



A New Way of Life Re-Entry Project: A Case Study

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For more than eighteen years, A New Way of Life Re-Entry Project (ANWOL) has thrived through the dedication and determination of many individuals. It is, however, critical to highlight the vision and inspirational leadership of Susan Burton, without whom, ANWOL would not be the success that it is today. Special thanks are owed to Susan Burton, as well as Tiffany Johnson, for facilitating this case study.

This report was made possible thanks to the commitment and hard work of ANWOL staff and program participants who all shared their time, reflections, and knowledge. We appreciate the staff's continued commitment to transforming the re-entry process for women, families, and communities. More importantly, we are indebted to the women at ANWOL and commend their strength and courage as they experience re-entry.

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EXECUTIVE SUMMARY

Formerly incarcerated women constitute one of the fastest-growing, yet most underserved and least understood populations in California. In an effort to understand the short and long-term consequences of both incarceration and the re-entry process, this case study aims to describe and illuminate the ways in which one community-based re-entry program supports the growth of women and also fights to reshape societal narratives and policies that perpetuate the continued incarceration of women of color.

A New Way of Life Re-Entry Project (ANWOL) is an innovative, holistic program that embodies and exemplifies evidence-informed practices. The community-based program was conceived by Susan Burton, a leader with an extensive and personal knowledge of the needs of women experiencing re-entry. As such, ANWOL offers a truly comprehensive range of supportive services, including housing, work placement, mental health, substance use treatment and legal services, as well as organizing and advocacy skill-building to foster both individual empowerment and systemic change.

This research utilizes a case study approach to fully capture the experiences, emotional complexities, and programmatic response among participants at ANWOL. To develop the case study, researchers conducted in-depth interviews with fifteen women, engaged in ethnographic observations of both transitional and independent living homes and continuously drew upon informal discussions with other residents, staff and leadership.

The themes and findings presented within this case study provide insight into both the challenges that characterize participants' life course leading up to incarceration, as well their journey through re-entry and resulting growth from program participation. Themes that endure throughout many women's life course, including parentification, family exposure to substance use, trauma, poverty, homelessness and gang-involvement, all provide a context for the lived experience of women facing re-entry. These themes also lend reason and lead to an explanation of how and why ANWOL programmatic content is effective. Additional themes define ANWOL's guiding principles and programmatic components that resonate most strongly with women and facilitate their journey through re-entry. Exemplifying this approach, the case study examines the process of reaching out for acceptance into the program, the autonomy and freedom that is maintained within the program, housing, leadership and participation in community events along with exposure to policy advocacy.

This case study also presents areas for continued growth and describes challenges voiced by women. Recommendations to further strengthen the ANWOL program include supporting

continuity of care by reducing staff turnover, creating greater transparency in costs associated with program participation and increasing the capacity for reunification and housing services.

ANWOL is a hallmark, community-based program and the lessons learned in this research can assist other programs and women facing re-entry in both urban and rural settings. The themes and findings from this case study also clearly highlight the deeply embedded structural barriers in place that affect women and communities of color. In the words of Susan Burton, ANWOL remains “dedicated to helping women, families and our communities break the cycle and heal from the formidable experiences of incarceration” and is a model program that should be supported and scaled up at a national level. This research endeavors to further ANWOL’s mission by helping to shift the dominant narrative from that of personal responsibility to that of social justice and change

You may write me down in history
With your bitter, twisted lies
You may tread me in the very dirt
But still, like dust, I'll rise.

– Maya Angelou

In California, women comprise one of the fastest-growing yet least understood segments of the incarcerated population. The increasing yet underserved aspect of their lives leads to both short and long-term consequences for their emotional and physical well-being, their families and their communities. The incarceration of women creates trauma as well as disruption at individual and family levels that may contribute to health disparities, particularly in low-income, marginalized communities of color (Freudenberg 2002). At the same time, as members of the short-term inmate population in jails, women experience high levels of infectious and chronic diseases, addictions, mental health problems and ongoing violence that research shows has a profound effect on the health of low-income communities (Adams & Leath 2002, Freudenberg 2001).



These problems do not end after incarceration. Instead, women released from prison or jail and who re-enter their communities and families experience ongoing challenges surrounding mental and physical health (Van Wormer 2010). Most significantly, research reveals that women face unresolved physical and emotional difficulties that increase the risk of substance abuse, re-arrest and re-incarceration (Morash et al. 1998). Additionally, women who have been incarcerated are more likely to have been involved with other public institutions such as Children’s Protective Services and, upon their release, feel they exert neither control nor personal choice over their lives and often encounter ongoing challenges when attempting to reunite and rebuild relationships with their children. Unsuccessful re-entry and the subsequent reincarceration of women have far reaching effects that include higher costs to community health and family stability (Freudenberg 2001, Braman 2004). As a result, women returning to mainstream society, offer both challenges to and unique opportunities for re-entry services (Freudenberg et al. 2005). In turn, re-entry services must be designed to respond to the specific impact incarceration has on all facets of women’s lives.

A well-established literature documenting women’s experience of incarceration and subsequent re-entry into society has revealed that there are certain considerations that must be part of best practices in supportive programming and services. One of the most critical findings is the gendered nature of individual experiences of incarceration and re-entry. *In short, women are different.* Men and women coming out of prison, though they share many characteristics and challenges, typically have different causes leading to their incarceration, different propensities to violence and criminality and different needs. The prevalence of mental health issues is also gendered – women are more likely to suffer from depression and trauma-related mental health issues such as Post Traumatic Stress Disorder (PTSD) stemming from sexual abuse, intimate partner violence, and other traumas – to which females are inevitably more susceptible (Arditti & Few 2006). In most cases, punitive approaches and incarceration itself, where women find themselves isolated in profoundly non-rehabilitative settings, are likely to exacerbate existing traumas.



Evidence-informed best practices suggest that successful re-entry programs should be **gender specific**, both **holistic** and **individualized**, as well as **therapeutic** and **community-based**.

Holistic programs and services take into account the fact that women’s needs are multi-dimensional and interconnected by addressing multiple concerns and considering ways in which issues including mental illness, trauma, criminality and addiction are related and can feed off one another. Holistic strategies enable service providers to address a woman’s unique needs while, at the same time, building upon her strengths. Individualized care is also important because it involves tailoring rehabilitative services in ways that ensure each client has a voice in setting personal goals and priorities. In the past decade, researchers have outlined five fundamental elements of a therapeutic environment: attachment,

containment, communication, involvement, and agency (Haigh 2013, Covington 2002). Along with these, it is evident that support services and programs work better when they are close to home, arising out of the client’s own community. Community-based efforts work best when they are physically close to participants’ current or former residences, but this strategy also

must engage all stakeholders in honoring the population being served and ensuring that this respect improves the quality of service provision itself. Such community-based efforts foster mentorship and role model relationships with staying power and inspirational passion that outsider-imposed policies and programs lack (Covington 2002).

