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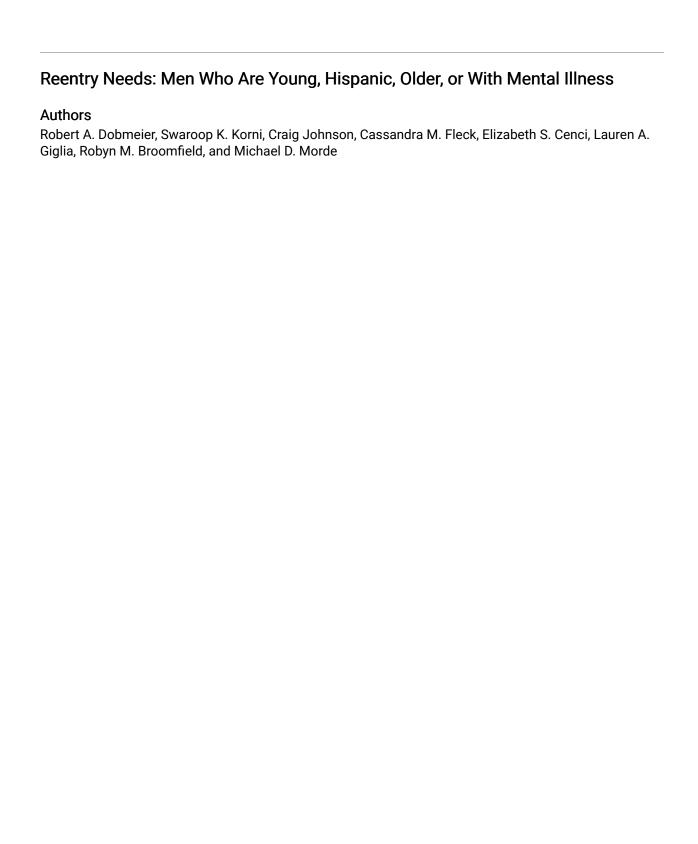Elizabeth S. Cenci

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Perceptions of the needs for successful reentry among incarcerated men from diverse backgrounds were investigated using phenomenological qualitative methods. Twenty-nine men serving time in a northeastern U.S. correctional facility, which concentrated on treatment of substance use, participated in four focus groups. Young men found it most important to make personal changes, Hispanic men to maintain personal identity, older men to receive structural support, and men with mental illness to connect with family.

Keywords: reentry, recidivism, jail, counseling, motivational interviewing

The United States is currently experiencing a major resurgence of interest in the successful reentry into society of individuals who have been incarcerated for drug-related offenses (Cox, Lenz, & James, 2015; Hlavka, Wheelock, & Jones, 2015). This resurgence is generated by the human (Arditti & Parkman, 2011; Hlavka et al., 2015; Rajah, Kramer, & Sung, 2014) and financial (Kyckelhahn, 2014) costs associated with the staggering incidence of incarceration and recidivism. Prior to the Sentencing Reform Act of 1984, there were 330,000 total federal and state inmates in the United States (Lynch & Sabol, 2001). By 2014, there were over 200,000 federal inmates and 1.35 million inmates in state prisons (Carson, 2015). Overall, 67.8% of the 404,638 state prisoners released in 2005 were arrested again

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within 3 years of release, and 76.6% were arrested within 5 years, either for new crimes or for violating their conditions of parole or probation (Cooper, Durose, & Snyder, 2014). Recidivist populations often experience multiple social, political, economic, and employment barriers to successful reentry, leading to labeling and stigmatization that make attempts at lifestyle changes difficult (Benson, Alarid, Burton, & Cullen 2011; Maschi, Viola, & Koskinen, 2015; Varghese & Cummings, 2013). The Second Chance Act of 2007 and the Second Chance Reauthorization Act of 2015 were enacted in an attempt to address the problem. Despite such efforts, the recidivism rate remains high.

Effectiveness of reentry practices is also a significant concern for individuals released from jails, where sentences—usually for misdemeanors—are shorter and the number of those returning to their communities is even greater, with less attention given to the quality of long-term services planning (Baron, Draine, & Salzer, 2013; Carson, 2015). Although fewer inmates are incarcerated at any given time at the local level (approximately 760,000), the number of people admitted and released annually from jails nationwide (approximately 12 million) far exceeds the number released from state and federal prisons (White, Saunders, Fisher, & Mellow, 2012). Only in the past several years have reentry studies with individuals incarcerated in jails been emerging (Baron et al., 2013; Rajah et al., 2014; White et al., 2012).

