



Releasing hope—Women's stories of transition from prison to community

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ABSTRACT

This article embodies two key narratives among many that have emerged from a 14-year research project. The first narrative is of a community-engaged solution, a peer health mentor program, which was imagined during a prison participatory health and university research project, as described in *Arresting Hope*. The second is the narrative of *Releasing Hope*, a collection of writings by women with incarceration experience sharing their experiences, their challenges, and the barriers they face as they seek to heal from fractured and interrupted lives. A unique form of collaboration, innovation, research creation, and knowledge dissemination, *Releasing Hope* invites readers to reconsider communal perceptions, attitudes, and resistance towards those with incarceration experience, who struggle each day to be seen, not as former criminals, but as women capable of reimagining and enacting new lives. These two narratives illustrate the possibilities present when women are empowered with voice and agency. In the article, we aim to capture the spirit of both projects, in the interspersing of text and image, a collage of voices that speak to the experiences and learning that emerged through these two research ventures.

Key Words Peer health mentor; participatory health research; narrative.

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INTRODUCTION

When you listen carefully, you can hear a resonant song of hope... To live with hope requires immense courage, forgiveness, and patience.

—Carl Leggo

We dedicate this article to the memory of Dr. Carl Leggo (1953–2019).

Many women with incarceration experience deeply understand the notion of the revolving door of prison. They enter prison, they leave, they return. They also experience extreme anxiety upon their release, which triggers traumatic memories of childhood and sexual traumas, broken families, and violent relationships. Poverty, lack of housing, unfinished education, and minimal employment opportunities exasperate their anxiety, despair, and health disparities (Kinner & Wang, 2014).

What do women need in order to find hope in shaping healthy lived experiences after they have been released from prison? Is it possible to interrupt the revolving door, to reimagine entry into communities that have failed or ignored the multiple challenges incarcerated women face when the gate is unlocked? What happens if there is someone waiting for you at the bus stop on your release, someone who walks those first 48 hours by your side?

This article embodies two key narratives among many that have emerged from a 14-year research project. The first narrative is of a community-engaged solution, a peer health mentor program, which was imagined during a prison participatory health and university research project as described in *Arresting Hope* (Martin, Korchinski, Fels, & Leggo, 2014). The second is the narrative of *Releasing Hope*, a collection of writings by women with incarceration experience sharing their experiences, their challenges, and the barriers they face as they seek to heal from fractured and interrupted lives (Martin, Korchinski, Fels, & Leggo, 2019). A unique form of collaboration and innovation, research creation, and knowledge dissemination, *Releasing Hope* invites readers to reconsider communal perceptions, attitudes, and resistance towards those with incarceration experience, who struggle each day to be seen, not as former criminals, but as women capable of reimagining and enacting new lives.

These two narratives illustrate the possibilities present when women are empowered with voice and agency. In this article, we hope to capture the spirit of both narratives, in the interspersing of text and image, a collage of voices that speak to the experiences and learning that emerged through these two research ventures. Figure 1 is an illustration from *Releasing Hope*.

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FIGURE 1 Mo Korchinski, lead pencil and charcoal on paper.

BACKGROUND AND PARTICIPATORY RESEARCH

Participatory health research (PHR) engages community members in issues that deeply concern them (Wright et al., 2013). Community members, in this case women with incarceration experience, are recognized as experts with perspectives, knowledge, insights, and experience that can help inform, guide, conduct, and interpret the emergent research. Participatory health research recognizes the important value that those living the experience may bring to understanding issues, connecting with community members, and engaging with research by participating in research design and implementation, being involved in reflection and feedback, and sharing the knowledge gained amongst themselves and their community.

This kind of bottom-up approach to solving problems that are relevant to a community is a method that works well for all involved, compared to outsiders looking in, telling a community what its problems are, and how to change those problems. No one likes being told what their problems are, what they should do about them, or how to go about making those changes; but ask someone what their problems are, what they think they can do about it, and what you can do to help facilitate that kind of change, and you are likely to get a fairly positive response. (Women in2 Healing, p. 8)

Our research team's relationship with women with incarceration experience began through PHR inside the Alouette Correctional Centre for Women (ACCW). Incarcerated women signed up as researchers on the project, some staying for a week, others for months. As women were released from prison, many wanted to continue with the research. Their experiences of reintegrating back into their communities led us to continue our collaboration with formerly incarcerated women and to focus our research on the challenges and barriers faced by women post-incarceration.