A New Way of Life Re-Entry Project is a hallmark program that embodies and exemplifies these evidence-informed practices. It serves as a dynamic model, reminding us of the profound strength of the human condition and its connections. This case study is designed to describe and illuminate the ways in which this program supports the growth of women and also fights to reshape societal narratives and policies that perpetuate the continued incarceration among women and communities of color.

A NEW WAY OF LIFE RE-ENTRY PROJECT

If one has not experienced re-entry firsthand, it is impossible to completely appreciate and understand the painful nature of this process. While one might assume that re-entry marks a time of freedom, in fact, it is fraught with every bit as much uncertainty, instability and fear as incarceration itself. Developing an effective and supportive re-entry program requires firsthand knowledge of this lived experience in order to create an environment that fosters success rather than added trauma. Susan Burton knows this experience first-hand and her own incarceration and recovery has guided the development of an organization whose mission statement is implicit in its name: A New Way of Life. Because it was conceived by a leader with a deep, personal and extensive knowledge of re-entry, A New Way of Life (ANWOL) provides a truly comprehensive range of supportive services to women experiencing re-entry. From housing to work placement to mental health and substance use services, as well as organizing and advocacy skill-building that fosters both individual empowerment and systems change, ANWOL provides support to nurture and develop every aspect of the painful re-entry process.



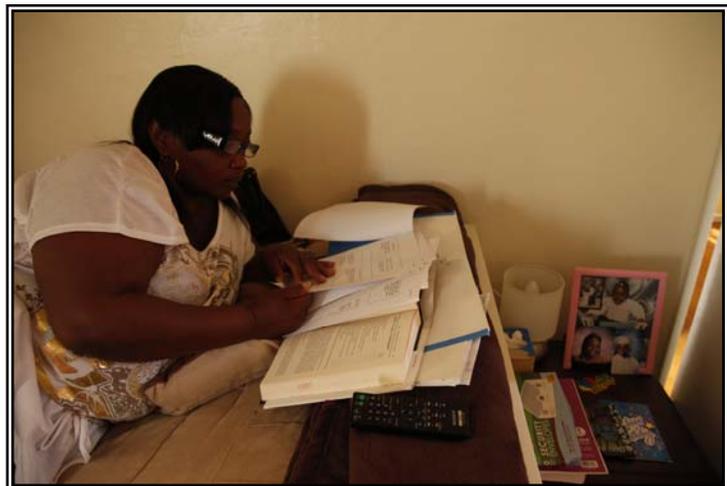
One resident described the range of opportunities and services available to her:

"They are here for you when you need them. They help you get a job. They help you to get a house. They help you to work on yourself. They help you with school. They help you with transportation, so you can go to job

interviews, or schools, or wherever you need to go. They help you with getting your resume, they make your resume. They find you the jobs, and then you just have to go. They help you with all that."

A New Way of Life (ANWOL) is an innovative, holistic re-entry program. It has been envisioned and designed *for* women experiencing re-entry *by* women who have experienced re-entry. In the words of founder Susan Burton, ANWOL is "*dedicated to helping women, families and our communities break the cycle and heal from the formidable experiences of incarceration.*" ANWOL has expanded from a room in Susan Burton's home 18 years ago to a far-reaching program that includes multiple transitional and independent living homes and offices with staff who provide substance use, mental health, job development, and independent living skills and services. There is even a partnership between the UCLA School of Law and ANWOL establishing a Re-entry Legal Clinic that assists women with expunging and reclassification of records, early termination of probation, as well as employment related issues-including learning how to access trade licenses necessary to start businesses or nonprofit organizations. Perhaps the most significant departure from traditional re-entry programs is the thoughtful development of a leadership project as part of the program. This leadership project trains formerly incarcerated women in advocacy and organizing. ANWOL is deeply committed to changing the institutional barriers that women experiencing re-entry face, while also nourishing the individual-level change that allows women to thrive. This represents both personal and systems change that is deeply meaningful.

As part of the emphasis on holistic rehabilitation and healing, there are both transitional and independent living houses available through the ANWOL program. The transitional houses serve as home to sometimes more than 18 individuals, while the independent living homes serve approximately half as many women. Women spend from one to six months in transitional housing,



allowing them to complete their probation requirements as well as develop a supportive foundation, focusing on identifying alternative housing while at the same time helping them develop independent living skills such as budgeting as well as developing and adhering to communal and personal schedules. The transitional living homes contain a communal living room (with television), shared access to a computer and the internet, a kitchen with a

refrigerator, and bedrooms accommodating two to three women. Outdoor patios with tables and chairs provide an area for women to get out of the house, savor leisure time, and enjoy family visits. Women frequently use this as a quiet meditation space early in the morning. It also is the scene of many barbecues and conversations. Independent living homes mirror ANWOL's transitional houses, differing only in terms of size – they house fewer women – and there is an absence of dedicated staff to support residents' daily living. Instead, transitional housing offers the continued support of a housing coordinator, who is present from 2:00pm to 10:30pm five days a week, and on-call much of time. The housing coordinator assists residents and ensures they are reaching personal goals as they work to fulfill program requirements. Again, because Susan Burton possesses such a keen understanding of the needs of women experiencing re-entry, under her direction, the housing coordinator is also someone who has firsthand, personal experience with the re-entry process and serves as a role model to the women.

THE RESEARCH

To understand the women who are involved with ANWOL and the program itself, the case study approach was selected as the best research method to fully capture the women's experiences, the emotional complexities of their lives, and their involvement with and response to the programmatic content. Case studies provide a holistic understanding of a broader issue through detailed contextual analysis of pertinent real-life scenarios. As a result, an effective case study presents data about a selected case in hopes that the results will guide both research and intervention involving larger populations and policies. The generalizations that emerge from the case study approach are based upon researchers' unique knowledge, understandings, and experiences of, "how things are, why they are, how people feel about them, and how these things are likely to be later or in other places" and help the readers learn about "social problems and social programs in a way that accommodates their present understanding through direct and vicarious experience" (Stake 1978).