FOCUS OF THE CURRENT STUDY

There are few reentry studies that focus on jail inmates and even fewer that use qualitative methods (White et al., 2012). Given the large number of individuals incarcerated in jails and the high rate of recidivism (Cox et al., 2015), we feel it is urgent—in the quest to discover effective reentry practices—to listen to the voices of those who are incarcerated in jails (Baron et al., 2013; Rajah et al., 2014). It is especially necessary to hear these voices in light of the emerging recognition that one's readiness for personal change is essential for achieving successful reentry (Anstiss, Polaschek, & Wilson, 2011; Mann, Spjeldnes, & Yamatani, 2013; McWhirter, 2013). We identified four distinct adult groups that comprise a substantial proportion of the population in the county jail used for this study. Research indicates that each of these groups exhibits high numbers of incarcerated individuals. The groups are young men who are African American or White (Mann et al., 2013; Warren, Chiricos, & Bales, 2012), Hispanic men (Mann et al., 2013; Warren et al., 2012), older men (Loeb, Steffensmeier, & Myco, 2007; Williams et al., 2010), and men with mental illness (Baron et al., 2013; Cox et al., 2015). Our study is qualitative; therefore, we make no claim of representativeness for U.S. jails. Rather, we explore the differences and similarities of perceived reentry needs

among these groups. Additionally, our study fills a gap in the literature in use of qualitative methods to explore perceived reentry needs of Hispanic men and older men in a jail setting. It also addresses the need to achieve greater understanding of how and when some young men come to see stigmatization and criminal lifestyle as inevitable (Andrews, Bonta, & Hoge, 1990; Benson et al., 2011). Finally, we address the concerns of Baron et al. (2013) and of Pope, Smith, Wisdom, Easter, and Pollock (2013) related to the discovery of paths for incarcerated men diagnosed with mental illness to overcome the twin stigmas of criminal behavior and mental illness that create barriers to reentry.

METHOD

Participants and Setting

The current study took place in a substance abuse treatment program for men incarcerated in a county correctional facility in the northeastern United States. The men were serving time for nonviolent offenses, and most had a history of drug abuse. The men volunteered to participate in the treatment program as an alternative to being housed in a separate, traditional jail setting within the county. The correctional facility was located near a medium-sized urban area, and most of the men serving time in the facility were African American, Hispanic, or White. Throughout the day, the men participated in treatment groups covering topics such as young adulthood, parenting, addiction to alcohol and drugs, general equivalency diploma, resume writing, anger management, meditation, lifestyle, and housing.

Each participant in the convenience sample of 29 incarcerated men who were planning for reentry participated in one of four focus groups that were each 60 minutes in duration. The identifying characteristic of each focus group (young men who were African American or White, Hispanic men, men older than 50, or men diagnosed with mental illness) represented a significant number of men within this jail setting, as communicated by the drug treatment program supervisor. Focus Group 1 was composed of eight young men (18 to 24 years old) who were African American or White. Focus Group 2 was composed of seven self-identified Hispanic men. Focus Group 3 was made up of eight older men, age 50 years or older. Focus Group 4 was composed of nine men diagnosed with mental illness. Participants in Focus Group 4 were prescribed psychotropic medications within the facility and before incarceration. They likely had a range of diagnoses from the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013), although we were not informed of any specific diagnoses. Of the 29 participants, three participated in more than one of the focus groups—namely, the focus group for young men and the focus group for men diagnosed with mental illness.

The number of men in each group was a result of how many individuals met the specific group's identifying criterion and were available to participate on the day the focus group was conducted. Among the participants were some who were incarcerated for the first time and others who had experienced multiple incarcerations in jails or prisons. Therefore, participant responses reflected the experiences of both those who were unsuccessful in their previous reentry and those who were reentering following their first incarceration.

