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After Prison: Pathways to Reintegration for Older Women in Ottawa

By

Laura Shantz

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Abstract

As the population ages, the number of older adults who are involved in the criminal justice system is increasing. While their experiences in prisons have been explored, older women's lives in their communities have yet to be studied. This thesis examines the reintegration experiences of older female ex-prisoners living in Ottawa through the perspectives of the professionals who assist them in their reintegrations. Using standpoint theory, I conducted semi-structured interviews with a variety of professionals who described their experiences working with older reintegrating women for non-governmental community organizations in Ottawa. Participants examined various aspects of the reintegration experience, including the communities in which older women live; their health; the social networks surrounding older women; roadblocks which create difficulties during reintegration; and what older women require in order to reintegrate successfully. Through participants' accounts, I describe the challenges and opportunities older reintegrating women face and explore what can be done to ensure that they have the best possible reintegration experiences.

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I. Introduction

As the population ages, more attention is being paid to the growing number of older persons involved with the justice system. Very little is known about formerly imprisoned older women who live in the community, or about how they negotiate their reintegrations. To increase the knowledge in this area, I interviewed counselors, halfway house staff, and advocacy workers who work with older women. Using standpoint theory, I collected, examined and analyzed participants' experiences to explore the situations and factors impacting older reintegrating women, constructing a picture of their experiences which could help to improve the success of older women's reintegrations.

The number of prisoners aged 50 and older in the Canadian federal prison system has increased dramatically: research indicates that it grew 10% between 1993 and 1996 (Correctional Service of Canada (CSC), 1998: 13). In April 2006, over 15% of the federal offender population was in this age group (Public Safety and Emergency Preparedness Canada (PSEPC), 2006: 49, 50). Older female prisoners composed 8% of the female population in 2002, up from 5% 1981 (CSC, 2002a: 8). While most older prisoners are serving first sentences; others serve many sentences during their lives and are labelled habitual offenders; and some, serving long sentences, have grown old in prison (CSC, 1998: 5-7). Older prisoners have distinct needs and experiences, especially regarding institutional integration and health, factors which have broad quality of life implications (Aday, 2003; Aday, 2006: 211-215; CSC, 1998: iv; Wahidin, 2006: 182, 183; Wahidin and Tate, 2005: 74-77). While institutional needs have been studied, older prisoners' reintegrations are rarely explored.

Research examining older women in conflict with the law is sparse. Several British studies have focused on older women's experiences of imprisonment, not what happens after prison during their reintegrations (Wahidin, 2004; Wahidin, 2006; Wahidin

and Tate, 2005). North American research is further limited, exploring their health and institutional accommodation needs, but rarely discussing other dimensions of their experiences (Aday, 2003: 177, 180, 187; Aday, 2006: 211; Strupp and Wilmott, 2005; Williams et al., 2006). While social capital, social networks, health care, and integration have been identified as key quality of life issues for older women, studies rarely address aging in marginalized populations, such as ex-prisoners (Keating et al., 2005: 27, 28). The existing knowledge needs to be broadened to explore older women's reintegrations. As most prisoners are eventually released, these issues cannot be ignored.

This thesis seeks to address these gaps by asking how older female ex-prisoners experience reintegration in Ottawa, exploring challenges and opportunities faced during reintegration. It considers factors which influence ex-prisoners' experiences, such as gender, age, health, race, specific communities, and social connections. Older reintegrating women's lives are explored through the narratives of professionals who work with them. Women's experiences of their age, gender, and social settings intersect; these aspects are described as they are understood by participants.

For this research, I defined older female ex-prisoners as women aged 50 and older who were imprisoned and live in the community with or without continuing state surveillance. Researchers often use fifty as a point of demarcation because the harsh conditions of prison, coupled with the marginal lifestyles and the poor health care many prisoners experience, accelerate the aging process, exposing this group to health and mobility challenges normally confronted by older adults, as well as making them look much older than they are (CSC, 1998: 60; Wahidin, 2006: 172; Wahidin and Tate, 2005: 73, 74). I view reintegration as a process instead of an event; a woman does not stop being an "ex-prisoner" after a preset time.

I used exploratory research involving professionals who regularly work with older criminalized women to build knowledge of older female ex-prisoners' experiences. Participants were recruited from non-governmental organizations, including the Elizabeth Fry Society of Ottawa, the Canadian Association of Elizabeth Fry Societies, and Lifestyle Enrichment for Senior Adults. A qualitative approach involving semi-structured interviews was chosen to collect detailed information and personal insights. The interviews explored the key concepts of successful reintegration, quality of life, aging well, social capital, and communities. Workers considered the ways in which age, gender, communities, interactions with others, and local programs and services impact on their clients' lives. Their accounts also helped me to compile a list of resources available to older reintegrating women.

Standpoint theory is used to translate experience into knowledge (Hartsock, 1983: 231). The theory, which provided the epistemology and methodology for my data collection and analysis, notes that women's lives are shaped by their subordinate social positions. It attempts to equalize power relationships in research, committing its users to furthering social justice (Harding and Norberg, 2005: 2012). My analysis focused on discovering themes in the participants' accounts which I analyzed to describe older women's reintegrations. I also used general strain theory (GST) to explore women's challenges. Participants' experiences allowed me to critically examine themes and concerns emerging from existing research and theory.

My findings outline older female ex-prisoners' key needs; describe programs, services, and community structures which help this group; and identify challenges that they face. The study will help older female ex-prisoners' advocates to articulate their

needs and aid community agencies in specializing, modifying, or expanding their services. Due to the size of the study, the lack of longitudinal information collected, and variations between communities, the results are not generalizable. It will, however, increase the knowledge regarding community reintegration. The research could also be used as a baseline for conducting future studies on older women's reintegrations.

The remainder of this thesis is divided into chapters outlining the topic and my research. First, I summarize literature examining older prisoners; female prisoners; women, health and aging; social capital; and reintegration. Intersections between these topics are explored, and gaps regarding older female ex-prisoners' experiences and realities are noted. Next, I outline the basic tenets, evolution, and use of standpoint theory. I also discuss general strain theory, which I use to describe women's challenges in the community. The fourth chapter outlines my methodology, including the research design, key concepts, sample selection, data collection, and analytic approach, as well as situating the participants and myself. The analysis presents participants' opinions and insights in their own words, noting variations in their accounts and exploring key themes in light of existing theory and research. I conclude by summarizing my work; examining the relevance of this study for activists, academia, and participants; and discussing the limitations of the findings. I also recommend areas for further research.

II. Literature Review

Research examining older female ex-prisoners is limited: this group exists at the nexus of two under-studied criminological populations, women and elders (Williams and Rikard, 2004: 125). Interest in and research on these groups is growing, however, and many of the findings are reviewed below. While studies may overlook older female ex-prisoners in particular, some relevant areas have been researched. These areas, which form my key concepts, include social capital, communities, successful reintegration, aging well, and quality of life. Each key concept must be examined separately before their intersections are explored. Though not focusing on older female ex-prisoners, researchers have examined women, health, and aging, as well as social capital in detail. While community reintegration receives increasing attention from researchers, most studies explore young males' needs and experiences. Ottawa-based research has not been conducted in this area, although the programs available to reintegrating women have been surveyed (Robinson, 2003). In this section, I examine each of these areas, describing what is known about the issues. By exploring key concepts and themes, the literature review provides a base upon which I will analyze older women's reintegrations.

Older Prisoners and Ex-prisoners

Ex-prisoners are affected by their prison experiences even after release, making it important to understand their lives as prisoners. Studies of older prisoners are becoming more common, especially in America and Britain, where they are identified as a significant prison subpopulation (Eastman, 2006: 252). Researchers now view the cohort of prisoners aged 50 and older as a distinct group with unique needs and circumstances (Wahidin, 2006: 172). Despite American data indicating that elders receive fewer and shorter prison sentences than younger people, many elders are still imprisoned (Steffensmeier and Motivans, 2000: 141, 146). Canadian studies show that the older prisoner population is growing rapidly, with the number of federally sentenced

elders increasing 10% between 1993 and 1996 (CSC, 1998: 13). The average age of persons admitted to federal custody is increasing, with a 51.8% increase in the number of prisoners aged 40 to 49 admitted between 1995-6 and 2005-6 (PSEPC, 2006: 45). Prisoners' increasing ages at admission are compounded by harsh sentencing policies enacted in Canada, Britain and the United States, which result in prisoners serving longer sentences and being released later in life (Strupp and Wilmott, 2005: 11; Watson et al., 2004: 124). As more elders are admitted into custody, the average age of prisoners at release will also increase. Despite the rapid growth of this population, older prisoners still make up a relatively small percentage of the federal prison population: 14.9% of prisoners and 26.4% of ex-prisoners under community supervision are 50 or older (PSEPC, 2006: 49). This group contains only a small number of women: 13 women aged 50 and older were admitted to federal custody in 2005-6, representing 4.7% of female admissions (PSEPC, 2006: 46). In September 1999, there were 130 women aged 46 or older under community supervision, representing 25.9% of the female community population; 93 of whom were in the 46-55 age range (CSC, 1999). Anecdotal accounts indicate women as old as 89 are under community supervision (Taylor and Flight, 2004: 25). While recent data from the provinces and territories is unavailable, snapshot data from 1996 indicate that women aged 45 and older made up 10% of the female custodial population (Finn et al., 1999: 7). These findings come from quantitative studies exploring many issues relating to older prisoners.

Researchers have found that prisoners aged 50 and older have needs and experiences that differ from those of younger prisoners. While early Canadian studies found few differences between older and younger prisoners, older prisoners' needs have been identified as their numbers have grown (Gallagher, 1990: 261). Health care and institutional integration, factors that have broad implications for prisoners' quality of life,

are highlighted as particularly important (Aday, 2006: 211-215; CSC, 1998: iv; Wahidin, 2006: 182, 183; Wahidin and Tate, 2005: 74, 77). In Britain, the cohort of prisoners aged 50-59 is the most costly group to the justice system for healthcare and hospital supervision (Wahidin, 2006: 172). Older prisoners often have chronic health problems such as emphysema and diabetes which negatively impact their quality of life (Wahidin, 2006: 183). American studies have found high rates of chronic diseases, as well as other age-related declines in muscle mass, vision, hearing, and sensory and immune system functioning among older prisoners (Reviere and Young, 2004: 58). While older prisoners' medical needs have been explored, their other needs are often overlooked, despite the fact that many older prisoners are healthy (Eastman, 2006: 253). This lack of consideration and accommodation subjects older prisoners to inadvertent harm due to the nature of prison facilities (Crawley, 2005: 350).

Elders have difficulty adapting to and negotiating institutional life, making it a more painful experience than for younger prisoners (Wahidin, 2004: 180; Aday, 2006: 215; Wahidin, 2006: 184). The shock of imprisonment is traumatic, especially for first-time prisoners who are adjusting to the stigma of their conviction, the environment, and their identities as "prisoners" (Aday, 1994: 84; Crawley, 2005: 359). The initial shock of prisonization gives way to stresses associated with day-to-day institutional life, leading many older prisoners to experience fear, frustration and isolation. Early studies noted that older prisoners feared being victimized by younger prisoners, were isolated, and were bothered by the lack of privacy and constant noise, findings which have since been confirmed (Aday, 2003; Aday, 2006; Kratcoski and Babb, 1990: 265; Strupp and Wilmott, 2005; Wahidin, 2004; Wahidin, 2006). Recent studies explore prisoners' concerns about receiving proper medical care, maintaining autonomy, dying in prison, reintegrating in the community, and the impacts of their sentences on their families (Aday, 1994: 86-89;

Crawley, 2005: 359; Strupp and Wilmott, 2005: 46-48; Wahidin, 2004: 135, 120, 174). Older prisoners, especially those who are new to the prison environment, are vulnerable to neglect and abuse by staff and younger prisoners (CSC, 1998: 5-7; Strupp and Wilmott, 2005: 36-38; Wahidin and Powell, 2004: 45, 46). The pains of imprisonment, however, are often overlooked by administrators despite elders' needs; they see older prisoners as well adjusted and consider them to be old, quiet, and easy to manage, and therefore not needing special attention (CSC, 1998: 64; Wahidin, 2006: 180). Older prisoners are sometimes viewed as an asset in institutions; they are thought to have beneficial and calming influences, resulting in expectations that they will control younger prisoners (Aday, 2006: 216; Wahidin, 2002: 185). Worse, some consider them to be a waste of resources due to ageist assumptions and their perceived inability to "give back" to society (Eastman, 2006: 257). Most often, however, older prisoners are considered "too few to count," and are neglected and ignored in terms of policies, resources and accommodations (Crawley, 2005: 356; Eastman, 2006: 257; Wahidin, 2006: 180).

Prisons are designed for young, able-bodied men and are inhospitable and inappropriate for older prisoners (Crawley, 2005: 351, 352). American researchers have found that while most older female prisoners can manage daily activities, the prison environment creates difficulties for this group (Williams et al., 2006: 704). Older prisoners need more time to complete basic tasks and require special accommodations, such as not having to walk long distances, wait in lines, climb stairs, sleep on upper bunks, or perform heavy chores (Crawley, 2005: 356; Strupp and Wilmott, 2005: 16-19; Wahidin, 2006: 184). Some American, British, and Canadian prisons have created specialized living units for older prisoners, acknowledging that harsh sentencing policies and poor, overcrowded prison conditions lead to many older prisoners with special needs (Aday, 2006: 210; Petrellis, 2003: 68; Strupp and Wilmott, 2005; Wahidin, 2006;

Williams and Rikard, 2004: 126). These units do not, however, exist in all areas and are often unavailable to women or prisoners with high security classifications (Aday, 2006: 214; Williams and Rikard, 2004: 128). Specialized environments can provide privacy; accessible accommodations and programming; specially trained staff; and security from younger, violent prisoners. Concerns exist, however, that these units segregate and isolate older prisoners; encourage institutional dependency; foster negative stereotypes about elders; and may negate earned benefits, such as being located closer to one's family (Aday, 2006: 214-216; Strupp and Wilmott, 2005: 39, 40). Institutional dependency is also a concern in Canada, where elders are often imprisoned beyond their parole eligibility dates despite the lack of specialized facilities (Gallagher, 2001: 330, 331). Prisoners' opinions regarding specialized units are mixed; individual wishes should be considered in placement and accommodation decisions, and a variety of options should be available (Aday, 2006: 17; Gallagher, 2001: 330; Strupp and Wilmott, 2005: 39, 40; Wahidin, 2006: 184, 185). Older prisoners' environments need special consideration; similarly, programming and planning must be adjusted for this group.

Ron Aday advocates modifying older prisoners' correctional programs and plans to address the concerns of this subpopulation and to accommodate individual abilities. He proposes offering elders a mix of vocational, leisure, and recreational programs, along with cottage industry employment and volunteering opportunities (2006: 217, 218). Educational programming is especially valuable in increasing elders' pride and self-esteem (Aday, 2006: 220). While some researchers, citing harsh environments and the lack of accommodations, have urged that older prisoners be allowed to retire from work, others see modified jobs as integral to meeting elders' needs, especially for those who are accustomed to working (Aday, 2006: 222; Strupp and Wilmott, 2005: 26). Pre-release planning and programming also need to address issues specific to older

prisoners, including education regarding wills, retirement homes, and palliative care for older prisoners with health concerns (Aday, 2006: 220, 223).

While some research has been conducted, few accommodations have been made for older prisoners in Canada. CSC has no national policies or procedures related specifically to older prisoners; existing policies, programs, and accommodations only address health and disability issues in general (CSC, 2004; CSC, 2007a; personal communication, September 26, 2007). Although older women at Joliette Institution can access specialized housing, CSC does not provide special facilities to all older prisoners (Petrellis, 2003: 69; Strimelle, 2007: 831). The Office of the Correctional Investigator (OCI) has urged CSC to improve accommodations, programming, reintegration, and palliative care for older prisoners (OCI, 2006: 17). Researchers and activists worry, however, that such accommodations could make prison a more attractive sentencing option, decreasing the use of non-prison alternatives (Petrellis, 2003: 70, 71). Punishments such as house arrest and electronic monitoring are seen as appropriate, effective alternatives by both prisoners and researchers as they better preserve the dignity of older, low-risk prisoners (Petrellis, 2003: 73; Strupp and Wilmott, 2005: 57; Williams and Rikard, 2004: 135). These programs, however, must be viewed cautiously as they can harm women, who face the stresses of family obligations and limited community supports (Maidment, 2002: 59, 60). French laws permit older prisoners who are disabled, ill, or dying to be compassionately released; researchers have encouraged the use of this model in Canada (Petrellis, 2003: 74, 78; Steiner, 2003: 268). In sum, correctional authorities should explore strategies to reduce elders' imprisonment and to minimize the pains of imprisonment for this group. Within these accommodations, the needs and concerns of older women require special attention and consideration.

Criminalized Older Women and the Justice System

Criminology largely focuses on men's experiences; women's experiences of the justice system differ and must be explored separately. The media depictions and treatment of older women in conflict with the law differ from those of other criminalized populations, such as men and younger women. The construction "older woman" links age and gender stereotypes and generalizations. While some studies state that older women are treated as objects of pity and receive more lenient sentences, criminalized women are demonized and masculinized in popular discourses (Faith, 1993: 255-257; Lemieux et al., 2002: 445). Daly (1992: 11, 12) notes that traditional discourses ignore the causes of women's involvement with the justice system. Feminist researchers have sought to contextualize women's offending, examining intersecting factors that bring women to the attention of the law and blur "offender" and "victim" categories, but sometimes also homogenize and essentialize women's criminalization (Daly, 1992: 12-14). Daly examines women's offending holistically, focusing on economic conditions and social circumstances instead of immediate causal factors (Daly, 1992: 21, 22). Despite Daly's holistic view of women and justice, popular discourses persist.

In Britain, older criminalized women are portrayed in the media as "mad, sad or bad;" their lives and offences are rarely taken seriously (Codd, 1998: 187, 190; Eastman, 2006: 249). Codd explores stereotypical depictions of older women in the British media. They are commonly seen as frail, pitiful individuals with mental health problems who seek attention by committing minor crimes, such as disturbing the peace and shoplifting (Wahidin, 2006: 173). Older women are turned into the objects of humour, overlooking the factors leading to their criminalization (Codd, 1998: 188, 189). Criminalized women are also shown in relation to women's traditional caregiver roles. Women accused of

abuse or neglect are depicted as “bad carers,” while those who offend to support their families are “good carers” (Codd, 1998: 189). Sometimes, older women are shown as powerful, ruthless, and uncaring businesspeople, depictions which punish them for transgressing female gender norms (Codd, 1998: 188, 189). This category recreates the demonic, masculinized image described by Faith. Codd notes that depicting older women as “mad” or “sad” can aid their cases by creating pity. Discourses of “bad,” masculinized older women, however, can demonize them and foster public desires for harsh punishments (Codd, 1998: 187; Daly, 1994: 197, 198). Further, people expect elders to commit minor offences; they are generally uncomfortable with the notion of older offenders committing violent or sexual offences (Wahidin, 2006: 173). American data confirm and reinforce stereotypes about older women’s offending: they are usually charged with non-violent crimes, and frequently serve community-based sentences, making them uncommon and often overlooked in prisons (Aday, 2003: 172, 173).

Misconceptions regarding older women and the justice system are not limited to media and popular culture; correctional practices are also stereotyped. Just as older prisoners require accommodations in programming and the institutional environment, women’s needs differ from those of male prisoners. Assessment tools and programs designed for men are used universally, although the results may be invalid or unreliable (Hannah-Moffat, 2006: 264; OAG, 2003: 9, 10). Through correctional assessments, researchers have identified qualitatively different “risks” and “needs” for men and women which necessitate gender-specific programming (Holtfreter and Morash, 2003: 140, 141). As women’s needs vary, programs must address the diversity between individuals (Holtfreter and Morash, 2003: 149). For example, younger female prisoners require less privacy, safety, and structure than older women (Reviere and Young, 2004: 59, 60). Despite the long-identified need for tailored programs, CSC has only recently begun to

create alternative strategies for older female prisoners in Québec (CSC, 2002b; CSC, 2004; Strimelle, 2007: 831). Wahidin notes that the prison itself is inhospitable to older women, recommending a quieter environment with windows that can be more easily opened, adjustable thermostats, carpeting, and softer lighting (Wahidin, 2004: 187, 188).

Due to generational differences and social changes that occur over time, older women have different cultural contexts, making them experience prison differently (Wahidin, 2004: 99). Older women were socialized into different gender norms than younger female prisoners, influencing their personal conduct and their expectations of others, and adding to their disorientation and isolation in prison (Wahidin, 2004: 96). In society, their identities as mothers, grandmothers, and elders afford them responsibility and respect; in contrast, imprisonment results in their infantilization and marginalization (Wahidin, 2004: 170). This change in identity is further exacerbated by institutional practices. The experiential effects of the prison on older women are documented. Frigon (2003a: 143) notes that women in general experience “degradation ceremonies” when entering prison. The prison is a site of humiliation; strip searches serve both to degrade women and make them lose identity (Frigon, 2003a: 144). For older women, exposing aging and “failing” bodies during strip searches is an additional pain assaulting their identities (Wahidin, 2002: 181). Body image concerns do not disappear with age; older women are self-conscious about their aging, changed bodies under the institutional gaze (Clarke, 2001: 442). The physical degradations of prison life are not older women’s only concerns; isolation also challenges their identities. Kratcoski and Babb (1990: 269) note that in addition to social isolation within prisons, older criminalized women lack other supports: they are more likely to be separated or divorced than older men and are often imprisoned farther from their communities and families. Combating this isolation represents a distinct challenge for institutional accommodation.

Older women are challenged when imprisonment severs their relationships and alters their identities in society (Wahidin, 2004: 168). As older women often construct their lives around their families, especially their children and grandchildren, interrupting or severing these ties affects their identities and their social roles (Wahidin, 2004: 56). The prison places women in powerless positions where they cannot provide for others, removing and devaluing their identities as caregivers (Wahidin, 2004: 173). While younger women's needs for connections with their children are increasingly considered by authorities, the needs of older women with grown children and grandchildren remain ignored (Wahidin, 2004: 175). Older women, new to the realities of the prison, do not expect to be treated as "prisoners" and often have few coping strategies due to their unfamiliarity with the culture to which they are exposed.

Withdrawal from prison life is a common coping strategy used by older prisoners, especially those serving their first sentences, to avoid intimidating younger prisoners and the frightening and alienating prison regime (Wahidin, 2004: 99-101). Some prisons and staff make special efforts to engage older women who avoid institutional activities (Kratcoski and Babb, 1990: 275, 277). Withdrawing is not, however, merely a coping strategy signalling a need for special programs; it is also a means of resistance. Older women withdraw to avoid conforming to the routinized, homogeneous nature of prison life, which they find offensive (Wahidin, 2004: 95, 96). Withdrawing allows prisoners to retain a sense of self that is independent of the environment (Wahidin, 2004: 96). This coping strategy, while helping to maintain older women's identities, may, however, lead to isolation and cause other problems during and after incarceration. Older women develop other coping and resistance strategies to reduce the pain and humiliation of specific degradations, such as the strip search (Wahidin, 2004: 102-104). These include

slowing down the procedure and using it to display one's body. While the prison experience assaults women's identities and dislocates them from their social roles and self-concepts, resistance strategies can limit the prison's damaging effects.

Qualitative research on older female prisoners and ex-prisoners is limited, especially studies examining their perceptions of living and aging within the justice system. In a quantitative American study, older female prisoners expressed desires for more space; privacy; single bunking; fresh air; cells near washrooms and dining rooms; and more consideration from younger prisoners (Kratcoski and Babb, 1990: 273). Qualitative British research on older women's prison experiences echoes these desires. Azrini Wahidin researched older women's experiences of "doing time" and aging within British prisons. In prison, time is monotonous and must be endured and marked; whereas time on the outside is considered precious (Wahidin and Moss, 2004: 86). She also found that prison staff expect older women to help others and serve as role models, perpetuating "mothering" stereotypes (Wahidin and Powell, 2004: 52, 53). Wahidin and Tate (2005: 63, 64) found that women's experiences of aging in prison shape their identities: prisons are detrimental to women's bodies due to the poor environment, lack of nutrition and limited healthcare. While these hardships have long-lasting effects, women's experiences after release have yet to be explored. Wahidin's (2004) research examines older women's involvement in the justice system, from sentencing to prison life. Using interviews with older female prisoners, she discusses the women's relationships to the prison, their families and friends, time, and to their bodies (Wahidin, 2004: 40, 41). She does not describe or explore women's experiences of reintegration, although she cites this as an area for future research.

Women, Health and Aging

Health is a key determinant of a person's ability to function in their environment. As individuals age, studies of their lives increasingly focus on issues of health and well-being (Health Canada, 2002b). For this reason, I chose healthy aging as a key concept for this study. Health and aging are also implicated in discussions of older women's quality of life. Older prisoners and ex-prisoners face physiological changes as they age, just as elders outside of the justice system do. Sensory decline occurs, limiting their abilities to taste, touch, smell, hear, and see (Aday, 2003: 21, 22). Their mobility is reduced, making long hallways and staircases great challenges (Aday, 2003: 21, 22). Cognitive and emotional disorders, including age-related dementia, depression, anxiety, and rage also increase among older prisoners (Aday, 2003: 22, 23). Researchers note that marginalized individuals more often face these challenges (Turcotte and Schellenberg, 2007: 63). As people age, environmental and health factors, such as levels of physical activity, nutrition, preventing injuries, and not smoking become key determinants of overall health (Health Canada, 2002b: 2, 3). A person's involvement with the justice system may also influence their health.

As our society ages, the aging process has been redefined to emphasize positive outcomes. Health Canada defines healthy aging as a "... lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions" (Health Canada, 2002b: 1). The agency also notes that "healthy aging" promotes a "... low risk of disease and disease-related disability, high mental and physical functioning, and active engagement with life" (Health Canada, 2002b: 1). These definitions focus on healthy lifestyles, long-term health promotion, and disease prevention measures, which

the agency hopes will mitigate age-related declines. These ideas stem from Rowe and Kahn's (1997, 1998) work, which defines the "new gerontology," marking a paradigm shift in societal views of elders (Holstein and Minkler, 2003: 787). Their work emphasizes the role of lifestyle in long-term health, arguing that resilient individuals who are physically and socially active; well-educated; retain functional capacities; and maintain control over their lives are most likely live long, healthy lives (Rowe and Kahn, 1997: 438, 439). Their popular book portrays successful aging as a lifestyle choice, emphasizing that "[successful aging] can be attained through individual choice and effort" (Rowe and Kahn, 1998: 37). This view redefined old age as a time of opportunity, good health, and active living (Holstein and Minkler, 2003: 787, 791).

While Rowe and Kahn's vision of gerontology forms the dominant discourse, researchers note that this paradigm is linked to societal ideologies of youth; describes age-related declines as "failures;" responsabilizes individuals for their own care; and ignores structural factors leading to poor health in older age (Holstein and Minkler, 2003: 790-792). The discourse harms women in particular, who are judged based on the way they look, and who are more likely to be marginalized and face intersecting hardships as elders (Holstein and Minkler, 2003: 790-793). Health Canada (1999: 1) confirms this idea, noting that older women are disadvantaged compared to older men: they are more likely to be poor, chronically ill, and have greater burdens as caregivers. Sadly, these problems are again compounded specifically for older criminalized women who have not benefited from long-term good health, making "healthy aging" more difficult (PSEPC, 2006: 55, 56; Reviere and Young, 2004: 57, 58; Robert et al., 2007: 178). These women's health problems have often gone unaddressed, as have the physical and psychological after-effects of physical and sexual abuse (Aday, 2003: 172; Reviere and

Young, 2004: 57-60; Watson et al., 2004: 124). Health problems can make aging a worrisome process for all elders, especially for older criminalized women.

