THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

FROM CELL TO SOCIETY: INVESTIGATING SUCCESSFUL PRISON RE-ENTRY AND LIFE COURSE INFLUENCES

MADELINE LUCAS
SPRING 2025

A thesis
submitted in partial fulfillment
of the requirements
for baccalaureate degrees
in Criminology and Sociology
with honors in Criminology

Reviewed and approved* by the following:

Derek Kreager
Professor of Criminology and Sociology
Thesis Supervisor

Gary Adler
Associate Professor of Sociology
Thesis Honors Adviser

* Electronic approvals are on file.

ABSTRACT

This study uses a mixed-methods approach to examine the re-entry experiences of older individuals with long-term incarceration histories and aims to understand the unique barriers that this population faces upon prison release. The study estimates ordinary least squares (OLS) regression models of administrative data from the Pennsylvania Department of Corrections (N=13,174) and thematically codes interview data collected from residents (N=6) of a novel re-entry program, the Cumberland House, to explore how age and incarceration length influence various aspects of the re-entry process, including recidivism, obtaining stable housing and employment, maintaining social and familial relationships, and mental health. Quantitative analyses indicate that older re-entrants have lower recidivism rates compared to younger groups, yet they continue to experience significant barriers related to employment and mental health. Housing instability, while prevalent among all age groups, was also identified as a critical challenge. Qualitative findings reveal that these barriers are interconnected, reinforcing one another and complicating the re-entry process. The study highlights the Cumberland House program as a promising example of how structured, trauma-informed support can improve outcomes, which suggests that comprehensive policy interventions addressing these interrelated barriers are necessary for successful reintegration.

TABLE OF CONTENTS

LIST OF TABLES

ACKNOWLEDGEMENTS

This thesis would not have been possible without the support, guidance, and encouragement from many individuals. First and foremost, I would like to express my sincere gratitude to my thesis advisor, Dr. Derek Kreager, for his invaluable mentorship throughout this process. I would also like to thank Dr. Julia Szabo and Nicolette Bardele, as they were instrumental in assisting with editing and analysis. I am incredibly grateful to my friends and family for their unwavering support, which made this journey much more manageable! I would like to thank Penn State University for providing me with the resources and opportunities to conduct this research. The support of this community, from faculty to fellow students, has been instrumental in my academic growth. Finally, I want to acknowledge the individuals who shared their experiences for this study. Their willingness to contribute their stories made this research possible, and I am deeply appreciative of their time and honesty. I am truly grateful to everyone who supported me throughout this process.

Chapter 1 Introduction

Beginning in 1972, the United States prison population charted a steady increase that was to continue for the next four decades. By the early 2000s, the United States led the world in incarceration and the U.S. incarceration rate stood at five times its historic average (Western 2018). The increase in incarceration rates corresponded with a now-prevalent social problem: mass re-entry. Re-entry is, in broad terms, the process of reintegrating into society after being incarcerated. This process can be difficult for re-entrants, and sometimes leads to recidivism, or a return to incarceration. Upon release, re-entrants often feel stress and nervousness about returning to an unfamiliar area, and there are many challenges associated with this transition (Western 2018). Some of these challenges include physical or mental illness and addiction, lack of stable housing, lack of stable employment, and difficult or complex family and social relationships. Difficulties in all of these domains substantially increase a re-entrant's likelihood of recidivism, which further emphasizes their importance in the re-entry process.

Because of mass incarceration and the cyclical nature of incarceration and reoffending, the age of the prison population has increased substantially. The number of state and federal prisoners aged fifty-five or older increased 234% from 1999 to 2013 (Bushway et al. 2016). In the thirty years between 1974-2004, the median age of prisoners rose from twenty-seven to thirty-four years old (Bushway et al. 2016). These statistics demonstrate the prevalence of an aging prison population, which raises interesting questions about how best to provide support during the transitional phase of re-entry.

The importance of re-entry factors is substantially increased when the re-entering population is older or has been incarcerated for a longer period of time. Being older and/or being incarcerated for longer makes access to resources more difficult, which makes this population even more vulnerable to recidivism. Further, lengthy incarceration causes extreme stress and decreases both physical and mental health (Williams & Abraldes 2007). Treatment services offered to this population may not be adequate to rectify pre-existing or emergent health issues. Finally, research indicates that incarceration decreases relationships and social support which makes the re-entry process more complicated (Western 2018). All in all, Western (2018) noted that older persons re-entering the community after lengthy imprisonment were the least

socially integrated, with weak family ties and unstable housing and employment. More attention and research are necessary for this population.

At both the individual and societal level, research on re-entry has become more prevalent. Studies have demonstrated that current systems of community supervision fail to reduce crime, trap offenders in cycles of criminality, are excessively punitive, and create widespread harm to individuals, families, and communities—all while failing to contribute to the social and economic integration of people under its control (Harding and Morenoff 2014). For these reasons, it is clear that policy amendment is necessary to benefit both re-entering individuals and their respective communities. Moreover, research of older individuals has been relatively scarce; therefore, by researching the effects of age and sentence length on reentry, it is possible to investigate how re-entry may be different for the growing number of older re-entrants and suggest meaningful change to avoid cycles of reoffending that harm society, communities, and the individuals within them. The present study seeks to analyze the impact of age on the re-entry process with both quantitative and qualitative data and methods. In other words, this study will utilize administrative data from the Pennsylvania Department of Corrections as well as interview and survey data from men re-entering Pennsylvania communities after incarceration in order to understand the re-entry process and how best to support an aging community that has been incarcerated for a longer period of time. To understand the connection between aging and re-entry, the below sections discuss outcomes relevant to re-entry success and how these may differ among older re-entrants, thus creating hypotheses for research of a re-entry sample.

Literature Review

Recidivism

Many studies cite recidivism as a measure of re-entry success. The recidivism rate is widely used by policymakers and researchers to refer to the crimes, convictions, and reincarceration of people released from prison, and it is the default benchmark for determining the effectiveness of policies and programs that are in place to prevent post-release criminal behavior (Grigg & Rosenfeld 2022). Prison recidivism rates are often measured by the proportion of individuals who left prison each year who are later rearrested or reincarcerated (Grigg & Rosenfeld 2022). In many government reports and research papers, the term recidivism is used to cover an array of events and time periods; precision is warranted about what is being measured and what portion of the broader concept a measure accurately reflects.

The Bureau of Justice Statistics (BJS) has presented several different measures of recidivism, including rearrest for a new crime (both in and out-of-state), volume of arrests or the total number of arrest offenses among members of a release cohort, readjudication or an arrest proceeding to sanctioning in court, reconviction or a finding of guilt for a new crime, reincarceration or a jail or prison sentence following conviction for a new crime, and return to prison or any prison confinement for either a new crime or a technical violation (Grigg & Rosenfeld 2022). According to a recent recidivism study using the rearrest measure, over one-third of individuals in a 2012 release cohort were arrested for a new crime within one year of their release, three-fifths within three years, and 71% within five years (Grigg & Rosenfeld 2022). Further, nearly 46% of released individuals were sent back to prison within five years (Grigg & Rosenfeld 2022).

It is also important to differentiate between recidivism related to a new crime and recidivism because of a parole violation. Over the period 1978-2020, growth in the share of prison admissions from parole is accounted for almost entirely by events recorded as parole technical violations rather than new crimes while on parole (Grigg & Rosenfeld 2022). Prison admissions arising from technical violations of conditions of supervision may result from failure to meet conditions imposed on parolees, or they may arise from new crimes that trigger technical violations. Pure technical violations do not involve any crime, but a

new crime or arrest may be the reason for a technical violation (Grigg & Rosenfeld 2022). Nationwide, 45% of prison admissions are the result of violations of probation or parole. In twenty states, supervision violations make up more than half of prison admissions (National Conference of State Legislatures 2022).

Recidivism and Age

The most basic social fact of criminology is that, after adolescence, criminal involvement declines as people get older (Western 2018). Reincarceration follows a similar pattern. One-third of all of Western's reentry study respondents under age thirty returned to incarceration, but less than one-quarter of those age fifty or older were reincarcerated (Western 2018). Further, Piquero et al. (2015) found that younger persons are at higher risk of violent recidivism. Existing literature overwhelmingly supports the idea that when older individuals are released from prison (especially after long sentences), they are less likely to reoffend than younger individuals released from prison.

Recidivism is often operationalized as a binary measure of post-release outcomes: individuals are either rearrested, reconvicted, or reincarcerated after leaving prison, or they are not. Reporting recidivism in a binary way gives an incomplete picture of a person's post-release experiences. For this reason, it may be beneficial to investigate other indicators of success, such as housing, employment, health, and relationships.

Stable Housing

Attaining stable housing is often framed as a key component of success for individuals leaving incarceration and returning home (Kennedy & Petus 2022). Formerly incarcerated persons face a unique set of obstacles to maintaining stable housing, including prejudice against those with a criminal record, legal barriers, and hurdles stemming from the involvement of the criminal justice system in their lives (Herbert et al. 2015). Having stable housing reduces many challenges for individuals as they transition home from incarceration. Some researchers have argued that secure housing is the most pressing and immediate short-term need for re-entrants (Herbert et al. 2015).

Existing research indicates that one-third of individuals who leave prison experience housing instability and 10% experience homelessness within their first year after release (Kennedy & Petus 2022).

One study that examined housing insecurity among former prisoners showed high rates of shelter use and residential insecurity, as well as an elevated risk of recidivism for reentrants who do not receive housing services upon their release (Herbert et al. 2015). This may be explained by the criminalization of homelessness; wherein homeless persons are controlled by laws and ordinances that criminalize their daily lives (Herbert et al. 2015). Further, homeless individuals are likely to engage in criminal actions such as heavy drinking and stealing money or food (Herbert et al. 2015).

Studies show that there is a great deal of residential mobility among former prisoners (Herbert et al. 2015). One longitudinal sample of reentrants from Michigan found that they experienced an average of 2.6 moves per year (Herbert et al. 2015). There was an inverse relationship between housing tenure and the probability of a move; the longer a reentrant lived in a certain residence, the less likely it was that he or she would leave that residence (Herbert et al. 2015). In other words, when reentrants move, they are at risk for more future moves. Interestingly, moves due to sanctions, to treatment or care, or to prison accounted for nearly 60% of all moves made by parolees in the same sample (Herbert et al. 2015). This demonstrates that the criminal justice system is a key player in generating residential instability.

Housing and Age

Although limited, the available literature describes a daunting housing situation for older adults re-entering the community. In the Boston Re-Entry Study, those forty-four years of age and older experiences 4.4 times more housing insecurity than those under thirty in the first week post-release (Onyeali et al. 2023). Research has demonstrated that older prisoners within two years of release had several risk factors for homelessness (Williams et al. 2010). Of those aged fifty-five and older, 22.6% reported a post-release stay in a homeless shelter, compared with 6.4% of re-entrants aged 18-29 (Onyeali et al. 2023).

Further, studies have shown that private residential addresses, either independently or with family and friends, appear to be the most promising post-release housing option with regards to recidivism (Clark 2015). However, after being in prison for many years—possibly even the majority of their lives—older re-entrants may have acquired very few independent living skills such as cooking, shopping, and balancing a checkbook (Williams & Abraldes 2007). Additionally, older individuals that have been incarcerated for

longer periods of time are often estranged from family and social relationships, which creates another obstacle in obtaining stable housing post-release. Overall, however, more research is warranted on the unique relationship between increased age and post-release housing.

Stable Employment

Many theorists agree that post-release employment is a significant re-entry challenge (Western 2018). There are currently over 12 million ex-felons in the United States, representing roughly 8% of the working-age population (Pager 2003). A criminal record reduces the likelihood of a callback (following an application for employment) by fifty percent (Pager 2003). There is evidence that experience with the criminal justice system has adverse consequences for subsequent opportunities. Incarceration is associated with limited future employment opportunities and earnings potential, which themselves are among the strongest predictors of recidivism (Pager 2003).