The experience of re-entering a community following incarceration is a considerable challenge, particularly for women as they face difficulties reintegrating back into their families and peer networks, all while finding and maintaining employment and housing. However, the ANWOL program was conceived and implemented to address this problem. In turn, the case study was designed to understand the supports offered by this unique program and how they can help pave the way for successful re-entry. The lessons learned here are meaningful for ANWOL and women facing re-entry in both urban and rural settings.

It was extremely important to be true to the functioning of the program and the trajectory of women involved. Extensive data, including on-site observations and in-depth interviews, was

collected and analyzed, all in a systematic manner. In addition to providing formal consent to have interviews used for this case study, participants were also asked to indicate whether they consented to have interviews audio-recorded for the sake of ensuring accuracy in the transcription process. All women consented to having their in-depth interview recorded. Confidentiality was ensured at all times. The research team engaged in all data collection with respect and sensitivity for the leadership and residents of ANWOL.

STUDY PARTICIPANTS

Women involved in the case study were identified with the help of ANWOL resident managers. However, prior to women determining if they wanted to participate in the research, it was essential that the ANWOL program participants understood the goals of the case study. One member of the research team attended the morning salutations on multiple occasions and discussed the planned study with the women residents – answering questions and concerns and making herself available via cell phone for women to call or text if they had private concerns that they did not wish to raise in the group. The residents who had been identified by the ANWOL resident managers were then asked individually if they would be interested in participating in the research study. Moreover, during ongoing ethnographic observation, and with the consultation of resident managers, researchers engaged with newly admitted residents, also informing them of the case study and where appropriate, solicited participation. Women were told that interviews were voluntary, would not affect their participation or residence within the program in any way, and would cover topics from their life histories and future plans, as well as their experiences at ANWOL. Participants were assured of confidentiality and told that although signatures had been collected for consent, no identifying information would be disclosed in the final case study.

THE WOMEN

Fifteen women residents were interviewed. Along with formal interviews, researchers engaged in ongoing informal discussions with other residents, as well as staff and program leadership. Interviews ranged in length from 45 to 95 minutes and were conducted at ANWOL residences, transitional and independent living (ILP) homes. Four women (or 26.7 percent) identified as Latina and the remainder



identified as African American. The age of women ranged from 28 to 59 years. All but two of the women interviewed had children. The range of children and ages included one mother with six children, the youngest of whom was 8, while another mother reported that she had seven children, the eldest of whom is 43 years old. All women described having at least one family member in California, but some also explained that they had both nuclear and close extended family out of state. For more than one-third of the residents interviewed for this case study, ANWOL was not their first experience with re-entry programs. The women interviewed had been convicted of charges ranging from attempted murder, to possession with intent to sell, to disturbing the peace. Their residence at ANWOL homes ranged from three weeks to two-years.

CASE STUDY FINDINGS

Once interviews were completed, all tape recordings were transcribed. The words of the women interviewed were carefully coded and then analyzed in an effort to understand both their life journey prior to participation with ANWOL and their journey at ANWOL, as well as its impact. The themes and concepts presented provide insight into both the challenges that characterize their journey up to this point, as well as the growth resulting from program participation and continued personal reflection. Six themes emerged that described residents' challenges throughout their life journey, and an additional five themes emerged that illuminate ANWOL's deepest and most transformational program components. The most prominent case study themes are summarized in Tables 1 and Tables 2 and described in detail following each table. Table 1 consists of themes related to women's experiences prior to entering ANWOL and provides context for their pathway to and from incarceration. Furthermore, as we discuss each theme, where applicable we describe documented best practices across re-entry programs in an effort to highlight the needs of women experiencing re-entry. Table 2 consists of ANWOL's guiding principles and programmatic components that resonated most strongly with women. Again, where applicable and appropriate, we draw upon the established literature to support these themes and describe their use within ANWOL's programmatic content.



TABLE 1: LIFE COURSE JOURNEY TO INCARCERATION

Theme		Support for Theme
Parentification		Every single woman interviewed indicated that at some point in their childhood they were placed in a position of providing parent-like support for siblings or family members. Women described feeling the need to financially or emotionally support family, which placed them in a position of accountability, denied them a childhood, and set them on a path of responsibility far beyond what is age or developmentally appropriate.
Family Exposure to Substance Use		Every woman noted the presence of substance abuse in her nuclear or extended family. This substance abuse among caregivers and family detailed by women often resulted in the parentification described above.
Trauma	<i>Childhood Sexual Abuse</i>	The majority of women reported that they experienced sexual abuse during childhood, and more than half of these instances involved incest: abuse by a family member. While the trauma of abuse was evident, the additional trauma and emotional pain of feeling unprotected and unsupported by caretakers described by these women was even more striking.
	<i>Inter-personal Violence</i>	The vast majority of women reported being the victim of domestic violence as an adult, most frequently at the hands of the father of their child(ren).
	<i>Exposure to Domestic Violence</i>	More than half of the women also described witnessing domestic violence at home during childhood.
Poverty		The majority of women interviewed experienced poverty, which was extreme in multiple cases. Their deprivation served as an impetus to engage in criminal activity, often as a means of supporting siblings and family.
Homelessness		Two women were chronically homeless for extended periods of time, while many others experienced short-term homelessness, which caused them to resort to living in shelters or cars.
Gang-Involvement		More than one-third of women described gang-involvement during adolescence or adulthood.

LIFE COURSE JOURNEY TO INCARCERATION

Burch (2016) poignantly noted, it is all too easy to fall into the trap of laying blame on the individual – assuming it is the woman that must change rather than the underlying structural inequities that perpetuate injustices. As the research charted the journey of women through re-entry, it was essential not to perpetuate this “uncritical” narrative about what women experience and how they transform their lives that is so often framed by individual responsibility rather than a holistic understanding (Burch, 2016). This case study is intentionally designed to provide a context for the lived experience of women facing re-entry as a means of explaining how and why programmatic content is or is not effective. Also, throughout the case study, in the discussion of residents’ life course, it is important to highlight the deeply embedded structural barriers in place that affect women and communities of color. *This research endeavors to shift the narrative from that of personal responsibility to that of social justice and change.*

THEME 1: PARENTIFICATION

The most universal characteristic of the lived experience of women prior to entering ANWOL was the parentification that occurred during their childhood. Parentification is the term describing the role reversal wherein “a child forfeits his or her own needs to become responsible for the emotional and/or behavioral needs of a parent” (Williams & Francis 2010, p. 231). Every woman interviewed described fulfilling a parenting role to one or more family members, either younger siblings or extended family and described the feeling of having to protect people they cared about. The parentification that women described included a range of selfless acts – from putting themselves between the violence of caregivers and loved-ones, to providing financially as a parent, to engaging in daily parenting such as getting siblings ready for school. One resident described her childhood and the parentification she endured:

“And I had to maintain going to school, even though my mom wasn’t able to get me ready and everything like that. So I took on a motherly role at about 11 years old...10 or 11. And I started to raise my sister and my brother and myself. And, basically I was such an old soul, it was easy for me to step into that role...cook, clean, do everything basically. My father was completely unaware of what was happening. When my mother would talk with him, she would say that we’re doing fine, everything’s ok. She would totally just lie because she didn’t want us to be taken away from her. We all lied with her to make sure that we could stay with her. It was a very bad situation.”

