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Reentry Experiences of Elderly Ex-Offenders: Wasted Lives

A Dissertation Presented

by

Charmaine Clarke

to

The Graduate School

in Partial Fulfillment of the

Requirements

for the Degree of

Doctor of Philosophy

in

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Abstract of the Dissertation

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in

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In the last two decades, the growth in the number of elderly offenders age 50 and older has been significant. Between 1994 and 2011, those falling within this category increased by 330%; they are currently the fastest growing age group in the federal correctional system. A successful transition from prison to community is a formidable undertaking for elderly ex-offenders. Despite their growing numbers, there is a paucity of studies on their reentry experiences. The available literature neglects the lived experiences of elderly ex-offenders reintegrating into their communities, focusing primarily on their younger counterparts. This study examined the reentry experiences of elderly ex-offenders residing in New York State in the geographical areas of Queens, Brooklyn, New York City, Bronx and Long island, who were released from a state or federal correctional facility at age 50 or older with a minimum of one-year post incarceration time.

The primary data source for this qualitative study was audio-taped face-to-face interviews with 26 elderly ex-offenders. A semi-structured interview protocol inquiring about their experiences in the areas of housing and employment acquisition, physical health maintenance, substance and mental health treatment and family reunification was used to expound their perspectives.

Using thematic analysis, eight superordinate themes were identified; 1) finding a place to live, 2) the world of employment, 3) rejoining the family, 4) taking care of the body, 5) taking care of the mind, 6) learning to live without drugs 7) reclaiming my life and 8) I wasted my life. Theoretical constructs derived from Erik Erikson's theory of psychosocial development (1963), Ervin Goffman's (1963) social theory of stigma, and Henri Tajfel's (1979) social identity theory are used to explain study participants' perception of their experiences.

The findings suggests a general feeling of despair over lost opportunities and a life wasted to crime among majority of subjects; the need for pre-release planning specific to the needs of elderly ex-offenders; that locating permanent housing ranks high among the barriers they face; that there is a general unwillingness to admit to mental health issues and to utilize mental health services, that there are significant challenges to finding employment and that participants do not identify as elderly.

The findings have important implications for policy change in pre-release preparation and reentry programs as they relate to elderly ex-offenders. Recommendations for future research are discussed.

Dedication Page

This dissertation is dedicated to memory of my dear friend Denise Lee.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

Annually, over 600,000 ex-offenders are released from state and federal correctional facilities nationwide (Carson & Anderson, 2016). Approximately 18% of federal prisoners are age 50 and older, the age at which the National Institute of Corrections (NIC), an agency of the U.S. Department of Justice, classifies an inmate as elderly (American Civil Liberties Union [ACLU], 2012; NIC, 1992; Kim & Peterson, 2014). In the last two decades, the U.S. correctional system has seen an explosive growth in the number of elderly offenders. Between 1994 and 2011, offenders age 50 and older increased by 330% (Kim & Peterson, 2014). They are currently the fastest growing age group in the federal correctional system. This increase is occurring in many states across the U.S.; states with the largest population of elderly offenders include California, Texas, and Florida (ACLU, 2012). Experts have projected the number of these offenders to reach 400,000 by 2030 (ACLU, 2012).

Criminal justice authorities attribute the rise in elderly offenders to policy changes in the 1980s, including mandatory minimum sentences and Truth in Sentencing (TIS) legislation (Human Rights Watch [HRW], 2012). Others have cited an increase in elderly crime, demographic changes and the elimination of parole (Aday & Krabill, 2006). Additionally, the elderly increasingly commit violent and sexual crimes that draw long-term sentences (Lewis, Field & Rainey, 2006).

A successful transition from prison to community is a formidable undertaking for elderly ex-offenders. The majority of all released offenders return to marginalized urban communities characterized by failing schools, poor healthcare and weak labor markets, all of which present significant barriers to their successful reentry (Visher & Travis, 2011). However, in the case of elderly ex-offenders, physical health issues add further challenges to the reentry process as they often experience age related health problems, including impaired vision and hearing, poor mobility and depression (Crawley & Sparks, 2006). They are also more likely to suffer from one or more chronic diseases (Hornung, Griefinger & Gadre, 2002). Elderly ex-offenders have been found to have high incidences of hypertension, asthma, diabetes and cardiovascular diseases (Williams & Abralde, 2007). Furthermore, their health is impacted by fragmented pre and post incarceration medical services, which results in accelerated aging and accompanying health conditions (Williams & Abralde, 2007).

Substance abuse and mental health conditions are also issues that plague ex-offenders of all ages. A recent report on substance use among inmates found that 65% met the DSM-IV medical criteria for alcohol or other drug abuse and addiction, while another 20% had a history of substance use (National Center on Addiction and Substance Abuse at Columbia University [CASA], 2010). Offenders who were substance involved were four times more likely to engage in illegal activity as a source of income when released, 29% more likely to have dropped out of high school and 20% more likely to have been unemployed in the month prior to their arrest (CASA, 2010). A special report on drug use and dependence among state and federal prisoners found that drug use had remained unchanged since 1997 (Mumola & Karberg, 2007). The available data on drug use among elderly prisoners from Bureau of Justice Statistics (BJS) was provided for or those between 45 and 54 years and 55 years and older. It was 47.4% for the

former group and 19.2% for the latter (Mumola & Karberg, 2007). Ex-offenders with a history of drug use also had poorer outcomes once released and difficulty retaining housing and employment (Mallik-Kane & Visser, 2008).

Educational and economic disadvantages play a significant role in ex-offenders' difficulty in the transition from prison to community. The most recent survey on correctional population education found that three-quarters of State prison offenders did not earn a high school diploma; only 60% of ex-offender had a high school diploma or GED, and most had little to no legitimate employment history (Harlow, 2003). Although 9 out of 10 State and private prisons and all federal prisons offered educational programs for inmates, only half of offenders at the time of Harlow (2003) study reported participating during their most recent incarceration. There is some evidence that offenders recognize the positive impact education can have on their reentry. Formerly incarcerated individuals in Vishner and Lattimore (2006) report from the National Institute of Justice cited education as their most common reentry need.

Ex-offenders are at an increased disadvantage in the labor market in that they were less likely to be hired by potential employers. In Holzer's (2007) survey of employers, almost 90% said they would definitely hire applicants with limited work experience, former welfare recipients and people with stigmatizing characteristics, while only 40% said they would definitely employ an applicant with a criminal record. Ex-offenders also have lower employment rates prior to their incarceration than their civilian counterparts, due in part to multiple incarcerations, a history of substance abuse, chronic health issues and depression (Travis, Solomon & Waul, 2001). Labor market discrimination based on race is another component that places minority ex-offenders at an even greater disadvantage. The majority of ex-offenders are minorities. In addition, African Americans represent half of ex-offenders and

experience higher levels of discrimination compared to their other minority counterparts (Holzer, Raphael & Stoll, 2003).

According to Stojkovic (2007), an ex-offender's ability to readjust to society's norms once released varies depending on the length of their incarceration. Ex-offenders who aged while incarcerated generally have the most difficulty readjusting to their communities (Stojkovic, 2007). Their ability to adjust to societal changes that occurred during their lengthy incarceration is diminished; hence the longer the term, the more likely they will not have a successful reentry to the society. Conversely, elderly ex-offenders who were sentenced at an older age and aging recidivists (habitual offenders with multiple incarcerations) are more likely to maintain family relationships and therefore have better outcomes (Stojkovic, 2007). They are also able to acquire and retain employment and housing and avoid recidivating.

In recent years, prisoner reentry has moved to the forefront of criminal justice policy, owing to the impact on communities, families, state and local government budgets and social service providers (Visher & Travis, 2011). Correctional facilities have a revolving door as evidenced by recidivism rates that despite policy efforts have remained unchanged for more than a decade. More than 67% of all ex-offenders are rearrested within three years of their release, 76% within five years and 78% of those 24 years and under within three years (Durose et al., 2014). This high recidivism rate has influenced policy change, resulting in a focus on keeping communities safe through reentry programs that target younger ex-offenders. Arguably, this approach may have served to marginalize the elderly ex-offender who recidivates at much lower rates. Only 62.9% of ex-offenders aged 40 and older are rearrested within three years (Durose et al., 2014). Crawley (2004) argues that the marginalization of the elderly offender in research and reentry policy is due in part to the assumption that prison is for the young.

The types of peer networks offenders establish in and outside of prison and the level of family support system, may serve to prevent or enable negative behaviors that could lead to failed outcomes including re-offense. Vishner & Travis (2011) cite job training, substance abuse treatment, housing assistance and mental health counseling as essential elements of prisoner reentry programs; however, these services are often unavailable in many of the communities to which they return. In order to have a successful outcome, the returning ex-offender needs transitional and supportive services to mitigate negative outcomes. These services are more likely to be effective if they account for the individual histories, backgrounds and ages of ex-offenders.

There are very few studies that examine the individual experiences of elderly ex-offenders during the process of reentry. As one of the few studies, Maschi, Morrissey & Leigey's (2013), examination of 2,913 adults aged 50 and older who were being held in U.S. correctional facilities explored the implications for their reentry. Their study identified the heterogeneity of older prisoners and the need for societal responses that account for the diversity in life experiences, health and criminal history. Maschi et al. (2013) posit the need for programs that not only met physical needs but allowed for the recovery of lost agency, personal empowerment, autonomous decision making, well-being and full membership in their chosen community (Maschi et al., 2013).

Crawley and Sparks' (2006) qualitative study of United Kingdom (UK) inmates age 65 to 84 years old examined their release and resettlement concerns. The UK like the U.S. is experiencing a significant rise in the number of elderly offenders. Between 2002 and 2012, inmates between the ages of 50 and 59 increased by 122%, and those over 60 by 146% (Prison Reform Trust, 2014). There is currently no national strategy for elderly inmates in the UK

(Crawley & Sparks, 2006). Participants in the Crawley and Sparks (2006) study reported high levels of anxiety surrounding housing, mobility, health, monetary resources and personal safety. The fear of poor access to adequate healthcare was a major concern of those with a chronic illness (Crawley & Sparks, 2006). However, those with families reported less anxiety and were looking forward to regaining their roles as protectors (Crawley & Sparks, 2006).

Concern for post incarceration health was also a key finding in Loeb, Steffensmeier and Myco's (2007) survey of elderly inmates in a state correctional facility in Pennsylvania. Participants' fears centered on their access to and ability to afford healthcare upon release and the related negative impact on their health (Loeb et al., 2007). A lack of awareness of the healthcare system outside of prison and the confidence to negotiate it fueled this concern (Loeb, et al., 2007).

The majority of available literature on inmate reentry neglects the perspectives and experiences of elderly ex-offenders. The three studies cited were conducted with participants that were in a correctional facility at the time of the inquiry. The present study sought to conceptualize the individual transitions of elderly ex-offenders from prison to community, accounting for a range of social dimensions. By examining the reentry experiences of elderly ex-offenders, we are better able to understand the individual reentry circumstances of elderly offenders and the elements that influence their successful reentry.

Statement of the Problem

Despite the growing number of elderly offenders in the criminal justice system, there is a paucity of qualitative research on their reentry experiences. The available literature neglects the lived experiences of elderly offenders reintegrating into their communities, focusing primarily on

their younger counterparts. With the projected increase in the number of elderly ex-offenders leaving prison, more research is needed to understand their perspective of the reentry process to aid in future policy change related to this population of ex-offenders.

Purpose of the Study

This study sought to examine the reentry experiences of elderly ex-offenders, residing in New York State in the geographical areas of Queens, Brooklyn, New York City, Bronx and Long Island, who were incarcerated in a state or federal correctional facility, were released on or after age 50, and had a minimum of one year post incarceration time. The study sought to answer questions about their housing, employment, family reunification, physical health maintenance, mental health maintenance, substance abuse treatment maintenance experiences and their perceptions of the experiences in the process of their reintegration.

Rationale for Study

This study is important for several reasons. First, there are very little qualitative data that addresses elderly ex-offenders reentry experiences reintegrating into their communities. Prior inmate reentry studies and policy initiatives were primarily targeted to those between the ages of 18 and 34 years, a group that is at a higher risk of recidivating (Durose, Cooper, & Snyder, 2014). With the projected growth in elderly offenders in the criminal justice system, it is important that we develop evidence-based practices for this population.

Second, New York State elderly prison population is currently at 17%; West Virginia which boasts the highest is at 20% (Center for Justice at Columbia University [CJCU], 2015; New York State Corrections & Community Supervision [NYS CCS], 2016, ACLU, 2012). There has been an 81% increase in the age 50 and older inmate population in New York State

(CJCU, 2015). With 95% of inmates eventually experiencing release and a rapidly growing elderly ex-offender population, it is imperative that we distinguish their needs and the elements that ensure their successful reentry (James, 2014). This study provides invaluable data on the ways elderly ex-offenders experience different services.

Third, elderly ex-offender reentry impacts not only the ex-offenders themselves, but also their families and the communities to which they return. As the elderly population increases in a community, there is a concurrent increase in the demand for healthcare. An aging population requires a shift from one-time interventions to ongoing management of multiple chronic illnesses (Weiner & Tilley, 2002). There may also be an increase in the demand for caretakers for those elderly ex-offenders with chronic diseases that negatively impact their ability to live independently. Their reintegration will require accommodation and transitional services that account for frailty and mobility issues, as well as chronic disease management and appropriate social, educational and recreational programs within the communities in which they settle (Baidawi et al., 2011). These unmet needs foreshadow increased costs for affected communities; hence, by gaining knowledge of elderly-ex-offenders' reentry experiences and needs, communities can anticipate and develop cost-saving programs targeted to this group (Maschi et al., 2013).

Fourth, with the Obama administration's New Clemency Approach which commutes the sentences of federal non-violent drug offenders serving prison terms of 15 years or more, the number of elderly ex-offenders will continue to increase. In 2009, there were almost 12,000 individuals incarcerated for drug offenses in New York State under the Rockefeller Drug Laws (Drug Policy Alliance [DPA], 2009). Enacted in 1973, the Rockefeller Drug Laws issued prison terms of a minimum of fifteen years to life for the possession or sale of small quantities of a

narcotic substance. The clemency policy will result in the release of inmates convicted under the Rockefeller Drug Laws, creating the potential for waves of returning elderly ex-offenders.

Fifth, this study adds new knowledge in an under-studied area, thus providing data to assist policy makers, public health practitioners and the criminal justice system with the development of policies and transitional services that are effective with this population of ex-offenders and that also work to the benefit of their communities.

Finally, this study provides information for future researchers who wish to study reentry experiences for specific groups of ex-offenders.

Significance of the Study

This study contributes to the development of a theoretical understanding of the experiences of the elderly ex-offender population in reintegrating into their communities. Findings of the factors that influence or impede their successful transition from prison to communities and their outcomes allow policymakers to advocate for and establish policies that meet former inmates' unique and complex needs. Reducing recidivism rates and protecting communities are valid concerns; however, given the scope and growth in the number of elderly prisoners, programs targeted to their specific needs are necessary to ensure that this particular growing group of ex-offenders is given a fair opportunity to reintegrate successfully into their communities.

Plan of this Report

Chapter 1 presents a background on the current status of elderly ex-offenders within the US criminal justice system, the research problem, purpose, rationale and the significance of the

study. A review of the relevant literature is presented in chapter 2 followed by the research methodology in chapter 3. In chapter 4, I present demographics and profiles for all 26 subjects who participated in the study. Chapter 5 describes the results and in chapter in 6, I discuss the result within the framework of theories and empirical studies. Implications for policy, social work practice and research are also discussed.

CHAPTER 2

LITERATURE REVIEW

The purpose of this chapter is to review the literature related to reentry and elderly ex-offenders. The literature is presented starting with definitions of reentry and the elderly inmate, elderly inmate profile and factors behind the rise in the number of elderly inmates. The chapter concludes with a review of relevant analytical literature.

Offender Reentry Defined

Offender reentry encompasses all activities and programming conducted to prepare ex-offenders to return to their communities and to live as law-abiding citizens (James, 2014). It includes those programs that address the inmate's transition to the community, namely pre-release, work release, halfway houses and any other activities that focus on their reentry. Reentry also involves programs aimed at continuing treatment initiated during incarceration, such as substance abuse treatment, life skills, education and mental health treatment (James, 2014). The majority of inmates will experience reentry when they are released on parole or their sentence expires.

Definition of the Elderly Inmate

There are differing views across states about at what age an inmate should be classified as elderly. Currently, 27 states have a definition for elderly offenders; among them, 15 including

New York define elderly offenders starting at age 50; five at age 55; four at age 60; two at age 65 and one at age 70 (Vera Institute of Justice (VIJ, 2010). For the purpose of the proposed study, we will utilize the standard used by the NIC. The NIC defines elderly offenders, as those held by state and federal correctional facilities age 50 and older (NIC, 1992). This classification is based on inmates exhibiting physiological and mental health issues normally associated with individuals ten years older (NIC, 1992). Baidawi et al. (2011), who studied inmate health, concluded that incarcerated individuals' physiological age ranges between seven and ten years older than their chronological age. Kerbs (2000) also theorized that the average male inmate is physiologically 12 years older than their civilian counterpart.

Identifying the number of elderly ex-offenders released annually is difficult because of the lack of a consistent definition in the criminal justice field and the failure of prisoner reporting systems to provide data specific to this group. Reports from the BJS on released inmates provided data for those age 55 and older. Between 1990 and 1999, the number falling within this category increased from 5,000 to 9000 (Williams & Abraldes, 2007). While this excludes some ages in the NIC's definition of elderly ex-offenders, it is a clear indication of the rise in number of elderly ex-offenders reintegrating into civil society.

Elderly Inmates Profile

The U.S. Department of Justice places elderly inmates in three categories, including first offenders or those committing their first crime after age 50; repeat offenders and long-term offenders (NIC, 1992). In his analysis of inmates age 55 and older, Goetting (1984) created four profiles for aging inmates, including old offenders or those incarcerated for the first time at or after age 50; those growing old in prison serving a minimum of 20 years; repeat offenders or

those with multiple incarceration starting before age 50 and young short-term first-time prisoners or those incarcerated before age 50 who served less than 20 continuous years of their sentence.

A key finding in Goetting's (1984) study was the increase in the percentage of inmates who grew old in prison.

Researchers Neeley, Addison, & Craig-Moreland (1997) also identified four categories of elderly offenders, including first offenders sentenced after age 50, juveniles who entered prison at a young age with a life sentence and grew old in prison, prison recidivists who served multiple sentences and chronic offenders who engage in frequent criminal activity but have never been incarcerated.

On average, 50% of elderly inmates are first time offenders sentenced after age 60, and men represent 95.5% of elderly inmates 55 years and older (Livengood, 2009). Considering both genders, 40.9% are White (includes White Hispanics) and 47.5% are Black (includes Black Hispanics) (ACLU, 2010; HRW, 2012). Aging male inmates on average are older than their female counterparts; 56% of aging female inmates are between ages 50 and 54 years (HRW, 2012; ACLU 2012). According to the ACLU (2012), the largest sub-category of elderly male inmates (49%) is between the ages 50 and 54 years.

Demographic Changes

Some researchers suggest the increase in the number of elderly inmates is a reflection of the general population growth and aging of society (Howse, 2003). In the last two decades, the U.S. has experienced a considerable increase in elderly individuals as a percentage of total population. In 2000, the National Census reported 76 million Americans age 50 and older; by 2010, this group increased to 99 million (U.S. Census Bureau, 2010). The 2010 Census also

reported Americans age 50 and older growing at a faster rate than those under 50 years (U.S. Census Bureau, 2010). Thus, just the overall aging of the general population accounts for some portion of the increase in elderly inmates.

Mandatory Sentences & Terms

Mandatory sentencing has been characterized as the primary force behind the growth in elderly offenders (ACLU, 2012). In an effort to reduce the incidences of drug use and violent crimes associated with the drug trade during the 1980's and 1990's, legislators adopted a series of "tough on crime" policies, namely mandatory minimum sentences, increasing the number of crimes punishable with life sentences, increasing life-without parole sentences, increasing terms to serve before qualifying for parole or release and rendering some crimes ineligible for parole (Abner, 2006). Legislators believed harsh penalties would send a clear message to prospective offenders and affect more certainty to the sentencing process (Mauer, 2010). Enforcement was intended to incapacitate habitual offenders and deter potential criminals. The Anti-Drug Act of 1986 initiated mandatory minimum penalties for drug offences with sentences ranging from five years to life in prison (United States Sentencing Commission [USSC], 2011). Starting in 1984, Congress' contribution was the establishment of five-year mandatory minimum penalties for the use of firearms during a violent crime (USSC, 2011). This law was expanded in 1986 to include "carrying or using a firearm during a drug trafficking crime" (USSC, 2011, p. 26). The armed career criminal provision of federal code, section 924(e), was further expanded to include those offenders with three convictions of "violent felonies" and "serious drug offenses," to carry a mandatory minimum penalty of fifteen years (USSC, 2011, p. 26). In 1998, section 924(e) was amended to seven years minimum for brandishing a firearm during a crime and ten years for discharging said firearm (USSC. 2011). Second or subsequent convictions now carried a

minimum of 25 years imprisonment, increased from 20 years (USSC, 2011). Overall, Congress' amendments ensured more serious offenses drew increasingly higher mandatory minimum sentences (USSC, 2011). The impact of mandatory sentences is reflected in data from the Bureau of Justice Statistics; in 2009, 40% of prisoners age 55 and older in U.S. prisons were serving sentences exceeding 10 years, compared to 9% in 1993 (Carson & Sabol, 2016). The data shows the link between the growth in the number of elderly prisoners and the passing of the mandatory minimum laws. Over 25 years after the initiation of mandatory minimum sentences, we are seeing the results of the enforcement during the late 1980's and 1990's. Offenders that were sentenced have grown old in prison.

Three Strikes Law

The "Three Strikes Law" enacted in 1994, has also inflated the number of elderly prisoners. Under "Three Strikes," individuals convicted of three or more felonies can be sentenced to life in prison; its active enforcement has resulted in habitual offenders, some of whom committed petty crimes, receiving extensive prison terms (King & Mauer, 2001). The primary rationale was to reduce crime through the incarceration of habitual offenders. Although "Three Strikes" was implemented across the country, California, which boasted a high concentration of serious offenders in its cities, was the first to make this law mandatory and with the toughest penalties (Stolzenberg & D'Alessio, 1997). Offenders convicted under "Three Strikes" faced a prison sentence of 25 years to life if their third offense was a felony (Stolzenberg & D'Alessio, 1997). "Three Strikes" also doubled the terms for "Second Strike" offenders and required consecutive prison sentences for multiple convictions (Stolzenberg & D'Alessio, 1997). Mandatory minimum sentencing and "Three Strike" legislation's impact on California's correctional system was reflected in a 17% increase in offenders over age 50

between 1990 and 2010 (California's State Department of Corrections and Rehabilitation [CSDCR], 2010).

Truth in Sentencing

Truth in Sentencing (TIS) refers to legislation enacted in 1994 under the Violent Crime Control and Law Enforcement Act, whose mandate was to ensure offenders served a minimum of 80% of court-imposed sentences (Ditton & Wilson, 1999). In 1996, prisoners served on average only 44% of their sentences (Ditton & Wilson, 1999). Although mandatory minimums were in force, offender sentences were often reduced for time earned or for satisfactory behavior (Ditton & Wilson, 1999). By 1997, inmates in the nine participating states with determinate verdicts sentenced under its guidelines served the majority of their imposed sentences (Ditton & Wilson, 1999). Inmates in Minnesota and Ohio served 100% of their sentences, Arizona 90% and Connecticut, Delaware and Virginia, 88% (Ditton & Wilson, 1999). There were no available data for Illinois and New York (Ditton & Wilson, 1999).

By 1999, 41 states and the District of Columbia became party to TIS although with variations on the forms practiced (Sabol et al., 2002). Some states retained determinate sentencing for violent offenders (85% of sentenced should be served), while a small minority retained pre-1994 TIS structure (less than 85% of sentenced should be served) (Sabol et al, 2002).

Elderly Crime

Between 1995 and 2009, new court commitments of persons age 55 and older grew 109% (HRW, 2012). The imprisonment rate for offenders age 50 and older was 1,231 per 100,000 U.S. residents in 2015 (HRW, 2012). Data from 24 state prisons also revealed a majority of new

prisoners over age 51 were convicted of a violent offense and were sentenced to 20 years or more (HRW, 2012). Those in the violent sexual offense category are generally meted out the longest sentences, which led to an increase in their numbers. Offenders convicted of violent crimes represented more than half of all state prisoners with more prisoners 55 and older (65.3%) compared to younger offenders (49.6%) (HRW, 2012).

Arrest rates for persons over 55 years have also been on the increase; in 2000, 360,350 individuals in this category were arrested, accounting for 2.6% of all arrests. By 2010, this number had increased to 426,680, or 4.2% of all arrests (HRW, 2012). Economic hardships, improved health status and increased life expectancy may be the fuel for high arrest rates among the elderly. The US economy has undergone four recessions in the last three decades that severely impacted the incomes of the elderly (Amadeo, 2017). Furthermore, with advances in medicine and better access to health care, Americans are living longer. In Texas and North Carolina, the majority of elderly prisoners are incarcerated for low-level crimes; in Texas, 65% are serving time for non-violent drug crimes, property crimes and other non-violent crimes; and in North Carolina, 26% of offenders are habitual offenders convicted of petty drug crimes (ACLU, 2012).

Increase in Life Sentences

With the tough on crime political environment of the 1980's and 1990's, the U.S. saw a more frequent imposition of life sentences; between 1984 and 2008, there was a 400% increase in offenders serving life sentences in state prison and an even more dramatic increase in the federal prison system of over 1000% (Sentencing Project [SP], 2013). In 2008, there were 140,610 state and federal inmates serving life sentences, compared to 34,000 in 1984 (ACLU,

2012). That number has since increased to 159,520 in 2012; an 11.8% rise over 2008, making 1 in 9 people in prison serving a life sentence (SP, 2013). A sentence of life does not guarantee an inmate will spend the rest of his life in prison. Inmates with life sentences who were convicted prior to 1991 on average served 21.2 years (SP, 2013). Those sentenced after 1997 served 29 years (SP, 2013). Of the 159,520 inmates currently serving life sentences, 69.2% are eligible for parole, however, only 18% are likely to be released (SP, 2013).

The rise in the number of elderly offenders is explained by the above listed factors. With no policy change in sight and a rising incarceration rate, their rise will continue as projected by researchers and reentry experts.

Literature on Reentry

An extensive literature review revealed a dearth of research on the reentry experiences of elderly ex-offenders. However, with regard to reentry of the general prison population, the literature represented a limited range of peer-reviewed research. Many of the existing studies utilized data from a few studies commissioned by the BJS and the Urban Institute.

Inmates harbor tremendous anxiety about their reentry (Crawley & Sparks, 2006; Loeb et al., 2007). Ex-offenders face a number of challenges in reintegrating, specifically their ability to transition back to civilian life, finding employment, housing, and reconnecting with family (Crawley & Sparks, 2006; Loeb et al., 2007). Fears of how they will be received by their community, potential employers, and family, coupled with the stigma of having a criminal record, are also obstacles to their successful reentry. Traditionally, successful reentry was measured by rates of recidivism, housing and employment acquisition and reconnection with family (Petersilla, 2005). Recent studies have examined other outcome measures, specifically,

ex-offenders' attachment to social institutions (Petersilla, 2005). Ex-offenders' participation in their community activities and support groups has been found to be an important element of a successful reentry (Petersilla, 2005).

The society faces two challenges when an inmate is released; protecting the public's safety and providing resources that will ensure a successful transition from prison to life as a productive member of society (Travis, Solomon & Waul, 2001). Successful reentry therefore has substantial benefits to public safety and reduced cost of re-incarcerating recidivists. Prisoner reentry is a complex process involving a variety of governmental and social programs whose administration differs across states. Funding levels, prevalence and location of private nonprofit and religious organizations are the primary influences behind these differences (Seiter & Kedela, 2003). The types of sentences and release mechanisms, the types of programs correctional departments provide, the types and intensity of supervision parole or release agency provide, the family support received by the offender, the economic status of the community to which the offender returns, and the availability of employment further complicates reentry (Seiter & Kedela, 2003). Hence, based on their crime, each offender has a unique set of release conditions that further complicates the reentry process. Offender reentry programs generally occur in three phases, including pre-release programs that prepare offenders for release, release programs which link them to services they may need, and long-term programs that support and supervise offenders as they settle in their communities (James, 2014).

Many criminal justice personnel believe successful reentry begins at admission and continue through the months following release (La Vigne et al., 2008). According to Vigne et al. (2008), effective release procedures are characterized by transportation, gate money, public assistance access, prescription drug needs, health referrals, housing arrangements, substance

abuse treatment, and photo identification at the time of the ex-offender's exit from prison. Successful reentry is not likely to occur if release planning procedures are absent or do not account for these elements.

Departments of Corrections have identified the top eight needs of returning ex-offenders. Housing and employment top the list, followed by substance abuse treatment, current medication, photo identification, veterans' benefits and extensive documentation of mental health, and substance abuse histories for service providers in their communities to ensure the continuation of treatment (La Vigne et al., 2008). There is evidence that pre-release programs are cost effective and prepare ex-offenders for their reentry; however, research has shown that the majority of inmates do not participate in these activities.

Mallik-Kane and Visher's (2008) study of the reentry experiences of 838 men, and 262 women from correctional facilities in Texas and Ohio in 2004 and 2005, identified shortfalls in the level of treatment services in response to need. Approximately half of men and 4 in 10 women received substance abuse treatment during their incarceration, while only a quarter of men, and 3 in 10 women did, two to three months post release (Mallik-Kane & Visher, 2008). Their participation in programs that prepared them for employment was also at levels much lower than the need (Mallik-Kane & Visher, 2008).

Profile of Returning Ex-offenders

While processes surrounding prisoner reintegration has not changed significantly over the last two decades, there has been one characteristic of ex-offenders that has changed notably. Increasingly, we are seeing ex-offenders who have served longer unbroken terms of incarceration as a result of mandatory minimums and truth-in-sentencing laws (Travis, Solomon

& Waul, 2001). Returning inmates falling in this category are primarily male (88%), the majority are White (55% are White, 44% are African American) with a median age of 34 years (Travis, Solomon & Waul, 2001). The number of released prisoners who were convicted of a drug offense has also increased up from 11% in 1985 to 32% in 1998 (Travis, Solomon & Waul, 2001). Other reentry trends based on self-reported data indicate that almost 25% are alcohol dependent, 14% mentally ill, 4% reported they were under the influence of drugs or alcohol and 12% were homeless at the time of their arrest (Hughes & Wilson, 2002). These ex-offenders face challenges in transitioning from a regimented prison environment, to living as civilians, reconnecting with families and locating housing and employment. Additionally, many are exiting prison with chronic physical health conditions, mental health diagnoses, substance abuse problems and limited to no employment histories as detailed in the results chapter.

Recidivism and the Elderly Ex-Offender

A recent BOJ report on recidivism found that 67.8% of ex-offenders were rearrested within three years of their release, and 76.6% within 5 years (Durose et al., 2014). Those imprisoned for a new crime or parole violation within three years, represented 49.7% of the sample, and within five years 55.1% (Durose et al., 2014). Traditional reentry programs have focused on reducing recidivism and protecting communities through pre and post release programs that prepare inmates for employment and housing acquisition (Langan & Levin, 1994). Elderly prisoners are at a much lower risk of recidivating (Tripodi, Kim & Bender, 2008). The most recent comprehensive research on recidivism conducted by the BJS found that of their sample of 404,638 inmates released in 2014, 78.2% of those under 24 years were rearrested within three years, compared to 62.9% of those 40 and older (Durose et al., 2014).

Reintegration Challenges Facing the Elderly Ex-Offender

Substance abuse, physical and mental health issues, employability, workforce participation, family reunification, and housing are among the key factors researchers have identified as posing significant challenges to successful reintegration for ex-offenders in general (Shivy, Wu, Moon & Mann, 2007). The Second Chance Act of 2007 which was enacted primarily to reduce recidivism and in response to the rising number of formerly incarcerated individuals in communities, identified areas for which it's funding would address. Among these were housing, employment, family relationships, substance abuse and mental health treatment and education (Civic Impulse, 2017). Additionally, a Vera Institute of Justice in New York City study evaluating the success of 88 released inmates reentry, found that 56% cited locating housing, creating ties with family, finding employment, alcohol and drug abuse and parole supervisions among issues they used to determine the success of their reentry (Nelson et al., 1999). In this section, we will examine the available literature on substance abuse, physical and mental health issues, employability, workforce participation, family reunification, and housing as they relate specifically to elderly ex-offenders.

Physical Health / Chronic Illnesses

The reentry challenges faced by elderly ex-offenders are not dissimilar to those of younger ex-offenders; nevertheless, they are compounded as a result of their age and health status (Stojkovic, 2008). Their physical health status will determine their ability to acquire and maintain employment and housing once they are released. The aging process is generally accompanied by a decrease in the immunological defenses in humans, which may lead to the development of chronic illnesses (Marquart, Merianos & Doucet, 2000). Diseases in younger

inmates are generally acute and single episodes requiring one treatment, while in older inmates, diseases are chronic and progressive, requiring care for many years, or over their lifetime (Williams & Abraldes, 2007). Elderly inmate health also varies depending on their genetic differences, environmental influences, lifestyles prior to incarceration, personal habits, their response to the stress of incarceration and previous healthcare utilization (Falter, 1999). A health survey of 119 male inmates age 50 and older, found that 40% had hypertension, 19% myocardial infarction and 18% emphysema (Colsher, Wallace, Loeffellholz & Sales, 1992). Ninety seven percent of the sample was missing teeth and, 42% had gross physical impairments (Colsher, et al., 1992). In Moore's (1989) study of 41 male inmates, age 50 years to 80 years, 83 % reported suffering from one chronic disease, and 50%, three or more. Chronic issues included vision 17%, cardiac 25.9%, hearing 4.5%, and lung diseases 14.8% (Moore, 1989).

More recent studies have found elderly ex-offenders having high incidences of asthma, diabetes and cardiovascular disease; 49% of inmates age 50 and older and 82% of those 65 and older, have at least one chronic disease (Williams & Abraldes, 2007). Research shows that these high rates of chronic diseases are evident prior to an inmate's release. A study on the health status of "Soon-To-Be-Release inmates" in prisons and jails found an 8.5% prevalence rate for asthma, 4.8% for diabetes and 18.3% for hypertension (National Commission on Correctional Health Care [NCCHC], 2002). In the general population, the latest prevalence rates among adults for asthma, diabetes and hypertension were 7.4%, 9.3% and 29% respectively (United States Department of Health Center for Disease Control [CDC], 2014).

Communicable diseases such as HIV/AIDS, hepatitis C and tuberculosis are also found in inmate the population. Inmates tend to exhibit prevalence rates that are substantially higher than the general population. Baillargeon, Black, Pulvino & Dunn (2000), study of 170,215 Texas

Department of Criminal Justice inmates age 18 through 50 years old, identified infectious diseases as the most common health condition (29.6%). Tuberculosis without active pulmonary disease was represented in 20.1% of the sample population, viral hepatitis in 5%, and HIV/AIDS in 1.6% (Baillargeon et al., 2000). However, only 8% of the study's sample was age 50 and older (Baillargeon et al., 2000).