Aging affects female prisoners and ex-prisoners' quality of life. Aday (2003: 174, 175) notes that older women in American prisons are more likely to have medical and health problems than other older women. 85% of older female prisoners suffer from chronic health conditions, some of which stem from the poor diets, insufficient exercise, and the mental health damage associated with incarceration (Aday, 2003: 177, 211). Prison, however, can be a site of refuge, providing medical care, regular meals, and safety from male abusers which women would not otherwise receive (Robert et al., 2007: 183). Wahidin and Tate (2005: 74) note that menopause and poor nutrition accelerate aging, increasing rates of arthritis and osteoporosis. Women often experience fear and anxiety about their changing bodies: they are uninformed about menopause and aging; fear losing abilities and independence; and rarely have their concerns addressed (Dillaway, 2006: 45, 48; Koch and Mansfield, 2004: 184; Wahidin, 2004: 59). When women seek treatment, doctors view aging as a "deficiency" or illness instead of a natural process, exacerbating women's concerns and fears (Koch and Mansfield, 2004: 183). Older women in prison fear losing their health and dignity, making this an important topic to study (Aday 2003: 182; Wahidin, 2004: 148).

While some prisoners improve their health and address chronic conditions, medical treatment constitutes another pain of imprisonment for others. In Canada, medical concerns are the most common cause of federal prisoners' grievances (PSEPC, 2006: 35). Imprisoned women are overmedicalized: they receive many prescription medications; unnecessary hysterectomies are often performed; and health services may be substandard and inappropriate (Aday, 2003: 181; Robert et al., 2007: 180; Wahidin

and Tate, 2005: 73). Women and elders in British prisons have more mental health symptoms than other prison populations, and are more often given psychiatric medication (Harris et al., 2006: 60, 62). Canadian data confirm this trend: in 2005-6, 10% of federal prisoners had mental health diagnoses and 21% were prescribed psychiatric drugs at admission (PSEPC, 2006: 55). Women are overrepresented in these figures; 15% of female prisoners had mental health diagnoses, and 40% were prescribed medication upon admission (PSEPC, 2006: 55, 56). As older women are prescribed mood altering drugs more often than any other segment of the Canadian population, it is reasonable to assume that they are also overrepresented in these figures (Health Canada, 1999: 1). While many women do require psychiatric treatment and medication, drugs are often used primarily for control and regulation (Wahidin, 2004: 140, 163). The overmedicalization of women's bodies in prison makes female prisoners vulnerable and raises concerns about the long-term impacts of this treatment.

Problematic medical treatment leaves older female prisoners feeling angry, frustrated, and fearful of becoming sick while in prison (Wahidin, 2004: 140). These feelings are aggravated by concerns regarding reproductive aging (Dillaway, 2006: 45; Koch and Mansfield, 2004: 279). Female prisoners find that changes in their bodies make them feel "old" and draw attention to the aging process (Wahidin and Tate, 2005: 70). This is aggravated by older women's minority status in the prison, making their age more visible than in the community (Wahidin, 2004: 53, 54). They note that aging amplifies prison degradations: strip-searches conducted by younger staff, being exploited because of their age, and being infantilized by younger prisoners all figure prominently in their accounts (Wahidin, 2004: 67; Wahidin and Tate, 2005: 72). Chronic health conditions and poor nutrition have long term negative effects and signal overall poor health (Health Canada, 2002a: 3, 4; Wahidin and Tate, 2005: 74). Age-related

changes in physiology, appearance and ability affect women's self esteem and how they are treated by others (Koch and Mansfield, 2004: 184). The ways in which older female ex-prisoners experience and negotiate these changes need to be examined.

Women must renegotiate their identities as they age. Older women often see aging as a new beginning with many opportunities; this experience is tainted for women in prison (Wahidin, 2004: 56). Data is not yet available regarding how women experience aging after prison. Cooley (2002: 51-53) explores how we see ourselves in social relations, highlighting how we think we appear to others; how we think others see us; and how we feel about this judgment. A study of older women found that they report stark differences between the ways they feel and their appearances (Clarke 2001: 447-449). The women in Clarke's study felt anxiety, shock and disappointment when they saw themselves in mirrors, as they "look old," despite not feeling old (Clarke, 2001: 452). They experienced frustration when they were seen as "little old ladies" (Clarke, 2001: 451). This frustration can lead women to resist or subvert these labels, highlighting their strengths or exaggerating shortcomings to receive benefits, negotiate their worlds, and regain control in their lives (Grenier and Hanley, 2007: 217). In prison, older women are expected to fit "old lady" stereotypes and show passivity, weakness, and polite manners (Grenier and Hanley, 2007: 213; Wahidin, 2004, 71). Some older female prisoners resist these labels, pointing out how young they feel or look for their age, or how they have not succumbed to the prison's institutionalizing forces, described as the "slouch and shuffle," which affects even the younger women (Wahidin, 2004: 69, 70). Women also resist ageist discourses as they downplay the grief and depression that accompany sensory decline and the loss of abilities, focusing instead on their mental strength and abilities (Aday, 2003: 21, 22; Clarke, 2001: 453, 454, 457). Older prisoners may co-opt ageist labels to gain special privileges or favours from younger prisoners, such as receiving

protection and help with their chores (Wahidin, 2004: 67, 70, 71). These strategies help to shape older women's changing identities. A further exploration of these issues is warranted, as women's identities will shift again as they become "ex-prisoners."

Social Capital and Communities

Social capital is a useful concept for exploring social connections and available resources. Community integration and quality of life issues are interdisciplinary; although the role of communities in reintegration has only recently received attention, many social integration studies examine communities. To understand this work, the concept of social capital must first be elaborated. Robert Putnam, a prominent social capital researcher, argues that social networks have value, creating norms of reciprocity and trustworthiness (2000: 19). They are important for individuals and all of society, creating economic, neighbourhood, democratic, and health advantages which benefit entire communities and populations, not just those actively participating in the networks (Putnam, 2000: 20, 27, 28). Social capital is divided into two distinct types: bridging and bonding. Bridging social capital is inclusive, working across social divisions to connect, integrate and unite people (Putnam, 2000: 22). It is useful for networking and finding jobs, both of which are important for reintegration. In contrast, bonding social capital consists of exclusive, individual ties based on similarities, which reinforce homogeneity and help to form close personal relationships (Putnam, 2000: 22). Criminological research explores both types of social capital and their impacts on ex-prisoners.

Social capital has been shown to aid ex-prisoners' reintegrations in the United States, Britain, and Canada. A study of American female prisoners who returned to prison after unsuccessful reintegration attempts highlighted their lack of community connections, inability to access resources, and the absence of role models as some of

the factors hindering their reintegrations (Richie, 2001: 380). Farrall's British study found that ex-prisoners with more familial and community ties feel they have "more to lose," and are more likely to succeed on parole (2004: 63-66). Ex-prisoners use their social capital to fill unstructured time and access resources (Farrall, 2004: 64, 69; Harm and Phillips, 2001: 10-12). As ex-prisoners reconnect with their families and look for work, they enhance and build relationships which they seek to preserve by staying out of prison (Farrall, 2004: 66, 67; O'Brien, 2001: 291). Some ex-prisoners use family connections to find work, and can then create their own social capital by keeping jobs and building social networks (Farrall, 2004: 69). Success in family life and employment increases ex-prisoners' self esteem and provides opportunities for social legitimation, reinforcing and encouraging their reintegration efforts (Farrall, 2004: 66, 67).

Social capital, however, is not always beneficial: it can create excessive pressure to obey dominant norms and values, hurting those who are unwilling or unable to conform (Brody and Lovrich, 2002: 116). It is sometimes mobilized against groups or individuals, perpetuating the "Not-In-My-Backyard" phenomenon (Putnam, 2000: 361). In the extreme, marginalized or minority populations may be used as scapegoats for community problems (Brody and Lovrich, 2002: 118). Brody and Lovrich (2002: 116, 127) link strong social capital in American states to punitive attitudes toward criminalized people, as well as tendencies among judges to limit or deny individual rights. People are also hurt by social capital when they are excluded from networks for lacking the right connections, or if their social networks reinforce their marginal positions (Field, 2003: 74, 78; Reisig et al., 2002: 168). In these cases, social capital reinforces ghettoization, reducing one's social and economic mobility and access to assistance and benefits (Field, 2003: 79; Reisig et al., 2002: 171). Researchers have further noted that benefits are unequally distributed within networks: relatively advantaged individuals receive more

benefits than relatively disadvantaged people, such as ex-prisoners (Reisig et al., 2002: 177). Joan Petersilia (2001: 369) links criminal sanctions to reduced voter turnout, a key part of social capital, raising concerns that criminalized populations may not benefit from social capital. These problems are hard to fix: strengthening weak social capital is difficult, especially in urban environments (Putnam, 2000: 317). More troubling still, many reintegrating ex-prisoners' social networks may be more problematic than helpful. Networks reinforcing marginalization or deviant norms can draw ex-prisoners away from mainstream society (Reisig et al., 2002: 181). Ex-prisoners who face stigma due to their criminalization, who enter marginal communities, or whose social networks promote criminal lifestyles may therefore find that social capital hampers their reintegrations.

In Canada, social capital has proved to be important for healthy aging, providing older adults with personal support, care, and social support (Keating et al., 2005: 25, 26). Communities and social connections are key to the federal government's proposed strategies to assist aging adults, which rely heavily upon community involvement and enhancing elders' social ties (Health Canada, 2002b: 18). Elders, however, are not only recipients of help; they provide services and support to their networks (Novak and Campbell, 2006: 291, 292). Of note, older women generally have more social ties than older men (Keating et al., 2005: 26). Women's networks, which shrink in size as they age, centre on their children, with friends and other family members also playing important roles (Stone and Rosenthal, 1996: 87, 88). Research indicates that older women with large and strong social networks often have high levels of education, good health, and higher incomes than those with weaker social networks (Keating et al., 2005: 26). Elders use their social ties to form support and care networks and meet their daily needs (Keating et al., 2005: 25, 26). People with large networks featuring many women and family members are most likely to receive care and support when needed. As

researchers warn, weak networks may be too fragile to support intensive caregiving (Keating et al., 2005: 26, 27). While these findings bode well for privileged older women, Keating et al. do not address marginalized groups, such as older female ex-prisoners, who may lack social capital.

Maidment (2006: 6) noted the value of interpersonal relationships and social supports for reintegrating women in Newfoundland. She found that reintegrating women often lack strong social networks: many have experienced family breakdowns linked to past abuse and institutionalization, and have troubled intimate relationships (Maidment, 2006: 115-119). Women with supportive families credited the assistance and material services they received for their ability to “make it” on release (Maidment, 2006: 115, 116). Abusive, problematic relationships are a hindrance instead of a source of support, reinforcing findings that antisocial ties constitute social capital, but are hurtful, not helpful (Maidment, 2006: 117; Reisig et al., 2002: 181). Instead of resuming troubled relationships, some reintegrating women forge connections with the parole officers and outreach workers who assist them. These relationships can also be difficult: parole officers are involved in women’s lives for a fixed period of time, leaving women feeling abandoned at the end of their supervision. Parole officers enforce release conditions and exercise control over ex-prisoners, making it difficult or impossible for women to develop trusting relationships with them, as sharing information could jeopardize their releases (Faith, 1993: 170; Maidment, 2006: 119-122). Despite these challenges, parole officers can provide access to resources, referrals, and assistance, making an ex-prisoner’s relationship with her parole officer very important (O’Brien, 2001: 292).

Canadian research warns that after age 41, parole adjustment declines as older prisoners have weak social networks and low social capital (CSC, 1998: 82). After long

stays in prison, they are more likely than younger prisoners to lack employment skills, friends, family connections, and knowledge of available assistance, creating fears about their chances for success (CSC, 1998: 80, 82; Wahidin, 2002: 184). These problems are difficult to resolve; older Canadians have more difficulty making friends and forming new relationships than younger adults: 14% of this group reported having no close friends, and 10% reported having no friends (Turcotte and Schellenberg, 2007: 144). Aday warns that familial social capital may be less useful for older ex-prisoners than other reintegrating populations, especially for older prisoners who are ill; their families often lack the resources, strength, energy, and time to provide care for them after their releases (Aday, 2006: 214). The infantilizing experience of prison can cause difficulty for older female ex-prisoners in the outside world, where they are expected to be caregivers instead of being cared for (Health Canada, 1999: 1; Wahidin, 2004: 170). Beyond these studies, literature on integration and reintegration explores the environment encountered by ex-prisoners, available community supports, and predictors of successful release.

Community Reintegration: Context and Challenges

As sites of reintegration, communities are central to ex-prisoners' lives. Their specific characteristics can greatly affect reintegration experiences. This section discusses Canadian research on ex-prisoners' reintegrations. As little experiential information exists, it pays particular attention to the socio-political context of reintegration, and provides aggregate data on who is being released from prison.

Canadian women's reintegration experiences have been explored by several researchers. Shaw (1991) interviewed non-aboriginal women on conditional release for CSC before the preparation of the *Creating Choices* report, which examined federally sentenced women in Canada. While her study is now rather dated, no subsequent

research has gathered similar comprehensive, qualitative data. She noted that women struggled in their communities because release planning and community resources were lacking (1991: ii, 5, 6). Few services exclusively for women existed, most of which were offered by non-governmental organizations (Shaw, 1991: 6). The women identified many problems which commonly appear in the literature, including trouble finding jobs and appropriate housing; low incomes; and limited family contact and support (Shaw, 1991: 12-19). Shaw encouraged changing all aspects of the reintegration process to provide women with more support and flexibility to enhance their autonomy and chances of success (Shaw, 1991: 25). The Office of the Auditor General (OAG) assessed CSC's handling of women's reintegrations in 2003, finding that community services are still lacking; the problems Shaw identified have not been addressed (OAG, 2003: 2, 17).

In a recent study, Maidment (2006: 4) examined the socio-political context of reintegration in Canada. For individuals living in exclusion and marginal circumstances, (re)integration may be a time of developing their first connections to their communities (Maidment, 2006: 34; Richie, 2001: 381). While women experience less direct control from the criminal justice system after prison, they are still monitored via probation and parole regimes, as well as mental health, welfare, and child protection services (Maidment, 2006: 130, 137-139). They face excessive state controls, as their "needs" for survival and success in the community are seen as "risks" by correctional authorities (Hannah-Moffat, 2006: 252, 260). Most women do remain in their communities after their releases, especially those who faced fewer social controls before entering prisons; they view their reintegrations as successful despite the continued presence of state controls in their lives (Maidment, 2006: 5, 6). Other research indicates that reintegrating ex-prisoners face challenges of poverty, hostile environments, and restrictive state controls. Holtfreter et al. (2004: 200, 209) found that women's chances for successful

reintegration improve as they receive more state assistance, including subsidized housing, education, and welfare. American ex-prisoners with felony convictions face great stigma, leading some to become hostile toward their communities and state supervision (Uggen et al., 2004: 280, 283). Ageism exacerbates these challenges for older prisoners (CSC, 1998: 81). While successful reintegration is most likely in well-resourced, supportive communities, these “helping” communities and services exert control over women through child welfare, mental health, and social assistance regimes (Maidment, 2006: 130-139). Further, these services are often located in economically disadvantaged areas; accessing them places women back in the situations that led to their criminalization (Maidment, 2006: 127).

In order to experience reintegration, women must first be released from prison. Except for health-related needs, older prisoners have fewer risks and needs in the community than younger prisoners, making them appear to be better candidates for release. They are, however, less likely to be granted parole as they score poorly on assessments geared to younger prisoners (CSC, 1998: 55, 56, 80). Special programs, supportive environments and extensive planning to facilitate elders’ releases have long been advocated (Gallagher, 1990: 262, 263). Older prisoners have high post-release success even though researchers indicate that reintegration becomes more difficult with age (CSC, 1998: 81, 82). Women also face specific challenges on release. As notions of “risk” and “need” are often conflated, women are penalized for their subordinate positions in society, are often denied release, and do not receive appropriate, concrete assistance (Hannah-Moffat, 2006: 256; Holtfreter and Morash, 2003: 49, 50; Richie, 2001: 380; Reisig et al., 2006: 397, 398).

Harm and Phillips (2001: 19) note that risk assessments cannot easily predict which women will succeed on release due to their intersecting risk factors and variations in community contexts. Despite this, the National Parole Board is more likely to release women than men, and they are more likely to complete their parole terms. In 2005-6, 88.2% of female day parole applicants and 71.5% of full parole applicants were released; the respective figures for men were 73.1% and 43.2% (PSEPC, 2006: 76). Women are usually released earlier than men, serving 4.5% less of their sentences before day parole and 3.1% less before full parole in 2005-6 (PSEPC, 2006: 81). In 2005-6, the average woman served 29.1% of her sentence before receiving day parole, and 36.7% before receiving full parole (PSEPC, 2006: 82). While men are more likely to succeed on day parole (83.7% versus 82%), women are more successful on full parole (77.7% versus 70.2%) and statutory release (63.1% versus 58.9%) (PSEPC, 2006: 89). Women are more likely to be released, but their reintegration potential is limited as CSC grants few temporary absences (OAG, 2003: 15). The successes of older ex-prisoners and women in the community make older female prisoners' releases seem especially promising; researchers state that this population should have the best chance of reintegrating successfully (Williams and Rikard, 2004: 135). Challenges, however, exist for all reintegrating ex-prisoners.

After prison, ex-prisoners face the same challenges they experienced before imprisonment, plus new difficulties arising from their criminalization (Maidment, 2006: 102). Women who have benefited from temporary absences and gradual releases must try to adjust to how the outside world has changed during their isolation in prison (Wahidin and Moss, 2004: 93). Women without these opportunities must immediately adapt from the prison to the community, not knowing what they will encounter. Some researchers argue that women struggle more than men during reintegration: they are

less likely to find work, earn a living wage, or be supported by a partner, placing them in the same poverty which led to their initial involvement in the justice system (Holtfreter et al., 2004: 187, 188; Severance, 2004: 75). They may be isolated and have weak social ties due to the strains imprisonment places on their families and friends, and they face social burdens as they try to regain trust and respect (Harm and Phillips, 2001: 10-12; Reisig et al., 2002: 182; Richie, 2001: 378, 379). Women often fear relapsing into the habits and lifestyles that led to their criminalization. Any "gate money"¹ received poses a dangerous temptation for women with addiction problems (Severance, 2004: 79). Older prisoners worry about being accepted, feeling that rejection in the community could be the most painful part of their sentences (Wahidin, 2002: 184). Reintegration brings fear and excitement, as well as unknown challenges and opportunities.

Reintegrating ex-prisoners face many simultaneous, urgent problems which make coping difficult (Richie, 2001: 380, 381). Upon release, women lack jobs, money, and proper identification, making their first days in the community very stressful (Robinson, 2003: 50). Maidment (2006: 104) notes that finding affordable and safe housing is critical, representing a key factor determining women's success on release. Finding employment is also challenging; women tend to be segregated into casual and part-time jobs which provide only minimal levels of income (Maidment, 2006: 106, 107). Reintegrating women see reconnecting with their families as vital, although the inherent caregiving demands and responsibilities create challenges rarely faced by men (Harm and Phillips, 2001: 10-12; Richie, 2001: 378, 379). Women often encounter hostile community environments, where housing and comprehensive programming are hard to find (Harm and Phillips, 2001; Maidment, 2006; Richie, 2001; Robinson, 2003). These

¹ In Canada, federally sentenced prisoners are given all of the money that they have accumulated while imprisoned upon release. They are released with a minimum of \$50 in hand (Correctional Service Canada, 2003: s. 31).

initial difficulties are compounded as women reach the ends of their sentences: some community supports and resources, including parole officers, are withdrawn as women's sentences end (Maidment, 2006: 134). As Robinson (2003: 92) notes, the lack of available services exacerbates the cutoff of government assistance.

Once again, few experiential accounts of women's reintegrations exist. Women in Maidment's study reported feeling that everyone knew that they were ex-prisoners (Maidment, 2006: 103). They worry about being judged, proving they are trustworthy and having to justify their presence in the community (Harm and Phillips, 2001: 10-12; Maidment, 2006: 102; Severance, 2004: 84, 85). After the infantilizing experience of prison, women often feel overwhelmed and afraid as they readjust to making their own choices and living in an unstructured environment (Maidment, 2006: 102, 103; Robinson, 2003: 52). They attempt to reassume elders' roles and regain the responsibility and respect that often accompany aging in the outside world (Wahidin, 2004: 170). The stark contrast in roles marks a difficult transition: prisons distort women's identities as caregivers, placing them in powerless positions (Wahidin, 2004: 173). Upon release, they must reshape their identities based on their experiences and the environment to which they return. The realities of women's reintegrations deserve further consideration.

Reintegrating in Ottawa

Communities provide varying resources to reintegrating ex-prisoners. As studying reintegration in Canada can only highlight broad social conditions and the effects of federal legislation, I profile the resources available to reintegrating women in Ottawa. The Ottawa region includes the urban centre of Ottawa-Gatineau, as well as many small rural communities. Since most services are based in Ottawa's downtown core, discussions of the community focus on this area.

Reintegrating women are often forced to come to large cities to access halfway house beds, which are unavailable in other areas (Robinson, 2003: 47; Shaw, 1991: 1). Urban halfway houses can help secure a woman's release and provide access to resources, but do not necessarily assist her in reintegrating into her home community or reuniting with her family (Faith, 1993: 170, 171). CSC offers specialized services for reintegrating women in Montreal and Toronto, including specialized units of female parole officers working solely with reintegrating women. These officers have knowledge and experience regarding women's needs and community-based supports (Gagnon, 2004: 13, 14). These specialized services do not, however, exist in Ottawa or in smaller centres. If women leave cities to return to smaller communities, they are left with few resources. While the Auditor General indicates that women need flexible, alternative accommodation plans, CSC believes that the status quo is acceptable, although it has agreed to examine options to accommodate more women (Squires, 2004: 8). Though researchers acknowledge that community programs and strategies are more effective in helping reintegrating women than prison-based programs, these services are rare (Holtfreter and Morash, 2003: 153; Richie, 2001: 384). In Ottawa, community-based programs exist that can serve older women after prison.

Robinson (2003: 92) explored the services available to women reintegrating in Ottawa, finding none exclusively for this group. Community programs are rarely tailored to female ex-prisoners' needs, often assisting women, men, and children, regardless of criminalization (Maidment, 2006: 106-111; Robinson, 2003: 92). Most services are offered by non-governmental organizations. Minwaashin Lodge, a centre for Aboriginal women, men, and children, aids survivors of violence and residential schools, and provides training and employment services (Robinson, 2003: 85). Amethyst Women's

Addiction Centre offers substance abuse day treatment; programs for sexual abuse survivors and problem gamblers; parent-child supports; and health promotion (Robinson, 2003: 80-83). The Elizabeth Fry Society helps women who are, or are at risk of, coming into conflict with the law, providing housing support, living skills, anger management; and workforce preparedness programs (Robinson, 2003: 79). This organization also runs JF Norwood House, the only halfway house for women in the Ottawa area (Robinson, 2003: 68). It is located near many amenities, but cannot serve all potential clients as it cannot accommodate women with physical or mental health problems, and is close to drug dealing, challenging women with histories of substance abuse (Robinson, 2003: 73, 98). This reality reflects Maidment's (2006: 127) finding that the "Not In My Backyard" syndrome relegates services to marginal areas where reintegration is more challenging. As noted, these organizations provide support, but are not specifically for older female ex-prisoners. The usefulness of these services for older female ex-prisoners will be examined through the accounts of program deliverers.

Filling the Gap

This research project addresses gaps within and across these subject areas by examining how older female ex-prisoners negotiate community life, the challenges and opportunities that they face and how they perceive aging and their quality of life. I expect to find that despite the lack of dedicated programs and services for older female ex-prisoners, they can successfully integrate by using available services, forming social ties, and engaging in their communities. I also expect individuals working with and for older women to indicate a need for increased resources, community supports, integrated services, and services tailored to individual needs, including those based on age, health, race, gender, and socioeconomic status. The theoretical bases for collecting and interpreting this information are discussed next.

III. Theoretical Framework

This section explores two theories which shape my study: standpoint theory, which influenced my topic selection and methodology, as well as general strain theory (GST), which I use to analyze the challenges faced by older reintegrating women.

Standpoint Theory

Standpoint theory guided my collection and analysis of data. Here, I explore its emergence by examining critiques of androcentric knowledge regimes. I trace its development through the work of theorists who have helped to create, critique, and shape the theory, and conclude by applying standpoint theory to my own research.

The second-wave feminist movement urged women to view their lives in broader terms, arguing that “the personal is political.” Emerging feminist scholars saw these viewpoints as a new source of data, and developed feminist standpoint theory as a theoretical and methodological tool for translating women’s experiences into knowledge to advance advocacy and academic work (Hartsock, 1983). It challenges dominant androcentric perspectives, creating space for alternative, competing discourses. While often criticized, standpoint theory is commonly used to study lived experiences and power relations in many disciplines, reflecting the intertwined nature of academic fields and the ways in which knowledge transcends narrow categories. Criminologists use standpoint theory to study marginal groups in their encounters with the criminal justice system: as criminalized individuals, victims, prisoners, practitioners, and advocates.

Of note, standpoint theory cannot be traced to a single theorist; it appeared concurrently in varied disciplines, including philosophy, political science, sociology, and the natural sciences. Scholars, including Nancy Hartsock and Dorothy Smith, developed ideas and methods which coalesced into similar but distinct accounts of the theory

during the 1970s and 1980s. While the accounts vary, they all bring women's voices into academia, produce knowledge for women, and support the feminist movement.

Sandra Harding questions the institutions of science and knowledge production, addressing feminist concerns about women's roles in scientific inquiry and androcentric biases. She studies women in all areas of science, advocating for a shift from "the Woman Question in science to the more radical Science Question in feminism" (Harding, 1986: 29). Harding cites five sources of androcentrism relevant to the social sciences. Areas of inquiry are overlooked due to narrow definitions and study methods. For example, under science-as-usual, researchers may not explain behaviour using emotion if they do not see it as a predictive variable (Harding, 1986: 86). Science-as-usual focuses on "official" accounts of social phenomena, ignoring informal structures that also shape society (Harding, 1986: 86). Traditional science assumes a single, homogeneous society where male experiences are universal, masking differences between men's and women's realities and leading to false generalizations about women (Harding, 1986: 87). It fails to explore the role of gender in determining behaviour (Harding, 1986: 89). Finally, Harding criticizes how science-as-usual loses and overlooks valuable data (1986: 90). Harding explores three trends challenging androcentrism: feminist empiricism, feminist standpoint theory, and feminist postmodernism (Harding, 1986: 24).

Feminist empiricism, Harding argues, does not make science more egalitarian. It blames "bad science" for problems with knowledge, not challenging "science-as-usual" (Harding, 1986: 24, 25). Harding, however, indicates that science-as-usual is a problem, noting that social movements, including anticolonialism, antiracism, and gay and lesbian movements, have overturned research once considered to be "good science," leading to dramatic social and scientific changes. She argues that feminist science could cause

similar changes (Harding, 1986: 25). Therefore, Harding dismisses its potential to radically transform knowledge. She also explores feminist postmodernism, which, along with deconstruction, structuralism, and psychoanalysis, challenges traditional epistemologies, including feminist empiricism and the feminist standpoint (Harding, 1986: 27). The theory explores the abstract, fractured identities, and “difference;” rejects universalizing claims and concrete realities; and questions how to explain and interpret experience (Flax, cited in Harding, 1986: 154; Harding, 1986: 28). It critiques empiricist and standpoint approaches by challenging binaries, such as male and female, white and non-white (Harding, 1986: 163). Harding next considers feminist standpoint theory.