ACCW is located 53 kilometres from Vancouver in an isolated, not easily accessible woodland. Unless family members or friends with cars meet them at the gates, incarcerated women—who originate from communities across the province—are transported upon their release to the local bus loop,

given a bus ticket, and expected to find their way back to their community. Previous research has demonstrated that 85% of women leaving our provincial prison system are homeless or have unstable housing (Janssen et al., 2017). There is a general lack of safe housing for women throughout the province, but this lack is even more extreme for women who are leaving prison. Most drug treatment centres require that clients be using substances for 30 days *before* entering the centres, thus excluding women who are released from prison. Without safe housing, secure income, meaningful work, and counselling for trauma, women after prison release get caught back up in the revolving door of homelessness, substance use, crime, and prison.

Incarcerated women, during our earlier in-prison research (Martin, Murphy, Chan, et al., 2009; Martin, Murphy, Hanson, et al., 2009), gave voice to their vast fears about the first few days following their prison release: they needed support from someone who understood what they were experiencing; someone to hold their hand as they transitioned from prison to the outside world. Our research, inspired by women who had worked as peer researchers on earlier research projects post-incarceration, led to the creation of the Unlocking the Gates to Health (UTG) Peer Health Mentor program. This program sought to help women through their immediate transition from inside prison to the outside community. As well, as part of the research, our desire to share our learning with the public led us to publish *Releasing Hope*, the result of a collective project of gathering, editing, and presenting the voices of women willing to share their stories.

Story One: Unlocking the Gates

Mo Korchinski had nearly 30 years of incarceration experience before she finally was able to free herself from the dizzying cycle of repeated recidivism. After successfully completing a four-year degree in social work, during which time she was actively engaged in post-incarceration research and activities, Mo became the UTG program manager. Mo serves as a dynamic example of how trauma and addiction recovery is possible for women given support over time. Her resiliency and determination to make a difference—from reconnecting with her lost children, to battling cancer, to becoming a spokesperson for the homeless—while writing and producing films (Collaborating Centre for Prison Health and Education – Publications and Media) and engaging in research in meaningful ways, seem key to Mo's re-entry into her community.

We have a chance as women with lived experience to help women being released from prison. As peers we understand the emotion and fears that build upon our release. When the gates open, a person has a choice. To give in to the old way or walk along side a peer who will guide you to a choice of freedom. (Mo Korchinski, in Martin et al., 2019, p. xiii)

Unlocking the Gates to Health was initiated by those with incarceration experience on our research team in recognition of the importance of immediate support in the form of a peer health mentor waiting for each woman released from prison to help her re-enter her community. Actively involved in the conceptualization and implementation of UTG, along

with other women and UBC faculty members, Mo had a clear understanding of the issues and concerns of those stepping through the prison gates to confront the outside world. Peer health mentors were hired and trained—all women with incarceration experience, located in different communities throughout BC—whose responsibilities were to meet individual women released from prison, and to assist them during the critical first 48 hours after release.

Every week, we review the week's on-line court registry, and record the names of all women who appear as "in custody." We mail a letter to every newly incarcerated woman including a description of the Unlocking the Gates to Health (UTG) peer health mentor program and our office toll-free number, the UTG staff cell number for weekends and evenings, and an invitation to phone us and enrol in the program.

Our UTG program is accessible to incarcerated women seven days a week and no one is excluded. Our staff is composed of women who have all been incarcerated themselves: we have first-hand knowledge about the challenges women face when they leave prison. Women inside prison feel safe and understood while forming a trusting relationship with us; most incarcerated women have had a hard time trusting others. We come alongside women with compassion, empathy, and a caring heart; we have been there. We listen to their fears and hopes for release and we help connect them to the right resources and we help them to create a safe release plan. (Mo Korchinski, in Martin et al., 2019, p. 146)

The UTG program helps women who leave prison to feel safe and supported on those initial days of release. Women are also supported in achieving their individual health and social goals. Being able to connect women with a peer health mentor who has prison experience gives women hope that they too can beat the cycle of incarceration and addiction. Also, women tell us that they bring their UTG invitation letter with them when they leave prison, and they use the letter as a lifeline if they get in trouble or need support in the community. Women can contact the UTG office if they have been out in the community for a while and need support.

Many women coming out of prison need help with food, shelter, medication, and clothing the day they get released, not a month later. Women are more likely to return to substance use, and to overdose and die, if they have no support and resources when they are released from prison. Going back to the streets is the easiest option for someone who has nowhere else to go.

