offer housing services, and few of these programs have the capacity to serve more than a handful of women's housing needs at a time (Scroggins and Malley 2010). Further, most women are housed in prison facilities over 100 miles from their home, meaning that corrections personnel within the prison

rarely have the resources or knowledge necessary to help these women make housing arrangements pre-release (Bradley et al. 2001). This inadequate discharge planning has been shown to be a significant factor contributing to homelessness in recently institutionalized populations, specifically for individuals with mental illness or substance use disorders (Backer, Howard, and Moran 2007). Ideally, reentry programming should begin pre-release and utilize the assistance of external reentry programming to help women find safe, affordable, and child-friendly housing options.

Children

Regaining custody of children represents another reentry endeavor that women must undertake. As noted above, nearly 80% of women in prison are mothers to a minor, the majority of these women act as the primary caregiver for the child and plan on returning to this role upon reentry. While 90% of the children of incarcerated males continue living with their mothers during their fathers incarceration, only 28% of children of female inmates will live with their father during their mothers incarceration (Berman et al. 2005). Children with incarcerated mothers are more likely to live with a relative or family friend, or be placed in foster care than children with incarcerated fathers (Dallaire 2007). Placing children in foster care, however, becomes particularly precarious given legislation like the Adoption and Safe Families Act of 1997 which terminates parental rights if a child has been in the foster system for 15 of the past 22 months (Roberts 2012). Given that the average woman is serving around a two year sentence, this means that for mothers who can't send their child to live with a friend or family member, re-gaining custody is often a pressing concern upon release. Black mothers in particular are at an increased risk of losing custody of their children due to the higher incidence of racialized policing by child welfare agencies in low income communities of color (Roberts 2012).

Effective reentry programming, therefore, should offer three broad child-related resources to mothers coming out of the criminal justice system- legal advice for regaining custody, parenting classes and family counseling for rebuilding relationships, and childcare services so that mothers can attend to the other pressing demands of their release (like finding a job or attending substance use treatment) knowing that their children are safe and taken care of. Parenting skills classes appear to be the most widely available of these resources, with at least one program in most metropolitan areas offering some form of parenting classes (Scroggins and Malley 2010). Childcare, however, is one of the least frequently provided reentry services in every metropolitan area, with less than 20% of programs in any given area offering this vital resource, often with limited capacity (Scroggins and Malley 2010). Statistics on the availability of reentry legal services for regaining custody are not included in this sample and therefore remain largely unknown.

Social Networks and Support

Women coming out of prison are further tasked with rebuilding social networks and social support systems. A study by Brown and Ross (2010) identified social connections as one of the key deficits women face upon coming out of prison- nearly two thirds of the women in their study reported having one or no regular social contacts outside of prison. The cyclical nature of women's involvement in the criminal justice system means that women usually spend multiple extended periods of time away from home, family, and friends, making it difficult to maintain relationships. Substance abuse and mental illness may have the added effect of pushing women away from their social networks, and for women who are attempting to get clean, a conscious decision to stay away from family, friends, or partners who may have supported their drug usage may require these women to abandon their previous social ties (Brown and Ross 2010).

For women of color, black women specifically, the disintegration of social networks is even more pervasive. The mass imprisonment of African Americans in our country has had devastating effects on low income communities of color, dismantling entire communities and social networks (Roberts 2004). The astronomical rates of punitive policing and surveillance in poor communities of color mean that disproportionate amounts of these community members are being locked up in prison or jail. With significant portions of their communities forcibly removed, these poor communities face a strain not only on their economies, but also on their social networks and norms (Roberts 2004). Regardless of their involvement in criminal activities, offenders are social actors that help to hold together the larger social networks of a community-their removal (especially in such large numbers) inherently breaks down pre-existing social networks, causing alienation and disorganization that prevents remaining community members from creating social capital and productive social norms (Roberts 2004; Rose and Clear 1998). Women of color from these communities return home to economically and socially devastated communities, which undoubtedly hinders their chances at a successful reentry.

Providing the resources to build positive social networks, therefore, is another area where reentry programming can provide critical interventions for women. In fact, women with post-release social support have been shown to have fewer symptoms of anxiety, depression, and PTSD, as well as higher levels of personal empowerment and life satisfaction (Stanton et al. 2016). Mentorship is one personal and effective way of providing reentering women with the positive social support they need to reintegrate successfully. Broadly, offender mentoring can be defined as “the pairing of adult offenders with members of the community with a view of bringing about positive lifestyle change” (Brown and Ross 2010: 32). Mentoring typically runs on a rather informal structure, whereby mentor and mentee have brief meetings with one another over extended periods of time. Mentoring is a voluntary relationship meant to emulate a more

'normal' or informal relationship than the professional worker-client relationships that program workers typically have with incarcerated women. Mentoring not only provides women someone to talk to about their struggles, concerns, and achievements throughout their reentry process, but also provides women with an advocate who can provide more formal support such as character references for employment, or court testimonies for child custody hearings (Brown and Ross 2010). Other social services that reentry programming might provide include relationship building and life skills development, which more than one third of metropolitan reentry programs successfully deliver to offenders in transition (Scroggins and Malley 2010).

Employment and Education

Acquiring employment, or the education needed to do so, is also of primary concern upon women's reentry. While some women are able to receive education while incarcerated, the elimination of Pell Grants to prisoners in the 1990's had a drastic impact on the number of individuals receiving college level education while incarcerated (Pryor and Thompkins 2013). Not only have educational programs and enrolled students in prisons decreased with this lack of funding, but the few programs which remain today typically face severely strained budgets and undertrained staff (Pryor and Thompkins 2013). Thankfully, one of the most commonly provided services upon reentry is education, employment, and job training. At least five reentry programs in each metropolitan area of the U.S. provides education and employment opportunities, with up to 100% of programs in cities like Philadelphia, PA providing these services (Scroggins and Malley 2010). Generally, these educational programs assist individuals in obtaining their GED or the equivalent of their high school diploma. However, roughly one third of incarcerated women have their high school diploma or some amount of higher education, and therefore could be benefitted by a wider range of college level courses or vocational training opportunities (Scroggins and Malley 2010). Therefore, while most reentry programming has adequate

services and capacity to attend to the educational needs of reentering women, programs could benefit by including more college level or vocational course options.

Continuity of Care

Ultimately, across every area of need, the reentry process could be greatly improved by implementing continuity of care across pre-release and post-release reentry programming. The process of reentering society begins before a woman is released from jail or prison, and indeed, the period immediately before a woman's release from prison has proven to be a critical time for implementing positive reentry interventions. For example, one reproductive health intervention found that, for women who expressed wanting to avoid pregnancy upon reentry, starting a birth control regimen while incarcerated made women 20 times more likely to maintain a stable birth control regimen than women who were expected to begin their birth control after release (Clarke et al. 2006). Further, lack of health insurance acts as a major barrier to the healthcare needs of many women post-release. Internal programming that helps women apply for Medicaid or other insurance plans during their incarceration would ensure that women could access proper health care and prescriptions immediately upon their release, without worrying about detrimental medication delays (Freudenberg 2002). Continuity of care from the pre-release to the post-release stage has also proven effective in housing interventions and the successfulness of mentoring relationships. As noted previously, inadequate discharge planning or a lack of discharge planning has been shown to significantly contribute to the prevalence of homelessness among recently released populations (Backer et al. 2007). Having a stable residence (even if only temporary) arranged before release greatly reduces the likelihood that women will end up on the street upon reentry. Further, mentoring has shown to be the most effective at reducing reconviction when participants begin the mentor relationship *during* incarceration and continue it post-release (Lewis et al. 2007)

Additionally, continuity of care that begins pre-release could help to overcome multiple issues of accessibility for women. For example, while a majority of external reentry programs are located in metropolitan areas, there are a significant amount of incarcerated women who come from rural communities or even extremely impoverished urban communities that lack access to these metropolitan hubs. For women from these areas, it is critical to plan ahead to ascertain programming that may be closer to their home, or to arrange transportation to said programs. Further, with limited resources, wait lists for external reentry services may be extensive. Communicating with these programs while still incarcerated may shorten the amount of time women have to wait to obtain services after release.