Parentification most frequently occurs in families with “disorganized family systems”, most notably those where caregivers are incapacitated and suffer from alcohol or drug addiction or mental illness (Williams & Francis 2010). Some studies suggest that parentified children – or those who have experienced parentification – are also at increased risk of later substance use and behavioral problems (Williams & Francis 2010). Yet, perhaps more importantly, parentification results in children developing a strong internal locus of control that is anchored in the belief that outcomes are contingent upon their own actions rather than the power or control of others. This often exaggerated internal control can sometimes result in parentified children feeling responsible – as adults – for the conditions which created the parentification in the first place. Simply put, the parentified child grows into adulthood and feels profound guilt for both having to assume responsibility in the first place, as well as not saving others from poverty or trauma, however unfair. In order to allow women experiencing re-entry to begin to heal, it is, of course, necessary for programs to provide mental health services that will allow residents to grieve their childhood, and help them understand the consequences of parentification. But it is also critical that programs do not rob participants of their sense of internal control by relying on excessive rules or depriving them of choice or ability to make responsible decisions. This can be profoundly painful and actively harmful in relationship-building among residents and staff. In their response to the women and their struggles, ANWOL recognizes this and provides considerable autonomy and freedom to residents. By allowing women a sense of control and self-determination, the program respects the burden of autonomy and responsibility that so many women who have experienced extreme instances of parentification have endured.

THEME 2: FAMILY EXPOSURE TO SUBSTANCE ABUSE

Every woman also had at least one family member who used alcohol or drugs. In some instances, the exposure was severe, with a parent either becoming actively abusive as a result of the substance use or allowing physical or sexual abuse to occur because of their addiction. In less extreme instances, women simply noted that drugs and alcohol were ever-present in their childhood. One woman recalled:

"A lot of people can say I've been through this, I've been through that, and this is why I am the way I am. But I...I use this as a tool to not go through what my mother went through. She was in an abusive relationship with my father, he was an alcoholic. He used a beat her, take her money, fight her for no reason. Used a lot of profanity...dad was always yelling, he was more drunk than sober that I can remember. So she pretty much taught me to be a strong woman, not go through that with men. But the hurt was still there. Even though he never hit me or anything like that, it was still an abusive relationship growing up – he was there but he wasn't there, he was there, but a father wasn't there."

Only in the last quarter-century have we begun to truly understand the consequences of adverse childhood experiences (ACEs) on adult health and risk behaviors. While it is not always clear what specific mechanisms cause ACEs to affect long-term health, it is evident that these consequences are significant and enduring (Felitti et al. 1998). For example, substance users are more likely to be maladaptive parents, often harsh and inconsistent, which interferes with a child's development early on (Children's Bureau, 2014). More specifically, a well-established literature maintains that children of alcoholics are at risk for a range of behavioral problems including, but not limited to: low self-esteem, physical aggression, stealing, truancy, and increased involvement with drugs and alcohol (Ritter et al. 2002).

THEME 3: TRAUMA

More than three-quarters of the women interviewed described unspeakable childhood trauma. This trauma came most commonly in the form of early exposure to domestic violence among parents or caregivers, experiencing childhood sexual abuse, and later enduring intimate partner violence as an adult. Moreover, many women described multi-generational trauma, as embodied in the words of one woman who remembered:

"At the age of five I was molested by my [family member]. And about the age of nine I started drinking. She [mother] used to give me drinks at the club. My mom and dad, they drank and they fought for many, many years. My grandparents drank, my whole family drank. My whole family are alcoholics. My sister is a heroin addict, well -- she was a heroin addict. It was just difficult living...knowing that I was molested, and after my mother gave me that alcohol, I continued to drink since 9 years old....to kill the pain."

In many instances, all three traumas were present. One resident described intimate partner violence so cruel and vicious, it seems almost beyond the capacity for one human to endure. And all women endured a fourth trauma, all stemming from the experience of incarceration itself, which was simply too painful, and too recent, for most women to discuss at length.

Sadly, trauma is a constant for the women that are residents at ANWOL. Their experiences mirror what has been clearly delineated in the research literature. Childhood sexual abuse correlates strongly with physical abuse by a partner in adulthood as well as sexual assault in adulthood (Follette et al. 1996). In fact, for many women facing re-entry, trauma is the single constant in their lives and occurs throughout the life course, most recently at incarceration. Trauma symptomology is different among victims of childhood physical abuse, childhood sexual abuse, and adult intimate partner abuse or sexual assault (Briere & Elliott 2003).

Women suffering from multiple traumas, understandably, often suffer from even more severe symptoms (Moeller, Bachmann & Moeller 1993) and the greater the severity and frequency of the violence, the more serious the symptomology (Levendosky et al. 2002). At its core, trauma affects one’s ability to cope as a result of heightened reactivity or arousal and mood symptoms, as well as altered cognition.

Trauma-responsiveness in women’s re-entry programming is paramount given the prevalence of trauma among individuals who are trying to adapt to life after prison. In reality, justice system contact itself inevitably traumatizes or re-traumatizes a woman by exposing her to painful triggering experiences – including isolation – effectively reducing all sense of control. Upon re-entry, all women, especially those dealing with PTSD or other mental health concerns, should be enveloped in a therapeutic environment that promotes rehabilitation, healing and personal development – all supporting and leading to recovery from trauma. It is important to note that researchers have laid out five fundamental elements of a therapeutic environment, whether in the institutional or community setting (Haigh 2013, Covington 2002). These consist of (1) attachment, (2) containment, (3) communication, (4) involvement, and (5) agency (see Figure 1 below).

Figure 1. Fundamental Elements of a Therapeutic Environment	
Attachment: a culture of belonging	Attachment is the template that we use to connect with others. A culture of belonging where members are valued is essential in facilitating attachment.
Containment: a culture of safety	Structure, through support, rules and boundaries, make the therapeutic environment feel safe.
Communication: a culture of openness	Therapeutic environments promote transparency and accountability through open communication.
Involvement: a culture of participation and citizenship)	Community meetings (such as the Daily Meditations at ANWOL) are critical in establishing a culture wherein participants are <i>“mindful of others and others are mindful of us.”</i>
Agency: a culture of empowerment	Facilitating a culture which acknowledges that anyone within the community can contribute meaningfully to the therapeutic environment regardless of organizational hierarchy.