According to the CDC, between 12% and 35% of prison inmates are infected with the Hepatitis C virus, compared to 1% of the un-institutionalized population (National Hepatitis Corrections Network [NHCN], 2016). The incarcerated population accounted for 4 - 6% of tuberculosis cases in the US, and 1.7% of the state and federal inmate population tested positive for HIV/AIDS (CDC, 2014; CDC, 2009). High rates of communicable diseases in the incarcerated population are a major public health concern, as there is the potential to impact the public's health through returning prisoners. According to Mallik-Kane & Visher (2008), a fifth of returning prisoners in their sample reported a chronic communicable disease diagnosis of either hepatitis, tuberculosis or HIV/AIDS, with hepatitis B or C the most common infection (11%), followed by tuberculosis (5%), and HIV/AIDS (2%).

Based on the above data, the returning elderly ex-offender likelihood of having one or more chronic illnesses is high. In the section below, I examined the literature on health issues returning offenders experience.

Accelerated Aging and the Incarcerated

Ex-offenders, who have had extensive incarceration terms or multiple stints over a long period of time, are reported to experience accelerated physiological aging and often suffer from health issues normally associated with individuals 10 to 15 years older than their chronological

age (Aday, 1994; Baidawi et al., 2011; Mitka, 2004). Researchers attribute this phenomenon to the high burden of disease common in people from underprivileged backgrounds, who comprise the majority of the inmate population (Aday, 1994; Baidawi et al., 2011; Mitka, 2004).

Unhealthy lifestyles prior to and during incarceration also contribute to this phenomenon (Aday, 1994; Baidawi et al., 2011; Mitka, 2004). According to Baidawi et al. (2011), substance and alcohol abuse, lack of health care, inadequate health care and lack of education are issues specific to inmate populations and the primary driving forces behind their ill health. Accelerated aging will impact the public health and the community in the long run, as a majority of incarcerated individuals will be released eventually. These age-related issues transfer from correctional facilities to the communities in which they resettle and are reflected in higher healthcare costs.

Stress of Incarceration

The stress associated with their separation from family and friends, living in confinement and the ever-present threat of victimization disproportionately impact an elderly inmates' health, (VIJ, 2010). The structure of correctional facilities does not often allow for the separation of elderly inmates from their younger counterparts, leaving them at risk for physical harm and intimidation. Victimized inmates become hyper-vigilant, always on the alert for threats or personal risks, which may lead to the development of anti-social personality traits as a coping mechanism. Elderly ex-offenders' stress responses are often undiminished upon their release and many suffer from post-traumatic stress reactions to their experiences during imprisonment (Haney, 2003). The PTSD may present itself as an inability to deal with complications and conflicts that are normal in lives outside of the institution (Travis & Waul, 2003). The ex-offender under stress may respond in a dysfunctional manner, which may have a negative impact

on their reintegration. Additionally, chronic stress can lower one's immunity, lead to the development of cardiovascular disease, diabetes, high blood pressure and increases susceptibility to allergies and auto-immune diseases.

Returning Prisoners Health

In their study on the physical health conditions of returning prisoners, Mallik-Kane and Visser (2008) identified one-half of men and two-thirds of women as having a chronic physical health condition. Asthma, hepatitis infection and high blood pressure were the top three conditions. Additionally, those with physical health conditions frequently reported co-occurring mental health or substance abuse problems (Mallik-Kane & Visser, 2008). Of the men reporting a physical health condition, approximately a fifth had a mental health condition and two-thirds, pre-prison substance abuse (Mallik-Kane & Visser, 2008). Of the women in the sample, one-third with a physical health condition had a mental health diagnosis and two-thirds, pre-prison substance abuse (Mallik-Kane & Visser, 2008).

Mortality Rate for Ex-Offenders

Returning inmates have high rates of mortality during the period immediately following their release. Binswanger et al (2007) study found the leading cause of death within two weeks of release was drug overdose followed by cardiovascular disease, and that ex-offenders were 12.7 times more likely to die during that period than their civilian counterparts. Binswanger et al. (2007) conducted a retrospective cohort study of former Washington State Department of Corrections inmates and also found that of the 30,237 released between July 1999 and December 2003, 443 inmates died within 1.9 years. The mortality rate was 777 deaths per 100,000 persons per year; 3.5 times that of other state residents. Drug overdose, cardiovascular disease, homicide

and suicide were the leading causes of death (Binswanger, 2007). There are a number of factors at play in ex-offenders' elevated risk of death following their release, specifically, their vulnerability to drug overdose, risk of death from violence, unintentional injury, and failure to continue or access treatment for chronic illnesses (Binswanger, 2007). Urban Institute researchers found that two thirds of men, and three-quarters of women with physical health conditions did not receive treatment while incarcerated. Furthermore, only one-half of men in the study, and 6 in 10 women reported receiving treatment for their illnesses after their release (Mallik-Kane & Visser, 2008). Generalization of this study with regards to elderly ex-offender would be inaccurate, as the average age of the research subjects was 36 years. This is a common theme in the literature on inmate populations, since researchers in general do not differentiate outcomes for young and elderly offenders.

Substance Abuse

Illicit drug use is high among offenders and poses major barriers to their reintegration. In 2006, 85% of inmates reported a history of substance abuse; of the 2.3 million incarcerated individuals in the U.S. correctional system, 1.5 million met the DSM IV criteria for substance abuse or addiction and 458,000 were under the influence of a substance at the time they committed the crime for which they were incarcerated (CASA, 2010). The substance abuse rate among elderly offenders ranges between 29% and 79% with the majority reporting a history of alcohol abuse (Coid, Fazel & Kahtan, 2002; Curtice, Parker, Wismayer & Tomison, 2003; Lewis, et al, 2006).

When compared to the general population, incarcerated individuals were seven times more likely to have a substance abuse disorder (CASA, 2010). Substance abuse among inmates

has been on the increase; between 1996 and 2006, there was a 43% increase; 86.2% of federal, 84.6 of state and 84.7% of jail prisoners have a history of substance abuse (CASA, 2010). While a large number of offenders have histories of substance abuse, the majority does not engage in treatment pre and post release (CASA, 2010).

This high rate of substance abuse among offenders is ascribed to a number of factors but primarily to the growth in the number of individuals incarcerated for drug offenses over the last three decades (CASA, 2010). There is evidence that substance abuse plays a major role in many offenders' criminal activity. In 2015, there were 3,942,776 adults on probation and 851,158 on parole; of the 25% of those on probation and 31% of those on parole, their most serious offense was a drug charge (Kaeble & Bonczar, 2016).

In the debate on the increase in substance abusing offenders, Pollack, Reuter and Sevigny (2011) contend that eligibility for diversion programs such as drug courts are so restrictive that very few offenders are served, which contributes further to the rate of substance abuse. They also argue that there is a systemic misalliance between sentencing procedures and the criminal careers of offending drug abusers (Pollack et al., 2011). Habitual offenders who are substance abusers are frequently meted out harsh sentences, which leave them with lengthy criminal histories, little to no employment records and multiple unsuccessful treatment attempts (Pollack et al., 2011).

Increased access to illicit drugs when they are released also influences ex-offenders rate of usage. The transition from prison to freedom allows ex-offenders access to illicit substances, thus increasing their chance of relapsing. Relapse rates for those who decline treatment are much higher than those who do not. It is estimated that 2 in 3 heroin users not in treatment post

incarceration relapse within three months of their release (National Institute of Justice [NIJ], 1999). Data from the National Survey on Drug Use and Health (NSDUH), revealed that ex-offenders aged 18 to 49 years on probation or parole reported alcohol or illicit drug use; 40.3% of those on probation, and 38.3% those on parole (NSDUH, 2014). Failure to resolve substance abuse problems while incarcerated has been shown to predict relapse rates post-release.

A substance abuse history, or current use, will hamper an ex-offender's ability to have a seamless transition into his/or her community, thereby following a distinct trajectory of poorer outcomes compared to those without. In a study by Mallik-Kane and Visher (2008), individuals with substance abuse problems had more criminal activity post release and in many cases earned an income by illegal means. Both males and females reported a nomadic existence, with frequent residential changes and difficulty retaining housing (Mallik-Kane & Visher, 2008). Their employment outcomes were also negatively impacted; while men had experiences similar to those who were not substance abusers in gaining employment, their ability to maintain their jobs was lower (Mallik-Kane & Visher, 2008). Eight to ten months after release, 80% of men without substance abuse problems reported employment, while less than 50% of those with substance abuse problems were employed though through illegal activities, which placed them at risk of reincarceration (Mallik-Kane & Visher, 2008). While results for female participants without substance abuse problems were similar to their male counterparts, they had lower employment rates (Mallik-Kane & Visher, 2008). Eight to ten months after release women with substance abuse problems were more likely to not be employed for any length time compared to women without a substance abuse problem (Mallik-Kane & Visher, 2008).

Mental Illness

James and Glaze's (2006) research on mental illness in incarcerated populations found that over 50% of inmates suffered from a mental health condition. The data derived from personal interviews, revealed 56% of state prisoners, 45% of federal, and 64% of those in local jails, had a recent history of mental health problems within 12 months, and a clinical diagnosis by a mental health professional prior to the interview (James & Glaze, 2006). According to Brink (2005), approximately 55% to 80% of elderly inmates have a mental health disorder. The most common mental disorders among prisoners 55 and older were depression, Alzheimer's disease, anxiety and late life schizophrenia (United States Department of Health and Human Services [DHHS], 1999).

Psychiatric conditions have been identified as the most commonly untreated in prisons. Fazel, Hope, O'Donnell & Jacoby (2004) found that only 18% of older inmates with psychiatric illness received psychotropic medications. This translates to ex-offenders reintegrating into communities with untreated psychiatric issues.

Mallik-Kane and Visher's (2008) survey of soon-to-be-released prisoners found 15% of their sample of men, and 35% of women had been diagnosed with a mental health condition, which they characterized as a conservative estimate for the incarcerated population. Current correctional policy does not support universal mental health screening of the inmate population. Moreover, given the self-report measure of the Mallik-Kane and Visher (2008) study, respondents may minimize or omit their diagnosis. In order to address this issue, the researchers used a post release survey administered two to three months after release, to capture a more accurate estimate (Mallik-Kane & Visher, 2008). In the follow-up survey, 19% of male

respondents and 45% of females reported a mental health diagnosis (Mallik-Kane & Visher, 2008). They also identified 30% of men and 56% of women exhibiting symptoms consistent with depression, and 16% of men and 31% of women with PTSD symptoms (Mallik-Kane & Visher, 2008). According to Mallik-Kane and Visher (2008), using the findings of the post release surveys, they estimated that one-quarter of returning prisoners are likely to suffer from an undiagnosed mental health condition; these findings were consistent with James and Glaze's (2006) study.

Reentry presents unique challenges for ex-offenders with or without a mental illness diagnosis. Those with a mental illness are more likely to receive episodic treatment for their mental and physical health conditions and also more unlikely to maintain continuous treatment (Mallik-Kane & Visher, 2008). Their diagnosis also impacts their ability to acquire housing. Mallik-Kane and Visher's (2008) study found ex-offenders with a mental health condition were more likely than ex-offenders without a mental health condition to be homeless, less likely to reside with family members and less likely to arrange post release housing. Ex-offenders with a mental health condition also present poorer employment outcomes when compared with those with no history of a mental health diagnosis (Mallik-Kane & Vishner, 2008).

Recent studies on the impact of mental illness on rates of recidivism have revealed that ex-offenders with psychotic disorders re-offend at higher rates than those without. According to Fazel and Yu (2011), re-offense rates are increased by 40% in inmates with psychotic disorders, compared to non-mentally ill offenders. The literature therefore implies that ex-offenders with mental disorders are at a greater risk of unsuccessful reintegration outcomes, given the lack of universal screening and adequate treatment in correctional facilities.

Employment

It is generally agreed among criminal justice practitioners, that finding and retaining employment may be the most important factor in ensuring success in reintegrating and reducing recidivism. Drake and LaFrance's (2007) findings on what constitutes best practices in community re-entry programs cited six agencies, all of whom ranked housing, job training and employment high among their services offered to ex-offenders for successful reentry. Research findings from the Urban Institute's "Returning Home" study have also shown that ex-offenders, who acquire legitimate, marketable employment, have lower recidivism rates and that participation in pre-release job readiness programs, places them at a greater advantage of finding full-time employment (Solomon, Visher, La Vigne & Osborne, 2006). Moreover, participating in work release programs prior to their release and case management services post-release, also increase their odds of finding and maintaining employment (Solomon et al., 2006).

Many state correctional institutions offer career services to their inmates as a way of ensuring more successful reentry. In reviewing the literature on this subject, there were no available data on career services targeted to the elderly offender. The types of career interventions offered varied across correctional facilities. There were four distinct categories; educational instruction (GED classes), vocational training (trades in areas such as plumbing and electrical work), prison industries (jobs held while incarcerated) and employment services training which teaches inmates activities such as resume writing, interviewing and workplace relationship skills (Shvy et al, 2007). Critics have noted that these services are primarily targeted to providing skills training and positioning offenders to locate a/or any job once released, rather than developing their careers (Vernick & Reardon, 2001). The result is ex-offenders with little to no awareness of their true career interests, needs and abilities, accepting employment for

which they are ill-suited, or before they are ready to enter the workforce (Vernick & Reardon, 2001).

Career Profile of Ex-offenders

A felony conviction or incarceration has a considerable negative impact on an individual's employment trajectory. An inmate's time in prison prevents him or her from developing marketable employment skills, employment related networks and experience in his career of choice. The inmate career profile is often characterized by a wide range of and lack of legitimate work histories. Many ex-offenders have had longstanding relationships with the criminal justice system, and hence limited to no legitimate career histories (Shvy et al., 2007). Multiple incarcerations hinder an offender's ability to gain work experience, job skills and positive work habits, all of which are important to a successful career. It is estimated that about one third of ex-offenders were unemployed in the period before their incarceration and only 60% had attained a high school diploma or GED (Harlow, 2003; Lynch & Sabol, 2001). Additionally, approximately 85% of offenders reported a history of substance abuse or dependence and 50% had a mental health diagnosis (CASA, 2010; James & Glaze, 2006). If we consider the rate of mental illness among offenders and the anti-social behavior attendant with criminal activity, those with a career history may have experienced interpersonal difficulties with co-workers, impulsive resignations and employer initiated terminations, which would serve to further hinder their ability to successful reintegrate into their communities.

Barriers to Employment

Ex-offenders face a number of barriers in attaining employment that prevent them from achieving their full potential in the labor market. Employers are reluctant to employ individuals

with criminal and/or substance abuse history. Also ex-offenders are often perceived as unreliable, morally deficient, potentially violent, and dangerous. Only 40% of employers in Holzer (2007) survey said they would definitely employ an applicant with a criminal record compared to almost 90%, who said they would hire applicants with limited work experience, former welfare recipients and people with stigmatizing characteristics.

Ex-offenders also cite transportation as a challenge to maintaining employment; participants in the “Returning Home” study reported transportation posing a significant barrier in their employment venture (Solomon et al., 2006). Reliance on public transportation sometimes makes it difficult for them to secure or retain employment.

Ex-offenders often experience labor discrimination. The great majority of ex-offenders are minorities and almost half are African American and one third are Hispanic (Holzer, Raphael & Stoll, 2003). Minority ex-offenders have to contend with labor market discrimination that serves to impact their career trajectory negatively. Furthermore, there are no statutory protections in many states to prevent their discrimination on the grounds of their criminal history (Holzer et al., 2003).

The elderly ex-offender is at an even greater disadvantage than his or her younger counterparts, as not only does he/she face all the above barriers, but also age discrimination, having one or more chronic illnesses and the attendant challenges of competing with a younger workforce. While the numbers of elderly ex-offenders in the criminal justice system has increased significantly over the last two decades, they are still a minority and an invisible group. In addition, many have difficulty locating employment due to their health. Vishner, Debus and Yahner (2008) examined the ways that physical health conditions impact on an ex-offenders’

ability to work. Employment activity of ex-offenders with physical health conditions was found to be much lower than ex-offenders who had no physical health conditions. Many reported reducing their hours of work, or ceasing their employment because of their illnesses (Vishner et al., 2008). Elderly inmates also believe their advancing age will limit their employment opportunities once released. Participants in Crawley's (2004) study on the social, psychological and emotional impact of imprisonment on male inmates age 64 and older found that they viewed their age and health status as giving them little chance of gaining employment.

A mitigating factor for successful reentry is higher wages, as it serves to lower levels of re-offense (Solomon et al., 2006). The "*Returning Home*" study interviewed many of the people who were affected by returning prisoners including inmates pre and post release from state and correctional facilities in Texas, Illinois, Ohio, and Maryland; inmates' family members, residents of communities to which a majority of inmates returned and reentry policymakers and practitioners in each state (Solomon et al., 2006). It is difficult to ascertain whether this was representative of elderly ex-offenders because the researchers did not examine or report on the differences in the experiences of older and younger ex-offenders as well as their participation rates in the programs studied. This is a common issue in reentry research, since a majority of policymakers' and criminal justice professionals' concern for the public's safety motivate the studies. Hence there is a focus on younger ex-offenders who tend to recidivate at higher rates.

Housing

Policymakers and inmates alike believe stable housing is a critical component of successful reentry. Moreover, researchers have found that inmates with unstable housing are at a greater risk of re-incarceration (Solomon et al., 2006). Housing is an immediate and long-term

need, without which an ex-offender will have difficulty securing employment, maintaining sobriety and their health, should they suffer from a chronic disease (Fontaine & Biess, 2012). Acquiring housing ranks high among the reentry challenges for ex-offenders who often lack the financial resources and references needed to attain housing. Ex-offenders on average resettle in a select few communities within large metropolitan areas (Council of State Government [CSG], (2005). A shortage of affordable housing units characterizes many of these locales (Hammett, Roberts & Kennedy, 2001). This lack of housing coupled with their low or lack of income further decreases their prospect of securing housing.

One option is federally subsidized housing; however, there are also strict eligibility requirements, legal barriers, regulations, and restrictive tenancy rules against certain categories of ex-offenders (Stojkovic, 2007; Solomon et al., 2006). Federal laws ban ex-offenders from residing in public housing or other assisted housing programs (La Vigne, Davies, Palmer & Halberstadt, 2008). There are subsidized housing options available for ex-offenders in the form of subsidized, supportive and community correctional facilities, however, those with drug offenses are ineligible by law. Furthermore, there is a general shortage of federally subsidized housing units (Fontaine & Biess, 2012).

Ex-offender housing needs differ depending on their physical health needs, mental health status and employment histories (Fontaine & Biess, 2012). As mentioned above, over 50% of ex-offenders suffer from a mental illness, over 80% have a history of substance abuse, a third are unemployed in the period before their incarceration and in the case of elderly offenders, 49% age 50 and older and 82% age 65 and older have at least one chronic illness (CASA, 2010; James & Glaze, 2006; Lynch & Sabol, 2001; Williams & Abraldes, 2007). This is evidence of the

diversity of needs that exist among ex-offenders, which may impact their ability to acquire and maintain housing.

The nature of their relationships with family members may also present added difficulties in their ability to locate housing. Since it is often their only option immediately after their release, a majority of ex-offenders reside with family in public housing (Herbert, 2005).

La Vigne et al. (2008) found that between 48% and 62% of ex-offenders slept at a family home the first night of their release. Many who are living with family in public housing are at risk of homelessness, where they are often denied due to relatives' fear of losing their housing if they are caught accommodating an ex-offender (Herbert, 2005).

Insufficient housing assistance services prior to their release constrains an ex-offenders' ability to access housing. Many states are not required by law to provide housing assistance, since sentences are mandated by legislation and not by parole boards (Visher & Travis, 2003). Ex-offenders are therefore released without a housing plan, and often with no knowledge of the services available to them, nor participation in any discharge planning activities before their release (Hammett et al., 2001; La Vigne et al., 2004).

The stigma of a criminal history is another hindrance to an ex-offender securing housing. Community residents often resist having transitional and supportive housing located in their communities (Fontaine & Biess, 2012). Further resistance is faced from potential landlords who reject applicants with criminal histories (Roman & Travis, 2004).

There is very little literature on the housing outcomes of elderly ex-offenders. According to Stojkovic (2007), locating permanent housing for elderly inmates is comparable to other problematic populations of ex-offenders who engender little to no public sympathy. Elderly

inmates oftentimes return to families accompanied by a host of physical and mental health conditions that relatives are ill prepared to cope with. A UK study on the social, psychological, and emotional impact of imprisonment on male inmates age 65 and older and their views on reentry, found they were more likely to lack family, friends, or a home to return to, once released (Crawley, 2004). Here in the U.S., ex-offenders with physical health conditions had rates of homelessness similar to those without. They reported experiencing more difficulty retaining housing, and changing residences more frequently than their healthy counterparts (Mallik-Kane & Visher, 2008). Male ex-offenders were more mobile in the first 2 to 3 months of their release, while female's mobility increased 8 to 10 months after release (Mallik-Kane & Visher, 2008).

Family Reunification

The presence of family ties or lack thereof impacts an ex-offender's reentry; inmates with strong ties to their families tend to have more positive outcomes when released than those who do not (Visher & Travis, 2003). Those receiving emotional support and family acceptance immediately following their release demonstrated more success in attaining employment and abstaining from drugs (Visher & Travis, 2003). Marriage also mitigates an inmate's negative outcome post release. Visher, Knight, Chalfin & Roman (2009), research on relationship status and marriage impact on the social outcomes of returning inmates showed reduced rates of recidivism and drug use among those who were married or in a committed relationship (Visher et al., 2009).

There is very little research on the impact of family on the reentry of elderly-ex-offenders. A lengthy incarceration is in many instances disruptive to family relationships. The literature suggests that elderly inmates are especially at risk of experiencing social dysfunction in family

settings, displaying behaviors such as aloofness, seeking social invisibility and withdrawing from interactions with family members (Haney, 2003). A diminished sense of self-worth because of their history of incarceration fuels these actions (Haney, 2003).

Lengthy incarceration terms also impact their ability to receive support from relatives because in many instances relatives are themselves elderly, which further reduces their capacity to aid in the elderly ex-offender's reintegration (Stojkovic, 2007). Moreover, a majority of ex-offenders are from underprivileged backgrounds, and this factor reduces the likelihood of family providing financial support (Baidawi et al., 2011).

Another factor is family support for those with physical health issues. Studies have shown that both male and female ex-offenders are at greater risk of becoming victims of domestic violence by the hands of family members, especially if they have a physical health condition (Mallik-Kane & Visser, 2008).

A considerable body of literature addresses the overall challenges faced by returning ex-offenders in the areas identified for examination in the current study. An extensive search of elderly ex-offender reentry revealed a scarcity of studies specific to the population. There is limited evidence of qualitative studies on the returning experiences of elderly ex-offenders. Research rather focuses on the general population of inmates and ex-offenders. There is also an absence of literature of the voices of elderly ex-offenders themselves sharing their experiences reintegrating in their communities.

CHAPTER 3

METHODOLOGY

This chapter presents the research methodology I utilized to examine the experiences of ex-offenders age 50 and older reentering their communities. Each section provides a framework that describes the research plan starting with a description of the study.

Description of the Study

This qualitative study uses phenomenology to explore the lived experiences of elderly ex-offenders, residing in New York State in the geographical areas of Queens, Brooklyn, New York City, Bronx and Long Island, who were incarcerated in a state or federal correctional facility, were released at or after age 50, and had a minimum of one year post incarceration time. Using a semi-structured interview format, the areas examined were housing, employment, family reunification, physical health maintenance, mental health treatment maintenance and substance abuse treatment maintenance. These themes were selected based on those cited in the aforementioned 2007 Second Chance Act for prioritized funding (Second Chance Act S. 1593, 110th Cong, 2007). In order to be eligible to participate in my study, participants had to have a minimum length of time since they were released. This minimum was based on a BJS recidivism study of inmates released in 2005. Findings in that study revealed that 43.4% of the 404, 638 prisoners across 5 states were rearrested within one year of their release and that the longer they went without re-arrest, the lower their recidivism rates (Matthew, Cooper & Snyder,

2014). The present study used the one year mark as a baseline to capture these formerly incarcerated people's experiences reintegrating back into community life.

Research Method Appropriateness

Phenomenography is the empirical study of the various ways individuals experience, conceptualize and understand aspects of a phenomenon (Martin, Bowden & Dall Alba, 1992). The phenomenologist's goal is to understand social and psychological phenomenon from the perspectives of the people involved (Welman & Kruger, 1999). Phenomenology has its origins in the early 20th century in the works of Edmund Husserl (1859 – 1938) though it could be trace back to Immanuel Kant and Friedrich (Vandenberg, 1997). Following the end of World War I, Husserl sought to develop a new philosophical method that brought certainty to a disintegrating civilization (Eagleton, 1983). Husserl posited that there could exist certainty in an individual's mind about how things emerged in or presented in their consciousness (Eagleton, 1983; Fouche, 1993). He thought events outside of the immediate experiences should be ignored, thus reducing the external world to the contents of the individuals' personal consciousness (Groenewald, 2004). Husserl's method treated reality as pure 'phenomena' and the only absolute data from where to begin. He named his method 'phenomenology', the science of pure 'phenomena' (Eagleton, 1983).

In this study, the researcher sought to gather subjects' narratives of their lived experiences thereby producing in-depth descriptions of the phenomenon of their reentry. The transitioning experiences of elderly ex-offender is best examined by the phenomenological method of research since it emphasizes the value of the subjects' personal perspective and their interpretation of the phenomenon, and thereby provide insight into their actions and motivations

(Lester, 1999). The subjects in this study differ in a wide range of areas such as type of crime, length of sentences, lived experiences prior to their incarceration, race, gender, release status and length of criminal activity, each of which may produce differences in their perception of their experiences.

Statement of Research Questions

This study sought to answer the following questions:

1. What are the housing experiences of elderly ex-offenders?
2. What are the employment experiences of elderly ex-offenders?
3. What are the family reunification experiences of elderly ex-offenders?
4. What are the physical health maintenance experiences of elderly ex-offenders?
5. What are the mental Health maintenance experiences of elderly ex-offenders?
6. What are the substance abuse treatment maintenance experiences of elderly ex-offenders?
7. What are their perceptions of the role of these experiences in their process of reintegration?

Sampling Procedures

This study employed purposive sampling to recruit participants. In purposive sampling the researcher employs a non-random selection of subjects with characteristics identified for the study. Once participants were identified, the snowball sampling method was also used to recruit additional participants. In order to increase the sample, participants are asked to recommend

others for the study. Both sampling methods allow researchers to select subjects with a specific set of characteristics (Wiles, Crow, Charles & Heath, 2007). Since elderly-ex-offenders are an invisible group, purposive and snowball sampling were appropriate for a qualitative study, as they gave the researcher access to a particular characteristic of a population, thereby enabling answers to the researcher's questions (Wiles et al, 2007).

Subjects were initially identified through human service agencies that provide services and programs to elderly ex-offenders in New York State, ex-offender support groups and then through referrals from subjects that participated in the study. Agencies were sent a recruitment letter (see Appendix G) and a participant recruitment flyer (Appendix H) informing them of the study and the qualifying characteristics for potential participants.

Sample

The sample includes 26 elderly ex-offenders age 50 and older who transitioned from prison to community with a minimum of one-year post incarceration time. The researcher's goal was to interview 40 participants or stop at the point of data saturation; the point at which the collection of more data will not introduce anything new or significant (Guest, Bunce & Johnson, 2006). Saturation in this study was attained prior to interviewing 40 subjects. In determining that the saturation standards were met, the researcher ceased interviewing at the 26th participant. The researcher in interviewing and transcribing the data derived from progressive interviews noted the trend of consistent answers. Interviews were no longer producing new data.

There are diverse opinions on determining sample size and the point of saturation in qualitative research. According to Guest et al., (2006), when the data collection provides no new information, it is likely to produce no new themes, hence no new coding. Mason's (2010),

content analysis of 2,533 qualitative PhD studies reveal that the most common sample sizes were 20, 30, 40 , 10 and 25 participants. He also found no distinct patterns on how researchers adhere to guidelines for saturation (Mason, 2010). Mason (2010) interprets his findings as PhD researchers using sample sizes that ensure their data are defensible. Fusch & Ness, (2015) suggest that saturation should be viewed through the lens of “*rich*” and “*thick*.” Thick data is a large quantity of information, while rich is quality information that is detailed, multi-layered and nuanced (Fusch & Ness, 2015).

Interviews & Settings

Once an interested party contacted the researcher, they were given a detailed overview of the study. The potential participant was then given 48 hours to decide on whether to participate. On the second contact, if subject agreed to participate a date, place and time were confirmed for the interview.

Interviews were administered at several sites including agencies where subjects received services related to their reentry, ex-offender advocacy institutions, public libraries, parks, and fast food restaurants. The researcher scheduled appointments at hours when customer/client traffic was at their lowest.

In order to make subjects feel at ease, the researcher: (1) gave background information on herself as a student and the reason for the study, (2) informed subjects that the confidentiality and the security of their identity was assured and that audio file would be deleted once transcribed, (3) explained that their contribution may help future ex-offenders, (4) made eye contact, (5) and had casual conversation like inquiring about how their day had been so far.

In an effort to alleviate any fears they may have of being judged for their criminal histories, participants were reminded that they did not have to answer any questions they were uncomfortable answering and could terminate interview at any time. The researcher initiated each interview by reviewing the informed consent form answering questions or explaining areas that were unclear. Once the participants' comprehension of the parameters of the research was established, the researcher had him or/her sign the consent form. Informed consent is fundamental to ethical research practice as it serves to protect the human rights and privacy of research subjects. It provides a clear understanding of the goals of the research, potential risks if any, and the limits to their participation (Wiles et al., 2007).

All interviews were audio-taped and administered in English; therefore only individuals who were able to communicate in English could participate. Each interview included a demographic questionnaire (see Appendix C) for the purpose of describing the sample, followed by a survey exploring their reintegration experiences. The survey consisted of 9 sections (see Appendix D) and included questions on their reintegration in the six areas outlined in the study description in addition to educational background, incarceration history, release services utilization and a final section for any concluding statements or questions. The open-ended questions sought to explore their reintegration through their own personal lens.

The researcher used a non-directive style of interviewing that allowed participants to control the pace and substance of the interview (McNamara, 2009). A directive style of questioning was used when there was a need for clarification of information given by the participants (McNamara, 2009). During instances where subjects had difficulty recalling dates, the researcher would suggest that they used national or global historical events occurring at the time of the experience to establish a timeline.

The majority of the interviews conducted were for the duration of two hours. Subjects were assigned an alpha-numeric de-identified code number at the beginning of the interview. At no time during the interview subjects were addressed by their name. They were instead addressed by the de-identified code number.

All study participants were given a \$20 Visa gift card incentive. Receipt of the incentive was not contingent upon their completion of the interview.

Informed Consent

Informed consent is fundamental to ethical research practice; hence participants received an informed consent form, which was reviewed with them to ensure they comprehended the parameters of the research (See Appendix A). Informed consent serves to protect the human rights and privacy of research subjects. It provides a clear understanding of the goals of the research, potential risks if any, and the limits to their participation (Wiles et al., 2007).

The researcher followed with the interview protocol where participants in the study were informed of their voluntary status and the option to withdraw from the study at any time without penalty or negative consequences (See appendix B). Participants were also made aware of the option to decline to respond to any question(s) they did not wish to answer, and that there were no foreseeable risks or discomforts associated with their participation in the study. All were provided with the contact information of mental health resources should they experience any emotional or psychological discomfort resulting from their interviews. (See appendix F for the list of these resources).

In addition, they were informed that the data may be used to affect policies that possibly could improve the transitional experiences of elderly ex-offenders. The researcher allowed time for participants to ask questions relevant to the study.

To ensure the confidentiality of their identities, signed consent forms were secured in a locked file cabinet where only the researcher had access to the key.

Ethical Consideration

All participants in this study were treated in accordance to the code of conduct and ethical guidelines of Stony Brook University Institutional Review Board. It is the researcher's ethical responsibility to protect participants by maintaining their confidentiality and anonymity, obtaining informed consent, avoiding inappropriate behaviors and interpreting the data accurately (Creswell, 2009). All these considerations were employed to ensure that all participants felt safe, comfortable and with an awareness that they could withdraw at any stage of the process.

Confidentiality

The confidentiality and anonymity of participants were maintained throughout the process of conducting this research using a variety of methods including assigning alpha-numeric codes to each subject, securing audio-tapes and consent forms in a locked compartment and using passwords to access data stored electronically. Participant names, assigned codes and interviews were stored separate from each other. Participants were made aware of these procedures during the initial contact, and again at the point of data collection. Apprising potential participants of confidentiality at the onset of the research process is essential in acquiring informed consent and helps to build trust with respondents (Crow, Wiles & Charles, 2006).

Subjectivity and the Researcher's Lens

With regards to potential bias as relevant to this research study, I am a female licensed master social worker with over twelve years experience working with elementary through high school-aged youth. I have no history of working with individuals from the target population in this study. In collecting data, I was privy to traumatic and violent events in the lives of participants and their victims. I used self-reflection, exercise and meditation to deal with the emotions that I experienced in an attempt to not impose my beliefs and values on subjects. While I did not commit to regular journal writing, in instances where I found myself overwhelmed by the trauma and violence in the lives of some study participants, I made audio recordings of my conversations with myself to reflect on my internal reactions. Playback helped in tempering my biases to avoid their influence on my analysis of the data. Reflective practice is widely accepted in qualitative research as it facilitates acknowledgement of the researchers' values (Ortlipp, 2008).

Data Management

Once interviews were completed, they were downloaded to a password-protected laptop used only by the researcher. The original audio files were then deleted. All 26 interviews were manually transcribed by the researcher. Transcribed interviews were labeled with the assigned alpha-numeric code and date they were administered. Each subject was later given a pseudonym for the participant profiles presented in chapter 4. All audio files were deleted once the transcription was completed.

Transcribed interviews were stored in hardcopy form in a locked file cabinet. Electronic de-identified versions of transcribed interviews were stored on a password-protected laptop used

only by researcher and on a flash drive. When not in use, the flash drive was secured in locked file cabinet.

Validity of the Qualitative Research Method

Validity is a crucial aspect of research and is of vital importance in qualitative studies since they are open to the researcher's bias. According to Brink (1992), valid studies should demonstrate what actually exists. Noble & Smith (2015) contends that validity in qualitative research refers to the integrity and application of the research methodology and the precision in which the research findings reflect the data. Guba & Lincoln (1989) proposed the following four strategies for demonstrating rigor in qualitative research: credibility, transferability, dependability, and confirmability. These strategies have been central to the development of criteria employed to assess the quality of Qualitative research (Morse, Barrett, Mayan, Olson & Spiers, 2002).

Credibility is establishing that the results derived from the perspectives of participants are believable (Guba & Lincoln, 1989). In ensuring the results presented are credible, the researcher audio-taped the interviews and transcribed verbatim. Verbatim statements are further presented in the results chapter to give an accurate account of their experiences.

Transferability is the degree to which the findings of a qualitative research study can be generalized or applied to a wider population (Shenton, 2004). The researcher should provide a thorough description of the research context and assumptions central to the study as this increases the study's transferability (Guba & Lincoln, 1989). The findings in this study are not generalizable and may or may not be transferable to other settings.