Harding sees feminist standpoint theory as, “a distinctive feminist science in a theory of gendered activity and social experience,” describing it as a successor science project which challenges science-as-usual and examines links between power and knowledge (Harding, 1986: 141, 142, 382). While accounts of standpoint theory vary, Harding outlines five of its key assumptions. It states that women’s labour requires mental, physical, and emotional energy, noting the nature of women’s work and their immersion in it (Harding, 1986: 142). It explores women’s productive and reproductive activities and processes of gendered identity formation (Harding, 1986: 146, 151). Standpoint theory rejects both absolutism and relativism, situating knowledge between these extremes (Harding, 1986: 155). Finally, standpoint researchers work from new perspectives arising from social change (Harding, 1986: 158). While not endorsing the theory, Harding notes that it attacks the “objectivity” of science-as-usual, praising it for arguing that researchers’ social identities are integral to their work (Harding, 1986: 26). Before its critiques are examined, I further explore standpoint theory through the work of Nancy Hartsock and Dorothy Smith, outlining the theory, its development, and its use.

Nancy Hartsock began outlining standpoint theory in political science in 1975, seeking to challenge hegemonic white, male, bourgeois conceptions of reality (Hekman, 1997: 342, 343). Her 1983 book, *Money, Sex and Power: Toward a Feminist Historical Materialism*, likely the best known account of standpoint theory, explores how gendered domination is produced, constructed, maintained, and understood. Hartsock sees standpoint theory as a way to create a more realistic, less biased view of society, problematizing conceptions of power and power relations (Hartsock, 1983: 1, 2).

Hartsock's use of language and key terms is particularly important. She employs the "feminist standpoint," indicating that female standpoints, composed of women's experiences and knowledges, must be interpreted and analyzed to become feminist standpoints (Hartsock, 1983: 232). She uses the term "sexual division of labour" instead of "gendered division of labour" as her theory is modernist, relying on concrete experiences unique to women, such as the ability to produce offspring (Hartsock, 1983: 233). While acknowledging that women's lived realities are diverse, Hartsock creates a woman-man binary, arguing that the feminist standpoint draws on female experiences which transcend any possible divisions within the category of "woman" (Hartsock, 1983: 233). These concepts shape her work and also fuel many critiques of the theory.

Hartsock presents standpoint theory in relation to historical materialism. While Marx implicitly acknowledged women's exploitation by men, he focused solely on class-based exploitation (Hartsock, 1983: 147, 148). Hartsock praises historical materialism for highlighting and critically examining the roles of money and power within society, but criticizes it for overlooking gendered exploitation (Hartsock, 1983: 1, 149). She notes that this approach complements the women's movement, which problematizes both money and power (Hartsock, 1983: 8). Hartsock uses two of Marx's key ideas in her

own work. She agrees that the knowledges and discourses of the dominant group and those of oppressed groups vary due to differences in lived realities: dominant ideologies are partial, subjective, and unrepresentative of marginal groups (Hartsock, 1983: 8, 9). Hartsock also agrees that bourgeois viewpoints describe society's outward appearance, while the proletariat standpoint exposes latent social realities (Hartsock, 1983: 9). Hartsock adds gender to Marx's work, placing women in a third, subordinate tier in his social hierarchy (i.e., bourgeois – proletariat – women) (Hartsock, 1983: 10). Using this model, she argues that women's standpoints provide the least distorted views of society. Her work has become the best known version of standpoint theory, although other theorists, including Dorothy Smith, have also been influential.

Dorothy Smith, for her part, critiqued knowledge production in sociology in the 1970s. She reflects feminists' concerns, stating that researchers working from women's positions ask different questions and value different aspects of the social world (Smith, 1974: 7). She indicates that women's realities are seen as unimportant; men's views are universalized as "normal science" (Smith, 1974: 7). Smith challenges scientific "objectivity" by situating researchers in the social world, noting that their biases, as well as dominant modes of inquiry, do not allow them to understand others' positions (Smith, 1974: 9, 12). She also highlights the hegemony of academia: researchers producing nontraditional work must present their findings in the institutions they challenge to be acknowledged, preserving the status quo and devaluing alternative epistemologies (Smith, 1974: 9). Smith departs from traditional sociology, demonstrating the value of alternative standpoints and bringing a new method of inquiry to the social sciences.

Smith describes the theory and methodology used to implement the standpoint approach in her book, *The Everyday World as Problematic: A Feminist Sociology*. It

chronicles her experiences as a feminist researcher investigating women and her use of standpoint theory (Smith, 1987: 181-185). For Smith, feminist sociology creates spaces for absent female subjects. Unlike Hartsock, she notes that minorities, the working class, and lesbian and gay communities are also absent subjects (Smith, 1987: 107). Smith examines topics that are central to women's daily lives and which they find valuable. Her research and analyses break new ground, studying women's perspectives as women, not as women in relation to men (Reinharz, 1992: 52). As feminist sociology looks away from existing knowledge, it makes a broad exploration of the social world instead of seeking a specific answer to a single research question (Smith, 1987: 106).

Smith uses "institutional ethnography" to examine minority vantage points, contextualizing them by mapping the social terrain and the institutions within it (Smith, 1987: 151, 175). Institutional ethnographies examine individual realities, connect them to social structures, and situate them in the social world. She uses it to examine all the social features relevant to women's work, exploring ideologies; daily activities; and work processes and relations as social courses of action (Smith, 1987: 165-167). Smith links women's lived realities and unpaid labour to the social structures, relations, and processes of the school, problematizing both gender and class (Smith, 1987: 176, 183). She notes the reliance on female labour for socializing children and supporting school routines and activities, classifying all women's activities, including those which are overlooked and unpaid, as "work." Like Hartsock, Smith uses women's experiences to critique social structures, but also interviews administrators, teachers, and school board officials, exploring social relations from new perspectives (Smith, 1987: 184, 185). She uses triangulation to problematize gender and class, offering a groundbreaking view of women's work and a methodology for social scientists.

While using standpoint theory to study minority viewpoints, Smith warns against generalizing these positions, noting that the theory should bring “subjects” back into research and challenge existing knowledge, not create universalisms (Smith, 1987: 107). Smith’s concerns also extend to her participants, who are included in all aspects of her study. She notes the importance of privileging their voices and views, allowing them to remain as knowers and actors within her work (Smith, 1987: 105). In contrast, dominant methodologies only view situations from researchers’ perspectives, often ignoring or devaluing women’s experiences (DeVault, 1996: 33; Smith, 1987: 114). Smith’s work is neither limited by her own framing of issues, nor constrained to one analytic perspective. She collects and analyzes women’s experiences, studying their problems and concerns (Smith, 1987: 184, 185). Her techniques, which create knowledge by women, for women, and about women, have been adopted by many, garnering praise from feminist researchers and activists (Reinharz, 1992: 204).

Critiques and Contemporary Developments

Standpoint theory lost academic prominence throughout the 1990s, as Marxism declined in popularity and credibility (Hekman, 1997: 341, 342). Postmodernism and poststructuralism displaced concrete, modernist perspectives: “difference,” individuality, and the impossibility of generalizations became topics of debate, problematizing notions of the “self,” “truth,” and intentionality (Hawkesworth, 1999: 135; Hekman 1997: 342). Sandra Harding, Mary Hawkesworth, Patricia Hill Collins, and Chandra Talpade Mohanty, among others, have challenged standpoint theory, proposing thoughtful critiques, alternatives, and modifications to the theory.

In *The Science Question in Feminism*, Sandra Harding both praises and criticizes standpoint theory, noting that feminist knowledge must challenge science-as-usual. She

warns that by using existing categories and constructions, such as “woman,” the theory supports and reifies existing power structures; sustains false binaries and categories; ignores shifting concepts; and overlooks silencing within the feminist movement (1986: 172, 174-178). Harding’s strongest criticism, however, is directed toward theorists who invoke universalisms, ignoring women’s fractured and multiple identities. Women identify with multiple categories into which they can fit their experiences (e.g., female and black), divisions ignored by standpoint theory (Comack, 1999: 290; Harding 1986: 163). Harding attacks Hartsock’s “feminist standpoint” for universalizing female experiences, arguing that it creates hegemonic knowledge. She notes that a woman’s life experiences differ from constructed feminist knowledges; feminist knowledge is politicized and tied to social forces (Comack, 1999: 291). Further, Harding indicates that women’s existences are shaped by social discourses which must be considered and acknowledged in standpoint approaches (Harding, 1997: 388).

While voicing many criticisms, Sandra Harding supports and defends aspects of standpoint theory. In her book, she separates standpoint epistemologies from relativism, explaining that research from feminist perspectives, while rejecting outright objectivity, still makes and tests claims, creating knowledge that is as plausible as that generated by traditional epistemologies (Harding, 1986: 27). In later works, she notes that it helps to advance alternative discourses, producing multiple, competing truth claims which allow women’s viewpoints to emerge, creating knowledge that readers can critically evaluate (Harding, 1997: 383). While not fully endorsing standpoint theory, Harding indicates that it is an alternative to science-as-usual. She argues that researchers should embrace the inherent tensions in alternative theories to better understand feminists’ goals for science and to create more egalitarian knowledge (Hawkesworth, 1989: 537).

Mary Hawkesworth (1989, 1999) summarizes some major critiques of standpoint theory, indicating that it is a subjectivist approach to knowledge. She supports Sandra Harding's criticisms, noting a "...profound skepticism about the ability of any particular group of women to 'know' what is in the interest of all women" (Hawkesworth, 1989: 534). Hawkesworth (1989: 536) questions the theory's attempt to preserve "unmediated truth" while stating that all knowledge is partial and incomplete. As the standpoint approach can neither objectively evaluate knowledge claims and examine the fallibility of "knowers;" nor discriminate between competing claims, she states that it is too weak to be considered a theory (Hawkesworth, 1999: 135, 136). Hawkesworth indicates that it is further limited by accepting multiple standpoints; normalizing plurality in thought and experience; and dismissing objectivity (Hawkesworth, 1999: 136). Hawkesworth does not, however, completely reject the standpoint approach, seeing its merit as an analytic tool (1999: 135, 136). She argues that its analysis of power relations and group positions offers researchers a method for critically examining standpoints, competing discourses, and "truth" claims advanced by different groups (1999: 136, 152, 153). Hawkesworth does not support the approach, but recognizes the value of its attempts to problematize power relations and bring forward alternative knowledge claims.

Patricia Hill Collins highlights race, as well as class and gender, as interlocking systems of oppression, exploring social relations of dominance and resistance (Collins, 1991: 225). Collins studies Black women's standpoints, but notes that intersecting, overarching systems of domination affect all minority groups (Collins, 1991: 225). She argues that oppression functions on several distinct levels: the level of the individual or the "personal biography;" the group level of cultural context, where she creates standpoints; and the level of systematic social institutions (Collins, 1991: 227). Each level contains individuals in dialogue with each other and embedded within social

structures (Collins, 1997: 379, 380). Collins also explores domination, power, and resistance, arguing that Black women resist race, class and gender structures at all of the levels on which oppression operates (Collins, 1991: 229). Resistance involves rejecting dominant paradigms in favour of alternatives, and is exemplified in the work of Black musicians, writers, and artists who subvert dominant culture and explore cultural knowledges through art (Collins, 1991: 231). While Black and Afrocentric epistemologies are not widely accepted, they are validated by alternative knowledge structures, such as Black feminist thought.

Collins, like Dorothy Smith, aims to create an accessible body of knowledge which is accepted by and available to researchers and the groups they study (Collins, 1991: 232; Smith, 1974: 9). As Collins indicates that using traditional academic structures to theorize from lived experience devalues alternative knowledge structures, she uses standpoint theory to highlight the value of these alternative systems (Collins, 1991: 203). Collins rejects the idea of a single female “truth,” noting the role of dialogue and discussions in the standpoint approach to create an inclusive, participatory environment (Collins, 1991: 236). She uses standpoint theory to show how knowledge is central to maintaining and changing power systems (Collins, 1997: 375).

Chandra Talpade Mohanty critiques feminist theory and methodology, especially depictions of “third world women.” She problematizes how researchers force women’s knowledge into artificial, constructed categories, noting that these constructions are not only false and misleading, but their perpetuation also affects women’s lives (Mohanty, 1997: 255). Standpoint theories depict “third world women” as a homogeneous group, ignoring divisions based on physical and social location; race; religion; and culture. These constructions, resulting from white western feminists’ domination of the women’s

movement, silence women from other cultures and backgrounds (Mohanty, 2003: 501). She urges researchers to study the macro- and micro-politics affecting women, as they are key to understanding women's lives in developing countries (Mohanty, 2003: 501).

Mohanty notes that the term "woman" is used as a binary, always subordinate to, or in opposition to, another group. Women are portrayed as victims of male violence and power; dependent on men or development organizations; or as underprivileged in relation to western women, depictions that rob women of agency and control in their lives (Mohanty, 1997: 260, 270). In her later work, Mohanty argues that feminist theory needs to reclaim its activist roots, motivations, and goals to generate knowledge and form bonds that can help all women (Mohanty, 2003: 508, 509). She wishes to create a global forum for women's voices, promoting individual agency without hierarchies (Mohanty, 2003: 509). Mohanty reconnects theory and activism, demonstrating the value of activist approaches, such as standpoint theory, in creating positive change.

Standpoint Theory Today

Contemporary standpoint theorists acknowledge that identities are formed along multiple lines, making social locators such as race, class, and nationality all valid bases for standpoints (DeVault, 1996: 44). Tensions remain, however, about the knowledge created: while the theory can define group positions and realities, studies using personal points of view examine individual lives, limiting objectivity and generalizability (Collins, 1997: 376; Comack, 1999: 288). Researchers must decide if individual experiences represent larger phenomena, or merely single, subjective accounts. Standpoint theory, like all theories, produces partial knowledge, limited by the researcher's questions; participants' responses; and how the results are interpreted, analyzed, and presented (Comack, 1999: 296, 297; Reinharz, 1992: 139-141). While no longer central in

theoretical debates, the theory is often used in the social sciences, including criminology (Comack 1999; Smith, 1997: 392). People who are involved with the justice system confront a patriarchal, bureaucratic system designed to ignore individual difference; standpoint approaches help to create competing discourses (Comack, 1999: 300, 301). Narratives, interviews, and biographies linking personal stories to broad social structures are used by many criminologists to advance competing discourses.

Margaret Shaw (1991) used a standpoint approach to interview federally sentenced women across Canada, bringing their situations and perspectives to the Task Force on Federally Sentenced Women. To date, this remains the only Canadian in-depth, qualitative, national survey of female prisoners and ex-prisoners. Kathleen Daly (1992) used standpoints to examine the factors and social locations serving as pathways into the justice system. The structural factors placing women "in trouble," including poverty, racism, and gendered discrimination, are outlined by Elizabeth Comack (1996). Patricia Monture-Angus (1995), a Mohawk academic and lawyer, presents her own standpoint on academia and the justice system through oral history, highlighting the discrimination and racism faced by Aboriginal Canadians. Female prisoners' narratives, as well as the physical and mental hardships of the prison, are explored in the work of Sylvie Frigon (2003a). She also interviewed women who have murdered abusive partners to bring forward their stories and circumstances (Frigon, 2003b). International researchers, including Maureen Cain, Beth Richie, and Azrini Wahidin, also use women's standpoints to examine the justice system, imprisonment, and reintegration. Advocacy and alternative fora have also proven successful in advancing standpoints: individuals can share their personal narratives in fora such as the *Journal of Prisoners on Prisons* and through organizations including the Elizabeth Fry Society and the Association in Defence of the Wrongfully Convicted, all of which help to maintain

standpoint theory's connections to activism.

Comack likens the performance of standpoint theory to quilt-making: the researcher weaves together stories and individual accounts to find linkages between them, and to make a coherent whole from many partial accounts (Comack, 1999: 300). The knowledge that is produced is then put forward as knowledge 'for' women that is also knowledge 'about' women and aims to change society.

Standpoint Theory and Older Women

Dorothy Smith argues that women's concerns must be reflected in research topics and methods. Standpoint theory's feminist roots challenge researchers to create knowledge 'for' women, instead of just more knowledge 'about' women (Comack, 1999: 288). Feminist research must be valuable for women, non-exploitative, and should "give something back" to the groups studied (DeVault, 1996: 33, 38). I seek to fulfill these ideological goals through listening to participants and presenting their viewpoints.

By interviewing professionals who work with older reintegrating women, I examine older women's lives, the agencies helping them, as well as the structural forces they encounter. Their varied professions and clientele help to ensure that some of the diversity present in the category "older women"² can emerge. The professionals have a privileged knowledge of older women's experiences due to their day-to-day involvement in various capacities in older women's lives. They constitute a "marginal" group in the sense that they all work for nonprofit agencies, and have insights that challenge the dominant discourses on reintegration. I do not attempt to create a universal account of

² "Older women" are a diverse group, including women with disAbilities, health concerns, varying racial and ethnic backgrounds, different socioeconomic statuses, and unique life histories.

women's reintegrations; rather, I highlight challenges faced by older women reintegrating in Ottawa. My analysis privileges respondents' knowledge, linking their accounts to theory and research. While my analysis describes broad themes, I include the participants' voices to ensure that individual insights and opinions remain within the standpoint. The applications of my research also fit with standpoint theory: as I provide detailed information about older women's reintegration needs, my work will be useful for women, activists, and academics. The participants advance academic knowledge by providing me and other researchers with valuable information and insights on older women's reintegrations.

General Strain Theory

This brief section outlines general strain theory (GST), exploring the stresses and strains people encounter in society and their responses to strain. I use the theory to analyze the reintegration challenges women face.

General strain theory is an outgrowth of earlier strain theories, advanced by theorists such as Robert Merton, Albert Cohen, Richard Cloward, and Lloyd Ohlin. These theories focused on young males who could not attain socially valued goals, including employment, monetary success, and middle-class status, and their responses to these situations (Agnew, 1992: 47-49). Problematic peer relationships were cited as a primary source of strain, while violence, escapism, drugs, and deviance were seen as mechanisms for coping with and reducing strain (Agnew, 1992: 49, 50). These theories are criticized for viewing strain too narrowly and for ignoring race and gender (Agnew, 2001: 323; Eitle, 2002: 429; Slocum et al., 2005: 1074).

Instead of focusing on one type of strain, GST identifies three major sources of strain, starting with the failure to achieve socially valued goals. This element, which stems from earlier theories, includes three subtypes: failure to achieve one's aspirations, failure to achieve societal expectations, and experiencing unjust treatment (Broidy and Agnew, 1997: 277). It explores failures to meet both one's own aspirations and expectations, with the latter seen to be more stressful due to the concrete nature of expectations (Agnew, 1992: 51, 52). Strain also occurs when one faces unfair outcomes (Agnew, 1992: 53). Agnew creates two new categories: the withdrawal of positive stimuli and the presence of negative stimuli; which he considers to be key because individuals are more likely to act on a direct stimulus (e.g., the presence of an abuser), than an abstract concept (e.g., failing to achieve socially valued goals) (Agnew, 1992: 57; Broidy and Agnew, 1997: 277). People face stress when they lose positive rewards, such as the loss of a job or the death of a family member, or when they are exposed to negative stimuli including discrimination, abuse, or victimization (Agnew, 1992: 58).

Strains are categorized into two types based on their impacts. Agnew defines objective strains as those which everyone finds stressful and upsetting. In contrast, subjective strains vary in intensity and affect between individuals (Agnew, 2001: 320-322). Through this differentiation, he accounts for subjective differences in experiences of strain. People are more likely to negatively respond to strain when the stressors they experience are recent, high in magnitude, and long-lasting (Agnew, 2001: 323). Strain leads to anger, causing people to act in antisocial or self-destructive ways.

General strain theory states that individuals react to strains with anger and negative emotions and display gendered coping strategies, ranging from deviance to depression (Sharp et al., 2005: 134, 138). Men often direct their anger outward in

displays of outrage, aggression, and deviance (Broidy and Agnew, 1997: 282). For women, however, self-destructive emotions, substance abuse, and isolation are more common, as they fear the impacts of their anger on others (Eitle, 2002: 430, 436; Jang, 2007: 531; Sharp et al., 2005: 147). Broidy (2001: 27) agrees, stating that women usually internalize anger or vent it through legitimate channels. Researchers argue that women face more strain than men in everyday situations, and are affected by different types of strain, identifying social inequality as a stressor (Broidy and Agnew, 1997: 278). Women's subordinate position within western society exposes them to financial strains linked to underemployment and single parenting; familial strains from responsibilities as primary caregivers and housekeepers; and negative stimuli due to race and gender-based discrimination in society (Broidy and Agnew, 1997: 279; Agnew, 1992: 57).

Agnew (1999) also uses GST to link communities and strain: disadvantaged communities attract and retain strained individuals, produce strain, and foster criminal responses. These communities and their residents lack financial, economic, and social resources, making strain prevalent (Agnew, 1999: 126, 127). Strain becomes a social concern: neighbourhood residents are often preoccupied with each other's adversity; this process of lateral surveillance amplifies personal problems and increases the challenges of coping with strain (Agnew, 1999: 142). Strained neighbourhoods also have low social capital, social cleavages, and damaged relationships between residents (Agnew, 1999: 139, 144). As neighbourhoods are sites of reintegration, exploring the stressors present in the environment will help to contextualize older women's reintegrations.

Existing criminological literature examines the difficult situations and competing demands ex-prisoners face, which make coping with preexisting strains more difficult (Holtfreter et al., 2004: 187, 188; Richie, 2001: 380, 381). During reintegration, older

women face new and intense emotional strains: they must redefine themselves as ex-prisoners and as aging adults; redevelop relationships with family and friends; and cope with the stigma of their criminalization. Older women face financial strains, struggling to meet their daily needs (Severance, 2004: 75). These strains all fit into Agnew's model, representing negative stimuli and possibly indicating a failure to meet expectations. Strain theory's broad nature, and its applicability to communities and women's lives, makes it useful for exploring reintegration in Ottawa.

Now that I have described the perspectives I employed in my study, the following chapter describes how I conducted my research.

IV. Methodology

While the most accurate information about older women's reintegrations comes directly from the women, those who work with them can provide insight on their lives. This chapter explains how I collected and analyzed this data, outlining my research design, theoretical structure, key concepts, and participant selection and recruitment methods. I also present background information about myself and the participants.

Situating the Researcher

Researchers choose what to study, how to collect data, and how to interpret and present the results, giving them power over participants (Harding, 1986: 26; Harding and Norberg, 2005: 2012; McCorkel and Myers, 2003: 200; Stanley and Wise, 1993: 150). To address issues of perspective, and allow readers to evaluate their work, researchers must identify their own positions and biases (Deutsch, 2004: 891; Stanley and Wise, 1993: 164). In this spirit, I must disclose that I experience the societal benefits tied to having white skin, a middle class upbringing, a university education, and good health. My research interest stems from my job history, volunteer work, and education. I have not had contact with prisoners and ex-prisoners, and have yet to experience age-related challenges. From this position, I explore realities vastly different from my own (Comack, 1999: 298). The influence of my position on participants' narratives will not be self-evident and cannot be predicted (Phoenix, 2000: 208, 213-216; Reinharz, 1992: 26, 27).

Research Design

This research seeks to describe the situation faced by older reintegrating women in Ottawa through examining the views of the professionals who serve them as well as services available in the community. Little information exists on this topic, none of which is specific to the Ottawa area. I used a qualitative, exploratory research design to produce a basic understanding of older women's reintegrations (Crouch and McKenzie,

2006: 491, 492). I attempted to generate concepts and themes, describing the social world without making causal statements (Crouch and McKenzie, 2006: 488-490). Qualitative methods are used in feminist research as they value women's experiences, encourage interaction between the researcher and participants, and examine overlooked knowledge (DeVault, 1996: 34, 37; Reinharz, 1992: 135). Exploratory, qualitative methods are used for researching small populations, when little is known about a topic, and to gather subjective, detailed information (Berg, 2003: 3-11). Quantitative research, while possibly creating generalizable results, would have required a larger sample and catchment area, and would not capture the nuance of individual accounts. It is impractical for this study due to the small number of older female ex-prisoners, their reluctance to participate in research, and the resources required.

I conducted semi-structured interviews, allowing participants to develop personal narratives of their experiences. The insights gathered from narratives allow the views of marginal populations to be brought into academia (DeVault, 1996: 33; Reinharz, 1992: 126, 127). Narratives are often used to highlight the experiences of older and relatively powerless individuals: two groups that intersect in my study (Reinharz, 1992: 135, 141). While narratives are often criticized for being subjective and not generalizable, they are appropriate for my study as I wish to explore individual experiences, focusing my analysis on themes and broad examinations of phenomena (Crouch and McKenzie, 2006: 488; Reinharz, 1992: 132, 133). Semi-structured interviews enabled me to collect participants' experiences, impressions, thoughts, and feelings. The lack of a strict interview structure and the small number of questions asked enabled participants to discuss ideas, experiences and issues that they found important, minimizing my control over the interviews (DeVault, 1996: 33, 37). My direct interaction with participants permitted me to respond to their nonverbal cues, eliciting a richer narrative (DeVault,

1990: 107, 108). A leading statement and five open-ended questions were created to highlight key concepts identified in the literature, allowing participants to consider these ideas in their narratives.

The collection and analysis of data for this research are guided by standpoint theory. The theory emerged in the 1970s as a way to bring women's voices into academia and challenge existing knowledge. The theory is influenced by feminism and Marxism, acknowledging that individuals who have subordinate statuses view society from a different perspective. Researchers using this theory ask different questions and consult non-traditional sources to create alternative knowledge. Standpoint theory is useful for my study as it privileges experience in generating theory (Stanley and Wise, 1993: 56). My interpretation of the theory is inspired by Dorothy Smith, a Canadian sociologist studying social phenomena which women consider to be important. She examines individual women's points of view, but also examines social institutions and structures influencing individuals (Smith, 1987). I planned to use a similar method in my research by interviewing both older women and the professionals who help them, although I eventually decided to interview professionals exclusively.

As standpoint theory aims to hear participants' voices in research, I present the participants' insights in their own words in the analysis chapter. The analysis complements the data collection by using the first-hand knowledge collected to make broader statements and generate theory. By including large text excerpts, I privilege participants' viewpoints and let them "speak for themselves," demonstrating that my analysis fits the data (Comack, 1999: 299). This technique allows readers to evaluate my work and to gain a more comprehensive understanding of my topic. Standpoint theory also considers the applications of research. By sharing my findings with

academics, activists, and participants, I can ensure that the knowledge created is useful “for” women, and not merely “about” them. In this way, my research design fits within standpoint theory’s activist and academic goals.

My research seeks to examine individual viewpoints, as well as the social structures that impact older reintegrating women. Social services and community resources are important components of a woman’s social world. On the suggestion of one of the research participants, I expanded my study by compiling a list of resources that are available to and helpful for older reintegrating women. I gathered data primarily through the interviews, augmenting this information by consulting the Community Information Centre of Ottawa’s (CICO) resource lists³, City of Ottawa services, and non-governmental organizations’ websites. The resource list is included in the appendices.

Sample Selection and Recruitment

I initially planned to interview older reintegrating women as well as the professionals who work with them. To this end, I attempted to recruit a convenience sample of older female ex-prisoners through the Good Companions Centre, the Elizabeth Fry Society of Ottawa, and the Canadian Association of Elizabeth Fry Societies. As older female ex-prisoners constitute a vulnerable population, I did not try to recruit participants through CSC or the Ottawa Parole Office due to concerns regarding coercion. I wrote a recruitment letter which outlined the study’s objectives, what participation would involve, and provided contact information. A copy of this letter is attached in the appendices. The agencies agreed to distribute the information directly, ensuring potential participants remained anonymous unless they chose to contact me.