The research revealed that ANWOL’s programmatic content is closely aligned with these best practices. This alignment is carefully described in detail in Table 2 and the discussion that follows. The fact that the program that has arisen organically at ANWOL clearly follows these best practices is extremely meaningful and points to the effectiveness of its approach.

THEME 4: POVERTY

In 2014, families headed by single African American or Hispanic women endured the highest poverty rates in the United States (Women’s Bureau 2016). From decades of research and literature on the effects of poverty in childhood it is clear that severity, frequency and persistence of poverty affect a child’s development and later outcomes. For example, children experiencing poverty are more likely to have: poorer health outcomes (low-birth weight, lead poisoning, child mortality), learning disabilities, drop out of high school, experience child abuse and neglect as well as violent crime (Duncan & Brooks-Gunn 2000).

Every woman interviewed also relayed stories of poverty, and often extreme poverty during at least some point in their childhood. For example, one woman recounted the deprivation of her childhood:

"I came from the struggle. I came from poverty. I came from the projects.... Struggling with the lights getting turned off, moving from this town to this town, because we didn't have the money to pay the rent here. One month we didn't have lights, and then another month we didn't have gas. Through that struggle, if we didn't have hot water, we would heat up water in pots on the stove to bathe. We used candles for lights. So I've been through the struggle and the pain."

This theme simply serves as a powerful reminder that in addition to intangibles like emotional support, positive interpersonal connections, and prosocial development, women coming out of prison require tangible resources. Many women regain their freedom upon re-entry, but this frequently comes with the same burden of poverty that they experienced prior to incarceration. Support services, mental health



treatment, and understanding are all critical to re-entry – but – programs must also work to provide material resources when women are not able to meet their basic needs. Clearly, an individual’s ability to reintegrate rather than recidivate hinges upon their ability to access essentials for life such as housing, food, clothing; yet, oftentimes, conditions of poverty, addiction, or mental illness reduce women’s ability to provide themselves with these resources during this vulnerable transition period. ANWOL is acutely aware of this and provides many of the necessities women need through a network of donations. Toiletries, clothing, bedding, home furnishings, and food are donated and provided to residents free of cost.

THEME 5: HOMELESSNESS

While many of the women noted sporadic or singular incidents of homelessness, two residents described long-term, chronic homelessness. One resident reported that she was homeless for more than three years while another woman described a cycle of homelessness lasting just over ten years, which was made even more painful by her separation from her children. She portrayed the pain of life on the streets:

"I was homeless for, I would say, about 10 years out on the streets. I was the old lady with the bags that you see on the street. I was picking up cans and bottles to survive. Living in abandoned apartments or abandoned cars. I lived under the bridge near the airport for three years. And I was on Skid Row for three months."

This theme is particularly salient given the lack of housing that women enduring re-entry face, particularly in Los Angeles County. Without supportive or extended family support, temporary, affordable housing is often impossible to secure. Many populations have been deeply affected by housing shortages. However, this deficit is even more devastating for women just released from prison, with a criminal record, without savings for a deposit, references, or employment.

THEME 6: GANG-INVOLVEMENT

Incarceration and re-entry are intertwined with the issue of female gang involvement. Today in Los Angeles County there are over 1,200 gangs (Leap 2012a) with estimates of female gang membership ranging from 4 percent to 15 percent. But even more recently – and dramatically – the National Council on Crime and Delinquency (NCCD) reported that nationally, girls compose 32 percent of gang members (Glesmann, Krisberg & Marchionna, 2009). In California, young women compose 38 percent of gang membership, with higher concentrations of gang-involved females in certain locations. This echoes findings from these interviews with at least three ANWOL residents describing how they became involved with

gangs at an early age – generally their mid to late-teenaged years. The following passage succinctly illustrates the draw of gang involvement, as well as its consequences:

"I wanted to be in the fast life, because I was sick of this shit [poverty]. It was too much pain. Let me go out here and get some money so that I can pay these bills. So I did it, and I liked it. I mean this was fast money. So, I got addicted to it.... With the street life, we dodge bullets, we banging, I'm a Crip, you bang your hood. Lost two family members, they were like my brothers. And when they died, I died. And that part of me didn't give a fuck about nothing. It was whenever however I got to get it. Trying to cope with the pain, I started popping pills. Addicted to morphine, Norco... Just getting high to numb the pain."

This theme highlights the importance of supportive services that are tailored to the unique needs of this growing population of women experiencing re-entry. For many women, gangs are the only family they know, and ending gang membership after incarceration strips women of the only constant in their lives. Re-entry programs should make every effort to partner with established organizations, such as Homeboy Industries, that are effective in supporting the needs of former gang members. For example, one resident described her reason for choosing ANWOL, as it provided added protection for her as a former gang-member:

"I had three programs that I called – and the fact that I could have a car and the fact that Susan had been in prison, I thought she could be a mentor to me. I thought that I wanted a mentor. I needed a car because I am a former gang member, I have gang tattoos, I can't travel on the bus. So I did the letter – and I got accepted."

This example highlights the ways in which ANWOL attempts to incorporate best practices into programmatic content. For example, gang exit motives are characterized as either "push" or "pull" (Pyrooz & Decker 2011). Push factors are internal motivations (loss of commitment, exhaustion, social consequences) while pull factors are external (new job, family responsibilities, competing social relationships) (Leap 2012b). Car ownership, in the example above, facilitates and engenders pull factors, in this case, by allowing a resident to travel safely throughout her community, to and from work and personal commitments. This seemingly simple – and likely overlooked, yet powerful – programmatic element serves to enhance the efficacy of support specifically for gang-involved women experiencing re-entry.

JOURNEY THROUGH RE-ENTRY: ANWOL'S GUIDING PRINCIPLES

The following table (Table 2) is composed of a list of ANWOL's guiding principles and programmatic components that resonated most strongly with women. These are the themes that arose repeatedly, both within and across interview content. Again, on the pages following Table 2, these themes are described in detail and, where applicable and appropriate, we provide an established literature to support these themes and their use at ANWOL.