Reentry Programs

Reentry programs, whether governmental, non-profit, or religious, exist to assist individuals with the difficult transition from incarceration to independent living. At a minimum, reentry programming aims to decrease recidivism rates and the likelihood of individuals returning to prison or jail for another criminal offense. At its best, successful reentry programming aims to provide formerly incarcerated individuals with the physical, mental, and social resources and support to lead stable, independent, and healthy lives. The exact number of reentry programs in the U.S. is rather elusive, as many providers market their services to an array of individuals beyond simply reentering individuals. However, the National Reentry Resource Center has a state-by-state directory of prominent reentry programs which highlights around three to six programs per state, highlighting as many as ten to twelve programs in some states like New York or California (Justice Center: The Council of State Governments). The directory undoubtedly leaves out some reentry programs, however, as two out of the three programs from the forthcoming case studies are not listed as reentry programs for their states. The fact that even the National Reentry Resource Center struggles to provide a holistic list of

reentry service providers, emphasizes the challenges reentering women may face in attempting to pinpoint resources and services to assist their transition.

This section of the paper builds on the previous analysis of women's needs upon reentry by presenting three in-depth case studies of current programming. The three programs all cater to returning women, though their location, scope, and approach to reentry differ. I begin with an analysis of Through the Gates, a faith based reentry program for women in rural Linden, Indiana. I then examine Resonance Center for Women, a midsized program in Tulsa, OK which combines reentry programming with social enterprise. I conclude with an analysis of the Women's Prison Association, one of the oldest and most extensive gender responsive reentry programs in the country, located in New York City. My aim in highlighting these three organizations is to underline the broad and diverse nature of women's reentry programs as they exist in both rural and urban locales, and as they vary from faith based to nonprofit. Unless otherwise cited, the information and data about each program come directly from their websites. This information is supplemented with secondary sources such as social media pages, individual online reviews, local news segments, and personal testimonies.

Through the Gate

Through the Gate (TTG) is faith based residential treatment and reentry center for women in rural Linden, Indiana. Through the Gate's vision statement declares:

Our passion is to help women be free of the destructive habits that have led them to use drugs and alcohol; to see them learn to live in such a way that they could restore broken relationships with friends, families and their kids. We want to help them be free of the bondage they're under.

To accomplish their vision, the program applies "loving, practical solutions from God's Word to help produce permanent and lasting change in women whose lives have become characterized

by negative, life dominating habits.” TTG utilizes “a relationship with Christ and the direction available from His Word as the basis for change and growth.” Again, the language used here is worth noting. Referring to women as bound to and dominated by their “destructive” habits strips women of their agency and has an almost dehumanizing effect. This language also pulls on the “pedagogy of individual choice” which makes structural and interpersonal challenges in these women’s lives invisible, and assumes that in simply breaking these habits, women can be fully “free.”

Through the Gate is a 501(c)3 nonprofit ministry that survives off of the donations of congregation, community members and businesses, as well as some small grants. These donations and contributions vary in size and shape. A few of the most recent donations highlighted on the program’s Facebook page include a \$10,000 grant from the Montgomery Country Community Foundation, as well as donations of fresh vegetables grown at the Rockville Correctional Facility. TTG has a 10,000 square foot facility that is currently only halfway furnished. The center can presently accommodate around 10 women, but will be able to hold 18-20 by the time the renovations are completed.

In order to be accepted into the program, women must fill out an application packet, mail it to the center, and wait for a mailed response of either acceptance or denial to the program. This method of application and acceptance may be inaccessible for recently released women who are experiencing homelessness or do not have a permanent address. The program does not accept women who are pregnant, and does not allow children to stay with their mothers. Further, the program prefers women who are in good overall health, citing they do not possess the resources to attend to women who require daily medical attention. The program does explicitly state, however, they are willing to help women apply for medical insurance upon admission and provide transportation to and from medical appointments when necessary.

Through the Gate is an eight month program divided into three phases: teaching, job training, and sending. While the programming itself is designed to last eight months, women are allowed to stay at TTG until they are fully prepared for reentry- typically for 10-12 months total. The first phase of the program, teaching, lasts for a woman's first 5 months in the program. During this time women attend daily classes and weekly biblical counseling sessions. The classes women attend revolve around addiction recovery, relapse prevention, communication skills, and some GED courses when applicable. Women must attend all daily classes and scheduled activities in order to "graduate" from the program. This phase places a strong emphasis on teaching Christian morals and values through scripture. Women are required to attend all scheduled church services at the local StoneWater Church throughout the entirety of their stay in the program. Further, the weekly counseling that women receive during this time is biblical, centered on "how to make changes by applying God's word." TTG does not specify who teaches and counsels the women in their program, however, the website frequently stresses that the organization's reliance on volunteers. If indeed it is volunteer men and women who teach classes and provide biblical counseling, it is worth questioning whether these volunteers have holistic training about the topics they teach or the clients they're working with.

Phase two of the program is three months long and revolves around job training. During this phase, women receive classes on finances, work ethic, teamwork, and self-motivation. This phase is used to prepare women for employment and independent living after they graduate from the program. The final phase of the program is the "sending" phase which involves helping women designate mentors and accountability systems in their communities to ensure a successful transition. Based on photos from the TTG Facebook page, it appears that the organization hosts multiple community events such as cookouts, holiday events, and church related volunteer opportunities throughout women's stay in the program. Through the women's

close proximity to the church, and by extension the congregation, the women in the program are exposed to a broad social network and have the ability to develop genuine relationships, which they can then utilize as accountability networks once they graduate TTG.

Testimonials from past program participants help to frame a picture of what “success” looks like for TTG and the women utilizing this program. TTG’s website features a “Testimonials” tab with three in depth personal narratives from women who have graduated from the program. The women recount their past struggles with drugs, cycling in and out of jail and prison, experiencing homelessness, and losing family and children. An overarching theme, however, is the assertion that these trials and tribulations were designed to bring them closer to God. Indeed, all of the women’s testimonials speak about the feeling of having a “hole” or a “void” which they attempted to fill with drugs or men, but which could ultimately only be filled by God.

One participant, Lindsay, speaks about her frequent cycles through inpatient treatment facilities and outpatient counseling, recalling how, after successfully completing multiple treatment programs, she was able to work the system: “I was great at being what everyone needed and expected me to be. Only for a little while though.” After being sentenced to TTG, Lindsay recalls having a small amount of hope that “this program could be different because it’s foreign to me, it’s faith based.” Lindsay went on to thrive in TTG’s program and works with the organization today. In highlighting the failure of previous secular programs, Lindsay’s narrative attributes her success to the unique religious nature of the faith based program. Ultimately, the women’s narratives emphasize finding forgiveness, salvation, love, and acceptance from God as the reason for their dynamic personal transformations: “My belief in God the Father and Jesus the Son doesn’t mean I have become a sinless human or that I am perfect. It only means

that God chose to save me from final destruction...I have found exactly what fits into the hole that was in my soul.”