Procedure

Research design. In consultation with the supervisor of the treatment program, we felt that participants would be more likely to talk freely about reentry in a focus group format than in individual interviews. In addition, the participants were familiar with a group counseling format in the program, which would facilitate their participation in the focus groups. Phenomenology is a form of qualitative research wherein a phenomenon—in the current study "community reentry from a correctional facility"—is comprehended through lived experience (Starks & Trinidad, 2007; van Manen, 1990). "Through close examination of individual experiences, phenomenological analysts seek to capture the meaning and common features, or essences, of an experience or event" (Starks & Trinidad, 2007, p. 1374). The focus groups allowed each group of participants who shared common experiences (incarceration and anticipated reentry) to discuss factors affecting their success or failure at reentry.

Instrumentation. Seven open-ended questions were posed to the focus group participants. The questions were developed by the research team with the intention of reflecting the central research question for the study—that is, comparison of perceived reentry needs among the four groups—and reentry concerns identified in the professional literature:

- What impact has being incarcerated had on you and/or on your life?
- What impact has being incarcerated had on your relationships with family?
- While you are in jail, what would help you to be prepared to enter the community?
- What do you think life will be like when you get out of jail?
- What services do you feel you will need when you get out of jail?
- What services would be helpful for you and/or your family to adjust to life when you get out of jail?
- What do you believe leads to people reoffending and being placed in jail again?

All eight authors served as researchers on the team. Seven of the researchers were guests to the jail setting: a criminal justice faculty member along

with a faculty member, three interns, and two pre-interns from the counselor education program at a local college. The eighth researcher was the supervisor of the jail drug-treatment program. The eight researchers met several times before the onset of the study to reflect on their motivations in conducting it (van Manen, 1990). Conviction emerged that incarcerated individuals have the right to be respected as human beings and to have their voices heard about what is likely to help them have a successful reentry. Before conducting the focus groups, the guest researchers participated in mandatory jail-orientation training. All guest researchers also sat in on one or more inmate treatment groups, in pairs or triads, before conducting the focus groups. The participants were informed that the researchers would be conducting a study and that the guest researchers wished to become acquainted with them before conducting the focus groups. During each focus group, researchers informed the men of the nature of the reentry study. Researchers verbally affirmed that participants' views were important to understanding successful reentry needs. They reiterated that participation was voluntary, participants were required to sign a consent form, and responses would likely be included in a professional article but would remain anonymous. To strengthen the confidential nature of the focus groups, researchers did not use any recording devices during the sessions.

Faculty researchers trained the interns and pre-interns in interviewing skills and data analysis. For each focus group, one of the senior researchers (faculty or intern) served as the leader, with two other researchers (intern or pre-intern) serving as note takers who recorded verbatim the men's responses. Using a semistructured interview approach (Starks & Trinidad, 2007), researchers allowed the dialogue to unfold naturally, inviting participants to respond to the questions as they desired. The study was approved by the administration of the correctional facility and by the institutional review board of the college.

RESULTS

The seven guest researchers undertook an intensive review of the verbatim notes using coding and thematic analysis to comprehend the phenomena (Creswell, 2013; Moustakas, 1994; Starks & Trinidad, 2007) presented in response to the seven focus group questions. Although no mathematical analysis of reliability between the two note takers was conducted, frequent repetitions of phrases and terms were observed in comparing the two sets of verbatim notes for each of the four focus groups. The guest researchers were divided into three teams to code participants' responses. The teams viewed each other's coding, and an iterative process composed of multiple face-to-face meetings and electronic communications was used to identify common codes. The coding process yielded seven overall themes (Creswell, 2013; Moustakas, 1994) among the four focus

groups. These themes were ranked from 1 (*most frequently mentioned*) to 7 (*least frequently mentioned*) for each of the four groups (see Table 1).

Among the seven overall themes that emerged in the responses, family was the most frequently discussed for men with mental illness and the second most frequently discussed for the other three groups. However, for the young men, personal change was most important; for Hispanic men, personal identity—defined as how one is viewed by oneself, family, and others—was first. For the older men, structural support (policies and resources of government, criminal justice, and community provider systems) was primary, but this theme was secondary for men diagnosed with mental illness, following relationships with family. The remaining themes—jobs, mental health, and neighborhood surroundings—had varying degrees of importance among the four groups.