Theme	Support for Theme
Reaching Out	Women spoke movingly of the simple, yet powerful act of writing the letter to ANWOL's founder Susan Burton, seeking acceptance into the program and receiving notification of acceptance. This acceptance was frequently viewed as "life-changing."
Autonomy, Flexibility Freedom	Both those residents having prior experience with re-entry programs, as well as those for whom ANWOL was their first program, described the significance of the freedom provided by the program. While structured, the autonomy afforded residents was frequently and repeatedly praised.
Housing	All residents expressed gratitude when discussing the impact of entering a transitional home upon release from prison. Many had no family to turn to, and others made the conscious choice to keep their distance from family in an effort to maintain their recovery. Every single woman women acknowledged the environment at ANWOL as "home".
Inspirational Leadership and Mentorship	ANWOL's leadership is nothing short of inspirational. Many women described Susan Burton as a mentor, and as family. The feelings, attachment and admiration expressed were integral to women's sense of hope and their motivation for recovery.
Community-Based Treatment and Events (re-entering society)	The majority of women spoke at length about the activities and opportunities available to them while at ANWOL and how this shaped their recovery. The extended overnight journeys, day-trips, and local events – many of them relating to policy advocacy – served as a powerful, intentional space for re-entry, education and healing shared among many women.

THEME 1: REACHING OUT

With the exception of one resident, all women described how they were required to write a letter to the founder requesting acceptance into the program while they were in prison. Many women described the sense of combined elation and calm they felt when they received a response and acceptance. But more women spoke of the content of their own letter, and how writing the letter served as a metaphorical lifeline and exercise in personal affirmation. As one woman recalled:

"So I just wrote her and told her, you know I'm a mother. I made some mistakes in my life. And I just want to get out and learn a new way of life.... get back with my kids. And live my life on my terms."

Another resident described, her eyes welling with tears, how she had written Susan Burton five years earlier. Susan responded to the letter, telling her that there would be a bed available upon her release. The resident was suddenly transferred to another prison, and after many years contacted Susan again, letting her know where she was and when she would be released. The resident was elated to learn that even after five years, Susan fulfilled her promise of a bed, showing the woman how she had kept the resident's letter on file.

Writing a letter serves as a powerful, yet understated component of the program – a seemingly simple exercise with profound impact. First, the process offers a vehicle to bring about powerful introspection on the part of the women, as well as recognition – or internal absolution. Second, writing the letter provides a safe, intentional space for women to feel comfortable asking for help. And third, as a result of asking for help, women experience the profound value of submitting oneself to the process – surrendering to something beyond themselves.

THEME 2: AUTONOMY, FLEXIBILITY AND FREEDOM

Without exception, all of the women interviewed described the impact and significance of the autonomy and freedom that was offered to them by the ANWOL program. They were clear about the terms and conditions of the initial "blackout" period that they encountered when they entered the program. This occurred during the first 30 days of enrollment when weekend stays and visitors are not permitted. Moreover, the women repeatedly stated that they valued the structure and protection this rule provided, adding that they felt the same way about the meetings required by the program. One woman explained:

"I mean, we do have meetings. We do have morning meditation and we only go to three meetings [AA] a week...and they are worthwhile. The more you go, the more you learn."

But within this structure, women were also appreciative of their freedom to leave the transitional homes when they were just feeling *"like it was all too much"*. They valued the fact that they were respected enough to make decisions about their well-being as the autonomous adults they believe that they are. For example, one resident described the freedom at ANWOL and compared the program to her previous experiences:

"The last two programs I was in were just too structured. But this one, it is really open. It's a really open program. They are there for you and that's what I love about it. Of course, there are rules here too, but it's not as strict as other programs. Another program I was in was constantly every hour, every hour, every hour...you had to check in and go to meetings. At ANWOL, it's freedom."

Something as simple as having access to a phone is profound for those who have been incarcerated and disconnected – literally and figuratively – for so long. One woman elaborated:

"I think what is positive about it – is being able to have a phone. With this, with being connected to my family and doing the right thing, no matter how hard it is. They should stay with this – the phone."

Another resident reflected on the complete autonomy that is so critical to those experiencing re-entry:

"For the program – it all depends how you apply yourself. The thirty-day restriction is not just the thirty-day restriction here – she [Susan] is giving you the room to help your own self or hang your own self. We just came from a place like prison. This place just gives me the ability to do what I want to do."

This is a particularly important point given the nature and extent of the parentification described by women throughout their childhood. Because so many women were forced into an adult role early on – at the expense of their childhood – the practice of depriving these women of their autonomy in adulthood deprives them of a critical healing process. Instead, when women are denied freedom, they are faced with yet another re-traumatization and re-victimization they must endure. There is an extensive literature that supports this connection. Additionally, while holistic, individual, and long-term client support and service provision are

vital to women's success during transition, these are matched in importance by the use of strategies that promote individual autonomy and empower the women that are being served.

A key research study illustrated the importance of these values: in an examination of the life trajectories of female abuse survivors, researchers found that successful cases contained "a narrative motif associated with success that [the researchers] termed becoming resolute." The experience of "becoming resolute was multifaceted, manifested by the survivor's displaying fierce determination, developing new, non-abusive relationships, and surmounting after effects of abuse, such as substance misuse" (Thomas & Hall 2008). These findings that emphasize the importance of empowerment and independence are echoed in further research about successful re-entry approaches. Boehn et al. (2005), for instance, emphasize that re-entry programs must orient themselves toward increasing women's "self-reliance" and "self-efficacy" or a woman's "sense that she has the power to affect the course of her life." In the same vein, Cossyleon & Reichert (2015) point to a 2009 Center for Supportive Housing study that demonstrates the importance of residents having the option to choose and decline program services and activities, while reinforcing the support for client-involved goal setting. There are documented benefits to women having increased autonomy and responsibility for time management as they transition back into the community. All of this is essential to rehabilitation. Cossyleon & Reichert (2015) note: "Decreased supervision allows low-risk residents more time to nurture important ties with their families, gain or keep employment, and increase senses of independence allowing for a smoother transition." In short, women need to exercise autonomous thought and behavior to prepare them for their ultimate re-entry and reintegration.

THEME 3: HOUSING

All residents expressed gratitude as they described the experience of entering a transitional home upon release from prison. Most of the women had no family to turn to, while others made the conscious choice to keep their distance from family in an effort to maintain their recovery. Whatever their reasoning, all of the women acknowledged the transitional ANWOL environment as "home". One woman enthused:

"So that's why I do like I do. I go there, I come back, I like it here. This is like a regular house, this is like home. This is what I wish I had, this would be my hair salon! I like it here. I really like it here. I don't have any complaints about it."