While the women’s testimonials speak to TTG’s potential for transformative personal growth, there are aspects of the program which still elicit critique. Namely, there is an overwhelming focus on surveillance of the women at TTG, which can be seen rather explicitly in their General Policies. TTG’s General Policies outline the basic rules and regulations of their program. One of the first topics on the list is labeled “Authority: Submission.” The rationale next to this section states: “You are required to abide by all rules and requirements and directives of TTG as long as they are not asking you to sin...It is important for you to know who has authority over you.” The “Discipline” section of the guidelines expands on this idea: “It’s very important to have the right view of authority because learning to be submissive to authority is something every human has to deal with...The Bible promises that if you choose to live in disobedience you will have a hard life. We want your life to be successful, not difficult.” Shoshana Pollack (2004) argues that a lack of control is one of the most salient features of incarcerated women’s lives, a sentiment that resonates strongly with Foucault’s conceptualization of the surveillance and submission of deviant bodies. From childhood and domestic abuse, to their experiences during incarceration, many criminal justice involved women have come to associate authority with an abuse of power. Therefore, in explicitly stating absolute authority over these women and insisting on their submission, TTG runs a very large risk of reactivating women’s trauma or revictimizing their clients who may have had abusive experiences with authority figures. While this revictimization may exacerbate pre-existing trauma, it also has the potential to bring about violent or aggressive tendencies in women who may lash out as an act of self-protection when they feel they are being disrespected or threatened (Batchelor 2005).

Beyond the disciplinary and authoritative facets of their rules and regulations, TTG also exercises a large amount of surveillance over women's interactions and relationships. Women's communication with friends and family through visits, phone calls, and mail are all highly regulated. For example, women can only receive visitors after their first 30 days in the program and with approval from a supervisor. Women must gain the privilege of using the telephone to make and receive calls, the frequency of which will be "based on her level of responsibility." Further the staff reserves the right to open and inspect all incoming and outgoing mail, confiscating "any inappropriate letters from boyfriends, and correspondence with any inappropriate content." Not only does this promote a heteronormative standard for women's relationships, but it is also explicitly censors women's sexuality and overall autonomy in her relationships as well.

Even women's day to day activities at TTG are highly regulated. Women can only listen to Christian music during their stay, and must have all movies and media approved by a staff member. Women's money is kept in a safe at the program, and without permission from a staff member women are unable to access their money from the safe. Further, "Residents are expected to eat properly, bathe according to the shower schedule, exercise faithfully, and take care of their bodies while living at Through the Gate." While this highly regulated and structured environment may prove beneficial for some individual women, it is undoubtedly reminiscent of the absolute control exercised in the prison setting, and Foucault's theory of the extension of the carceral. The extreme level of surveillance and control, and the emphasis on submission to authority resonates strongly with Foucault's conceptualization of "a new type of supervision- both knowledge and power- over individuals who resisted disciplinary normalization (Foucault 1975: 296). While TTG claims that "those in authority make rules, requirements, or directives, designed to fulfill the mission of Through the Gate, and to assist you in achieving your own

success in the program,” one must wonder why a program designed to help women achieve independent living appears to function so much like an extension of the carceral.

Beyond their pointed focus on surveillance and regulation, another one of TTG’s downfalls reveals itself in the price tag for the program. If applicants are accepted into the program, they are required to pay a \$200 intake fee before they can be fully enlisted. Further, program participants are expected to make monthly payments to the program following one of two possible payment plans: \$400 per month for five months of their stay, or \$275 per month for the full eight months. This undoubtedly makes the program immediately inaccessible for those women who lack the finances to enroll and stay in the program. Even more, in a promotional video on their website homepage, one of the program directors asserts that TTG asks women *not* to have a job during the first phase of the program (the first five months) so that they can attend all scheduled classes and events and adequately familiarize themselves with God’s word. This highlights a rather contradictory facet of the program- if women are required to attend daily classes and encouraged to avoid employment during the majority of their stay, how are they expected to come up with the monthly payment necessary to remain in the program?

As a whole, relatively little academic literature exists on the effectiveness of faith based reentry programming at reducing recidivism, particularly in comparison to secular programming. A meta-analysis of the existing literature on faith based reentry programming finds no significant evidence pointing towards the effectiveness or ineffectiveness of faith-based programs (Mears et al. 2006). However, specifically in rural areas that experience a dearth of social institutions, churches often play a significant role in building and supporting community social networks and social capital (Lee 2006). Therefore, in rural areas where social services and social institutions are less accessible, churches typically act as some of the sole providers of social services. In this respect, while TTG undoubtedly has its flaws, faith based organizations may be some of the

best equipped institutions to provide reentry services to rural women due to their position at the heart of most rural social networks.

Resonance Center for Women

Founded in 1977, Resonance Center for Women is a gender-specific drug and alcohol treatment center and reentry program in Tulsa, Oklahoma. Oklahoma has had the highest rate of female incarceration in the U.S. for the past ten years and therefore presents a fertile context for exploring women's reentry programming. The majority of Resonance participants are referred to the program by court mandated diversion programs for women such as Drug Court or Community Sentencing, or through referrals for women interacting with the child welfare system, TANF, or probation or parole services. The center also takes a small number of self-referred clients, and performs reentry case work with women who are currently incarcerated in Eddie Warrior Correctional Facility in Taft, OK or at Turley Residential Center, a halfway house in Tulsa, OK. In total, Resonance serves around 750 women a year, however, only about 80 to 90 of these women receive reentry specific casework. The center's mission statement asserts: "Resonance promotes and supports the well-being and self-sufficiency of women and their families challenged by the criminal justice system. Our goal is to help female offenders succeed."

Resonance is a nonprofit organization. In 2013, the total annual revenue for the center was just over one million dollars. Around 38% of the center's funds were from grants, 37% from contracts with organizations like the Oklahoma Department of Mental Health and Substance Abuse Services, 12% from special events, and the remainder from individual and corporate donors, investments, and program fees. A few of Resonance's unique fundraising events include their Stacked Deck community street party which raised over \$140,000 for the organization last year. Further, the center has a monthly giving club where donors can sign up

to donate a set monthly amount to the organization. Resonance also partners with a variety of community service providers for funding and services, such as Tulsa Community College, the local Planned Parenthood, Girl Scouts, Domestic Violence Intervention Services, and the Prison Yoga Project.

In terms of health interventions, yoga is one unique approach that Resonance takes to promote both physical and mental wellbeing among its participants. Resonance has a working relationship with the Prison Yoga Project, a global nonprofit organization that trains volunteers to lead yoga classes in prisons. The Prison Yoga Project was founded “in the belief that yoga, taught specifically as a mindfulness practice, is very effective in releasing deeply held, unresolved trauma, allowing us to address the resultant behavioral issues (Prison Yoga Project). The Prison Yoga Project sees yoga as an embodied form of therapy that helps reconnect mind, body, and spirit. Resonance works with the Prison Yoga Project while their clients are in prison, and encourages their clients to continue yoga once outside of prison. Upon completing their reentry programming, Resonance provides women with “Fresh Start Kits” complete with personal hygiene products, transportation and clothing vouchers, a journal- and a yoga mat.

While it has been suggested that yoga may have a rehabilitative effect for individuals with depression, anxiety, trauma, and even substance abuse disorders, few methodologically sound studies have been completed to reveal any scientific validity behind these claims (Muirhead and Fortune 2016). Even fewer studies have analyzed yoga’s impact specifically on women. One study on the effect of Iyengar yoga on the mental health of incarcerated women did find a significant decrease in levels of depression over a 12 week period of weekly yoga sessions, as well as a consistent (though not statistically significant) decrease in anxiety levels (Harner, Hanlon, and Garfinkel 2010). While these results are positive, only six women

completed the entire 12 week program in the study, and the majority of these women were educated white women. Therefore, it appears that yoga interventions may appeal to women with more social capital from rather specific social groups. While the program proved beneficial to those women who did complete it, more research needs to be completed to determine the generalizability of these results to women with different identities and from different social locations.