Dependability refers to the consistency of the research processes over time (Guba & Lincoln, 1989). Dependability is comparable to reliability in quantitative research. It accounts for whether the researcher was able to account for the constantly changing context in which research occurs (Shenton, 2004). It also shows that the inquiry process is traceable, logical and documented (Miles & Huberman, 1994). In the current study, the researcher followed the same procedures from the first contact with the potential subject to the analysis of the data collected. To further enhance dependability, the transcripts were “preserved unobscured” (Miles & Huberman, 1994). All transcripts have been carefully stored in their original form to allow for further analysis or for assessing the accuracy of results.

Confirmability is how well others can corroborate the results of the research and that participants would confirm that the results are an accurate description of their experiences (Guba & Lincoln, 1989). Effort was made throughout this research paper to ensure validity of the research process and results by audio taping interviews and verbatim transcription of interviews. Furthermore, there is an audit trail within this document should others “reconstruct the process by which the investigators reached their conclusions” (Morse, 1994, p. 230).

Data Analysis

The researcher used Braun and Clarke’s (2006) Thematic Analysis to analyze the interview data. This method is the most widely used in analyzing interviews. Thematic analysis is effective in identifying, analyzing and reporting patterns or themes within the data (Braun & Clarke, 2006). Thematic analysis is a six-step process starting with familiarization with the data, generating initial codes, reviewing codes to identify themes, reviewing and refining themes, detail analysis and contextualizing of themes. This method was selected due to its rigorous

approach to data analysis and its ability to produce answers to research questions. Furthermore, thematic analysis is able to interpret many aspects of the research questions (Braun & Clarke, 2006).

In identifying what counts as a theme, a researcher selects patterns that capture experiences that are important in relation to the research question(s). During the process of coding, it is the prevalence of a theme in both space within each data item and across the entire data set that will determine what counts as a theme (Braun & Clarke, 2006). Braun & Clarke's (2006) advice to qualitative researchers is to not apply rigid rules, but rather to exercise flexibility as the importance of a theme is not entirely reliant on quantifiable measures. What is important is that the theme illustrates data that is significant to the overall research question(s) (Braun & Clarke, 2006). Qualitative researchers also need to be consistent during the process of theme determination, as themes are only significant when linked to form a coordinated picture or an explanatory model (Bazeley, 2009).

In thematic analysis, themes within the data can be identified in an inductive or "bottom up" manner or in a deductive or "top down" manner. In the inductive approach, identified themes are strongly linked to the data: hence it is data driven. The researcher codes the data without attempting to fit it within a pre-existing coding frame or their analytic preconceptions (Braun & Clarke, 2006). The theoretical approach is more "analyst drive" in that it is driven by the researchers' analytic area of interest (Braun & Clarke, 2006). In the current study, the data collected through interview with elderly ex-offenders were analyzed using the inductive approach.

Demonstrating Rigor Using Thematic Analysis

In analyzing the data collected for this study, the researcher began by immersing herself into the dataset, through reading and rereading the interview transcripts multiple times. The researcher read the data set in an active way, and searched for emergent patterns and meanings. This gave the researcher an introduction into the overall story of the participants and helped focus later analysis.

After the researcher compiled a list of the emergent patterns and meanings, she moved into the second phase of Thematic Analysis: the generation of initial codes informed by the list of emergent patterns and meanings. Here the researcher uploaded the interview transcript data into NVivo 11, a computer assisted qualitative data analysis software (CAQDAS) program. NVivo 11 enabled the researcher to organize and manage the data in an effective way so coding, categorizing, and thematizing could occur in a recursive manner.

The researcher moved through the data systematically and looked at each interview transcript separately. The data was coded into NVivo 11 nodes, units of meaning, patterns, and relevant text, within the dataset. This was a recursive process due to the fact that the researcher would generate new nodes in other interviews that were then used to examine the previous interviews in order to assess if those codes existed in the prior interviews. The selected list of codes that emerged from the dataset is shown below in Table 1. A total of 1,058 units of raw data were coded during this stage.

Table 1. *Emergent codes from data set*

Name	Sources	References
Adjusting to freedom	23	32
Age is an issue	14	16
Alcohol	16	31
Anger	7	24
anxiety	6	10
Cocaine	10	20
Continuing education	18	24
Depression	9	22
Education	13	18
Employment experiences	26	43
Family experiences	27	55
Finding a job	19	29
Grief	2	4
Happiness	16	39
Heroin	12	18
Hopes and fears	23	64
Housing experiences	22	73
Identification	6	8
Immigration issues	2	3
Impact of age on integration	10	12
In jail	18	37
Insurance	17	20
Maintaining Health	2	2
Marijuana	8	17
Mental health experiences	14	29
Networking	6	8
Number of living places	7	7
Physical health experiences	27	60
Preparing for Release	27	90
Probation experience	27	66
Rate your health	21	23
Reconnecting	19	53
Reintegration process	22	34
Relationship with PO	20	24
Release Day	20	29
Services that could help	20	44
Sobriety	17	37
Substance abuse	17	50

* Sources - Number of interviews with theme

* References - How many pieces of data coded for theme

During this phase the researcher generated the list of initial codes and then later examined that list of codes for the relationships that existed among them. These relationships formed the basis for the categories, also referred to as subordinate themes (Nvivo 11). The researcher created the subordinate themes to lay the groundwork for the overall story that was identified during the familiarization process. The researcher referenced the initial list of patterns and meanings throughout the data analysis phases to maintain a clear focus on the coherent story.

Once this process was completed, the researcher moved into the third phase of Thematic Analysis and searched for connections in the subordinate themes. In this phase, it was important to maintain the focus on the overall story the researcher outlined in the familiarization process. This was because the researcher wanted to ensure that the resultant themes were congruent with the overall story as it was becoming established and were built from the emergent patterns identified earlier in the data analysis. After the themes were established, the researcher examined the nodes and the subordinate themes for the congruence. If nodes or subordinate themes did not align with the research questions or did not fit into the story of the data, then the researcher saved them separately from the themes that did.

In the fourth phase of Thematic Analysis the researcher reviewed the themes. During this stage, the researcher asked questions such as: was there enough coherent data to support this theme; was the data too diverse to support one theme; would it be better instead to break this superordinate theme into subordinate themes. By asking these questions, the researcher narrowed down the superordinate themes, broke apart superordinate themes into subordinate themes, and even conjoined subordinate themes to create new superordinate themes. After this first level review was done, the researcher moved to assessing the resulting themes against the entire dataset. The researcher verified that the resulting superordinate themes created an accurate

and coherent representation of the dataset as a whole prior to moving onto the fifth phase of Thematic Analysis. The final themes are reported in Table 2.

Table 2. *Superordinate and subordinate themes from data set.*

Name	Sources	References
Adjusting to freedom	23	32
Employment experiences	26	43
Age is an issue	14	16
Education	13	18
Continuing education	18	24
In jail	18	37
Finding a job	19	29
Networking	6	8
Family experiences	27	55
Reconnecting	19	53
Hopes and fears	23	64
Housing experiences	22	73
Number of living places	7	7
Mental health experiences	14	29
Anger	7	24
Anxiety	6	10
Depression	9	22
Grief	2	4
Physical health experiences	27	60
Insurance	17	20
Maintaining Health	2	2
Rate your health	21	23
Preparing for Release	27	90
Identification	6	8
Immigration issues	2	3
Probation experience	27	66
Relationship with PO	17	24
Reintegration process	26	34
Happiness	16	39
Impact of age on integration	9	10
Release Day	27	29
Services that could help	20	44
Substance abuse	22	50
Alcohol	16	31
Cocaine	10	20
Heroin	12	18
Marijuana	8	17
Sobriety	17	37

*Sources – number of interviews with theme

*References – How many pieces of data coded for theme

The researcher moved into the fifth phase of Thematic Analysis where the researcher named and defined the themes. In this phase the researcher identified what the essence of each theme was, determined which aspect of the data the theme addressed, and labeled the theme accordingly. The researcher isolated quotations and excerpts that captured the essence of each theme prior to moving into the sixth, and last, phase of Thematic Analysis, which was writing the final report. The researcher began this process once all previous five phases were completed and the result was summated in chapter 5.

CHAPTER 4

PARTICIPANTS

This chapter presents demographic and individual profiles for the participants in this study. In sum, 26 elderly ex-offenders were interviewed. The mean age of the elderly ex-offenders was 60.42 years and the mean age at time of release was 56.577 years (range = 51 – 71 years SD = 6.6584). Data on gender, race, parole status, education and policy sentenced under are presented in the Table 3 below.

Table 3. *Interview Sample Characteristics (N = 26).*

Variable	<i>n</i>	%
Gender		
Male	23	88.46%
Female	3	11.53%
Race		
African American	21	80.76%
Caucasian	2	7.69%
Hispanic	3	11.53%
On Parole		
Yes	12	46.15%
No	14	53.84%
Sentenced		
Under mandatory minimum	15	57.69%
Under truth in sentencing	1	3.84%
No response	7	38.47%
Education		
High School Dropout	19	73.07%
High School Diploma	7	26.92%
No GED/High School Dip.	7	26.92%
GED in Prison	11	42.30%
Associate Degree in Prison	5	19.23%
Some College	5	19.23%
Bachelor Degree in Prison	2	7.69%
Master's Degree in Prison	2	7.69%
History of substance abuse		
Yes	22	84.61%
No	4	15.38%
Current use		
Alcohol socially	4	15.38%
No use	20	76.92%
Frequent relapses	2	7.69%

Participants' Profiles

Below are the profiles of all 26 participants in the study. They are presented in alphabetic order.

Ali¹ is a 57-year-old African American male who was incarcerated for two years before his release at age 54. He did not share what his crime was. He was first incarcerated at age 18 and has a history of substance abuse starting at age 16. He described himself as a weed smoker but said he started using cocaine at age 31 and has since stopped. Ali seemed to be a well-known figure in the neighborhood. This interview was administered at a bus depot and was interrupted several times by individuals stopping to exchange pleasantries. During the interview, Ali would stop to sing and dance. He took pride in his appearance and asked the interviewer several times if he looked younger than his chronological age.

Ali had attended vocational school following high school and graduated with a culinary arts certificate. He spoke passionately about working as a chef over the years and said he opted not to go back to school because cooking was all he wanted to do. Ali spoke extensively about the support he received from his family and how important it was to his ability to return to his community after prison. His children and siblings had visited him regularly during his incarceration. Since his release, he had received both financial and moral support from them.

Brown, a 54-year-old African American male was arrested for the first time at age 15, and was first incarcerated at age 28. He was age 52 at time of release a year prior for fraud related charges. He has spent 16 to 18 years of his life in prison starting at age 18. Although he reports that he has a history of substance abuse, he also stated that he was not enrolled in any

¹ Respondents names are aliases created by the researcher

substance abuse program as he thought they encouraged negative behavior. Brown was very evasive with information about his employment but hinted at doing work on the phone.

At the time of the interview, Brown's brother had recently been released from prison after serving 27 years for a federal charge. He talked about the stress his mother experienced with both sons incarcerated. On his release day Brown had no housing arrangements but lied to the DOC to avoid being sent to a shelter. He was fortunate to locate temporary housing with a cousin but would not provide specifics about his current situation when asked. He dropped out of school in the 11th grade and when asked why his reply was "maybe because a baby was coming." Again, he would not elaborate when prompted.

Carter, a 55-year old African American male was homeless on the day he came for the interview. He had a long history of alcohol abuse but was sober that day. He was neatly dressed and had obviously taken care to present well. Carter reported sleeping in the hallway of an apartment building when he cannot stay with family or friends. He had suffered a gunshot wound in said hallway one night while sleeping and showed the researcher his bandaged leg. This information was later verified with the local police department. Carter supports himself by collecting bottles and is often seen pushing a supermarket cart, which he uses to store them. He has had frequent run-ins with the local police department during his drunken tirades. He is well known in the community and survives on the generosity of community members. The researcher was made aware of Carter by a resident who saw the flyer.

Carter had been incarcerated 7 times since age 16 and the majority of his charges were drug related. Three of his incarcerations were 2 – 4 years, and he exited prison at age 53. His responses were brief, and he did not expand on his answers when prompted. He was not

concerned about his homelessness, expressed no interest in going to social services to get help and implied that he would violate his probation in order to be sent to jail during the winter months. Carter made it clear that his motivation for participating in the study was due primarily to the stipend. The interview was uneventful until he began talking about the death of his son from a drug overdose. Carter began crying uncontrollably, and the researcher had to terminate the interview. The researcher sat with Carter offering him empathetic support. She also referred him to support services available in the town he resides.

Charles, an African American male, was incarcerated for 37 years for a violent crime and was released at age 68. He reported going to the parole board thirteen times before he was paroled. Charles said he expected another denial and was therefore unprepared when they granted him release. He recounted his release to a three-quarter house in handcuffs and said he had been there for a year. He was very angry at his experiences reintegrating and swore throughout the interview. Charles was living in an overcrowded home with 18 other residents and had to sleep in the kitchen although he was paying rent.

Charles produced a letter he received from the governor of New York to whom he had written complaining about his treatment since release. He proudly stated that he had asked the governor if he had to kill someone again to get sent back to prison. Charles said he was more comfortable in prison and spoke extensively about his exploits and violent interactions with other inmates. It was evident that he saw prison as home and the inmates as his family. He reported missing the structure and privacy that he had in prison. As a violent prisoner, he would have been housed in a cell by himself.

Charles' interview was a litany of complaints about the various agencies that had offered to help him but failed to and had come to the interview expecting help with his housing. He had family but said he had avoided them as he did not want to impose on them and that if he went to stay with them, the programs will cease helping with permanent housing.

Chatham's interview was the longest done for this study lasting for four hours. At age 62 he had been out for eighteen months after serving 38 years on a 25-to-life sentence for homicide. It was his only incarceration. He has a history of drug use starting at age 13. He was very open with responses, explained everything thoughtfully, and gave many details. Chatham had suffered a major loss since his release with the death of his girlfriend two weeks after being freed. Despite this tragedy, he was very upbeat, laughed a lot and told jokes. Chatham felt a strong need to give back to his community and has been volunteering with a startup non-for-profit working with at-risk African American youth in his community.

Chatham was residing in a recovery house since in his release. He was also self-employed selling baked goods he made and proudly showed the researcher his business card. Chatham is a high school dropout, leaving in the 10th grade. He acquired his GED while incarcerated and completed some social work college courses. Chatham maintained a close relationship with his family throughout his incarceration and attributes this factor to him surviving the experience.

Grant is a 54-year-old African American male with a history of multiple incarcerations. He has a history of substance abuse, very recently clean (2 months or less). Grant was homeless at the time of the interview, and staying with another interviewee. His marriage had ended since his release when his wife left him for a childhood friend. Grant did not have any plans for the

future and did not report attempting to locate his own housing. He was very articulate, grew up on the north shore of Long Island and seemed to have come from a solid middle class family.

Grant was raised by his grandparents and reports succumbing to negative influences despite their efforts. He was enrolled in the military when he became truant in high school at age eighteen. During his stint in the army, he served as a basic medical and an orthopedic specialist. Grant admitted not knowing his father but was told he was a heroin addict. He made no mention of his mother during the interview.

Grant is the father of ten children by two women and said he had a good relationship with eight. He did not expand on the nature of his relationship with the ninth even when prompted.

Graz is a 55 year old African American male released in 2012 after serving 2 ½ years of a mandatory minimum sentence for drug possession with intent to sell. He was the minority of subjects in the sample that was self-employed as a caddy. He did not have a place of his own and was residing between his mother's and girlfriend's homes. Graz had a long history of substance abuse and drug sales and was known in his town as a former drug dealer. He had one adult child from a previous marriage and spoke in glowing terms of his son's achievements. His son it seemed represented one of the few success stories in his life.

Graz did not view his age as negatively impacting his reentry but acknowledged that it was harder finding a job. He had a positive outlook on his future and his primary concern was to maintain his health and eventually get his own apartment. The researcher knew Graz prior to the interview and noted how emaciated he looked. Graz attributed this to his high cholesterol and diabetes. He reported having a very tumultuous relationship with his girlfriend, who was diagnosed with bipolar disorder and that the stress has impacted his eating habits. Having few

options with regards to housing, he had to remain living with her until he could afford a place of his own. While caddying provided him with a decent living, it was seasonal, was not enough to pay rent, and he had to save money for the winter months. Graz had been working with an agency to acquire housing assistance but was unsuccessful to date.

Graz took the interview very seriously and spent time thinking about the questions before responding. At several points in the interview, he expressed his hope that by sharing his experience he may help someone in the future.

Hamilton is a 69 year old African American male who had 5 incarcerations before he served 30 years for attempted murder. Hamilton was released in 2013 at age 67 and was active in advocating for ex-offender's rights. He was very knowledgeable about reentry issues, very relaxed, made eye contact and expressed how proud he was of his achievements since his release. He also shared how dedicated he was to his advocacy work.

Hamilton's criminal history started at age 13 when he was sent to a juvenile facility. Following his release he joined a gang, which he said was a rite of passage for youth in his time. According to Hamilton, his trips to juvenile facilities aka training school only taught him how to become a prisoner. His criminal history includes bank robbery for which he spent ten years in prison. He also joined the Black Panther Movement "focusing on the powers that be." In 1982 he was charged with the attempted murder of a police officer. Hamilton denies the charge citing retribution for his Black Panther activities.

During his last incarceration, Hamilton was very active in educational programs. He taught in the Prisoners for AIDS Counseling and Education (PACE) program in several facilities as well as a reentry program that prepared ex-offenders for the social reintegration. Hamilton

dropped out of school in the third grade citing a health condition. He received his GED in a juvenile facility and did an associate degree in liberal arts while in federal prison.

Johnson is a 57-year-old African American male released in 2014 after serving time for a drug related crime. He was evasive when questioned about the crime that led to his last incarceration but statements made in the latter half of the interview hinted at a drug related offense. While he did not give specifics on all his incarceration terms, he reports jail and prison taking 28 years of his life. Johnson looked fifteen to twenty years younger than his chronological age, and he attributes his youthful appearance to eating healthy. He reports abusing hard drugs for nine years. While he made references to his mental state, he was evasive when asked directly about mental health issues and diagnosis.

Johnson suffers from post-traumatic stress disorder (PTSD) from his time in prison. He reported never sleeping under the covers and still showering in his underwear even when he is alone in his apartment. Johnson also reported having paranoia of people seeing that he has spent time in prison. His family was very happy when he was released; however, Johnson felt smothered” by them, adding that “jail do desensitize you.”

At the time of the interview Johnson was employed, living alone in a room he rented and was employed as a cook at an agency that served returning ex-offenders.

Jorge a 52 year old Hispanic male was 19 years old when he was sentenced to serve 29 years for murder in the second degree. He had been home for 19 months at the time of his interview. Jorge was well dressed, soft spoken and polite. He had mixed emotions about his experience reentering society and spoke of having good and bad days. He is currently on life parole and has had five different parole officers since his release. Jorge converted to Islam

during his incarceration and credited his faith for his rebirth. He told a moving story of his release day experience; Jorge was facing deportation and did not know his residency status until the point of his release. Since his release, he had been attending substance abuse counselor training and was scheduled to graduate in a few months.

Jorge was the caregiver for two elderly aunts with whom he lived. This had been stressful as they both were developing Alzheimer's. His job at a tools store was another source of stress and he shared how he was emasculated daily for not working as quickly as others who had been with the company for years. Jorge felt his family did not understand him and that because they saw him working and paying his bills, they assumed he was okay. He spoke about feeling lonely and depressed. He recognized that he needed mental health support and said he was considering seeing a psychiatrist. Jorge hoped to marry and have children one day.

Juan a 52 year old Black Hispanic male reports multiple incarcerations for drug offenses totaling 18 years. He had only been released for one year at the time of the interview after serving one year in prison. In doing the interview, Juan said it forced him to look back at his life and the many mistakes he had made. He cried for the majority of the interview but refused to terminate at the researcher's suggestion. Juan said he felt better from talking about his experience and that it was therapeutic. Born in a working class family he described as dysfunctional, Juan had been a very successful drug dealer and supported his family members with the proceeds. He has had significant losses due to his frequent incarceration; loss of contact with his children, loss of intimate and familial relationships, loss of assets and loss of status within his family. He was also homeless and living in a shelter for nine months. Juan was working hard at rebuilding his life; he was with an agency where he attended counseling. The

agency was also assisting him with locating permanent housing; he was employed and was rekindling his relationship with his daughter.

Juan had a learning disability and never graduated high school or got his GED though he had made attempts to. He had dropped out of high school while in 10th grade to work. The needs of his family seem to have pushed him into the drug trade. Juan was clearly overwhelmed with the demands of reentry but was motivated by the risk of losing his relationship with family.

Kendall was 67 when he was released on his 5th incarceration. Over his 5 incarcerations he had served 17 ½ years for drugs and robbery. His criminal history dates back to his teenage years when he was imprisoned for 3 years for armed robbery at age 18. According to Randy he was coached into making a false confession. On his last bid he was incarcerated for 5 years. He is the father of 8 daughters and three sons by 5 women. Kendall has experienced significant trauma in his life. His wife, who was the mother of three of his children, overdosed while he was serving time for his second incarceration. He spoke of growing up poor and living in a “raggedy” house with his Native American grandmother and seven siblings. While he knew his father, they had very little interaction and “no quality time” with him. Not unlike his father, Kendall has very little contact with his children and said that one of his daughters was “heated” with him. He felt she blamed him for her mother’s death as she was one of the siblings that found his wife’s body in the home. They were very young at that time and had thought their mother was asleep. Kendall announced that he was diagnosed with liver cancer and had opted not to have treatment as he felt they were “dead ass wrong” and that chemotherapy “killed good cells also.”

What was striking about Kendall was his announcement that he missed the adrenaline he got from committing crimes. The interview for him was akin to telling war stories. He was unapologetic for his criminal past, and was very relaxed during the interview. However, he had difficulty remembering dates and would pause for extended periods.

Michael is a 66-year-old African American male who spent 33 years in prison on a 15 to life sentence. He went to the parole board 9 times before he was granted release. Over the course of his incarceration he received his GED and 4 additional degrees including a Master's degree. He seemed genuinely concerned about the problem of mass incarceration and had dedicated his time since his release to advocacy work on behalf of those people who are affected by parole board denials. Interviewing Michael was very challenging as he was very guarded with his answers. His responses were especially brief when responding to questions about his family. Michael's introduction to the criminal justice system began at age 12 in a Juvenile facility. Over his lifetime, he served 3 state sentences; the last was for 33 years.

Like many of the other subjects in the study that had long sentences, Michael had a "nest egg kitty" he saved from his earnings during his incarceration. He had prepared for his release through getting an education, making contact with former inmates that were released before him and training himself to be "flexible" to deal with the reality of reentry. Michael had no fears surrounding reentry. He felt that whatever he encountered outside would be nothing like what he had experienced on the inside.

Mindy is a 71-year-old Caucasian female. She was born Jewish but identifies as atheist. Mindy is a lesbian and was incarcerated several times for political demonstrations. She served 14 years for federal conspiracy and was released at age 54. She expressed concern for the

women she was imprisoned with, and was very active in trying to help them. Mindy recognized that as an educated White female from a middle class family, she was treated differently than her minority counterparts in prison and that this also impacted her reentry.

Mindy was released in 1999 and was fortunate to have her sister rent an apartment for her. As a federal parolee, she was not allowed to interact with anyone with a felony. She reported having a difficult time socially as she did not have the opportunity to talk to anyone who understood what she was going through. Mindy was the only participant in the sample who had a graduated degree when she was sent to prison. However, she spoke of harboring fears about whether she would be able to support herself upon her release. Mindy's HIV education training in prison led to her finding a job with a HIV magazine.

Today Mindy is very active in advocating for the release of elderly ex-offenders. Although she is retired, she does editing for which she is in her own words "well paid."

Myrna a 51-year-old African American female was incarcerated a minimum of 17 times. The majority of her arrests were for petty larceny to support her drug addiction. Myrna was very forthcoming in answering questions. Her son's favor was the principal motivating factor behind her quest to maintain sobriety. Myrna suffered from clinical depression, and was on anti-depressants. She used a cane to walk and said she needed knee surgery. She was nervous about having it done because she would have to take narcotics for the pain during recovery. Myrna is afraid this would lead to a relapse and the loss of her relationship with her son.

Release day was very stressful for Myrna; she had no plans for housing nor had she received any prerelease planning. Her first day was spent driving around searching for a place to stay. She stayed at a motel the first night and then three weeks at a sober house. Myrna was

fortunate to locate a group home on Long Island for formerly incarcerated women and had been there for a year although it was a six to nine months program. The group home does not assist with finding housing; however, she had made numerous attempts to get Section 8 housing. Most waiting lists are over two years and in some towns they are closed. Myrna had ran out of options and is hoping for a miracle.

Obama is a 63-year-old African American male who was incarcerated for 34 years for homicide. He spent a significant portion of the interview expounding his innocence and how corrupt the judge that was assigned to his case and criminal justice system were. Obama dropped out of high school at the end of 9th grade. He, however, obtained an associate, two bachelors, a masters and pastoral counseling degrees in prison with a plan to educate himself to initiate an appeal. Since his release, he pursued and completed another master's degree in social work and is currently employed as a social worker working at a shelter. He has a history of substance abuse starting at 15 years old. Obama met and married his wife while incarcerated. Since his release his marriage has been strained due to the challenges he faced finding employment and his health issues. His physical health is compromised by hypertension, an enlarged prostate, and sleep apnea. He complained of being used as a guinea pig for dental students, which resulted in the loss of teeth. Obama did not receive any prerelease planning for his health despite his many chronic illnesses.

Oscar, a 56-year-old Hispanic male has 49 convictions for offenses related to drug possession, drug sale and larceny. He reported serving time in every prison in New Jersey. The majority of his incarcerations were due to parole violations. His last incarceration was in 2008 for grand larceny when he was sentenced to 2 to 4 years. Oscar was released in 2010 after serving 2 years. He was very proud to share his drug free status and having his own subsidized

apartment. He was very affable and laughed at himself in telling his reentry experiences. Oscar has musculoskeletal issues and had to stand and walk around frequently during the interview.

Oscar was among the few participants in the sample who was from an intact family. He is a high school dropout and does not have his GED. Since his release, he had been successful in getting his CDL license. Oscar's family has been supportive throughout his criminal activity and incarcerations. He admits that they had low expectations for his recovery and are surprised at how well he is doing.

His health issues include asthma, arthritis, hip and knee surgery from being run over by a car. Oscar said he was so high on drugs he did not feel anything. He is also diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Bipolar Disorder. Oscar believes his mental health issues have only worked to his benefit in him receiving housing and related services.

Pablo is a 71 year old Cuban national who served 31 years for homicide. He had no proof of his legal status and was stuck in limbo until he obtained his immigration paper work. Pablo had moved to the US in 1980 and was sentenced in 1984. He spoke very softly in heavy accented English and repeatedly expressed disgust at the system for denying him benefits given to seniors because of his status. Pablo was unhappy with his housing. He was living in a residence run by an agency that worked primarily with ex-offenders and had to share his room with three individuals, all of whom were much younger than he. He had lived in a shelter for five months before moving to his current residence. Overall, Pablo seemed very frustrated with many aspects of the system.

Pablo reported receiving no prerelease planning targeted to elderly offenders. Reentry had been difficult for Pablo; he complained that everything looked different. He has been lost many times in his travels to appointments and commuters sometimes gave him incorrect directions when asked. His son lived in another state and his daughter lived in Cuba. Since his release, Pablo had rekindled his relationship with his wife who lived in Cuba and hoped to see her soon. Pablo completed high school and some college in Cuba. He declined to share why he quit college but said he went on to work as a barber for most of his adult life before his incarceration.

Prince arrived for the interview with his dog. He had informed the interviewer at their first contact that he would only participate if allowed to have his dog at the interview site. It was evident that he was very attached to the animal and viewed her as his child. Prince had multiple incarcerations over his lifetime totaling 36.5 years and had recently been released from jail for a misdemeanor charge. At 62-years old, he reported eight chronic illnesses. Both Prince and his dog were obese. He exhibited a cavalier attitude when talking about his interaction with the criminal justice system and bragged that he had once told the parole review board to “kiss [his] ass.” He was also proud to report that he was the only surviving member of his crew of friends he had hung out with and engaged in illegal activities. “They all died in their twenties,” he declared.

Randy is one of two brothers interviewed for this study. He was not however aware that his brother had participated in the study. He was released in 2004 at age 56 after serving 9 years of a 3-9 years sentence for possession and sale of a controlled substance. Randy looked frail and reported suffering from kidney disease. He was a difficult subject to get to the interview and

failed to appear twice for appointments. He later showed up unannounced citing oversleeping for the last two appointments.

Randy was reared by his grandmother; his father was an alcoholic and his mother died when he was an infant. He is among the many participants in the sample who got their GED while in prison. Randy had dropped out of high school and blamed the school system that did little to “motivate me to do the right thing.” He has four brothers, however, only one (Kendall) is still alive. Two died from cancer and one in a car accident. Randy was married but his wife divorced him when he was incarcerated for the first time. He has a history cocaine abuse starting at age fourteen but is currently sober.

Rick, a 52-year-old African American male who self-identified as a “human being” when asked about his race, was incarcerated over 30 times, for drugs and weapons. He had a history of substance abuse and reported started using drugs at age 18. Rick became very emotional when talking about his ex-wife and daughter and said he was feeling depressed over the loss of his marriage and the struggle of getting his life back together since his release. He was overweight, seemed to be out of breath and was clearly struggling with major health issues. His medical issues included narcolepsy sleep apnea, diabetes, varicose veins and “nerves problem.” He did not have any reservations about answering questions and gave detailed responses. He was however reluctant to answer questions about his mental health because he did not want to be “judged” by the researcher for taking depression medications.

Rick resided in three shelters over four months upon his release and complained that during his search for permanent housing he was shown inferior apartment because landlords

were aware of his shelter background. His housing search had been successful as he currently was in living in permanent housing.

Rick reports not seeking employment since his release due to his medical issues. He had been attending college for two years pursuing a psychology degree when he was arrested and imprisoned. At that time he was employed with a group home, working with individuals with cerebral palsy. He reported having owned a laundromat and a cleaning business with thirty employees. Rick said he had paid a heavy price for getting into the drug trade.

Samuel has been incarcerated seven times and has spent 38 years of his adult life in prison for a litany of drug offenses. His longest stint was for 22 years following which he was released at age 53 but was re-incarcerated seven months later for another drug charge. After serving 3 years, Samuel was released in 2009 at age 57. Samuel supports the theory that incarcerated individuals age more rapidly than their civilian counterparts. He looked approximately 10 years older than his chronological age and walked with a cane. He, however, reports getting upset when younger students in a class he attended referred to him as “Pops.” He has Hepatitis C and “problems with his knees.” Samuel has had struggles with locating housing and had been in temporary housing since his release. His health issues have impacted his ability to locate appropriate housing and to make his parole visits.

Samuel’s drug use started at age twelve and heralded his dropping out of school. He reports drug dealers refusing to sell him drugs because of his age and that he had to ask adults to purchase on his behalf. He successfully completed a GED program during one of his incarcerations in addition to college bound courses. He was married but got divorced and “did not date much after.”

Samuel displayed intimate knowledge of the criminal justice system and the history surrounding the Rockefeller drug laws. He described himself as a habitual offender but was sick and tired and too old for prison. He felt parolees were not given a fair chance at successfully reintegrating. For him parole was a major cause for anxiety due to the time spent traveling, sitting and waiting to meet with supervisors. Samuel was among the few participants that reported getting pre-release planning from outside agencies.

Sarah is a 62-year-old Caucasian female who was sentenced to 12 1/2 years for homicide but was released after serving 10. She is a Massachusetts native but was incarcerated in Upstate New York and reports moving to New York City after her release because “they” offered better programs for ex-offenders. Sarah was very relaxed during the interview, laughed a lot and spoke extensively on all of what was wrong with reentry. She was proud to say that her experience in prison has made her a better person and with sobriety had come some losses in terms of her relationships with some family members. Her familial support system is in Massachusetts, which leaves her feeling lonely. Sarah was working hard to acquire housing for her disabled brother and herself but felt hopeless with the bureaucracy and cost.

She suffered from arthritis, which she stated worsened during her time in prison. Sarah reports experiencing menopause during her incarceration and had access to hormone therapy. She, however, refused and opted instead for natural interventions, which she received after conflicts with the medical office. Sarah also suffers from PTSD, agoraphobia and Borderline Personality Disorder. She reports physical and mental abuse during childhood and that it drove her to murder her abuser.

Like many in the sample, Sarah dropped out of high school but completed her GED during her time in prison. She also completed an associate degree in liberal arts with a focus on sociology. She plans on furthering her studies in social work.

Solomon is the subject with the longest incarceration term in the sample. He served 43 years for a 15 to life sentence for murder in the 2nd degree. Solomon said he deserved incarceration for his crime but should not have to spend almost 3 times his original sentence. He went to 17 parole hearings before he was granted release and is currently an advocate for change in parole board rulings. Solomon made a commitment to help others like himself when he came home and so does tremendous work with agencies that advocate on the behalf of returning ex-offenders. His story was featured in an article addressing the issues surrounding parole hearings. Solomon is the subject that was most prepared for his release. He had a sweet grandfather-like demeanor, very enthusiastic about his future and seemed to enjoy every second of his freedom. He spoke extensively about the joy of meeting his grandchildren after his release.

Reentry according to Solomon had taken a toll on him physically since his release two years prior. Having to navigate the subway for trips to his parole officer, to mandated groups because of his crime and to medical appointments, has exacerbated his back pain. He also suffers from high blood pressure and glaucoma. Solomon, a high school dropout who got his GED while incarcerated, was a high level drug dealer with employees. He was engaged to be married at the time of the interview.

Wilson an African American male was released in 2008 at age 58 after serving four years for a drug charge under the Rockefeller laws. His relationship with the criminal justice system started at age 17. He was very emotional, and cried when discussing his experiences in prison

the first time and on his release day. Wilson said the trauma from his first incarceration had led him to contemplate suicide. It was evident that he had been abused by fellow inmates. When questioned about his mental health, he was quick to respond “I am not crazy,” and refused to speak further on the topic. Although a diabetic, he did not see a doctor regularly nor took his prescribed insulin. Wilson did not trust doctors and reported using alternative medicine and exercise to treat his chronic illness. Wilson had a history of substance abuse starting at age 15. His father used marijuana regularly which his mother would steal from his dad and for him and his brother. Wilson was proud to share that he never smoked or drank in his mother’s presence.

Wilson dropped out of school at age 7 and had not attempted to further his education prior to his last incarceration. He also did not attend the GED classes offered in prison; he instead spent a lot of time in the library reading. At the time of the interview, Wilson was enrolled in adult night classes and proudly shared how he had formed a study group and the respect he was shown by members.

Wilson was a success story for reentry; he had secured a state job, had his own apartment, which he shared with his girlfriend and volunteered most weekends at an agency that served ex-offenders.

Winston is a 55-year-old African American male born in New York who was incarcerated for 30 years for involuntary murder charges. He came to the interview with his girlfriend and requested that she sit next to him. He was a sharp dresser and wore a leather suit with laced up boots. When the researcher complimented his suit, he proudly shared his penchant for “nice” clothes and that he had always been a savvy dresser. Winston did not have a high school diploma or a GED, though he attended classes in prison. He admits to having a learning

disability. During the interview, he would stop periodically to ask his girlfriend if he was saying things right and apologized for his grammar. Winston does not have a history of substance abuse but said he attended AA and NA classes while incarcerated as they helped him to become more assertive in his day-to-day interactions. He was very proud of his job with a canned food production company and spoke about it with pride.