Pager (2003) offers direct evidence of the causal relationship between a criminal record and employment outcomes. She found that ex-offenders are only one-half to one-third as likely as nonoffenders to be considered by employers, suggesting that a criminal record indeed presents a major barrier to employment (Pager 2003). The effect of race is also significant in her study; blacks are less than half as likely to receive consideration by employers relative to their white counterparts, and black nonoffenders fall behind even whites with prior felony convictions (Pager 2003). Nearly 60% of employers surveyed in four large US cities reported that they would “definitely not” or “probably not” hire an ex-prisoner (Berg and Huebner 2011). Not only are many employers reluctant to hire convicted felons, but many former prisoners are legally barred from certain occupations (Berg and Huebner 2011). The combination of these factors present an especially narrow range of job opportunities for individuals released from prison.

Despite difficulties with obtaining post-release employment, longitudinal data suggests that, during periods of employment, individuals are less likely to commit predatory crime, property offenses, and engage in heavy alcohol use (Berg and Huebner 2011). Theory stresses that a steady job gives offenders a sense of identity and meaning in their lives, while it also places restrictions on potentially deviant routines. This combination reduces exposure to situations that are conducive to criminal behavior (Berg and Huebner

2011). The benefits of employment are plentiful, because it also reduces the economic incentive to engage in income-generating crimes by enabling individuals to pay their bills, secure housing, and develop a wider social network (Berg and Huebner 2011).

Employment and Age

When older adults re-enter the community, finding employment can be difficult because of age, especially if they previously worked as hard laborers (Williams and Abraldes 2007). Additionally, job prospects may be further limited by educational attainment; fewer older re-entrants have completed high school or a GED than their younger counterparts (Williams and Abraldes 2007). Beyond this study, specific research on the unique consequences of age on employment upon release from prison is quite limited, and the present study will attempt to bridge this gap in literature.

Health

Prior research has called attention to the disproportionately high rates of chronic physical and mental health conditions and substance use disorders among individuals with incarceration experience in comparison to the general public (Bolton et al. 2022). According to Western, people who go to prison are much more likely to have problems with substance use, mental illness, and physical disability than the general population (Western 2018). Although there can be significant overlap between the three domains, it is important to investigate how each impacts re-entry.

Physical Health

Nearly two in five (38%) state and federal prisoners had at least one disability in 2016 (Maruschak et al. 2021). Prisoners are about two and a half times more likely to report a disability than adults in the general population (Maruschak et al. 2021). Further, the number of prisoners with disabilities increases with age. Over two-thirds of federal prisoners aged sixty-five or older reported a disability, compared to just half of federal prisoners ages fifty-five to sixty-four (Maruschak et al. 2021).

Mental Health

The most commonly reported type of disability among both state and federal prisoners was cognitive disability, at about 23% (Maruschak et al. 2021). Nearly one quarter of all prisoners reported

participating in special needs classes (Maruschak et al. 2021). Roughly the same number were told by a doctor, psychologist, or teacher that they had an attention deficit disorder (Maruschak et al. 2021).

Serious mental illness is another commonly studied dynamic risk factor (Grigg & Rosenfeld 2022). Serious mental illness is defined as a mental, behavioral, or emotional disorder that impairs functioning and fits established diagnostic criteria (Grigg & Rosenfeld 2022). At 8.2%, the prevalence of severe mental illness—schizophrenia or bipolar disorder—in one re-entry study sample was about four times the rate estimated for the general population (Western 2018).

Substance Use

According to Western's study, 54% of the re-entry sample reported a history of problems with drugs or alcohol (Western 2018). Additionally, national statistics reveal that there is a great prevalence of substance use in prison and a high rate of intoxication while committing crime (Western 2018). Interviews with participants revealed that many had a hard time remaining sober after release, and that drugs and alcohol posed a significant challenge to community re-entry (Western 2018).

Health and Age

On average, older incarcerated individuals have more chronic diseases than adults of similar age living outside of prison (Williams and Abraldes 2007). Additionally, this population may have conditions that have a higher prevalence in prison, including advanced liver disease from alcohol use, end stage renal disease from injection drug use, influenza, and pneumonia (Williams and Abraldes 2007). The likelihood of having more than one chronic medical condition is also common among the aged prison population (Williams and Abraldes 2007). In terms of mental health, research has demonstrated that the prevalence of major depression was fifty times higher among incarcerated older men compared to community-dwelling men (Williams and Abraldes 2007). Further, while not all older inmates have serious mental health diagnoses, many experience stress and psychological trauma related to incarceration (Williams and Abraldes 2007). Upon release, many older re-entrants may have to use high-cost emergency services for routine care because of insufficient health-related discharge planning (Williams and Abraldes 2007). All in

all, older re-entrants with more robust health needs are often highly disadvantaged compared to younger re-entrants.

Family & Social Relationships

Existing research has shown that family support relates to decreased recidivism, increased odds of employment, and better mental health outcomes during reentry (Boman et al. 2018). Study findings also show that released prisoners rely very heavily on their families for support in navigating virtually every aspect of the reentry process, from assistance with housing and employment to financial support and overall encouragement (La Vigne and Naser 2006). For example, approximately 40% of offenders in a Baltimore release cohort expected to rely on family as a source of support in the post-prison environment, and almost 50% ultimately did (Berg and Huebner 2011).

Higher scores on family support measures are related to significantly lower levels of substance abuse and criminal offending at the bivariate level (Boman et al. 2018). Some research indicates that, relative to the wider community, the family is more apt to overlook the stigma surrounding offenders, which makes the reentry process less corrosive (Berg and Huebner 2011). However, family support appears to relate to prosocial reentry outcomes not because of emotional or interactional bonds, but because families provide for the basic needs of returning individuals. Instrumental familial support mechanisms such as providing housing and financial support appear more salient in promoting prosocial reentry outcomes than mechanisms of emotional or interactional support (Boman et al. 2018). Some literature also suggests that familial ties serve an instrumental function of acting as a bridge to the job market (Berg and Huebner 2011). Interestingly, interactional and emotional family support did not significantly relate to any outcome (Boman et al. 2018). This suggests that affectionate-type bonds do not significantly relate to reincarceration, substance use, or criminal offending during the reentry process (Boman et al. 2018). In other words, the resources that a family can provide have proven more important in the reentry process than the interaction with or emotional support from family members.

Individuals who experience instrumental social support may feel connected to others, and utilitarian measures of social support may provide individuals with the important ties that they need to desist (Boman

et al. 2018). Even though the protective effects of emotional and interactional family support may be lost amid strains of family life during reentry, instrumental support may be more tangible and predictable, making it more significant for those experiencing the reentry process (Boman et al. 2018).

Interestingly, there is little literature available on whether ties with parents versus other relatives (including intimate partners) are most relevant to prisoner reentry (Berg and Huebner 2011). Some empirical evidence suggests that offenders are most likely to rely on assistance from their parents, particularly mothers, upon release. Other research has shown that re-entrants turn to siblings and cousins more frequently (Berg and Huebner 2011). Additionally, there is literature that links marriage to positive parole outcomes, but very few of the overall inmate population is married, and even fewer sustain marriages following incarceration into the re-entry process (Berg and Huebner 2011). Overall, more research is warranted on the effects of familial and romantic relationships on successful reintegration.

Relationships and Age

For many older re-entrants, family and friends may remain in prison (Williams and Abraldes 2007). Other re-entrants may have lost contact with family and friends over the course of a lengthy incarceration, and they may have no one to turn to for financial, physical, emotional, or economic support (Williams and Abraldes 2007). Further, Wyse's (2016) study found that a dominant experience that nearly all older participants faced was disconnection from key relationships, roles, and neighborhood-based social networks. Often, older re-entrants had at least one close relationship with a family member, but interestingly, this study revealed that participants' investment in family and romantic ties was limited by their own feelings of inadequacy tied to the inability to secure employment (Wyse 2016). Additionally, participants that were incarcerated for longer periods of time were forced to cultivate strategies of social isolation in order to remain safe in prison, and these tendencies often continued upon release (Wyse 2016). For many reasons, relationships of older re-entrants that have been imprisoned for longer periods of time are more fragmented than those of younger re-entrants.

Policy

Over the past three decades, the number of prison inmates in the United States has increased by more than 600%, making it the country with the highest incarceration rate in the world (Pager 2003). Concurrently, incarceration has changed from a punishment reserved for the most serious offenders to one extended to a much greater range of crimes and a larger segment of the population. Recent trends in crime policy have also led to the imposition of harsher sentences for a wider range of offenses, widening penal intervention (Pager 2003).

This unprecedented growth in incarceration rates has created a corresponding increase in the number of individuals transitioning from society to prison and back to society. Each year, approximately 600,000 people are released from state and federal prisons, while millions more cycle through local jails (Carson and Golinelli 2013). The scale of these transitions highlights the importance of effective re-entry programs that adequately address the challenges that re-entrants face when reintegrating into society.

Parole programs play a critical role in the re-entry process. This system aims to provide structured supervision and support for re-entrants and utilizes halfway houses as transitional living areas where residents can receive assistance with finding employment, so long as they adhere to parole conditions. Despite their potential, many traditional programs have been criticized for their overly punitive focus, inadequate funding, and inability to address the root causes of recidivism, such as mental health and substance use disorders (Taxman et al. 2014). Severson et al.'s (2011) study reveals that halfway houses become overcrowded and underfunded, which reduces their capacity to provide any meaningful support for re-entrants. Residents at halfway houses report feeling surveilled rather than supported, as the punitive focus of the justice system outweighs rehabilitation efforts (Auerhahn et al. 2005). Additionally, the rigid and uniform approach of many halfway houses fails to account for the diverse needs of re-entrants, especially those with health issues and substance use disorders. These shortcomings emphasize the need for re-entry programs that prioritize individual care and holistic support.

Hypotheses

H1: As incarceration length and age increase, re-entrant recidivism decreases, controlling for all other factors.

H2: As incarceration length and age increase, re-entrant access to housing and housing stability decreases.

H3: As incarceration length and age increase, re-entrant access to employment and employment stability decreases.

H4: As incarceration length and age increase, re-entrant overall mental health decreases.

H5: As incarceration length and age increase, re-entrant family and social support decreases.

Chapter 2 Data and Methods

Design

The present study employs a mixed methods design to examine re-entry challenges among an older population with long-term incarceration histories. Using a complementary and concurrent mixed methods approach (Small 2011), I focus first on statistical analyses of quantitative data and then thematically code qualitative data to provide insight into mechanisms and subjective meanings of the re-entry experience. The quantitative component relies on administrative data from a larger sample to assess how factors such as age, housing, employment, and mental health influence recidivism. In other words, this portion of the study illuminates large-scale re-entry trends about which factors most influence successful re-entry. The qualitative component complements these findings by focusing on individual life stories, offering personal insights into the specific challenges faced by re-entrants. By hearing directly from formerly incarcerated individuals, this portion of the study illustrates the human experiences behind the data, helping to explain why certain re-entry barriers persist and how they are experienced on an individual level. Together, these two approaches ensure that the study not only identifies systemic trends but also grounds them in lived experience.

The study draws from two sets of data:

1. Quantitative administrative data gathered by the Pennsylvania Department of Corrections (PADOC). This part of the study formed the quantitative results.
2. Qualitative interviews of Pennsylvania re-entrants at the Cumberland House, a trauma-informed re-entry program (qualitative).