In terms of reentry programming, Resonance offers discharge planning and educational workshops for women currently incarcerated in the Eddie Warrior Correctional Facility or staying at the Turley Residential Center. Resonance also implements a mentoring program for incarcerated women, which typically results in bi-weekly meetings during a women's incarceration and an indefinite relationship after her release.

At the Eddie Warrior Correctional Facility, Resonance runs a 16 week program for nonviolent female offenders who are within three to six months of their release. This program works individually with female offenders to create a reentry plan and educate women on community services to help prepare them for employment, family reunification, substance abuse treatment, and securing transportation, stable housing, and vital documents such as driver's licenses after their release. Similarly, Resonance runs a reentry program called "Choosing to Change" at Turley Residential Center, a halfway house outside of Tulsa. The first phase of this program is an intensive eight week educational program at Turley. During this phase Resonance holds weekly sessions with the aid of community service providers to address issues such as relapse prevention, job readiness, mentoring, computer training, relationship building, and yoga classes. Once women are released from Turley, they embark on their second phase of Choosing to Change which is essentially personalized case management that attends to women's individual needs upon reentry.

Women who have completed the Choosing to Change program at Turley are eligible to work and live at Resonance's unique reentry enterprise- Take 2 Café. Located in downtown Tulsa, Take 2 Café is a temporary work-to-hire program staffed by reentering women and managed by local chef Tom Butcher. Above the café is a newly renovated loft, where six women can live while they are working at the café. Reentry program supervisor Cathy Hodges asserts that this model instantly removes three substantial barriers for women leaving prison: housing, transportation (since women live in the same place they work), and employment (Dupree 2017). Typically, women work and live at Take 2 for six months post-release. During this time Resonance case managers assist the women in finding permanent housing and employment, and meet with the women in weekly house meetings focused on relapse prevention and group therapy. The women are also required to save a portion of each paycheck during the six months so they leave the program with around \$2,000 in savings (Dupree 2017). Since their grand opening in March 2016, Take 2 has employed 17 formerly incarcerated women (Dupree 2017). The business hopes "to create a self-sustaining nonprofit model by funding the Take 2 initiative through restaurant sales," however, donations and volunteer manpower are encouraged to help overcome the initial start-up costs and move the business to a sustainable model faster (Take 2 Café).

Social enterprises like Take 2 are an innovative, new approach to reentry which add depth to the traditional model of reentry programming. Beyond the typical job readiness classes or finance management classes, a reentry initiative that doubles as a real business provides women with real-world work experience to prepare them for future employment. As a popular restaurant in the heart of Tulsa run by a well-known local chef, women's employment at Take 2 also helps to situate them in them in the community and allows them to interact with community members, building social capital and social networks with their customer base. Further, with an

actual paycheck, women are simultaneously learning real time financial management. With housing directly above the business, women have a stable place to stay while they make plans for future housing and employment. Some obvious downfalls of the model, however, are its limited capacity, and its inability to accommodate mothers with children. While it is never explicitly mentioned, it would also be interesting to see eligibility requirements for the program- for example are women who are treating a mental illness eligible to live and work at Take 2, or women with other health concerns or physical disabilities? Is there a preference for women who already do have work experience?

As a whole, success at Resonance revolves around sobriety, family, and relationships with other women. Many of the women featured in Resonance's "Success Stories" speak about the tools Resonance gave them to overcome their addiction. One participant, Willie, recalls "The addiction workbook [Resonance provided] really taught me a lot about my addiction and my addiction triggers. A lot of time I try to tell myself I'm delivered from addiction, but I'm not, it all goes back to the trauma...and I would never have known that had I not had the workbook." Another common theme is the hardship of rebuilding relationships with children after women get out of prison. One woman, Heidi, recounts, "I do have four children, and those relationships are being restored a little at a time. And that is very painful...but that's what I want in life." Another woman, Casey, has regained custody of her children and describes, "My kids are just so happy for us to have a home, and to know that when they get home off the bus that I'm gonna be there. And I think that they feel safe again, and I know that I do."

Beyond children, many of the women reminisce about their struggle with friendships, specifically with women, before their time at Resonance. One participant, Precious, recounts, "I really did not get along with females a lot of the time...but I'm more open minded to females now." Another participant, Willie, in speaking about the ladies she stays with in her transitional

home, muses, “For the first time in probably my whole adult life, I’ve got friends who are really just friends.” As a whole, in highlighting these specific success stories, Resonance frames their ideal of success within the program as achieving sobriety, reuniting family, and building relationships with women.

Women’s Prison Association

Founded in New York, New York in 1845, the Women’s Prison Association (WPA) was the first organization in the U.S. created to work solely with criminal justice involved women and their families. At the turn of the 21st century, the WPA had served over 37,000 women, and currently serves 1,500 women and 500 children in Brooklyn and Manhattan annually (Conly 1998). The WPA works with women involved in all stages of the criminal justice system- before, during, and after their incarceration. The vision statement of the organization states:

Believing that no person should be defined solely by her bad acts, we exist to support women at any stage of criminal justice involvement so that they can imagine and realize law-abiding, self-directed and satisfying lives in the community. We strive to create an environment where women feel supported and confident enough to take the chance of trying new ways of acting in response to situations and feelings.
(Women’s Prison Association)

The organization prides itself on providing individualized services to each woman they serve, stating, “Perhaps most critical to the realization of our vision is every staff member’s belief in the right and capacity of every person to define a personal vision and take steps to bring about its existence. Inherent in this belief is the acknowledgement that each person’s vision is of different scale, can and should change, and that every step that fails to lead to its realization can reveal valuable information.” This specific portion of their vision statement is worth noting, in that it recognizes the agency and difference amongst its participants, as well as the reality of a sometimes imperfect and dynamic journey on the road to recovery and reentry. This provides an interesting contrast, however, to the “pedagogy of individual choice” utilized in their vision

statement when they speak of women's "bad acts." As outlined in our previous discussions, this rhetoric assumes that all women have equal access to "good acts" which is ignorant of the diverse structural barriers that women may experience.

As a well-established organization, the WPA has a significant amount of funding from government agencies, corporations, community organizations, and individuals in the community. Their annual revenue totals over five million dollars, 82% of which comes from government contracts, 15% from grants and contributions, and 3% from special fundraising events. The organization has 45 corporate partnerships with companies like Google, Amazon, Whole Foods, Goldman Sachs, and Netflix. Further, the company receives partnership and sponsorship from 22 different foundations, 7 community organizations, and 12 government agencies in New York. These partners contribute to the success of the WPA in a variety of ways, from volunteering and donations, to grantmaking, employee matching gifts, and through sponsoring individual events or programs.

The WPA also partners with a group of young professionals in the city, known as their Emerging Philanthropists (EP's), who are dedicated to fundraising, volunteering, and raising awareness of the organization. Some of the fundraising events the EP's have held include multiple Holiday Soiree's, Art and Awareness Nights, Benefit Rides (cycling), and a series of season premier parties with the cast of the popular Netflix series Orange is the New Black. Indeed, Piper Kerman, who authored the book that eventually led to the series, is the Vice President of the WPA, and therefore, the organization gains a significant amount of funding, support, and awareness through its close connection to the show. Outside of fiscal funding, the WPA has ties with around 40 different community service providers whom they can refer their clients to for specific needs and services (Borg and McCarroll 2004). In this way, the WPA is

able to utilize community assets to provide more specialized services to women when they do not have the resources or the capacity to provide these services themselves.