Our program is assisting women to connect with the health and community resources they have identified that they need. This can give them their best chance of ending the cycle of abuse. Generations of families are being affected by addiction, trauma, and crime, and UTG gives women the hope, purpose and support they need to end the revolving door. (Mo Korchinski, in Martin et al., 2019, p. 147)

The peer health mentors were sensitive to the despair and anxiety of the women, as they waited for the woman they

were mentoring to arrive at the local bus loop and get out of the prison wagon, plastic bag of belongings in hand.

As I sat at the bus stop, I started having the same feeling in my gut that I used to have when I got out. Sitting at that bus stop triggered those feelings in me. I started remembering the last time I was released and dropped off at the bus loop. All I had were the clothes on my back (which, I might add, were filthy) and a bus ticket to Vancouver. At that point in time, I never tried to convince myself I could get clean or change my life. I just wanted to get on that bus and get to Vancouver to get high as fast as possible. I never had anyone waiting for me and never set up any support because I thought it was a waste of my time because I'd only screw it up. These are the kinds of thoughts that go through women's heads when getting out of jail, especially women with addictions, low self-confidence, no self esteem, and no self worth. (Pam Young, in Martin et al., 2019, pp. 143–144)

What the peer health mentors understood was the pain, grief, and challenges faced by women seeking to re-enter society, the level of distrust and lack of financial and housing support they face, and the undercurrent of unresolved traumas experienced as children and/or young women that led them to self-medicate through drugs, with all that begets. Figure 2 is an illustration from *Releasing Hope*.



FIGURE 2 Mo Korchinski, lead pencil and charcoal on paper.

As of March 2018, a total of 346 women have phoned the UTG office from inside the correctional facility, seeking advice, support, guidance and practical help. Half of these women requested the support of a peer health mentor and met with a mentor at a mutually agreed location immediately upon their release. Recognition of the value of a peer mentor program, as documented by UTG (McLeod et al., 2019), has led to the recent establishment of community transition teams that include peer health mentors overseen by the John Howard Society and by the Provincial Health Service Authority, in collaboration with the BC Corrections Branch. The design of the UTG program multi-method evaluation evolved, in an iterative participatory way, as peer health mentors gradually gained expertise in crafting interview questions to be asked of women who are being mentored. Women's narratives illuminate the importance of support—during those critical hours following release and in the longer term.

R. was very relieved to have an escort to the island as she didn't know her way around Vancouver and didn't want to end up stuck in downtown Vancouver using again. (Peer Health Mentor, in Martin et al., 2019, p. 145)

J. calls the office on a regular basis. Her son just passed away from an overdose while she's been in, so she's been having a really hard time. I hope with some more encouraging I can convince her to give recovery a try. She is almost there, especially since her sister overdosed this year too. (Peer Health Mentor, in Martin et al., 2019, p. 154)

S. has called me many times before her release and after her release. I've tried to encourage her to go to recovery, but she's not interested at this time. (Peer Health Mentor, in Martin et al., 2019, p. 148)

Although L. said she didn't need a mentor, we've stayed in touch quite often. She was doing extremely well for about three months, but she recently relapsed and I've been working with her mother, who lives in the interior, to get her into a recovery house. (Peer Health Mentor, in Martin et al., 2019, p. 158)

Since B. is transgendered, she stressed to me how important women's clothing was to her as she said she needed to be able to pass as a woman. She also connected with a wig store and they donated some good wigs to her. (Peer Health Mentor, in Martin et al., 2019, p. 155)

One consequence of UTG has been ongoing investment in its peer health mentors in terms of education and training through workshops, comradeship, learning to work collaboratively, leadership skills, problem-solving, and decision-making. Peer health mentors demonstrate increased job skills and education, self-confidence, compassion, and advocacy. Peer health mentors give presentations to a wide-variety of audiences, have successfully completed university-level programs, and have engaged in a variety of research projects beyond UTG.