³ The Community Information Centre of Ottawa publishes the “Blue Book,” a comprehensive directory of community organizations and services (see CICO, 2007).

The Good Companions Centre, a local seniors' centre, placed information notices on their public bulletin boards to solicit interested participants. The Elizabeth Fry Society of Ottawa attempted to contact older female ex-prisoners in Ottawa of whom staff were aware. Unfortunately, contact information for these women was outdated; no willing participants could be contacted. Similarly, no individuals contacted by the Canadian Association of Elizabeth Fry Societies agreed to take part in the research.

After revising the research study, interviews with professionals were used as the sole means of collecting experiences of older women's reintegrations. These interviews focus on the experiences of individuals who work closely with older women and who can provide insight into older women's lives; highlight specific challenges in the community; and link women's experiences to social structures (Crouch and McKenzie, 2006: 490). These participants gave their personal insights as well as describing their clients' situations, enabling me to collect primary and secondary data. Professionals' insights constitute a subjective secondary knowledge source; their ideas and views may not mirror the concerns and experiences of their clients. While they lack first hand experience, however, they may have a better understanding of the social structures confronting older women. My recruitment efforts consisted of writing e-mails, sending faxes, and telephoning many community-based organizations to request their assistance with my project. Of the organizations which responded to my requests, several elected not to participate: some stated that they did not have the resources, and others indicated that they did not feel that they could contribute to the research. I also contacted CSC, but no interviews were conducted with the agency's staff due to delays encountered in the internal ethics review process. Participants were chosen based on their expertise in working with older women.

The organizations which agreed to participate, namely the Elizabeth Fry Society of Ottawa, the Canadian Association of Elizabeth Fry Societies, and Lifestyle Enrichment for Senior Adults (LESA), deliver a diverse range of programs and services and play important roles in older women's reintegration. The Elizabeth Fry Society is the only organization in Ottawa that offers programming specifically for criminalized women. The Canadian Association of Elizabeth Fry Societies advocates nationally on behalf of criminalized women, and also acts as an oversight body to the Correctional Service of Canada. LESA is an addiction service organization working exclusively with older adults. Five interviews were conducted with a convenience sample of workers employed by these nonprofit agencies. Participants work in the areas of advocacy, addictions and mental health, intervention, and reintegration. They assist older women throughout their dealings with the justice system, from before an initial court appearance until long after a woman's release from prison. Of note, all of the participants indicated that they serve all women experiencing difficulty, not solely those in conflict with the law.

Data Collection

When potential participants contacted me, I provided them with additional information, answered any questions they had, and made an interview appointment if they agreed to participate. To preserve confidentiality and minimize the inconvenience for participants, interviews took place at the individuals' workplaces during their regular workdays, and were scheduled at their convenience. Five interviews were conducted between May and November 2007, examining workers' experiences with older female ex-prisoners. The interviews varied in length, usually lasting thirty to forty-five minutes.

Participants were required to sign consent forms before their interviews began. The form detailed the purpose of the study; what participants were asked to do; the

potential risks and benefits; how confidentiality and anonymity are protected; the right to withdraw; and the compensation offered. When participants signed the form, I reiterated that they could refuse to answer specific questions or withdraw from the research at any time. I offered bus tickets as compensation. While the interviews were not expected to cause psychological distress, I provided a list of counseling and crisis services that participants could contact if they felt discomfort or emotional distress after the interview. Both the consent form and resource list appear in the appendices.

While the interviews were largely unstructured, a number of questions were used to guide the discussion and ensure that participants considered the key themes. The questions focused on the participants' involvement with older female ex-prisoners, available programs and services, gaps in services, systemic barriers challenging reintegrating women, and factors that could improve older women's reintegrations. The questions drew attention to issues raised in the literature and the key concepts outlined below. The limited use of questions ensured that the interview remained participant-oriented (Reinharz, 1992: 21). In order to encourage an open dialogue and make the interview more egalitarian, I answered participants' questions about the research project and my own background (Phoenix, 2000: 210; Reinhartz, 1992: 27, 33).

I tape recorded the interviews, enabling me to speak to participants openly and make an accurate analysis afterward (DeVault, 1990: 104, 106). I created full transcripts to facilitate my analysis, preserving the narratives as they were spoken. Including the "messiness" of talk preserves participants' emotions: pauses, self-corrections, and emotional signals all convey information and highlight what is not being said (DeVault, 1990: 109). While I retained participants' words and manners of speaking, I removed identifying details to preserve their anonymity, changing their names to the pseudonyms

they selected. If they wished to, participants could review their transcripts, ensuring their full involvement in the research. Participants who wished to do so were provided with a copy of the transcript and a letter encouraging them to provide clarifications or corrections. As no participant requested changes, I analyzed the original transcripts.

Key Concepts

While all of the participants' insights were of interest, interview questions focused on key areas in older female ex-prisoners' lives: communities, social capital, aging well, quality of life, and successful reintegration.

Social capital was used to explore female ex-prisoners' social interactions in the community, as well as available supports and services. I used Putnam's (2000: 19) definition: "...social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them." This definition focuses on connections among individuals, allowing me to holistically examine physical and virtual networks. Social capital was closely linked to the **communities** within which reintegration occurs. This concept examines elements of the geographic communities, including resources, structures, programs, and services; as well as the social communities (e.g., support groups, networks of friends, and family ties) to which ex-prisoners belong. As social and physical communities may be distinct, I examined all communities which participants felt were important to older women.

Linked in the literature with long-term health (Rowe and Kahn, 1997), social connections (Keating et al., 2005) and physiological functioning (Bourque et al., 2005), the term "**aging well**" is ambiguous in common usage. Some link the term with ability and autonomy, others tie it to physical appearance, and still others connect it to one's

emotions (Clarke, 2001). “**Quality of life**” is similarly subjective, ambiguous and value-laden, varying based on one’s physical and social location. Self-reported life satisfaction and its determinants vary across sex and age distinctions, and are influenced by multiple factors (Bourque et al., 2005: 33, 39). Preset definitions of these terms would reflect my personal biases and could lead me to misunderstand the participants (Riessman, 1987: 172, 173). To reduce the possibility of misunderstanding participants, I asked them to elaborate or clarify their thoughts when they discussed these themes.

The term “**successful reintegration**” is used in various ways by researchers studying different groups (see Harm and Philips, 2001; O’Brien, 2001; Reisig et al., 2006). CSC’s mission statement links this concept to ex-prisoners’ desistance from criminal behaviour, prosocial habits, and employment (CSC, 2007b). This “official” definition is criticized for responsabilizing women for structural inequalities and ignoring their needs (Hannah-Moffat, 2006: 260, 261). Researchers argue that “success” should be defined broadly, encompassing women’s abilities to function in their communities, develop social networks, and grow as individuals (Maidment, 2006: 5, 6; O’Brien, 2001: 291). As the term has multiple meanings, I allowed participants to self-define, discuss and explore the concept.

Data Organization and Analysis

After conducting and transcribing the interviews, I began an initial reading of the transcripts, highlighting participants’ discussions of the key concepts. Subsequent readings increased my familiarity with the narratives, allowing me to refine my analysis. I divided each transcript into segments containing specific ideas, thoughts and insights, which I separated from the text, coded, and analyzed, based on the concepts and

themes present (Crouch and McKenzie, 2006: 492). The interviews focused primarily on barriers faced by reintegrating women, as well as available programs and services.

My analysis included two stages: an initial review of each transcript, and a subsequent analysis combining the different accounts. My initial readings highlighted structures, events, and personal insights which I classified and coded according to a grid of key themes, which is included below. As the analysis progressed, I created several sub-themes. Next, I reviewed the narratives collectively to examine how experiences intersected, overlapped, or contrasted with each other and with existing theory and research. This resulted in a broad picture of workers' experiences which provide an account of older women's reintegrations (Crouch and McKenzie, 2006: 485, 491).

Table 1 – Coding Grid for Professionals' Narratives

Communities	Health and Aging	Social Capital	Starting Over	Successful Reintegration
Safety	Physical Health	Family/ Friends	Stigma	Basic needs
Programs/ Services	Mental Health	Service Providers	Isolation	Integration
Mobility/ Access	Death	Hostile Others		Societal Change

Situating the Participants

Just as I described my own position in relation to this study, it is also important to provide background information on the participants. These brief biographies help to contextualize their narratives. All names and identifying details have been changed.

Mary has worked with five or six older women at JF Norwood House, Ottawa's only halfway house for women. She is in her early thirties, holds a master's degree in criminology and women's studies and self-identifies as a prison abolitionist. She reflected, "Many of the older women we've had stay – it's the first time they came in conflict with the law – um, they don't have a lengthy criminal record, they don't have the stigma...."

Christine is a counsellor in her mid-thirties with the Elizabeth Fry Society of Ottawa. After receiving a master's degree in criminology, she developed and evaluated programs for CSC and provided community programming to criminalized women. Christine has worked with several older women during her career, often encountering new Canadians and women with mental health issues. She noted the diversity of the older women she has met:

Some women have been in conflict with the law over many years, you know. Then you have CAS cases, then you have women who come voluntarily, and then you have a couple of those, you know, middle-class women, they kind of don't fit....

André is an addictions worker at LESA who also self-identifies as a mental health worker due to the interrelation of addictions and mental health. He is in his forties and primarily counsels elders with gambling addictions, some of whom have come into conflict with the law. While some of his clients have had previous encounters with the justice system, André's experiences focus mainly on women who are criminalized for the first time. He notes that, "... for the majority of them, they have never really experienced the law before."

Kim works as an advocate for criminalized women. She is a lawyer and a teacher. As her work focuses on federally sentenced women, many of her contacts are ex-prisoners who have served long sentences and with whom she has developed personal relationships. She states, "I hear from [older] women a lot, I mean the women I've been describing are women who call me fairly regularly." She is in her late forties.

Tania is a Court Programming worker with the Elizabeth Fry Society at the Ottawa Courthouse in her mid-thirties. After studying in criminology and sociology, she worked at JF Norwood House and as a community counsellor. Most of Tania's clients are new to the justice system. She noted the challenges facing many of the women she encounters: "... different life experiences, maybe divorce ... the whole empty-nest syndrome ... they would be isolated ... [m]ental health issues ... [p]overty ... really life altering changes."

The next section explores and analyzes the experiences of these professionals, developing a variety of themes and sub-themes.

V. Analysis

This section presents the insights shared with me by participants. I identify the themes and sub-themes, which differ slightly from the key concepts. Next, I frame the participants' contexts. The subsequent sections explore the themes and sub-themes in depth, linking participants' insights to existing research and general strain theory.

Themes and Sub-themes

Five key themes and fourteen sub-themes emerged through my analysis. The primary themes include physical communities; health and aging; communities of support; renegotiating life; and successful reintegration.

The category "**physical communities**" describes participants' impressions of reintegration in Ottawa to show how the physical environment affects older women's reintegrations. I examine accessibility and mobility; personal safety; and community services as sub-themes. Next, I explore the effects of women's **health and quality of life** on their reintegrations. While this theme was not prominent in the interviews due to participants' lack of first-hand experience, I identified two sub-themes: physical and mental health, and death.

In "**communities of support**," I combined aspects of "communities" and "social capital." Participants explored the composition and value of older women's support networks, elaborating three sub-themes: familial support; professionals' support, and hostile communities. The discussion of hostile communities led me to explore how criminalization impacts women's daily lives in the theme "**renegotiating life**," combining insights on aging well, quality of life, and successful reintegration. This theme provides an account of how women experience and respond to stigma and isolation.

Finally, I asked participants what older women need to successfully reintegrate and how to improve their reintegrations. Their answers formed the theme “**successful reintegration**,” which includes four sub-themes: covering basic needs; combating isolation and stigma; increased resources; and societal change.

Contextualizing Standpoints

Due to variations in their backgrounds and clientele, participants described the experiences of each of the three types of older prisoners CSC identifies: women who have grown old in prison, women who are criminalized throughout their lives, and older women in conflict with the law for the first time (CSC, 1998: 5-7). Most participants discussed the latter category, which includes most elders in conflict with the law (CSC, 1998: 6). Participants' insights are analyzed in the following thematic categories.

Physical Communities

Older women reintegrate into communities facing immediate, competing needs: they must become familiar with a new environment, access services, and create or reestablish bonds with family and friends (Richie, 2001: 380, 381), all of which are further complicated by age-related physical challenges. Strains are harder to bear when they are recent, of high severity, and are long-lasting (Agnew, 2001: 323). Events that are seen as unjust or uncontrollable are more likely to cause strain (Slocum et al., 2005: 1070). Older reintegrating women's environmental strains fit these criteria: they must attempt to reintegrate, cope with health and mobility issues, and find helping resources.

Mobility and Accessibility

Older reintegrating women face physical barriers due to their age and health concerns, and social barriers relating to language and personal comfort. Just as they

often require modified prison routines and structures to ensure their ability to function (Aday, 2006: 210; Wahidin, 2006: 184), they require special consideration in community housing, programming, and services. Mary and Tania indicated that older women are affected by barriers not usually encountered by younger women. They may not be able to access services in Ottawa due to physical limitations, as Mary described.

I think you've got mobility issues to take into consideration. So the elderly women might not be able to get out into the community in the middle of winter to go to a drop-in centre or to get out and participate in an event....

Programs and services may inadvertently harm older female ex-prisoners when they fail to accommodate the special needs of this group (Crawley, 2005: 356). Similarly, Tania discussed the problems faced by women who need assistance to travel. The City of Ottawa operates Para Transpo, which facilitates travel for disabled individuals, but can be inconvenient and frustrating. Tania noted the hassles and injustices encountered by women who must schedule their lives around this service:

I used to see women that would come on Para Transpo and they have an appointment at one, we finish at two and they'd be sitting in the lobby until 4:30, waiting for Para Transpo to come back because it's on a first-come, first served. Well, right there, if I know I'm going to go to an appointment and I'm tired, am I going to want to wait two and a half hours after my appointment to go home, knowing somebody else can just easily get on a bus and leave?

Mobility needs can impair a woman's ability to access services, representing a form of strain due to the feelings of injustice the experience provokes (Broidy and Agnew, 1997: 279, 293). Tania continued, stating the importance of meeting older women's intersecting needs for accessibility, safety and support in the community.

I think a lot of it, like I mentioned, is around mobility as well. You know, just the struggle of mobility, getting to and from places, you know. I mean, just in terms of where they're located in the community. What kind of amenities they have. Just the safety, even in terms of housing. You know, especially for single women, especially for homeless women, um, you know, trying to have an environment where they feel safe, in a neighbourhood where they feel safe, supported ...

She noted the need for flexible, holistic services that can be adapted to meet women's needs and address barriers they may face. Tania also drew attention to appropriate housing for older women, which is one of the keys to success in reintegration (Maidment, 2006: 104; Richie, 2001: 380, 381). Mary also explored this idea, warning that the halfway house cannot serve women with mobility issues:

... when you're looking at halfway houses, just access, if you are physically disabled in any way um, becomes an issue. ... We're not one hundred percent wheelchair accessible. We do have an elevator that works during business hours, but when they put the alarm on to the Bronson Centre you can't access our house. So, you know, we're not wheelchair accessible, and if an elderly woman had mobility impairment it wouldn't work at our house, so shame on us for not having a house that's accessible...

Kim discussed disabled women's difficulties in accessing appropriate housing in all areas of Canada. She described the situation of one older reintegrating woman who had to cope with inappropriate accommodations due to her physical disability.

[S]he was in a wheelchair, and the only house they could send her to was a house a long way away from her support system. It was wheelchair accessible, had men in it too; she had a long history of violence at the hands of men....

Halfway house placement is contingent on a woman's ability to communicate. Christine indicated that immigrant women face language barriers as they reintegrate:

I remember this particular woman who did not speak English; it was even hard to place her in a halfway house because, how was she going to communicate with the staff if she does not have, you know, any English? And you cannot pay for a translator twenty-four hours a day. Nobody has those kind of, you know, like, resources to pay for something like that.

The participants' discussions of halfway houses highlight the gap in services for reintegrating women found by the Auditor General (OAG, 2003: 2, 17). This results in an inability to meet women's diverse needs, creating stressful situations (Broidy and

Agnew, 1997: 293). The physical and language barriers women face are often compounded by other concerns in their lives, such as those regarding physical safety.

Personal Safety

Finding appropriate accommodations is an important first step for older women returning to the community. While addressing their needs for a safe place to live, women are concerned about their safety in the community in general. Researchers indicate that older women fear many aspects of their releases; participants stated that personal safety is one of these concerns (Maidment, 2006: 102; Wahidin, 2002: 184).

Mary indicated that older women have difficulty engaging in the community due to personal safety concerns. Most programs and services for reintegrating women are based in downtown Ottawa, exposing older women to locations and situations that they consider to be dangerous. Mary reflects on the fears of the older women she served:

... I think that there's more fear from elderly women, especially in the area that we are in – going out alone. You don't know uh, you know, if somebody's going to mug you or rob you, uh, so I think that fear is magnified in the elderly population. Not just criminalized elderly women, but elderly women in general. So I think that's a factor that comes into play when you're looking at getting out in the community and becoming engaged in activities and programs.

Tania also explored this idea, highlighting how fear bars women from seeking help:

I think just in terms of the safety in Ottawa. I know a lot of senior women are saying "I don't want to go on OC Transpo; there's a lot of crime, there's a lot of violence and I don't want to subject myself to that." Especially in terms of theft, and thinking that, you know, "I'm at the Rideau Centre, someone might try to mug me." ... Being aware of that, and what are we doing to promote safety particularly for that aging population?

Tania's experiences show that fear for one's personal safety is a profound concern for older women, mirroring existing research stating that women fear returning to the community after prison (Maidment, 2006: 102, 103; Robinson, 2003: 52). Women's

fears can become a severe problem in their lives. Tania discussed the debilitating fear felt by some of her older female clients who live in apartment buildings and attempt to ensure their security by monitoring the residents and visitors in their buildings.

It's amazing how many of them will just put on that channel 63⁴ that they have programmed in their apartment and sit there and watch it all day for fear of who's coming and going from the building.

These examples highlight the link between a negative stimulus – fear for one's safety, and a self-destructive negative reaction: isolation (Broidy and Agnew, 1997: 282; Eitle, 2002: 430). Accessing services and engaging in the community are difficult for women who are not willing or able to travel downtown, where most services are located.

Tania indicated that older women create their own barriers to receiving help: they are uncomfortable accessing services due to the shame and fear which surround their involvement with the justice system. She highlighted the need to remove these barriers:

Comfort within the community. Because once you get people, um, accessing community resources and realizing that, you know, this is a lot of fun and these people are here for my own good and they're not out to get me and all that kind of stuff, they're going to be more likely to seek support.

She also mentioned that differing cultural norms can bar all older women, not just to those from minority communities, from accessing services.

... but I think a lot of it too is just the whole, um, generational thing, in terms of their beliefs as well. It's very hard to change beliefs later on in life than it is with people who are younger. And if you [have] a certain belief that you don't reach out to the community, it's hard to kind of instill that in somebody that you can go out of your home, and you can get connected. And it's often that shame or embarrassment of "I can't go to anybody," or "I feel like I'm being talked about." I see that a lot with senior women that come into conflict.

Older women have different cultural contexts, magnifying their experiences of shame and embarrassment (Wahidin, 2004: 99). These feelings lead women to avoid helping

⁴ Channel 63 allows residents in apartment buildings to watch security camera footage of the building's lobby.

resources, furthering their isolation. Some women respond to strain by internalizing their negative emotions, exacerbating their problems and creating a destructive cycle (Broidy and Agnew, 1997: 282). If women overcome the physical, social and mental barriers limiting their use of programs and services, however, they can access many resources.

Programs and Services

All participants highlighted the overall lack of resources in the Ottawa area, reinforcing findings that there are no services specifically for female ex-prisoners in Ottawa, and few community resources available to reintegrating women across Canada (OAG, 2003: 2, 17; Robinson, 2004: 92; Shaw, 1991). The lack of services for female ex-prisoners is further compounded, as existing programs do not focus on older women's needs. While Ottawa does not qualify as a "high-crime community," Agnew cites limited services and resources as a characteristic of strained communities (Agnew, 1999: 126-128). Although few services exist for female ex-prisoners, older women can also benefit from seniors' resources. Though these are not designed for ex-prisoners, combining the two sets of resources reveals many community programs and services which can help older female ex-prisoners. These services, several of which are mentioned below, are all based in downtown Ottawa. A more comprehensive list of resources for older female ex-prisoners appears in the appendices.

Kim indicated that older reintegrating women are often poorly served in their communities. She cited research that warns of the few services available to reintegrating women, as well as her own experiences encountering limited services.

[T]he Auditor General ... looked at the whole what's available for women generally coming out of prison – there's virtually nothing when they come out of prison. Older women, there's like, you know, virtually nothing of virtually nothing (gestures with her fingers) ... it's essentially what they're

facing. And so, there's, you know, I don't know of *any* specific services for older women.

While noting the dearth of services nationally, Kim highlighted local services, including Minwaashin Lodge, to older women reintegrating in Ottawa. This organization serves Aboriginal women and children who have survived violence and residential schools.

... I don't know anywhere where really good services [exist] for women coming out of jail, period, let alone women who have, you know, other issues like issues of disability, mental health issues or issues because they're aging, or all of those. ... Minwaashin [Lodge] has I know, provided some good support too for the older Aboriginal women.

All of the participants mentioned the many programs offered by the Elizabeth Fry Society. The agency serves women of all ages who are or who are at risk of coming into conflict with the law. Mary noted its many programs, which include counseling, life skills, shoplifting prevention, and housing assistance (Elizabeth Fry Society, 2007; Robinson, 2003: 68-73). She noted that these programs have helped older women in the halfway house, the community, as well as at the Ottawa Carleton Detention Centre (OCDC). Mary, however, qualifies the support that the organization provides to older women:

We actually don't have anything specialized for elderly women. We offer, you know, our programs to all ages. ... And I think that's just because of the numbers issue – we haven't had a demand for that yet.

André mentioned the help that the Elizabeth Fry Society provides to his clients:

And E. Fry does a lot of, uh, desensitizing and de-stigmatizing. I found it was quite successful among my clients – having them part of the E Fry, they have workers and sometimes they were going to the programs that they provided. That was good.

Christine stated that women need to be able to continue the programs and services they receive in jail after release. The Elizabeth Fry Society meets this need through their discharge planner at the OCDC.

[S]he runs some programs, but she also helps them ... long term plan. Like, "What are you going to do? How are you going to access services?"

And then she refers them ... because she knows about the community resources, where they can go.

These services can aid older women before and during their reintegrations, helping to ensure that they receive continuous services. Several other agencies also provide comprehensive care services. Mary pointed out that the Lifestyle Enrichment for Senior Adults (LESA) program helped several of her clients. André described the addictions services offered by LESA, noting the social aspects of many of its programs.

We do home visits, we have groups, we have groups for men, groups for women, we have groups for substance, we have groups for problem gambling, we have groups for family that are affected by their older parent or spouse, uh, and that they may be affected and need some support as family members. Because treatment is part of it – family is part of treatment as well, so they're very much a part of that treatment. ... We work on a holistic approach. So we work on their cognitive/physical health, basic needs, meaning shelter, food, transportation, clothing, et cetera, um, social networks – who are their social networks? – that are healthy or that we could build that up, financial areas as well, as well as emotional and spiritual.

LESA allows older women to cope with their addictions in healthy ways by providing a supportive environment (Eitle, 2002: 430). André also indicated that he works collaboratively with many community partners to address older women's interrelated problems and struggles. These partners include supportive housing services, which provide accessible accommodations and support to older reintegrating women.

Sometimes I have to work with the, um, Ottawa housing providers, depending on what the situation is ... because there's a liaison worker, and if there's – maybe sometimes there's mental health workers like SALUS or Options Bytown, in some of these buildings, it's kind of connecting with those workers.

These services help to ensure that women have safe and supportive accommodations, a cornerstone of positive reintegrations (Maidment, 2006: 104).

Many of the professionals discussed programs and services combining service delivery and social engagement to reduce older women's isolation. Mary noted that the

Good Companions Centre provides a social outlet for older women at the halfway house, enabling them to connect with others in the community: "... the Good Companions Centre reaches out – because that's what they do, right? They want to reach the elders in the community and make sure that they don't isolate, get lonely...." Mary agrees with researchers that recreation is a key way to engage elders (Keating et al., 2005: 25, 26). André also encourages his clients to access social programs, including "A Time for Me," a support and social group for older adults run by Family Services Ottawa.

It's a wonderful program ... they work with women that need a time for themselves. You know, having the caregiver or this or that or whatever. And finding, you know, their interests, they keep on finding their interests. [A Time for Me] is a great program.

By offering social and supportive services, nonprofit community organizations in Ottawa meet many of the needs that researchers see as crucial for older women's reintegrations. After the physical aspects of communities are considered, the situations of the women who are entering these environments are of interest. Older women's health- and age-related concerns intersect with community factors to complicate their reintegrations. These experiences are explored in the following section.

Health and Aging

Participants noted that older reintegrating women's experiences differed from those of younger women due in part to their physical needs. While identifying physical barriers in the community, they also indicated that physical health concerns constitute a barrier, which I explore next. Questions focusing on aging well and quality of life elicited discussions of women's health and physical abilities, resulting in two sub-themes: women's overall health, as well as ex-prisoners' end-of-life preparations and deaths.

Physical and Mental Health

Older women struggle to adjust to changes in their physical and mental health as they age and enter menopause. Older women's health is linked to their reintegrations: it affects their mobility, abilities, overall quality of life, and requirements for resources. As most participants lacked first-hand knowledge of these age-related challenges, they discussed their clients' experiences. Mary indicated that women of all ages who are involved with the justice system are often in poor health before they are imprisoned.

I think also when you're looking at elder, I mean women in general who are in the prison population, in the criminal justice system, have – have poorer health, than women in the general community. So, that's even magnified more for elderly women who are coming out into the community, and haven't necessarily had their health concerns addressed in the prison because it's a less than perfect healthcare system.

Mary's insight reflects findings that older prisoners often receive inadequate healthcare before their imprisonments and have chronic health problems, resulting in significant health needs upon release (Aday, 2006: 212; Robert et al., 2007: 178). While some prisoners' health actually improves under prison healthcare (Robert et al., 2007: 180), Kim related ex-prisoners' concerns regarding their health and the care they received.

The fact that they've often not had healthcare issues taken care of inside and they are maybe approaching or in menopause, and that's something that lots of us, and while, when we were younger doing this work didn't think about – didn't think of ourselves either, and certainly some of the women talk about aging as you know, the whole issue of starting into, you know, some of these hormonal changes, as well as some of the um, the health issues, osteoporosis as well as some that haven't been taken care of in a prison – very few of the prisons have you know, contemplated having work with and providing sufficient support – healthcare, that sort of thing for women who are aging. Um, I think those are some of the main ones they talk about.

These women experience health-related stress and anxiety. Prisoners' health needs are inadequately addressed in both Canada and Britain; health-related grievances are the most common complaints against CSC, indicating that this is a systemic problem

(PSEPC, 2006: 35; Wahidin, 2004: 140). Kim noted that healthcare is nearly impossible to access, leading to continuing health problems for ex-prisoners.

Another woman who has cancer right now, who, this is her third bout of cancer ... part of the reason she is now undergoing a third bout of breast cancer is because the first one, nobody took her seriously when she was in prison, and she wasn't taken out in time, she had to have a double mastectomy, on an emergency basis when they finally did do the testing, and we had to intervene to get them to do the testing.

Doctors often overlook women's health concerns (Dillaway, 2006: 48). Prison officials with this attitude contribute to severe deteriorations in women's health.