The WPA's well established place in the community and its subsequent funding allows the organization to run a rather extensive variety of programs for its female clients and their families. All of the programming within the WPA is based on gender-responsive models, specifically from two different gender-specific interventions- the Women's Risk and Needs Assessment and their gender-responsive cognitive behavioral intervention called Moving On. The Women's Risk and Needs Assessment was designed in 2008 by the National Institute of Corrections and the University of Cincinnati. The assessment is used to determine a woman's likelihood of recidivating and identifies the greatest risk factors in her life that would contribute to her criminal involvement. The assessment takes into consideration many of the gendered factors which preclude women's involvement in the criminal justice system such as mental illness, trauma and PTSD, and substance abuse (University of Cincinnati 2008). While this assessment is typically utilized for intake assessment and case management, the Moving On intervention is a more hands-on, interactive model of gender-responsive programming. "Moving On is a gender-responsive cognitive behavioral intervention designed to help women mobilize and develop personal and social resources that mediate the impact of risk for future criminal behavior" (Women's Prison Association). This intervention model seeks to develop personalized strategies for making change, building social capital, and enhancing self-efficacy through its four main pillars: personal responsibility, healthy relationships, skill development, and stress management. These two gender-responsive approaches to assessment and intervention are the foundation for the programming that the WPA provides.

Broadly, the WPA offers four main branches of services: children and family services for mothers at risk of losing custody of children due to criminal justice involvement; Alternatives to

Incarceration (ATI) which offers women alternative sentencing that they complete outside of prison walls; reentry services for women reentering the community; and public policy and advocacy work to raise public awareness of the need for gender-specific correctional policies. While all of these programs represent much needed criminal justice interventions for women, this analysis will focus on the WPA's reentry initiatives, as well as their children and family services as they relate to women's reentry. The WPA's website lists the following reentry services: the Community Linkage Unit, HIV services, emergency assistance, case management, the WPA Law Project, WomenCare mentors, the Hopper Home transitional shelter, and the Sarah Powell Huntington House.

Clients are referred to the WPA through community service agencies, probation and parole staff, or even self-referral. The WPA also conducts its own outreach through the Community Linkage Unit (CLU). Staff in the CLU reach out to service providers across New York to identify women who could benefit from the services the WPA has to offer. The WPA targets women who are 18 years of age or older, and who are currently or have been involved with the criminal justice system. The agency does not accept clients who have been diagnosed with severe mental illness (i.e. are taking psychotropic drugs or considered suicide risks) and rejects clients who have been charged with arson for any of their residential programs. Further, individuals who struggle with substance abuse and plan on using WPA residential services must also be detoxed and able to attend a day-treatment program (Conly 1998). The rejection of women with serious mental illness is unfortunate given the high rates of serious mental illness among populations of incarcerated women, as well as the increased barriers to reentry that women with serious mental illness face. The WPA acknowledges that women with serious mental illness represent a significant portion of the population of criminal-justice involved

women, but cites a lack of resources and capacity to provide the intensive interventions these women need as reasoning for turning these women away (Conly 1998).

As stated earlier, reentry programming for women could greatly improve through practicing continuity of care that begins pre-release and continues into the reentry process. The WPA takes care to provide pre-release services to women, however, these services are provided almost exclusively to women who are HIV positive or at risk of infection, and the website does not specify whether women with Hepatitis C are also targeted for these pre-release health interventions. New York has some of the highest rates of HIV among incarcerated women in the nation, as approximately 12% of all incarcerated women in New York are HIV positive. This is more than double the rate of male inmates, and 80 times higher than the rate of infection in the general population (Lerner n.d.). The WPA has jail-based offices at Riker's Island Rose M. Singer Center and at Taconic and Bedford Hills correctional facilities. Within these facilities the WPA offers a variety of services to women who are HIV positive or at risk of infection, including educational programs, peer support groups, pre and post-test HIV counseling, and workshops conducted in both Spanish or English (Conly 1998). These educational programs and workshops are centered around topics such as substance abuse and relapse, parenting with HIV, community based services, and domestic abuse. In terms of pre-release services, the WPA's WomenCare program is available to incarcerated women regardless of their HIV status. WomenCare pairs WPA clients with volunteer women from the community to form a mentor-mentee relationship that begins pre-release and continues throughout the reentry process. In 2010 93% of the women who participated in the WomenCare program remained arrest free for 18 months after their initial release (Lerner n.d.).

Immediately post-release, the WPA offers emergency assistance to women in the form of food, hygiene supplies, emergency shelter assistance and Metrocards for travel across the

city to important appointments. The WPA also has an extensive team of case managers who work one on one with reentering women to craft personalized short and long term goals and action plans. Alongside creating goals and action plans, these case managers also provide counseling, coaching, and encouragement to reentering women and are responsible for connecting them with community services and resources to help them meet their specific needs. Central to the WPA's model of case management is the idea that women are responsible for crafting and carrying out their own action plans and goals, and that these goals and action plans are dynamic and subject to change. Clients are required to define and redefine their goals, meeting biweekly with case managers to discuss their progress and adjust their action plans (Conly 1998). Case management may last over the span of several years until women have successfully met all of their needs. Further, the WPA also takes a strengths-based approach to case management, encouraging women to build on their pre-existing knowledge and strengths as opposed to focusing on their deficits (Conly 1998).

The WPA also provides several viable housing interventions for women post-release. In 2014 the WPA reopened its historic Hopper Home as a transitional shelter for homeless criminal-justice involved women. Hopper Home provides housing and intensive case management to 38 women at a time. During their stay, case managers assist women in finding stable, permanent housing, typically doing extensive research on the safety and potential for success in prospective neighborhoods. Once women are placed in permanent housing, case managers are available for up to ten years to help women navigate neighborhood aspects that women may experience as criminogenic (Borg and McCarroll 2004). Further, women are provided mental health services, substance abuse treatment, education, employment training, and family reunification services either through the WPA directly or through partnered community service providers during their stay at Hopper Home. The WPA Law Project offers

on-site legal services to women utilizing WPA facilities or programs. The Law Project offers legal guidance in the realm of family law, as well as civil issues such as housing or employment discrimination and domestic abuse. Most commonly, the Law Project assists women in regaining custody of their children.

Along with legal assistance for regaining custody of children, the WPA also provides assistance to reentering mothers through a transitional home for mothers and their children- the Sarah Powell Huntington House. The Huntington House consists of 28 two-bedroom apartments, a children's center, and onsite social services. The Huntington House was designed to address the contradictory intersection of New York's custody and subsidized housing requirements: mothers are required to provide adequate housing to regain custody of their children, but in order to qualify for family-friendly subsidized housing, women must show proof of custody of their children (Conly 1998). The Huntington House seeks to help women overcome this contradictory bind by providing them with child-friendly housing so that they can regain custody of their children and become applicable for family-friendly subsidized housing for the future. Nine of the Huntington apartments are shared by single mothers who are in the process of regaining custody of their children. Typically women spend the first 6-9 months of their stay in these apartments as they develop action plans, receive substance abuse treatment, mental and physical health services, parenting classes, and fulfill specific stipulations of their parole or child welfare casework. Once women have met these requirements and regained custody of children, they move into family apartments where they continue living with their children as they attempt to find permanent housing and employment. In total, women who are accepted to the Huntington House can stay in the home for up to 18 months.