Quantitative Analysis

The quantitative data for this study were sourced from administrative records from the Pennsylvania Department of Corrections (PADOC). The sample includes data on incarcerated individuals re-entering society (those reaching the end of their sentences and eligible for parole) in 2022 and 2023 across all Pennsylvania prisons. The data was collected by PADOC staff via intake forms, assessments, and evaluations, spanning topics including substance use, marital status, mental health, housing, employment, education level, age, race, and recidivism. The dataset contained 21,636 individuals, but after limiting the sample to only people with complete data on all variables of interest, the sample size decreased to 13,174 (60.9%).

Variables and Measurements

Table 1: Quantitative Descriptive Statistics (N=13,174)

	Mean	Median	Frequency (Count)	Rel Freq (%)	Range (Min)	Range (Max)
Age						
18-29 (reference)			2053	15.6%		
30-39			5086	38.6%		
40-49			3402	25.8%		
50+			2633	20%		
Education Level	11.15	12			0	20
Mental Health						
No MH Needs(reference)			8060	61.2%		
Active MH needs			5114	38.8%		
Marital Status						
Married			1660	12.6%		
Not Married (reference)			11514	87.4%		
Race						
Black			4960	37.6%		
Other			106	0.8%		
White (reference)			8108	61.5%		
Reincarceration (after 6 months)						

Yes			2268	10.5%		
No (reference)			19368	89.5%		
Employed post-release						
Yes			8000	37%		
No (reference)			13636	63%		
Housing post-release						
Yes			11299	52.2%		
No (reference)			10337	47.8%		
Problem with alcohol						
Verified			9950	75.5%		
Not verified (reference)			3224	24.5%		
Problem with drugs						
Verified			11926	90.5%		
Not verified (reference)			1248	9.5%		

Table 1 lists descriptive statistics for this study's dependent, independent, and control variables. The dependent variable for the quantitative analyses is reincarceration, which is operationalized as whether a participant was reincarcerated within six months of their release from prison. This is a categorical dichotomous variable, with outcomes of "yes" or "no." 2268 participants, or 10.5% of the sample were reincarcerated within six months of release. The first key independent variable is age, which measures the respondents' age in years. This variable was recoded from continuous to ordinal, with age categories including 18-29 (15.6% of sample), 30-39 (38.6% of sample), 40-49 (25.8% of sample), and 50+ (20% of sample). The category 18-29 is used as the reference category. This allows for the relationship between age and recidivism to be understood more clearly.

Another independent variable is substance use which is measured in two ways: problem with alcohol and problem with drugs. These variables are binary, which means that participants were coded as either "yes" or "no." No recoding of these variables is necessary. About 75.5% of the sample had a verified

problem with alcohol, and about 90.5% of the sample had a verified problem with drugs. Next, marital status is an independent variable of interest. Originally, this was a categorical variable with many possible answer choices; however, for this study, I recoded it as a binary variable with options of "married" or "not married" (12.6% of the sample were married). The same is true for the mental health variable. Originally, it was a categorical variable with many answer choices, but it was recoded to "active mental health needs" or "no active mental health needs" (38.8% of the sample had active mental health needs). The last two independent variables of interest are post-release housing and post-release employment. These variables measure whether respondents had housing and employment upon their release from incarceration. Again, each of these variables are binary with "yes/no" responses. 37% of the sample had a job upon release, and 52.2% of the sample had stable housing upon release. The two control variables in this study are race and education level. Education level is a continuous variable measuring total years of education for each respondent (education level had a mean of 11.15 years, which means that the average respondent completed high school). Race is categorical, and was recoded into "White," "Black," or "Other" to simplify responses. 37.6% of the sample was Black, 61.5% of the sample was White, and 0.8% of respondents selected the "Other" category. White was used as the reference category.

Statistical Analysis

The quantitative portion of the study estimates multivariate correlations between the independent variables and recidivism, and whether the association between age and recidivism remains statistically significant in the presence of other factors, such as housing, employment, substance, mental health, and marital status. The analysis employs ordinary least squares (OLS) regression models (i.e., linear probability models of a binary outcome) to assess these relationships and estimate the likelihood of reincarceration within six months of release. Statistical significance is determined using a p-value threshold of 0.05 (two-tailed test). All analyses were conducted using SPSS.

Qualitative Analysis

The qualitative data for this study come from interview transcripts of older, previously incarcerated (OPI) men living at the Cumberland House.

The Case (Cumberland House)

The Cumberland House is a novel, trauma-informed re-entry program in Carlisle, Pennsylvania that provides stable housing and peer support to men exiting incarceration after lengthy (i.e. 10+ years) prison sentences. As a non-profit organization, the house holds up to fifteen recently incarcerated residents to support the transition from prison to society. The goal is for participants to secure long-term housing, employment, mental health treatment, and social support to live independently after approximately three to six months in the house. Unlike many re-entrants who are released with little to no support, Cumberland House residents benefit from semi-structured assistance in navigating the challenges of re-entry. Without access to such programs, these individuals face even greater struggles in securing stable housing, employment, and mental health care, and increase their risk of homelessness, job instability, and recidivism. The Cumberland House represents a novel model of support that is not yet widely available, which makes the experience of its residents somewhat distinct from the larger population of re-entrants who often navigate these barriers alone.

Data Collection

For this analysis, I include the stories of six different re-entrants. While they represent a wide range of ages, sentence lengths, and life histories (see Table 2 below), I am primarily interested in the experiences of re-entrants that are older and/or have had longer incarceration sentences, and how those experiences compare to the general re-entry experience. Recruitment was conducted in collaboration with Cumberland House staff, and participation was wholly voluntary, with informed consent obtained before each interview.

Table 2: Qualitative Descriptive Statistics (N=6)

Pseudonym	Age (Years)	Race	Most Recent Incarceration (Years)	Lifetime Incarceration (Years)
James	33	Black	0.04	6
Michael	45	White	1	15
John	25	White	2.5	2.5
David	40	White	20.92	20.92
William	52	Other (White, Filipino, Native American)	35.83	35.83
Richard	33	Black	12.75	12.75

Interviews were conducted using a semi-structured format, allowing for guided discussion while enabling participants to share personal narratives and experiences in their own words. The interview protocol included open-ended questions covering social relationships and support networks before, during, and after incarceration; health and mental well-being, including access to medical and psychological services; barriers to re-entry, such as stigma, employment difficulties, or housing instability; and benefits of the Cumberland House program, including housing, peer support, and employment opportunities. Interviews lasted between thirty and ninety minutes, and all interviews were audio-recorded (with consent) and later transcribed to ensure accuracy.

Data Analysis

The qualitative data were analyzed using a largely deductive coding scheme, focusing on key themes related to age, housing, employment, mental health, addiction, and social support, which align with the study's primary research question. However, the analysis followed an iterative design, allowing for more flexibility in identifying emergent themes beyond the initial coding framework. Transcripts were reviewed multiple times to refine and expand codes as new patterns and insights emerged. This approach ensured that although the analysis was guided by predetermined categories, it remained responsive to the lived experiences and perspectives shared by participants.

Chapter 3 Results

Quantitative Results

Having reviewed the univariate table to establish a baseline understanding of each individual variable, we now turn to a more nuanced examination through bivariate analyses. In the following tables, I explore how each key independent variable (age, alcohol misuse, drug misuse, marital status, housing, employment, and mental health) is associated with recidivism. This data will identify potentially significant associations with recidivism and set the stage for deeper analysis in the regression model that follows.

As shown below in Table 3, there were 11,814 respondents that did not recidivate within six months of release, and 1,360 that did. Of those that did recidivate, 12.2% were aged 18-29 whereas only 8.4% were aged fifty or older. The test statistic (chi-square) is 18.460, and the p-value is <0.001. Because the p-value is less than 0.05, I can conclude that the capacity for recidivism does differ significantly based upon age, and that an increase in age makes a respondent less likely to recidivate.

Table 3: Crosstabulation of Recidivism by Age

Recidivated within 6 months of release?	18-29	30-39	40-49	50+	Total
No	1803 87.8%	4556 89.6%	3043 89.4%	2412 91.6%	11814 89.7%
Yes	250 12.2%	530 10.4%	359 10.6%	221 8.4%	1360 10.3%
Total	2053 100%	5086 100%	3402 100%	2633 100%	13174 100%

χ^2=18.460
p=<0.001

Of the 1,360 participants that did recidivate, 9.9% reported no problems with alcohol whereas 10.5% did report having problems with alcohol (see Table 4). The test statistic (chi-square) is 0.730, and the p-value is 0.393. Because the p-value is above 0.05, I can conclude that alcohol misuse is not significantly associated with recidivism.

Table 4: Crosstabulation of Recidivism by Alcohol Misuse

Recidivated within 6 months of release?	No Problem with Alcohol	Problem with Alcohol	Total
No	2904 90.1%	8910 89.5%	11814 89.7%
Yes	320 9.9%	1040 10.5%	1360 10.3%
Total	3224 100%	9950 100%	13174 100%

χ^2=0.730
p=0.393

Of the 1,360 participants that did recidivate, 9.1% reported having no problem/addiction to drugs, whereas 10.5% did have a problem with drug misuse (see Table 5). The test statistic (chi-square) is 2.398, and the p-value is 0.122. Because the p-value is above 0.05, I can conclude that drug misuse is not significantly associated with recidivism.

Table 5: Crosstabulation of Recidivism by Drug Misuse

Recidivated within 6 months of release?	No Problem with Drugs	Problem with Drugs	Total
No	1135 90.9%	10679 89.5%	11814 89.7%
Yes	113 9.1%	1247 10.5%	1360 10.3%
Total	1248 100%	11926 100%	13174 100%

χ^2=2.398
p=0.122

According to Table 6 below, of the 1,360 participants that did recidivate, 10.5% were not married whereas 9.4% were married. The test statistic (chi-square) is 1.758, and the p-value is 0.185. Because the p-value is above 0.05, I can conclude that marital status is not significantly associated with recidivism.

Table 6: Crosstabulation of Recidivism by Marital Status

Recidivated within 6 months of release?	Not Married	Married	Total
No	10310 89.5%	1504 90.6%	11814 89.7%
Yes	1204 10.5%	156 9.4%	1360 10.3%
Total	11514 100%	1660 100%	13174 100%

χ^2=1.758
p=0.185

As shown below in Table 7, of the 1,360 participants that did recidivate, 13.5% did not have housing upon release from incarceration whereas 7.4% did have housing upon release. The test statistic (chi-square) is 131.661, and the p-value is <0.001. Because the p-value is below 0.05, I can conclude that post-release housing is significantly associated with recidivism, and that having stable housing upon release makes a respondent less likely to recidivate.

Table 7: Crosstabulation of Recidivism by Post-Release Housing Status

Recidivated within 6 months of release?	Did Not Have Housing Post-Release	Had Housing Post-Release	Total
No	5385 86.5%	6429 92.6%	11814 89.7%
Yes	843 13.5%	517 7.4%	1360 10.3%
Total	6228 100%	6946 100%	13174 100%

χ^2=131.661
p=<0.001

Of the 1,360 participants that did recidivate, 12.6% did not have employment upon release from incarceration whereas 6.5% did (see Table 8). The test statistic (chi-square) is 123.266 and the p-value is <0.001. Because the p-value is less than 0.05, I can conclude that post-release employment is significantly associated with recidivism, and that having a stable job upon release makes a respondent less likely to recidivate.

Table 8: Crosstabulation of Recidivism by Post-Release Employment Status

Recidivated within 6 months of release?	Did Not Have Employment Post-Release	Had Employment Post-Release	Total
No	7161 87.4%	4653 93.5%	11814 89.7%
Yes	1034 12.6%	326 6.5%	1360 10.3%
Total	8195 100%	4979 100%	13174 100%

χ^2=123.266
p=<0.001

As shown in Table 9 below, of the 1,360 participants that did recidivate, 9% did not have mental health issues whereas 12.4% did have mental health issues. The test statistic (chi-square) is 39.573 and the p-value is <0.001. Because the p-value is less than 0.05, I can conclude that having mental health problems is significantly associated with recidivism, and that having mental health problems makes a respondent more likely to recidivate.