The above profiles were developed to provide readers with a characterization of the subjects in this study.

CHAPTER 5

RESULTS

The results of this study are reported in the section below. The superordinate themes and subordinate themes that were found during the analysis were reported by research question. Each theme is accompanied by a figure that visually displays the connections and relations between the superordinate themes and subordinate themes. The superordinate themes that emerged during analysis were; (a) Trying to find a place to live, (b) The world of employment, (c) Rejoining the family, (d) Taking care of the body, (e) Taking care of the mind, (f) Learning to live without drugs, and (g) Reclaiming my life. The subordinate themes associated with each superordinate theme are reported in the appropriate section.

Research Question 1) What are the housing experiences of elderly ex-offenders?

Trying to Find a Place to Live

The lack of stable housing can have a negative impact on ex-offenders reentry. Without safe, secured and adequate housing, the ability to achieve success in finding and keeping employment, maintaining sobriety, maintaining physical and mental health wellbeing and meeting the demands of parole is further diminished (Fontaine & Biess, (2012).

The participants in this study had a wide range of experiences that they described regarding housing. Overall, participants who were released more recently reported similar experiences, but some similarities occurred across all participants. The participants generally

reported difficulty acquiring permanent housing after their release. They received little help locating housing, and had no pre-release planning to aid in the location of housing. In addition many of them lacked the funds necessary to secure adequate housing. Those participants who ended up returning home described many difficulties in adjusting to the home setting. The subordinate themes associated with this superordinate theme were: (a) The shelter experience, (b) Released to a program, (c) The search for housing, (d) Being homeless, and (e) Returning home. These theme and subordinate themes are displayed in Figure 1.



Figure 1. **Trying to find a place to live.**

The Shelter Experience

Sixteen of the participants indicated that they spent at least their first night after release at a homeless shelter that was arranged by the prison because they had to be released to a specific location. Jorge was eloquent as he described this situation and said:

[I was there] only for a day. That was crazy. You think being in jail is crazy? That was weird. It was worse than being in prison. You have to understand that in there you can sense it and you can protect yourself, but in the shelter, you don't know who is bringing in what, whether a gun. I know they may have metal detectors but

to get a bed, I didn't get a bed until 10:30, I was up all day. I got there at 2pm and the process they made me go through. Then I had to wait and go to this room and that room and I had to sleep with an individual and the room it stunk, it was filthy. It was a young kid so I had to keep my eye on him, I don't know who he is. . . I didn't know what was going on so I didn't sleep that night.

He found the shelter to be worse than being in jail. Jorge felt the situation was unsafe and worried about his wellbeing. He had come from a system where he understood the rules and expectations, to a place that seemed to be dangerously uncontrolled. Wilson described the shelter he stayed in after release, "It was like a jail without bars. It is on an island and it is one way in and out, a lot of security so yeah it's like a jail without bars. I mean you had the freedom to go back and forth into the city but the last bus is at a certain time or you have to walk." The shelters offered a place to sleep, but for most participants, little more.

Obama who had a home to be released to was unable to go there initially. He spoke about his experience and recollected:

I called my wife up and they made arrangement to come and get me. They couldn't drive up so I took the bus down to where they could pick me up at. One of the things I had a problem with was I had my own home and the address was similar to an address in the projects and at the time you couldn't leave from prison and live with your family if they lived in the projects. . . So my release papers released me to a shelter upstate.

Although he wished to be released to his home, and had a plan in place, he was required to initially go to the homeless shelter because of bureaucratic issues. Obama went on to explain how he handled the situation. He stated:

I was released to a shelter even though I had a place because of the mix up I told you earlier. I didn't stay, the same day I went in I got out. My P.O. got it straighten out because I didn't know where the shelter was, I couldn't find it so I was telling him about it and he was giving me directions and I told him why would I have to go to the shelter and I have a house. So I gave him the thing and they checked it out and found out it wasn't in the projects it was a private house so they say don't go to the shelter, go home.

Fortunately, Obama was comfortable advocating for himself and was willing to do the work necessary to untangle the misunderstanding. He reported directly to his parole officer and was able to easily change his housing assignment.

Hamilton had a similar experience and was released into the shelter system, although he had a home to return to he said, “I was in ABC, they put me in a shelter even though I had a place to stay. So I stayed in the shelter over the weekend and then my daughter came to pick me up.” Like both Hamilton and Obama, Samuel, had arranged a place to stay but was not permitted to be released there. He said:

The plan was to go stay with my brother, and they say to hell with my plan you are being paroled to the shelter. They have a thing now with New York City and inmates, rather than let them go and they do the housing approval thing and because they are getting out at a quicker rate and they had to catch up they just put you in the shelter system. So it’s like a rubber stamp thing, they approve you for the shelter despite the fact that the inmate has housing. You have to go to the shelter or that’s a violation of parole.

Samuel found this approach to be dehumanizing. In his opinion, rather than being treated as individuals, with different circumstances, all released inmates were simply put through the same system. They did not have the option to customize their release plans. Samuel spoke about his first night in the shelter and said:

Upon release I was sent to ABC shelter. I had to report there, I had to get a case number. It was a crazy night, my first night home. I still was angry at the fact that it happened. I stayed there, you can count the hours, I didn’t get there until late at night. I purposely got there late and when we got there I went in with my bags as I had already gone shopping for clothes. I didn’t sleep, and sat with my bags between my legs waiting until sunlight. As soon as the light broke and that place was officially open, I was out of there.

He felt unsafe and believed that he needed to be vigilant. Samuel believed that he had simply exchanged one restrictive, unsafe setting for another. He also had a negative opinion of the shelter system. He stated:

Like I said the shelter is the lowest of the lowest of all ugh! I wouldn't recommend it for anybody. I was only there temporary and I am going to do what I have to do. I would go away soon in the morning and come back at a certain time to get a bed again.

Although he was required to stay at the shelter, he chose to spend as little time there as possible. He disliked the setting and his tone and body language reflected this distaste. His expression was one of disgust, and he made a shivering motion with his body in explaining the conditions.

Rick had no place he could go after release, his mother had passed away, his relationship had ended, and he was not comfortable asking his siblings to provide shelter. He was released into the homeless shelter system and spoke about his experiences:

Now, you have to understand it is my first time coming home to a shelter. It was a scary situation for me. . . I had to go to a shelter and it was really degrading, sad, sad, sad, sad situation. Some guys don't mind, they have a bed to sleep in and they can do all the drugs they want because drugs are rampant in the shelters.

He was very upset and frightened to be placed into the shelter but had no other options. Rick found living in the shelter to be repugnant and felt as if it was a demeaning and very negative environment for him and his future plans. He was diligent and followed through with plans to relocate as quickly as possible.

Myrna spoke about how she dealt with her housing issues. When she was ready to be released she was concerned. At the time, housing arrangements were not made pre-release. She described this time in her life:

My concern was where was I going to go, that was my main concern. It is real hard to find housing, very hard. If you are not going to a rehab it is real hard. I have never been to a shelter. When you leave jail they don't put you anywhere you basically leave jail and go to social services. Whatever social services does for you that's what you have. If you don't have anywhere to go social services send you to the shelter.

Myrna explained that former inmates who had been released had very little control over their lives. Finding housing before release was very difficult, and after release, social workers had a great deal of control over where the former inmates were placed. She described how this situation made her feel and stated:

When you get out of jail you are just really nothing, you are basically left on your own. There is really no plan. A lot of people like me go to jail from the streets having nowhere to go when they leave there. So it's like put me back where I came from. You don't have the determination and anxiety to do something different with your life as I did so you go back right where you came from. It's real hard.

She had great empathy for other former inmates who were in similar situations. She understood why many people she knew were unsuccessful and went on to speak about this further. She believed changes needed to be made in the housing programs available for newly released inmates and said:

[We need] better housing programs. When we leave jail where are we going, we are coming home homeless. So come into jail you clean us up we get our minds right and you send us back to what we came from. . . we do our time and you send us back to the dogs. You know we are coming off the street. . . you tell me I should think about my life while I am here and you offer me these programs. . . and [I] decide that I want get my life together and then I get all this help and then when the release day comes all that I did while I was in jail goes to waste because I have nowhere to go when I leave here.

She felt that these individuals were abandoned by the system and set up to fail. Although they may have wanted to change their lives after they were released, the situations they faced were often untenable, and they had few to no options available to help them succeed. She spoke about her current situation. Myrna believed she was fortunate to be placed in a group home that was designed to aid individuals with substance abuse issues so that they could be successful when they returned to the community. Unfortunately, finding housing she could afford, that would accept her, and that was available was proving to be impossible. Clients in the group

home in which she had been living since her release were allowed to stay for 6 to 9 months. She had been there for a year, and was unsure of her future.

Released to a Program

Some of the participants were fortunate and were able to be directly released to a program. Most of the participants in this study worked with a specific agency, the ABC Society. They were able to use this program to receive services and housing. Other release options included halfway houses and $\frac{3}{4}$ houses. Oscar was released into a $\frac{3}{4}$ house. From there, he was sent to the ABC Society. He spoke about his experience with ABC and said:

I has [sic] been with ABC for 2 $\frac{1}{2}$ to 3 years paying \$250 a month. . . It was beautiful living there, the staff was great, the best food, we went out to places. People pay big money to live in that area, you don't disrespect that. I told residents that. . . While I was in ABC I saved a lot of money. . . ABC was the only place that would help me get a place for me alone. . . ABC comes to my apartment every month, that's part of it. . . I used the money I saved to fix up my apartment. I went to social services and got a one shot deal to buy things for my apartment. I have cable, Wi-Fi, everything, wood floor.

Oscar was proud of his accomplishments. He worked hard to get into an apartment and have his own home. His pride was evident in the way he spoke about his apartment and shared information about the different features. He went to great effort to make his apartment a home by seeking out services to help him furnish and decorate his space. He still received support from ABC and was grateful for the services and aid they offered to him.

When Myrna was released, she had no plan in place for housing. She spent her first night at a hotel, then moved to a sober house, and finally into a group home. She spoke about her struggles and said, "I rode around all day making calls in Suffolk and Nassau County. I left from early that morning and I got into the house at 6 pm that evening. It was a struggle but I was determined." She had to advocate for herself in order to locate a place to live because, like

others, she had no pre-release planning. Myrna continued to struggle with locating permanent housing. She described her situation:

This group home is supposed to be a six to nine-month program and I have been here for over a year. I have been trying to find housing on my own because they don't do it here. I have filled out papers for section 8, I have gotten 2 letters back. Amityville has a 3 year waiting list, Hempstead 2 years and Glen Cove is not even open. I am checking every avenue I have because I know my time here is ending because I have overstayed my time but what am I going to do.

Although the group home had been helpful, there were no services there to aid her in the search for a more permanent situation. In addition, Myrna did not have any public assistance to help her pay for housing, which, given her lack of income and unemployment status, was challenging.

Sarah was initially released to a drug and alcohol program. She was released after two weeks and then moved into a different program apartment and said:

I don't have \$900 [to move out]. Having your own place is part of your safety. How am I going to get a house? I am going to start working part-time and I am going to put all that money aside. I make like under \$800 a month and I have to go argue with public assistance. When I first got out they gave me a very small amount of money a month but they paid \$250 to the place I live and gave me \$156 in food stamps which was kind of silly because the facility fed me. Then when I went on disability they took the food stamps I get to \$16 a month now. So I have to get most of my money after rent for food to eat.

She was not sure how to manage on her income, and felt that the support provided from social services was inadequate. Sarah relied on local food pantries to supplement her food stamps and did not know how she would ever be able to afford her own home, which she regarded as essential for her comfort and safety. She believed that this was a universal need and said, "I think we need to restructure that about the reentry. We need to make sure that people are safe so that there is not recidivism and there wouldn't be if people felt more safe." She, like others in the study, felt that former inmates often reoffended to return to a place they found to be

safe, structured and understandable. She quoted conversations she had been a part of and said, “I have heard people say they would rather go back to prison. . . and they do.”

The Search for Housing

Finding permanent housing was a significant challenge for the majority of the participants in this study. Prince was one of the few who received a Section 8 voucher and found an apartment. He lived in substandard housing because that was all he could find. He was afraid to say too much to his landlord because finding housing was extremely challenging. Prince spoke about his apartment and said, “My stove does not work since I have been in that apartment. I have talked to the landlord and he has not done anything to fix it or nothing.” He believed that his landlord did not care. He believed he was a, “cash cow for him to pump. Just a way to get money.” When asked about why he did not report his landlord for providing substandard housing, Prince stated, “Apartments are so hard to get out here that if I report him, he might tell me to get out or something. I do not know.” He spoke about his past homelessness and stated:

I was sleeping in a van the whole last winter. The whole winter. My sister would tell me to come over, "it is too cold out there." Then I come over I would be there two days and she would say "Oh, it is getting to crowded in here, y'all have got to go back out in the car." I have got one of the biggest families in town, and that is how me and her [his dog] did the whole six months. In the van!

Although he had family, he could not depend on them for help. Thus, when he was able to move into an apartment, he was not willing to lose his home and face homelessness again.

Michael spoke about his experiences when searching for housing. He was initially released to a half-way house and was there for one month, before he was able to locate housing. He reports some significant challenges while searching. Michael said, “I was away for so long, I

had no credit. I had no history so I had to get beyond that to find an apartment.” He was very resourceful while searching. He described his process and remarked, “I found a formerly incarcerated person working at a real estate office and he made the arrangement for me.” He felt that he was fortunate in finding housing. He indicated that there was little pre-release planning surrounding housing and few options available, especially for older offenders. Michael suggested:

I think they should be fast tracked into senior housing programs. The senior housing programs need to be expanded. I suspect they can't supply enough to people coming home. But this is an important element for housing, in addition to places like DEF and ABC Society etc. I think places like that create the illusion that they can fill the need and they cannot. There are a lot of people that come home who they simply can't take because of space.

He believed there was a large unmet need in place. Michael is one of the leading advocates for the released of elderly offenders in New York City and is very familiar with the issues that plague ex-offenders upon their release.

Many older offenders could not find housing that was safe or appropriate, the programs that served them were overwhelmed, leaving many older offenders on the streets or considering committing crimes in an attempt to return to prison. Charles spoke about his situation and stated:

So now what? Just go run the streets. You have to try and find housing on your own, 'we ain't got nothing to do with it.' Yeah, but I'm on life parole, so! I didn't ask for this so I wrote to the governor. He wrote me back and said you are absolutely right. I asked him if I can get my cell back, I want to go back I can't take this shit. In the letter I asked him if he wanted me to kill somebody, I'll do that again and I will be back in 4 days. Plus, they took my food stamps and give me \$16, what am I going to do with that shit?

He felt as if he had no support to help him find appropriate housing. Charles was living in a $\frac{3}{4}$ house with 18 other males and had to sleep in the kitchen while although he paid rent. Prison, he said, guaranteed him privacy because as a violent inmate, he would be housed by

himself. For Charles, the world seemed to be a place where he could not succeed. He preferred the idea of prison, because there he had housing and a structure that he understood. If he returned to prison, he would not have to worry about taking care of himself, and his basic needs for food and shelter would be met. He was clear about the irony that if he did the crime, he'd at least have a safe and secure place to live to do the time.

Wilson also spoke about the difficulties in finding housing. He believed that his past was a barrier and had issues because:

A lot of people asked for background check. That's when I had a couple of staff members here at ABC Society who had move up in the city or had jobs elsewhere who gave me reference letters and that's what helped me out a lot. You run to people who can do some things to help you out.

Like others in the study, he needed to find a more unconventional route to secure housing. He worked with people from the ABC Society who were able to provide references to supplement the background checks that were being conducted. Through the use of those references, he was able to secure the housing he needed. He spoke about how difficult it was for him to search for housing and said:

I think a person who do 25 years, you can't just throw them in the streets. They don't know what is going on. I am thankful for my nieces and nephews. A 6-year-old got on the computer and helped me. Set up a program to help people just coming home to get some kind of help. Just don't throw them in the streets. If I was locked up for 20, 25 years I would be lost. Even the area, everything has changed.

He was bewildered by the changes that had occurred while he was in prison. He acknowledged the fact that he needed help and support to be successful and was grateful his family was there for him during that challenging period.

Charles also spoke about the challenges surrounding the search for housing. He was very frustrated with the process and said:

I am 69 years old and they say oh we can definitely get you senior citizen housing; you're a liar! They have been telling me that for a year. I was working with one of the best agencies, DEF. They were the ones that got me to this program, took me to welfare, got me food stamps and that was it. I have been waiting a year then I told them I can't mess with them no more.

He felt that he had been lied to and misled. He expected to have support in locating housing but found that to be untrue. While he appreciated the support he received attaining access to other services, he was frustrated and had given up on finding housing.

Being Homeless

Carter indicated that he was homeless but did not report any emotional feelings about his lack of housing. He described his previous experiences upon release and stated, "I stay with a friend, until I get locked up again and came back and get locked up again. I have a cousin I also stay with." In the past, he indicated that his family had attempted to provide support and, "They [My family] did all they could, they made sure I had a roof over my head, made sure I ate, clothing, money and all that but as I got older I was on my own." His family attempted to provide support, but as his behavior did not change, his repeat offenses combined with his alcohol addiction led them to pull back and make him responsible for his own care and housing. Carter spoke about his current situation and said, "Now I am homeless. I stay in hallways, cars." He indicated that he knew that he needed to work with social services, but was aware that the process to attain housing would take time.

Juan was also homeless and felt it necessary to hide this fact from others. He believed that people would think less of him if they were aware that he was homeless. He spoke about his situation and said:

To this day they do not know that I am homeless. They think I am living in this big studio. I had to lie to them because you can't connect the shelter with them because I am around their kids, they think I going to bring bed bugs. People think of a shelter like a real bad place and it's nice. It just that you don't have your own lease. It's been hard, for 7 years since 2008 or 2009 I have been working with this lady and I have to not tell her the truth.

Although he had a place to stay and was saving up money after he was released, Juan began to use substances again. He spoke about this lapse and remarked:

I came to New York and stayed with my friend then started working again. I was supposed to get the housing thing started but I started working for 3 or 4 months and that was it, I didn't focus on the housing. Then the money I made that I was to spend on housing I used to buy drugs. I was always living with somebody. Once you survive jail you can survive anything.

Once he lost housing with his friends, he was homeless and ended up in the shelter system. He was in the process of getting his life together again and said, "I then spent 4 months at the Salvation Army trying to get clean time then I went to live with a friend then in the shelter system. It's tough in there because you have to follow a lot of protocols." Although Juan found the shelter system challenging, with the rules and regulations they had, he went on to note that the structure was something that he needed and it helped him move forward.

Returning Home

Some of the participants returned directly home from prison. Many found it difficult to adjust to living at home again. Grant went to live with his grandparents for six weeks after he was released. He felt that situation was helpful to both sides. He spoke about his grandparents and said:

At this time, they were getting old and they needed me just as much as I needed them. So I was helping them out with doing things. Like reading their mail, taking them to their doctor's appointments and in return I was getting shelter and anything else I needed. Money or whatever. Like if I didn't have any they would make sure I had a few dollars. I felt like we were helping each other.

Grant found that situation to be most helpful, after six weeks, he moved in with his wife.

The marriage fell apart, and he chose not to return to his grandparents' home. He indicated that at the time of the interview he was homeless and residing with a friend.

Research Questions 2) What are the employment experiences of elderly ex-offenders?

The World of Employment

Unemployment is amongst the factors at play in an unsuccessful reentry. Conversely, the best predictor of a successful reentry is the ex-offenders' ability to find and keep employment. Elderly ex-offenders who are at employable ages face a number of barriers. Their criminal history has a significant impact on their ability to find employment, furthermore, those who are successful in finding employment have been found to enjoy lower recidivism rates (Solomon et al., 2006).

The majority of participants in this study were not working or actively seeking employment. Seven considered themselves retired, others were living on disability, and others were focused on readjusting to life outside of prison. The few who were working or had worked after their release generally reported issues finding work. Most of these participants indicated that people were reluctant to hire them because of their criminal history, in spite of the fact potential employers were no longer permitted to inquire about past convictions. Most of the participants who were working either returned to a job they held previously or found positions

through less traditional means. Six of the participants indicated the best way they knew to locate employment was through the use of networking.

The subordinate themes associated with this superordinate theme were: (a) Training while in prison, (b) Finding a job, (c) Retirement and disability, (d) Networking, and (e) Returning to work. This theme and subordinate themes are displayed in Figure 2.

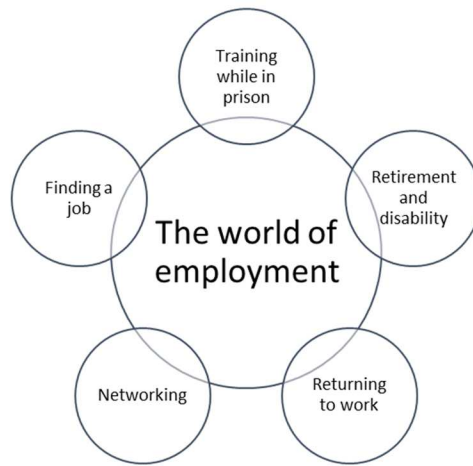


Figure 2. **The world of employment**

Training While in Prison

Many of the participants indicated that they had taken advantage of training or educational opportunities while in prison. While the majority of them (70.37%), had dropped out of school while attending high school, less than half availed themselves of the opportunity to study and achieve their GEDs (40.74%), and some continued on to college level education while imprisoned. In addition, many of the participants spoke about vocational training programs that had been available to them.

Once the participants had earned their GEDs, for many the next step in their educational path was college, earning associates, bachelors and master's degrees. The subjects the participants studied included psychology, sociology, liberal arts, theology, and business. Michael took special advantage of this opportunity. He said, "I got 4 college degrees while I was confined. In fact, I started with the GED and then went on to earn 4 college degrees. I did a lot." He later spoke about his degrees and listed his programs. Michael said:

The first was an associate in business from State University of New York, the second was a dual degree in liberal arts and science from Syracuse University, the third was a Masters in sociology from SUNY New Paltz and the fourth was a Ministry degree from New York Theological Seminary.

Obama was another participant who had taken full advantage of the educational opportunities that were available to him: He reported:

When I went in I got my GED, when I went to Auburn I got my associate degree in liberal arts. I left there and went to Green Haven where I got bachelors in psychology, I got my bachelors in social work, I got my paralegal and I got my juvenile justice and peer counseling certificates. Then I got my masters in pastoral peer counseling and professional studies in Sing Sing.

Other participants had similar experiences and were able to obtain at least some college level education while incarcerated. Ali also spoke about the programs but indicated that the college level programs were no longer available. He stated:

They used to have like college courses in the penitentiaries. You can get like a degree and all that, but since the legislators came down on the penitentiaries the fact that they spend so much money for their kids to go to college and they're getting for free so they stopped . . . all kind of degrees. . . but now they cut it out.

Ali felt that the decision to stop educational programs in prison made it clear that helping him to succeed by offering education was no longer important. He was upset that money was not being spent on those who needed the education to change their lives and hopefully not reoffend.

Ali reported that vocational programs such as culinary arts, landscaping, and carpentry were available. A frequent complaint about these programs shared by some of the participants was their lack of updating. Many of the skills they learned were useless because the participants learned to work on machines or programs that were obsolete. Juan spoke about this and stated, “I was taking up air conditioning refrigeration and it was obsolete because when I came out everything was computerized.” The education he received did nothing to prepare him to work. The information he learned was out of date and would not lead to employment. Several other participants had similar experiences reporting that they received computer training on outdated computers, welding courses with old technologies and refrigeration repair on old manual defrost models. They exited prison with training that was outdated and not applicable to the workforce.

Sarah also spoke about training issues. She reported that the training offered was obsolete or unusable. She spoke at length and said:

As far as women go we don't have the same opportunities in vocational training as men do. They have very outdated vocational training, things that we really cannot do on the outside. The men have better. They have cosmetology, which you come upon a block when you come out because unless you have a certificate of release you can't get a barber's license. So they teach you all this great stuff in there and how to do hair but then you can't get a license. So you are going to do it under the table and that's against the law and there you go again. And the other vocation they push in Bedford is print shop, old fashioned print shop like mimeographing. They don't even have graphic arts. They started on computer repair but all their equipment is 10 years behind and they won't let you work on laptops because they think you will steal parts to make weapons. . . They taught you a little bit about networking but it was on old stuff that is not in use anymore.

The general consensus was that prisoners were not taught usable skills and that they were being released believing that the training they received would enable them to find jobs. Instead they learned that the skills they acquired were obsolete making placing that at an even greater disadvantage.

Finding a Job

The participants who were searching for work reported grave difficulties in attempting to locate employment. They felt as if they had little support and wondered how to navigate the world of employment. Obama was very upset by the lack of support offered to him. Obama spoke about his feelings and said:

That's what upsetting. You have all these agencies that come in and tell us they will help us with jobs when we come out and when you come home there is nothing. They came in, they used us for funding stuff but when we came home we never got that stuff. I went to those agencies and got no service. They are not doing what they are supposed to do. It's a meal ticket.

He was angry about the perceived broken promises he had been given by different agencies. He believed that he would have support once he had been released and was upset when his expectations were not met. He felt used, as if he was simply an excuse for the agencies to receive funding to continue to operate their programs.

Although initially leery of new technology, Wilson was able to use it to help search for a job. He spoke about his search and stated:

I started by doing it the old fashion way getting out of the newspapers, going here and there. I was putting a lot of footwork in it. But it became easier as a lot of people are hiring people online so my sister got me a flash drive and created a resume for me. I got a Google account so I now have my resume in my Google and yahoo account so I go and apply for a job I upload my resume. I got two jobs so far off the internet. People say don't go on the internet but you never know.

He indicated that he had not received any help or planning to locate employment before he was released; however, in working with the ABC Society and through the help of his family he was able to successfully find employment.

Carter reported that he had difficulty finding steady work. He had lost or misplaced all of his identity documentation including birth certificate, driver's license and social security card. Without those documents or the means to reacquire them, he was unable to find legal employment. He had found an alternative means of income; that of collecting and selling soda bottles. With further probing by the researcher Carter admitted not having an interest in a 9 to 5 job and added "I love to drink." Grant indicated that he worked a temporary position for a family member. He spoke about this situation and said:

It's been off and on. I have a cousin who is a contractor so every now and then when I need work he will find somewhere to put me. I paint, I do carpentry, I've worked in a cleaning service doing commercial office cleaning, stripping, waxing and buffing floors. Finding employment is a problem now for me. My cousin offers me temporary jobs and I need something more stable.

Although he appreciated having the temporary work, he knew that in order to feel secure, he needed to find regular employment that would enable him to earn money and support himself.

Some of the participants believed that their age added another barrier to finding work. They believed that employers preferred to hire younger workers. Jorge spoke about his experiences and said, "You know they look at us and they say you are old and you are an ex-offender. I would say it is hard to open certain doors. It's like we have to push and grind." He believed that he had to exert additional effort to find a position because of the combination of his age and criminal history. Juan felt similarly and said:

I probably won't have the same energy as the younger guy. I know I lost a step or two, these kids are very energetic. Even though I am energetic I lost out on a lot. Employers will look more to someone that is 30 as oppose to someone that is 50. If you look at it everything is built for the guys up to 35. Everything is focus on youth so my 50 years old is like I am done.

Juan saw his age as a significant disadvantage. He felt he had less energy than those who were younger than him. He also believed the world focused on youth and because of his imprisonment he had lost out on opportunities to find meaningful work.

Retirement and Disability.

Some of the participants were not seeking work because they considered themselves to be retired. These participants believed that they were done working. Charles said, “[I am] not working because I consider myself retired.” On the other hand, Mindy did work after she was released from prison. She enjoyed her work and even after official retirement she continued to do occasional jobs. She spoke about her experiences and said:

Since I retired I had some jobs editing like that white paper we did. I got paid to coordinate a task force and then I got paid well for all these jobs. And then for a magazine called “ABC” a one-time magazine for people in prison. I have edited a book for a female Black Panther, her daughter just died at the age of 46. Jane died at the age of 53. She wrote a number of papers and her daughter asked me to put them in a book. It available from the ABC press.

She was able to pick and choose the jobs she suggested and chose to work on projects she found personally satisfying. She did not feel as if her age affected her work; instead, her retirement enabled her to relax and find short-term projects.

Others indicated that they had physical issues that prevented them from working. Some of the participants reported that their health was poor because of multiple health conditions which prevented them from actively seeking employment. These participants indicated that they had difficulty with activities of daily living such as traveling using the bus or subway system, standing, or even managing daily life tasks. When asked about employment, Prince simply stated, “I am on disability.” Myrna also spoke succinctly when asked about employment and

said, “Now I am disabled so I cannot work but I am trying with my art work.” Sarah was also on disability. She still wished to seek employment but spoke of the difficulties she faced:

I can't do anything I use to do. I can't work for several reasons. I can't work in bars because of my arthritis I can't lift, being on parole I can't work in a place where alcohol is served and because of my addiction problem I don't want to be in a place where alcohol is served. I need to be retrained to do something else and that is what I am working on.

She felt limited by her circumstances and the physical and legal limitations placed upon her. Her employment experiences were generally in the food and beverage industry, a form of employment that she could no longer pursue. In spite of her concerns, she was relaxed and smiled as she spoke about this issue.

Networking

Some of the participants spoke about the use of networking to find employment. They had tried more traditional routes but were unable to secure a position. These participants found that if they used their personal connections with others, they were able to locate jobs and begin to work.

Obama diligently searched for work after he was released. He had an extensive education, but could not find employment. He spoke about his experience and said, “When I came home it was hard for me to find a job. I went on about 17 interviews and was unsuccessful.” He continued on to say, “I went to a job search center, and I went online, I use to go to this place 2 or 3 time a week and they would help me with my resume and I would send them out, but I got no job.” He then described how he had to change his appearance and shave off his beard. Once he had done that, he went to a reunion. It was there he made the connection with someone who aided him in locating work. He spoke about this in detail and said:

I went to a theological reunion and this guy ran across the chapel and grabbed me and said 'you saved my life.' He was a young Hispanic kid who was in the Latin Kings and we got him out before he was released so he could go back to school. He went back to school, got all his education, he was in my class for the certificate and got all his education and 36 college credits, so he can go to the master's program got his masters, went home and got another master's degree in social work and he was working at a facility. So when I came in there he was saying that by coming to my class it changed his life around. So what he did for me was take my resume looked it over and made some corrections and said he was going to get me an interview the next week at a place his mother works. He said he was telling her about me all the time so now she would get to meet me and he knows she will give me the job. So he sent it in and I got called from Poughkeepsie to Brooklyn. I interviewed at the women's shelter in and I got the job.

He was able to use the connections he had formed to find a position that matched his skills. He went on to speak about networking in general and said:

Networking with guys who came out before you. Also don't set your mind on a particular job. Take whatever comes to you and work your way up, stay active as you may never know. In my mind I said I would take a McDonald's job and learn all I can then take my own and start my own business.

He understood that social networks were important to have and use. He also indicated that finding work of any kind was very important. He believed that it did not matter what the position entailed. Instead, it was important to work and learn from whatever employment you had.

Brown was very clear on using personal networks when it came to locating employment opportunities. He reported:

I don't really chase jobs. I don't go begging nobody for no work. I deal with individuals I know and I get a good salary. I network within my own. I don't go to no employment agency, I don't do it because it seems in my case when they look at my jacket, get him out of here.

He felt that most people judged him based on his background as a criminal. This angered Brown, as he felt that he was being treated the same as people who, in his opinion, had committed worse crimes such as child molestation, rape, drugs, or weapons.

Wilson used his network in a different manner. He was having difficulties finding work because of background check requirements. He was being turned away from jobs he was qualified to do because of his criminal record. He spoke about this and stated:

Well yeah, a lot of people asked for background check. That's when I had a couple of staff members here at ABC Society who had move up in the city or had jobs elsewhere who gave me reference letters and that's what helped me out a lot. You run people who can do some things to help you out.

He used his network of contacts to strengthen his references to help compensate for his criminal background. He was able to connect with others and pull on those connections.

Returning to Work

A few of the participants in the study were able to return to jobs they held previously or found new work in their fields. Graz was able to return to his job once his sentence had ended. He worked for a golf course as a cleaner and a caddy. He spoke about how he arranged his return and said:

In my case I worked at a golf course and I have been working there for over 25 years. So when I was up there I did a 3-way, you are not supposed to do that. I got my brother and had him call the golf course. I came out on a Friday. While we were on the phone on the Thursday night I called my brother and he called my boss and I asked him if he had room for me on Saturday and he said yes. He was happy to see me so I got out on Friday and went to work on Saturday.

Graz had been able to build up a long history of trust. Because he had such longevity with his employer and was good at this job, he was able to return.

Wilson reported working steadily in one field, although he had jobs outside of cooking, it was his first love. He spoke about this and said, “cooking is my love. . . right now I am working at getting my food handler permit. I work at a restaurant near Barclays and it is required.” He was easily able to return to work in his field because of his extensive knowledge and the transient nature of employment in the restaurant industry. Most of the participants did not speak about returning to jobs they held previously, because their jobs included illegal activities, such as selling drugs, which were no longer paths they wished to pursue.

Research Question 3) What are the family reunification experiences of elderly ex-offenders?

Rejoining the Family

Rebuilding relationships with family members after incarceration ranks high among ex-offenders. Many in this study attribute their survival in prison to their family’s emotional support. The research shows that although family members are happy to reunite with their formerly incarcerated relative, there is tremendous strain on social networks in trying to re-incorporated the individual in the family and relearning their roles (Rose & Clear, 2002).

Participants in the current study reported a wide range of experiences when it came to family reunification. Most indicated that they were able to recreate some positive relationships with family members. For some, the relationships were damaged, while with others relationships were severed through death. This superordinate theme was made up of four subordinate themes identified as: (a) Staying in touch, (b) Failed relationships, (c) Reconnecting with our children, and (d) Loss through death. These themes are represented in Figure 3.

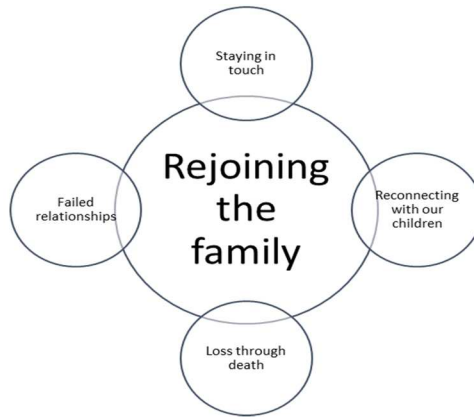


Figure 3. **Rejoining the family**

Staying in Touch

Many of the participants credited their ability to rebuild relationships to the efforts they made to stay connected to their families while they were in prison. They made efforts to reach out via phone and letter and communicate with family members. Although they appreciated visits and visitors, these were events, over which they had no control. Juan stated that his relationship with his family was distant while he was in prison. He said:

My relationship with my family while I was in was poor. My mother wanted me to call her all the time but it was expensive so I would write a letter. One shot was 3 years and in that 3 years I took it upon myself to not put a bigger burden on them so I would probably call once or twice every two month or I would write a letter but they wouldn't write back because they were busy. I knew they were busy and they knew I was alright that's how I let my time go by.