Medical conditions that emerge in prison continue to affect ex-prisoners (Richie, 2001: 373, 374). Older female prisoners cannot empower themselves about their own health as they lack education about their changing bodies, a problem which adversely affects women serving long sentences (Dillaway, 2006: 45; Koch and Mansfield, 2004: 184; Wahidin, 2004: 59). Kim stated, "So, um, to my knowledge, aside from a few pamphlets about menopause and osteoporosis, I can't think of anything specifically that's been set up for older women." Most women feel unprepared for menopause and hormonal changes; as few resources exist for imprisoned and reintegrating women, they are likely to experience more related anxiety and stress (Dillaway, 2006: 45). Medical care in prison is generally considered to be poor; care in the community is sometimes just as challenging. Christine noted that older immigrant women encounter language barriers when trying to access community-based medical services.

... [I]f you don't speak any English, you know, and you're trying to get, you know, doctors' appointments or ... and then okay, maybe it's easy to get an appointment if you go to a walk-in clinic, but how are you going to communicate how you are feeling? And sometimes they don't have doctors from your country, or there's only one and if you don't know about it, you know. Like, you don't even know he or she is there, so. It would be good if, in an ideal world – perfectly they could find a doctor that speaks their language and then, you know, there wouldn't be any issues in terms of understanding.

Access to health services is only one roadblock faced by older reintegrating women. André mentioned how an older woman's physical ailments exacerbate her financial difficulties, as her physical health compromises her ability to provide for herself.

... I mean, they need to do that [housekeeping] to get the food, but they're in so much physical pain, they can't even bend. You know, and it, what would be as simple as maybe a – you know, washing a tub that might take, oh let's say, ten minutes – fifteen minutes, might, for her – would take about half an hour because of the pain that she's living in. She does a great job, but it takes that much longer for her. That's hard too, to deal with. You know, um, just things like that.

Physical discomfort can limit women's access to programs in prisons and in the community, as Tania indicated (Aday, 2006: 217, 218).

Can you sit for as long of a time as someone else when you have aches and pains? You know, a lot of the women I met have fibromyalgia, you know, they have chronic fatigue, like all these types of things that we don't really take into consideration when you're working with a younger population.

Changes in older ex-prisoners' physical capabilities lead to struggles in everyday life, the same as they do for elders in prison (Aday, 2003: 21-23). Tania discussed older women's special needs relating to their physical health. When asked what help older women need to meet their needs, she described several health related issues.

And, obviously more mental health related services for them, or health care services. I just think that the list goes on and on. I know that if I speak particularly about women at the Ottawa Carleton Detention Centre, I don't think any specific efforts are being made for that particular population. You know, I've met women that have gone in to serve a weekend sentence. And you know, they have back problems, and they weren't given a mattress, they were sleeping on the floor. I mean, it's concrete, it's damp, they weren't given their medication because that wasn't considered a priority. I mean, these are women that have acute needs. We need to, you know, meet those needs. And we're just not.

The physical health problems that emerge in prison are often long lasting and severe, making community integration difficult. Kim highlighted the problems facing one older woman who copes with severe health issues due to mistreatment in prison:

Another one of them, another one of the older women who's out who's now sixty-, she's either sixty-three or sixty-four... has major back problems that is described as a health issue, but it was really because she was dragged in shackles down cement steps at P4W. And so she had a long term back injury that was never dealt with, and you know, again, who knows if she'd actually been, one not mistreated and brutalized, but also, if second they had had appropriate healthcare at the time, whether she would have ...

Physical and mental deterioration can both occur in prison. Older reintegrating women often face significant mental health issues which make their daily lives extremely difficult. As Richie (2001: 374) stresses, prisoners' mental health problems are often undiagnosed and untreated. André describes the linkages he sees between older women, mental health and the law, stating, "I would say the majority of the older women that get stuck in this rut, probably I'd say the majority have mental health and addictions [problems]." Mental health issues are particularly salient for older adults, who are often underserved in terms of mental health services (Kirby et al., 2006: 23). Tania also linked physical and mental health conditions and involvement with the justice system. Her account reflects strain theory literature which connects older women's criminalization to how they cope with the strains of health problems (Agnew, 2001: 321; Slocum et al., 2003: 1098). When asked about these links, Tania responded,

Oh yeah, absolutely. There always is. Usually with theft, I mean, they're – I mentioned to you that there's a relationship between cancer and theft, sexual abuse and theft, eating disorders and theft, things that are pretty prevalent with women, right? Um, and with chronic fatigue and stuff like that, they'll often take things that are symbolic of the way that they're feeling. So when you're feeling achy and full of pain, they'll often steal aspirin and vitamins. And it's pretty representative of how they're feeling about themselves. So it's not uncommon to meet people that are in chronic pain or have fibromyalgia, and go out there and they steal. And it's usually a way for them to regain some aspect of control in their lives that they feel is lacking. Or an element of unfairness. Like it's unfair, you know, that I'm going through all this when somebody else isn't.

Christine linked addictions, health problems and maladaptive responses. She discussed an older woman who overdosed on prescription medication after permanently losing custody of her children and while facing a major illness.

... [S]he had some pills for her health related issues, or I don't know. Maybe that could be another thing, now that I think about it. She had some health problems and some sort of – maybe because of her age or just because of her lifestyle, you know ... So she found out, like, a couple of days after that news about her kids... she found out that she may be, like, seriously sick – like, it was not confirmed, but there was a possibility.

Here, multiple stressors and problems intersect. The woman coped by internalizing the stress and emotional pain and self-harming, jeopardizing her ability to remain in the community (Broidy and Agnew, 1997: 282; Sharp et al., 2005: 153; Slocum et al., 2005: 1073). Older reintegrating women's acute health needs highlight the strains they face in their communities, exacerbating other reintegration challenges.

As research indicates, reintegrating women often cope with addictions and physical and mental health problems before their imprisonments, and continue in these struggles after release (Maidment 2006: 5, 130, 137-139; Richie, 2001: 371-374). André discussed the intersectional nature of physical and mental health problems, which limit women's reintegrations and challenge care providers to address their needs.

... as an addiction worker I'm also a mental health worker. *You've gotta work it together...* [W]e have a client who, she, her doctor said, "Well, I can't help you until you, you're done with the gambling issue." So we're connecting with the doctor and we're, we've got consent with her, and we're going to be going to the doctor but, this is what we're dealing with. It's like, a lot of the health profession will say, "Deal with your addiction and then we'll deal with your mental health."

Researchers note the lack of comprehensive programs and services for reintegrating ex-prisoners (Harm and Phillips, 2001: 16, 18; Richie, 2001: 384). André sees a lack of coordination among service providers as a major shortcoming of the health system, indicating the importance of collaboration in providing the best possible care to older

women. The Canadian Senate agrees that seniors suffer due to the lack of cooperation and information sharing in treating elders' mental health (Kirby et al., 2006: 23).

The physical and mental health problems faced by women in prison and in the community are significant to their reintegrations. Unfortunately, these problems often negatively impact women's day-to-day lives. The tragedy of older women's suffering is compounded by the knowledge that it is largely preventable, as Kim's insight indicates.

And, you know, we've got lots of examples of women who end up with like, well, cancer, but also ALS⁵, I mean the number of really debilitating, and lethal, illnesses shortly after prison. Things that may have been detectable while they were in prison if they had had proper healthcare there.

Often, reintegration is seen as a time of hope and second chances for ex-prisoners (Farrall, 2004: 66-71; Wahidin, 2002: 184). Due to their poor health and inappropriate healthcare in prison, however, many older women are released with major illnesses and are left to contemplate the ends of their lives while trying to reintegrate.

End of Life Issues and Death

As imprisonment accelerates the aging process, end of life concerns figure prominently in older ex-prisoners' lives. Older criminalized adults need education about wills and hospice services, as well as help finding nursing home or palliative care placements, to allow them to die with dignity (Aday, 2006: 220-225). Researchers also advocate for compassionate release for terminally ill elders, allowing them to spend their final days in the community with their families (Aday, 2006: 225; Petrellis, 2003: 74, 78). Kim highlighted the need for compassion for older women who are facing death.

... [I]n her case, she wanted to, to live in one of the big cities, not the one where the prison was, but near one of her kids, and she had just wanted

⁵ Kim is referring to Amyotrophic lateral sclerosis, also known as Lou Gehrig's Disease, a fatal, degenerative disease of the nervous system.

to have a little apartment and have some homecare, live on her own, and basically live out what she knew was probably not going to be a long time. Um, and so that was, that dignity was denied her.

André also discussed the help he gives his clients in preparing for death:

But you know, maybe make sure they have closure in their life so that when they do die, it could be a peaceful death. That they wrote the letters, did up their wills, that they, you know, connected with the people that they needed to before they actually went away.

André's comments reflect the need identified by Aday (2006) for older adults to organize their affairs before death. Through his work, André helps elders to have positive and peaceful experiences of death whenever possible.

Most existing literature on the deaths of older prisoners and ex-prisoners focuses on palliative care in prison and upon release (Aday, 2006: 220, 223; Petrellis, 2003: 74, 78; Williams and Rikard, 2004: 135). While these discussions are important, they hide other concerns regarding the ends of ex-prisoners' lives. Researchers indicate suicide is all too common among older criminalized women (CSC, 1998: 52, 53, 63). André and Kim both explored this issue, noting situations and factors connected to women's suicides. André drew attention to the high rate at which older criminalized women with addictions attempt suicide, stating, "I don't know what the stats are, I have no idea, but I know that these women that we are working with, suicide ideation is quite high." Kim also mentioned women's suicides and sudden deaths after they leave prison. She linked stresses and strain; self-medication; addictions; and coping on the outside.

So the women who come out and have, you know, have to rely on state support are struggling, literally, from the day they get out, and they often die... you know, they, there's a whole issue of the number of women in particular who die um, like right after getting out of prison or shortly after, sometimes because of accidental drug overdose or suicide, and then the number also who die very quickly.

Accidental drug overdoses are one way in which older women's lives end. Kim used the death of an older woman whose physical disability was poorly accommodated by CSC to illustrate the lack of attention given to women's needs:

... it's not unlikely she may have been, you know, self medicating a bit to get through that. But, there's no doubt in my mind that it wasn't intentional that she OD'd and um, you know she was, I think the combination – she was also diabetic, and the combination, it seems like the combination of insulin and the double dose of one of her other medications is what killed her. And it may have been that she was suicidal, but I don't think so, and you know that was a really horrible event.

Kim described suicides which she characterized as accidental or unintentional.

In contrast, André discussed intentional suicides, highlighting the nature of older adults' suicides and some of his clients' experiences.

And suicide among older adults that we see is just letting go of life. They might not drink, they might not eat anymore, and they just drink themselves to death. Or, take crack cocaine, or forget to live, and just kind of be, and you know, might take a lot of meds and overdose. We call them accidental overdoses, but you know.... I have older women who I saw and I have to accompany them as if they were dying with cancer, it's their mental health that got to them. But, you know, as I would accompany somebody who was living with cancer, I had to accompany them to their death, because that was their wish.

André shared a difficult experience that illustrates the extreme impact that a client's suicide can have on a care provider. His insights also reflect the intersections between physical and mental health and an individual's ability to cope in the community.

So some of them, they took a week before they died. Or two weeks. But they just drank themselves to death. And they didn't eat anymore, and they didn't get out of the house, you know, and I think that's, as Canadians we need to really look at prevention for older adults. Because in Canada, this is the age group that's the most at risk at this point.

André concluded his discussion of suicide by stating, "And that's another problem is that we have great intervention tools, but what are our prevention tools? We have nothing."⁶

⁶ The Senate report, *Out of the Shadows at Last*, indicates that seniors' needs for specialized mental health care are overlooked. The Committee recommended various strategies for meeting

The lack of suicide prevention tools for older adults highlights the ways in which their needs are overlooked in the community. While physical health, mental health and end-of life issues can obstruct women's reintegrations, many older women use social supports to mitigate these challenges. The next section describes the support networks aiding older women in their day-to-day lives.

Communities of Support

Strong social networks have real value, providing improved access to jobs; help with personal care; connections to programs and services; and support in communities (Keating et al., 2005: 25; Putnam, 2000: 20, 27, 28). Older female ex-prisoners may form bonds with family and friends, as well as other people who are involved in their lives. Social networks are essential to female ex-prisoners; their absence is linked to failed reintegrations (Maidment, 2006: 116; Richie, 2001: 380). Older Canadians use communities of support to access care and services (Keating et al., 2005: 25, 26). Participants explored communities of support, including ex-prisoners' family networks and relationships with professionals, as well as the "dark side" of social capital.

Supportive Families and Friends

Participants noted the major roles families and friends play in older criminalized women's lives. General strain theory indicates that people experience stress and strain when they lack support (Agnew, 1992: 57; Broidy and Agnew, 1997: 277). Agnew mentions the loss of relationships when exploring the withdrawal of positive stimuli; ties

seniors' needs, including providing "... a level of support to seniors living with mental illness that is, at a minimum, equivalent to the level of support available to seniors with physical ailments, regardless of where they reside" (Kirby et al., 2006: 24).

lost due to imprisonment and stigma fit this category. Fortunately, participants stated that many older women maintain bonds during their involvement with the justice system.

Kim noted that older women have markedly more positive reintegration experiences when they have remained connected to family and friends on the outside during their imprisonments. Some of the pains of reintegration are eased for older women who can receive help, support and assistance from their social networks.

[Successful reintegration] depends partly on whether they are older women who have, um, been able to or been permitted to, or some other way, have a community of support when they come out. So, although there's not two, you know, polar opposites, it certainly depends a lot on the nature of the support or lack thereof when they come out. ... I think the women who are living most comfortably it's because they, you know, they had somebody else who could help get them set up and it's certainly not what happens – would happen otherwise - if they didn't have a community of support.

Her insights reflect Maidment's finding that women with supportive families and friends are more likely to succeed in the community (2006: 115). Mary echoed Kim's comment, emphasizing the value of social capital and indicating that for older criminalized women, "... their family tends to be more supportive [compared to the families of younger ex-prisoners], and really helps them out with the stress of trying to reintegrate." Mary contrasted the experiences of older women to younger women, whose criminalization often strains their families (Maidment, 2006: 115-119). Kim described older women's networks, highlighting findings that this group relies primarily on close family – although rarely on male partners – for social support (Farrall, 2004: 67; Kratcoski and Babb, 1990: 269; Stone and Rosenthal, 1996: 87, 88; Williams and Rikard, 2004: 124).

Mostly where there's support, it's been children, by and large, and/or extended family. Sometimes sisters, um, I can't think of many brothers who have actually provided support or communities of support ... there are groups of women who knew each other inside and they provide support to each other outside.

Mary reflected on similar experiences:

... I know a lot of the older women that we work with *have* a life waiting for them. So, we had another woman who was a teacher up north. And, they were holding her job for her, and she had a husband, she had children, and she had a life – and, for many of the older women we serve, they have a very supportive family.

Here, families help to maintain continuity for ex-prisoners. While imprisonment may have interrupted their lives, some older women can use family connections to retain their positions in their community. Farrall (2004: 58) states, "families act as a means of certifying previous offenders as 'conventional people.'" In Mary and Kim's experiences, supportive children and friends help to ease the pains of imprisonment and reintegration.

André also attempts to ensure that older women have supportive families and friends. He highlights the holistic nature of women's needs, linking supportive families and supportive services, which are both key to his clients' reintegrations. André indicated that families are just as important to older women as counseling and services.

When you're working with the individual it's not only the individual, it's their network as well, right? As healthy or as unhealthy as that may be. You still need to work with those folks, because at the end of the day, they, you know, leave their house, and she shuts the door, she's going to be with her networks. So we need to work with them as well.

Older women's social networks are composed primarily of family and friends (Keating et al., 2005: 25-27; Stone and Rosenthal, 1996: 87, 88). André's experiences demonstrate the importance of maintaining and strengthening these networks to ensure that reintegrating women receive continual support and encouragement.

Some ex-prisoners have strong, positive links to their families which can help their reintegrations (Farrall, 2004: 63-66). Tania, however, described families as a source of strain for immigrant women who are providers and caregivers (Harm and Phillips, 2001: 10-12; Richie, 2001: 378, 379).

[T]he other thing I see is for a lot of these individuals, they're supporting families who may not be in Canada, and that's a real huge barrier, you know, in terms of stress, um, just the stress of supporting them, um, I think the lack of awareness in terms of what it means to their family for someone living in Canada and this kind of perceived notion that when you're in Canada you're rich and you have a lot of money to continue sending back, which isn't – often not the case for these individuals, and the whole guilt associated with, having a better life in this country versus their parents. Um, and again just the isolation....

In these cases, older women's family relationships may ultimately suffer due to the extreme demands they face. Maidment (2006: 115-119) warns that many reintegrating women lack close relationships with family due to their criminalization, past abuse, and familial strains. Additional challenges exist for older women without strong family ties.

Kim notes that some women create new communities for themselves to fill this void:

... and then some women have come out and have developed, um strong communities of support that they've literally said no, that they are starting new.... She's now in a relationship with one of the women, and so um, she's developed her own community of support. I think that ... – for anybody, whether you've been inside or not – takes a lot of strength.

In this case, an older woman's efforts to develop a community of support have allowed her to create a new life. Although Tania and Kim's experiences differed, most participants indicated that their clients have supportive families. Older women also look to others, including professionals, for friendship in addition to their duties as service providers and enforcement agents (Faith, 1993: 170; Maidment, 2006: 119-122).

Support from Service Providers

Participants highlighted the support older women receive from service providers during their reintegrations. Some reintegrating women bond with outreach workers and parole officers to avoid re-entering troubled personal relationships. While raising privacy and trust concerns, these bonds can help women access resources and services (Faith, 1993: 170; Maidment, 2006: 119-122; O'Brien, 2001: 292). Mary problematized her conflicting roles as an advocate and an enforcement agent:

They're in the criminal justice system, they don't always see us as "E. Fry-ers": they see us as running a halfway house. We have, you know, we have to report breaches and we have a contract, and we have to follow through. So, speaking to a housemate is not like speaking to us.

Mary highlights researchers' concerns about ex-prisoners' relationships with authority figures (Faith, 1993: 170; Maidment, 2006: 130, 137-139). Her account is unique in this nature; other participants lacked these obligations to correctional authorities.

Kim has been able to develop long-term friendships with some of her clients.

She noted that many of the older women that she knows lack social capital due to long-term imprisonment, and use her to help them connect with community resources.

... I know that I occasionally get calls from women just 'cuz, you know, I've known them for a long time, saying, you know, "I'm looking for this. Do you know?" And so, you know, doing that kind of stuff. Getting some things as they're needed and wanted and linking them up, so...

Kim has become a key part of many reintegrating women's social networks, alleviating stress and serving as an advocate and a friend, without enforcing parole conditions or state supervision (Maidment, 2006: 119-122).

André discussed other aspects of service providers' roles, stressing the need to create communities of support around clients. He noted that collaborative arrangements between community organizations help to create positive reintegration environments.

Well, one thing that I know is when E. Fry – many of them are connected with E. Fry as well – that uh, The Elizabeth Fry Society, - that is awesome, because they do amazing work. So, when we work as a team, E Fry, parole officer, ourselves, sometimes CCAC⁷, depending what the needs are, uh, it could be quite magical in terms of what might happen because there's some de-mystifying, and saying, you know, crap happens [laughs]. You know, and, sometimes dealing with mental health and addictions, that happens, too. So, de-mystifying that – yes, I might have a mental health issues, yes, I might have a mental health issue and

⁷ CCAC refers to the Community Care Access Centre, a community-based organization helping to preserve older adults' autonomy and facilitate independent living by connecting them to community health and long-term care services and resources (CCAC, 2007).

an addiction, yes, I might just have an addiction issue – that could change. And change is possible. And things could be different. That is when the whole team works together.

Christine also mentioned that combining the complementary services of several non-profit organizations allows her to better meet older women's needs.

I know Immigrant Women's Services for example, they offer, like – you get women coming to them, they would offer ... free translation. So, because they don't have anger management [programming] – they refer them to us. And then they would send a translator. So we don't have to pay for that.

By working with other care providers, Christine mitigated her client's language barriers.

Kim praised community service providers who give older women specialized attention to address their needs for programming and resources. She stated that the dedication and determination of service providers helps to fill the glaring gaps in services (OAG, 2003).

... certainly I know even in our network, and in other community-based services for women, I mean it's been – it's largely, necessarily, individualized. And so, where things have been set up it's been you know, um, a woman coming out, having particular needs, having particular interests, and tailoring it to her needs. So in some ways where there's services it's probably the flipside of negative – nothing being done – actually, they probably get something a little more tailored to exactly what they want. Then, if there had in fact been a program set up, then they'd be, you know, saused through, in that Corrections way of making a program and making it a cookie-cutter approach and sending everybody through it.

Tania indicated her sensitivity to older women's needs, describing special accommodations that she has made to ensure that they can access programming:

I know what I used to do when I was doing theft prevention was, years ago I would offer a different group for those women because I felt that they could connect better [with each other] than with the younger population, and I specifically did the program in the afternoon, um, because the morning didn't work as well for them.

Tania's work in the community reflects prison-based findings showing that older adults may prefer age-segregated services where their needs and circumstances can be more adequately addressed (Aday, 2006: 210; Petrellis, 2003: 68; Williams and Rikard, 2004:

126). Christine illustrates the need for individual accommodations, describing the challenges she faced in trying to serve an older woman who does not speak English:

So that particular woman I have, it took me, like I don't know, two or three weeks just to find a free translator.... [S]he was told that she would have to do, I think anger management with us, like in the community. So, like I had to call around and find people who would do it for free, because ... [T]ranslation services are expensive.

She noted difficulties in meeting women's needs within the financial and resource constraints faced by her organization, demonstrating that community programming and resource limitations still hinder women's reintegrations (OAG, 2003: 1; Shaw, 1991: 6).

Through his work, André connects support networks to provide the best possible environment for his clients. As he looks to provide holistic services, he links families into older women's care networks, helping his clients to develop and enhance this source of support. He describes his role as a family conciliator:

So, helping the families understand their loved one that might be in the situation. You know, adult child, spouse, partner, whoever that may be. That is very helpful because, I think they feel quite alone dealing with their families and friends, and you've got an E Fry or a SALUS [worker] or somebody who can help the families understand that their Mom might be living with mental health and addiction, what does that mean? And why can't they just stop? You know, isn't it simple, like, why can't you just stop? Just stop. You don't want to have this, just stop. Well, it's not as easy as that ... [You] explain to them that there's a process, and working together as a family. Because maybe sometimes families can be triggers too. And letting them understand what a trigger may be. And help them understand, help them understand how they could be a support rather than a trigger to their loved one. ... [Y]ou need to work with families as well as individuals.

By creating and connecting together care networks, the participants provide comprehensive care for the women they serve. Their experiences and existing literature show that social networks help to ensure women's continuing independence and success in the community (Keating et al., 2005: 30-32; Richie, 2001: 380, 381).

Networks are vital to support older women experiencing the "dark side" of social capital.

Communities of Hostility

Participants discussed the upsetting and stressful situations in which some older women must try to cope when they are not welcomed into their communities. Multiple, intersecting factors can make reintegration painful and stressful (Harm and Phillips, 2001; Maidment, 2006; Richie, 2001; Robinson, 2003). Participants' stories demonstrate the hostility and rejection tied to social capital's "dark side" (Brody and Lovrich, 2002: 118). Reintegrating women fear facing rejection in the community, experiencing anxiety about this possibility while still imprisoned (Maidment, 2006: 102, 103; Wahidin, 2002: 184). Disapproval or hostility in the community can cause disappointment, stress, and fear. Tania illustrated her clients' fears of losing approval from their neighbours and cultural communities, "There's always that concern of, 'Am I being talked about? Am I wanted?'"

Rejection from one's family can hurt older women's reintegrations. Broidy and Agnew (1997: 289) note that strain resulting from failed personal relationships is a key stressor for women. Jang (2007: 527) emphasizes the importance women place on familial bonds, indicating that they internalize strain to avoid jeopardizing relationships. This can lead to problematic coping, including deviance, depression, anxiety, and isolation (Broidy and Agnew, 1997: 282). Mary, Kim, and Tania all discussed how friends and families can hinder a woman's reintegration. Mary indicated that women in conflict with the law for the first time may face disapproval from family or friends who lack understanding. She notes that these older women "... seem to have more pro-social –quote–unquote– friends who have no experience in the criminal justice system, and so that's [the woman's conviction and sentence] hard for them to understand." In

these instances, older women may feel forced to “prove themselves” to family and friends (Harm and Phillips, 2001: 10-12; Severance, 2004: 84, 85).

Kim highlighted women’s fears associated with disclosing information about their criminal records. She described a conversation she had with an older woman who wanted to know how to discuss her conviction and sentence: “... [O]ne of the women just recently was saying, ‘How am I going to tell my grandchildren that I was in prison?’” Kim indicated that the woman feared rejection, despite having supportive children.

Kim also shared the story of another older woman who avoided pursuing a relationship with an American she met while on vacation. The woman feared being rejected due to her past imprisonment and current travel restrictions:

... she didn’t want to have to say, you know, “I can’t travel because I’ve got a record. I can’t come visit you.” And so, he just, he presumed she didn’t care about him. And, here’s this woman saying, you know, “Here I have a chance again for a relationship, and I can’t – I’m not willing to say – I don’t know him well enough to say, ‘Look, I can’t come because I’ve got a record because I was in jail for killing, you know, someone.’” But, um, that’s the inevitable, if you say you have been in jail, people want to know what for ...

Reintegration is a process: new situations and stressors can challenge a woman’s ability to cope, her self esteem, and her relationships with family and friends. Participants’ observations reflect findings that women’s social bonds can alleviate or cause strain, depending on the nature of these ties (Broidy and Agnew, 1997: 284).

Tania observed the lack of support and understanding available to older immigrant women who attempt to obey the norms of their cultural communities. She described the experiences of an isolated older woman who was criminalized due to the way in which she coped with an abusive husband: “... [I]n terms of her culture as well, it

was shameful as well to kind of go outside the family. She had nobody to turn to, so she would constantly steal as a cry for help, in hopes of getting attention to try to tell somebody.” Tania noted the stress placed on women who try to obey cultural norms. This strain is particularly difficult for women to bear; researchers have noted that they are greatly affected by the fear of hurting family members (Jang, 2007: 526).

Older women may surround themselves with supportive and encouraging family, friends and caseworkers, but must still attempt to regain trust and respect within the community (Harm and Phillips, 2001: 10-12). André explained that subsidized housing does not always provide trust, respect, or an hospitable environment.

I don't know if you've ever been in a seniors' building, uh, what you see on the schoolground for bullying, it's ten times worse in a seniors' building. So, because for them it's recess and noontime is twenty-four/seven. And I had a client where, you know, her doorknob was greased, they were placing dead birds and animals in front of her door, they would even – somehow or another – get into the, you know, the mailbox and opened her mail. And she would be constantly bullied by her peers. Because of the justice system. Because the police were knocking on her door. Because, you know, she had the parole officer coming. ... That's hard. And she lived in that environment. And it's subsidized, and it's not really easy, it's really difficult to get subsidized housing. But even if she would ask for a transfer, would it be different from that building to another building? Probably not.

In this case, the perceived solution to a woman's financial hardships created even larger problems as her neighbours harassed and intimidated her. Limited community resources and strained neighbourhoods are both implicated in this example: the woman had few options for seeking help or leaving the situation, and her neighbourhood fostered the strain (Agnew, 1999: 142; Maidment, 2006: 106-111; Robinson, 2003: 92). When ex-prisoners face hostility, they have trouble sustaining positive attitudes about their reintegrations and their place in the community (Farrall, 2004: 280, 283). Older women's internalized responses to the “dark side” of social capital are explored next.