Table 9: Crosstabulation of Recidivism by Mental Health Status

Recidivated within 6 months of release?	No Mental Health Issues	Mental Health Issues	Total
No	7335 91.0%	4479 87.6%	11814 89.7%
Yes	725 9.0%	635 12.4%	1360 10.3%
Total	8060 100%	5114 100%	13174 100%

χ^2=39.573
p=<0.001

After examining the pairwise relationships in bivariate analysis, we can now shift to a more comprehensive approach by introducing regression analysis. This step allows a more in-depth exploration of the combined effects of multiple variables, painting a clearer picture of their collective influence on recidivism. Through the regression model, it is possible to assess the strength and significance of each

association while controlling for other factors, which will offer a more complete understanding of the underlying relationships and factors that impact recidivism.

Table 10: OLS Regression

	Model 1		Model 2			Model 3			Model 4			Model 5			Model 6			Model 7			Model 8		
Independent Variables	*b*	*p*	*b*	*p*	*standardized b*	*b*	*p*	*standardized b*	*b*	*p*	*standardized b*	*b*	*p*	*standardized b*	*b*	*p*	*standardized b*	*b*	*p*	*standardized b*	*b*	*p*	*standardized b*
Age at Release (18-29 = reference)																							
30-39	-0.018	**0.027**	-0.019	**0.017**	-0.031	-0.017	**0.031**	-0.027	-0.018	**0.024**	-0.029	-0.016	**0.049**	-0.025	-0.019	**0.019**	-0.03	-0.019	**0.02**	-0.03	-0.019	**0.019**	-0.03
40-49	-0.016	**0.056**	-0.018	**0.033**	-0.026	-0.016	0.069	-0.022	-0.014	0.1	-0.02	-0.014	0.87	-0.021	-0.017	**0.041**	-0.025	-0.018	**0.038**	-0.025	-0.016	0.061	-0.023
50+	-0.038	**<0.001**	-0.039	**<0.001**	-0.052	-0.037	**<0.001**	-0.049	-0.038	**<0.001**	-0.05	-0.045	**<0.001**	-0.059	-0.041	**<0.001**	-0.053	-0.039	**<0.001**	-0.051	-0.046	**<0.001**	-0.061
Problem with Alcohol (no problem = reference)			0.006	0.384	0.008																0.004	0.529	0.006
Problem with Drugs (no problem = reference)			0.013	0.185	0.012																0.014	0.127	0.014
Marital Status (not married=reference)						-0.007	0.372	-0.008													-0.007	0.383	-0.008
Housing Post-Release (no housing = reference)									-0.061	**<0.001**	-0.1										-0.043	**<0.001**	-0.071
Employment Post-Release (no job = reference)												-0.063	**<0.001**	-0.101							-0.046	**<0.001**	-0.073
Mental Health (no mental illness = reference)															0.035	**<0.001**	0.057				0.025	**<0.001**	0.04
Race (white = reference)																							
Black																		-0.013	**0.016**	-0.021	-0.007	0.203	-0.011
Other																		-0.064	**0.032**	-0.019	-0.054	0.068	-0.016
Education Level																		-0.003	0.061	-0.016	-0.002	0.183	-0.012
Model Statistics																							
N	13,174		13,174			13,174			13,174			13,174			13,174			13,174			13,174		
r2	0.001		0.002			0.001			0.011			0.011			0.005			0.002			0.019		

Table 10 presents results from eight ordinary least squares regression models, with recidivism within six months as the dependent variable. In Model 1, the effects of age on recidivism were tested. The model explains 0.1% of the variation in recidivism rates. Two of the three age groups were statistically significantly related to recidivism: those aged 30-39 (b = -0.018, p = 0.027), and those aged 50+ (b = -0.038, p = <0.001). In other words, being fifty or older compared to being aged 18-29 leads to a 0.038 decrease in the likelihood of recidivism. These results suggest that older participants are less likely to recidivate.

In Model 2, substance use variables (problem with drugs and problem with alcohol) were added to the regression model. This model explains 0.2% of variation in recidivism. In this model, all three categories of age remained significant. In other words, being fifty or older compared to being aged 18-29 leads to a 0.039 decrease in likelihood of recidivism when accounting for substance use. However, neither drug problems nor alcohol problems were statistically significant in the model, as both p-values were above 0.05. These results suggest that substance use is not significantly associated with recidivism when age is accounted for.

In Model 3, marital status was added to the regression model along with age. This model explains 0.1% of variation in recidivism. In this model, two of three categories of age remained significant: 30-39 (b = -0.017, p = 0.031) and 50+ (b = -0.037, p = <0.001). In other words, being fifty or older compared to being aged 18-29 leads to a 0.037 decrease in likelihood of recidivism when marital status is accounted for. However, neither the age category of 40-49 nor marital status were statistically significant in the model, as both p-values were above 0.05. These results suggest that marital status is not significantly associated with recidivism in this model.

In Model 4, housing and age were added to the regression model. This model explains 1.1% of variation in recidivism. In this model, two of three categories of age remained significant: 30-39 (b = -0.018, p = 0.024) and 50+ (b = -0.038, p = <0.001). In other words, being fifty or older compared to being aged 18-29 leads to a 0.038 decrease in likelihood of recidivism when controlling for housing status. Further, the effect of housing on recidivism was statistically significant (b = -0.061, p = <0.001); therefore,

having housing upon release from prison compared to not having housing leads to a 0.061 decrease in likelihood of recidivism in this model. Further, examining the standardized beta-coefficients reveals that the effect of housing on recidivism (b = -0.1) is greater than the effect of age on recidivism (b = -0.05).

In Model 5, employment and age were studied in the regression model. This model explains 1.1% of variation in recidivism. In this model, two of three categories of age remained significant: 30-39 (b = -0.016, p = 0.049) and 50+ (b = -0.045, p = <0.001). In other words, being fifty or older compared to being aged 18-29 leads to a 0.045 decrease in likelihood of recidivism in this model. Further, the effect of employment on recidivism was statistically significant (b = -0.063, p = <0.001); therefore, having a job upon release from prison compared to not having a job leads to a 0.063 decrease in likelihood of recidivism when age is accounted for. Further, examining the standardized beta-coefficients reveals that the effect of employment on recidivism (b = -0.101) is greater than the effect of age on recidivism (b = -0.059).

In Model 6, mental health and age were examined in the regression model. This model explains 0.5% of variation in recidivism. In this model, all three age categories remained statistically significant: 30-39 (b = -0.019, p = 0.019), 40-49 (b = -0.017, b = 0.041), and 50+ (b = -0.041, p = <0.001). In other words, being fifty or older compared to being aged 18-29 leads to a 0.041 decrease in likelihood of recidivism when mental health is accounted for. Further, the effect of mental health on recidivism was statistically significant (b = 0.035, p = <0.001); therefore, having active mental health needs compared to not having mental health needs leads to a 0.035 increase in likelihood of recidivism in this model. Further, examining the standardized beta-coefficients reveals that the effect of mental health on recidivism (b = 0.057) is greater than the effect of age on recidivism (b = -0.053).

In Model 7, the effects of control variables (race and education level) in addition to age were tested. This model explains 0.2% of variation in recidivism. In this model, all three age categories remained statistically significant: 30-39 (b = -0.019, p = 0.02), 40-49 (b = -0.018, p = 0.038), and 50+ (b = -0.039, p = <0.001). In other words, being fifty or older compared to being aged 18-29 leads to a 0.039 decrease in likelihood of recidivism when controlling for race and education level. Further, the effect of race on recidivism was statistically significant; being black compared to being white leads to a 0.013 decrease in

likelihood of recidivism (p = 0.016) and being a race other than black or white compared to being white leads to a 0.064 decrease in likelihood of recidivism (p = 0.032) in this model. However, education level was not significantly associated with recidivism in this model, as the p-value was above 0.05.

In Model 8, all variables were included, and this was the best-fitting model. This model explains 1.9% of variation in recidivism. Of all the variables included, age (excluding the 40-49 category), post-release housing, post-release employment, and mental health remain significantly associated with recidivism in the full model, as they all have a p-value below 0.05. Being fifty or older compared to the reference group of 18–29-year-olds leads to a 0.046 decrease in likelihood of recidivism in this model. Further, having housing upon release from prison compared to not having housing leads to a 0.043 decrease in likelihood of recidivism in this model, having a job upon release from prison compared to not having a job leads to a 0.046 decrease in likelihood of recidivism in the full model, and being mentally ill compared to not being mentally ill leads to a 0.025 increase in likelihood of recidivism in this model. These findings highlight the importance of factors such as age, housing, employment, and mental health on recidivism, and suggest the necessity of providing assistance in these areas.

While the regression model demonstrates that older individuals are less likely to recidivate, it does not capture how other important benchmarks of successful re-entry differ with age or sentence length, such as securing stable housing, finding employment, or managing mental health. The best-fitting model is only suited to explain about 1.9% of variation in recidivism, which means that more information is warranted on re-entry outcomes. To further explore these factors, I conducted bivariate analyses to examine how housing, employment, and mental health outcomes vary across age groups. These results highlight that, despite being the least likely to recidivate, older re-entrants with long incarceration histories face disproportionate struggles in these key areas.

According to Table 11 below, there is a relationship between age and post-release housing status, with younger individuals experiencing marginally higher rates of housing insecurity compared to those aged 40-49, who have the highest percentage of stable post-release housing (55.7%). The test statistic (chi square) is 16.701, and the p-value is <0.001. Because the p-value is less than 0.05, I can conclude that age

is significantly associated with post-release housing, and that younger participants are less likely to have stable housing upon release. However, differences across age groups are relatively small, suggesting that age alone is not a major determinant of housing outcomes. Importantly, nearly half of all re-entrants across all age groups lack stable post-release housing, highlighting a systemic challenge that extends beyond age-related factors.

Table 11: Crosstabulation of Post-Release Housing Status by Age

Housing Post-Release	18-29	30-39	40-49	50+	Total
No	988 48.1%	2472 48.6%	1507 44.3%	1261 47.9%	6228 47.3%
Yes	1065 51.9%	2614 51.4%	1895 55.7%	1372 52.1%	6946 52.7%
Total	2053 100%	5086 100%	3402 100%	2633 100%	13174 100%

χ^2=16.701

p=<0.001

Of all 8,195 participants (62.2%) that did not have a job upon release, 1,272 were aged 18-29, whereas 1,921 were aged 50+ (see Table 12 below). The test statistic (chi square) is 168.388, and the p-value is <0.001. Because the p-value is less than 0.05, I can conclude that age is significantly associated with post-release employment, and that being older makes a participant less likely to have a stable job upon release.

Table 12: Crosstabulation of Post-Release Employment by Age

Employed Post-Release	18-29	30-39	40-49	50+	Total
No	1272 62.0%	2990 58.8%	2012 59.1%	1921 73.0%	8195 62.2%
Yes	781 38.0%	2096 41.2%	1390 40.9%	712 27.0%	4979 37.8%
Total	2053 100%	5086 100%	3402 100%	2633 100%	13174 100%

χ^2=168.388

p=<0.001

As shown in Table 13 below, of all 5,114 participants that had active mental health needs, 726 were aged 18-29 whereas 1,131 were aged 50+. The test statistic (chi square) is 30.093, and the p-value is <0.001. Because the p-value is less than 0.05, I can conclude that age is significantly associated with mental health status, and that being older makes a participant more likely to have active mental health needs.