Staff at the Huntington House are intentional in including children in their mothers programming (goals and action plans), and providing programming and resources specifically

for the children as well. Children are introduced to the home through initial orientation sessions and follow-up counseling (Conly 1998). Once settled in the house, children complete meetings with their mother and her caseworkers to develop family goals and action plans. Throughout their stay, children have access to counselors and a clinical psychologist to address any of their needs or challenges. Further, the home houses a Children's Center for infants and preschoolers, age four weeks to five years. The Center is staffed by three teachers, two assistant teachers, and mothers who are living at Huntington who are required to volunteer at least an hour of their time at the center every week (Conly 1998). Beyond simply childcare, the Children's Center is a fully functional educational preschool environment. Further, for older children age six to eighteen, Huntington offers afterschool and weekend programming led by a recreational therapist. Children in the program receive homework help, tutoring, arts and crafts opportunities, and a variety of cultural and recreational outings hosted by WPA community partners.

Finally, the WPA's Women's Advocacy Project is one notable program which encourages reentering women to form coalitions that work together for political change. The project is a 12 week leadership and advocacy training program for formerly incarcerated women. In 2014, for example, eight women participated in the program to research and write a public service announcement about employment rights of the formerly incarcerated. The project seeks to help women build writing, research, communication and analytical thinking skills to apply towards criminal justice based political action. While most reentry programming focuses on providing resources for women's physical needs, this program gives reentering women a political voice and the space to participate in a larger political dialogue about the system of mass incarceration in America.

An analysis of women's personal testimonies (or rather, those personal testimonies which the WPA chooses to highlight on their website) provides insight into the organization's understanding of success for women utilizing their services. The majority of women's success stories feature an emphasis on reuniting with their children or families, obtaining higher education or employment, and their children moving on to obtain higher education, overall stressing the importance of familial and generational success. Vivian's story is a poignant example:

I grew up in the foster care system, and by my mid-20's, I had four children of my own. My life was never stable, and I started using drugs. I got sent to jail, and I lost my parental rights while I was locked up. When I got out, I found that the process of regaining custody of my children was even more difficult and painful than being incarcerated. In WPA, I had a coach and partner for the journey to reunify with my children. I moved into the Sarah Powell Huntington House and in less than a year, I won full custody of my children. I was so happy to have my children back, but being together was not easy. My children had been in foster care for two years; they were angry and hurt. WPA helped us to heal and to build a new, strong family bond. In 2006, I earned my BA in Social Science and am currently pursuing a Master's in Mental Health. I am most proud that all of my children are attending college.

Vivian's narrative is a typical WPA success story. Six out of the seven women highlighted in the WPA website's "Success Stories" section recount how the WPA helped them achieve and maintain sobriety. Six of the seven women highlight how the WPA helped them regain custody of their children and better their parenting skills. Four out of the seven success stories revolve around the woman moving on to higher education after her time with the WPA. Further, the website highlights two success stories from the children of incarcerated mothers, both of which focus on the children's education and plans for higher education. Other common themes include improved anger management, communication skills, and relationship building, and one story which highlights the medical assistance and advocacy the WPA provided for a woman living

with HIV. By viewing these success stories as intentional decisions by the WPA, it becomes apparent that sobriety, family reunification, generational achievement, and higher education are central to the WPA's idea of success for its clients.

Defining and measuring success, however, proves to be one of the significant hardships the WPA faces in obtaining and maintaining funding. In order to receive funding the WPA generally needs quantitative information about client progress to prove their programming is effective and worthy of funds. Therefore, coming up with innovative ways to measure and define women's success in the program is a constant pressure for the organization (Borg and McCarroll 2004). Another significant challenge for the organization is maintaining feminist values and practices in the midst of a largely androcentric criminal justice system. In 2001, the WPA received a consultation from the William Alanson White Institute to analyze the unconscious dynamics in staffing structure and service delivery that might have been affecting their gender-responsive ideology. The consultation revealed that:

There were some signs of the WPA's embeddedness in a culture of patriarchal values, traditions and institutions...Some of the legitimately overwhelming circumstances that the staff deal with regularly, such as how to retain optimism and investment in their clients in the face of drug relapse or recidivism, can lead to periodic lapses in the treatment of their clients...such lapses include falling back on stereotypes of women prisoners, failure to work collaboratively with clients, and taking more authoritative roles (Borg and McCarroll 2004)

While the WPA is the oldest women's reentry program in the U.S., the fact that the organization still occasionally struggles with patriarchal treatment of criminally justice involved women goes to show how deeply embedded these patriarchal norms truly are in our criminal justice system. While this kind of treatment is surely a downfall of the work of the WPA, the fact that the organization reached out to a consultation company in order to address the possibility of these behaviors shows that the organization is committed to correcting these pitfalls.

Considerations for the Future of Reentry Programming

The programs highlighted above were selected to present an idea of the diverse approaches to reentry that exist across multiple geographic locations. While these case studies were limited in scope to three programs, they each presented a unique approach to reentry with varying assets and downfalls. This section of the paper seeks to move the conversation from an individualized focus on specific programs to a discussion of reentry programming more broadly, in hopes of presenting some productive considerations for the future of reentry programming and reform. The suggestions presented in this section are meant to highlight positive ways in which reentry programming can be reformed and re-thought in order to make it even more beneficial to the women it seeks to serve.

One of the paramount considerations for the future of reentry programming is reforming the abstinence only model that most programs utilize for clients with substance abuse disorders, as well as the “one strike you’re out” policy surrounding drug relapse or drug use. As noted previously, around 80% of incarcerated women meet the criteria for a lifetime substance use disorder, more than 40% of women struggle with some kind of serious mental illness, and the comorbidity of mental illness and substance abuse is very high (Lynch et al. 2014). Many of these women require some form of medication to treat their symptoms or overcome their addiction. For example, women with mental illness may require psychotropic drugs for treatment, while women with opiate addictions may require a maintenance medication, like methadone or suboxone, to aid their recovery. Behavioral interventions alone are rarely successful for women- approximately 80% of individuals with opiate addictions who receive solely behavioral therapy will return to drug use (Bart 2012). In fact, “maintenance medication provides the best opportunity for patients to achieve recovery from opiate addiction...[and] is associated with retention in treatment, reduction in illicit opiate use, decreased craving, and

improved social function” (Bart 2012). When programs utilize an abstinence only model, which requires completely drug-free clientele, many women are forced to choose between receiving accommodation for some of their most basic human needs, or compromising their sobriety or mental health.

This abstinence only, “one strike you’re out” policy is especially salient in housing interventions for reentering women. Almost all of the shelters or transitional homes available to women require that women remain completely drug free during their stay or else they risk eviction. This policy is ignorant to both the possibility of an unplanned relapse, as well as the possible utilization of maintenance medications. If programs truly care about the long-term well-being of their clients, then women should be allowed to take their maintenance medications, and women who experience relapse should receive extra assistance, as opposed to eviction. Luckily, some housing initiatives and reentry programs are beginning to realize this and re-think transitional housing. The new philosophy of “Housing First” is slowly gaining weight in some reentry interventions. This philosophy foregrounds stable housing as the lynchpin of recovery and success: “Once a person is stably housed, they are vastly more likely to achieve sobriety and other important needs for healthier living” (Breaking Ground). The Housing First approach doesn’t require tenants to take any kind of drug test before being housed or during their stay. Rather, this approach focuses on placing individuals in a stable residence and then providing them with on-site social services (Breaking Ground).