He felt as if he would be a burden to them and chose to distance himself. He believed his family was busy living their lives and did not have time for him. His major regret was not being in touch with his daughter on a regular basis. He had a challenging relationship with the mother of his child, which interfered with his ability to stay in touch. He said, "I didn't know what was going on with my daughter a lot of those years. Even though I sent her a lot of gifts, it was tough

not to have that communication.” He regretted the time he lost and acknowledged that it was time he would never be able to get back.

Chatham indicated that his family was very supportive while he was incarcerated. His family did everything they could to help him stay positive and hopeful. He said:

Beautiful! I have a close-knit family. My family was there for me during the course of my incarceration. That is important because even though you are the cause for being in prison, not having your family can have devastating effect that can lead to medication.

He spoke about how important it was to have a family who was close and supportive. He noted that not having family could lead to hopelessness and depression. The support from outside was very important to him, and helped him manage his time away from them.

Solomon reported having a very close relationship with his sibling and the regularity of the contact, he said:

My brother, he is my heart and called me every day. I kept in touch with him and he would come visit a lot in place of my mother and father.

Sarah also kept the lines of communication open and was able to reach out and receive support from her family and friends. She spoke about her time in prison and said:

I didn't see them as much as I would want to and they were like 2 hours away. My extended family, I have 2 very close girlfriends and my aunt I spoke to them a lot and I wrote a lot of letters to my family. My youngest brother came, he visited me the most times. But I had two people in my life that were extremely accessible to me. They kept my phones on so I could call them, My aunt and my best friend who I call my sister friend were there for me all the time. . . A few people abandon[ed] me because of my crime but I guess they were not that important anyway. But people who were close to me were there. [shrugging shoulders]

Sarah regarded the loss of some friends fatalistically but was relieved that the people who were important to her continued to provide support.

Failed Relationships

Most participants had been unable to maintain successful relationships with their spouse or partners. The relationships were either irrevocably broken while they were in prison or fell apart after their release. Obama spoke about his relationship with his wife and said:

I met my wife through a program that we set up in prison. . . I got to physically meet her and . . . eventually I asked her the question and she accepted. But unfortunately it did not last when I came home because of an accumulation of different things.

The change of living at home and dealing with day-to-day issues put a strain on the relationship. They had no experience living with each other, the relationship had been predicated on a connection that did not involve the ins and outs of daily life. The relationship they had could not survive the adjustment.

Many of the participants indicated that their relationships failed while they were incarcerated. The relationships could not withstand the strain of the incarceration. Grant said, “Well me and her. . . . She wasn’t there for me, actually she left with a friend of mine, someone I grew up with and was incarcerated with.” She was not willing to be in a relationship with an absent partner and chose to find someone who was able to be present with her, rather than waiting for her husband to be released. Charles had a similar experience. He said, “Yes, it ended while I was in. Ain’t nobody going to wait for anybody that long. Some people will but then you don’t have that many people who will.” He felt that asking a partner to stay committed while serving time was not realistic. He believed most people would be unable to do that and was not surprised when the relationship ended. This viewpoint was also echoed by Chatham who stated, “When you get 25 to life regardless of what the vows say, you can’t ask someone to wait for you because you don’t know if you are going to get out.” He believed the indefinite

nature of the absence made it even more challenging for relationships to survive. The uncertainty posed as much a strain as the absence.

Reconnecting with Our Children

Many of the participants were able to rebuild relationships with their children. Although some of the participants reported that their children were angry with them, some were able to work through those feelings and create more positive relationships moving forward.

Juan was fortunate in being able to reconnect with his daughter. Although he had little communication with her while incarcerated, between prison terms he was able to forge a relationship with her. He spoke about their relationship and remarked:

We got in contact, we are very close in the last 7 years. I've got three grandkids by her. The last time I went in for 10-months we spoke every month, twice a month. She wrote me, I wrote her, she wanted to come and see me but I didn't want her to see me in prison. I did not want my grandkids to see the bars. I have a 12 year old grandson and I did not want them to see me there.

He was able to build a strong relationship with her that held through his subsequent incarceration. He was close with his grandchildren, but felt the need to hide his criminal behavior from them. Juan did not wish them to know about his imprisonment or to see him as a criminal. He worried about how it would affect his grandchildren if they learned he had been in jail, and resorted to lying to tell them saying he was in the army during his most recent incarceration.

Obama was able to easily reconnect with his daughter. When he was released, he mistook his granddaughter for his daughter because he had forgotten the passage of time. He described this and said:

It was great. Being able to do things with my grandkids is great. My youngest granddaughter looks like my daughter so when I came home they came in and I ran outside and saw my granddaughter, I thought she was my daughter. So when she came up I grabbed her, I went in since she was a kid and that's how I still saw her. I had this habit of biting her on the cheek and I did that and she said "Grandpa what are you doing?" So my daughter was on the ground laughing. They looked like twins!

He was pleased that he was able to find his place with his daughter even though he said, "I could never make up for the stuff, I am really proud of her because she is doing well even though I was away, but with the help of those on the outside." He was grateful for the support other people had given to his child, and credited them for her growth and maturity. Brown also reported a seamless reconnection process. He spoke about his experience and said, "Well I came home, came to see my son, we embrace, let's go eat some food and talk. We had dinner, laughed joked; he filled me on things I didn't know. It was a smooth transition; he knew who his father was." He was able easily communicate and pick up where he left off with his son; Brown indicated that they could easily talk to each other and were very close. His time away appeared to have no reported effect on the quality of their relationship.

Solomon spoke about meeting his grandchildren for the first time:

The kicker is my grandchildren, my grandchildren have taken my heart. Meeting them for the first time. Their mothers have been phenomenal, because first of all. You know I had to talk to them first. I took them to lunch and ask how did they feel about me seeing their daughters and coming into their daughter's life coming out of prison..... She wants me to be a part of that child's life. So the transition has been great, I know that mine is not going to be like a lot of others. I am really happy about how things have been going.

Solomon understood and accepted the stigma that came with his criminal and incarceration history and was willing to do whatever it took to build a relationship with his grandchildren and their mothers.

Although Grant had 10 children, he did not offer a great amount of detail about his relationships with them but said:

Well two daughters I have live in Maryland so I have no connection with them. The rest of them I am in their lives as much as possible. Right now I am not [in] communication with a daughter that lives here. I think I have a pretty good relationship with 8 of my children.

While he has not been successful in reconnecting or mending all of the relationships he had with his children, he felt fortunate to have close relationships with the majority of them.

Unlike many of the other participants in the study, Sarah had a difficult relationship with her only child. She spoke about how her previous addiction issues had affected her life and her lengthy imprisonment had negatively affected her relationship with her daughter. She stated, “My daughter did not visit me a lot because she had a hard time reconciling with my crime. Everybody understood why it happened. Just her, she still to this day has a hard time.” She indicated that her actions had estranged her from her daughter. The relationship was seemingly damaged by her absence, because her daughter could not accept her crime.

Now that she was sober, she was less tolerant of others’ addictions. She had changed her life and was no longer willing to accept the addictions of those around her. She felt that this change further affected the relationship with her daughter who is herself an addict. She spoke about this and said:

My daughter is a little more difficult now that I am out and that’s because I have changed. My daughter has an addiction problem, my brother had one too but he is sober now for a couple of years. My daughter I think does not want me to preach to her or she is jealous of what is happening. I am not sure but she is having a hard time. She can’t manipulate me like she used to. I use to give her whatever she asked for even the shirt off my back and I don’t do that anymore. I have to say no to her and she is not too happy about that.

She believed that her unwillingness to accept her daughter's addiction issues or provide support was the primary reason the relationship continued to be problematic. The changes in her own behavior resulted in many of the challenges. Sarah spoke about a conversation she had with her daughter and said, "my daughter had said to me at one point I could go live with her but that would have been horrible now because she is really having a hard time with me being different." Now that Sarah is living a life of sobriety, her relationship with her daughter had shifted. She was no longer tolerant of her daughter's drug use, and was unwilling to give in to her daughters' demands.

Loss Through Death

Many of the participants experienced a series of losses while in prison. Time passed and family members died, and some participants could not be present at funerals. Participants reported losing parents, children, siblings, friends and family members. Johnson reported losing his mother while incarcerated and shared the pain of not having enough time with his family when he was allowed to attend the funeral:

My mother died while I was in prison and that was kind of like sad and they let me come they didn't let me stay with my family. They normally let people get an hour or two but they told me that your family can't be there, you have to go and see her and only stay 15 minutes. Then they let me out and came back. I asked why, I think it was because of my mental understanding. So that was cold.

Pablo, a Cuban immigrant who was released at 71 years old, talked about losing both parents. He had hoped they would live to see him receive a pardon from the parole board. On their last visit from Cuba to see he had a parole hearing where he was denied release.

They died while I was inside. My father died in 1993 in Cuba. My mother just died, she did not want to die before seeing me. I am her youngest son. She died in 2014. The last time I talked to her was in 2012, that was the same day I went to

see the parole board for the 7th time. The administrator, I was in Greene and they let me talk to her for a few minutes. Very emotional, she was really old, she was 97 years old.

Many of the participants were fearful of loss. Grant spoke about his fears and stated, “I was afraid that I would call and somebody was sick or dying because my grandparents were old.” He preferred not to know that people had died while he was away. Grant felt unable to deal with the idea that he would lose family without the opportunity to see them again. Myrna stated that both of her parents had died while she was incarcerated, but did not elaborate. Most of the participants were not willing to linger on the losses they suffered. They had no real opportunities for any type of grief counseling as Obama stated, “They don’t have any bereavement counseling not unless you get it from your Imam or your Chaplin or those who know you went through that and talk to you about it.” Services were available through religious counseling but only if asked for by the individual. There was no formal program set up to help the participants manage those losses. It is unlikely that many would ask for bereavement counseling due to the culture in prison that is best explained by Graz:

.....when you are in prison you can’t let people see you crying so I went to the bathroom. got me some tissues and wipe my eyes and put some water on my face.

Oscar used the deaths of his mother and step mother to spur himself onward. He said, “My stepmother had died and my mother had already died so I made a promise to myself that I am too old for this.” He realized that he needed to change his life and be responsible. The deaths sobered him and made him realize how much time had passed while he was in prison. Hamilton lost his mother, two brothers and three sisters during the thirty years he was incarcerated. He was, however, able to return home for some of the funerals of his family which allowed him some sense of closure.

Research Question 4) What are the physical health maintenance experiences of elderly ex-offenders?

Taking Care of the Body

The maintenance of one's physical health has far-reaching effects on the quality of one's life during and after reentry. In the case of elderly ex-offenders, the healthcare needs are likely to be more than their younger counterparts with the recorded high incidences of chronic illnesses amongst them (William & Abraldes, 2007). Those in prison generally require specialized care hence the continuum of healthcare during reentry is important.

Participants generally had positive experiences with their health care after release from prison. They reported little to no prerelease planning. Some of the participants indicated that they were provided with a thirty-day supply of any medications they needed, others had a ten-day supply, and the remainder were simply released. Most of the participants found it easy to acquire healthcare, which some attributed to the Affordable Care Act. This superordinate theme has no subordinate themes and is represented by figure 4.



Figure 4. *Taking care of the body*

Chronic Illnesses

The participants generally rated their health as good, even if they had significant health issues, and most were diligent in caring for themselves after release. There was a dichotomy in the health ratings of the participants: while the majority said their health was good, the remainder of the participants generally indicated their health was poor. Some of the health issues reported by the participants included arthritis, back problems, high blood pressure, and diabetes. Table 4 is used to display the identified health issues of the participants.

Table 4. *Reported Chronic Health Conditions.*

Chronic Illness	Number of participants	Percentage of sample
Diabetes	9	34.61%
Hypertension	10	38.46%
Asthma	3	11.53%
Musculoskeletal	5	19.23%
Heart Condition	1	3.84%
Kidney Disease	1	3.84%
Sleep Apnea	1	3.84%
Hepatitis C	1	3.84%
Glaucoma	1	3.84%
Prostate	1	3.70%
Gout	1	3.70%
Emphysema	1	3.70%
Cirrhosis of the liver	1	3.70%
Two or more chronic illnesses	13	48.15%
Three or more chronic illnesses	6	22.22%

Some of the participants indicated they felt the standard of care they received while incarcerated was either substandard or not compassionate. Other participants felt they were well looked after. Post release, a majority of participants indicated that they had healthcare and generally had few difficulties obtaining it. However, most said they had to wait a month or two to be covered. Most reported seeing physicians regularly and taking their prescribed

medications. Many of the participants were active in trying to care for their general health.

Solomon spoke about his health and healthcare and stated:

I am on a number of medicines, I have my medical provider through a program called the coming home program ran by Mount Sinai and St. Luke Hospital. Their program works strictly with individuals that come home. I heard about that program through the ABC Society that I am in. My caseworker was the one who suggested that I go. They gave me a letter, I went down there and they enrolled me and I have been with them ever since. They set up all my doctor appointments; they know that you have been in prison so they know to look for the effects of stuff on things that might affect people in different ways. It is not a research program; these people understand that we have not been getting the treatment we should.

He was critical of the care he had received while in prison, but felt assured that his current healthcare providers had his best interests in mind. Sarah was also pleased with her level of care and was focused on being healthy. She spoke about her healthcare routine and stated:

I am seeing an orthopedist that is sending me for physical therapy. They have acupuncture at this clinic and a masseuse. I am exercising a lot more. It took me a while to get into but now I am exercising more, I see my doctor on a regular basis. He says beside the arthritis I am in good shape.

She not only took advantage of receiving healthcare, she also began routines, such as exercising regularly that would help her feel better. It appears that just having good care available increased her engagement with her health and wellness.

Grant was one of the few who indicated that he was not under the care of a physician. In spite of that, he took care to maintain his health. He spoke about his personal habits and said, "I watch what I eat and don't exercise as much as I use to but I do watch my salt intake and sugar." He was conscious of incorporating healthy eating and exercise as preventive health measures. He did indicate that he had health coverage saying, "Yes [I have healthcare], Obama did that and it was easy getting it online. I have an HMO, United/Blue Cross." He knew that he could access medical care if necessary and seemed pleased with his current level of health.

Myrna was also active in managing her health. When speaking about her current health condition she remarked, “I went and got me a primary care physician, I got an orthopedic surgeon, a GYN. I knew the steps to take because I have been doing this a long time. I made sure my health is in order.” She needs to have knee replacement surgery and was preparing for a hysterectomy. She went into more detail about her health and stated:

[My health is] good. Because with all the drugs and things I have done I don't have AIDS, no sexually transmitted diseases, no high blood pressure. I have been diagnosed with type II diabetes but I am not claiming it. I just take that metformin to cut the sugar and fat. That's the only reason I take that. It also helps me lose the weight. Other than that my health is great. I was almost 400 lbs. and now I am down to 260. Sitting in jail eating all them cakes and cookies. You don't realize how much weight you are gaining wearing them loose clothing. I came home and I was like what did I do to myself, but it is coming down.

Even with the myriad health issues she faced, Myrna described her health as good. She believed she was receiving quality care and taking active steps to improve her health through weight loss and needed surgeries. Overall, like others in the study, she was positive about her health and looked forward to the future.

Some of the participants in the study indicated that they believed their physical health was very poor. Rick said, “My physical health is very bad, I am overweight and fortunately I lost 100 pounds. Picture me 100 pounds heavier. I lost it throughout the bid.” He stated that he had a sleeping disorder, had borderline diabetes, varicose veins and nerve problems. Rick reported being under the care of a physician and receiving medical treatment including prescriptions. He indicated that was not taking all of his medications as he should, and finished by stating, “[I rated my health as poor] because of the way I feel and I could be doing better.”

Overall, the participants seem to rate their health higher than would be expected given their diagnoses. For example, Kendall stated his health was good. When asked to describe his current situation he said:

They [prison medical system] will just say, 'oh yeah he has cirrhosis but it's not so bad.' They didn't do much because now it has turned into cancer. I go no medical treatment, just blood pressure pills. . . I am currently seeing a doctor but have not follow the instructions to get on the transplant list or to start treatment for my liver. I found out 2 or 3 years ago, I know I have to do something. They gave pills, did a biopsy and they wanted to let me have chemo. I did not because it kills good cells also, the age category that I am it that's what make me think they may be dead ass wrong. So far it has stayed the same. I am supposed to meet with them this week but there are so many things attacking me right now.

He was dealing with some severe physical health issues, but was not following his physician's instructions. However, like other participants in this study, he seemed to brush off the seriousness of his health conditions and say everything was going well, and his health was good.

Research Question 5) What are the Mental Health maintenance experiences of elderly ex-offenders?

Taking care of the mind

Mental health disorders including depression, Alzheimer's disease, anxiety and late life schizophrenia are the most common among inmates age 55 and older (DHHS, 1999). Additionally, a survey of soon-to-be-released prisoners found a prevalence rate of mental illness of 15% among men and 35% among women (Mallik-Kane & Vishner, 2008). Access to mental health support services are therefore important accounting for the challenges ex-offenders will face during the process of their reentry.

Although the majority of the participants reported that they felt their mental health was good, many had some mental health issues. The majority of the participants reported little formal mental health care after release. Moreover, few of the participants indicated that they had any type of mental health planning prior to release. Interestingly, when asked directly, most indicated that they had few issues with their mental health; however, throughout the interviews they discussed issues with PTSD, depression, anxiety, and anger management. Many of the participants were also dealing with issues of grief and loss. Sarah said, “I have no mental health issues but emotional because I lost a brother and my parents and aunt, and it had an emotional effect on me.” Even when struggling with issues surrounding loss, they stated that they were alright. Many of the participants mourned for people who had died while they were incarcerated and mourned the passage of time. All of the participants had issues with adjustment with their return to society. After release, the majority of participants indicated that they received services relating to substance abuse rather than mental health.

This superordinate theme was made up of three subordinate themes identified as: (a) Seeking out mental health services, (b) Unwillingness to admit to mental health issues, and (c) Using psychotropic medication. These themes are represented in Figure 5.

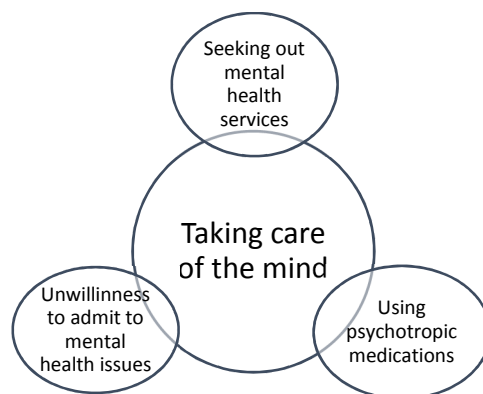


Figure 5. **Taking care of the mind**

Seeking out Mental Health Services

Sarah was one of the few participants who spoke about mental health issues during and after her incarceration when asked directly about her mental health experiences after release.

She reflected on her personal issues and said:

That's my big issue. PTSD has been huge. I probably suffered from it all my life from I was very small. MY issues started when I was very small and exacerbated without treatment because of how I was treated until I was 50 and committed a crime and went to prison. So I have struggled with that and Borderline Personality Disorder and just before my crime, I told you I was injured in a nursing home. I was attacked by a client and that is what really brought my PTSD out. With it came agoraphobia the fear to be out in public.

She spoke about her time in prison. Sarah received mental health services that she found helpful. She said, "So in prison I was so fortunate to have this wonderful specialist that came there who is a trauma specialist. . . I took advantage of that." She reported that she still struggled with her mental health issues but she felt equipped to deal with them because of the treatment she received in prison. Sarah said, "I do have the tools that I learned how to deal with it [mental health issues]. I struggled and still struggle with mental [health] issues. I am just well-equipped now to work with [it]." After her release, she continued to seek out mental health services. She felt fortunate because:

My original therapist that I loved so much in Bedford had left the facility and was now working at the Bronx psychiatric center. The minute I got here I looked her up and the day I found her she said Oh my God I can't believe you called me we just decided we are going to take people from the community into the clinic. I told her to make me the first on the list.

She understood that she was fortunate to receive the care she needed. She was able to deal with many of the issues that caused her distress. In her time in prison, she observed many people who were in prison did not belong there because the issues they had were mental health issues rather than true criminal activity. She described this and stated:

There are way too many mentally ill people in prison and they are in the wrong place because the other choices have been limited. The mental health issues of people on the streets are so not paid attention to they end up in prison. Oh my God, I saw so much of that in there and then many of them get out and it's worse.

Sarah felt that there was no safety net offered for individuals with mental health issues.

This viewpoint was echoed by the other participants in this study. Randy reported trying to get support around anger issues. He knew that he needed help but was unable find services. He described his search and said:

I just tried to get into a program out here for my quick temper and they told me they don't service people like that anymore so I just forget about it. I just have to do the best I can and control my temper and I don't have to look for anything else.

Another participant spoke directly about PTSD. Graz who also spoke directly in response to questions about his mental health experiences stated he received a diagnosis after release from prison. "Yes they did, I forgot the name of the diagnosis, something like PTSD. They give me some anxiety medication." He sought help once he had been released because of the experiences he had while in prison. He spoke about his daily existence and said:

Sometimes I think people are talking about me or looking at me. I get a little paranoid sometimes. Certain situations, I don't like being around a lot of people I witness some serious stuff while in prison, stabbings and so forth. There was this big black guy who got into a fight with a smaller guy. They were arguing back and forth so the big black guy went in the guy's cell and put his arm around him and looked like he was kissing him on his lips. When he let go the guy had no bottom lip. That stuck with me for a while. He survived, it was a lot of stuff, bit his lip right off. Like I was saying there are times when I isolate myself and stay away from people.

He witnessed traumatic events and had difficulty processing them. He was still haunted by those events and indicated that they affected his daily interactions with others.

Randy described living in fear of reoffending because of his issue with anger. He knew if he became violent and hurt another person he would return to jail and never be released. He

believed he had no other avenues, but also said he was not searching for other options either. He owned a vehicle and could transport himself but on some level, felt helpless to seek out other options.

Myrna felt her issues with depression began as a child and that it is the primary reason she used drugs to cope. She spoke about finally being diagnosed at age 30:

I think I have struggled with depression since I was a little girl but I was not old enough to know what it was..... Once I found out they put me on medication and I felt better. And I knew the difference because when I didn't take my medication I became whiny again, cried at the drop of a dime and slept a lot, no motivation, I just did not want to do anything. I felt like I am in a hold and could not get out.

Myrna says she was prescribed medications during her incarceration and that she has continued to take them now that she has been released.

Juan spoke about the emotional toll of being incarcerated. He sought out counseling after his release to help with his readjustment to being free. He was one of the few participants who spoke about how he felt while incarcerated and how others around him reacted to the situation.

I learn that I suppress a lot of emotional issues. In jail you cannot cry or anything like that. You see me crying now I can't cry in jail, I would not have this conversation in jail. You're a punk, you are not allowed to cry in jail especially in the 80's and 90's. If you don't get a letter from your family, let's go to the yard, let's work it out, let's get busy, let's get pumped up and "fuck that bitch," so to speak. I know my baby mother is not a bitch but that's the mentality in jail and it's sick. A lot of people are hurt and want to come back and hurt, their family but I never did that. It never even cross[ed] my mind. But it took a toll on me emotionally but I learn now to talk about it in treatment by getting professional help. Right now you see me emotionally in tears now, it still bothers me and I talk about it sometime in my one-on-ones and in the 12-step programs. I listen to other people talk about it and for the most part I know that I am healing but you cannot talk about that in jail because you are not allowed to.

Juan had spent years suppressing his emotions, because the setting he lived in did not allow him to express any feelings. In that setting, showing emotions other than anger was to

show weakness. To be weak in prison was dangerous, thus, emotional reactions other than anger were prohibited. The toll for this unnatural suppression occurred after release. Juan understood this and sought out help to process his experiences. He saw what occurred to others who did not deal with their emotions and said, “You have to put a mask on and a lot of time when people come out they wind up going back in for some violent stuff. It gets you angry.” He observed that other people assumed a mask to hide who they were, and once they were released they were unable to remove that artificial construct. It was his opinion that they did this because they were unwilling or unable to move past that mask, and put in the work necessary to understand their experiences and learn new methods of coping.

Juan went on to speak in more detail about his observations. He noted it was challenging to develop the skills necessary to cope with past experiences and to cope with functioning in the outside world. He described this and said:

It’s not easy to develop coping skills, they take time to acquire and that takes time for a lot of self-help, a lot of therapeutic value, a lot of sharing, listening. I was in denial. I see it now in my peers, I see than serving 20 years and they don’t want to be with their family. I see myself mirrored in them. I try to help them out but they don’t want to hear it. They block me out, it is a process they have to go through. It takes time and hard judgment for that. It is skills that we don’t have, you don’t develop those skills in there. Nobody in there think they have a problem but it is.

Juan wanted to reach out and share his experiences with other former inmates. He still struggled on a daily basis with his feelings of anger, but knew he was working towards handling his issues. Oscar self-identified as having mental health issues. He indicated that he had been diagnosed with ADHD and bipolar disorder. He found his diagnosis to be helpful and said, “They [mental health issues] work to my advantage; they helped me to get thing[s] easier.” He indicated that he received mental health services while incarcerated and after release. Oscar reported seeing a psychiatrist once a month and a counselor every week. He admitted to having

issues but also described them as emotional issues. He indicated that he had issues with anger and depression as well as “expressing my feelings.”

Unwillingness to Admit to Mental Health Issues

Some participants were often quick to deny mental health issues. Other participants simply stated they did not have any mental health issues. Many of the participants did not wish to admit that they were struggling with mental health issues. When asked directly about mental health issues or treatment, many indicated that they did not have any real issues, however when speaking in more detail throughout the interviews, they mentioned examples of struggles with mental health.

When asked if he had any mental health issues, Wilson quickly replied, “No, I am not crazy,” and excused himself from the interview for a few minutes. He, however, cried frequently during his interview when talking about his experiences in prison and about his past, he said, “I got to get this off my chest. I am glad to be here. (sighs) Ok I am good. Anyway at one point I was contemplating suicide.” He went on to say, “I had nobody to talk to.” He was not willing to seek out professional help, even though he acknowledged he needed someone to speak with about his emotions and thoughts.

Carter denied that he had any mental health issues and refused to speak about his emotions when it came to examining his past experiences. He reported abusing alcohol and said he liked to use alcohol because, “I just did not feel.” Carter indicated that he felt more comfortable when he was “drunk” because “I don’t worry about nothing.” While he admitted to attempting to deaden his feelings, Carter was adamant that he had no mental health issues.

Jorge reported that he did not have any mental health issues or diagnoses, and was not currently seeking out mental health counseling. However, early in his interview, when speaking about his parole experience he stated, “It is real difficult sometimes. Sometimes I get depress[ed], I don’t feel good, it’s a one day at a time process.” His admission of depression was at odds with his claim that he was not in need of mental health services. Later in the interview, when speaking about his family and the adjustment he said, “I am thinking about seeing a psychiatrist because I need that extra professional help.” He acknowledged that he was struggling and admitted that he might need further support to be successful. However, when speaking directly about mental health issues he indicated that while he was having “emotional problems” and that they were not mental health issues. He spoke about the pain he caused his family, dreams about his mother, and issues with his family. He described his regrets about these situations by stating, “That kind of mess me up so at times I do get emotional but as far as me doing anything crazy, no.” Jorge continued on to clarify, “I have never been diagnosed with any mental health issues. It is just the struggles that I am going through because it is all so new to me.”

Using Psychotropic Medications

Some participants indicated that they used medications to deal with mental health issues such as depression or anxiety. Grant said, “I was taking meds for anxiety for a short time.” Graz and Rick also indicated that they were prescribed psychotropic medication, but they did not participate in any type of mental health counseling.

Johnson indicated that he might have had some mental health issues after his release. He said, “Jail do desensitize you. I think if any psychological thing I have it probably was being

around people. I had that problem when I first came out.” He qualified his response with the word “if,” indicating a reluctance to confirm or deny the existence of any issues. At one point, he had considered seeking service, not because he thought he needed them but because he thought they would help him access other services. He said, “I was going to try it because everyone said you got services when you do but when they start saying you have to take this pill and that pill I didn’t bother with it.” He chose not to move forward with seeking mental health services because of his refusal to think about taking psychotropic medication. He made the assumption that he would be required to take medication as part of any treatment planning, and chose not to pursue that option. During the employment section of the interview in responding to what steps he took to find employment Johnson showed evidence of PTSD when he added:

I should be a success story; everybody is not broken and need you to hand them out something. What about the guy who has no illness but is in the same situation. He did a lot of time, the mental and physical thing. I mean being in jail you are going to have some mental problem but not to the sense that I have to take meds for it. But if I had to I don’t think I would because ain’t nothing wrong with me. I have some trauma, I don’t sleep under the covers because in jail that is dangerous, I still take showers with underwear on by myself. Like those type of things.

Research Questions 6) What are the substance abuse treatment maintenance experiences of elderly ex-offenders?

Learning to Live Without Drugs

The majority of the participants had lengthy histories of substance abuse. They reported use of alcohol, marijuana, cocaine, heroin, and crack. Many of their incarcerations and probation and parole violations in the past had been linked to past drug use. Most participants indicated they had begun to use drugs at a young age, specifically in early adolescence. Myrna’s early experience is reflective of the group as she said, “I started drinking beer when I was 13 years old. I don’t know how I started but I started with my cousins liked it and continued.” For the

majority of those who had drug abuse issues, drug use occurred in a social setting with peers. Most of the participants in this study had given up their drug use and were committed to their sobriety.

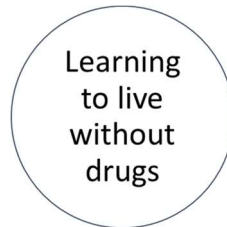


Figure 6. **Learning to live without drugs**

Sobriety

The majority of the participants reported being sober and were invested in remaining that way. They were committed to sobriety and spoke at length about what their sobriety meant to them. Initially, many of the participants did not seek out sobriety, they were mandated to treatment programs while incarcerated and often began to use again after release. For most, it required multiple attempts to cease using substances.

Today, many reported their sobriety as being of utmost importance. Oscar spoke about his sobriety and said, “My sobriety is very important to me because I don’t want to live the life I have lived. To this day, I still think about using but I am not going to let that thing control me.” He acknowledged that he still had a desire to use substances, but he believed he had too much to lose if he relapsed. He wanted to be in control of his life and the decisions he made and felt that if he used, he would let the drugs control him. Grant was struggling with his sobriety and had used alcohol after his most recent release upon finding out that his brother had passed away. He

was working with an outpatient program and believed that he would be successful. He indicated that sobriety was very important and stated:

Now at my age it is everything. I fell in lot of areas as far as my treatment is concerned. I don't think I was the best example I could have been under the influence. But today I don't see me turning back. Every day is a little better and I think this time I am doing it for myself.

He had many regrets about his substance abuse and how he presented himself to the world in the past. He was sorry for the example he had presented to his family and his children. He felt the reason his sobriety was successful so far this time was because unlike previous times, he had changed his life for himself.

Sarah was eloquent when she described the effect of being sober on her life. She believed that being sober was essential to her wellbeing and happiness. She spoke about her thoughts and stated:

It is the most important thing, I love it. I absolutely love it. I haven't experienced it since I was 15 and before that I don't remember. Who remembers being sober when you have been an addict for so long. I don't remember how good it felt because I had mental illness problems too. When I found drugs and alcohol it was like it saved me from what was happening before. Now I don't have to worry about this so much. When I start really understanding what sobriety was about, from that moment on, and it took me a couple of years to really catch on. When I discovered the moment I picked upon the first drug I connect with that. I think that is the secret to getting help. What I enjoy about sobriety is feeling the feelings even the bad ones. Even if you can't fix them when it is over you don't have the hangover to deal with. I have been sober for 12 years and I still get the feeling to pick up if I am having a bad day.

She spoke about how she had used drugs to self-medicate and handle her mental health issues. Using substances helped her avoid dealing with the issues she faced and aided her in pushing away negative emotions. She still struggled with her addiction, but believed actually experiencing her life and emotions were preferable to being under the influences of substances.

Most of the participants were very adamant about maintaining their sobriety. Obama said, “[Sobriety is] very important, you are not going to be successful if you are not.” He believed that one of the keys to being successful and not reoffending was to maintain sobriety.

Rick indicated that he was not using any drugs but still drank socially. He indicated that his drugs of choice had been alcohol and cocaine. In spite of the fact he said that he was only a social drinker, when asked about the importance of sobriety, he spoke about wanting to quit using alcohol. He said, “Actually on Sunday I was talking to my friend and I told him I was going to stop drinking completely, but a gentleman was over the house earlier and he said why don’t you stop New Year’s, that would be a greater time to stop. So I say. . . you know.” On some level, he still acknowledged that drinking might be an issue. However, he would not speak directly about this and declined to add any other details.

Carter was the lone individual who continued to use substances habitually after release. He was an alcoholic who began to drink at age 8. His periods of sobriety were while he was incarcerated, and he reported worrying that he would begin to drink upon release. Carter spoke about this and stated, “I told myself that I would not drink when I get out but it did not work, I ended up drinking on the day I got out.” He reported that he had undergone treatment one time many years before, but it was not successful. Carter spoke about his use of alcohol and said, “I drink every day.” When asked further about his use he said, “[Being sober is] not important, I love to be drunk. . . I feel more comfortable drunk. . . [then] I don’t worry about nothing.” He indicated that his family was concerned, but they had no influence on his behavior. Unlike the other participants in the study, he had no desire to seek treatment and saw no reason to pursue sobriety.

Research Question 7) What are their perceptions of the role of these experiences in their process of reintegration?

Reclaiming My Life

Ex-offenders in general harbor a host of fears surrounding their reentry. In the case of elderly ex-offenders, they are faced the same issues as their younger counterparts in addition to the frailties that comes with aging while attempting to reclaim a better life than they had before their incarceration.

The participants had many hopes and fears surrounding their reintegration experiences. They all reported struggling to fit into society and for many, this struggle was compounded by the leaps and bounds in technology that had occurred while they were in prison. They felt many of services put into place to help them succeed were not beneficial, and they were especially critical of parole. Although most reported positive relationships with their parole officers, they felt the design of the system worked against their success. This superordinate theme was made up of four subordinate themes. These themes were named: (a) Release Day, (b) Probation and parole experiences, (c) Adjusting to technology, and (d) Hopes and fears. The superordinate theme and associated subordinate themes are visualized in Figure 7.



Figure 7. **Reclaiming my life**

Release Day

Release day was a significant experience in the lives of the participants. It marked the beginning of a new period in their lives. Many of them felt unprepared for release and worried about what they would face as they ventured forward. Others were joyful and excited to be returning home. Almost all of the participants indicated that they had little helpful preparation or pre-release planning.

Myrna's experience was representative of the majority of participants. She reported almost no pre-release planning. She had participated in a drug and alcohol program, but indicated other than that she had received no specialized services. Myrna spoke about employment planning as well as employment referrals and said:

Basically you have to do all that by yourself. They had people come and teach you about writing resumes and information on who to see upon your release and where to go to seek employment, Stuff like that but you don't actually get [referrals]..... you know.

She indicated that she did not receive any services related to housing either. The only ID she possessed was a prison ID. She felt that the day of her release was fairly straightforward.

She said:

Well you get up that morning, you go to medical and get your medications. They give you whatever they have left for you, then you go through the door and get whatever commissary money you have. If you don't have any money they give you a metro card or enough bus fare to get you where you need to go. They get you out of there as soon as they can.