Another resident acknowledged the importance of the emotional and physical support of a strong residential manager at the house noting:

"But you have a person there in this house that is there and is looking after everybody and cooking and she's being there for you. And you have this feeling like...oh my God I just came out of jail, but I have a home."

THEME 4: INSPIRATIONAL LEADERSHIP

The words used to describe Susan Burton and her leadership by the majority of the residents include: *inspiring, kind, family, a mentor, a sister, wise, exceptional*. One resident even stated: *"There is a God, but she's a second God."* Another resident described the leadership of both Susan Burton and the Associate Director, Tiffany Johnson, and how inspirational they are:

"I see Susan, and people like Tiffany and other women, that have been incarcerated and have gone through the program and come out of the program and now they're helping other women like me. I'm not sure if that's going to be my destiny eventually. Am I going to end up helping other women like myself?"

Perhaps most significantly, women see themselves in the ANWOL leadership. Both Susan and Tiffany have walked in the same shoes, through the same streets, and through the same prisons. Each of them speak openly about their own experience as women who were incarcerated. Through their relationships and sharing, there is capacity for mentoring well beyond the case worker who sees a resident once a month, or even a therapist who does not understand what it means to be a woman of color or a woman who has been incarcerated. Through continued support and mentoring by the leadership, residents are reminded daily that personal transformation is within themselves. One resident articulates this idea best by stating: *"But it's not the program that changes you – it's the people in it."*

THEME 5: COMMUNITY EVENTS

In addition to being therapeutic, successful efforts in the field of re-entry should make extensive use of community-based interventions. The ANWOL program is an ideal example of the effectiveness of the community-based intervention model. Community-based approaches are guided by the idea that support services and programs work better when they are close to home, arising out of the client's own community. Along these lines, meaningful community-based efforts that reach their clients are more likely to be physically close to participants' residences, but proximity alone is not enough. Instead, this strategy also involves stakeholders that share characteristics and similarities with the population being served. This is not for show -- these similarities improve the quality of service provision itself. For instance, "staff members reflect the client population in terms of gender, race/ethnicity, sexual orientation, language (bilingual), and recovery status" so that these similarities can foster mutual

understanding, connection and trust that allow service providers to support their clients effectively (Covington 2002). When women can identify with the experiences of their case managers, service providers, and advocates, relationships develop within the context of shared culture and experience.

Moreover, by participating in community events and trips, residents experienced powerful opportunities for personal growth, both through directed activism and engagement, as well as special events. Many women noted the importance of the outings and trips, as required by the ANWOL program. These journeys ranged from policy advocacy trips to Sacramento and Oakland to Sparks' basketball games at Staples Center. One woman noted the profound effect these experiences had on her personal re-entry into mainstream society:

"For me it was the activities too. We went to a Spark's game. I had never been to a Spark's game before. And we went, and we have these great seats. And this is an activity, and it may seem simple, or no big deal to somebody else. But to me it's a big deal. I felt like it was great interaction with the other girls in the house....and the public. It helped me to go back out in the world again. It helps you to realign yourself again with the public. There are you are, and you've been incarcerated, and then you have to go back into society....and in the simple little game, I thought, well here I am."

Another resident described the personal growth she gained from participating in the community-based events:

"I love the way this program exposes us to experiences we wouldn't have – from conferences to meetings, to speaking with people...to learn how to change things. It motivates from within the organization because everyone has the opportunity to show growth because even some of the staff have been through obstacles that made them be judged."

Part of ANWOL's unique strategy involves its unique – and empowering – focus on advocacy and organizing. The leadership of ANWOL offer their personal belief statement that "the formerly incarcerated must be empowered to be a voice of change in the age of mass incarceration" and that community organizing and advocacy is essential in effecting change in both policy and practice. This aspect of ANWOL programming is clearly expressed by this passage from a lengthy and emotional interview:

"And then one day, we went to the district ...and I'm not going to get this right.... who was it? Hilda Solis? No...Knabe? Yes - the Board of supervisors. They [ANWOL] asked if we wanted to go, and I said OK, I'll go, I've never been to a board of supervisors meeting before in public. And they were talking about the initiatives to make marijuana legal. But it was ultimately to help homelessness. So I went, and I was there, and Susan asked me if I wanted to speak. And I was like really? I almost died. But then I said, OK I'll speak. And I got there, and I was so scared. I was at the little table where there was a little red light that comes on and you are supposed to speak. But then all of my nervousness went away and I was like, this is so wonderful. I just said what I had to say. It was great and when I finished I just said, my god, how wonderful to be given that opportunity after everything that I've gone through."

It should also be noted that some of the women were less engaged in active advocacy and public speaking. However, ANWOL does not require participation on the part of residents. Instead, the organization works to expose women to the policymaking process, encouraging them to understand that their voices and experiences are part of effective advocacy. Understandably, some of the women were more focused on their individual well-being and perhaps not emotionally or intellectually "ready" for advocacy efforts.

AREAS FOR IMPROVEMENT

The overall reaction to the ANWOL program was a combination of gratitude, reverence and commitment. However, there were specific areas that the women interviewed repeatedly brought up as "challenges" or "things we are concerned about." These areas occurred in several interviews and represent topics for future reflection, discussion and growth. In analyzing the data and considering the challenges as well as achievements of ANWOL, it is critical to include suggestions for the road ahead.

This section presents preliminary recommendations based on observations and findings presented above, as well as direct feedback from residents. These recommendations are not intended as criticism, but rather, serve to further strengthen the ANWOL program.

STAFF TURNOVER: CONTINUITY OF CARE

During ethnographic observation and ongoing conversations with residents and staff, it was clear that there was considerable turnover with key staff: case workers, employment services workers, and residential managers. For example, one resident noted that a key staff member who supports employment opportunities within ANWOL recently resigned and during ethnographic observation researchers learned of recent turnover in both case management

and residential staff. Turnover, or more importantly, interruption in continuity of care, is a concern that plagues the nonprofit landscape broadly, and more specifically organizations with missions that render staff at high risk of experiencing compassion fatigue. The emotional and physical demands of settings such as ANWOL often take a deep toll on the individuals who are committed to helping women re-enter the reality of their lives. In addition, there is a need for ANWOL – which focuses on providing a sense of home and community – to face the deeper meaning of staff turnover. It is possible, though, that this turnover is a function of the transition that is occurring within the organization and will be resolved as new leadership is solidified. It must be recognized that the complex and demanding nature of this work requires ANWOL receive support for staff renewal and replenishment. Adequate resources for staffing will also facilitate shared responsibility for the emotional toll and help staff turnover.