Beyond abstinence only and “one strike you’re out” housing models, a general lack of affordable housing, as mentioned previously, is a serious concern for the future of reentry reform. Beyond simply transitional shelters, it is imperative that women have access to affordable transitional and permanent housing as they begin the process of independent living after incarceration. One innovative solution to this problem was created by the women at the

Indiana Women's Prison. For the past 18 months, these women have been finalizing the details for a pilot program called Constructing Our Future, which was recently endorsed unanimously by the Indiana state legislature (Alexander 2017). The program allows women in their last 12-18 months of incarceration to be trained in construction skills, and to rehabilitate abandoned houses in the Indianapolis community. Ultimately, upon release, previously incarcerated women who worked on the houses will have the opportunity to move into these rehabilitated homes at a decreased cost subsidized by the "sweat equity" they put into renovating the homes (Alexander 2017). The program will utilize pre-existing Department of Corrections Labor Apprenticeships and construction based programs and, ultimately, will provide economic benefits to the community as well as stable housing and marketable construction skills for reentering women. This pilot program is an innovative response to the critical lack of reentry housing options available to reentering women.

Another unique approach to reentry programming is the restorative justice (RJ) based practice of restorative circles. Restorative circles are a modified version of circle processes, a practice used by RJ practitioners for a variety of events, from celebrations, to dispute resolution, to grieving, and community building. The circle process, which was coined by indigenous cultures, involves a group coming together in a circle with a singular talking piece, which is passed around the circle in a clockwise motion to ensure that every individual gets an equal opportunity to speak for as long as they need. A circle process leader typically plans and facilitates the circle, providing a set of questions and prompts for the group. The circle process leader is also responsible for taking notes throughout and ensuring that, if any decisions are made during the process, they are completely consensual.

Restorative reentry circles are slowly gaining attention, specifically in Hawaii, where the DOC has been utilizing them since 2005 (Walker, Sakai, and Brady 2006). The purpose of a

restorative circle is to create a transition plan for inmates who are nearing their release. Inmates who decide to sign up for the process meet with a circle process leader who conducts extensive interviews about what the inmate would like to get out of the process, which family members or supporters they would like to attend the circle, as well as which prison staff they would like to be in attendance (Walker et al. 2006). It is mandatory that at least one prison staff member be in attendance to speak about the ways in which the corrections system can work to assist in the inmate's reentry process. Participation in the restorative circle is completely voluntary, so all parties who are invited have the option to opt out if they do not wish to participate.

As a whole, the restorative circle generally takes around three hours, and results in a written transition plan for the reentering individual. This plan details the needs of the reentering individual, which include reconciliation based needs (for family, friends, or victims who may have been affected), as well as the basic needs discussed within this paper, such as housing, employment, or medical care (Walker et al. 2006). The written transition plan must include a specific plan of action with a concrete timetable. For example, the written plan may state "By May 15, [individual] will register for rehabilitation at x location." The circle is not only a time to create a concrete plan, however, but also to reconcile with the family or friends who may be in attendance. The circle provides the time and space for individuals to speak about the ways that their or their loved ones' incarceration may have affected their lives or their relationships. In this way, individuals utilizing circle processes have the ability to slowly start rebuilding relationships with loved ones through honest and open communication and support. This could be an especially transformative first step for mothers attempting to rebuild relationships with their children or family members. Finally, as the circle convenes, another date is set for a re-circle, an opportunity to follow up and possibly re-work the transition plan if an individual is struggling with their initial proposal (Walker et al. 2006).

While the restorative circles have only been in place in Hawaii for five years, follow up results are positive. In total, 52 restorative circle processes have been completed, with participation from 280 individuals total (including facilitators, family, friends, prison staff, and incarcerated individuals). While samples are too small to have statistical significance, only around 30% of participants were reincarcerated over the five year span of the program, compared to the Hawaii state average of about 54% of individuals recidivating within three years of their release (Walker and Greening 2010). Further, 100% of the 280 participants reported the circle experience as being “very positive” or “positive.” Even family members of the individuals who were re-incarcerated still expressed feeling positively about their participation in the initial circle process (Walker and Greening 2010). While only time will tell the true potential of restorative based reentry endeavors, these statistics point to the transformative possibilities of the continued use of restorative circles during the reentry process.

Entrepreneurial training for reentering individuals is another innovative form of reentry programming that appears to have positive potential. Several programs have emerged across the U.S that focus on teaching reentering individuals about microenterprises and entrepreneurialism. In the mid-1990’s the MSCS-T (a test that measures factors associated with entrepreneurial success) was administered to a group of prisoners and the results indicated that prisoners scored higher than comparable groups of “normative entrepreneurs, slow-growth entrepreneurs, and manager-scientists” (Sonfield 2009: 69). It is hypothesized that individuals who were involved in the drug trade may specifically have a heightened propensity for entrepreneurialism due to the financial and branding skills they may have acquired during their involvement. While these findings are based solely on men, entrepreneurial opportunities for reentering women are becoming more common as well, and several women-only programs exist throughout the U.S. including one prominent program called LIFE in Wilsonville, Oregon. While

entrepreneurialism is not a viable option for all reentering individuals, this kind of programming diversifies the options that reentering individuals have access to upon their release, and may present a rewarding, long-term career option for some reentering individuals.

Some final considerations for the future of reentry programming include an increased focus on diverse and representative program staff, as well as proper staff training in order to ensure inclusivity and acceptance for all reentry clients. Further, more thought should be put into how to frame alternative programming to make it more accessible to different populations. For example, the yoga intervention mentioned previously appealed to mostly educated white women. While the results of the yoga intervention showed positive potential, its inability to appeal to women from different social locations hindered its rehabilitative and transformative potential as a whole. A sustained exploration into methods for making programs like these more accessible to diverse populations would make room for interventions like this one to create even more impact.

Limitations of Reentry Programming

The population of individuals reentering society represents an underserved group with unique needs and narratives. While reentry programming undoubtedly aims to assist individuals with their needs, one strong critique of reentry programming and reentry reform is the way that it shifts the narratives about the criminal justice system. One way in which reentry programming shifts the focus of narratives surrounding incarceration in America is through moving the discussion from the causes of a system of mass incarceration to the “manageable” consequences. Nixon et al. (2008) posit that shifting our criminal justice focus to the reentry period will effectively silence conversations about the “deeper sociohistorical and political-economic *causes* of mass incarceration” (22). In focusing on rehabilitating reentering individuals, it becomes easier to ignore the legacy of racism, or the war on drugs and other

tough on crime policies that created (and support) the racialized system of mass incarceration in America today. Instead, a focus on reentry programming may create a false sense of total criminal justice reform- when in reality reentry programming (while a necessity) is a reactive rather than proactive response to the growing system of mass incarceration.

Further, a sustained focus on reentry programming could have the adverse effect of extending the boundaries of the carceral system and creating a new narrative of “prisoners-in-reentry”- a second class group of individuals who cannot escape the bounds of their incarcerated status (Nixon et al. 2008). This narrative and the way it prevents reentering individuals from ever truly shedding their incarcerated status, makes reentry a prime target for the continued institutionalization and surveillance of certain marginalized populations, specifically the poor and people of color (Nixon et al. 2008). This critique draws directly from Foucault’s theory of the carceral, which asserts that bodies are relegated to labels of deviance and criminality through “both the real capture of the body and its perpetual observation” (304). The racism and classism that drive the system of mass incarceration may disguise themselves in reentry programming in the form of “assistance,” “treatment,” and “risk management,” while essentially acting as yet another form of oppressive surveillance. The program Through the Gate provided a rather explicit example of the way in which reentry programming becomes a method of surveillance and control. Women in the program were asked to submit to authority, their relationships and sexuality were highly regulated, their money was monitored, and even their music, movies, and shower times were censored. In this way, women learned how to behave in a certain “acceptable” or “ideal” way, that revolved around gendered expectations, and were punished for transgressing the pre-determined boundaries of this specific lifestyle. This idea of surveillance and supervision in reentry programming, at a large scale, could have

the unintended consequence of policing disproportionate numbers of already marginalized groups.