There was little formality or major process attached to her release. However, due to the perfunctory nature of preparation for release, she suffered from high levels of anxiety. She described the day and stated:

My concern was where was I going to go, that was my main concern. It is real hard to find housing, very hard. If you are not going to a rehab it is real hard. I have never been to a shelter. When you leave jail they don't put you anywhere you basically leave jail and go to social services. Whatever social services does for you that's what you have. If you don't have anywhere to go social services send you to the shelter. When you get out of jail you are just really nothing, you are basically left on your own. There is really no plan. A lot of people like me go to jail from the streets having nowhere to go when they leave there. So it's like put me back where I came from. You don't have the determination and anxiety to do something different with your life as I did so you go back right where you came from. It's real hard.

Myrna left prison, not knowing where she was going, where she would live, and what she should do. She feared being homeless, and felt set up to fail. She indicated that many people returned to jail because of a lack of thoughtful release planning. She felt fortunate in that she could plan and advocate for herself. In spite of this self-advocacy release day still found her fearful.

Juan indicated that he also received little to no pre-release planning. He stated that any planning or training must be initiated by the individual, and much of the available job training was obsolete. He could not remember any specific job skill, such as resume writing, training.

Emotionally he had been very anxious. There was no planning through the prison system with his family for his release. He stated:

It was a lot of anxiety for me. I was one of the guys who did not get a lot of mail. So I was always lost with contact. The phone was expensive, a lot of collect calls and they could not afford it. Communication was very poor with me so I was always anxious to know what was going on. I had to pay for everything. . . It was overwhelming and I found out you can't catch up with anything you just catch on. I can never catch up with all those years I missed.

He indicated that there was little support and almost no planning. He was released with some referrals and no pre-arranged support. Juan said in previous years, he had received more support including food stamps when released. However, because of budget cuts and changes in procedures, things had changed.

Johnson had a similar experience and was very nervous upon his release. He had many mixed emotions about reentry. He spoke about release day and said:

I was somewhat happy, somewhat nervous, somewhat leery. There were so many things flowing through my head. I had all these feelings flowing through my head at one time. But when I came home and started looking at things I started to see how time waits for nobody. Time will beat you. That's probably the most precious thing in the world. More than gold, money or anything like that to my experience. When I came home I was walking around and everything had changed, people changed, people died, you know, scary.

He was taken aback by how time had passed and everything had changed. He was not prepared by the prison for release. They referred him to public assistance by telling him to find the closest agency to where he resided, did not provide any health or employment referrals or services, and did not provide any direct referrals for employment. He was released into a halfway house. Thus, unlike many of the other participants, he did receive some planning for housing.

Charles was very anxious on the day of his release. He indicated he had a housing placement and was given the money he had earned while incarcerated. He received a limited amount of medication to get him through about two weeks, and a ride to the ¾ house where he would be residing. He spoke about the day and said:

I was thinking normal thoughts, where am I going, what am I going to do. It's 37 years and I have no friends, I don't know anybody out here anymore. I don't know any of these people, they all look like aliens to me and I don't want to know them, that's the way I feel. They wasn't in the penitentiary with me so I don't want to know nothing about them.

He felt disconnected from the world to which he was returning and did not wish to be bothered. He reported that he received no employment support or referrals and had to arrange to get his own ID. He remained distant from his family and simply indicated that he wanted to be left alone.

Winston was very happy to be released. He indicated that he participated in many pre-release programs that he found to be helpful. He indicated the programs taught him how to think clearly, manage his anger, and learn to share his feelings. He spoke about his decision to take part in the programs and stated, "It's time to grow up, man up. You can't always be an adolescent. I had to make a decision, do I want to go home? So I started taking these classes and they were really helpful." Winston described release day as joyful. He said:

Oh the day I was released was a wonderful day. I always said I would kiss the ground but I didn't. My first day my aunts and grandma came to pick me up. It was nice, I went to McDonald's. It was good, just to breathe the air outside was different from being behind the wall. I had a big smile on my face. I came home then went to see my brother, my son his wife and my grandson. Everybody was happy to see me. I was happy to not only make it home, but in one piece. That was a blessing to me too, I could have been injured inside. Yeah it was nice.

He was relieved to make it home safely. He was aware that he could have been injured while he was incarcerated and was happy to be healthy and free. Winston reported that he was

thoughtful about his own planning for release. He said, “I saved my own money. Came home with a \$1000 through budgeting. I learned that in one of my classes.” He indicated that he received no help in planning for employment, but he began to work with the ABC Society in order to help with reintegration.

Probation and parole experiences

The majority of the participants indicated that the parole process was detrimental and did not help in their reintegration. They found the services restrictive and felt hindered in their efforts to move forward. Many of the participants expressed great resentment about the requirements they were placed under. Prince described his feelings and said:

I do not like being under supervision. I did my time; that is it! That should be enough. They want to tell you what to do, what time to be in the house, where you can live. You cannot live here; you cannot live there. You cannot go on this street. You cannot go on that street; you cannot go in that town.

He felt as if parole was further punishment for a crime where he had already served his time and did not like being told where he could go and how he could live. He found the entire process to be intrusive and resented the requirements placed upon him.

Rick also reported that parole was not helpful. He felt that parole involved an unequal power relationship. He believed that being on parole actually put him in a vulnerable position and made it easy for employers to prey upon him. He stated:

It's not helping because most PO know they have the upper hand on you and then when you have to work your PO goes to your job, now the boss knows you have double trouble. The worst thing in the world is to have somebody knowing they can report on you if you don't do something right so they don't treat you better now. They start telling you to work extra hours or to come in early and if you refuse he calls the PO. So it is a dangerous game.

He felt at the mercy of others because one wrong word from those who had power over him could send him back to prison. He felt being on parole could lead others to mistreat him and take advantage of his situation.

Wilson had a different view of parole, although he felt that parole was not helpful. He believed that the parole system was supposed to be in place to provide support. He expected his parole officer to check on him and make sure he was being successful in the community. He spoke about his experiences and expectations and remarked:

I mean a lot of these so call programs have these people but they don't give a F—K about you. All they see is a paycheck, they don't check on you, ask how you doing or anything. I have seen so many people go through the system and end up right back. Nobody checks up on anyone, asked you how you are doing and check up on you. If you have a parole officer he is supposed to come check on you where you live at, make sure there is nothing like drugs in your neighborhood just like a sexual predator, a person who is registered. They don't check on people. I left people who did 25 years and they have nobody to show them anything. And now you have people who know nothing all they know is the streets.

Wilson believed that many people were released from prison lacking skills and knowledge. They had been removed from society for years and were set free without the kind of support he thought was necessary to aid them to succeed. He believed that parole officers were supposed to be active in support of their clients in order to help them reintegrate into society. Instead, he observed that parole officers did not seem to care or offer supportive services that could mark the difference between success and failure.

Most of the participants found the restriction in movement to be one of the greatest hindrances associated with being on parole. Sarah stated:

The only thing that it has hindered is the fact that I cannot leave the 5 boroughs without permission. My family lives out of state. I have one family member in New York but he is upstate so in order to see anybody in my family or anybody

that I am really close to, I have to get permission which sometimes isn't easy. They don't always get back to you right away.

Although she did not find other requirements as onerous as other participants, like the others she had issues with travel restrictions. She was frustrated by the length of time it would take to get the approval to travel. Kendall described parole as, "Honestly it's like having a leash on you. There are so many things you can and cannot do." Pablo agreed with the other participants and stated:

The situation is we don't have any choice. We come out, we got to follow all these things. We like it, no! It's the rule what they say, they got the power. Everything they want you got to do. It hasn't helped me, not at all.

The participants in the study generally believed that parole was a hindrance. They believed it was not well designed and that it often set them up to fail. The restrictions on travel, and curfews could interfere with jobs, and the travel time and wait time required to meet with their probation officers interfered with other activities including work.

In spite of issues with parole, most of the participants reported having a more positive relationship with their parole officers. Mindy spoke about her parole officer and stated:

My parole person was a decent person. I couldn't travel outside of the southern district of New York which is Manhattan and parts of Westchester without permission and so I couldn't go to Brooklyn to stay with my girlfriend on the weekend without asking for permission. After a few months my parole officer said I did not need permission but as soon as you get there call me, so I had to do that.

She was pleased with her level of flexibility and the fact that she was willing to trust her and her behavior. Johnson also felt that his parole officer was helpful; he spoke about their relationship and said:

{Parole officers} these days seem to be a little more understanding to the situation of people coming out of the state penitentiary. They are a little bit more

understanding to that. I really don't have any qualms about my parole officer. She is very understanding of what I do. Actually she let me do what need to do and little bit of what I want to do. So that's how my life is right now.

He was appreciative of the support and understanding he received and believed that his parole officer was helpful and wanted him to succeed. Myrna also had positive words about her parole officer. She spoke about her and said, "It's great, I don't have any problems with her. I go see her when I am supposed to." She saw her on a regular schedule and had no issues that he felt were worth mentioning.

Obama spoke in great detail about his relationship with his assigned parole officer. He recollected:

Fortunately for me I was blessed to get a parole officer that was understanding. He said to me listen, you did a lot of time and I am not going to bother you out here. He said all I want you to do is what you are supposed to be doing. Stay out of contact with the police and if you do, contact me immediately. He gave me passes to leave and go visit my daughter in Atlantic City, to go visit my family down south, I never had any problem. He called me when he is coming to see me, take urine tests and in 3 ½ years I was off. I got a job, a certificate of rehabilitation.

He was able to form a strong, trusting relationship with his parole officer. Because of this he was able to travel more than most former offenders, work through his requirements, and be released from parole in under 4 years.

Unlike many of the other members of the study, Kendall had a negative opinion of parole officers. He felt as if he was being taken advantage of and said:

Some of them like to play that macho game, have their thumb on you. That's a nuisance, taking advantage of you. I got a thing about that too. People who when they communicate they become authoritative, like it can't happen to them, like their shit can't stink. But I got through it.

He felt as if his options and freedom were taken from him. He felt that the power differential in the relationship was too great and could lead to abuses.

Some of the other participants had a mixed view of the parole system. Solomon stated, “Being on parole has been for me a great experience in the sense of me being out and having freedom.” The sense of being free was positive. However, there were also negative experiences. Solomon said, “there are certain rules and regulations I have to follow.” These rules made it difficult for him to be successful. He felt as if he had no control over his life and that he was required to do what the parole officer mandated.

Adjusting to Technology

The participants in the study faced many changes upon their release from prison. Many had never used the Internet, seen or used a cellphone, and did not know about GPS technology. They struggled to learn how to use the technology that others took for granted, and some were highly suspicious of the effect of technology on themselves and on society.

Charles struggled with the changes that had occurred while he was incarcerated. He had extreme difficulty learning to use new technologies that had emerged during that time. He said, “I just can’t take to this new technology, I can’t break that barrier for some reason. I don’t understand how to use some features on my phone, customer service is not very helpful.”

Sarah who was imprisoned for 12 years found that even in that short period of time, the changes in technology that had occurred amazed and baffled her. She spoke about her release day and said:

A best friend of my daughter came and got me. It was crazy. The weirdest thing was getting in the car and having my best friend[‘s] GPS showing where we were

going. When I went in we had Internet but Facebook and iPhones started after I went in. So I didn't have a bad time as most people but I had to upgrade my knowledge of technology. I know a lot of women who have spent 25 years in prison who don't know what the Internet is and to watch them learn how to do that is an absolute miracle. . . I still have a hard time with my phone. Once a week I get a book from the library or go to YouTube to learn something.

Charles did not view the changes to technology as positive. He was highly suspicious of the invasion of privacy that he perceived. He spoke about cell phones and said:

There is no question about it we are being cheated and exploited. Like this little funny thing they have here (pointing to a cell phone) they didn't have it before. That's just bullshit, just big brother watching you. I know you can turn it off but what good is it if someone can't get me.

He indicated that he did not understand how cell phones or associated apps functioned. The participants faced many challenges adjusting to new technology. The world had changed while they had been incarcerated, and they had been left behind.

Obama shared his initial introduction to some of the emergent technology. He was shocked at some of the differences he observed and said:

I was with my wife and daughter walking in the mall so I see this guy cursing and screaming and he had pajamas on. I am so shocked I am walking and almost getting hit by cars while my wife and daughter were laughing. My daughter asked me what was wrong because of my expression. I told her this guy is crazy walking around talking to himself. She said he has a Bluetooth device in his ear. I didn't see it. Inside if someone has pajamas on talking to themselves they are crazy.

He had difficulty understanding the changes and found the behavior to be bizarre. Once he understood more about the technology, he began to use a cell phone. He spoke about this and said, "So I learned that [about cell phones], they bought me a phone I didn't know how to operate." Although he had adopted some of the novel technology, he was still uncertain about how to use it. He continued on to speak about other technologic changes that he experiences after release. He remarked:

When I left they had toll booths so when I took the subway by myself to Brooklyn I was so excited doing it all by myself. They were telling me I had to purchase some card and that was a shock. Once I got it I had to learn how to use it. So I watched people then try to swipe but I didn't get it but this older lady showed me how to.

Every action he had previous experience with had changed. Using new technology for toll roads and subways was confounding. He had to ask others for help in learning how to use the technology. Obama spoke about his thoughts and feelings and said:

But it was difficult adjusting out here. Buying things in the store was hard too, the prices, doing laundry. All these are little things that I have to learn. Fortunately, my daughter and my grandkids helped me. My grandson showed me the phone and the computer stuff.

Hopes and fears

The participants had a host of hopes and fears as they prepared to face release. Many worried about success, others mentioned family, housing, or employment. They had many dreams for their lives, and some were highly motivated to improve their own circumstances.

Obama had a whole host of concerns as he faced the future. He worried about reestablishing himself in the outside world. He spoke about his fears and said:

My fears was coming out and not being able to help my family, having this thing over my head would prevent me getting a job so I was prepared to take anything, even working at McDonalds. I was trying to get work, even if I had to go out on the corner and sell oils. But what I wasn't going to do was get back into the criminal elements. That was fixed, I never had any doubts or plans to revert back to that lifestyle.

One of his main concerns was employment. He wanted to be able to support his family without resorting to criminal behaviors. He was determined to stay out of trouble and focus on improving his life. He also worried about being seen as weak. He wanted to project a strong confident image that would lead others to trust him.

Graz also had many fears about the future. He was very nervous about his release and that he would need the support of friends and family. He said:

I was kind of nervous to come home and I knew that stepping out that gate I could not do it by myself. My thinking at that age, when you step out that gate you have to be really prepared. You have to have your tools with you. You cannot forget anything you learn while inside.

His goal was to be successful and to ensure that he did not serve any more time in prison. Michael also was trying to be prepared for facing life outside of prison. He said, "I trained myself prior to my release to be flexible because I believe that what I expected may not be the reality so I had to adjust and fit myself into whatsoever I found." His experiences had taught him that being inflexible could lead to failure. He felt it was important to be able to adjust to changes and differences. He said, "I think that after the length of time I spent inside I understand that whatever I encountered outside would be nothing like I had gone through over the years inside." He felt no matter what hurdles that he would have to deal with, he could be successful, because compared to prison everything should be easy.

Mindy spoke about her fears when it came to re-entering the job world. Things had changed greatly on the outside while she served her sentence. She said:

I was really afraid about whether I could support myself, what skills did I have. Fortunately I had HIV education and I got a job with a HIV magazine. I had to have a job 6 weeks after I got out, that was the Federal rule. So I got this job, I walked in on the first day and they had computers at the desks. I was so frightened because I had never been on a computer. I was trained and luckily I was hired as an intern. The first tasks involved taking phone calls. I had to learn everything.

She was faced with a technological challenge, but was able to rely on her subject area knowledge to help bolster her confidence. She took the information she had learned while she served her sentence and like others, was able to use it to succeed.

Juan was also faced with concerns about employment. He was focused on being able to provide for his family. He said:

Supporting my family is number one. I come from a very dysfunctional family where there was no money just welfare. Plus one of the requirement was that you have to work and you can't get a job because I have felonies so that was a setback right there, they did not want to hire you so it made me want to commit more crimes because I wanted to support my family. You are talking about years of being locked up. I wanted to buy my daughter something, me something. The pressure is like let's get this money. You may have to do all the jobs you refuse to do. It's not an excuse, it's a reality.

Juan had been struggling greatly with reintegrating into society. He wanted to do what he perceived as being the right thing, by finding a job and supporting his children. However, his criminal record got in the way and made it challenging to find a job. He indicated that he also struggled with renewed substance abuse, but was able to get refocused, become sober, and find a work program to get some structure and help. He was looking forward to the future and was focused on creating a pattern of success.

Wilson spoke at length about why he was successful after his release and what enabled him to adjust to his changes in circumstances. Wilson said:

What change my ways, what gave me hope was my mother was in here (pointing to his head) because she passed away while I was locked up and to this day I still hear her voice. Every move I make in life I think about her and that is what made me get stronger. Because I know me, I was either going back to run the streets getting high or doing a crime or something. I had nobody to talk to. I mean I had people in my corner but the way I was I would take advantage of it. What you do in life comes back at you, it's karma and that is what made me think of my mother and made me stronger.

Receiving that inner support helped her focus on being successful and move forward with her life. Having that perceived support enabled her to think before she made choices that could lead her back into prison. She was focused on being successful and moving forward.

Many of the participants worried about making bad decisions that would lead them back to prison. They were all focused on remaining in the community and being successful. Brown spoke eloquently on the subject and reflected the viewpoints of the majority of participants when he said:

The only fear that I had and this goes for a lot of brothers that came out whether they were 52, 18 or 25 is will I have to resort back to what I was doing that bring me back. You have every intention in the world to walk the straight path but a lot of times you face certain decisions. Sometimes you have to do wrong to make right. Living that type of lifestyle you run into those decisions because like I stated to you I am sitting next to a stockbroker who was locked up. He made the wrong decision taking that left turn when he should have made a right turn, killing someone with his vehicle. He has all the money in the world but he is sitting in the penitentiary.

I wasted my life

There was a general feeling of having wasted their lives in prison among participants. Many cried openly during interviews when discussing the lives they could have had if they choose a different path and the many years wasted in prison. They ruminated over the time lost from their children and family members. They also express guilt over the emotional stress they caused their families. The DOC policy of releasing inmates to shelters had many feeling undervalued, demoralized and stigmatized. The subordinate themes associated with this superordinate theme were (a) Despair over lost opportunities, and (b) The stress caused to family. These theme and subordinate themes are displayed in Figure 8.

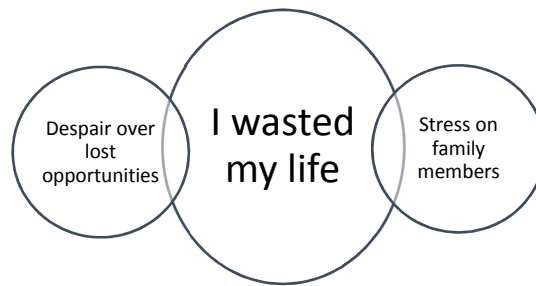


Figure 8. I wasted my life

Despair over lost opportunities

In responding to the last question on the interview, participants often became retrospective. They would engage in self-assessment, evaluating their lives and their contribution or lack thereof to society and their families. Many expressed deep despair concerning their lack of accomplishments. Some ended their interview abruptly, overwhelmed with emotions. While some did not use words to express their despair, it was evident in their body language. They would hang their heads, their eyes would become teary, and some would go into a dissociative state. Most in the sample had been incarcerated for extensive periods and hence had been institutionalized to not show their emotions. This question nonetheless evoked raw emotions from many. Kendal who seemed remorseless and had said he missed the rush he got from breaking the law, broke down momentarily when reflecting on his years as a habitual offender:

A lot of years that I could have done something with, (*shaking head*) like 30 years..... It sucks the sh__s out of me. I could have done a lot more.... Now I know that I could have excelled more so than I have.

He felt that with the opportunities he had, he should have had a more successful life and understood that many of the challenges he was facing were the direct result of his life choices.

Grant's interview was rife with minimization; he was more open about his current life situation as an elderly ex-offender and stated with a pained expression:

If I knew then what I know now it would have been much easier for me. I took a lot for granted. My grandparents are now dead and I am in a different situation now. I don't think it had made it much harder, it is just the realization that I have wasted so much time.

Grant felt that he was a major disappointment to his grandparents who had spent significant resources to ensure his success. He expressed relief that they were not around to see where his choices had brought him.

Participants were in tune with the overall losses they suffered as a result of their many or lengthy incarcerations. Juan who cried for the majority of his interview spoke about missing out on having a relationship with his daughter.

My daughter was 2 years old at that time when I first went to jail, she is 30 now, so you are talking about I missed 15 years (*shaking head and sobbing uncontrollably*). I didn't know what was going on with my daughter a lot of those years.

This was a sentiment shared by the majority of those who were parents. Juan spoke further on the impact of the realization of his losses had on him when he was released.

It affected me a lot. You can't get the job you wanted before. I guess I could say I wanted to do too much, to catch up with a lot of things. Or I missed out on this I missed out on that, so many advances so many Christmases, so many New Years. To be honest it affected me so much that what I did after those Christmases and New Year's was I got into drugs and they really thought I was locked up. I didn't want them to see me on drugs so I was isolating. I had an ego with it, they are not going to see me messed up and so that kind of help me, believe me or not doing drugs because I didn't know how to cope. I did not have the coping skills I have today. It's not easy to develop coping skills, they take time to acquire and that takes time for a lot of self-help, a lot of therapeutic value, a lot of sharing, listening. I was in denial. I see it now in my peers, I see than serving 20 years and they don't want to be with their family. I see myself mirrored in them.

Juan was among the minority of subjects that reported drug use after their release. Faced with the realization of his losses, he suffered frequent relapses as a way of coping with the despair he was experiencing.

Some had a fatalistic attitude about life and how much longer they would live. Johnson who by any standard would be viewed as a successful reentrant share this opinion. With a little over a year since his release, he was renting an apartment, was well received by his supportive family, was back in school, in excellent health and was employed in a job he loved said:

I just feel my past is longer than my future. I am probably not going to get these many years in my future.

Juan who had been released for 15 months outlook while not as fatalistic captured the theme of loss that cannot be recovered:

I found out you can't catch up with anything you just catch on. I can never catch up with all those years I missed. I would warn myself but looking back now it was tough. (crying).

Graz addressed a factor that many had not. He was unabashed about his former status as a drug dealer in his community and lamented over the loss of standing:

It's hard, in today society you got people trying to get points off your old street name. Trying to make their name by getting over on you, beat you up, rob you. It's tough.

Reentry had been challenging for Graz who had returned to his community where it was publicly known that he was homeless and having to stay between his mother and girlfriend's homes. This had been a major step down for him having had a "nice" apartment during his years as a drug dealer. During the interview, his girlfriend had barged into the office arguing about a domestic issue. Following her departure, Graz who was obviously embarrassed apologized to the researcher adding the he had no choice but to be with her because he was homeless. He then sat in silence, a broken man. Like many in the sample, Graz resorted to living with relatives and

friends or at a group home which come with strict rules to avoid the shelters. This loss of status causes significant despair to many. Juan attests to seeing others experiencing the same sense of despair he has over his loss of status:

I go to the ABC and see guys 10, 15 years coming out. I see them every Thursday at the community meetings. Fifty five percent of those 16 people have been in ten years or more, 15, 20 years. I see them doing this when you look in their faces you see so much pain in there. I am doing this interview because I want to help, I know what it is like and I want to help the next generation. It's helping me too, it's like a therapeutic thing. It's pathetic, they want that fast money. It took me a while to accept the \$600 (*social welfare*) I could make that in a day doing the thing I come from.

The restrictions and inconveniences that are related to living with relatives and in group housing further exacerbates the feeling of loss and despair.

Stress on family members

Many harbor guilt about the stress their criminal history had on family members.

Kendall had spent many years in and out of jail which left his family to care for his children.

Over the years, his children and some siblings became more distant and some were no longer in contact with him. Kendall reflected on his current status within his family with tears in his eyes:

I can't say anything about my children because they are not around me like that. They were saying stuff like "here he go again," he is going to do the same thing again." The sisters don't do that but the brothers have the same negative attitude. What I was yesterday is not what I am today, and I tell them quick. I am not better than anyone but I am better than what I was yesterday. It's true.

Jorge who was admittedly had a close relationship with his nephew prior to his incarceration said:

Today I had a dream about my mother, I don't know why. It was so clear, I miss her. I got a chance to see her at the wake, she looked peaceful because she suffered because of me. That's the reason I got to understand who I was. The pain that I caused my family. Even my nephew, they say we look alike. They say he is my son. When I use to be with him before I

was incarcerated I would pick up girls and they would say that's such a nice baby and I would say he is my son. When I went away I didn't know, I had to ask him. When I saw him for the first time when I got out I asked him "when I went away was that a void in your life?" *[long pause trying not to cry]* He said yes it was, so I asked why did you not tell me, he said he didn't know how to tell me. "When you left me alone I felt you had abandoned me." That kind of mess me up so at times.

He felt he had been a disappointment to his nephew and although he had been trying to atone for his actions, Jorge still struggled with forgiving himself.

Pablo who had left behind a wife, two sons and a daughter when he migrated from Cuba, reported struggling to reestablish his relationship with them. His younger son had since immigrated to the US, and they had reunited amicably. While he has not seen his older son and daughter residing in Cuba since his release, he had been communicating with them by telephone. He shared a conversation he had with his son:

Always my emotional problems have been the weakness, about the reality, the suffering my family went through with me here. He (his son) is not like my daughter. He is angry. "Papa how you think I feel, you left me."

This seemed to weigh heavily on Pablo, he was among the few that admitted to mental health issues but only after he was coerced by a Hispanic psychiatrist to go back on his depression medications. Pablo was working hard at repairing his relationships with his three children that he had not seen for the 31 years he was incarcerated. He was unoptimistic about his chances with his older son.

Guilt about the impact their criminal lifestyles had on their families often led to participants avoiding family members. Rick who was among the few in the sample from a middle class family recollected:

My mother died in 2006 and I always had a young lady fortunately living with but the bid, the time that I did, I lost that relationship and that was what I was saying. And I don't want to burden my brothers and sisters.

And unfortunately because of my lifestyle, they are squares, so I wouldn't impose on them. They would be scared wondering every day I walk in and out of the house if I have a gun. Because that's how they know you. Although I wouldn't do something like that, I wouldn't put that on them. So I had to go to a shelter and it was really degrading, sad, sad, sad, sad situation. Oh my God!

At the time of the interview Rick reported still having little contact with his family and cried whenever he talked about his daughter and his failed marriage. He had no plans for his future and seemed to living day to day.

Some participants spoke about the impact aging in prison had on them. Sarah lamented on how the 10 years she spent in prison left her ill-prepared for growing old.

The 10 years that I spent in prison separated me from society and I am having a hard time catching up because of my age. Because now I am 10 years older so being in my 60's where there would probably be a little bit of difficulty anyway, it is 3 times as much because I spent those 10 years in prison. When I went to prison at 50 I thought that was the best thing that happen to me but it does stand in the way a lot because at fifty, between fifty and sixty I might have been able to have a smoother transition into my 60's and be able to handle things that come at a 69 year old person. But because I was isolated from the rest of the world now I am having to come back into it and it is not easy to face those difficulties unprepared. Unprepared, my health is declining from what it was 50 because I was more active then so I was keeping myself a little bit more healthy and because of the lack of activity and stuff it really took me out a lot.

Overall, the reality of their place in society was a sobering factor for participants who were already overwhelmed with the many challenges of reentry.

The participants in this study realized how easy it would be for them to make poor choices and face a return to prison. They were focused on being successful and moving forward with their lives in their communities. They all faced obstacles of different kinds from finding

employment, re-adjusting to family and locating permanent housing. Overall, they simply wanted to be able to live their lives and find peace and contentment.

CHAPTER 6

DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

In this chapter, we restate the purpose of the study, followed by a brief summary of the findings in the areas examined. Next is a presentation of the results within the context of the theories and existing empirical studies. Implications for policy and practice recommendations are provided to enhance the reintegration success of elderly ex-offenders. Suggestions for future research and study implications are included.

Purpose of the Study

This study sought to examine the reentry experiences of 26 elderly ex-offenders, residing in New York State in the geographical areas of Queens, Brooklyn, New York City, Bronx, and Long Island, who were incarcerated in a state or federal correctional facility, were released on or after age 50 and had a minimum of one year post incarceration time. To satisfy this purpose, in-depth interviews were administered with questions pertaining to their reintegration into their communities in locating housing, finding employment, maintaining their physical health, maintaining their mental health, maintaining their substance abuse treatment and reuniting with their families. Participants were also asked questions about their release day experiences and educational background. These men and women agreed to share their stories to inform about their lived experiences and perceptions of those experiences.

Summary of Findings

Coding and thematic data analysis procedures were then applied and the following superordinate and subordinate themes were identified:

Table 5 *Superordinate and subordinate themes from data.*

<p>RQ1) Housing Experiences</p> <p><i>Superordinate Theme:</i> Trying to find a place to live</p> <p><i>Subordinate Themes:</i> Released to a program The shelter experience Returning home The search for housing Being homeless</p>	<p>RQ2) Employment Experiences</p> <p><i>Superordinate Theme:</i> The world of employment</p> <p><i>Subordinate Themes:</i> Training while in prison Finding a job Networking Returning to work Retirement & disability</p>	<p>RQ3) Family Reunification Experiences</p> <p><i>Superordinate Theme:</i> Rejoining the family</p> <p><i>Subordinate Themes:</i> Staying in touch Failed relationship Loss through death Reconnecting with our children</p>	<p>RQ4) Physical Health Maintenance Experiences</p> <p><i>Superordinate Theme:</i> Taking care of the body</p>
<p>RQ5) Mental Health Maintenance Experiences</p> <p><i>Superordinate Theme:</i> Taking care of the mind</p> <p><i>Subordinate Themes:</i> Unwillingness to admit to mental health issues Seeking out mental health services Using psychotropic medications</p>	<p>RQ6) Substance Abuse Treatment Maintenance Experiences</p> <p><i>Superordinate Theme:</i> Learning to live without drugs</p> <p><i>Subordinate Theme:</i> Sobriety</p>	<p>RQ7) Perceptions of the role of their experiences in the reintegration process</p> <p><i>Superordinate Theme:</i> Reclaiming my life</p> <p><i>Subordinate Themes:</i> Release day Probation and parole experiences Adjusting to technology Hopes and fears</p>	<p>Superordinate Theme: I wasted my life</p> <p><i>Subordinate Themes:</i> Despair over lost opportunities Stress caused on family</p>

Housing

In the area of housing, the interviews revealed that the majority of participants had been released to shelters, had difficulty finding permanent housing, had little help locating housing and had received little to no pre-release planning for housing. Those who were successful had done so on their own, with some help from families and friends or were fortunate to be accepted

in an agency renowned for working primarily with ex-offenders. Participants also lacked the funds needed to acquire adequate housing. The data also showed that those who had to return home to families had difficulty adjusting to the home setting.

Employment

Most reported receiving training while incarcerated though, in many instances vocational training programs were obsolete. The majority of participants were either disabled or declared they had retired. Those who were employed reported having faced challenges finding work. Employers were unwilling to hire them because of their criminal history, although in New York State it is now illegal to inquire about a person's past convictions. Those who were employed returned to work they previously held or used networking or nontraditional methods to find employment.

Family Reunification

The majority had successfully reunited with their families and attributed that to their maintaining communication during their incarceration. Many had failed intimate relationships due to lengthy prison terms and loss of family members and friends to death. These findings on the role and impact of family on the success or lack thereof in their reintegration supports the literature reviewed. While there was very little research specific to elderly ex-offenders, overall those with positive outcomes had maintained strong ties to family members during their imprisonment and continued to do so after their release. This was supported in the literature review. Family members including children and siblings provided financial support, a place to live or assistance in locating a permanent home. This abundance of support left many feeling they had to maintain a crime free life to avoid disappointing family members.

Physical Health Maintenance

All but one participant had health coverage. While they had experienced no major difficulties applying for coverage, only one subject reported acquiring coverage prior to their release. All others had gaps in service and had to wait weeks for coverage. The majority reported regular visits to their primary care physicians. The rate of chronic illnesses was high among the group; 48% had two or more chronic illnesses. There was a disconnect between the high rate of chronic illnesses and their perception of their overall health, since most rated their health as good.

Mental Health Maintenance

There was a general unwillingness to admit to mental health issues. Although the majority of participants reported their mental health was good, throughout the interviews they discussed issues of PTSD, depression, anxiety and anger. Most had received little to no formal mental health care after their release nor were they seeking it. There were some that admitted that they were using prescribed psychotropic medications.

Substance Abuse Treatment Maintenance

While the majority had lengthy histories of drug abuse some starting as minors, all but two participants reported no current drug use and were committed to their sobriety.

Perceptions of the role of their experiences in their process of reentry

All reported struggling to fit into society, which was made more difficult with advances made in technology during the period of their incarceration. Parole was a sore point with all

participants who felt the design worked against their success. A majority of participants did not identify as elderly and in some cases, were offended if labeled as old.

I wasted my life

Many participants express despair and loss at having wasted their lives. Those with lengthy and multiple incarcerations ruminated over the life they might have had if they had not chosen a life of crime. Some expressed regret and guilt for the stress they had caused to children, parents and siblings and a general hopelessness for the future.

Theories & Findings

There are three key theories that resonate with these findings; Erik Erikson's (1963), theory of psychosocial development, Ervin Goffman's (1963), social theory of stigma and Henri Tajfel's (1979), social identity theory. They are presented below within the framework of the subjects' experiences and perceptions.

Erikson's Theory of Psychosocial Development

The theme "I wasted my life" was intricately woven throughout many of the subjects' interviews and is best explained by Erik Erikson's theory of psychosocial development. Erikson developed one of the most renowned and influential theories of psychosocial development. In it, he posits that a healthy developing individual should experience eight stages from their infancy through adulthood (Erikson, 1963). Erikson believed that there are specific psychosocial tasks associated with each stage and the successful accomplishment of each enables the individual to acquire the emotional and cognitive skills critical for optimal confrontation of the next (Erikson, 1963; Waterman, 1992). Erikson stages represents a continuity encompassing a temporal and

causal sequence of developmental milestones (Kagen, 1981). The result of successful achievement of this sequence is the development of a productive and emotionally functional adult.

Among the strengths of Erikson's theory is its provision of a broad framework that allows us to view an individual's development over their lifetime. It emphasizes the social nature of human beings and how their development is directly influenced by their social relationships. His theory also has an optimistic approach, as there is the possibility of a positive outcome although centered on a crisis, for each stage. Hence, even if the individual experiences failure and develops maladaptive responses in a stage, there is always the possibility for change at a later stage (Schultz & Schultz, 2005).

Erikson's Eight Stages of Psychosocial Development

In examining each development stage, the first, trust vs. mistrust, occurs between 0 and 2 years old and is focused around the parents meeting the infant's needs (Erikson, 1963). Stage two, autonomy vs. shame and doubt occurs at age 2 to 4 years old and here the child is exploring his/her surroundings however the parents still hold the place of security for the child (Erikson, 1963). Initiative vs. guilt is stage 3, occurring at age 4 to 5 years where the child is learning to master the world around them. Stage 4, industry vs. inferiority covers the school years from age 5 to 12 (Erikson, 1963). Children are beginning to develop a sense of pride in their abilities and achievements through their social interactions. Stage 5, identity vs. role confusion, occurs during adolescence, ages 13 to 19 (Erikson, 1963). Here the adolescent is primarily concerned with how they are viewed by others. They are developing a sense of self and exploring their independence (Erikson, 1963). In stage 6, love vs. intimacy, the individual is in early adulthood.