Peer mentoring empowered me to get involved in other projects and better myself. For instance, I worked last summer on a research project studying my community. I went out and did surveys and invited people to come to focus groups to determine what kind of support was most needed in the neighbourhood. In this project, I sometimes challenged myself because I had to talk to and work with people I normally wouldn't talk to. I had lots of doors slammed in my face. But when I did connect with people who sincerely cared about the community, it made it all worthwhile. And it was another research project under my belt! (Pam Young, in Martin et al., 2019, p. 145)

Today I can say that I have the best rewarding job I could ever have thought to have. It also can be heart breaking. Women who I met 15 years ago are still struggling with addiction and are still going in and out of the revolving door of prison. I have learned over the years that I have

to take a step back and not take it to heart that someone that I care about is not ready to change. I can tell them how great life can be away from the drugs, the crime, and the street life, but I know a person has to be ready for that change. All I can do is be there for the women, and I will never give up on a woman who is still lost, hurting and alone on the streets or behind the walls of prison. (Mo Korchinski, in Martin et al., 2019, pp. 157-158)

Unlocking the Gates to Health has had its own challenges, as peer health mentors struggle to remain hopeful in the face of the dark stories of those who fall through the cracks, as they struggle with their own challenges and disappointments. We have learned that recovery is a long-term journey, with inevitable relapses. Most recently, however, our research through the peer health mentor program has taken on a new urgency:

Working with women whom I have done time with or whom I have used drugs with is not as easy as I thought it would be. After years of doing time together, it is great to see so many women who I consider my family, but it seems like we had more respect behind the walls of prison than we do on this side of the wire fence. Lots of strong personalities butting heads and forgetting to have respect and compassion for each other! We are more sensitive about our feelings than when we hid behind street life and drugs. I sometimes feel like a referee in a hockey game that is out of control. (Mo Korchinski, in Martin et al., 2019, p. 152)

When I wake up every morning, over my morning tea, I look on Facebook and I see 'RIP' on women's pages. Five women died of opiate (fentanyl) overdose in Maple Ridge in 24 hours just before Easter 2017. It's become the norm. When we first started the peer health mentor program, we wanted to know how to stop women from relapsing and using. Now we want to know how to stop women from dying. (Mo Korchinski, in Martin et al., 2019, p. 154)

Releasing Hope, Knowledge Creation and Dissemination through a Collection of Women's Writings

How then, as participatory health researchers, can we share the stories and challenges of women, and recognize the barriers that women face when released from prison? How can we ensure that an understanding of their challenges and needs reaches the policy makers, community leaders, and financial gatekeepers who resist the costs of social housing, or legalizing drugs? How might women with incarceration experience speak to those who fail to understand that substance use, mental wellness, and community security are intertwined with personal experiences of child abuse, sexual abuse, violent or controlling relationships, the horrific experiences of residential schools for First Nations children travelling across generations, and trauma experienced by broken families, poverty, and violence, leading to self-medication, substance use, mental illness, and incarceration?

My story is about recovering from my broken life, heart, and putting the pieces back together, and I didn't know

where to start, I started to run. I started to run for my life. I ran because I didn't know what else to do, the pain was too great, and my body hadn't felt pleasure in a long time.... I felt pleasure, I felt alive, I felt I can live without dope and I started to run, I ran home to myself, I ran home to my self.... I was running to new beginnings, putting my troubles beneath my feet, moving forward, breath in and breath out, my past behind me where it belongs. (Amanda Staller, in Martin et al., 2019, p. 91)

The idea of knowledge creation and mobilization in the form of a public audience publication is fairly recent (Leavy, 2019), and yet, arriving at this form of creating and disseminating knowledge came fairly easily, given the generosity and wealth of material offered. Early on in the course of our research inside prison, we encouraged women to write about their experiences. *Arresting Hope* (Martin et al., 2014) describes PHR and the experience of women incarcerated inside ACCW from 2005 to 2007. *Arresting Hope* documents and interweaves the writings of incarcerated women and those working alongside, seeking to enact a different kind of correctional centre, one where the women are given agency and empowered to reimagine what a prison might be.

Releasing Hope (Martin et al., 2019) is our second knowledge creation and dissemination research artefact. Those engaged in post-incarceration research projects, including the UTG project, were encouraged to journal, write poetry, tell their story, contribute to the *Women in2 Healing* newsletter, and write about their experiences following their release from ACCW. Our research led to the conceptualization, compilation, and editing of *Releasing Hope*, which crafts together the stories of multiple research projects undertaken by our research team post-incarceration and of the lived experiences of women stepping beyond the prison gates. *Releasing Hope* describes the journey of formerly incarcerated women and the barriers (financial, emotional, familial, systemic) that they confronted during their reintegration into the community. *Releasing Hope* touches on the stories of individual women and our learning from multiple PHR projects that made visible their lives, their hopes, their dreams, and their fears. Upon their release from prison, and our continuing research with formerly incarcerated women, the challenge remains how to reimagine the process and enable lives interrupted to begin anew.