Table 13: Crosstabulation of Mental Health Status by Age

Active Mental Health Needs	18-29	30-39	40-49	50+	Total
No	1327 64.6%	3141 61.8%	2090 61.4%	1502 57%	8060 61.2%
Yes	726 35.4%	1945 38.2%	1312 38.6%	1131 43.0%	5114 38.8%
Total	2053 100%	5086 100%	3402 100%	2633 100%	13174 100%

χ^2=30.093

p=<0.001

The bivariate analyses reinforce that while older re-entrants face significant barriers related to employment and mental health, housing insecurity is a challenge across all age groups. Surprisingly, the analysis revealed that younger individuals were more likely to struggle with securing housing upon release; however, across all age groups, nearly half of participants lacked stable housing, which highlights the widespread nature of this barrier. While these results provide a broader understanding of re-entry challenges, they do not fully explain why these barriers persist or how they shape re-entrant's daily lives. To gain a deeper insight into these struggles, the following qualitative analysis explores firsthand accounts of navigating employment, housing, mental health, and other barriers during re-entry. Through these narratives, it becomes clear how structural obstacles, personal experiences, and lack of available resources contribute to instability, even for those statistically less likely to recidivate.

Qualitative Results

To further examine the challenges of re-entry, this section presents qualitative findings that complement and provide insight into the barriers identified in the quantitative analysis, in addition to highlighting more hidden obstacles that re-entrants face. Participants described significant struggles with housing, particularly the role of limited support networks and the financial burden of rent, which made securing stable housing difficult. Employment challenges were similarly common, with participants facing discrimination, transportation barriers, and the impact of extreme stress on job stability. Parole rules also shaped participants' experiences because the rigidity of the parole system influenced re-entrants' ability to secure housing and restricted many aspects of their daily lives, which made reintegration more difficult. In addition, participants expressed difficulties with technology, as long-term incarceration left them unprepared to navigate digital systems used for job applications, banking, and daily tasks. Finally, mental health concerns were prevalent, with participants describing feelings of loneliness, anxiety, and depression in addition to frustration with the challenges of accessing treatment. Together, these findings illustrate the lived experiences behind the statistical patterns and reveal how various barriers continue to shape the re-entry process.

Housing

Participants unanimously struggled with post-release housing. While they had the option to live at the Cumberland House upon their release, many acknowledged that they would prefer to have independent housing, and all agreed that their stay at Cumberland House would be temporary at most (both because this is the design of the Cumberland House program and because they preferred independent living). As Michael, a forty-five-year-old White man with a fifteen-year incarceration history, acknowledged, "This is just temporary too, until I save up enough money to get my own place." Ultimately, each participant faced uniquely significant barriers to obtaining post-release housing, including limited networks of support and challenges with affording rent.

Support Networks

For many individuals, securing housing after release is made possible through the support of family and close social connections. However, for older re-entrants with long-term incarceration histories, these safety nets are often absent. Years of separation, strained relationships, and the stigma associated with criminal records contribute to family estrangement. William was sentenced to life as a sixteen-year-old. However, juvenile life sentences have since been ruled unconstitutional by the Pennsylvania Supreme Court, so William was eligible for parole after serving nearly thirty-six years in state prison. When asked about keeping in touch with family and friends while incarcerated, William said, "I tried, but when I had a life sentence, people don't like to keep in touch with you because they feel like you're never getting out, and so, they shy away, and the years turn into decades."

Upon his release, William was fifty-two years old, and he expressed sadness over the loss of these relationships with the passage of time; when asked what his biggest disappointment in re-entry has been so far, he answered, "I thought I would maybe reconnect with more friends, but I reached out to a couple people that I used to know, and never heard nothing back from them, and I'm like damn…"

For William, the sheer amount of time away from his loved ones along with the stigma of being incarcerated for life contributed to his alienation. Unlike those who can rely on relatives or friends for temporary housing or financial assistance, participants in this study often faced re-entry with no immediate support system. When asked if he had any housing options (aside from the Cumberland House) immediately upon his release, William answered:

> No, because I didn't wanna ask people, and you know, my stepfather, my brother's father, he didn't offer me… He's like, 'Oh, they got plenty halfway houses, plenty, yeah, you'll find a good one.' Yeah, I feel a little let down by a lotta people, you know?

William's experience reflects a broader reality for many older re-entrants: the absence of support leaves them with limited housing options, often forcing them into transitional housing or shelters. While halfway houses can provide temporary relief, they are not a long-term solution. Many participants, regardless of age or sentence length, described feeling unwelcome or disconnected from family members, either because their relationships had deteriorated over time or because their loved ones were unwilling (or unable) to offer support. Like other re-entry barriers, these problems are exacerbated by being

incarcerated for longer periods of time, because rejection from family and friends compounds and worsens over time. The emotional impact of this rejection was significant, often adding to the stress of re-entry and reinforcing feelings of isolation. Experiences like William's highlight the long-term consequences of incarceration on personal relationships and illuminate the need for better housing support systems for individuals re-entering society without strong social ties.

One unique feature of the Cumberland House program is that it works to rebuild and create new social ties among residents. While many participants shared experiences similar to William's (lack of family support upon re-entry), John was eventually able to secure independent housing with another resident that he had lived with at the Cumberland House. John is a twenty-five-year-old White man with a two-and-a-half-year incarceration history. When asked how his new living situation has been so far, he answered, "it's phenomenal." This development highlights the need for re-entry programs that foster social connections and support among participants. For individuals without family to rely on, the ability to form new relationships with others facing similar challenges can provide emotional and practical benefits. John and his roommate were able to overcome housing instability and create a support system that could help them navigate other re-entry challenges. Programs like the Cumberland House demonstrate that while many re-entrants face housing insecurity in part due to fractured social ties, structured support systems can help bridge these gaps and offer pathways to a more secure future.

Rent and Affordability

Many participants indicated that the high cost of rent also made securing independent housing nearly impossible after release. Without steady employment, savings, or financial support, they found themselves unable to afford market-rate housing. As David, a forty-year-old White man with a twenty-one-year incarceration history, said, "All the one-bedroom places around here, the rooms were $750 to $900 a month." Further, costs extended beyond monthly rent. Landlords often required security deposits, application fees, and proof of stable income, perpetuating these obstacles. Cumberland House was far more affordable than market options ($500 per month in rent) and did not require residents to pay additional fees, yet many participants still struggled to pay while looking for work.

Because of the rent barrier, housing and job struggles are inherently intertwined for re-entrants. Many spoke of being unable to afford rent until they could find stable employment. When asked how long he was planning to stay at the Cumberland House, Richard responded, "'til I get a better job, and then, I can start to look for places." At the time, Richard was a thirty-three-year-old Black man with a thirteen-year incarceration history, and he was working two jobs: a day job at Turkey Hill (a gas station), and a night job at DHL (a labeling and shipping company). He explained that both the schedule and the pay were obstacles toward him finding more permanent housing. Not only was he unable to afford many options because of high costs and low pay, but his busy schedule also hindered him from looking at apartments and submitting housing applications.

Finding employment was often itself a slow and difficult process, leaving many in prolonged periods of housing insecurity. Many participants described feeling trapped in a cycle of instability, knowing that they could not afford permanent housing but also struggling to find a pathway forward. The constant uncertainty of where they would live after the Cumberland House contributed to feelings of stress, anxiety, and frustration. One participant, David, explained that he was not even planning on celebrating Christmas in his first year after a twenty-one-year incarceration sentence, saying "it's all just too much." The emotional toll of housing instability often compounded other re-entry challenges, making it harder to focus on employment, parole requirements, and personal well-being.

Employment

In addition to housing barriers, all participants struggled to obtain stable employment upon release for a variety of reasons, including discrimination, transportation barriers, and health issues.

Discrimination

A felony conviction made it significantly harder for participants to secure stable employment after release than those without a felony conviction. Many described feeling as though their criminal record overshadowed their qualifications, leading to repeated rejections. Richard described his experience in this way:

I've applied for a bunch [of jobs]. My first job I applied for was a dental insurance

> company. I was gonna be like the mail room basic part-time job, and [whatever] they pay. They deny me, and I apply for Verizon, they deny me. I apply for Best Buy, they deny me. Both had really great interviews, it's just the record thing came back, and they were like, 'uh, we can't do this.'

Richard's experience illustrates that even when participants successfully applied and interviewed for jobs, background checks often resulted in being denied or offers being rescinded. This discrimination left re-entrants like Richard feeling hopeless, as they were continuously judged by past mistakes rather than their efforts to rebuild and better their lives. The same was true for David, who was applying to a job at Dollar General:

> I went to this [Dollar General] over here, and the [manager] is like, 'Oh, you have a lotta DOC experience on here, were you…' and I said, 'Yeah, I was in incarceration…You definitely not hiring me.' But [the manager] said, 'We'll give it a try anyway.' Then it didn't happen.

For David, Richard, and other participants, the label of "felon" followed them long after their release, which limited their ability to secure stable employment. Despite their skills and willingness to work, they were turned away due to background checks, employer bias, and legal restrictions. The cycle of rejection reinforced feelings of frustration and hopelessness, and perpetuated financial instability. These experiences highlight the long-term consequences of a criminal record and the need for policies that promote fair hiring practices and better support for re-entrants seeking a second chance.

Transportation

Because of discrimination and other issues finding stable employment, many participants accepted jobs with longer commutes. However, because the Cumberland House is situated in Carlisle, Pennsylvania (a sparsely populated, highly rural town), public transportation options are extremely limited. For this reason, re-entrants often had to find their own ways to get to work, whether that be by carpooling, bicycling, or walking. John was working in a hotel in Mechanicsburg, about ten miles from Carlisle, and getting a ride from another resident at the Cumberland House who worked nearby. However, when his driver and friend accepted a position elsewhere, John was forced to quit his job because he had no other way to get there. "Unfortunately, my ride situation didn't pan out, and last month, around Thanksgiving, I had to quit from there because my ride situation didn't work out or whatnot." John's

experience highlights how unreliable transportation can directly impact employment stability for re-entrants. Without access to a personal vehicle or public transit, job opportunities are often limited to locations within reach of walking or temporary ride arrangements, which makes long-term employment difficult to maintain.

Extreme Stress

John also spoke in-depth about how his overwhelming stress contributed to his employment instability. He explains:

> So, I ended up having a heart attack one night at work, and I worked all night through it and everything, came home, and then the next day, I ended up going to the hospital. I was in the hospital for about a week, and I went back to work a couple weeks later. And the first or second night, I was back, like, just the stress behind it, it made me feel like it was happening again. I was like, 'I think this is what caused this.' So, I just up and left.

John's experience at his job at DHL (a position different than his hotel job, from which he resigned due to transportation barriers) highlights the intersection of stress and employment instability for re-entrants. Many previously incarcerated individuals return to the workforce with untreated or poorly managed anxiety because of limited access to healthcare during and after long-term incarceration, and because of the incarceration experience itself. In John's case, the pressure to continue working despite a severe medical episode reveals how financial necessity often forces re-entrants to prioritize employment over their well-being. However, the overwhelming stress and lack of accommodations in John's workplace ultimately made it impossible for him to continue. His decision to quit that job reflects a broader struggle faced by many re-entrants—having to choose between maintaining employment and protecting their health. Without adequate medical support, job security becomes even more precarious, which perpetuates a cycle of instability that makes reintegration more difficult.

Richard had a similar experience when he was working two jobs. He explained:

> "I don't know that a person's primary focus when they get out should be working two jobs trying to kill yourself when you need to really get acclimated to this as much as you can and start off slow and ease into it… because of what happened to me, I got into a car accident working two jobs. I fell asleep because I was so tired."

Like John, Richard emphasized how the pressure to work hard to secure income can have disastrous consequences. The stress associated with *needing* a job, regardless of its effect on mental and physical wellbeing takes a toll on re-entrants.