Erikson sees this stage as where individuals are exploring personal relationships (Erikson, 1963). The development of committed and secure relationships is an indicator for success in this stage (Erikson, 1963). Stage 7, generativity vs. stagnation occurs at ages 40 – 64 years; individuals are continuing to build their lives with a focus on family and career (Erikson, 1974). Those having success in this phase will feel a sense of satisfaction in their contribution to their community and home (Erikson, 1963). Those who failed to meet this developmental stage will feel unproductive and uninvolved in the world and their community (Erikson, 1963). The final stage is age 65 through death, ego integrity vs. despair where productivity is reduced and the individual is exploring life as a retiree (Erikson, 1963). It is during this stage that the individual contemplates their accomplishments and will develop integrity if they perceive themselves as having a successful life (Erikson, 1963; Erikson 1982). If, however they see their lives as unproductive, they will experience guilt, bitterness and despair about the life they have lived, which may lead to depression and hopelessness (Erikson, 1963). While there are critiques that address the changes in societal expectations associated with the specific age groupings, this model nonetheless is useful in examining the challenges faced by the respondents in this study (Erikson, 1963; Shaffer, 2009).

Many of the participants present at stage 7, generativity vs. stagnation and stage 8, integrity vs. despair of human development. The despair felt for lives lost to crime and incarceration was palpable in the interviews, even when not explicitly relayed. Feelings of despair were more evident in those over age 60. Those under age 60 who saw themselves as still having the opportunity to contribute to society were in the stagnant phase and asking themselves the existential question “Can I still make my life count?” Those in the despair phase viewed themselves as retired or too ill to return to the workforce. The existential question they

were seemingly asked themselves was “Is it okay to have been me?” Their despair, loss and stagnation are evidence of their awareness the impact their criminal history has had on their current status and their sense of self and meaning.

The optimism that is woven into Erikson’s theory allows for atonement. Those in stage 7 can use what time they have left to benefit the next generation and themselves. Their ability to do so may be dependent on the availability of elements that allows for a successful reintegration. Five subjects report actively volunteering in agencies in support of offenders still incarcerated. However, they were not among those expressing feelings of stagnation and despair. Giving back to the community is a vehicle by which to atone for their past criminal activities. This also comes with a rise in status among their peers as they interact with the various elements to improve the lives of those currently incarcerated and those who have been released.

Social Theory of Stigma

The findings for mental health maintenance can be explained by Ervin Goffman’s (1963) theory of social stigma which suggests that when a society views a group or person as outside the norms of said society, they are stigmatized. In other words, when there exists a discrepancy in society’s prescribed character for an individual and the factual character, there is a tendency towards stigmatization (Goffman, 1963). According to Goffman (1963), stigma may take one of three forms; persons or groups may be stigmatized for external deformation; deviations in personal traits for example, mental illness, imprisonment, addiction; or for the tribe of which they are members, for example, race, nation or religion.

Goffman (1963) further posits that the stigmatized individual or group may respond by secluding, shielding or by expressing pride for their stigmatic characteristics. The participants in

this study shield themselves from stigmatization through their unwillingness to admit to mental health issues despite their experiencing depression, PTSD, paranoia and poor anger management. Many continued with their interviews despite the trauma of reliving the event because they were using it as a therapy session as evidenced by some saying it was cathartic. Research shows that negative attitudes toward mental illness have persisted despite advances in medicine and public education (Martin, Lang & Olafsdottir, 2008).

Since the majority of participants in this study are African American males, another factor to consider is the prevalence of stigma and discrimination against persons with mental illness within that ethnic group. Suffering from mild depression or anxiety is often viewed as being “crazy” in the African American culture, and discussions about mental illness are deemed inappropriate even if done among family members (Alvidrez, Snowden & Kaiser, 2008).

Admitting to a mental illness may also lead to rejection from one’s family and community. In their study on African Americans’ attitude towards mental health services, Sanders-Thompson, Bazile & Akbar (2004), found that many in the focus groups reported family members turning their backs on them if they had a mental illness and that as a result, if they were in therapy they kept it confidential.

Many African Americans tend to lean heavily on their faith in times of hardship and expect those suffering with mental health issues to do the same. In the African American culture, the act of seeking out mental health services is often construed as an expression of weakness and a lack of faith (Alvidrez et al., 2008). Studies show that while African Americans are 20% more likely to experience depression, suicide and PTSD than non-Hispanic Whites, they are significantly less likely to seek treatment than Whites (APA, 2014). The high level of stigma

placed on mental illness has led to low levels of mental health service utilization in the African American culture.

There is also a mistrust of psychotropic drugs within the African American community which, according to (Alvidrez et al., 2008), is partly fueled by the historical misuse of medications to control behavior. Johnson, after talking about his issues with paranoia said he considered treatment but opted not to. He said:

I was going to try it because everyone said you got services when you do, but when they start saying you have to take this pill and that pill I didn't bother. I think the government just wet it up like this. One year it was this program needs, then now it happens to be the year of the mental health.

Stigma can be reinforced by the self if the stigmatized perceives their mental illness as an indication of their incompetence (Corrigan, Larson & Rusch, 2009). In a society that ascribes negative stereotypes to mental illness, people may anticipate and internalize these beliefs. Therefore, self-stigma is a reflection of the social and psychological burden of having a stigma (Bos, Pryor, Reeder & Stutterheim, 2013). According to Martin et al., (2008), in order to experience self-stigma the person has to be aware that the stigma exists, agree with it and apply it to themselves. Hence, avoiding treatment and denying having a mental health problem could be construed as participants' awareness of the social devaluation that comes with their condition (Bos et al., 2013).

Finally, the resistance to admitting to mental health issues may also be explained by their current position in society. Ex-offenders wear the cloak of deviance in contemporary society. They are already a stigmatized group having been involved in criminal activities, incarcerated as well as having histories of addiction. The label of mental illness in their eyes may bring with it further stigmatization by society that they choose not to accept.

Social Identity Theory

Many of the participants in this study did not identify as elderly. Some would initially lie about their age, however, as interviews progressed, and they began talking about the number of years and times they were incarcerated, they would reveal their real age. Some subjects compared themselves to younger ex-offenders, saying they were just as vibrant as they were despite their age, while others objected to being described as elderly. Samuel, a 63 year old African American male shared his objection to being called “Pops” by classmates:

They wanted to call me “pops” and “OG.” I asked what OG stands for and they said original gangster (laughing). I was okay with the OG, I mean in a playful way, yes I am okay with it. I was more okay with that than being called pops. Pops use to offend me, because of my age and then to be looked upon at my age as an elderly guy (laughing) and not really wanting to face the reality of my age. When medical things began happening to me then I realized my age, my age caught up with me. My kneecaps (slapping knees and laughing)!

Samuel and other participants’ behavior can be explained by Social identity theory which posits that individuals strive to maintain and enhance their self-esteem and to attain a positive self-concept (Tajfel, 1979). To achieve this, there are three mental processes that they move through in evaluating themselves and others (Tajfel, 1979). The first step is categorization to understand and identify who they are within the social environment (Tajfel, 1979). It is in this stage that they are able to identify where and in which category they fall in comparison to others (Tajfel, 1979). In stage two, social identification, they adopt the identity of the group to which they categorized themselves as belonging (Tajfel, 1979). These groups carry with them positive and negative value associations. It is these value associations that determine where one categorizes oneself. In the final stage, social comparison, the individuals will compare the group that they have placed themselves in favorably to another group. According to Tajfel (1979),

when social identity is unsatisfactory to the individual, they will either leave the group or make their existing group more “positively distinct.”

Aging in western society is associated with negative imagery, and so the participants’ choice to identify as youthful despite their age and chronic illness status is likely to cause them to disassociate from that social identity (Richeson & Shelton, 2006; Tajfel, 1979). This disconnect between actual age and their perception of their age may be viewed as maladaptive; however, Richeson & Shelton (2006) believe that there are positive consequences to be derived. If they perceive old age as a developmental period, the goals and activities they approach will also be positive (Richeson & Shelton, 2006).

Some participants were willing to identify as elderly in instances that allowed them to achieve permanent housing and all associated benefits that they expected with reentry. While participants seemed to move from one social identity to another to aid in their acquisition of housing and other benefits, the youthful group was at the core of their social identity.

Empirical Studies

A dominant theme of this study was the feeling of loss, despair and stagnation experienced by a majority of participants. According to Erikson’s (1963) theory of psychosocial development, this is evidence that they had not reached ego integrity; in reflecting on the life they had lived, participants were unsatisfied with their legacy and hence were in a state of despair. The researcher was unable to identify any studies that examined this phenomenon among elderly ex-offenders.

Another dominant theme of this study was the lack of pre-release programs that were tailored to elderly ex-offender needs. This presented major challenges for participants especially

for those that had aged in prison and had little to no knowledge of how to negotiate the various systems. Participants also identified their technological illiteracy as another barrier to their smooth transition. Correctional policies generally deny inmates access to computers.

There are not many empirical studies on the reentry experiences of the population examined in this study. However, Maschi & Koskinen's (2015) qualitative study examining stakeholders' perception of the role older ex-offenders' families and communities played in their reunification experiences had similar findings with regards to the absence of pre-release planning. They also found that correctional staff lacked knowledge of resources available to secure seamless transitions to older ex-offender communities (Maschi & Koskinen, 2015). In the current study, some participants overcame this barrier by conducting their own pre-release planning with assistance from family members and friends or by networking with ex-offenders who had exited prior to them. This was also the route taken by subjects in Maschi & Koskinen (2015) study.

Many of the subjects in the current study shared the stress they experienced once they were given a release date. Their primary concern was finding housing, since whatever housing arrangement they had prior to their incarceration was now non-existent. For those who could work, a close second was finding employment to support themselves. Additionally, participants who were incarcerated for extensive terms had few family members to whom to return. This theme was supported in Maschi, Viola, Morgen & Koskinen (2014), cross-sectional, descriptive analysis study where they sought to identify individual, family, system and community elements that may be barriers to 677 elderly prisoners' successful reentry. Participants cited life after prison amongst the anticipatory stressors of confinement. Maschi et al., (2014) recommended a

holistic approach to discharge planning to mitigate barriers to their reentry, many of which were identified in the current study.

Among the recommendations participants from the present study gave to address the challenge they are facing in locating housing were building more low income housing, rehabilitating abandon buildings, have checks and balances in place to ensure that federal and state funding allocated for reentry programs are being used for that purpose by agencies, and assigning individuals a caseworker to mentor them through the process of reentry.

Another major theme in the current research was the Department of Corrections' policy of releasing inmates to the shelter system. Participants interpreted this policy as one utilized for the purpose of passing responsibility to another sector of government. Releasing an elderly person to a shelter is arguably inhumane when one accounts for their likely chronic illnesses and the absence of a service structure of the shelter system. Those in the current study who had lived or were living in shelters said they were not allowed to stay in the shelter during daytime hours and had to wander the streets all day. This policy was found among the challenges returning elderly ex-offenders also said they faced in Maschi & Koskinen (2015) study.

Mental health service utilization among the majority of participants in the study was low despite them reporting depression, PTSD and anger management issues. This finding was congruent to those of James and Glaze (2005) that over 50% of inmates suffer from a mental health condition. Depression was also among the most frequently occurring mental health conditions in prisoner age 55 and older (Brink, 2005). Most were unwilling to admit to mental health problems or chose not to engage in treatment. This is consistent with Fazel et al. (2004) findings that psychiatric conditions are the most commonly untreated in prison. Some

participants who reported having a diagnosis for a mental health had sporadic treatment which was also a finding in Malik-Kane & Vishner, (2008), study. In their research, ex-offenders with a mental illness were more likely to receive episodic treatment for their mental health conditions (Malik-Kane & Vishner, 2008).

The high incidence of chronic illnesses among the participants supported Colsher et al., (1992), Moore (1989), Williams & Abraldes, (2007) research on inmates age 50 and older health and the NCCHC (2002) studies on soon- to- be- released elderly ex-offenders. Forty percent of participants in Colsher et al (1992) survey were hypertensive compared to 38.46% in the current study. In Moore's (1989) study, 83% of participants reported suffering from one chronic illness; in the current study it was 88%. While in Williams & Abraldes' (2007) study 49%, reported they were diabetic, 34% of those in this study had diabetes. Many of the subjects alluded to the prison diet as the primary cause of their health conditions; others cite the snacks sold by the commissary and the stress of incarceration. There was also evidence of unhealthy lifestyles prior to their incarceration as 84% of participants had a history of substance abuse, which ended because they were incarcerated.

This study did not support the CDC (2013) findings on the percentage of inmates infected with the Hepatitis C virus. Only one participant (3.8%) reported having a communicable disease compared to 13% to 41% of the prison population. This may not be an accurate representation of the facts as participants may have opted to not disclose their status. Additionally, the low prevalence rate may be due to the availability of a cure for the virus.

While this research examined participants' reentry experiences, there were some characteristics they shared in common. A majority were from low income single parent

households, had little to no contact with their biological fathers or a father figure (69%); were mostly unsupervised as young teens, were high school drop-outs (73%) and had a history of drug abuse (84%). These characteristics are among childhood predictors of young adult male crime that Ou and Reynolds (2011) identified in their 20-year longitudinal study of 733 boys. Ou and Reynolds' (2011) findings suggested that comprehensive interventions designed to reduce crime may be effective in preventing future criminal activity. Additionally, studies on older adults in prison have found that they have histories of earlier life traumas, namely, family community or structural violence, childhood neglect and abuse (Maschi & Aday, 2014; Maschi, et al., 2013). Living in poverty, and financial stress were also found among the histories of older adults in prison (Maschi & Aday, 2014; Maschi et al., 2013). The present study support these findings. Thus this study also serves to inform about the environmental factors that influenced participant outcomes.

Implications for Policy

As found in this study, among the many challenges to the reentry of formerly incarcerated elders was the paucity of programs tailored to their unique needs. Solomon speaks succinctly in responding to the question of recommendations to ensure elderly ex-offenders have seamless transitions back into their communities. He said:

There are a lot of guys, long termers like me who are coming out and have nowhere to go so there need to be a program even though there are some already but there should be programs geared specifically to long termers. If I had the opportunity to set up a program it would be for long termers only specifically male and graduate to females later as they have different issues. A male facility where individuals have their own room, his own space inside the facility, there would be a doctor on hand to go over their medical issues and prepare them so that they can send them out to the various hospitals for a complete dossier of what their medical issues are, what treatment would be best provided for these individuals. When you have been in prison for the longest time you need somebody to talk to and that would be mandatory to have that kind of support. We would provide

people to come in and speak to you about nutrition, how to budget your money. The main thing is other would be there for you who have been through the same thing and the main thing would be safety, your stuff is secure and you don't have to worry about anybody stealing it. You want a clean and safe environment.

Additionally, a significant percentage of the sample was African American (80.76%), with drug related charges (53.84%). These findings supports Michelle Alexander's ground breaking book, "The New Jim Crow," which speaks succinctly to the issues of explosion of incarceration rates, and the criminal justice system penchant for incarcerating drug offending Blacks at higher rates than Whites (Alexander, 2010). Alexander (2010) also addresses the stigmatization and marginalization that accompanies their reentry to their communities and the permanency of those elements in their lives. She proposes reentry policies that provide viable career paths for reentrants through training and education to assuage the criminal label as well as the elimination of reentry laws that discriminate against drug ex-offenders.

The following suggestions for the Department of Corrections practitioners and policy makers provide a framework for creating environmental conditions that will ensure successful transitions for elderly ex-offenders.

The findings of this study suggest a holistic interdisciplinary approach to reentry planning that is tailored to the needs of the elderly ex-offender, utilizing specialists from the various contexts that they will negotiate in the process of reintegration. Consequently (1) pre-release programs should include technology training to adequately prepare reentrants with the day to day demands of an information technology driven society, (2) they should assist in locating housing for those who do not have a place to live in order to avoid releasing ex-offenders into shelters, and at the macro level infrastructure should be developed in the communities to which they return that will serve their needs; (3) for "younger" elderly ex-offenders vocational training

should be in congruence with what in civil society to increase their employability; (4) elderly ex-offenders are likely to suffer from one or more chronic illnesses, and lack the financial resources to acquire private insurance, therefore submission of applications for public health care should be done prior to their release to prevent gaps in coverage; (5) mental health support systems that prepare inmates for release, especially for those who aged in prison, should be in place prior to and following their release and should be mandatory for the first year of release; (6) applications for social service benefits, if needed, should be submitted prior to release to ensure that they will be available at time of release; (7) education on mental health services and benefits should be offered in correctional facilities to address stigma, (8) a peer mentor system should be established in which formerly incarcerated elders can guide the newly released through the process of reentry, 9) utilize space in nursing homes for temporary housing in place of releasing elderly ex-offenders to shelters, 10) parole should be reformed to increase the systems' sensitivity to elderly ex-offenders with major chronic health issues that impact their mobility by reducing the number of parole office visits or replacing face-to-face visits with remote video technology.

The proposed policies will require significant resources. However, investment in the short term will lead to greater societal benefits from an elderly ex-offender successful transition in terms of lower recidivism rates and savings on revenues associated with the high costs of incarcerating an aging inmate. These, however, will not solve the core issue of the explosion of elderly offenders within the U.S correctional system. Public policy has to address the root cause through sentencing reforms and changing the criminal justice system's culture of mass incarceration.

Implications for Social Work Practice

With the expected rise in the number of elderly ex-offenders, social work practitioners need to have awareness of this group and their needs (ACLU, 2010). The likelihood of a social worker interacting with a returning elderly offender is greatly increased. It takes one contact to connect with or to jeopardize a clinical relationship with such a client. Elderly ex-offenders are a stigmatized group, and therefore come to the therapeutic relationship with a devalued sense of self. Additionally, they are suspicious of individuals in positions of authority or those who promise to help them. This suspicion is borne out of the many that have been or have seen others exploited in their quest of a successful reentry.

The profession is steeped in the belief in the dignity and worth of all individuals and in social justice for all. Social workers have a unique perspective in that they are privy to the impact and interaction their clients have in relation to various environments within which they operate. Schools of social work should therefore offer electives that inform student about this unique population and their characteristics.

Social workers are trained to work with diverse and stigmatized populations. Hence, they are particularly well equipped to provide the case management and clinical interventions that this group requires. Social workers also engage with different levels of the ecosystems, which place them at an advantage in accessing the resources that supports elderly ex-offenders, their families, communities and societies within which they reside. Furthermore, they are in a position to advocate effectively and to bring light to the systematic challenges faced by this population.

Future Research Recommendations

This study represents only an exploratory look at the phenomenon of elderly ex-offenders' reintegration into their communities. Research with elderly ex-offenders in other states is needed as it would serve to inform on the commonalities and differences in experiences by states as well as between the sexes. There is also a need for follow-up studies to track long term outcomes for permanent housing acquisition, employment acquisition, and mental health treatment service utilization. Further research is required examining elderly ex-offenders' social identity and the efficacy of holistic pre and post release programs targeted to this group are also needed.

This large representation of African Americans in the sample, and the number who reported committing a drug related crime, brings into question the role of race in their sentencing, the length of their incarcerations, and how this may have impacted their ability to take advantage of the opportunities they felt were wasted. This warrants further research.

The role of agencies that provide services to elderly ex-offenders should be examined further. They were very effective in identifying potential subjects and encouraging them to participate in the current study. This was in stark comparison to governmental agencies such as parole and probation that worked with ex-offenders. The researcher spent months in application process for access potential subjects through the parole department. While the research and researcher fulfilled all the listed requirements, the research was denied without a valid reason given.

Limitations of the Study

The limitations of this study included:

1. The study was limited to five geographical regions in New York State and cannot be generalized to other geographic areas in the United States or the world.
2. The sample size is small: the study explored reentry experiences of only 26 elderly ex-offenders.
3. The study had a small female representation: there were only three females in the sample.
4. Only English-speaking individuals could participate in the study.
5. Due to time and resources constraints, a follow up study of the long term elderly ex-offender outcomes could not be conducted.
6. The sample was not randomly selected due to the target group.
7. This study's reliance on self-reported data: it is difficult to independently verify the data participants provided. Subject biases can compromise the experiences related as participants may have embellished or minimized their experiences and actions. Additionally, some had difficulty recalling events as they occurred.
8. Differences in participants' incarceration terms, offenses and ethnicity could not be examined systematically because of the small sample. As the literature suggests, elderly ex-offenders who served longer terms of incarceration have more difficulty reconnecting with their families and communities.

9. Interview transcripts were coded by a single researcher; hence, interrater reliability was not evaluated.

Based on the above listed limitations, the findings in this study may not be transferable to all elderly ex-offenders.

Conclusion

Through the use of qualitative methods, this study allowed us into the lives of 26 elderly ex-offenders over the year or more that they have been released from a New York State correctional facility. This analysis of their perceptions of their experiences reentering civil society has contributed new insights into how they identify within the constraints of the communities to which they returned and the process through which they went to undertake their reentry.

The findings suggest there exist a general feeling of despair over lost opportunities and a life wasted to crime among majority of subjects; the need for reentry programs tailored to the needs of elderly ex-offenders pre and post release; that accounts for the stigma that plagues this group, their social identity and interventions that accounts for the contexts within which they live. The narratives analyzed for this study are replete with the institutional stressors elderly ex-offenders are subjected to in their process of reentry. It is crucial that policymakers adopt the recommendations made as it has far-reaching implications for the well-being of the communities and families to which they return.

Bibliography

- Abner, C. (2006). Graying Prisons: States Faces Challenges of an Aging Prison Population, Retrieved from <http://www.csg.org/knowledgecenter/docs/sn0611GrayingPrisons.pdf>.
- Aday, R.J. (1994). Aging in Prison: A Case Study of New Elderly Inmates, *International Journal of Offenders Therapy and Comparative Criminology*, 38, 79-91.
- Aday, R.J., & Krabill, J. (2006). Aging Offenders in the Criminal Justice System, *Marquette Elder Advisor*, 7(2), 237-258.
- Alexander, M. (2010). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, New York City, NY: The New Press.
- Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The Experience of Stigma among Black Mental Health Consumers. *Journal of Health Care for the Poor and Underserved*, 19, 874-893.
- Amadeo, K. (2017). The History of Recession in the United States. Retrieved from <https://www.thebalance.com/the-history-of-recessions-in-the-united-states-3306011>
- American Civil Liberties Union. (2012). At America's Expense: The Mass Incarceration of the Elderly. Retrieved from <http://www.aclu.org/criminal-law-reform/report-americas-expense-mass-incarceration-elderly>.
- Baidawi, S., Turner, S., Trotter, C., Browning, C., Collier, P., O'Conner, D., & Sheehan, R. (2011). Older Prisoner - A Challenge for Australian Corrections. Australian Institute of Criminology. *Trends & Issues in Crime and Criminal Justice*. 26: 1-8.
- Baillargeon J., Black, S.A., Pulvino, J., & Dunn, K. (2000). The Disease Profile of Texas Prison Inmates, *Annals of Epidemiology*, 10(2), 74-80.
- Bazeley, P. 2009. Analysing Qualitative Data: More Than 'Identifying Themes'. *Malaysian Journal of Qualitative Research*, 2, pp. 6-22.

- Binswanger, I., Stern, M., Deyo, R., Heagerty, P., Cheadle, A., Elmore, J., & Koepsell, T. (2007). Release from Prison- A High Risk of Death for Inmates, *The New England Journal of Medicine*, 356(2) 157-165.
- Bos, A., Pryor, J., Reeder, G., & Stutterheim, S. (2013). Stigma: Advances in Theory and Research, *Basic and Applied Social Psychology*,(35) 1, 1-9.
- Braun, V., & Clarke, V. (2006). Using thematic Analysis Psychology. *Qualitative Research in Psychology*, 3(2) pp. 77-101 ISSN 1478-0887.
- Brink, H. (1992). Validity and Reliability in Qualitative Research, *Curationis*, 16(2), 35-38.
- Brink, J. (2005). Epidemiology of mental illness in a correctional system. *Current Opinion in Psychiatry*, 18, 536-541.
- Carson, E., & Anderson, E. (2016). Prisoners in 2015. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Retrieved from <https://www.bjs.gov/content/pub/pdf/p15.pdf>
- Carson, E., & Sabol, W. (2016). Aging of the State Prison Population, 1993 - 2013. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/aspp9313.pdf>
- Center for Disease Control and Prevention. (2014). Epidemiology of Tuberculosis in Correctional Facilities, United States, 1993 – 2014. Retrieved from <https://www.cdc.gov/tb/publications/slidesets/correctionalfacilities/correctionsslidesetinw ord.pdf>
- Center for Disease Control and Prevention. (2009). HIV Testing Implementation Guidance for Correctional Settings. Retrieved from <https://www.cdc.gov/hiv/pdf/group/cdc-hiv-correctional-settings-guidelines.pdf>
- Center for Justice at Columbia University. (2015). Aging in Prison: Reducing Elder Incarceration and Promoting Public Safety. New York.

- Civic Impulse. (2017). H.R. 1593 – 110th Congress: Second Chance Act of 2007. Retrieved from <https://www.govtrack.us/congress/bills/110/hr1593>.
- Coid, J., Fazel, S., & Kahtan, N. (2002). Elderly Patients Admitted to Secure Forensic Psychiatry Services. *The Journal of Forensic Psychiatry*, 13, 416-427.
- Colsher, P., Wallace, R., Loeffelholz, P., & Sales, M. (1992). Health Status of Older Male Prisoners: A Comprehensive Study, *American Journal of Public Health*, 82(6), 881-884.
- Corrigan, P. W., Larson, J. E., & Rusch, N. (2009). Self-stigma and the “why try” effect: impact on life goals and evidence-based practices. *World Psychiatry*, 8(2), 75–81.
- Council of State Governments. (2005). Report of the Reentry Policy Council: Charting the safe and successful return of prisoners to the community. New York: Author.
- Crawley, E. (2004) Release and Resettlement: The Perspectives of Older Prisoner. Retrieved from <http://www.crimeandjustice.org.uk/opus159/>.
- Crawley, E., & Sparks, R. (2006). Is There Life After Imprisonment? : How Elderly Men Talk About Imprisonment, *Criminology and Criminal Justice*, 6(63), 63-82.
- Creswell, J. (2009). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Los Angeles, CA Sage.
- Crow, G., Wiles., Heath, S., & Charles, V. (2006). Research Ethics and Data: The Implication of Informed Consent, *International Journal of Social Research Methodology*, 9, 83-95.
- Curtice, M., Parker, J., Wismayer, F., & Tomison, A. (2003). The elderly offender: An 11-year survey of referrals to a regional forensic psychiatric service. *The Journal of Forensic Psychiatry and Psychology*, 14, 253-265.
- Ditton, P. & Wilson D. (1999). Truth in Sentencing in State Prisons. US Department of Justice Office of Justice Programs. Retrieved from <http://bjs.gov/content/pub/pdf/tssp.pdf>.

- Drake E., & LaFrance, S. (2007). Findings on Best Practices of Community Re-entry Programs for Previously Incarcerated Persons. Retrieved from <http://www.eisenhowerfoundation.org/docs/Ex-Offender%20Best%20Practices.pdf>.
- Drug Policy Alliance. (2009). Background on New York Draconia Rockefeller Drug Laws. (n.d.). Retrieved from <http://www.drugpolicy.org/resource/background-new-yorks-draconian-rockefeller-drug-laws>.
- Durose, M., Cooper A. & Snyder, H. (2014). Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010. US Department of Justice Office of Justice Programs Bureau of Justice Statistics. Retrieved from <http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>.
- Eagleton, T. (1983). *Literary Theory: An Introduction*. Oxford: Basil Blackwell.
- Erikson, E. H. (1963). *Childhood and Society* (2nd Ed.). New York: Norton.
- Erikson, E.H. (1974). *Dimensions of a New Identity*, New York: Norton.
- Erikson, E.H. (1982). *The Life Cycle Completed: A Review*, New York: Norton
- Falter, R.G. (1999). Selected Predictors of Health Services Needs of Inmates Over Age 50. *Journal of Correctional health Care*, (6), 149 – 175.
- Fazel S., & Yu R. (2011). Psychotic disorders and repeat offending: systematic review and meta-Analysis, *Schizophrenia Bulletin*, 37(4), 800–10.
- Fazel, S., Hope, T., O'Dennell, I., & Jacoby, R. (2004). Unmet Treatment Needs of Older Prisoners: A Primary Care Survey, *Age and Ageing*, 33 (4), 396-398.
- Fontaine, J., & Biess, J. (2012). Housing as a Platform for Formerly Incarcerated Persons, Urban Institute What Works Collaborative, Urban Institute. Retrieved from <http://www.urban.org/publications/412552.html>.

- Fouche, F. (1993). Phenomenological theory of human science. In J. Snyman (Ed.), *Conceptions of social inquiry* (pp. 87-112). Pretoria, South Africa: Human Science Research Council.
- Fusch, P. , & Ness, L. (2015). Are We There Yet? Data Saturation in Qualitative Research. *The Qualitative Report*, 20(9), 1408-1416. Retrieved from <http://nsuworks.nova.edu/tqr/vol20/iss9/3>.
- Goetting, A. (1984). Prison Programs and Facilities for Elderly Inmates, In E.S. Newman, D.J. Newman, & M.L. Gerwitz (Eds.), *Elderly Criminals* (pp. 169-175). Cambridge, MA: Oelgeschlager, Gunn and Hain.
- Goffman, E. (1963). *Stigma: Notes in the Management of Spoiled Identity*. Englewoods Cliffs, NJ: Prentice Hall.
- Groenewald, T. (2004). A Phenomenological Research Design Illustrated, *International Journal of Qualitative Methods*, 3(1), Article 4. Retrieved from http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf.
- Guba, E., & Lincoln, Y. (1989). *Fourth Generation Evaluation*, Newbury Park, CA: Sage.
- Guest, G., Bunce, A., & Johnson, L .(2006). How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability, *Field Methods*, 18 (1), 59-82.
- Hammet. T., Roberts, C., & Kennedy, S. (2001). Health Related Issues in Prisoners Reentry. *Crime & Delinquency*, 47, 390-409.
- Haney, Craig. (2003). *The Psychological Impact of Incarceration: Implications for Postprison Adjustment*, Urban Institute Press. Retrieved from www.prisonexp.org/pdf/haney.pdf
- Harlow, C. W. (2003). *Education and Correctional Populations*, Washington DC: Bureau of Justice Statistics, NCJ 195670. Retrieved from www.bjs.gov/content/pub/pdf/ecp.pdf.
- Hayes, A., & Krippendorff, K. (2007). Answering the Call for a Standard Reliability Measure for Coding Data, *Communications Methods and Measures*, &(1), 77-89.

- Herbert, T. (2005). *The Invisible Tenant: Living in Federally Assisted Housing after Prison*. New York, NY: Family Justice.
- Holzer, H., Raphael, S., & Stoll, M. (2003). *Employment barriers Facing Ex-Offenders*, Urban Institute Reentry Roundtable.
- Holzer, H. (2007). "Collateral Costs: The Effects of Incarceration on the Employment and Earnings of Young Workers." IZA Discussion Paper No. 3118. Bonn: Institute for Labor Studies.
- Hornung, C., Greifinger, R., & Gadre, S. (2002). *A Projection Model of the Prevalence of Selected Chronic Diseases in the Inmate Population*. Chicago: National Commission on Correctional Health Care. Report No. (2), 39-57.
- Howse, K. (2003). *Growing Old in Prison: A Scoping Study on Older Prisoners*, Center for Policy Ageing and Prison Reform Trust, Prison Reform Trust, State of Victoria Department of Justice. Melbourne, Victorian, Australia. Retrieved from www.prisonreformtrust.org.uk/.../Growing.Old.Boo.
- Hughes, J., & Wilson, D. (2001). *Reentry Trends in the U.S.: Inmates Returning to the Community After Serving time in Prison*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://www.bjs.gov/content/pub/pdf/reentry.pdf>.
- Human Rights Watch. (2012). *Old Behind Bars: The Aging Population in the United States*, New York. Retrieved from <http://www.hrw.org/reports/2012/01/27/old-behind-bars-0>.
- James D., & Glaze, E. (2006). *Mental health problems of prison and jail inmates*. Bureau of Justice Statistics Special Reports, (September). NCJ 213600.
- James, N. (2014). *Offender Reentry: Correctional Statistics, Reintegration into the Community and Recidivism*, Congressional Research Service. Retrieved from <https://fas.org/sgp/crs/.../RL34287.pdf>.

- Kaebler, D., & Bonczar, T. (2016). Probation and Parole in the United States, 2015. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/ppus15.pdf>
- Kagen, J. (1981). Issues in psychological development. In F. Schulisinger, S. A. Mednick, & J. Knop (Eds.). Longitudinal research: Methods and uses in behavioral science (pp.66-95) Boston: Martinus Nijhoff.
- Kerbs, J. (2000). Chapter 11-- Arguments and Strategies for the Selective-decarceration of Older Prisoners. In B. D. Dunlop & M. B. Rothman (Eds.), Elders, crime, and the criminal Justice system: Myths, perceptions, and reality in the 21 century (pp. 229-250). New York, NY: Springer Publishing Company.
- Kim, K., & Peterson, B. (2014). Aging Behind Bars: Trends and Implications of Graying Prisoners in the Federal Prison System, Urban Institute. Retrieved from <http://www.urban.org/UploadedPDF/413222-Aging-Behind-Bars.pdf>.
- King, R., & Mauer, M. (2001). Aging Behind Bars: Three Strikes Seven Years Later, The Sentencing Project, Washington, DC. Retrieved from www.sentencingproject.org/doc/File/.../inc_aging.pdf.
- Langan, P. & Levin, D. (1994). Recidivism of Prisoners Released in 1994. U.S. Department of Justice Office of Justice Programs, Retrieved from <http://bjs.gov/content/pub/pdf/rpr94.pdf>.
- La Vigne N., Davies, E., Palmer, T., & Halberstadt, R. (2008). Release Planning for Successful Reentry: A Guide for Corrections, Service Providers and Community Groups, Urban Institute Justice Policy Center , September 2008. Retrieved from www.urban.org/UploadedPDF/411767_successful_reentry.pdf.
- Lester, S. (1999) An Introduction to Phenomenological Research, Taunton UK, Stan Lester Developments. Retrieved from (www.sld.demon.co.uk/resmethy.pdf)

- Lewis, C., Fields, C., & Rainey, E. (2006). A Study of Geriatric Forensic Evaluatees: Who are the Violent Elderly? *The Journal of the American Academy of Psychiatry and the Law*, 34 3, 324-32.
- Livengood, T. (2009). The Older inmate, *Age in Action*, 24(2), 1-4.
- Loeb, S., Steffensmeier D., & Myco, P. (2007). In Their Own Words: Older Male Prisoners health Beliefs and Concerns for the Future, *Geriatric Nursing*, 28(5), 319-329.
- Lynch, J.P., Sabol, W.J. (2001). Prisoner Reentry in Perspective, Washington DC: The Urban Institute.
- Mallik-Kane, K., & Vishner, C. (2008). Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration, Urban Institute Justice, Policy Center. Retrieved from www.urban.org/uploadedpdf/411617_health_prisoner_reentry.pdf.
- Marquart, J., Merianos, D., & Doucet G. (2000). The Health Related Concerns of Older Prisoners: Implications for Policy, *Aging and Society* (20), 791-796.
- Martin, E., Bowden, J., & Dall'Alba, G. (1992). Displacement, velocity and frames of reference: Phenomenographic studies of students' understanding and some implication for teaching and assessment, *American Journal of Physics*, 60, 262-269.
- Martin, J., Lang, A., & Olafsdottir, S. (2008). Rethinking Theoretical Approaches to Stigma: A Framework Integrating Normative Influences on Stigma (FINIS). *Social Science & Medicine* (1982), 67(3), 431-440.
- Maschi, T., & Aday, R. (2014). The Social Determinants of Health and Justice and the Aging in Prison Crisis: A call to Action, *International Journal of Social Work*, 1, 1-15.
- Maschi, T., & Koskinen, T. (2015). Co-constructing Community: A Conceptual Map for Reuniting Aging People in Prison with Their Families and Communities, *Traumatology*, Advance Publication.