Young Men

Of greatest concern for the young men was the need to make personal changes in their lives. One man expressed, "If I give up 99% of the bad things and keep 1% of the bad things, I'll go back to 100% of the bad things." Another expressed that he learned that he had to have "more patience, more self-control. I can't just do what I want to do." However, two of the young men were not ready to make personal changes. In response to the question of "While you are in jail, what would help you to be prepared to enter the community?" one man voiced that he would be "Doin' the same thing I was doin.' Nothin'

TABLE 1

Thematic Analysis: Ranking of Themes per Focus Group

Theme and Subtheme	Young Men	Hispanic Men	Older Men	Men With MI
Personal change	1	4	5	4
Accountability				
Family	2	2	2	1
Responsibility/abandonment, emotional and financial support, impact on relationships, reconnect				
Structural support	4	3	1	2
Government leaders, criminal justice providers, community providers				
Job	3	6	4	6
Adequate income, access to education programs				
Mental health	6	5	3	3
Stress, drug use and/or selling				
Personal identity	7	1	6	5
Respect from others				
Neighborhood surroundings	5	7	7	7
Negative influences				

Note. Themes were ranked from 1 (*most frequently mentioned*) to 7 (*least frequently mentioned*). MI = mental illness.

gonna change." The young men spoke about their families. One man stated, "That's my main priority, basically, is my son." Several referred to work. A man commented, "I got felonies on my record. Kinda hard to get a job." Others referred to the impact of neighborhood surroundings in trying to turn one's life around. A participant voiced, "I'm tired of bein' in the streets. I'm addicted to being in the streets and drinking alcohol." In response to the question about what contributes to reoffending, a man replied, "Drugs, selling drugs, stuff like that."

Hispanic Men

Among the Hispanic men, a strong sense of identity loss was described in response to the question addressing the impact of being incarcerated on one's life: "You're nothing but a number" and "There are some deputies that treat you like an animal." The notion of identity also appeared to be tied closely to the men's roles as fathers, wherein separation due to incarceration brought a sense of shame. A man expressed, "My son asks for me a lot. He don't know I'm in here and he don't need to know . . . when I get outta here, I'm gonna have to tell him the truth." For perceptions of why former inmates reoffend, several felt that the system (structural support) worked against them at times: "They throw us in here and make them [*sic*] better criminals." They identified that they need more structural support: "[We] need assistance to transcend [*sic*] into the community," to "stay connected with helpers from jail," and to "stay focused." When the men in the Hispanic focus group were asked about preparing to reenter the community, they recognized the need to take advantage of job-related opportunities. A man expressed that one "Should take advantage of everything in here," such as completing a general equivalency diploma, earning an OSHA (Occupational Safety and Health Administration) card for completion of job-safety training, or becoming certified in a vocational trade.

Older Men

Among the older men, there was a sense of loss of hope, even pleading, that employers, landlords, government officials, and society would recognize that as incarcerated individuals, they are still human beings, some of whom want to give up criminal behavior. One man complained, "I tried to get into a high rise—they turned me down." Another man continued, "I tried to get a job cleaning and the person turned me down because I had a criminal record." Most of the older men felt that government and criminal justice leaders were responsible for changing the system that results in high rates of recidivism. A number of the older men talked specifically about structural supports that would help them to succeed when they reenter. One man stated that there should be tax breaks for employers who hire individuals with a criminal history. Another added, "It's a challenge to hide who I am. There's no food, what do you do to

get some food?" Among the older men, family relationships were second to the need for structural support. A man stated, "My brother died, my mother had a heart attack. I just had to deal with it. Nothing I can do about it right now but will come a time when I can." In response to the question about what contributes to reoffending, two of the older men identified drug abuse. One of them explained, "If they take care of the drug abuse[, it will] ensure the other issues won't be so strong."

Men Diagnosed With Mental Illness

For the men diagnosed with mental illness, the number one concern was their relationship with family. Several of the men lamented that they had lost or grown distant from their families. One expressed, "My family misses me. I miss them. Some of my nieces and nephews believe that I have abandoned them." One participant offered, "It puts them in a position where they comin' to see you, they get violated." The men recognized the need for structural support in order to survive and to consider the possibility of successful reentry. Referring to services in the community upon release, one respondent clarified the need for services to show "longevity with it, not just a couple weeks or a couple months." Regarding help from criminal justice and community providers, participants stated, "It has to be sincere" and "We feel they only doin' it for the check. There's no passion. There's no connection." Several men identified specific supports that are needed to help with reentry. One recommended, "A check or somethin'—anything, really, just to get started." Several men in the focus group for men diagnosed with mental illness possessed a unique awareness of their own emotions. A participant expressed, "I don't know what's gonna happen tomorrow and I'm scared. I'm scared." Another man stated, "I'm afraid of coming back. I'm afraid of God, you know what I mean?"