In addition to on-the-job stress, the process of searching for employment also proved stressful for many re-entrants. For David, "It was [stressful] looking for a job, like… I need a sense of security like the paychecks coming in." His experience reveals that the stress of seeking employment can be just as debilitating as the stress of maintaining it. Many re-entrants face significant financial pressure to secure work immediately upon release, and the urgency to find work along with the stigma of a criminal record limiting job opportunities can create a cycle of extreme anxiety. As David described, the uncertainty of when—or if—he would secure a steady income made re-entry more challenging.

Ultimately, extreme stress in both securing and maintaining employment served as a significant barrier to long-term job stability for participants in this study. The combined pressures of financial insecurity, workplace challenges, and re-entry obligations can create an overwhelming sense of instability that made it difficult to remain employed. These challenges highlight the need for a broader support system that acknowledges the emotional hurdles that re-entrants face as they navigate the workforce.

Parole Rules

Parole was intended to help participants reintegrate into society following incarceration and monitor them for good behavior, but for many, its strict and numerous conditions created additional barriers to re-entry from incarceration. Participants described a range of challenges related to housing, employment, and daily life, often feeling like the conditions of parole restricted their ability to move forward. Curfews, mandatory check-ins, and housing restrictions limited where re-entrants could live, while job approval requirements and travel limitations made securing stable employment more difficult. Many expressed frustrations with the perceived arbitrariness of parole decisions, as these rules were often enforced inconsistently. Ultimately, rather than easing the transition from incarceration to society, parole often added another layer of difficulty to an already challenging process.

Housing

Even after securing temporary housing at the Cumberland House, parole conditions sometimes made it difficult for participants to transition to more stable, independent living situations. Restrictions on cohabitation meant that even when participants found potential housing opportunities, they often conflicted with parole rules. David was trying to transition from the Cumberland House to independent living with one of his housemates, and he details his experience:

> It's weird, like technically, you can't live with another parolee, unless they approve it… so… I had to ask the [parole officers], mine and his, if it was gonna be OK that we going to that place together, and he approved it, and they could have said no. So, there was all these rules, but they only use them whenever they deem fit to use them.

While David was able to move forward with his housing plan with the approval of his parole officer, this is not the case for others. Many encounter stricter enforcement of various rules and regulations, leaving them with few housing options beyond halfway houses or shelters. The inconsistency in parole housing policies also reinforced a sense of powerlessness among participants. As David noted, the enforcement of rules often felt arbitrary, which made it difficult for re-entrants to feel independent and secure during the transitional phase.

Daily Life

The arbitrariness of parole rules affected participants' daily lives in significant ways, making it difficult to maintain stability and regain a sense of independence. These rigid requirements frequently disrupted re-entrants' ability to work, search for housing, and reconnect with family, all under the guise of acting as an aid in the transition. In some cases, minor administrative errors or misunderstandings led to harsh consequences. William, who was living in a halfway house at the time, described how a simple error resulted in a harsh penalty. He planned to stay with a friend for the night (on a Friday), but he unknowingly needed to sign paperwork allowing him to do so. When he got a call from his parole officer telling him to return to the halfway house (because the paperwork was not signed), he was confused, but tried to get back to the halfway house as quickly as possible:

> So, I got back like three hours late, and they were like 'all right…' and then they took my Saturday and Sunday because that's the way they punish you. And when you get in any kinda trouble, then, they take your time out.

For re-entrants who often work long hours during the week, the weekend is an important time that can be dedicated to spending time with family and friends, searching for permanent housing, or taking a break to prioritize mental health. Losing this time due to strict parole enforcement increased stress and frustration. William expressed that these restrictions felt less like a form of supervision and more like an extension of his incarceration, which limited his ability to move forward.

Technology

For many older re-entrants with long-term incarceration histories, adjusting to modern technology was a significant challenge. Spending years away from society meant missing out on important advancements in smartphones, online banking, and digital communication, which left participants struggling with basic tasks that have become essential for daily life. Tasks like using a debit card, applying for jobs online, or navigating a touchscreen phone often felt overwhelming, adding another barrier to successful re-entry. Without digital literacy, many participants found themselves at a disadvantage in securing employment, managing finances, and maintaining independence in an increasingly technology-dependent world. William detailed his struggles after a nearly thirty-six-year sentence:

> I had a debit card when I got out, because whatever money you have on your prison account, they put it on a debit card, and we stopped at a Subway real quick… And when I got in the Subway…I didn't even know how to use my debit card on this thing that you swipe it on. So, I talk to them, I said, 'How do I do this, with…' I said, 'Look I just got out of prison you know…' So, I swiped it, and [the Subway employee] is like, 'Here, push this, put your pin in, and…' Oh, man, I felt embarrassed.

William's experience highlights the disorientation and embarrassment that many re-entrants feel when confronted with unfamiliar technology. For many, using a debit card is second nature, but for those who have spent decades away from society, even these routine financial transactions became daunting tasks. Beyond financial transactions, the inability to use modern technology created barriers to employment and communication. Many job applications are now exclusively online, and communication with parole officers, family, and friends has become increasingly reliant on smartphones. Michael described the difficulty of communicating in an increasingly digital world:

> I'd rather talk to somebody on the phone than text because when I talk to someone on the phone, I mean, I can say my words or whatnot and they can say their words, we can understand each other, but through text, sometimes, you can't hear sarcasm or whether it's good or bad or an attitude or whatnot, and you don't know exactly how the person is coming across sometimes.

Michael's experience shows how adjusting to modern communication can be challenging for re-entrants, especially those with long incarceration histories. Texting and digital messaging have become standard, but for those unfamiliar with these technologies, they can feel confusing and impersonal. Michael prefers phone calls because they allow for clearer communication, whereas texts can be misinterpreted. His experience highlights how technological barriers can add another layer of difficulty to the re-entry process.

These challenges compounded the stress of re-entry, as participants often felt left behind in a world that had continued to progress without them. Some attempted to teach themselves, while others relied on younger individuals, such as housemates or staff at the Cumberland House, to guide them through new technologies. Even with the support of others, difficulties using technology presented yet another obstacle that re-entrants had to overcome in addition to those related to housing, employment, parole, and mental health.

Mental Health

Mental health struggles were a significant barrier to re-entry for many participants because it made it more difficult to secure employment, maintain stable housing, and navigate the demands of parole. Conversely, difficulties with employment, housing, and parole often contributed to stress and anxiety. Long-term incarceration left many with lasting psychological effects including anxiety, depression, and general difficulty adjusting to life outside. William explained:

> Oh, just about I was struggling, like a couple weeks, like three weeks ago, I just felt really lonely and still awkward about all the people that I lost while I was incarcerated, you know, getting out here and not ever being able to spend time with my parents as an adult, you know?

William's experience highlights the profound emotional toll that long-term incarceration had on participants, particularly in terms of loneliness and grief. Many struggled with the loss of family members and friends during their time away, which left participants feeling disconnected.

In addition to general feelings of loneliness or sadness, some participants struggled in more significant ways. Richard explained his own daily struggles and detailed the process of checking himself into a mental hospital after leaving the Cumberland House:

> I still kinda struggle with the suicide stuff, and a lot of it has to do with just not really seeing a point to life and not really viewing my own purpose, so a lotta struggles with that, on a day-to-day basis… I went to a mental hospital, and I was there because of the suicidal stuff… I checked myself in, walked right in the front door, I did, because it was either that or do something stupid.

Richard's experience reveals the severity of mental health challenges faced by some re-entrants. For him, seeking inpatient mental health care was a crucial step in protecting himself from self-harm, but many formerly incarcerated individuals struggle in silence because they are unsure of how to get help or hesitant to seek treatment because of stigma. In fact, Michael explained that to schedule appointments with a mental health counselor and obtain his medication, he had to "set those things up [himself]."

Michael's experience emphasizes the lack of structured mental health support during the re-entry process. While many participants recognized that they needed counseling or medication, and staff members at the Cumberland House often pointed them in the direction of local practitioners, the burden of navigating the healthcare system often fell largely on re-entrants. With limited guidance and assistance, those in need of mental health services were primarily left to manage their conditions alone.

While generally, re-entrants struggle with mental health, many residents at the Cumberland House acknowledged that the peer support program was helpful to them as a social network. David shared, "I mean, you can do it on your own, it's hard, but when you have people to help you, like the people here, the organizations, the community, it's a lot easier." David's experience highlights the crucial role that the Cumberland House played in easing the emotional burdens of re-entry for some. While formal mental health services were often difficult to access, the support of peers, staff, and community members both within and outside of the program provided participants with a sense of stability and encouragement. Many residents found comfort in being around others who understood their struggles; this created an environment where they could share experiences and seek advice. This sense of

community helped alleviate feelings of isolation, reinforcing the idea that they were not navigating the re-entry process alone. However, not every re-entrant has access to structured support programs like the Cumberland House. Many individuals are released without a stable place to live, a built-in support network, or guidance on how to access necessary resources, making their reintegration process even more difficult than what these participants experienced.

Chapter 4 Discussion and Conclusion

This study examined the re-entry experiences of older individuals with long-term incarceration histories, focusing on barriers relating to housing, employment, mental health, parole, and technology. A mixed-methods approach permitted a fuller understanding of these challenges, as quantitative data alone identified broad patterns and qualitative data captured the complexity of re-entry experiences. Quantitative findings confirmed that while older individuals were the least likely to recidivate compared to younger populations, they faced significant challenges in securing employment and managing mental health. However, housing instability was a widespread issue across all age groups. The qualitative analysis further illustrated how these barriers often intertwine and reinforce one another, creating cycles of instability that make re-entry immensely difficult. Employment struggles affect housing insecurity, mental health issues complicate the ability to work, and technological barriers exacerbate difficulties in daily life. By incorporating lived experiences alongside statistical trends, these findings suggest that while older re-entrants with longer incarceration histories may not frequently recidivate, they still face extreme hardship (likely greater than their younger incarcerated peers) in transitioning to life post-release. These results contribute to the broader understanding of re-entry by expanding upon existing literature and emphasizing the need for policies and programs that address the interconnected nature of these barriers, particularly for older individuals with long-term incarceration histories.

To further assess these barriers, this study tested several hypotheses regarding the relationship between age, recidivism, housing, employment, mental health, physical health, and family and social support. The following section evaluates these hypotheses considering both the quantitative and qualitative findings, highlighting where the data supports existing assumptions and where unexpected patterns emerged.

The first hypothesis—that an increase in incarceration length and age leads to a decrease in recidivism—was supported by the data. As seen in Table 2, only 8.4% of those aged fifty or older recidivated within six months compared to 12.2% of respondents aged 18-29. Regression analysis showed that older re-entrants, particularly those aged fifty and older, were significantly less likely to recidivate than

younger cohorts. These findings align with Western's (2018) observation that criminal involvement typically decreases with age. Qualitatively, older participants with lengthier incarceration histories expressed a strong desire to avoid returning to incarceration, a motivation that was often tied to the aging process and the length of their past confinement. Feeling as though they had missed many life opportunities during their incarceration, participants were determined to find success in their reintegration.

The second hypothesis posited that as incarceration length and age increase, access to housing and housing stability decreases. The data partially supported this hypothesis, revealing that while older re-entrants did face significant housing challenges, housing instability was widespread across all age groups. 47.9% of those aged 50+ did not have post-release housing compared to 48.1% of 18-29-year-olds (see Table 11). Qualitative analysis, however, revealed distinct age-related difficulties. Older re-entrants, especially those with longer incarceration histories, were more likely to have lost familial and social ties over extended periods of incarceration, which reduced their immediate housing options upon release. Interviews highlighted experiences of estrangement and the erosion of support networks, which contributed to feelings of isolation and instability. These findings are consistent with existing literature that emphasizes the importance of family support in securing post-release housing.