Renegotiating Life

Older female ex-prisoners may be unprepared for reintegration, lacking social connections, support, and knowledge of programs and services, while also coping with age and health-related issues (CSC, 1998: 80, 82; Wahidin, 2002: 184). Professionals noted psychological and sociological roadblocks to reintegration that women must attempt to overcome, discussing the stigma associated with criminal convictions and the isolation many women experience. I explore these challenges through their accounts.

Stigma

Older criminalized women are depicted as “mad, sad or bad,” essentializing their lives and avoiding discussions of their offences and situations (Codd, 1998: 187, 190). Older women’s reintegrations are impacted by these stereotypes and the stigmatizing labels tied to ex-prisoners. While prisoners see themselves on the “right path” to successful reintegration before release, facing stigma and hostility can compromise their goals (Uggen et al., 2004: 265, 280). Reintegrating women often feel that “everyone knows” they are ex-prisoners due to their convictions (Maidment, 2006: 103). Tania indicated that professionals must help older women to overcome this shame.

And with that particular population, when you’re looking at fifty and older there’s often issues with shame, or embarrassment, that go more with that particular population. Especially more when they’re coming into conflict for the very first time. So it’s not uncommon that they might request to be seen individually as opposed to a group setting.

Older reintegrating women are exposed to embarrassment and stereotypes which can cause powerful emotional strains: they face negative treatment, and may feel as if they have failed in their goals, two key sources of strain (Broidy and Agnew, 1997: 293; Codd, 1998: 188, 189; Wahidin, 2006: 173). Kim indicated that older criminalized women transgress gender and age stereotypes, making stigma harder to bear.

And the stigma often, you know, it's not that men don't have it, and when I worked with men I knew that that was a huge issue too, but somehow, there's more acceptance of it – if there's going to be any acceptance for it – that men will have it, but women – if you've got a record it's perceived that you are that much [worse]...

Popular culture demonizes criminalized women (Faith, 1993: 255-257; Lemieux et al., 2002: 445). Kim's insight indicates that women face a society which is intolerant of their deviant labels. Similarly, Mary stated that while all criminalized women face stigma, it is harder to bear for older women experiencing the justice system for the first time.

I think that it's harder for the older women we serve to kind of fit back in to society because of the stigma. ... I think that there may be more stigma for an older woman who has, you know, it's her first offence, it's her first charge, and it's her first experience in the criminal justice system ... I feel a lot of grief, a lot of loss of self, and a lot of shame for the older women. The shame piece is big, because – "I went to prison, now my family has to pull back the pieces, and I've done all of this to them" – and that seems to be really strong for the older women.

Mary sees the shame and embarrassment experienced by elders in prison as a continuing concern in the community (Wahidin, 2004: 99-102; Wahidin, 2006: 185).

André also explored stigma, linking society's unwillingness to address elders' needs; mental health and addiction issues; and the unfair treatment older women experience:

Judged. People feel, a lot of people judge them, you know, already, already just that. Older adults are not quite, they're forgotten in our society to begin with. So, then you have an older adult that might have addiction issues. So they're even [more] forgotten. They're even, it's even worse than just an older adult. Then you have to ... then you have an addiction issue. And they might have a mental health issue, then they have a justice issue, somehow or another they're attached, they're just really at the bottom of that pole. That whole totem pole. They're way at the bottom.

In addition to discussing negative treatment from society in general, Tania warned that women may not access their support networks as they fear judgment:

When you're younger it's more acceptable to come into conflict with the law. I've had these youths this morning that can easily go and talk to their parents, but when you're older, who do you confide in? Certainly not your best friend. You don't want to tell anybody that you've come into conflict

with the law. You're afraid you're going to be judged. You're afraid that it's going to get back to the employer...

Disclosing one's offence to family and friends is often a necessary, yet extremely difficult, part of being in conflict with the law. André explained the embarrassment and pain older women feel when sharing their criminal record with their families:

That's really hard – the shame, the guilt, and it's very hard for them to even actually – if they are connected to their kids is to face their kids, their grandchildren, and then you know try to explain to them – to their children and grandchildren, you know, I got busted for street drugs, or I got caught, you know, drinking and driving, or... It's not an easy thing. It is not easy.

Participants agreed that older women worry about being judged even if they receive support (Maidment, 2006: 103). André warned that service providers sometimes judge their clients, inflaming privacy concerns and deterring women from seeking help.

So they have to face so much prejudices, um, even among professionals. And, I'm shocked, sometimes to this day I'm still shocked to hear, you know, such and such a doctor or such and such a case worker or subject, you know, just the words that they say, like, you know "At your age, you did *that?*" Or, things like phrases that really affect them. You know, and yeah, it's really difficult to hear that, when I hear other service providers, or they come and report it to me that such and such a service provider... It kills me. It kills me. You know, it's not right, and there's a lot of prejudice and stigma that they might live. And that's unbearable.

Tania mentioned that fears of judgment are amplified for immigrant and visible minority women. They avoid accessing services provided within cultural communities due to cultural norms and concerns about traditional social networks.

I think, you know, there's certain cultures once again that, they don't want to go to the Lebanese and Arab social community even though they speak Arabic because they're fearful that they're going to be judged. Because they don't understand the confidentiality.

While criminal records harm job seekers, older women who serve suspended or short sentences may retain their jobs. For these women, disclosing their convictions to their employers could mean the loss of employment, as Tania mentions.

I think too the other piece is around coming into conflict with the law. Especially those that are working – I get a lot of mature women that have very, very good jobs; very prominent positions. And always fearful that their place of work will find out, what's that going to mean for them, in terms of employment status and all that kind of stuff.

Older middle-class women may find the stigma of a criminal conviction unbearable.

Women often experience fear, sadness and anger due to aging and ageist labels; criminal convictions could evoke similar emotions (Grenier and Hanley, 2007: 214-218).

Criminal convictions also create lingering stigma for many women. Sanctions may restrict a woman's day-to-day life, including her ability to travel, access money, and shop. Conditions placed on older women are constant reminders of their criminalization.

Tania described the hardships faced by older women who have been convicted of theft:

[M]any of the women that I've seen, like I've said, commit property-related offences like shoplifting. Well, how do you tell your spouse that you can't go back to Wal-Mart and pick up groceries because you're banned from that store? You can't, right? Like, I mean that's another issue. And when you're banned from Loblaws, you're also banned from Independent [Grocers], you're banned from every National Grocers store. So, you know when you talk about mobility for, like, a senior woman, where are they going to go?

Tania indicated that this barrier is especially salient due to older women's mobility challenges. She demonstrates that the combination of stigma, physical limitations, and conditions increase the likelihood that older women will remain in conflict with the law.

So if you're living in a senior building and the Loblaws is what's right there, and you can't go back to Loblaws, they're still going to take the risk and go back in that store. Because they just, they cannot take a bus to go somewhere else to get groceries. They just can't. And what do you tell the other people in the building? Like, "I can't go next door because I'm trespassed for a year?"

Mary elaborated on these limitations, discussing problems encountered by older women whose fraud convictions limit their financial independence.

It makes it harder for them to conduct their day-to-day business if they have conditions against them (not) to have cheques, um, it makes it difficult for them to, you know, be independent. They have to depend on

their partners, their families, their adult children to kind of support them when you need a credit card, to you know, rent a car, or credit card to do anything else, write cheques for your landlord. It, those conditions make it very hard for elderly women.

Maidment (2006) indicates that reintegrating women often cannot escape surveillance and external controls. Their challenges in conducting day-to-day business indicate that the conditions imposed by the justice system reinforce infantilization and dependency.

Kim warns that continuing sanctions, such as travel restrictions, even affect older women who have been successful in the community for many years.

... so, you know, it's things that you know even when you're doing well, even when you've got support, I mean, in that case, she's got a lot of support, all her, all, her two children are very supportive, her you know, their partners know about her record, they're very supportive, but you know there's a situation where Grandma can't come on a family vacation, Grandma can't go....

Tania also mentioned travel restrictions in relation to older immigrant women's family obligations. She indicated that restrictions limit their ability to care for their families:

If there's an ailing parent, how do you just get on a flight and go back home when you have pending charges? Or, you can't travel because of the nature of your offence. You know, like, that's another real obstacle for these women as well.

Kim and Tania both highlight American research noting that continuing sanctions lead ex-prisoners to feel as if their punishments are endless (Uggen et al., 2004: 276, 277). Ex-prisoners may be stigmatized by their communities, friends, families, and service providers, often responding with shame, embarrassment, and by hiding their convictions. Stigma may also cause isolation, which is discussed next.

Isolation and Belonging

Older reintegrating women are anxious to find spaces where they "fit in," fearing rejection and ostracism from their social networks and communities (Wahidin, 2002:

184). Participants stated that older women must avoid isolation as a response to fear and stigmatization and engage in community programs and services. Tania expressed women's fears: "... [A]cceptance as well, especially for multicultural women: 'Am I being accepted when the neighbourhood goes down, or there are issues in the apartment, am I going to be to blame? Are people going to judge me based on my ethnicity?'"

Physical environments were also linked to older women's isolation. Mary highlighted the seclusion felt by all ex-prisoners living in halfway houses:

Whether you're over sixty or under, the isolation and the loneliness of having to come to a halfway house ... Most of the women from the federal system aren't originally from Ottawa. So they are relocating either because the other halfway houses that are closer to their home are full or they want to get away or start fresh where they don't know anybody and it's not their old stomping grounds. So, it's very isolating and very lonely for a woman to have to go somewhere – you know nobody, and share all their stress and experiences with, you know, counselors from a halfway house.

Kim noted the lack of connections, the stress, and the loneliness felt by older women who have had limited contact with their families throughout their sentences:

... I'm actually thinking mostly of women who have served long-terms ... the lifers – who are in for longer, who literally came in maybe in their um, early forties and have that whole phase – either the children have grown up or um, families have disconnected once they've been in for a fair degree of time. Many of them would be women who also started at the prison for women, so were really disconnected; whereas now, um, across the country, it's still a long ways away to each of the regional prisons for some families, but some would still be capable of staying in touch.

While CSC's regional prisons may improve women's chances of staying connected to their families, the enforced isolation of these facilities remains a problem (Shaw, 1991: 10). Older criminalized women are often socially isolated: they are more frequently separated or divorced than older male ex-prisoners, and are often imprisoned far from their families (Kratcoski and Babb, 1990: 269). While younger reintegrating women

often develop social networks with other female ex-prisoners; older reintegrating women have few close-in-age peers, as Kim explains:

... there's only one [halfway] house I can think of that has more than one woman who's older, and that the one has her sort-of teenage children living nearby, and so she goes everyday to look after them. And so even though they [two older women] had a friendship inside, they just because of practical reasons, they're not able to hang out as much.

Kim also indicated that older women looking for belonging within the broader community find few options for social engagement.

... certainly a lot of women say that they feel like they don't fit in, you know, they don't want to go to seniors' things – they're not much interested in being in, you know in the seniors' scene. Um, and they feel like they stand out as different. A common theme whether it's young or older, but particularly for women who are older and they feel like they don't want to go to bars ... I know that one of the things that some of the women have talked about is wanting have a bit of a support network.

Older marginalized women often have few social ties; Kim notes that this problem is compounded for older female ex-prisoners who have been disconnected from their communities and their everyday lives (Keating et al., 2005: 26). André also warned about the dangers of disengaging from social networks, recounting a cautionary tale of social isolation in older women who have addictions and mental health issues.

Because many of the people when they get into an addiction ... they start isolating themselves, and then they have less and less networks and they've burned a lot of bridges, and they're not eating well, and their health deteriorates, and sometimes some of them might have lost their employment to it, and they have to get early retirement, some of them are trying to find jobs again, but as an older woman.

André mentioned addictions as one of several intersectional factors isolating older women; their varying cultural contexts also result in different experiences, needs, and norms (Wahidin, 2004: 99). Tania indicated that multicultural women facing abuse avoid seeking help, fearing the isolation of speaking out in their communities:

I've also seen many women who are in abusive relationships and they can't leave their husband because if they do then that's a shame, right? And then they're, you know, right away they're judged for it, and they can

never re-marry because the whole family would isolate them completely due to the stigmatization of the divorce itself. So that's the isolation that I speak of, where everything has to be kept to themselves, it's shameful to go out of the home.... Many cultures believe that you do not share anything about yourself outside of the family to begin with.

Tania described the ongoing isolation experienced by an older woman facing abuse, connecting the woman's abuse, criminalization, and community isolation.

She had nobody to turn to, so she would constantly steal as a cry for help, in hopes of getting attention to try to tell somebody. But the isolation was that, even though she reached out to the community, and we were able to talk about the abuse, there was no way she was ever going to leave [her abuser], she was fearful for him, and her kids would have turned against her if she ever did. So it just really isolated her that much more. And her parents were in their foreign country and they had passed away anyway, so she had nobody. And I see this a lot where people are very isolated in the sense that they can't go out of the home because they're so shameful about what's going to happen.

This woman's isolation is exacerbated by her experiences of abuse and adherence to cultural norms against speaking out. Language barriers also foster marginalization and isolation, as Christie and Tania both mentioned. Christine stated that older women's communication problems are amplified in communities without translation services.

[F]or immigrant women, it's the language, for sure. It's always a problem. Either in jail – but I find even outside it's even worse. Because in jail, they either have somebody who can translate from the same, you know, language group, or from the same country, or in jail you can get an official translator.

Tania identified language as an unseen roadblock for older women, who often come to rely on their families for assistance.

I see a lot in terms of barriers around language, and even education as well, where you know, they're coming into Canada, they're mature women, they don't have anybody at home. Their children are all grown, in adult years, they've left the house. And they're not thinking that learning English is important, but that's a barrier. How do you go out if you can't, if you can't speak the language?

Christine echoed Tania's comments, explaining that everyday activities are extremely difficult for women with language barriers: "So that means that you cannot even go in to, like, meet somebody because you need a translator. ... So you need somebody to help

you.... Everything becomes a little bit more complicated when you don't speak English."

Older women's inability to communicate limits their options for help. Tania discussed accommodations that she makes to ensure women's comfort in communicating:

[Older women] feel like, "Oh, people don't understand me; I don't feel heard in the group," or "I don't want to speak up because my language is not perfect or my English is not perfect." So again it's to, more or less, um, make allowances for those women by either seeing them in a group or reassuring them much more than other women that they're fine.

Christine tied isolation, stigma, shame, and cultural context to language barriers in older women's isolation, describing women who access services with their children's help:

[F]irst of all maybe she may not disclose. Or she may not be as open, which is true. With a family member, you know, with her son or daughter. Like, you are not going to talk about, you know, like your offence or something. Like, you know you may not feel as comfortable.

Women who rely on their families for communication are limited in accessing help due to the stigma of their offences as well as the cultural contexts in which they live. Older immigrant women are placed under the strain of having to rely on their families, which may be also be a cause of strain (Broidy and Agnew, 1997: 284).

When women try to break free of their isolation, they have few healthy options for socializing. Kim noted that older women lack appropriate spaces for social reintegration:

[W]hen one is meeting new people, you know, talk about, particularly if they've been in and around the system for a while, you know their old way of meeting people might have been to, you know, go to the bar or go to hang out somewhere, and they don't feel quite as comfortable doing that. Comfortable in the sense of, you know, mentally or emotionally but also physically... they don't want to be really a fifty-five year old sitting on a bar stool when – both because it's not real comfortable either, you know you might want, you know a coffee shop setting.

Reintegrating women who are unaccustomed to meeting people face increased barriers in reaching out and engaging with others. Mary mentioned women's struggles to find safe and appropriate spaces that facilitate reintegration, indicating that some settings and situations where women seek a sense of belonging can be harmful.

Part of the way some of our women will want to belong and stay busy is going to Bingo. And that can very easily become addictive for a woman who doesn't necessarily have a sense of connection or a way to get out and see people other than Bingo. So bingo, you know, two, three times a day – you know, she knows people there, she knows she's going to get a "hello," a smile ... that can be very tricky.

Her insight reflects researchers' findings that women with problematic social networks may be adversely affected by their social capital (Field, 2003: 74, 78; Reisig et al., 2002: 168). André connected isolation and problematic coping to addictions, noting the dangers of using gambling, alcohol and drugs to cope with isolation and pain:

[S]ometimes they can't deal with that, so they go to the casino, and they gamble. And while they're at the casino, at the blackjack table, or at the slot machines, or you know, betting on horses, or whatever, they're forgetting their worries. They're in a different world. Everything's gone. They're not living that physical and emotional pain anymore. As well as with the drinking – they want to numb it away, or sometimes they might use crack cocaine, and they'll take to that.

As Mary and André indicate, these coping mechanisms can further women's isolation, and create strain and other problems throughout their reintegrations.

Tania concluded her thoughts on seclusion and loneliness, noting that this area requires greater attention: "... I think a lot of it [older women's difficulties] is really the isolation." Female prisoners' isolation is a continuing problem during their reintegrations (Aday, 2006; Wahidin, 2004). Isolation is a concern for all elders; older female ex-prisoners are especially affected, facing age, health, and stigma-related challenges. While intersecting barriers can make older female ex-prisoners' lives difficult and painful, participants also discussed factors helping women's reintegrations, which I explore next.

Successful Reintegration

Factors affecting successful reintegration, from meeting immediate needs to achieving the long-term goal of community integration, were discussed frequently in the interviews. The accounts demonstrate the challenges encountered by older women,

which are subdivided into four sub-themes: meeting basic needs, combating stigma and isolation, the need for increased resources and societal understanding.

Meeting Basic Needs

Older reintegrating women have many hopes for their futures. Before long-term goals can be met, however, they must address their basic survival needs. Participants warned that their clients often struggle to support themselves, substantiating claims that many prisoners struggle after prison (OAG, 2003: 17; Richie, 2001: 380, 381; Shaw, 1991: 5, 6). As André mentioned, women who are unaware of available resources face unnecessary hardships in addition to these everyday struggles:

I'm going to go back to square one. It's the pyramid⁸, so, first of all we need to make sure the basic needs are met. Basic needs, and, you know that they have, they are seeing the doctor, that they have food on the table, and that they know that if they need food, you know, there's certain places that they could get it ... just making sure that they know where those places are if they need to ... we buy, like Loblaws cards, sometimes we can give them a card ... so they could buy food. Or even tampons if they need to, or whatever else they need. Um, making sure that they have a simple - this sounds bizarre, but I had one who was not connected with Trillium drug card, she had very acute pain, and her drugs were quite expensive. So she was paying it on her own, on top of everything.

Kim also noted that the state provides inadequate assistance to women, highlighting the poverty which older reintegrating women face by discussing their food allowances.

They are given I think it's four dollars a day for food. And not that you can't do that, but here on the outside, you'd be hard pressed to feed yourself for four dollars a day, being able to go around and find all of the sales there, you know. That's a much more limited choice.

Women's chances for successful reintegration improve as they receive more assistance, including subsidized housing, education and welfare (Holtfreter et al., 2004: 200, 209).

As financial difficulties represent a key strain for women, CSC is creating challenges for

⁸ "The pyramid" refers to Maslow's hierarchy of needs, which indicates that meeting basic physiological needs forms the foundation of an individual's self concept. This is followed by security needs, love and belonging, self esteem, purpose and self-actualization. Meeting one's needs at each level is necessary to progress toward self-actualization (Myers, 2001: 426).

women by providing inadequate support (Broidy and Agnew, 1997: 289). Government funding often fails to meet women's needs, forcing them to access alternative resources.

Older women's families can provide support and resources. As few alternatives exist (Maidment, 2006: 104), older women often rely on their families for housing and financial support, placing them in stressful, demoralizing situations, as André explained:

And they don't have income. So they have to start living with their families again. You know, their daughters, their sons, or their sisters, or their friends or whatever. Kind of couch-surf. That's hard when you're older, too. You know, they feel, "I've worked all my life." You know, "What is this? I should be in this position and I'm not."

This woman faces the strains of failing to meet her own expectations and her feelings of injustice (Broidy and Agnew, 1997: 277; Slocum et al., 2005: 1070). Ex-prisoners who anticipated enjoying retirement, recreation, travel, or family life with grandchildren may face situations where these ideals do not fit (Wahidin, 2004: 170-173).

Older women often rely on their families for support, help which is inaccessible for older criminalized women with strained or severed family ties (Maidment, 2006: 115-119; Stone and Rosenthal, 1996: 87, 88). If older female ex-prisoners cannot meet their needs through familial and state assistance, they must work to provide for themselves. Many women and ex-prisoners face significant strains due to underemployment and low pay (Broidy and Agnew, 1997: 290; Maidment, 2006: 107). Older reintegrating women also face age and criminal record-based discrimination when job hunting. André noted,

... [S]ome of them come out and they want to get back into the employment scene, so you've got the age factor – that it's very difficult for that age of population to get back into the work and find a job. So you add, some kind of criminal justice involvement, they're not available, because they have to ... [be] bonded ...

Kim discussed older women's hardships in trying to meet their basic needs. She indicated that the problems faced by ex-prisoners are magnified for older ex-prisoners.

Women have the added disadvantage of um, you know having a record, having their age, so their ability to support themselves is really much more limited than already is the case for women coming out of prison. Which we already know is abysmal because of, you know, those same issues.

Christine also explored these challenges, adding that ex-prisoners have little or no work experience as well as criminal records.

No [employment] history and then also ... the two I'm thinking of, like, criminal record, so how are you going to find a job? Yeah. If you have a criminal record, like, who is going to take you? ... Low paying jobs, sometimes they ask for a criminal record check. So for these two women in particular, that would be for sure an issue. Like, employment. You know, how do you start your life at fifty?

Jobs provide ex-prisoners with a means of subsistence and a chance for social legitimation, opportunities largely denied to older reintegrating women (Farrall, 2004:

66). André's clients turn to non-standard work when they cannot find regular jobs.

If they're trying to find a job, sometimes they, now they find it even more depressing because it's hard to. A lot of women end up doing some black market stuff. Uh, and I say black market, it is – they clean homes. They care for children. You know, they become the nanny. Um, they'll do some painting or whatever, and you know, it's all under the table kind of thing, and they end up finding some way that way to survive. So I have several of them. And that's what they're doing.

Kim also explored women's adaptations to employment-related discrimination, indicating that they must make difficult decisions when facing discrimination. She stated that those who struggle to find work may be tempted to delay or avoid disclosing their records.

[They have] to decide whether they declare they've got a record and – or not, and hope nobody finds out. And hope that nobody suddenly asks them to have a criminal record check and that sort of thing – which has happened too. Some have been in jobs sometimes two and three years and they're going to be promoted, the next promotion up requires a criminal record check and they have to say no to the promotion or face letting the employer know that three years ago, you lied when they asked if you had a criminal record.

Kim describes women who worry about meeting their needs in the future, knowing that they could lose their jobs. The women face difficult choices: avoiding the stress of lying through full disclosure could result in an immediate inability to meet their needs.

Kim and André focused on women who faced poverty and had difficulty finding employment. Some of Tania's clients meet their basic needs at significant personal costs, remaining in abusive relationships to ensure that they receive support.

They have no support, they have no support. And a lot of them are being sponsored by their family as well, right? So if they chose to leave their spouse, they're going to be deported. Because that's their source of income. The fact they're dependent here. So they have nothing. They don't have their citizenship, they don't have their landed immigrant status, they have nothing. So they're totally reliant on this individual and they're forced to stay in that situation. So I see that a lot. I see that a lot.

While these women live in the community, their dependence on their families may cause the same infantilization and lack of agency experienced by older female prisoners, marking a stark contrast to the societal norms of respect and responsibility which are normally afforded to older women (Maidment, 2006: 102, 103; Wahidin, 2004: 170).

In contrast, Mary described women with more financial stability; most were not actively seeking employment. She noted that some older women rely on existing jobs, savings, and pensions instead of struggling to find work or access social assistance.

Some of them are getting money – retirement funds, some of them have money that they've been saving up all their lives, and so they don't have the stress of having to find a job. Which makes their experience, in my opinion, very different.

Even reintegrating women in relatively advantaged positions face uncertainty: criminalization makes their lives more difficult, exposes them to stress, and exacerbates other strains in their lives (Maidment, 2006: 102). Women manage these new stresses with help from their families, the state, and by providing for themselves. Successful reintegration, however, goes beyond a woman's basic survival: she must be able to reach out to her community to access programs, services, and other sources of help.

Combating Stigma and Isolation

Older reintegrating women are more likely than younger ex-prisoners to lack employment skills, friends, family connections, and awareness of available assistance, all of which foster isolation (CSC, 1998: 80, 82; Wahidin, 2002: 184). Social ties may be either sources of stigma, stress, and strain or resources providing assistance and support (Broidy and Agnew, 1997: 297; Keating et al., 2005: 25; Putnam, 2000: 20). Participants explored strategies to combat stigma and isolation and increase older women's community integration, recommending ways to increase their sense of belonging. Mary discussed the key importance of social involvement:

I think that's the most important thing for elderly women when they're reintegrating. Bringing them back into a group where they feel like they belong, and they have a sense of purpose. They can share their skills, they can use their skills

Mary agrees with research indicating that programming is a key way to ensure older female prisoners' overall well-being (Aday, 2006: 217, 218), noting that engaging in programs helps to ensure that women do not self-isolate when they need help. André stated that LESA's holistic approach to addiction services encourages social engagement, allowing older women to interact in a safe and supportive environment.

Our groups are accompanied, all with some part of our recreational activity program, which means there's a hot meal. And once a month, we take those clients that wish to – they're all invited – to come to an outing. So, maybe like – we're in the fall right now, October – so our next outing will be seeing the fall leaves in the Gatineau hills. We might go for a picnic, we might go see – go visit a museum, we might do um, go to Quebec, leisure programming to find out what line dancing involves. And what that is all about is to help people reintegrate into the community, and finding, maybe helping them to search interests that they have that they've kind of forgot they had, and some of them maybe it's to rediscover new interests that they might have. Um, and also that does not involve gambling or alcohol or drugs. And being with their peers that are also struggling. It's a different, non-threatening, therapeutic way of doing treatment as well.

LESA provides older women with a venue enabling them to develop and maintain valuable social networks (Keating et al., 2005: 25, 26). Mary drew attention to the positive environment provided to seniors by the Good Companions Centre:

We're lucky here in Ottawa because we have the Good Companions Centre for elderly people, which is just down the street from us. So, in the past some of our older clients have accessed that service. And they -- um, that occupies a lot of their time because the Good Companions Centre will organize outings, it helps elders socialize with others -- they go ... on field trips out into the community. So that's a really good resource that kind of keeps our elderly residents busy and occupied, and gets them to connect with other people their age. So that's been an excellent resource.

Older women using existing networks and services to meet their needs simultaneously help their communities by reinforcing, strengthening, and expanding social ties (Putnam, 2000: 20, 27, 28).

Programmers must address women's needs for belonging. Christine indicated that bringing older women together produces more meaningful social interactions.

[T]hey may feel more comfortable in a, in a group where, you know, everybody shares the same concerns, you know. Because usually in our groups, you know, you have younger women and you have women in the middle, and then you have a couple of older women. So I'm sure they would prefer to be in the group where they have all, like women the same age, and then they would have the same issues, you know.

Programs should be tailored to meet older women's needs, ensuring their comfort and integration (Kratcoski and Babb, 1990: 269). Tania recommended increasing women's access to the same programs recommended for older prisoners (Aday, 2006: 217-220).

So I think more [educational] programming in that regard as well. It may not even have to be education, but maybe more hobby-like or recreational, just to get them more involved in the community. Because I think if you're not involved in the community on a social level, then how are you ever going to go and reach out if you need preventative-type of programming? You're just not, you know. And I think that that's a big gap. You know, if you're not using the community for your own good in terms of liking some of the stuff that you're doing, you're never going to go out there if you're in trouble. You're just not.