I feel empowered by the women I have in my life today, and it all started the day I walked out of those cement walls. I was blessed to have three amazing women greet me outside the door, one of them being Mo, and the other two, women I had met in recovery years before who always stayed in my heart, even when my heart had slipped away through the chaos of my life.

Today I am full of questions, and having women like Mo in my life, who are willing to answer those questions, has helped me considerably on my journey. Today I am coming up on one year clean and it has been 10 months since my release from ACCW. Today my life has purpose and direction. I started post-secondary in 2016 and am following in the footsteps of Mo. My ending will turn out differently but my journey started the same, just a lost little girl stuck behind the gates of ACCW. (Colby, in Martin et al., 2019, p. 155)

Releasing Hope presents a carefully chosen sequence of texts that have been aesthetically organized much like a story composed by a documentary film maker. There are many kinds of texts in *Releasing Hope*, and many of these texts are like fragments of coloured glass that reflect and refract the light in different ways as the glass is turned and seen from different perspectives.

Releasing Hope is a labour of love, an expression of hope. The invitation we offer in *Releasing Hope* is to linger with the fragments of stories, to respond with heart and imagination, to empathize with the stories of incarceration, renewal, forgiveness, grief, loss, fear, love, and hope that shape the lives of so many people. It takes tremendous courage for women to go back in time, to dig into their memory, to re-live traumatic formative years, and to write. They travel back to remember because they want to make sense of their present; they want to understand, so they can heal and move forward; they want to contribute to the learning of others.

I wanted to be able to survive without ever looking over my shoulder again. It's extremely hard for women leaving the criminal lifestyle to move past their addict ways of thinking and addict behaviours. Luckily for me, I had a lot of support from other women in my life and from my partner, who encouraged me to let go and find another way.

After two years of sobriety, I let go of that way of thinking. Now I feel a huge sense of freedom. I don't have to look over my shoulder anymore. (Pam Young, in Martin et al., 2019, p. 191)

Upon release from incarceration, the challenge is to reimagine lives interrupted. Hannah Arendt (1958) invites us to reimagine each encounter in our lives as an opportunity for renewal, renewal of who we are and how we wish to be present in the world, in relation to others. *Releasing Hope* is a call to action, from those with incarceration experience, and to those who strive to walk alongside, a learning journey that points towards collaboration, shared responsibility, communal innovation and investment, and deep compassion.

The responsibility for successful re-integration is a communal responsibility, where barriers, systemic and otherwise, need to be identified and actions taken—actions that, as Arendt (1958) proposes, truly engage all in the world's renewal. Our learning has been in listening to what matters, as articulated and envisioned by those engaged in the UTG peer health mentor program and those who have participated, women reaching out to women, with the hope that this time, the revolving door will not be their story.

MOVING FORWARD

How do we evaluate our research, even as women continue dying on the streets from fentanyl poisoning, as so many continue spinning in recidivism? We continue through the UTG peer health mentor program to seek clues to what actions are successful in supporting women and have, through the years, identified conditions for successful re-entry into society. Critical are caring relationships, sustainable housing, meaningful work, financial stability, trauma counselling, and individual and communal resilience—these are not unexpected.

When asked, those who are successful in re-entry simply state, “I was done”: done with addiction, done with being in prison, done with living on the streets, done with living in pain. This is beautifully expressed in Mo’s poem in Figure 3.

DONE BUTTON
Mo Korchinski

I get asked a lot what was it that helped me to stop using drugs.
Why am I one of the few
 who has left my old life behind
and become success in my life?
I now have an education, a job I love, family and great friends,
all because something happened and I was done.

Did someone push a button and
 POUFF!!

 I was done?

I’m not sure there is one answer except I was done.
Like a button was pushed and I was done.

If I could figure it out and put it all together
and make a magic ‘done button’
Wow! How many people could be saved from addiction!!

I’m not sure if it’s age, or if I was just sick of living a life of chaos
all I know is that I was done.
I just wish others could see how great life can be clean and sober.
I never worry about going to jail or running out of drugs or not having a home to go
to.

Life is amazing...

FIGURE 3 Poem written by Mo Korchinski, from *Releasing Hope*.

We celebrate those who are successful, peer health mentors and co-researchers with incarceration experience, those who have been mentored, and we recognize that each individual’s journey is one that cannot be judged, only witnessed, so that we might learn, and be humble in the gifts offered by their courage, resilience, and willingness to be present in our research. The drawing in Figure 4 is a reminder of hope.