The third hypothesis, that an increase in incarceration length and age will lead to a decrease in access to employment and employment stability, was supported by the data. Both quantitative and qualitative findings illustrated how older re-entrants faced significant employment barriers, including discrimination, technological illiteracy, and extreme stress which contributed to difficulties with both obtaining and maintaining a stable job. Table 12 reveals that there is a statistically significant relationship between age and the ability to obtain a job post-release. Only 27% of those aged 50+ had a job after release, compared to 38% of those aged 18-29. Consistent with Pager's (2003) findings, interviews revealed significant discrimination against re-entrants, which was often exacerbated for those who served lengthier sentences. Similarly, older re-entrants with longer incarceration histories struggled immensely with technology, which impacted their ability to search for, apply for, and communicate about jobs. Participants

described ongoing feelings of rejection and stress regarding their employment prospects, which reflects broader trends identified in prior research (Williams and Abraldes 2007).

The fourth hypothesis asserted that an increase in incarceration length and age leads to a decrease in overall mental health. Analysis strongly supported this hypothesis. As seen in Table 13, 43% of participants aged 50+ had active mental health needs compared to 35.4% of those aged 18-29. In interviews, participants described significant mental health struggles, notably feelings of isolation, grief, anxiety, and depression that intensified with age and extended separation from society. This aligns closely with the literature, which highlights that long-term incarceration exacerbates mental health conditions and that older individuals often face greater mental health needs compared to younger re-entrants (Williams and Abraldes 2007). Interviews revealed that participants struggled with mental health but frequently lacked adequate support, which perpetuated their difficulties with other aspects of the re-entry process, such as maintaining employment and prioritizing family and social relationships.

The fifth hypothesis—that an increase in incarceration length and age leads to a decrease in family and social support—was supported in qualitative analysis. Participants reported fragmented relationships, estrangement from family and friends, and limited social support systems upon release, consistent with prior literature. Qualitative data particularly highlighted the consequences of long-term incarceration on relationship deterioration, as older individuals experienced significant loss of familial and social networks. This absence of social capital further complicated their efforts to successfully reintegrate into society by limiting housing and employment opportunities and contributing to feelings of isolation, anxiety, and depression.

These findings underscore that re-entry barriers do not exist in isolation but instead compound and exacerbate one another, creating complex challenges for older re-entrants with long-term incarceration histories. Qualitative analysis revealed that housing instability, employment struggles, mental health difficulties, parole restrictions, technological instability, and lack of social support were deeply interconnected, often reinforcing each other to create cyclical instability. For instance, difficulties securing or maintaining employment limited participants' ability to afford stable housing, while unstable housing

heightened stress and negatively impacted mental health. Similarly, parole conditions could restrict employment and housing options, further exacerbating mental health struggles and feelings of isolation. These compounded challenges left participants in a constant state of instability, which hindered their ability to successfully reintegrate into society. Thus, addressing re-entry barriers individually is insufficient; effective reintegration requires a more comprehensive approach that recognizes the complex interplay between these issues and provides targeted support across multiple domains.

Limitations and Future Directions

Several limitations should be acknowledged. First, the study's sample consisted exclusively of participants from Pennsylvania, limiting the generalizability of findings. Future research should include participants from diverse geographic regions and re-entry contexts to understand how barriers vary by location and available resources. Second, the quantitative analysis was limited by the availability and quality of existing data, restricting the range of variables measures. For example, existing literature has emphasized the importance of family in the re-entry process, but the only available family variable in this dataset was marital status. Similarly, the measurement of substance use variables may paint an unclear picture of their effects. The variables were operationalized in terms of whether participants had or did not have "verified problems" with drugs and alcohol. This relies on self-reported data, interviews, and surveys wherein participants may not report addiction. Subsequent studies could benefit from incorporating more robust quantitative measures to provide greater insight into the factors influencing successful reintegration.

Additionally, while the qualitative analysis provided rich, detailed narratives, the small sample size (N=6) limited the breadth of experiences captures. Future studies would benefit from larger qualitative samples that include a sample of younger re-entrants to ensure a wider range of perspectives and experiences are represented. Lastly, the participants in the qualitative portion of the study benefited from semi-structured support services provided by Cumberland House, distinguishing their experiences from those of typical re-entrants, whose struggles are likely even more extreme. Future research should specifically examine populations without access to structured re-entrants to gain a more comprehensive

understanding of barriers faced by the broader population of formerly incarcerated individuals, or examine more programs similar to Cumberland House to understand how these initiatives serve to ease the transition.

Policy Implications

This study provides important insights that carry significant policy implications for re-entry programs and criminal justice reform. The findings underscore the complex and interconnected barriers that older re-entrants face, particularly regarding employment, housing, mental health, parole compliance, support networks, and technology. While re-entry will likely remain challenging for most individuals due to structural and social factors, the experiences of participants at Cumberland House indicate that structured, supportive re-entry programs may serve to ease this difficult transition.

Programs such as Cumberland House offer valuable examples of how community-based, trauma-informed support can mitigate some of the most critical re-entry barriers. By providing stable housing, fostering peer support networks, and offering practical guidance in various areas, these programs have the potential to reduce recidivism and increase successful reintegration across all age groups. Policymakers should consider investing in and expanding access to similar initiatives, particularly in underserved areas or for populations that are disproportionately impacted by long-term incarceration.

Additionally, policies should address broader systemic challenges identified in this research. Improving access to post-release health care, reducing discrimination through fair hiring practices, and enhancing technological literacy programs specifically tailored for older re-entrants could greatly enhance re-entry outcomes. Recognizing and addressing parole restrictions that unintentionally hinder re-entry, such as overly rigid housing rules or inconsistent enforcement of parole conditions, could further reduce barriers to successful reintegration.

Finally, the unique challenges faced by older re-entrants highlight the importance of targeted, age-specific support. Policymakers should advocate for tailored programs that address not only practical needs like housing and employment but also socioemotional needs like mental health, social connection, and technological proficiency. By adopting comprehensive re-entry policies, society can create a more

supportive environment for formerly incarcerated individuals, ultimately facilitating a smoother and more successful transition back into the community.

This study demonstrated that while older re-entrants may have a reduced likelihood of recidivism, they still encounter significant obstacles that hinder their successful reintegration. These findings underscore the complexity and interrelated nature of re-entry barriers, which emphasizes the importance of holistic and supportive programs. The Cumberland House serves as a promising example of how targeted, trauma-informed support can significantly improve post-release outcomes. Moving forward, policy and community initiatives should prioritize comprehensive support systems that address housing, employment, mental health, social connections, and technological literacy to ensure successful reintegration for older individuals with long-term incarceration histories.

Appendix

Interview Guide

Cumberland House Reentry Project (CHRP)

Interview Guide February 23, 2023

This is a semi-structured questionnaire. However, your approach with every participant should be quasi-conversational. Allow participants to introduce as much unique, historical, and contextual detail as possible based on their experiences with reentry, social support, and their transition into the house. You should also be attentive to covering the domains identified, but not every interview is expected to cover all domains. You are the one to decide when to follow a participant's lead if it provides useful new data for the project. The probes listed below are suggestions of questions within a given domain. You do not have to ask all the questions, and some may be redundant. At the end of the interview, write a summary of any practical details (e.g., setting, emotion not picked up by a recorder, body language, discussions before and after the interview, etc.) that you see fit and offer your reflections on what you have just reviewed. This can include any reflective notes you have about specific instances within the interview or your general impressions about the interview.

The interview aims to elicit the participant's experience with, attitudes toward, and suggestions about reentry and the housing intervention. Interviewers should listen for themes during the course of the interview and probe accordingly.

Common probes:
- What do you mean by…?
- How did that make you feel?
- What did you think about that?
- How was that for you?
- Explain what you mean.
- Tell me more about that.
- Use of silence, mhm, uh-huh to encourage further elaboration.
- Can you give an example?

Key Domains
Social support (includes social interactions, networks, peers, group cohesion, family), Reentry process, Housing stability, Employment, Behavioral Health, Recidivism.

Interviewers: Ask each interviewee how they would like to be addressed (first name, Mr. [last name], etc.). Use person first language.
• Do not use terms such as: Inmate, prisoner, convict, parolee, former prisoner, offender.
• Use: Incarcerated person, person on parole, formerly incarcerated person.
• Participants living at Cumberland House will be referred to as "residents."

Section 1: The interviewer will discuss the purpose of the interview
You recently completed a survey that asked general background, health, and relationship information, but now I would like to ask you a bit about your background, your personal history, and your experiences with reentry and the Cumberland House. Please don't answer any question that you don't want to. What I learn from you today will hopefully be used to improve reentry and housing programs. There are no right or wrong answers. You are free to skip any question that you don't want to answer. Everything we discuss today will be kept confidential. There will be nothing to personally identify you, and we will only share what you say here today with the other research team members. The interview will take about one hour to complete.

• Do you have any questions before we start?
• Is it all right if I take notes during our conversation to help me remember things?
• Can I turn on the recorder?

Section 2: Background information and personal history
I would like to start by having you tell me a little bit about yourself.
• Can you tell me a little bit about your background? How did you grow up? What was your family like?
    o Probe: brief information on family education and demographic background. Briefly probe for major challenges encountered as a child (family or individual), and any involvement in juvenile justice or child welfare system.
• Before your time in prison, how did you make ends meet?
    o If mention employment: Can you tell me what kind of jobs you held?
• Before your time in prison, where were you living, and who did you live with? Had you ever lived anywhere else? Did you ever have a period where you did not have a stable home of your own? Did you ever stay in shelters, on the streets or in an abandoned building or place like that, did you ever couch surf?
• Do you consider yourself religious or spiritual?
    o How important is religion or spirituality to you?
    o Did your faith help you during your incarceration? Did it change in importance to you while you were in prison? How does it help you in your daily life?

Section 3: Transition into Housing/ Reentry Process
I'm interested in understanding what your experience was like since you've been living in this house. You may not have had all these experiences, and that's OK. I'm just interested in learning what it has been like for you.
3a. Transition Process
• How did you find out about the Cumberland House?
• How was it decided that you would move to the Cumberland House after leaving prison?
• What do you hope to achieve in this program?
• Where would you have gone if you had not learned about or had not chosen Cumberland House?
    o How do you think that living situation would have been for you?
• Have you ever lived in a halfway house or community corrections center before?
    o If so, how did that go? How is this house different?
    o Probe for: if this is not first reentry—how this house/ this experience differs from

previous reintegration attempts
- How prepared did you feel to leave prison?
- <Especially for very long-timers>: How has America changed during your incarceration?
    - How do you plan to adjust to the changes you see?
- Is there anything or anyone you miss from prison?
- Did you have status and respect from peers in prison?
    - Did this matter to you?
- When you were incarcerated, did people consider you an "old head"? Why or why not?
    - Probe for: did they want to, or choose not to, be an old head in prison. change of power, being in charge (or not), change in status- how has that changed since entering the house?
    - Probe for: were they close with anyone in prison, what was their social network like in prison
- Do you plan to stay in contact with anyone from prison?
    - While you were still in prison, was there anyone who has been released that you stayed in contact with?
- Can you tell me about your Aftercare Plan?
    - Probe: Reactions to Aftercare Plan; anything you would like to change about it?
- Thinking back to when you were in prison, was there anything that could have been done to better prepare you for reentry?
- What did you think would be most difficult about moving into the house?
- Tell me about your first day arriving at the Cumberland House. What was your initial impression? What was your transition into the house like?
- How would you say your first week staying at the house went?
    - Probe: Adjustment to building, catching up with family and old friends, how do you spend your time?
    - Probe: How engaged are you with the house? How much control do you have over your time?
    - Probe for: any experiences of rejection, how they cope with rejection
    - Probe for navigating space, change in autonomy
- What do you think of the community where the house is located (Carlisle)? How does it compare to the places you've lived in the past?
    - Do you think this is a good location for the house or do you wish it were somewhere else?
- How long do you think you'll stay here? Do you already have some place in mind that you would like to go when you leave, or anywhere else you could stay now?
- Can you describe something/ an event/ moment that has made you happy since you have been out?
- What about something that has really annoyed you/ made you angry?
    - How did you deal with that?
- What has changed for you since you've moved into the house?
- How do you feel about living here?
    - Do you think it will be hard to adjust to living here?
- Do you feel the Cumberland House staff is concerned about you? Why or why not?
- Do you feel the staff cares about your wellbeing? Why or why not?
- Do you feel the staff cares about your opinions? Why or why not?