DISCUSSION

Shared Reentry Needs Across Focus Groups

Young men, Hispanic men, older men, and men diagnosed with mental illness shared a common need to be connected in positive ways to their families (Hlavka et al., 2015). Moreover, for each of the four groups, receiving structural support was seen as indispensable to successful reentry. Continuity of support from criminal justice and community providers for extended periods in the community is often necessary to assist the individual to achieve successful reentry (Mann et al., 2013; Pope et al., 2013). Quality of support from criminal justice providers, government leaders, and community organizations, particularly employers, is a matter of critical importance—and of social justice—in light of the high failure rate for reentry (McWhirter, 2013). Reentry

planning should begin within the jail and include the individual, criminal justice and community providers, and family, well before the individual is released and even at the beginning of the incarceration (Hlavka et al., 2015).

Unique Reentry Needs of Diverse Men

The current study provides a window into the perceptions of four diverse groups of men representing different age groups, racial backgrounds, and levels of mental health regarding their perceived needs for support in successful reentry. Different motivational patterns emerged for the four groups. The primary concern of the young men in this study was to make personal changes in their lives. This finding supports Benson et al. (2011), who found that young men felt that they could resist the stigma of incarceration and would be able to reintegrate into society by their own efforts. Rajah et al. (2014) discovered that young men offenders went through specific stages during the period of incarceration into reintegration. These included feeling like a victim of incarceration, to a rebirth of personal change, to a critical look at societal structures that undermined their attempts at personal change. The young men in the current study seemed to relate to rebirth. The current finding of desire for personal change also seems consistent with aspiring to independence via employment, as noted by Arditti and Parkman (2011), in the belief that it is within one's power to forgo financial dependence on family. It may be that history of prior reentry and reincarceration are likely to sensitize one to the reality of extremely difficult societal barriers to personal change (Andrews et al., 1990). As we did not know the actual number of incarcerations for the current study, we could not explore this hypothesis. Impact of number of incarcerations on capacity to face the stigma of one's criminal history should be explored for young men in future research.

In light of the current findings and those of Benson et al. (2011), it appears that incarcerated young men usually arrive at a critical juncture in their lives where they either fall into the path of stigma and unemployment associated with a criminal lifestyle or make a decision to seek familial and structural support to move toward independence. In support of the latter, Arditti and Parkman (2011) recommended use of programs that empower young men to contribute financially to their families and to perform community service. Furthermore, individual and/or group counseling (Stoltz, 2017) should be offered in the jail setting to facilitate the weighing of the pros and cons of continuing a criminal lifestyle versus moving toward a lifestyle of mutual support and responsibility facilitated by pursuit of vocational goals (Anstiss et al., 2011; McMurran, 2009; Varghese & Cummings, 2013).

Most of the men in the Hispanic focus group seemed disappointed in themselves and felt they had lost the trust and confidence of significant others; this negatively affected their identity as fathers and as income providers. This finding

seems consistent with that of Vasquez, Gonzalez-Guarda, and De Santis (2011), wherein Hispanic men placed a high value on relationships, including family, friends, and help providers. Criminal justice and community providers working with incarcerated Hispanic men should provide opportunities, wherever possible, for them to prepare for their responsibilities as breadwinners (Vasquez et al., 2011). Opportunities to mentor youth about the consequences of crime and incarceration should also be offered. Moreover, in light of loss of identity as a father and breadwinner, participation in individual and/or group counseling should be available to explore benefits and risks associated with work and criminal activity (McMurran, 2009; Stoltz, 2017; Varghese & Cummings, 2013). Discussion of drug abuse seemed to be a taboo subject within the Hispanic focus group, which is similar to earlier findings (Becerra, Becerra, Gerdine, & Banta, 2014). Reticence to talk about use of illegal drugs could be related to fear of a variety of legal repercussions. The role of drugs may need to be approached carefully and privately with incarcerated individuals to strengthen the possibility of honest communication about substance use.