For all our social programs, communities, neighbours, and individuals are often reluctant to receive into their midst those whose narratives of pain, self-medication through substance use, and incarceration make them nervous.

My driving force is to give truth to people who others see on the streets as homeless addicts. My goal is to get them to see others as human beings—someone’s grandmother, mother, daughter, aunt, or sister—and to humanize the sad reality of childhood trauma that leads most to escape into addiction. All humans want to be loved and accepted, not judged and beaten down. We need to rise above the stigma of addiction and love others who are lost souls looking for a way to escape life. (Mo Korchinski, in Martin et al., 2019, p. 372)

What became so evident in our research, both within the prison and without, was the pain and guilt that women



FIGURE 4 Mo Korchinski, lead pencil and charcoal on paper.

experienced—the shame of losing their children to substance use and the deep desire to be moms to the children they deeply love (Figure 5). Here is a systemic challenge, and an individual one—how do we learn to see women with incarceration experience not as criminals, nor drug addicts, but as women seeking renewal: mothers, daughters, aunts, sisters, nieces, granddaughters in our midst?



FIGURE 5 Mo Korchinski, lead pencil and charcoal on paper.

CONCLUSION

And so continues our research journey with those with incarceration experience, who seek to successfully re-engage in their communities, with their families, hopeful though scarred by years of trauma, incarceration, substance use, broken relationships, despair. Many, we know, will return again and again to prison. And yet, with each opening of the gates, there remains the opportunity for hopeful new beginnings.

In between arrest and release there is a space... and in that space there is the opportunity to choose. The support needed is simply to help the choosing process,

because in that choice lies freedom. (Alison Granger-Brown, in Martin et al., 2019, p. xiii)

Our research challenges us to question and reimagine our actions of hospitality, in relationship, within community. We, as researchers, community workers, and educators, are invited to engage as witnesses and activists in our communities' actions of hospitality and support those who arrive in our midst, eager and willing to begin anew. What becomes painfully obvious through our research is society's continued complicity, the systemic and communal barriers and perceptions that continue to penalize rather than actively support and welcome women as they journey home to their true selves. The responsibility now is to enact policies and practices and re-examine attitudes in order to reconsider the reception of women with incarceration experience in the community.

That was the day I decided with my whole heart that I was going to put everything I could into life again. (Amber Christie, in Martin et al., 2019, p. 165)

For those concerned about the health of women in prison and the conditions facing them upon their release, the UTG peer mentor program and *Releasing Hope* provide accessible, sensitively attuned windows into the experiences of those who have lived the high-wire tensions of re-integration after incarceration as they seek to reclaim their lives. *Releasing Hope*, as a documentation and form of knowledge mobilization, illuminates the experiences of women outside the gates as they step forward into leadership, and strengthens our learning, as witnesses and allies, walking alongside those who have the courage to reimagine what might be possible anew. The poem in Figure 6 captures the magnitude of what these women are facing.

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CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

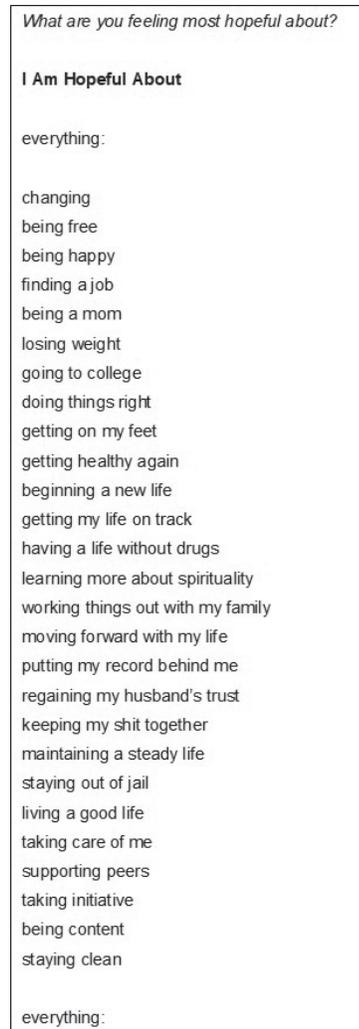


FIGURE 6 Found Poem, created by Carl Leggo, from *Releasing Hope*.



FIGURE 7 Mo Korchinski, lead pencil and charcoal on paper.

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