TRANSPARENCY IN COSTS ASSOCIATED WITH THE PROGRAM:

As previously discussed, there is considerable value to instilling a sense of responsibility and ownership of one's fate. One approach to ensuring responsibility, accountability and community is through a shared commitment of resources. ANWOL seeks to accomplish this by requiring residents to help fund a monthly food budget. Every four weeks, residents contribute \$100 of their income, mostly from Supplemental Nutrition Assistance Program (SNAP) or general relief, to food for the month. This requirement to contribute to the food budget was not clearly understood by all residents as some discussed their belief that ANWOL often benefits from donated food, causing them to question the required contribution. Moreover, if rent is not paid through one of the many programs available to participants, per contract, responsibility to meet this cost is borne by the resident. This is potentially problematic for two reasons. First, there is some confusion among residents about how money is allocated to housing costs. This confusion appears to lead to distrust of program staff and feelings of being used. It is critical to note that many of these feelings are derived from the trauma and uncertainty that women have experienced that is now projected on the responsibilities they are encountering at ANWOL. Second, this burdensome amount often leaves residents without enough money for the month and moreover, without any savings once they have completed terms of their transitional housing. This practice is rooted in developing both a shared and personal sense of responsibility – something many of the women have never experienced. However, it is important to highlight dissenting perspectives because it reveals the critical nature of funding and financial support that is necessary to supplement the burdensome re-entry costs associated with a, truly holistic, wraparound program such as ANWOL. Many housing contracts sponsored by government and law enforcement funders require practices that are punitive and at odds with the philosophy and mission of ANWOL. Simply stated, there must be more external funding without negative requirements and restrictions provided to ANWOL.

STRENGTHENING HOUSING SERVICES

Housing is a concern for many low-income Los Angeles residents, but for those experiencing re-entry, it is nothing short of a crisis. More than one resident noted extra supports around securing housing would be beneficial:

"If there was one person who was just dedicated to housing that could work with us and say...ok, your situation is a little different. The job thing is a little different you see, because I'm in mental health and working on my SSI. So if I had someone who could say, okay, I understand that, so your housing might be a little different, you might not have to do that job that qualifies you, in the way that mental health qualifies you. And I'm a little bit stuck in figuring out what's going to be the next move."

ANWOL needs to develop its outreach to housing services, perhaps by securing funding for a part-time housing coordinator. This could also be accomplished by the social worker who has been recently hired. For example, it would be useful to generate a working list of housing options – both permanent and transitional – throughout Los Angeles County, as well as contacts at housing authorities and detailed information about application and eligibility procedures. Moreover, additional efforts should be prioritized to strengthen housing services for women going through the reunification process. Housing is particularly challenging for women who need to find a home that meets the size restrictions laid out by child welfare requirements.

STRENGTHENING REUNIFICATION SERVICES

Several women voiced their concern about the lack of services in place to assist in the family reunification process. During interviews, individuals described reunification with their children as their greatest priority or their singular objective, more critical than finding employment or housing. They voiced frustration by not being supported in the endeavor. As one woman explained:

"And the only reason I came here is because of the promises that they made. I have two kids in foster care. We go to support groups and all that, since I've been here, I haven't seen none of that help... I'm doing it all myself. They don't support me when I go to my visits. I go there myself. They give us bus tokens. And they'll give you only so many taxi vouchers a month. But I went to court to file my 388, to get my kids back. But I've had no support from this place...period. My main goal is to get my kids back. So if they had someone here that would really help me do that..."

Perhaps programming could benefit from increased cross-collaboration with child welfare agencies and strengthened relationships with children’s court representatives in an effort to create a foundation of support, engendering greater success in reunification. It is critical to note that ANWOL offers a large span of legal services – but lawyers are frequently overwhelmed with requests that range from reunification to record expungement to representation in criminal cases. Because of this, ANWOL must be supported in their efforts and legal assistance should be funded by donation and/or foundation support.

LIFE AFTER RE-ENTRY

All of the ANWOL residents that we interviewed conveyed optimism, though understandably, some were slightly more guarded than others. When asked where they would like to be in five years, some spoke of completing an education that was on hold for nearly 15 years, others shared dreams of obtaining a license to open a small business stating, *“I want to be an entrepreneur”* or *“I’m starting a business for the incarcerated”*. Many others described the coming weeks and months and years that will be spent surrounded by family. As one woman exulted:

“In five years I see myself with my grandkids. I have my own house. My kids are coming over for Thanksgiving, and Christmas. And especially my grandkids. I want them to be close to me. That’s my future. I want them to come every weekend...everyday. They’ll keep me going.”

Those that were more guarded acknowledged the continued struggles that they faced, but ultimately found more positive thoughts to focus on. During an interview, one woman embodied these alternating emotions:

“Sometimes I just want to run away. I think about the old person that I used to be, you know, going out and selling drugs, or doing stuff that I wanted to. But I know that at the end of the day that’s going to bring me right back to prison. So I don’t go that route. I want a better way. I need a better way. I’m really seeking, and really trying to find out how... I’m just trying to do what I need to do and keep my head above water, because my babies need me and I need them.”

Another resident clearly describes the challenge for many women experiencing re-entry: the reality that *“it’s a daily struggle.”* The long-term is not what frightens the women that were part of ANWOL – instead, it is the uncertainty of tomorrow, as described by one resident:

"What scares me about the future? Nothing. I'm so excited about it. I really am. I've never been as excited about the future. But you know, the present is scary. But nothing scares me about the future. I think that my fear would come from doing the day to day things. Once I make a go, and conquer a bit of fear, then I'll feel courageous about what's going to happen to me later on. That's what helps me get through the present. It's so difficult, this now thing, but what's going to happen to you is going to be really, really great. I always say, get up and look forward to that...look forward to the future."

Women who are incarcerated and struggle to reclaim their lives once released from jail or prison have long been overlooked and underserved. The reality of their lives – their wounds, their pain and their dreams – is a study of resolve and resilience. ANWOL is a program for women experiencing re-entry, created by women who *have* experienced re-entry. It is a truly unique program that is a marriage of the personal, lived experience of women and adherence to the established academic literature around best practices. The program has been nothing short of transformational for all the women that we interviewed and it is clear that ANWOL is a model program that should be supported and scaled up at a national level.

Since its establishment in 1998 ANWOL has been a source of hope, help and growth for hundreds of women experiencing re-entry. Beyond this, ANWOL engages with individuals and communities to effect change at a societal level. Ultimately, ANWOL transforms women so that they can transform the world. We are certain that ANWOL will continue to support women, one at a time, one day at a time, until the uncertainty of the present is a thing of the past.

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