Tania notes that increasing older women's comfort in the community helps ensure they know where to turn for assistance, and that they can access legitimate channels to manage strain (Broidy, 2001: 27). Similarly, Mary linked social engagement and skill development, highlighting activities at the halfway house in which older women were eager to participate, learn, and share knowledge.

We have a collective kitchen program here in the house, where we teach women how to cook healthy meals on really tight budgets. And we share meals together, and it's -- it helps them from becoming isolated. They participate, they get to know their housemates. So that's a neat program.

Service providers require creativity and flexibility to increase older women's participation.

Christine indicated that some older immigrant women need special assistance to participate in programs, stating that translation services are important in ensuring their ability to reintegrate and connect to community programs and services.

Yeah, like in court you are entitled to have a translator in the courtroom, but the judge doesn't say, "Okay, you have a free translator," you know. He just says "Okay, you have to complete this program," and it's like, basically, up to them how they are gonna do it. So anyways with that particular woman it took me about three weeks to find somebody.

Christine's efforts removed a barrier, enabling her client to interact, engage with others, and receive support. Other roadblocks, such as depression and anxiety, may be more difficult to remove. André explained how he can help to reduce older adults' depression and isolation, as well as increasing their engagement in their communities.

But once you start accompanying them to, such and such a place, some of them feel quite alone, because of their situation, their bridges have been burnt – some of their adult children are not, no longer connecting with them, because they've burnt that bridge as well, um, and they're alone. And, they don't feel they're worthy. So when you have somebody who comes and says, you know, change is possible, and you are worthy to work with, and to work for. And let's work together and then, and they start believing in themselves, and it's a little bit – that spiritual piece – the purpose of life, the fire in your belly, it's to pump back that fire in the belly. And that's why I went back to the loss and grief. Because it's to believe that they could overcome that. We've just got to find them their own tools. It's client-specific, right? Um, and their own tools and that.

André seeks to reinforce older women's self esteem and self images, helping them to avoid further depression and unhealthy experiences of aging. He provides them with an avenue to resist ageist labels and regain autonomy (Grenier and Hanley, 2007: 217).

Tania recommended a gradual orientation program for seniors who are uncomfortable in the community, indicating that in-reach services in seniors' apartment buildings and nursing homes would help to combat isolation.

I think it's a good place to start with in-reach services. And say, look, this is a community, maybe bringing in people from different community agencies, something like that, and they can all do a presentation about what they offer, and then getting them out from there. I definitely think that that's important.

Bringing services to elders shows them what is available, and may help to reduce the fear associated with accessing services. Similar plans have helped older prisoners to plan their reintegrations (Aday, 2006: 217-224). Mary also supports this tactic, stating that prison in-reach strategies should be used to facilitate positive releases.

I think that we could probably do a better job at reaching out to all clients in general, but specifically elderly clients, before they are released from prison -- because I think the bond and the trust -- seems to be an even greater issue with elderly women. ... So, taking the time, you know, we don't always get a chance to travel to the prisons to meet the women in person, but I think that might, and it, you know, you'd have to speak the elderly women themselves to see if it actually is an issue for them, but it might help ease the transition if there was a person-to-person contact a long time before their actual release...

Mary's idea for in-reach services could provide education, positive interaction, and an increased sense of comfort and belonging in the community. Researchers underscore the need for gradual, supported releases and community integration; this plan could help to ensure women's needs are addressed (CSC, 1998: 80; Wahidin and Moss, 2004: 93).

Mary noted her clients' other options for engagement. Volunteering allows older women to reduce their isolation and combat some of the shame they feel.

I think that volunteering is important for a lot of the senior women that we've dealt with. They're really interested in getting out and giving back. Some of that is from them a sense of guilt or the sense of shame that they have, um and in volunteering and giving back, it alleviates some of it and makes it seem, their time seem more worthwhile. And makes them feel like part of the community again, like they're released. So I think that volunteering is a really important part for elderly women, and having a variety of volunteering opportunities in the community. It is important.

Many reintegrating prisoners who wish to give back to their communities are hindered by criminal records; Mary's clients, however, were more successful (Uggen et al., 2004: 265). Older prisoners benefit from education, volunteering, and leisure programming (Aday, 2006: 217-220); volunteering in the community can give elders a similar boost in self-esteem. Kim also noted the importance of volunteering and "giving back." Citing the need to increase older female ex-prisoners' social engagement, she mentioned that Elizabeth Fry Societies wish to create support networks for this group.

... they are talking about setting up, setting up a bit of a coffeehouse thing so that people can drop in, knowing full well that it'll be the older women that will want to participate in that ... and it may be a good way for some of the older women to mentor some of the younger women....

This initiative would help older women develop networks, provide a venue for social interaction, and allow them to regain self esteem and respect by reclaiming traditional societal roles as elders (Wahidin, 2004: 170). Kim explained that political action also provides opportunities for social engagement, education, and self-development:

[O]ne of them came on a march with us when Bush and the Mexican president were in town, and I think it's great to see, you know, not just the raging grannies, but I said to them, "You could be, you know, join the raging grannies and teach them a thing or two." ... [E]ncouraging them to actually, you know, not just despair, but to have a reason to know that they're entitled – you know, the notion that they're entitled to things they're not getting is something that's – for many of the women, especially some of the older women – is something that they're not used to thinking.

By encouraging political action, Kim helps older women to develop positive attitudes about themselves and their place in society. Many prisoners wish to vote and engage in society after release, even if they were never politically active before (Uggen et al., 2004:

275, 276). Kim highlights the rewards accompanying these aspirations. Combating isolation is a long-term struggle: as older women's social circles shrink in size, they must find new opportunities for engagement (Keating et al., 2005: 26). Participants noted the need for social engagement and accessible services which can meet women's needs when they reach out to their communities for support.

Societal Change: Resources and Funding

Older reintegrating women require more than just positive attitudes and adequate finances to succeed: they require community programs that have the resources to help them. Participants mentioned the lack of resources within Ottawa, noting that governments direct inadequate funds toward social programs. Their insights reflect Canadian findings that more resources need to be devoted to older adults, prisoners, and ex-prisoners (Keating et al., 2005; Kirby et al., 2006; OAG, 2003; OCI, 2006).

Mary criticized CSC's funding of reintegration programs and allowances, stating that the money provided is insufficient to meet older women's needs.

I think that when you're looking at CSC they might consider, um, allocating more special needs funding to elderly women. So, you know, well, CSC grants an allowance of \$4.10 per day to all women and men on parole. But I don't think that the needs for the elderly women and the younger women are the same, and cost the same. So, when you're elderly and you have to – you have to be more careful about your diet, you may need vitamin supplements, you may need, you know, this is being very stereotypical, but Depends, you may need – you need things that are different than from when you're younger. And tend to be more expensive – and I think that, um, CSC might have to take a look at compensating specialized populations for their needs.

Mary indicated that healthcare is a primary concern for older reintegrating women, just as it is for prisoners (Aday, 2003: 174, 175; Wahidin and Tate, 2005: 74). When asked about what could be done to make women's integrations easier, Kim plainly stated:

I think money... [T]he most effective release strategy you could have for women would be that every need, or risk, or every issue, that corrections

identifies they have, so age could be one of them, health issues could be another, then an allocation of resources that the woman has an ability to direct, is allocated to that woman so that it's not just you know contracts for this program or that program ...

Kim expressed the need to increase resources for reintegrating women, agreeing with aging and reintegration literature stating that women should be empowered to make autonomous choices regarding their care and support (Health Canada, 2002b: 1; Novak and Campbell, 2006: 291, 292; Shaw, 1991: 25).

Tania discussed ways to help older women in the community, noting that they require more accessible resources. When asked what they need, she replied:

Well, we're an aging population. And we know that. And I think it's to put more resources into those individuals [older women], for sure. You know, offer more programs and services, go on-site, make it, um, you know make it mandatory that every nursing home or every senior building has community-based resources. I know we're getting there, I definitely know we're getting there, but again, you know, English and French, are the two prominent languages. So are we doing as much as we can be doing? Um, are we educating everybody, are we bringing in programs and services?

Tania cited other structural needs, including improving transit services and safety in public places. She added, "And, obviously more mental health related services for them, or health care services. I just think that the list goes on and on," emphasizing the range of older women's needs, as well as the urgency of improving community resources.

Nonprofit agencies' limited budgets restrict the services they provide to their clients, a problem that appears in the literature (Shaw, 1991: 6). Christine stated that she offers basic programming, but cannot address special needs, such as translation services, explaining, "[W]e're also a nonprofit organization, and we have no money." Mary indicated that the halfway house budget is also tight, noting the limited daily

resources allocated for each reintegrating ex-prisoner. The small scale of the facility also limits its abilities to accommodate special needs:

...[T]he male halfway houses would have more access to funding to retrofit their houses to, um accommodate the needs. So I think if you did, you know, a cross-Canada sweep and looked at the halfway houses and the accessibility, you would probably find more of the male halfway houses are, are set up to be accessible. Because they have larger numbers... They're being paid the same per person that we are, to accept female offenders – except they've got much greater numbers. So they've got a much bigger budget to work with, and they have more freedom to do things like retrofit.

Women are denied equal access to services since their special needs are ignored.

André mentioned a need for increased resources directed toward long-term solutions, highlighting the need to fund mental health research to reduce the number of older adults who suffer with mental health disorders and commit suicide. André commented, “And that’s another problem is that we have great intervention tools, but what are our prevention tools? We have nothing.”

While structural changes are urgently needed, Kim mentioned that some care providers are creatively alleviating women’s financial struggles.

And I know that, um, we’ve had some really good luck with some of the, some of those support providers who have done things like, you know worked with doctors to get energy, no, not energy drinks, um, you know those food replacement/food supplements – Ensure – put on as a prescription so it gets covered by the social assistance drug plan, where you know, buying Boost and Ensure and that sort of thing when you’re on a fixed income is pretty impossible to do...

She illustrates the significant positive impact of increasing women’s financial capabilities, enabling them to better manage their own health and well-being. Women require assistance to meet their day-to-day needs; encouragement to reach out to their communities and overcome stigma; and access to adequately funded community

agencies, programs, and services. Participants also cited an urgent need for positive, accepting environments, which I discuss in the following section.

Societal Change: Understanding

Literature explores older women's varied needs, including better healthcare, financial support, social support, and specialized programs and services. Participants discussed what could be done to better serve older women and facilitate their community integrations, stressing the need to shift societal perceptions relating to women, older adults, and individuals in conflict with the law.

While Kim and Mary focused on financial and resource barriers, Tania examined the intersectional nature of older women's needs, many of which are misunderstood by society and care providers. When asked how to better serve older women, she replied:

I think it's to have a better understanding of what types of issues face these particular women, in terms of isolation being number one. And understanding commitment back to family. You know, and if they go and steal and they're trying to support their family, that there's another thing that needs to go with that besides just prevention around theft.

Tania stressed the need to educate and sensitize service providers regarding their clients. Kim also discussed frustrations associated with ignorant professionals, sharing the story of an older woman whose worker proposed unfeasible reintegration plans:

I remember one woman – this was in the prison, and she's now out – and, you know, just being hopping mad one day because the issue – she was told by ... her primary who was the age of, as she says, the age of her youngest daughter, who was, and she was telling her, "You should think about going back to school." And you know, this woman was forty-nine at the time. And she said, you know, "That's all, like, great, how am I gonna pay for it? And then what do you want me to do once I go back to school? Like, who's gonna hire me when I'm finished?" She would have had to upgrade her high school, then go to university then, I mean, you know, by the time she finished she would have been minimally fifty-five, more likely closer to sixty. You know, the reality is who is going to hire you then?

Some older women are limited by ageist labels; others are harmed when their age is not considered, as in Kim's example (Grenier and Hanley, 2007: 217). Tania felt that service providers need to better understand women's cultural contexts:

And better training of the staff too in terms of cultural, you know, cross cultural training and all that kind of stuff, you know this belief... especially when you're working with women in conflict with the law. We know that in many cultures it is not appropriate to look you in the eye. And right away there is the judgment of when you look to the ground you're lying. You're hiding something. And I think to be more understanding of that. I just think that everybody, especially in Ottawa, we're so multicultural here that we just need, so much more training as workers as well.

Tania highlights the need for change in the professional community. While older women often face inappropriate care and services, Kim noted some positive changes, indicating that advocates can attempt to find and sensitize understanding service providers:

I know that they've also tried in a couple places to, in social services, and to get the um the supervisor or someone to deal with the – the individual who is on assistance rather than have it be someone who, you know, no offence to anybody, but is just out of university and is probably fairly middle class and has no clue why, you know, ya need to have extra money for vitamins and prunes and whatever, and you know, I shouldn't make light of that, but basically that, who may not have any clue why there would be some different needs for someone who is older than someone who's younger. Would see a single older woman as more akin to a single employable person than they should.

Kim shows how education could help service providers to see their clients as unique people. André emphasized that the professional community needs to respond to older women's intersecting needs. While noting older adults' diversity, he expressed the need for professionals to create client-centered, collaborative, and holistic care networks.

... we need to work together. And we need to work concurrently together. We can't be just doing one thing – we can't just treat the mental health and not the gambling. Or the gambling and not the mental health. We have to work to make sure it's at the same time. It's not chasing after ten cats at the same time; we've got to work it together in order to be more successful.

André, Tania, Christine, and Kim all indicate that the professional community needs to be sensitized to older women's needs. André's view highlights his experience helping

older adults struggling with gambling addictions. Alcoholism and mental health disorders, especially depression, are common among older prisoners and are often untreated, creating challenges for them in the community when doctors also fail to take elders' concerns seriously (CSC, 1998: 63; Dillaway, 2006: 48). Participants warned that older women receive inappropriate treatment when their needs are minimized or dismissed, reflecting the institutional thoughtlessness harming prisoners whose needs are overlooked or misunderstood (Crawley, 2005: 350).

André warned that ignorance is a societal problem which extends beyond the professional community:

We need to educate our society, get them to understand what, you know, mental health, addictions, is all about. And I mean, there are some older women that I'm sure they get stuck in the justice system that have no mental health and addiction problems, but I think there are probably few of them.

André connected changes in professionals' attitudes and society, noting that increasing societal awareness of mental illness could create positive outcomes. He continued,

I think that's kind of a bigger picture, kind of a systematic, societal, cultural thing. I think if we understand more, in our society, I think we'd be able to serve them better. You know, and that means our ODSP and OW and maybe CPP⁹ or whoever's connecting with them with their pension would judge them less. Their doctors and nurses might judge them less. Their CCAC workers might judge them less. You know, their peers in their senior buildings might judge them less.

Participants shared the challenges older women face in their communities. Their insights and existing research point to ways to improve older women's reintegration experiences. To do this, structural and social changes, as well as more resources, are required (Holtfreter et al. 2004: 200, 209). In the following section, I conclude my study of older women's reintegrations, discussing avenues for future research and advocacy.

⁹ André refers to the Ontario Disability Support Program, Ontario Works (welfare), and the Canada Pension Plan.

VI. Conclusion and Discussion

Older women in conflict with the law are a small but growing group which faces unique challenges based upon factors including their age, gender, and social locations. Researchers and theorists have only recently begun to explore older women's experiences of the justice system; knowledge in this area is still limited. To help fill this gap, I interviewed professionals working with older reintegrating women to determine how their clients experience reintegration in Ottawa. I conducted semi-structured interviews, using standpoint theory to present and analyze participants' views. Participants shared their insights, as well as stories, concerns, and experiences which reflected their clients' realities. They were eager to explain older women's concerns and needs to me, helping to overcome my lack of knowledge and understanding of this area. My analysis identifies community-level factors affecting older reintegrating women, the resources available to them, as well as what can be done to improve their lives.

Participants' narratives were analyzed to determine the factors that they felt affected older women's reintegrations; their key needs; and the availability and relevance of programs and services in Ottawa. I highlighted the pressures women face in the community by connecting professionals' accounts to the existing literature on older prisoners; women and justice; social capital; and prisoner reintegration, as well as to general strain theory. The professionals identified age, gender, socioeconomic status, and health as the primary factors hindering women's reintegrations; other factors, including race and ethnicity, were not elaborated to the same degree, possibly due to limitations in the participants' experiences or to the relative isolation of minority women within their cultural communities. Participants indicated that older women struggle in their communities after release, facing many barriers and challenges. Few, however, return to prison; most remain in the community and receive help and support from programs, resources, and social networks.

Older women facing physical limitations, language barriers, or health concerns need barrier-free access to programs and services to ensure that they can use existing resources. Currently, older women's program participation is limited by their language capabilities, physical mobility challenges, and their needs for safety and comfort in their environments. Several organizations and agencies offer programming and services which benefit older reintegrating women; however, most of these services present at least one of these barriers, limiting their accessibility. Unfortunately, many of these barriers cannot be removed due to the resource limitations faced by the agencies.

Older reintegrating women, just like older women who are not involved with the justice system, often cope with chronic health conditions. Participants linked older women's health concerns to their age, gender, and imprisonment experiences. They indicated that these women's limited access to healthcare has severe long-term consequences. Poor health also complicates other aspects of their reintegrations, affecting their employability and mobility; increasing their needs for programs and services; and limiting the resources which they can access. Older female ex-prisoners also face the prospect of early death due to severe illnesses and suicide, topics which are too often ignored. The systemic factors leading to older women's illnesses and deaths require further exploration and attention to ensure they do not suffer needlessly.

Families, friends, and professionals are vital to older women's reintegrations, helping them to access resources and services by providing emotional, physical, and financial support. Communities of support offer older women positive environments, allowing them to meet their needs, improve their self-esteem, and mitigate the strains they encounter. Care providers serve dual roles, helping older women to access

resources, and assisting them to rebuild and strengthen their social networks, thus ensuring that they receive as much support as possible. These positive links, however, were contrasted with the exclusion and marginalization many women experience, as well as their fears about reaching out to others and building new social networks.

Women's social ties are often refuges in hostile social worlds. Many participants indicated that older reintegrating women are treated poorly: they are stigmatized, judged, or ostracized by their friends, neighbours, and cultural communities. While these challenges are not unique to older women, their experiences of stigma and shame are amplified due to their age, gender, and generational and cultural contexts. Ostracism and self-isolation limit older women's community ties, causing stress and strain; placing them in marginal, vulnerable positions; and making them afraid to seek help.

The participants shared many ideas which they felt could improve ex-prisoners' chances of successfully reintegrating. They advocated for providing adequate financial resources directly to women; as well as increasing the funding of programs and services to allow them to address older women's needs. Strategies to decrease older adults' isolation through counseling, outreach, and encouragement, as well as providing opportunities for social engagement in positive, supportive settings were explored. Finally, participants stressed the need for societal change to create environments that provide nonjudgmental acceptance from service providers and society as a whole.

By exploring older reintegrating women's experiences with those who work with them, I discovered that for these women, the pains of imprisonment are replaced by the pains of reintegration. They often struggle to reintegrate, but still manage to rebuild their lives with the help of supportive families, friends, and community services. Programs,

however, must be further specialized to ensure that they effectively assist this group. Neighbourhoods and professional communities require education about older women's realities to decrease older women's stigmatization and ostracism. Support providers must collaborate, sharing information and resources to enhance their clients' care.

Ideally, our society should direct more resources toward older criminalized women, and elders in general, to improve their social integration; physical and mental health; financial and physical security; and their autonomy in communities. Laws, similar to those in France, facilitating the compassionate release of older prisoners, should be enacted to allow elders to live with dignity. As the Canadian population ages and aging directly and indirectly touches more people, more individuals are sensitized to age related issues, helping to reduce the stigma faced by older women in the justice system. Further societal change is needed, however, to ensure that older criminalized women can find acceptance, support, and understanding in their communities, and to guarantee that all older adults are afforded the dignity and respect that they deserve.

VII. Works Cited

- Aday, Ron (1994) "Aging in Prison: A Case Study of New Elderly Offenders", *International Journal of Offender Therapy and Comparative Criminology*, 38(1): 79-91.
- Aday, Ron (2003) *Aging Prisoners: Crisis in American Corrections*, Westport, Connecticut: Praeger.
- Aday, Ron (2006) "Managing the special needs of ageing prisoners in the United States" in Wahidin, Azrini and Maureen Cain (eds.) *Ageing, Crime and Society*, Portland: Willan Publishing: 210-229.
- Agnew, Robert (1992) "Foundation for a General Strain Theory of Crime and Delinquency", *Criminology*, 30(1): 47-87.
- Agnew, Robert (1999) "A General Strain Theory of Community Differences in Crime Rates", *Journal of Crime and Delinquency*, 36(2): 123-155.
- Agnew, Robert (2001) "Building on the Foundation of General Strain Theory: Specifying the Types of Strain Most Likely to Lead to Crime and Delinquency", *Journal of Research in Crime and Delinquency*, 38(4): 319-361.
- Beattie, Karen (2006) "Adult correctional services in Canada, 2004/2005", *Juristat*, 26(5).
- Berg, Bruce (2004) *Qualitative Research Methods for the Social Sciences: Fifth Edition*, Boston: Pearson Education.
- Blanchette, Kelley and Craig Dowden (1998) "A profile of federally-sentenced women in the community: Addressing needs for successful reintegration" *FORUM on Corrections Research* 10(1):
- Bourque, Paul, Dolores Pushkar, Lucie Bonneville and François Béland (2005) "Contextual Effects on Life Satisfaction of Older Men and Women", *Canadian Journal on Aging*, 24(1): 31-44.
- Brody, David and Nicholas Lovrich (2002) "Social Capital and Protecting the Rights of the Accused in the American States: An Investigation of the Dark Side of Social Capital", *Journal of Contemporary Criminal Justice*, 18(2): 115-131.
- Broidy, Lisa M. (2001) "A Test of General Strain Theory", *Criminology*, 39(1): 9-33.
- Broidy, Lisa and Robert Agnew (1997) "Gender and Crime: A General Strain Theory Perspective", *Journal of Research in Crime and Delinquency*, 34(3): 275-306.
- City of Ottawa (2008) *City of Ottawa*, Accessed 15 January 2008 from http://www.ottawa.ca/index_en.html
- Clarke, Laura (2001) "Older Women's Bodies and the Self: The Construction of Identity in Later Life", *Canadian Review of Sociology and Anthropology*, 38(4): 441-464.
- Codd, Helen. (1998). "Older women, criminal justice, and women's studies", *Women's Studies International Forum*, 21(2): 183-192.

Collins, Patricia Hill (1991) *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, New York: Routledge.

Collins, Patricia Hill (1997) "Comment on Hekman's 'Truth and Method: Feminist Standpoint Theory Revisited': Where's The Power?" *Signs*, 22(2): 375-381.

CCAC (2007) *Champlain Community Care Access Centre*, Accessed 15 November 2007 from <http://www.ottawa.ccac-ont.ca>

Comack, Elizabeth (1996) *Women in Trouble*, Halifax: Fernwood Publishing.

Comack, Elizabeth (1999) "Producing Feminist Knowledge: Lessons from women in trouble", *Theoretical Criminology*, 3(3): 287-306.

Community Information Centre of Ottawa (CICO) (2007) *Community Information Centre of Ottawa: e-Blue Book*, Accessed 10 December 2007 from <http://ottawa.cioc.ca/start.asp?UseCICVw=13>

Cooley, Charles Horton (2002) "The Social Self" in Pontell, Henry N. (ed). *Social Deviance: Readings in Theory and Research, Fourth Edition*, Upper Saddle River, NJ: Prentice-Hall: 51-53.

Correctional Service Canada (1998) *Managing older offenders: where do we stand?* Accessed 14 October 2006 from <http://www.csc-scc.gc.ca/text/rsrch/reports/r70/er70.pdf>

Correctional Service Canada (1999) *Profile of Women Offenders in the Community*, Accessed 11 May 2007 from http://www.csc-scc.gc.ca/text/prgrm/fsw/profiles/community_e.shtml

Correctional Service Canada (2002a) *Canadian Federal Women Offender Profiles: Trends from 1981 to 2002*, Accessed 14 October 2006 from http://www.csc-scc.gc.ca/text/rsrch/reports/r131/r131_e.pdf

Correctional Service Canada (2002b) *Community Strategy for Women Offenders*, Accessed 11 May 2007 from http://www.csc-scc.gc.ca/text/prgrm/fsw/wos22/wos22_e.shtml

Correctional Service Canada (2003) *Commissioner's Directive 860 – Inmate's Money*, Accessed 5 December 2007 from http://www.csc-scc.gc.ca/text/plcy/cdshtml/860-cde_e.shtml

Correctional Service Canada (2004) *Program Strategy for Women Offenders*, Accessed 8 May 2007 from http://www.csc-scc.gc.ca/text/prgrm/fsw/fsw18/fsw18_e.pdf

Correctional Service Canada (2007a) *Commissioner's Directives/Standard Operating Practices*, Accessed 2 May 2007 from http://www.csc-scc.gc.ca/text/plcy/toc_e.shtml

Correctional Service Canada (2007b) *Our Mission*, Accessed 16 May 2007 from http://www.csc-scc.gc.ca/text/organi/organe01_e.shtml

Crawley, Elaine (2005) "Institutional Thoughtlessness in Prisons and Its Impacts on the Day-to-Day Prison Lives of Elderly Men", *Journal of Contemporary Criminal Justice*, 21(4): 350-363.

Crouch, Mira and Heather McKenzie (2006) "The logic of small samples in interview-based qualitative research", *Social Science Information*, 45(4): 483-499.

Daly, Kathleen (1992) "Women's Pathways to Felony Court: Feminist Theories of Lawbreaking and Problems of Representation", *Southern California Review of Law and Women's Studies*, 2: 11-52.

Daly, Kathleen (1994) *Gender, Crime, and Punishment*, New Haven, Connecticut: Yale University Press.

Deutsch, Nancy (2004) "Positionality and the Pen: Reflections on the process of Becoming a Feminist Researcher and Writer", *Qualitative Inquiry*, 10(6): 885-902.

DeVault, Marjorie (1990) "Talking and Listening from Women's Standpoint: Feminist Strategies for Interviewing and Analysis", *Social Problems*, 37(1): 96-116.

DeVault, Marjorie (1996) "Talking Back to Sociology: Distinctive Contributions of Feminist Methodology", *Annual Review of Sociology*, 22: 29-50.

Dillaway, Heather (2006) "When does Menopause Occur, and How Long Does it Last? Wrestling with Age- and Time-Based Conceptualizations of Aging", *NWSA Journal*, 18(1): 31-60.

Eastman, Mervyn (2006) "Towards a better government for older people and the policy implications in the criminal justice system in Wahidin, Azrini and Maureen Cain (eds.) *Ageing, Crime and Society*, Portland: Willan Publishing: 248-263.

Eitle, David J. (2002) "Exploring a source of deviance-producing strain for females: Perceived discrimination and general strain theory", *Journal of Criminal Justice*, 30: 429-442.

Elizabeth Fry Society (2007) *Elizabeth Fry Society of Ottawa*, Accessed 20 December 2007 from <http://www.efryottawa.com>

Faith, Karlene (1993) *Unruly Women: The Politics of Confinement and Resistance*, Vancouver: Press Gang Publishers.

Farrall, Stephen (2004) "Social Capital and Offender Reintegration: Making probation desistance focused" in Maruna, Shadd and Russ Immarigeon (eds.) *After Crime and Punishment: Pathways to Offender Reintegration*, Portland: Willan Publishing: 57-82.

Field, John (2003) *Social Capital*, London: Routledge.

Finn, Anne, Shelley Trevethan, Gisèle Carrière, and Melanie Kowalski (1999) "Female Inmates, Aboriginal Inmates, and Inmates Serving Life Sentences: A One-Day Snapshot", *Juristat*, 19(5).