Indeed, reentry programming toes a fine line between assistance and assimilation or control. While the aim of reentry programming is to assist individuals in building and maintaining a stable life free of criminal justice involvement, programs largely tend to adhere to specific models that promote a socially acceptable “right way of living” (Nixon et al. 2008). Reentering individuals are only seen as worthy of assistance when society perceives them as “re-formable, and as such, safe to reenter the community and deserving of a second chance” (Nixon et al. 2008). These “re-formable” bodies echo Foucault’s conceptualization of carceral bodies who are both “docile and useful” (305). The carceral system, Foucault argues, is ultimately designed to make deviant bodies submissive and malleable, capable of adhering to the norms which support the social order. As a byproduct of the carceral system, reentry programs therefore have a substantial amount of power in determining how to “form” their clients. This could present a dangerous opportunity for racist, sexist, or heteronormative biases to influence definitions of “success” within the program. How a program chooses to define and measure success can ensure that only those clients who can conform to a certain predetermined standard have access to the full range of services and support a program has to offer.

Finally, the individualized focus of reentry on personal transformation may prevent reentering individuals from recognizing their position in a larger political struggle (Nixon et al. 2008). While attending to the immediate subsistence needs of reentering individuals is undoubtedly the most time sensitive and imperative task upon release, the reentry process should also be a time for political awareness and civic engagement. Currently, needs based reentry programs largely fail to provide clients with an opportunity to engage with other reentering individuals in consciousness raising, narrative testimony, and political action. Without

the ability to assert their narratives within the political discourse about the criminal justice system, women specifically risk being silenced and mistreated or ignored. The WPA's Women's Advocacy Project was the sole example in this specific study of an attempt to engage reentering women in a political dialogue. If reentry programming seeks to be truly transformative then it is imperative that programs similar to the Women's Advocacy Project be implemented to ensure reentering individuals have the opportunity to use their personal experiences for political activism and consciousness raising.

Conclusion

Women are the fastest growing population in the American criminal justice system today. However, in a system built by and for men, these women's stories are relegated to the background in criminological discourse, specifically discourse surrounding reentry. A majority of women enter incarceration with pre-existing mental health conditions, substance use disorders, or trauma, and very few of these women, typically less than one third, will receive any form of treatment while incarcerated. On the contrary, women's experiences in prison and jail may actually serve to exacerbate their pre-existing conditions, meaning that when women return home after their incarceration, they often face heightened barriers to a successful reentry. The difficulty of reentry is often conflated for women of color who may be returning to some of the communities most drastically affected by the racialized policing that drives mass incarceration.

Specifically upon reentry, many women need access to healthcare-whether physical, mental or reproductive. Housing is also a paramount concern upon reentry for those women who were experiencing homelessness at the time of their arrest or for women who may come from abusive or substance using households. 80% of women in prison are mothers to a minor, so child related services such as childcare, parenting classes, and legal assistance for regaining custody are also a chief concern among reentering women. Many women also experience a key

deficit in social ties upon reentering their communities, therefore, mentoring programs that connect women with other women from their community are a beneficial reentry endeavor. Finally, employment training and educational courses are a rather universal need upon reentry. As a whole, the reentry process could be greatly benefited by finding ways to practice a continuity of care- helping women to plan for their release while they are still incarcerated so women leave prison with a plan.

This paper explored three different women's reentry programs in order to get a picture of the diverse approaches to reentry across multiple settings. The first program was Through the Gate, a faith based program in rural Linden, Indiana. While the overall structure of the program was problematic with a strong focus on submission to authority and surveillance, in a rural area with limited social institutions, faith based programs are typically some of the sole social service providers, meaning women have little to no other options. Developing new means of moving funding and programming into rural areas remains a significant topic on the agenda of reentry reform. The next organization Resonance, located in Tulsa, Oklahoma, was a drug and alcohol treatment center and reentry program. Oklahoma's status as the state with the highest rate of female incarceration may have been the impetus for the innovative expansion of Resonance's services to include Take 2 Café, a reentry enterprise that houses and employs reentering women. While the café can only currently staff and house 6 women, this venture represents a unique approach to the reentry process that pushes the boundaries of traditional models. Expanding the framework of reentry programming to include inventive, hands on models like Take 2 may be one productive way of diversifying the scope and productive potential of reentry programming.

The last program analyzed was the Women's Prison Association in New York, NY. The WPA is the oldest women's reentry program in the United States and undoubtedly one of the

most well established. The WPA was the only one of the organizations highlighted which explicitly utilized gender specific programming for the women they served. Although the remaining two organizations were women-only programs, this highlights a central question in examining women's reentry programming- is it enough to simply limit your services to women? Or in order to adequately attend to women's needs is a gender responsive framework and methodology necessary?

Based on the analysis of these three specific programs, the gender responsive programming at the WPA proved to be the most attentive to women's specific needs upon reentry and the most beneficial at providing thoughtfully for those needs. Some of their unique gender responsive programs include the Huntington House, a transitional shelter specifically dedicated to mothers in the process of regaining custody of their children. The shelter supports mothers in rebuilding relationships with their children, and provides family friendly housing and childcare services- two critical gender-specific needs that previously incarcerated women struggle to meet upon reentry. Further, the WPA Law project was a unique service that provided free legal information regarding child custody cases as well as civil cases to women who may have experienced domestic violence. The WPA offered a series of HIV specific healthcare interventions for women living with HIV, as well as a mentoring program for incarcerated women. Perhaps one of the biggest downfalls of the program was its inability to accept clients with mental illnesses- which immediately rules out a significant portion of the population of incarcerated women. The organization's ties with dozens of other community providers, however, allows the WPA to refer these women to mental health service providers when they are unable to satisfy their needs.

Some of the limitations of this analysis, include the small sample size of the analytical case studies, as well as the chosen data collection method. This study relied on public

information provided by the organizations through either their websites or social media. Because it is in the organization's best interest to frame their programs and their work as productive and valuable, this data collection method may have limited the depth of my critique. However, insofar as reentering women utilize an online search to find available programming, this method realistically portrays the information these women will have access to in making a decision about treatment or programming upon reentry. Another limitation of this paper is the utilization of an intersectional analysis that focuses on race, gender, and class, but fails to include other intersecting identities such as gender identity, sexuality, religion, or nationality. Very little scholarly literature exists on these unique identities and their relationship to the reentry process for women, so this marks a viable and much needed topic for future study.

As a whole, gender responsive reentry programming has a long way to go in terms of both scope and services. Emerging innovative models of reentry programming, however, provide hope for diversifying the productive potential of reentry programs in the future. New models of employment endeavors, housing, and social networking opportunities are on the horizon, and restorative justice based interventions are slowly gaining legitimacy. Because reentry programming so closely toes the line of carceral surveillance and control, it is imperative that any future reentry reform is critical of the ways in which it may further an oppressive agenda that promotes assimilation and adherence to a strict set of social norms. Rather than extending a carceral or deviant narrative about reentering women, reentry programming should provide women with the space and autonomy to create their own independent narratives, which can then be placed in conversation with larger political discourse about the criminal justice system. In this way, women will be able to productively engage with criminal justice reform and create solutions based on their personal experiences within the system. Further, allowing women to reshape their personal and political narratives about incarceration will ensure that reentry

programming does not serve a solely reactive purpose, but rather plays a proactive role in creating social and political change surrounding the system of mass incarceration. Ultimately, with thoughtful consideration of gender responsiveness, and a critical eye for the ways in which reentry programming both shapes and is shaped by powerful narratives of deviance and surveillance, women's reentry programs have the potential to provide a transformative model of reentry programming that leads the charge in reentry reform.

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