- Maschi, T., Morrissey, M., & Leigey, M. (2013). The Case of Human Agency, Well-being, and Community Reintegration for People Aging in Prison: A Statewide Case Analysis, *Journal of Correctional Health Care*, 00(0), 1-17.
- Maschi, T., Viola, D., Morgen, K., & Koskinen, L. (2013). Trauma, Stress, Grief, Loss, and Separation Among Older Adults in Prison: The protective Role of Coping Resources on Physical and Mental Wellbeing, *Journal of Crime and Justice*, 38, 113-136.
- Maschi, T., Viols, D., Harrison, M., Koskenen, L., & Bellusa., S. (2014). Bridging Community and Prison for Older Adults: Invoking Human Rights and Elder and Intergenerational Family Justice, *International Journal of Prisoner Health*, (10) 1, 55-73.
- Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews, *Forum: Qualitative Research*, 11(3), Retrieved from www.qualitative-research.net.
- Mauer, M. (2010). The Impact of Mandatory Minimum Sentencing Penalties in Federal Sentencing, *Judicature*, 94(1), 6 – 8, 40.
- McNamara, C. (2009). General guidelines for conducting interviews. Retrieved from <http://managementhelp.org/evaluatn/interview.htm>.
- Miles, M., & Huberman, A, (1994). *Qualitative Data Analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Mitka, M. (2004). Aging Prisoners Stressing Health Care System, *JAMA*, 92, 423-424.
- Moore, E.O. (1989). Prison Environments and their Impact on Older Citizens. I S. Chanel and C. Burnett (Eds.). *Older Offenders: Current Trends* (pp. 175-192). New York: Haworth Press.
- Morse, J. (1994). Designing funded qualitative research. In N,K, Denzin & Y. S. Lincoln (Eds.). *Handbook of qualitative research*. (pp. 220-235). Thousand Oaks, CA: Sage.

- Morse, J., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research, *International Journal of Qualitative Methods*, 1(2), 13-22.
- Mumola, C., & Karberg, J.C. (2007). Drug Use and Dependence, State and Federal Prisoners, 2004, U.S. Department of Justice, Office of Justice Programs.
Retrieved from www.bjs.gov/content/pub/pdf/dudsfp04.pdf.
- National Center on Addiction and Substance Abuse at Columbia University. (2010). Behind Bar II: Substance Abuse and America's Prison Population, Columbia University Press, New York, Retrieved from www.casacolubia.org.
- National Commission on Correctional Health Care. (2002). The Health Status of Soon To Be Released Inmates: A Report to Congress. Volume 1, March 2002. Retrieved from <http://www.ncchc.org/health-status-of-soon-to-be-released-inmates>.
- National Hepatitis Corrections Network. (2016). An Overview of Hepatitis C in Prison and Jails. Retrieved from <http://www.hcvinprison.org/resources/71-main-content/content/191-hepcprison>
- National Institute of Corrections. (1992). An Administrative Overview of the Older Inmate. United States Department of Justice. Retrieved from <http://static.nicic.gov/Library/010937.pdf>.
- National Institute of Health. (2008). Biennial Report of the Director National Institutes of Health Fiscal Years 2006 & 2007. Retrieved from http://report.nih.gov/biennialreport0607/introduction/Statement_of_director.aspx?SID=11.
- National HealthCare for the Homeless Council. (2012). Criminal Justice, Homelessness, and Health: 2012 Policy Statement. Retrieved from <http://www.nhchc.org/wp-content/uploads/2011/09/Criminal-Justice-2012.pdf>.

- National Institute of Justice. (1999). Annual Report on Drug Use Among Adult and Juvenile Arrestees. Arrestees Drug Abuse Monitoring Program. Retrieved from <https://www.ncjrs.gov/.../nij/1>.
- Neeley, C., Addison, L., & Craig-Moreland, D. (1997). Addressing the needs of elderly offenders. *Corrections Today*, 59(5), 120 -123.
- Nelson, M., Deess, P., & Allen, C. (1999). The first month out: Post-incarceration experiences in New York City. Unpublished monograph, New York: The Vera Institute.
- New York State Corrections and Community Supervision. (2016). Under Custody Report: Profile of Under Custody Population. Retrieved from http://www.doccs.ny.gov/Research/Reports/2016/UnderCustody_Report_2016.pdf.
- Noble, H., & Smith, J. (2015). Issues of Validity and Reliability in Qualitative Research, *Evidence Based Nursing*, 18(2), 34-35.
- Ortlipp, M. (2008). Keeping and Using Reflective Journals in the Qualitative Research Process. *The Qualitative report*, 13(4), 695-705.
- Ou, S., & Reynolds, A. (2011). Childhood Predictors of Young Adult Male Crime, *Child Youth Service Review*, 32(8), 1097-1107.
- Petersilla, J. (2005). Hard Time: Ex-Offenders Returning Home After Prison, *Corrections Today*, 64(2), p. 66-71. Retrieved from http://canatx.org/rrt_new/professionals/articles/PETERSILIARETURNING%20HOME.pdf.
- Pollack, H., Reuter, P., & Sevigny, E. (2011). If Drug Treatment Works so Well, Why are so Many Drug Users in Prison? Working paper 16731, National Bureau of Economic research. Retrieved from: <http://www.nber.org/papers/w16731.pdf>.
- Prison Reform Trust. (2014). Bromley Briefings Prison Factfile. Retrieved from <http://www.prisonreformtrust.org.uk>.

- Richeson JA, Shelton JN. (2006). A Social Psychological Perspective on the Stigmatization of Older Adults. In: National Research Council (US) Committee on Aging Frontiers in Social , Personality, and Adult Developmental Psychology; Carstensen LL, Hartel CR, editors. When I'm 64. Washington (DC): National Academies Press (US).
- Roman, C., & Travis, J. (2004). Taking Stock: Housing, Homelessness & Prison Reentry, The Urban Institute. Retrieved from http://shnny.org/uploads/Taking_Stock.pdf.
- Sabol, W., Rosich, K., Mallik-Kane, K, Kirk, D., & Dubin, G. (2002). Influences of Truth-In-Sentencing Reforms on Changes in States' Sentencing Practices and Prison Populations, Executive Summary, U.S. Department of justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/195163.pdf>.
- SAMSHA. (2014). The NSDU Report. Trends in Substance Use Disorders among Males age 18 to 49 on Probation or Parole. Retrieved from <https://www.samhsa.gov/data/sites/default/files/sr084-males-probation-parole/sr084-males-probation-parole/sr084-males-probation-parole.htm>
- Sanders Thompson, V., Brazile, A., & Akbar, A. (2004). African Americans' Perceptions of Psychotherapy and Psychotherapists, *Professional Psychology Research and Practice*, 35 (1), 19-26.
- Schultz, D., & Schultz, S. (2005). Theories of Personality. (8th ed.) USA: Thomson Learning Inc.
- Seiter, R., & Kedela, K. (2003). Prisoner Reentry: What Works, What Does Not, and What Is Promising, *Crime & Delinquency*, 49(3), 360-388.
- Sentencing Project. (2013). Life Goes on: The Historic rise in Life Sentences in America. Retrieved from http://sentencingproject.org/doc/publications/inc_Life%20Goes%20On%202013.pdf.

- Shaffer, D. (2009). *Social and Personality Disorder Development*. (6th ed.). USA: Wadsworth Cengage Learning.
- Shenton, A. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects, *Education for Information*, 22, 63-75.
- Shivy, V., Wu, J., Moon, A., & Mann, S. (2007). Ex-Offenders Reentering the Workforce. *Journal of Counseling Psychology*, 54(4), 466-473.
- Solomon, A.L., Visher, C., La Vigne, & Osborne, J. (2006). Understanding the Challenges of Prisoners. Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio. Urban Institute Justice Policy Center. Retrieved from <http://www.urban.org/uploadedpdf>.
- Stojkovic, S. (2007). Elderly Prisoners: A Growing and Forgotten Group Within Correctional Systems Vulnerable to Elder Abuse, *Journal of Elder Abuse & Neglect*, 19(3/4), 97-117.
- Stolzenberg, L., & D'Alessio, S.J. (1997). "Three Strikes and You're Out": The Impact of California's New Mandatory Sentencing Law on Serious Crime Rates, *Crime and Delinquency*, 43(4), 457-469.
- Tajfel, H., & Turner, J. (1979). An integrative theory of intergroup conflict. *The social psychology of intergroup relations*, 33, 47.
- Travis, J., Crayton, A., & Mukamal. (2009). A New Era in Inmate Reentry. Retrieved from: http://www.jjay.cuny.edu/web_images/president/A_New_Era_in_Inmate_Reentry.pdf.
- Travis, J., Solomon, A., & Waul, M. (2001). From Prison to Home: The Dimensions and Consequences of Prison Reentry, Urban Institute, Justice Policy Center. Retrieved from <http://www.urban.org/sites/default/files/publication/61571/410098-From-Prison-to-Home-The-Dimensions-and-Consequences-of-Prisoner-Reentry.PDF>.

- Travis, J. & Waul, M. (2003). Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Urban Institute Justice Policy Center. Washington DC, Urban Institute Press US Department of Health and Human Services. 1999.
- Tripodi, S., Kim, J., & Bender, K. (2010). Is Employment Associated With Reduced Recidivism? The Complex Relationship Between Employment and Crime, International Journal of Offender Therapy and Comparative Criminology, (54) 5, 706 -20. Retrieved from http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf.
- United States Sentencing Commission. (2011). Report to the Congress: Mandatory Minimum Penalties in the Federal Criminal Justice System. October 2011. Retrieved from http://www.ussc.gov/sites/default/files/pdf/news/congressional-testimony-and-reports/mandatory-minimum-penalties/20111031-rtc-pdf/Cover_and_Title_Page.pdf.
- Urban Institute Justice Policy Center. (2005). Families Left Behind: The Hidden Costs of Incarceration and Reentry, June 2005, Retrieved from: http://www.urban.org/UploadedPDF/310882_families_left_behind.pdf.
- Urban Institute Press. (2001). From Prison to Home: The Dimension and Consequences of Prisoner Reentry, June 2001, Retrieved from http://www.urban.org/UploadedPDF/from_prison_to_home.pdf.
- U.S. Department of Health and Human Services. (1999). Mental health: A report of the Surgeon General. Rockville, MD: U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved from <http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS>.

- U.S. Department of Health and Human Services Center for Disease Control and Prevention (2014). Summary Health Statistics: National Health Interview Survey. Retrieved from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2014_SHS_Table_A-2.pdf.
- U.S. Census Bureau. (2010). The Older Population, 2010 Census Briefs, U.S. Department of Commerce, retrieved from www.census.gov/.../cen2010/briefs/c2010br.
- Vandenberg, D. (1997). Phenomenological research in the study of education. In D. Vandenberg (Ed.), *Phenomenology & education discourse* (pp. 3-37). Johannesburg, South Africa: Heinemann.
- Vera Institute of Justice. (2010). *It's About time: Aging Prisoners, Increasing Costs and Geriatric Release*, New York. Retrieved from <http://www.vera.org/sites/default/files/resources/downloads/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf>.
- Vernick, S. H., & Reardon, R.C. (2001). Career Development Programs in Corrections, *Journal of Career Development*, 27, 265-277.
- Visher, C., Debus, S., & Yahner, J. (2008). *Employment After Prison: A Longitudinal Study of Releases in Three States* (October, 2008). Urban Institute, Justice Policy Center. Retrieved from: www.urban.org/UploadedPDF/411778.
- Visher, C., Knight, C., Chalfin, A., & Roman, J. (2009). *The Impact of Marital and Relationship Status on Social Outcomes for Returning Prisoners*, Urban Institute, Justice Policy Center., Washington , DC.
- Visher, C., & Lattimore, P. (2006). Major Study Examines Prisoners and their Reentry Needs, *National Institute of Justice Journal*, 258, 30-33.
- Visher, C., & Travis, J. (2011). *Life on the Outside: Returning home After Incarceration*, *The Prison Journal*, 9(3), 102-119.

- Vishner, C., Travis, J. (2003). *Transitions from Prison to Community: Understanding Individual Pathways*, Urban Institute, Justice Policy Center, Washington, DC.
- Waterman, A. (1992). Identity as an aspect of optimal psychological functioning: Advances. In G. R. Adams, T.P. Gullotta, & R. Montemayer (Eds.), *Adolescent identity formation: Advances in adolescent development*, Newbury Park CA: Sage.
- Welman, J., & Kruger, S. (1999). *Research methodology for the business and administrative sciences*. Johannesburg, South Africa: International Thompson.
- Wiener, J., & Tilly, J. (2002). Population Aging in the United States of American: Implications for Public Programmes, *The International Journal of Epidemiology*, 31, (4), 771- 781.
- Wiles, R., Crow, G., Charles, V., & Heath, S. (2007). Informed Consent and the Research Process: Following Rules or striking Balances, *Sociological Research Online*, Volume 12, Issue 2. Retrieved from <http://www.socresonline.org.uk/12/2/wiles.html>.
- Williams, B., & Abralde, R. (2007). Growing older: Challenges of prison and reentry for the aging population. In R. Greifinger (Ed.), *Public Health Behind Bars: From prisons to community* (pp. 56–72). New York: Springer.
- Williams, B., McGuire, J., Lindsay R., Baillargeon, J., Cenzer, I., Lee, S., & Kushel, M. (2010). Coming Home: Health Status and Homelessness Risk of Older Pre-release Prisoners, *Journal of General Internal Medicine*, 25(10), 1038-1044.

Appendix A

Research Consent Form

Project Title: Reentry Experiences of Elderly Ex-Offenders

Principal Investigator: Dr. Carolyn Peabody

Co-Investigators: Charmaine Clarke – PhD. Student

Department: School of Social Welfare

You are being asked to be a volunteer participate in a research study

PURPOSE

- This study is being conducted as part of a graduate dissertation at the Stony Brook University School of Social Welfare. Involvement in the study is voluntary, so you may choose to participate or not. The following information is provided to you so you can make an informed decision to participate or not. You are eligible to participate in this study because you are a formerly incarcerated individual living in New York State in one of the following geographical areas (Queens, Brooklyn, New York City, Staten Island Bronx or Long Island) who exited a federal or state correctional facility when you were age 50 years or older and have been out for a minimum of one year.
- The goal of this study is to learn more about the reentry experiences of elderly ex-offenders.
- The study will interview 40 participants.

PROCEDURES

If you decide to be in this study, your part will involve:

- You will be informed of the details of the study on your first contact with the researcher wherein you will have 48 hours to make a decision to on whether or not you will participate in the study.
- A meeting date to conduct the interview will be scheduled at your convenience at either a local public library or at an agency that you receive reentry services. The interview will take approximately 2 hours of your time.
- You will be asked a series of questions.
- You are free to decline to answer any particular question you do not wish to answer for any reason.

- Your interview will be audio-taped.

RISKS / DISCOMFORTS

The following risks/discomforts may occur as a result of you being in this study:

- There are no foreseeable risks or discomforts associated with your participation in this study.

BENEFITS

There are no individual benefits to you for participating in this study. The benefit of this research is that you will be helping us to understand what returning elderly ex-offenders face in resettling back into their communities. This information could help us to identify what elements ensure a successful reentry.

PAYMENT TO YOU

- There is a \$20 Visa gift card incentive offered for your participation.
- You will receive the gift card whether or not you complete the interview.

CONFIDENTIALITY

We will take steps to help make sure that all the information we get about you is kept confidential. Your name will not be used wherever possible. We will use an alpha-numeric code instead. All the study data that we get from you will be kept locked up. The code will be locked up too. If any papers and talks are given about this research, your name will not be used. Audio-tapes will be deleted after transcription.

We want to make sure that this study is being done correctly and that your rights and welfare are being protected. For this reason, we will share the data we get from you in this study with the study team, the sponsor of the study (and those who work for them), Stony Brook University's Committee on Research Involving Human Subjects, applicable Institutional officials, and certain federal offices, including the Office for Human Research Protections (OHRP), and, where applicable, the Food and Drug Administration (FDA). However, if you tell us you are going to hurt yourself, hurt someone else, or if we believe the safety of a child is at risk, we will have to report this.

This study requires that we collect very personal information about you. Therefore, we will have the alpha-numeric code attached to the interview to protect your identity. Your informed consent form will be kept separate from your interview to ensure confidentiality. The only time information about you can be given out is:

- If you are going to hurt yourself,

- If you are going to hurt someone else
- If we believe the safety of a child is at risk.

COSTS TO YOU

- There are no costs to you for participating in this study.

ALTERNATIVES

- Your alternative to being in this study is to simply not participate.

YOUR RIGHTS AS A RESEARCH SUBJECT

- Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
- You have the right to change your mind and leave the study at any time without giving any reason, and without penalty.
- Any new information that may make you change your mind about being in this study will be given to you.
- You will get a copy of this consent form to keep

You do not lose any of your legal rights by signing this consent form.

QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT

- If you have any questions, concerns, or complaints about the study, you may contact [Dr. Carolyn Peabody], at telephone # (631-444-3165).
- If you have any questions about your rights as a research subject or if you would like to obtain information or offer input, you may contact Ms. Judy Matuk, Committee on Research Involving Human Subjects, (631) 632-9036, OR by e-mail, judy.matuk@stonybrook.edu.
- Visit Stony Brook University's Community Outreach page, <http://www.stonybrook.edu/research/orc/community.shtml> for more information about participating in research, frequently asked questions, and an opportunity to provide feedback, comments, or ask questions related to your experience as a research subject.

If you sign below, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study.

Subject Name (Printed)

Subject Signature Date

Name of Person Obtaining Consent
(printed)

Signature of Person Obtaining Consent Date

Appendix B

Interview Protocol

Date: _____

Pseudonym: _____

- Introduction (researcher)
- Discuss purpose of the study
- Provide and discuss informed consent form
- Provide structure of the interview
- Ask if there are any questions
- Have subject sign informed consent form

Appendix C

Demographic Profile Questionnaire

ID Code: _____

Collection Date: _____

1. Age:
2. Place of Birth:
3. Gender: __ Male __ Female
4. Race:
 - __ Caucasian/White
 - __ African American/Black
 - __ Latino/Hispanic
 - __ Native American
 - __ Asian/Pacific Islander
 - __ Other _____
5. Religion:
6. Marital status:
 - __ Single
 - __ Married
 - __ Living as married/Domestic Partner
 - __ Widowed
 - __ Divorced
 - __ Separated
 - __ Never married
7. Any children, if yes how many?
8. In whose custody are they?
9. Do you consider yourself to be:
 - A) Heterosexual or straight
 - B) Gay or lesbian
 - C) Bisexual
 - D) Transgender

Appendix D

Interview Guide

Incarceration History

I want to start by asking you to tell me about your incarceration history?

1. Can you give me a timeline on your incarcerations, including the type(s) of offenses, the policy you were sentenced under, the time you spent in prison and the type of facility? Let's start with your first offense.

Incarcerations	1st	2nd	3rd	4th
Offense				
Term				
Sentencing Policy Mandatory Minimum Three strikes Truth in Sentencing Other				
Facility State/federal				
Parole/Probation				

- a. What was your experience being on probation/parole?
- b. In what ways if any did parole/probation help or hinder your transition back to your community?

Release Services

Now let's talk about your preparation for release.

2. Can you tell me about any activities or programs you participated in to prepare for your release?

Prompt: How helpful or not.

a. Can you walk me through your experiences on the day you were released?

- Transportation
- Gate Money
- Public Assistance Access
- Prescription Drugs (if on medication for how long)
- Health Referrals (for what health issues)
- Housing Arrangement (what type)
- Substance Use treatment referrals
- Mental Health Referrals
- Employment Referrals
- Photo Identification

b. I can't imagine what goes through one's mind about the world or community they are going back to. Can you share some of what you were thinking about?

Prompts: Hope, worries, expectations, doubts.

Education

Let's talk about your experience going to school as a child up to your adult years. What was it like for you?

3. What is the highest level of school you have completed before your last incarceration?

- Classes up to the 9th grade
- High school classes but did not receive a GED or High School degree
- High School and GED
- Vocational certificate
- Some college but did not receive a degree
- Associate degree
- Bachelor's Degree
- An advanced degree such as a Master's, MBA, or PhD

a. Can you tell me what helped or prevented you from going further with your education?

b. Did you receive any education/training while you were incarcerated?

c. If yes, can you tell me what you studied and why you chose that particular area?

d. Could you describe your experience of the training/education you received while incarcerated?

e. If no, can you tell me why you did not receive any education/training?

f. Since you came home, have you had the opportunity to enroll in any educational or

vocational program? Can you tell me about them?

- GED
- Vocational certificate
- Some college but did not receive a degree
- Associate degree
- Bachelor's Degree
- An advanced degree such as a Master's, MBA, or PhD

- g. Tell me about the process of enrolling, was it part of a reentry service or did you have to do it on your own, how did you find it being an elderly ex-offender?
- h. How far in your course of study have you reached since you enrolled?
- I. What was it like going back to school as an elderly person returning to the community from prison?

Prompt: System allowances for your status (elderly ex-offender).

Family

I am now going to ask questions about your relationship with your family.

- 4. How would you describe your relationship with your family while you were incarcerated?

Prompt: How did you communicate with them?

Prompt: How much contact did you have with them?

Prompt: Was that your choice or theirs?

Parents:

Siblings:

Significant other:

Children:

Other relatives:

- a. What was your experience reconnecting with family members after your release?
- b. How would you describe your family's involvement in your process of making a transition back to living in the community?
- c. Can you talk about any support financial or otherwise you have /or receiving from them?
- d. Can you tell me what has been some of the challenges your family and you have had with you returning in terms of?

Health: Can you give me an example or story that illustrates that?

Housing: Can you give me an example or story that illustrates that?

Employment: Can you give me an example or story that illustrates that?

Physical Health

I would like to hear about any physical health issues you may have.

5. Can you talk about that and when you were first diagnosed?
 - a. How did having a physical health issue affect your life while you were incarcerated and now?
 - b. Tell me about any medical treatment if any did you received while in prison?
 - c. Did you participate in any pre-release planning for physical health maintenance while incarcerated? Can you tell me about that and what was it like for you?
 - d. Can you talk about what you are you currently doing to maintain your physical health?

Prompt: Under the care of a physician, for what health issue(s), medications?

- e. If no, why are you not under the care of a physician?
- f. In general how would you rate your health and why did you give yourself that rating?
 - __Excellent
 - __Good
 - __Fair
 - __Poor
- g. Can you share your experience with getting or attempting to get medical coverage?
- h. As you think about your reentry, how would you say your physical health issues have affected your being able to resettle in terms of:

Family: Can you give me an example or story that illustrates that?

Housing: Can you give me an example or story that illustrates that?

Employment: Can you give me an example or story that illustrates that?

- I. What in your opinion are some services or things that you think would make it easier for someone in your position to be more successful in maintaining their physical health?

Mental Health

I want us to talk about your mental health next.

6. Can you talk about any mental health or emotional problems you have struggled with?

Prompt: What has it been like for you?

Prompt: Have you ever received a mental health diagnosis?

- a. When were you first diagnosed?

- b. What was it like being incarcerated and having a mental illness?
- c. What type of treatment if any did you receive while in prison? Tell me about that.
- d. Did you participate in any pre-release planning for mental health maintenance while incarcerated?
- e. How helpful or not was this in your continuing treatment once you were released?
- f. Since your release, did you, and are you currently receiving any treatment?
- g. If no, why are you not receiving treatment?

If yes, what treatment are you receiving and how frequently do you visit your mental health provider?

Prompt: What is that like for you?

- h. As you think about your reentry into life outside prison, how would you say your mental health issues have affected your being able to resettle in terms of: family, locating housing and finding a job?

Family: Can you give me an example or a story that illustrates this challenge?

Locating housing: Can you give me an example or a story that illustrates this challenge?

Finding a job: Can you give me an example or a story that illustrates this challenge?

- I. What in your opinion are some services or things that you think would make it easier for someone in your position to be more successful achieving and maintaining their mental health treatment?

Substance Abuse

I am now going to move to substance use.

- 7. Can you tell me about any past or present drug use?
 - a. What is/are your substance(s) of choice?
 - b. Tell me about how you got started?

Prompt: What age were you when you first started using drugs?

- c. How would you describe your currently drug use?
- d. Tell me about your treatment experiences both in and out of prison?
- e. Can you talk about any pre-release planning for substance abuse treatment maintenance you participated in while you were incarcerated?
- f. Can you say how helpful or not was this in you continuing treatment since your release?
- g. When you were on probation or parole, were you required to attend?
- h. Are you currently in a treatment program and for how long?
- I. How important is sobriety to you?

- j. How is it going? What gets in the way of it working? And what seems to help you with sobriety?
- k. If no, why are you not in treatment?

Prompt: How has that been for you, how has your continued use affected you?

l. As you think about your reentry into life outside prison, how would you say your substance abuse issues have affected your being able to resettle in terms of:

Family: Can you give me an example or a story that illustrates the challenge?

Housing: Can you give me an example or a story that illustrates the challenge?

Employment: Can you give me an example or a story that illustrates the challenge?

m. What in your opinion are some services or things that you think would make it easier for someone in your position to be more successful achieving and maintaining sobriety?

Housing

Let's talk about your housing situation.

- 8. Tell me about your housing situation immediately after your release?

<input type="checkbox"/> Family	<input type="checkbox"/> Spouse	<input type="text"/> Term
<input type="checkbox"/> Friends	<input type="checkbox"/> Intimate Partner	
<input type="checkbox"/> Homeless	<input type="checkbox"/> Self	
<input type="checkbox"/> Other		
- a. What type of housing was it?
 - Private house/ owned
 - Private house/Rental
 - Government subsidize property
 - Section 8 housing
 - Half-way house/ Community Correctional Facility
 - Supportive Housing (coordinated case management)
- b. What was it like?
- c. Can you tell me about any pre-release planning for housing you participated in while incarcerated and what were the benefits or disadvantages of doing so?
- d. How many residences have you lived at, and for how long since your release?
- e. What are some of the challenges you faced in acquiring housing?

Prompt: Can you give me an example or a story that illustrates the challenge?

- f. What if any resources were available to help you to locate housing once you were released?
- g. Can you say how helpful or not they were to you?
- h. In what ways or not do you think your health, ex-offender status, drug use and age positively or negatively impact your ability to locate adequate housing?

Prompt: Can you give me an example or a story that illustrates the experiences?

- I. What are some services you think would make it easier for someone in your position to be more successful locating and keeping housing?

Employment

The last area I want to talk about is employment

9. Is employment an important concern for you? Tell me about.

a. Are you currently employed?

If yes:

- b. How long have you been with your currently employer
 - a. What type of employment?
 - b. How did you locate this job?
 - c. How soon after your release did you locate your first job?
 - d. What are some of the challenges you faced finding employment?

If no:

- e. Why are you unemployed?
- f. What has been your experience trying to find a job?
- g. What are some of the steps you have taken to find a job?
- h. In what ways if any, do your physical health issues, mental health issues and drug use help or hinder your ability to locate and maintain employment?
- i. Did your participation or non-participation in pre-release programs help or hinder your ability to locate and retain employment?
- j. What are some services you think would make it easier for someone in your position to be more successful locating and keeping a job?

Concluding Questions and Statements

In your view, tell me how your age has affected your experience as someone who has been in prison and is now trying to make a life outside of prison.

Is there anything else you would like to add or share about your experience transitioning from prison to community?

Thanks so much for your participation!

Appendix E

Observation Protocol

ID: _____

Date: _____

Time: _____

Place: _____

Observation	Reflection

Appendix F

Mental Health Service Providers Resource List

Bowery Residents' Committee (BRC) www.brc.org

131 West 25th Street, 12th Floor New York, NY 10001 / Phone: 212.803.5700 / Helps recently-released individuals—particularly those with mental health needs—find housing and other services.

The Fortune Society www.fortunesociety.org

39 West 19th Street, 7th Floor, New York, NY 10011 / Phone: 212.206.7070 / Provides counseling, tutoring and job placement, and serves as a referral agency for drug/alcohol addiction programs and other social services. Offers HIV services and information about housing in shelters. Intake services available at the counseling department in Manhattan at 53 West 23rd Street on the 7th Floor, Mondays, Tuesdays and Wednesdays. Individuals must show up at 8 AM. Provides assistance to ex-offenders who committed violent crimes as well as other ex-offenders.

Getting Out & Staying Out (GOSO) www.gosonyc.org

91 East 116th Street New York, NY 10029 / Phone: 212-831-5020 / Assists ex-offenders age 16-24 by providing counseling and giving referrals for mental health and drug treatment needs, anger management, and emergency housing.

Greenhope Services for Women, Inc. www.greenhope.org

435 East 119th Street New York, NY 10035 / Phone: 212.996.8633 / Residential and day treatment and counseling for substance abuse for women parolees. Also offers vocational counseling, training and workshops for female ex-offenders.

Osborne Association (Several Locations) www.osborneny.org

Brooklyn: 175 Remsen Street, Suite 800, Brooklyn, NY 11201 / Phone: 718.637.6560

Bronx: 809 Westchester Ave., Bronx NY, 10455 / Phone: 718-707-2600

Offers programs on adopting healthy lifestyles, reconnecting families, achieving economic independence and workforce development, including job placement assistance. Also offers programs for children of incarcerated parents.

Appendix G

Agency Recruitment Letter

(Date)

(Agency)

(Address)

Re: Invitation for qualified clients to participate in an inmate reentry study

Dear (Agency Director):

I would like to let you know about a qualitative research study that may be of interest to your clients and ask you to consider referring your clients for possible participation.

I am a doctoral student at Stony Brook University of Social Welfare and am currently engaged in research for my thesis. The purpose of the study is to learn about the reentry experiences of elderly ex-offenders, those who are age fifty and older. Through this study I would like to identify what elements allow for successful reentry. Participants will respond to a survey administered by myself. Below are the eligibility requirements.

- Age 50 or older
- Was incarcerated in a State or Federal correctional facility
- Released on or after turning age 50
- Able to speak and read English
- New York State Resident living in either Bronx, Brooklyn, Queens, Long Island, Staten Island or New York City
- Minimum of one year post incarceration
- Time Commitment: Approximately 2 hours

Each participant will receive a \$20 gift card incentive whether or not they complete the survey

I have enclosed a flyer for distribution to potential participants. I look forward to speaking with clients in your agency who may be interested in participating in this study. Please feel free to contact me with questions, or have your clients contact me themselves, using the contact information provided below.

Thank you for your time and consideration.

Charmaine Clarke

(516) 225-1441

Email: cpcjam@yahoo.com

Appendix H

Participant Recruitment Flyer

VOLUNTEERS NEEDED

LOOKING FOR INDIVIDUALS TO PARTICIPATE IN A RESEARCH STUDY

ASKING QUESTIONS ABOUT YOUR EXPERIENCES

REENTERING SOCIETY AFTER INCARCERATION

To be eligible you must be

- Age 50 or older
- Be a resident of either Bronx, Brooklyn Queens, Staten Island New York City, or
- Long Island in New York State
- Was incarcerated in a State or Federal correctional facility
- Released on or after turning age 50
- Minimum of one year post incarceration
- Able to speak and read English

An incentive of a \$20 gift card will be given whether or not you complete the survey

For further details please contact

Charmaine Clarke at (516) 225-1441 or via email: cpcjam@gmail.com

Appendix I

IRB Approval Letter



Stony Brook Research

Stony Brook University Institutional Review Board (IRB)

DATE: September 14, 2015

TO: Carolyn Peabody
FROM: Stony Brook University IRB (CORIHS B)

SUBMISSION TYPE: New Project
STUDY TITLE: [772532-2] The Reentry Experiences of Elderly Ex-Offenders

CORIHS#: 2015-3223-F

ACTION: APPROVED

SUBMISSION APPROVAL DATE: September 14, 2015
PROJECT EXPIRATION DATE: September 13, 2016
REVIEW TYPE: Expedited Review

EXPEDITED REVIEW CATEGORY: #7

Thank you for your submission of New Project materials for this research study. Stony Brook University IRB (CORIHS B) (FWA #00000125) has APPROVED your submission.

All research must be conducted in accordance with this approved submission. Any modifications to the study as approved must be reviewed and approved by CORIHS prior to initiation.

If this activity has components that require approval from additional compliance committees (e.g., IACUC, IRB, IBC, SCRO, COI) it is your responsibility to not commence with the study until these approvals have been secured as well.

Please note:

- Consent forms signed by subjects in this study must be kept by the investigator for 6 (six) years from study termination, or indefinitely (if so indicated in the consent form).

FOR NEW STUDIES ONLY:

If your study involves University Hospital patients, facilities, personnel and/or services, your study must not commence until you receive documented approval from: Joseph Laver (device studies only), Rhona Vainder (Chernoff) OR Regina Rigoroso OR John Shen (all studies), Jay Bock (if your study involves Pathology/Laboratory Services), 'The Research Pharmacy' Group (if your study involves the Pharmacy), Mark Schweitzer (if your study requires Radiology services), and Stephanie Musso (if identifiable subject health information will be electronically transmitted outside of SBU).

You are reminded that you must apply for, undergo review, and be granted continued approval for this study before September 13, 2016 in order to be able to conduct your study in an uninterrupted manner. If you do not receive approval before this date, you must cease and desist all research involving human subjects, their tissue and their data until such time as approval is granted.

Where obtaining informed consent/permission/assent is required as a condition of approval, be sure to assess subject capacity in every case, and continue to monitor the subject's willingness to be in the study throughout his/her duration of participation. Only use current CORIHS-stamped forms in the consent process. Each subject must receive a copy of his/her signed consent/permission/assent document.

Unanticipated problems (including serious adverse events) must be reported to this office in accordance with SBU Policy at: <http://research.stonybrook.edu/human-subjects-standard-operating-procedures/unanticipated-problems-involving-risks-subjects-or>.

Any complaints or issues of non-compliance must be immediately reported to this office. If you have any questions or comments about this correspondence, please contact:

Office of Research Compliance
Division of Human Subject Protections
Stony Brook University
Stony Brook, NY 11794-3368.
Phone: 631-632-9036
Fax: 631-632-9839

Please include your study title and CORIHS # in all correspondence with this office.

We are interested in receiving feedback regarding your experience with the Office of Research Compliance, SBU's IRBs (CORIHS), or any other aspect of our Human Research Protection Program. Please feel free to e-mail Judy Matuk, Assistant Vice President for Research Compliance, at judy.matuk@stonybrook.edu, or if you'd like to submit feedback anonymously, you may do so at <http://www.tellmyirb.com>, choose the option 'Report a Problem', type in 'Stony Brook' as the site, click the radio button on the following screen, and then provide feedback!