Frigon, Sylvie (2003a) "Body Talk: Chronicles of Women's Imprisonment" in Martinez, Andrea and Meryn Stuart (eds.) *Out of the Ivory Tower: Feminist Research for Social Change*, Toronto: Sumach Press: 131-153.

Frigon, Sylvie (2003b) *L'homicide conjugal au féminin : d'hier à aujourd'hui*, Montréal: Éditions du Remue-ménage.

Gagnon, Ruth (2004) "Implementation of a supervision project for federally-sentenced women in Montreal", *FORUM on Corrections Research* 16(1): 13-14.

Gallagher, Elaine (1990) "Emotional, Social, and Physical Health Characteristics of Older Men in Prison", *Aging and Human Development*, 31(4): 251-265.

Gallagher, Elaine (2001) "Elders in Prison: Health and Well-Being of Older Inmates", *International Journal of Law and Psychiatry*, 24: 325-333.

Grenier, Amanda and Jill Hanley (2007) "Older Women and 'Frailty': Aged, Gendered and Embodied Resistance", *Current Sociology*, 55(2): 211-228.

Hannah-Moffat, Kelly (2006) "Empowering Risk: The Nature of Gender Responsive Strategies" in Balfour, Gillian and Elizabeth Comack (eds.) *Criminalizing Women*, Winnipeg: Fernwood Publishing: 250-266.

Harding, Sandra (1986) *The Science Question in Feminism*, Ithaca, NY: Cornell University Press.

Harding, Sandra (1997) "Comment on Hekman's "Truth and Method: Feminist Standpoint Theory Revisited": Whose Standpoint Needs the Regimes of Truth and Reality?" *Signs*, 22(2): 382-391.

Harding, Sandra and Kathryn Norberg (2005) "New Feminist Approaches to Social Science Methodologies: An Introduction", *Signs*, 30(4): 2009-2015.

Harm, Nancy and Susan Phillips (2001) "You Can't Go Home Again: Women and Criminal Recidivism", *Journal of Offender Rehabilitation*, 32(3): 3-21.

Harris, Francesca, Gill Hek and Louise Condon (2006) "Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity", *Health and Social Care in the Community*, 15(1); 56-66.

Hartsock, Nancy (1983) *Money, Sex and Power: Toward a Feminist Historical Materialism*, New York: Longman.

Hawkesworth, Mary (1989) "Knowers, Knowing, Known: Feminist Theory and Claims of Truth", *Signs*, 14(3): 533-557.

Hawkesworth, Mary (1999) "Analyzing Backlash: Feminist Standpoint Theory as Analytical Tool", *Women's Studies International Forum*, 22(2): 135-155.

Health Canada (1999) *The Health of Senior Women*, Ottawa: Public Works and Government Services Canada.

- Health Canada (2002a) *Healthy Aging: Nutrition and Healthy Aging*, Ottawa: Public Works and Government Services Canada.
- Health Canada (2002b) *Workshop on Healthy Aging: Part 1: Aging and Health Practices*, Ottawa: Public Works and Government Services Canada.
- Hekman, Susan (1997) "Truth and Method: Feminist Standpoint Theory Revisited", *Signs*, 22(2): 341-365.
- Holstein, Martha and Meredith Minkler (2003) "Self, Society and the 'New Gerontology'", *The Gerontologist*, 43(6): 787-796.
- Holtfreter, Kristy and Merry Morash (2003) "The Needs of Women Offenders: Implications for Correctional Programming" *Women & Criminal Justice*, 14(2/3): 137-160.
- Holtfreter, Kristy, Michael Reisig and Merry Morash (2004) "Poverty, State Capital and Recidivism among Women Offenders" *Criminology and Public Policy*, 3(2): 185-208.
- Jang, Sung Joon (2007) "Gender Differences in Strain, Negative Emotions, and Coping Behaviors: A General Strain Theory Approach", *Justice Quarterly*, 24(3): 523-553.
- Keating, Norah, Jennifer Swindle and Deborah Foster (2005) "The Role of Social Capital in Aging Well" in Policy Research Initiative, *Social Capital in Action: Thematic Policy Studies*, Ottawa: Public Works and Government Services Canada: 24-48.
- Kirby, Michael (Hon.) et al. (2006) *Out of the Shadows at Last: Highlights and Recommendations, Final Report of the Standing Senate Committee on Social Affairs, Science and Technology*, Ottawa: Parliament of Canada.
- Koch, Patricia and Phyllis Mansfield (2004) "Facing the Unknown: Social Support through the Menopausal Transition", *Women & Therapy*, 27(3/4): 179-194.
- Kratcoski, Peter and Susan Babb (1990) "Adjustment for Older Inmates: An Analysis by Institutional Structure and Gender", *Journal of Contemporary Criminal Justice*, 6: 139-156.
- Lemieux, Catherine, Timothy Dyeson and Brandi Castiglione (2002) "Revisiting the Literature on Prisoners who are Older: Are we Wiser?", *The Prison Journal*, 82(4): 440-458.
- Maidment, MaDonna (2002) "Toward a "Woman-Centered" Approach to Community-Based Corrections: A Gendered Analysis of Electronic Monitoring (EM) in Eastern Canada", *Women & Criminal Justice*, 13(4): 47-68.
- Maidment, MaDonna (2006) *Doing Time on the Outside: Deconstructing the Benevolent Community*, Toronto: University of Toronto Press.
- McCorkel, Jill A. and Kristen Myers (2003) "What difference does difference make? Position and Privilege in the Field", *Qualitative Sociology*, 26(2): 199-231.

- Mohanty, Chandra Talpade (1997) "Under Western Eyes: Feminist Scholarship and Colonial Discourses", in McClintock, Anne, Aamir Mufti and Ella Shohat (eds.) *Dangerous Liaisons Gender, Nation and Post-Colonial Perspectives*, Minneapolis: University of Minnesota Press: 255-277.
- Mohanty, Chandra Talpade (2003) "Under Western Eyes" Revisited: Feminist Solidarity Through Anticapitalist Struggles", *Signs*, 28(2): 499-538.
- Monture-Angus, Patricia (1995) *Thunder in my Soul: A Mohawk Woman Speaks*. Halifax: Fernwood Publishing
- Myers, David (2001) *Psychology: Sixth Edition*, New York: Worth Publishers.
- Novak, Mark and Lori Campbell (2006) *Aging and Society: A Canadian Perspective, Fifth Edition*, Toronto: Thompson Nelson.
- O'Brien, Patricia (2001) "Just like baking a cake": Women describe the necessary ingredients for successful reintegration after incarceration", *Families in Society: The Journal of Contemporary Human Services*, 82(3): 287-295.
- Office of the Auditor General of Canada (OAG) (2003) *Report of the Auditor General of Canada to the House of Commons – Chapter 4: Correctional Service Canada – Reintegration of Women Offenders*, Ottawa: Public Works and Government Services Canada.
- Office of the Correctional Investigator (OCI) (2006) *Annual Report of the Office of the Correctional Investigator: 2005-2006*, Ottawa: Public Works and Government Services Canada.
- Petersilia, Joan (2001) "Prisoner reentry: Public safety and reintegration challenges", *The Prison Journal*, 81, 360-375.
- Petrellis, Tania (2003) *The management of older prisoners in the Canadian correctional system: are specialized units the answer?*, Ottawa: Department of Criminology, University of Ottawa.
- Phoenix, Ann (2000) "Practising Feminist Research: The Intersection of Gender and 'Race' in the Research Process", in Bhavnani, Kum-Kum (ed.) *Feminism and Race*, Oxford: Oxford University Press: 203-219.
- Public Safety and Emergency Preparedness Canada (PSEPC) (2006) *Corrections and Conditional Release Statistical Overview*, Ottawa: Public Works and Government Services Canada.
- Putnam, Robert (2000) *Bowling Alone: The Collapse and Revival of American Community*, Toronto: Simon & Schuster.
- Reinharz, Shulamit (1992) *Feminist Methods in Social Research*, New York: Oxford University Press.

- Reisig, Michael, Kristy Holtfreter and Merry Morash (2002) "Social Capital Among Women Offenders: Examining the Distribution of Social Networks and Resources", *Journal of Contemporary Criminal Justice*, 18(2): 167-187.
- Reisig, Michael, Kristy Holtfreter and Merry Morash (2006) "Assessing Recidivism Risk Across Female Pathways to Crime", *Justice Quarterly*, 23(3): 384-405.
- Reviere, Rebecca and Vernetta Young (2004) "Aging Behind Bars: Health Care for Older Female Inmates", *Journal of Women & Aging*, 16(1/2): 55-69.
- Richie, Beth (2001) "Challenges Incarcerated Women Face as They Return to Their Communities: Findings From Life History Interviews", *Crime & Delinquency*, 47(3): 368-389.
- Riessman, Catherine (1987) "When Gender is not Enough: Women Interviewing Women", *Gender & Society*, 1(2): 172-207.
- Robert, Dominique, Sylvie Frigon and Renée Belzile (2007) "Women, the embodiment of health and carceral space", *International Journal of Prisoner Health*, 3(3): 176-188.
- Robinson, Vanessa (2003) *A review of the needs of federally sentenced women on conditional release, and the community programs and services in Ottawa that cater to these needs*, Ottawa: Department of Criminology, University of Ottawa.
- Rowe, John and Robert Kahn (1997) "Successful Aging", *The Gerontologist*, 37(4): 433-440.
- Rowe, John and Robert Kahn (1998) *Successful Aging*, New York: Random House.
- Severance, Theresa (2004) "Concerns and Coping Strategies of Women Inmates Concerning Release: 'It's going to take somebody in my corner'" *Journal of Offender Rehabilitation*, 38(4): 73-97.
- Sharp, Susan, Dennis Brewster and Sharon RedHawk Love (2005) "Disentangling strain, personal attributes, affective response and deviance: a gendered analysis", *Deviant Behavior*, 26: 133-157.
- Shaw, Margaret (1991) *The Release Study: Survey of Federally Sentenced Women in the Community*, Ottawa: Supply and Services Canada.
- Slocum, Lee Ann, Sally S. Simpson, and Douglas A. Smith (2005) "Strained Lives and Crime: Examining Intra-Individual Variation in Strain and Offending in a Sample of Incarcerated Women", *Criminology*, 43(4): 1067-1101.
- Smith, Dorothy (1974) "Women's Perspective as a Radical Critique of Sociology", *Sociological Inquiry*, 44(1): 7-13.
- Smith, Dorothy (1987) *The Everyday World as Problematic: A Feminist Sociology*, Toronto: University of Toronto Press.

Smith, Dorothy (1997) "Comment on Hekman's "Truth and Method: Feminist Standpoint Theory Revisited"", *Signs*, 22(2): 392-398.

Squires, Kristi (2004) "The reintegration of federally sentenced women: A commentary", *FORUM on Corrections Research*, 16(1): 7-8.

Stanley, Liz and Sue Wise (1993) *Breaking Out Again: Feminist Ontology and Epistemology*, London: Routledge.

Steffensmeier, Darrell and Mark Motivans (2000) "Older Men and Older Women in the Arms of Criminal Law: Offending Patterns and Sentencing Outcomes", *Journal of Gerontology*, 55B(3): S141-S151.

Steiner, Eva (2003) "Early release for seriously ill and elderly prisoners: Should French practice be followed?" *Probation Journal*, 50(3): 267-276.

Stone, Leroy and Carolyn Rosenthal (1996) "Profiles of the Social Networks of Canada's Elderly" An Analysis of 1990 General Social Survey Data" in Litwin, Howard (ed.) *The Social Networks of Older People: A Cross-National Analysis*, Westport, CT: Praeger: 77-98.

Strimelle, Véronique (2007) "À la recherche d'une population invisible: les femmes âgées en prison au Canada", *Revue de Droit Pénal et de Criminologie*, (septembre-octobre): 816-840.

Strupp, Heidi and Donna Wilmott (2005) *Dignity Denied: The Price of Imprisoning Older Women in California*, San Francisco: Legal Services for Prisoners with Children.

Taylor, Kelly and Jillian Flight (2004) "A profile of federally-sentenced women on community release", *FORUM on Corrections Research*, 16(1): 24-27.

Turcotte, Martin and Grant Schellenberg (2007) *A Portrait of Seniors in Canada 2006*, Ottawa: Statistics Canada.

Uggen, Christopher, Jeff Manza and Angela Behrens (2004) "Less than the Average Citizen: Stigma, role transition and the civic reintegration of convicted felons" in Maruna, Shadd and Russ Immarigeon (eds.) *After Crime and Punishment: Pathways to Offender Reintegration*, Portland: Willan Publishing: 261-293.

Wahidin, Azrini (2002) "Reconfiguring Older Bodies in the Prison Time Machine", *Journal of Aging and Identity*, 7(3): 177-193.

Wahidin, Azrini (2004) *Older Women in the Criminal Justice System: Running Out of Time*, London: Jessica Kingsley Publishers.

Wahidin, Azrini (2006) "'No problems – old and quiet': Imprisonment in later life" in Wahidin, Azrini and Maureen Cain (eds.) *Ageing, Crime and Society*, Portland: Willan Publishing: 171-192.

Wahidin, Azrini and Dot Moss (2004) "Women doing and making time: reclaiming time", *The International Journal of Sociology and Social Policy*, 24(6): 76-111.

Wahidin, Azrini and Jason Powell (2004). "Older people and carceral institutions in the UK: A Foucauldian excursion", *International Journal of Sociology and Social Policy*, 24(12): 44-65.

Wahidin, Azrini and Shirley Tate (2005) "Prison (E)scapes and Body Tropes: Older Women in the Prison Time Machine" *Body & Society* 11(2): 59-79.

Watson, Roger, Anne Stimpson and Tony Hostick (2004) "Prison Health Care: A Review of the Literature", *International Journal of Nursing Studies*, 41: 119-128.

Williams, Brie, Karla Lindquist, Rebecca Sudore, Heidi Strupp, Donna Wilmott and Louise Walter (2006) "Being Old and Doing Time: Functional Impairment and Adverse Experiences of Geriatric Female Prisoners", *Journal of the American Geriatric Society*, 54: 702-707.

Williams, Monica and R. V. Rikard (2004) "Marginality or Neglect: An Exploratory Study of Policies and Programs for Aging Female Inmates", *Women & Criminal Justice*, 15(3/4): 121-141.

VIII. Appendices



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Faculté des sciences sociales
Criminologie

University of Ottawa
Faculty of Social Sciences
Criminology

Appendix A –Recruitment Text for Older Women

To: Women aged 50 and older reintegrating in the community

I would like to invite you to take part in a research study entitled: "After Prison: Pathways to Reintegration for Older Women", which will explore the experiences of women aged 50 or older who are on probation, parole or reintegrating in the community. The research will be conducted by Laura Shantz, a graduate student in the Department of Criminology, University of Ottawa, and is supervised by Professor Sylvie Frigon.

The purpose of the study is to learn how older women ex-prisoners who are reintegrating experience community life. This includes the role of communities in improving quality of life. Through personal interviews, the study will look at the experiences of older women, as well as of those who help them. This project will help to determine what can be done to assist older women to reintegrate and have a good quality of life.

If you choose to participate, you will be required to participate in one interview. You can choose to contact the researcher directly, or have your name forwarded to the researcher, who will then contact you to provide more information and set up an interview for a time that is convenient for you. You are under no obligation to participate. Your choice whether or not to participate will not affect your relationship with the referring organization.

The interview will last between one and two hours. This interview will explore your experiences as an older woman living life and accessing services in the community. The information that you share during the interview will be kept confidential. No personal information about you will be disclosed, and your anonymity will be protected in any published work.

If you are interested in participating or would like more information on the study, please contact the researchers, who can be reached through the contact information provided below. Or, you may inform a staff member of the referring organization that you would like to participate. She/He will then forward your name to the researcher.

Thank you for your consideration,

Laura Shantz
MA Student
Department of Criminology
University of Ottawa

Professor Sylvie Frigon
Department of Criminology
University of Ottawa
613-562-5800 ext. 1794
sfrigon@uottawa.ca

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Ottawa ON K1N 6N5 Canada
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Appendix B – Recruitment Text for Professionals

Dear _____,

I would like to invite you to take part in a research study entitled: "After Prison: Pathways to Reintegration for Older Women", which will explore the experiences of women aged 50 or older who are on probation, parole or reintegrating in the community. The research will be conducted by Laura Shantz, a graduate student in the Department of Criminology, University of Ottawa, supervised by Professor Sylvie Frigon.

The purpose of the study is to learn how older women experience community life during their reintegration process. This includes examining the role of communities, as well as structures and organizations within communities, in improving quality of life. Through personal interviews, the study will look at the experiences of older women, as well as of individuals who perform intervention and policy work that affects this group. This project will help to determine what can be done to assist older women to reintegrate and have a good quality of life.

If you choose to participate, you will be required to participate in one interview. Please respond to this email indicating whether or not you wish to participate. If you do wish to participate, you will be contacted in order to set up an interview time that is convenient for you. You are under no obligation to participate.

The interview will last between one and two hours. This interview will explore your experiences in dealing with older women on probation and parole living life and accessing services in the community. The information that you share during the interview will be kept confidential: no personal information will be disclosed, and your anonymity will be protected in any published work.

If you are interested in participating or would like more information, please respond to this e-mail, indicating your interest.

Thank you for your consideration,

Laura Shantz
MA Student
Department of Criminology
University of Ottawa

Professor Sylvie Frigon
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Appendix C - Consent Form

Title of Study: After Prison: Pathways to Reintegration for Older Women

Laura Shantz
Department of Criminology
University of Ottawa

Professor Sylvie Frigon
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613-562-5800 ext. 1794
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Université d'Ottawa
Faculté des sciences sociales

Criminologie

University of Ottawa
Faculty of Social Sciences

Criminology

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Laura Shantz under the supervision of Professor Sylvie Frigon.

Purpose of the Study: The purpose of the study is to learn how older women on probation and parole experience community life. This includes the role of communities in improving quality of life. The study will look at the experiences of older women and of those who help them. We hope to learn what women need to reintegrate and what can help women in their communities. Hopefully, this project will help to determine what can be done to help older women to reintegrate.

Participation: My participation will consist essentially of taking part in one interview, lasting one to two hours, during which I will be asked to answer questions regarding my thoughts and experiences. The interview has been scheduled for _____.

Risks: My participation in this study will entail that I volunteer information about my personal thoughts, feelings and experiences, and this may cause me to feel uncomfortable and upset. I have received assurance from the researcher that every effort will be made to minimize these risks, and I have been provided with a list of organizations that can help me if I experience any negative effects.

Benefits: My participation in this study will add to the knowledge about older women's experiences after prison on probation or parole in the community. This information could be used to help improve the reintegration and quality of life for older women.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for this study and that my confidentiality will be protected. My name and identifying details will not be disclosed. **Anonymity** will be protected in the following manner: no identifying details about me, my life, or my location will be published.

Conservation of data: The data collected, including field notes, tape recordings and transcripts will be kept in a secure office at the Department of Criminology, where only Laura Shantz and Sylvie Frigon will have access to it. Data will be conserved for five years, after which time it will be destroyed.

Compensation: I will be offered compensation in the form of bus tickets for travel expenses that I may incur as a result of my participation.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed.

Acceptance: I, _____, agree to participate in the above research study conducted by Laura Shantz of the Department of Criminology, University of Ottawa, under the supervision of Professor Sylvie Frigon.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research,
University of Ottawa,
Tabaret Hall, 550 Cumberland Street, Room 159,
Ottawa, ON K1N 6N5
Tel.: (613) 562-5841
Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

Appendix D – Interview Questions

Note: I began each interview with a leading statement (below), and allowed the participants to speak about their thoughts and experiences. Throughout the discussion, I used the subsequent questions to elicit further information from participants.

Statement:

As you know, I am interested in discussing your experiences relating to older women who are reintegrating into the community, their access to programs and their engagement in the community.

Questions:

What services does your group/organization offer to older women in conflict with the law?

What struggles/challenges do older women face in their communities that are specific to their gender and age?

What do older women need in order to successfully reintegrate in the community?

Are there any difficulties involved in accessing services (e.g., language barriers, health, ability, etc.) or finding services that are appropriate to the women's situations?

What could be done to better serve this group?

Appendix E – Helping Resources for Professionals

If you feel anxiety or emotional upset after participating in the interview, the organizations listed below can provide you with counseling and support.

For immediate support:

Distress Centre of Ottawa and Region
(613) 238-3311

Royal Ottawa Hospital Crisis Line
(613) 722-6914

For longer-term counseling:

Centretown Community Health Centre
420 Cooper St.
Ottawa, Ontario
K2P 2N6
(613) 233-4443

Sandy Hill Community Health Centre
221 Nelson St.
Ottawa, Ontario
K1N 1C7
(613) 789-1500

Somerset West Community Health Centre
55 Eccles Street
Ottawa, Ontario
K1R 6S3
(613) 238-8210

Appendix F – Community Resources for Older Women in Conflict with the Law

While no services specifically for older female ex-prisoners exist in Ottawa, many services provide help and assistance to this group. The following services provide help to women who are older, marginalized, have addictions and/or mental health issues, as well as those who are in conflict with the law. Information about the services was gleaned from professionals' interviews, the Community Information Centre of Ottawa database, City of Ottawa resource listings, and the organizations' websites. As older women's individual needs and circumstances vary, they may access and benefit from other community programs not included in this list.

Amethyst Women's Addiction Centre

The centre provides community treatment services to women living with addictions from a feminist framework. It runs a day treatment program for women coping with substance abuse, as well as programming addressing problem gambling, and provides support for women who have experienced sexual abuse.

613-563-0363

<http://www.amethyst-ottawa.org/>

Canadian Mental Health Association (CMHA)

The CMHA is a non-profit agency which supports individuals living with mental health diagnoses by providing community support services, including housing support, community treatment orders, and long-term case management. The organization also offers peer support and public education services.

613-737-7791

<http://www.cmhaottawa.ca/>

Community Care Access Centre (CCAC)

The Community Care Access Centre coordinates home supports, including personal support, nursing care, and physical and occupational therapy, to assist individuals to recover from illnesses, cope with long term chronic conditions, and maintain their independence.

613-745-5525

<http://www.ottawa.ccac-ont.ca/>

Elderly in Need program

The program provides one-time financial grants of up to \$500 to assist seniors in crisis to improve their quality of life, health, and safety. It is designed to provide short-term assistance until longer-term solutions are developed.

613-232-0727

<http://www.helptheaged.ca/ottawa.htm>

Elizabeth Fry Society of Ottawa

The Elizabeth Fry Society of Ottawa offers services to women of all ages in conflict with the law and those at risk of coming into conflict with the law. The organization offers individual and group counseling as well as helping women to access other community services. The Elizabeth Fry Society also operates a court program that offers assistance and support to women attending court proceedings.

613-237-7427

<http://www.efryottawa.com/>

Essential Health and Social Supports Program

The program, which is run by the City of Ottawa, provides money to older adults on low incomes to cover the costs of health services and products, such as dental care, eyeglasses, and hearing aids.

613-560-6000

http://www.ottawa.ca/residents/efa/living_costs/dental_eyeglasses_en.html

Family Services Ottawa

This organization provides general counseling and assistance to families in need. It operates several support groups for elders, including "A Time for Me," which provides support to all older adults, as well as "Gathering Strength," a program for older women who have experienced abuse. These programs provide support and a social outlet for older women.

613-725-3601

<http://www.familyservicesottawa.org/>

Geriatric Psychiatry Community Services of Ottawa

The organization serves adults aged 65 and older with mental health issues or dementia. It offers assessment, diagnosis and treatment services, including case management, counseling, and family education. The service also engages in advocacy and education regarding adults with mental health issues.

613-562-9777

<http://www.seniorsmentalhealth.ca/2004%20GPCSO%20for%20MacCourt.pdf>

Good Companions Centre

The Good Companions Centre is a non-profit organization offering social, recreational and lifestyle programming to adults aged 55 and older to foster independent living and community engagement. The GCC offers day programs, community living supports and food services.

613-236-0428

<http://www.thegoodcompanions.ca/>

Home Help Program

This is a city-run service that provides housekeeping services to older adults with disabilities and low incomes.

613-580-2400 ext. 26436

http://www.ottawa.ca/residents/efa/disabilities/home_management_en.html

Home Management Services

The City of Ottawa facilitates independent living by offering counseling services teaching homemaking skills (e.g., budgeting, menu planning, organizational skills) through its Community Resource Centres.

3-1-1 (Offered through various Community Resource Centres)

http://www.ottawa.ca/residents/efa/disabilities/home_management_en.html

Immigrant Women Services Ottawa

This organization serves immigrant women of all ages, providing translation services, crisis intervention, counseling, and support groups for immigrant women who are new to Canada or who are experiencing abuse.

613-729-3145

<http://www.immigrantwomenservices.com/>

JF Norwood House

JF Norwood House is the only women's halfway house in the Ottawa area. It is run by the Elizabeth Fry Society of Ottawa. The house serves clients from the provincial and federal correctional systems who are reintegrating into the community. Women receive supportive housing, can access in-house programming, and be connected with other services offered in the community.

613-230-2372

<http://www.efryottawa.com/jfnorwood.htm>

Lifestyle Enrichment for Senior Adults

Provides counseling services for adults aged 55 or older with addiction issues. LESA offers individual counseling, group programs, home visits, recreational activities, and a telephone support line.

613-233-5430

http://www.centretownchc.org/addictions_services.htm

Minwaashin Lodge

Minwaashin Lodge serves the First Nations, Inuit and Métis community of Ottawa, focusing their services on women and children who have survived violence, and who have experienced the residential school system. The organization provides emergency shelter, counseling, family support, links to Elders, and cultural programming.

613-741-5590

<http://www.minlodge.com/>

Options Bytown

Options Bytown provides long-term supportive housing to individuals who cannot live independently in the community. The organization also runs several resource centres which aim to assist people to maintain independent living, provide counseling for mental health issues, and promote community development.

613-241-6363

<http://www.optionsbytown.com/>

Ottawa Public Health

Ottawa Public Health offers telephone-based assistance, as well as health-related counseling and programming designed to preserve seniors' independence in their communities. The organization also provides elders with tools to assist them in maintaining healthy lifestyles.

613-580-6744

http://www.ottawa.ca/residents/health/seniors/index_en.html

Para Transpo

Para Transpo is an accessible transit service funded by the City of Ottawa. It is designed to serve individuals with disabilities that limit their ability to use regular transit services.

613-244-1289

http://www.octranspo.com/acc_menuue.htm

Project Upstream

Project Upstream offers permanent housing to individuals living with long-term mental illnesses in Ottawa. Women can access geared-to-income apartments as well as ongoing mental health support.

613-737-7644

<http://www.projectupstream.com/>

Reaching out to Isolated Seniors (ROTIS)

Reaching Out to Isolated Seniors attempts to reduce elders' social isolation through public awareness and educating non-traditional referral sources (e.g. banks, apartment managers, stores). Individuals are provided with a single telephone number through which they can access a variety of services.

613-562-6381

<http://www.helptheaged.ca/ottawa.htm>

Regional Geriatric Program of Eastern Ontario (RGP)

The program works with seniors in hospitals and in the community to help seniors manage complex health problems and maintain independence. The program offers a range of services including assessments, rehabilitative treatment, clinics, and outreach services.

Ottawa East: 613-562-6362

Ottawa West: 613-721-0041

Resource Centre: 613-761-5122

<http://www.rgpeo.com/index.php>

SALUS

Salus offers subsidized, supportive community housing for individuals with serious mental health issues. It also offers case management and recreational services to its clients.

613-729-0123

<http://www.salus.on.ca>