The older men were very clear about their need for structural support from the government, criminal justice system, and community providers to help them to get set up and maintain housing, income, health care, counseling, and employment. This finding is consistent with earlier findings of Loeb et al. (2007) and Williams et al. (2010), who identified the need for services in the community upon reentry for older individuals. The older men placed a high value on family relationships, which is consistent with the findings of Maschi et al. (2015). Reports of ruptured and lost family relationships revealed in the current study seem to shed light on Maschi et al.'s (2015) inquiry about the kinds of social trauma experienced by older incarcerated individuals. Several of the older men were more willing to talk about the role of drugs in criminal behavior than was observed in the other focus groups. In this respect, they can potentially serve as models and mentors to assist other inmates in facing the consequences of using and selling drugs. This is a finding not previously noted in the literature that should be explored in future studies.

For the men diagnosed with mental illness, maintaining or reestablishing connections with family was the greatest concern. The breakdown of family relationships seemed to be exacerbated by the dual stigmas of mental illness with incarceration (Pope et al., 2013). This priority need of family relationship repair for men diagnosed with mental illness has not been noted in previous studies and warrants further investigation. An opportunity may exist to help this population reconnect with family by establishing policies related to inclusion of family members at reentry planning meetings in the correctional facility and facilitation of family visitation (Hlavka et al., 2015). Men facing mental illness had a keen sense of their need for structural support from criminal justice and community providers. Starting in the correctional facility, they felt that housing

and job support should be continued on a long-term basis in the community. This finding supports those of Cox et al. (2015) and White et al. (2012), who advocated continuity of services from jail to community. Moreover, findings of the current study support those of Pope et al. (2013) that encouraged criminal justice staff to receive training on the impact of being both incarcerated and mentally ill and on ways to balance their dual roles of engaging inmates while enforcing institutional policies.

In the current study, men diagnosed with mental illness presented a unique awareness of their own fears and other emotions, which seems to support the finding of Pope et al. (2013) that transitions of incarceration and reentry are particularly stressful for this population. Individual and/or group counseling (Stoltz, 2017) should be available in the jail setting to assist the individual to work through negative emotions about incarceration and reentry and to assess pros and cons of continued criminal behavior (Andrews et al., 1990; Anstiss et al., 2011; McMurran, 2009). Reconnecting with family in the jail setting and participating in counseling while incarcerated may answer, at least in part, the question of successful paths of reentry posed by Baron et al. (2013) and Pope et al. (2013) for inmates with dual stigmas of mental illness and criminal history.

Limitations and Future Research

Use of a convenience sample in the current study limited our capacity to compare multiple racial and ethnic groups with each other. Future studies might explore other racial and ethnic groups' views on successful reentry needs. Furthermore, our study captured the perceptions of young men and older men but not those of middle-age men (between 25 and 49 years old). Future research could compare the views of adults at all points of the life span on perceived reentry needs. For this study, we did not have access to the specific psychiatric diagnosis for each participant in the group diagnosed with mental illness. Having diagnostic information would allow for comparison of perceptions of reentry needs based on diagnostic group. The use of focus groups in our study had the advantage of generating discussion among a group of incarcerated men who shared an identity with each other. One-on-one individual interviews could also be utilized to understand further the needs of the populations we studied.

Conclusion

We sought to understand differences and similarities in perceived reentry needs among four incarcerated adult groups: young men who were African American or White, Hispanic men, older men, and men diagnosed with mental illness. To facilitate successful reentry, an inmate's background, history, culture, age, and individual characteristics must be understood, allowing the inmate to be approached in a way wherein communication is fruitful and motivation for change

is enhanced (Anstiss et al., 2011; Mann et al., 2013; Warren et al., 2012). Our findings support this view in that age, culture, and mental health contributed uniquely to the men's perceived needs as they anticipated reentry. Young men felt the need to enhance their motivation for personal change while striving for mutual interdependence with family, employers, and other community resources. Hispanic men articulated the need to create and receive familial and structural support to uphold their responsibilities as breadwinners and parents in order to strengthen their personal identity. Later in the life span, older men—more than the other groups—described a need for structural support for health care, housing, and other community services that would allow them to adapt successfully to reentry. Men diagnosed with mental illness emphasized their need to receive assistance from criminal justice and community policy makers and providers in their goal of reconnecting with family for emotional support. They also desired long-term integrated systems that provided continuity in care from entry into the criminal justice system through return to the community. Each of these groups would greatly benefit from policies from both criminal justice and community providers that encourage and facilitate family involvement in reentry planning and regular visitation in the jail setting.

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