• Have you come to any staff members with any problems yet?
• Have you settled into a daily routine here yet?
    o What does that look like?
• How do residents get along in the house?
• Are there fights or arguments in the house?
    o How do those affect you?
• What are the positives of being in the house?
    o The negatives?
• Thinking about your transition into the house and your time here so far, what has gone well?
    o What has not gone well?
    o What could have helped things come out differently?
• Please walk me through your daily life here.
    o Probe for: What do you do, Who do you talk to? What do you do in the evenings> In the morning?
• What do you think a successful outcome in this program looks like?
• If you had all the money and resources in the world to design the reentry housing program, what kind of program would you create?
    o What type of services do you think should be included?
    o What would be ideal for you?

Section 4: Social Support
This next set of questions is going to concern the places and people who you interact with, and the places and people who you can turn to for support.
4a. Social Networks
• Walk me through your connections with the other people who are also living in the Cumberland House:
    o Do you feel that any of the other residents trust you?
    o Do you trust any of the other residents?
    o How is communication among the residents?
    o Do you feel respected by any of the other residents?
    o Do you respect any of the other residents?
    o Who do you get along with most?
    o Are there any other residents you admire or view as a role model?
▪ If so, what makes them a role model?
    o What activities do you all do together?
    o Do residents help one another out? Have any of the other residents helped you? What did they do?
    o Have you helped any of the other residents? What did you do?
    o Did you have a relationship with any of the people in the house while incarcerated?
    o How has that relationship changed since reentry?
• Have you been in touch with or reconnected with any friends and family since you have been out? How has this gone for you?
    o Probe: relationship with parents, partner, children, and/ or siblings
    o Probe: How was your relationship with your children and partner before/ during incarceration? How is it now?
• Is there anyone you hope to reconnect with?

- What might help make that happen? What might make that difficult to do?

• Do you know anyone living in the area?
- Probe: Latent ties they may try to connect with.

• Outside of house residents, who do you spend time with in your daily life?
- What activities do you do together?

• Outside of house residents, does anybody else help you out? What or who do you turn to for support?
- What about this person or these people make them a good support for you?
- Do you help out any of these people?
- Probe for: church, friends, family, romantic partner, caseworkers, medical care providers?
- Probe for: draining ties
- If romantic partner- probe for- did they have contact during incarceration, is their partner planning on helping them during reentry, do they expect to live together, how much contact do they have?
- If family is mentioned- probe for parental relationship, parental health, relationship with siblings, age and relationship with children.

• Do you attend religious services?
• Do you attend any other kinds of clubs or meetings?
• Since leaving prison, have you met someone new and told them about your recent reentry?
- Probe for stigma: How did they react?
- (If they do not know) why haven't you told them?

4b. Peer Support Services

• Have you connected with your peer support specialist yet?
- What was your first meeting like?
- How often do you meet, what do you talk about?

▪ Probes:
▪ What do they suggest you do?
▪ What did they say?
▪ What did you think?
▪ Did you trust their opinion? Why or why not?

• What have they helped you with, what do you think they will help you with in the near future?
• What services would you like from your peer support that you are not currently receiving?
• Do you think peer support will be valuable as you navigate reentry? Why or why not?
• Had you met any of the peer support specialists before you moved into the house?
- If yes: Has your relationship with them changed?

4c. Other Support Services

• Do you have any other professionals (social worker, case manager, pastor/spiritual advisor, mental health professional, attorney) that you work with on a constant basis? Who?
• Do you receive any kind of financial assistance or material assistance, for example from the government or from a local organization?
• Have you had any kind of assistance in finding a job after leaving prison?

[If YES to any of above, probe the relevant questions for each type of service]:
- How long have you been involved with this person or program?
- How did you learn about this person or program?
- What was the process of applying for this program? Did you receive any help from

anyone doing so?
o What is your relationship like with this person?
o What does he/she do for you? What does he/she not do for you that you think he/she should do?
o How satisfied are you with the kinds of services this person or this program is giving you?
o What services would you like from this person or program that you are not currently receiving?

[If NO]:
o Have you ever thought about or wanted to work with such a person? What has prevented you from doing so?
o Are there any types of support programs that you would like to apply to? What has prevented you from doing so?

Section 5. Health, Mental Health, and Medical Care

5a. Physical Health

I'll ask you about mental health in just a bit, but I'd like to focus now on your physical health.

• Do you have any physical illnesses?
o Were you diagnosed? When?
o What kind of treatment did/do you receive?
• What are your plans for health care? Do you have health insurance?
• Are you on any regular medications?
o Do you know how you will pay for these prescriptions?
• Do you receive any therapies for your physical health?
o Do you know how you will be able to continue these?
• How has your physical health been since your release? Have you had any changes to your health?
o Probe: How do you plan to stay healthy?
o Probe: Are you connected to care? Do you have the tools to maintain your health?
• In general, how do you think being formerly incarcerated affects your experiences with service providers like medical providers or doctors?
• Have you ever felt mistreated (e.g., demeaning language, concerns not taken seriously, not given medications) by medical providers?
o What did you do in these situations (e.g., go somewhere else, not return for follow-up, complain to management)?
• Are there any medical services (primary care, dental care, vision), that you need but haven't used? Why?
• What kinds of services do you think you would benefit from the most?
o What do you think will help you be able to access these services? What might get in your way?

5b. Mental Health

We have a few questions for you that concern your mental health, how you're feeling and how you view your future.

• Do you have any mental health issues?
o Were you diagnosed? When were you diagnosed?
o Do you feel that mental illness was a factor in causing your incarceration?

• While incarcerated, did you get treated for any mental health issues?
    o What kind of treatment did you receive? (medications, group therapy, seeing a psychiatrist).
• Will you get help with mental health issues while you're here in the house?
• Have you noticed changes in your mental health since arriving at the house?
• What do you think the program could do to best help people with mental health issues?

5c. Stress and coping

• In an ideal scenario, where would you like to be and what would you like to be doing a year from now?
    o How likely do you think it is that this will happen? What do you think could help you get to this place? What might get in your way?
• What are your most important life goals?
    o What do you have to do to achieve those goals?
    o How likely do you think it is for you to achieve them?
    o What motivates you to achieve those goals?
• What goals or milestones have you already achieved?
• Who do you aspire to be like?
    o And/or: Who are your role models?
• What does a good life look like for you?
• What worries you most about your life? What do you think you need the most help with?
• What has stressed you out most since you have been released?
• How did you relax/handle stress in prison? How do you handle stress now?
    o Probe: Are there any stress relieving strategies other people use that you think might work for you?
• What is your overall mental and physical health and stress level like compared to when you were incarcerated?
    o Probe: How was your stress level the first few days out of prison? Did you find it difficult to adjust to a new routine?
• What has made you happy since your release?
• Is there anything that is worse here than in prison?

5d. Drug and Alcohol Experiences

This next set of questions is going to ask you about sensitive topics that may make you uncomfortable. Please be honest when answering. We want to get accurate and complete information about your life. There are no right or wrong answers. If you do not want to answer any question, please say so and we can move on to the next.

• Starting from your earliest use of drugs or alcohol, can you give me a brief outline of your history of substance use?
    o Probes, if needed: Age of first use? Frequency of use? Periods of acceleration or deceleration of use?
    o Did you use drugs before you were incarcerated?
• Have you used drugs or alcohol after being incarcerated? Walk me through what happened- how soon after you were released did you start using?
• Have you ever been in drug or alcohol treatment? What kind of program were you in and what was that like?

I'd like to ask you questions about your drug and alcohol use since you entered Cumberland House.

If no substance use:

• Is staying off drugs or alcohol important for you? If so, do you anticipate any challenges? If so, what?
• How do you plan to handle those challenges?
• Do your close friends, romantic partner, family use alcohol or substances?
    o Does their substance use concern you?
    o (Probe for using drugs/ drinking during social time together, any abstinence concerns)

If use substances now:
• Do you drink alcohol?
    o How often?
    o How much?
    o How does this affect you making/keeping appointments?
• Take opiates- heroin, fentanyl, pills?
    o How often?
    o How does this affect you making/keeping appointments?
• Take cocaine/crack?
    o How often?
    o How does this affect you making/keeping appointments?
• Take speed, meth?
    o How often?
    o How does this affect you making/keeping appointments?
• Use marijuana?
    o How often?
    o How does this affect you making/keeping appointments?
• Do you currently inject drugs?
    o Have you ever?
    o Do you usually use alone or with someone?
    o If with someone, who is that person?
    o Tell me more about that.
• Have you talked with any of your providers, peer support, case manager, probation officer, about your drug use?
• How do you think your drug or alcohol use has impacted other aspects of your life, either positively or negatively?

Section 6: Housing Stability/Employment

The next questions will concern some of the things that you might be getting in place now that you have left prison.

• Are you currently working or in school?
    o What is your current job? Hours and pay? Walk me through how you got this job. What do you like about this job? What do you not like about this job?
    o What kind of program are you enrolled in? Why did you enroll in this program? How are you funding this program?
• Are you currently looking for employment?
    o How are you looking for employment? Do you feel that you know how to find employment? Do you have any concerns about finding employment? Do you feel you're ready for employment?
    o Probe for/ note experiences of rejection, how they cope with rejection

- Do you hope to go back to school one day?
    - What do you want to go back to school for? What would help you do so? What would get in your way?
- How do you plan to meet your financial needs in the coming months? (Probe for: tax paying job, last employment, gvt assistance, support from friends/ family, other income generating strategies)
- What are your expectations about your future employment?
    - What type of work?
    - What kind of work environment?
    - Do you feel you're ready for employment?
- How are you feeling about your ability to support yourself?
    - If no job: Why has it been difficult for you to find employment?
    - Probe: What are your most important financial responsibilities?
    - Probe: Is anyone helping you pay the bills, making sure you're doing well?
    - Probe or note: credit issues.
- Competing demands:
    - Where does your time go? (Commitments, conflicts that can get in the way)
    - How do you manage day-to-day responsibilities?
- Food insecurity:
    - Do you have enough food?
    - Do you go hungry?
    - Get the right food for your diet?
    - If any food insecurity: Do you know of people or places you can turn to to get food in emergencies?
- What are your expectations for housing in the future, like after you leave Cumberland House?
    - Do you expect to live with family members, friends, or roommates? If so, who?
    - Do you feel you are ready for that type of housing?
    - Do you think you will be able to secure this type of housing after you leave? What would help or hurt?
- Logistical issues (travel)
    - Transportation: How do you get around- do you have a car, walk, take the bus? How long does it take you to get to your appointments? How do you pay for this?
    - What does your ideal situation look like for meeting your transportation needs? How might you achieve this situation?
- Do you have any debt that you need to pay off?
    - Follow ups:
        - Child Support owed? Will you be "behind" on child support when you leave?
        - Court Costs?
        - Fines?
        - Credit Card Debt?
        - If yes, is there someone who might help you pay off debt? Do you have a plan in place for paying off the debt?
- Are you having trouble getting any necessary documents or services, like a social security card, medical or unemployment insurance, driver's license, or birth certificate?

Section 7: Recidivism

This is our final section of the interview. I have a few more questions for you about your future out of prison. I really appreciate all you have shared with me thus far.

- What do you think will help you be successful in establishing yourself and preventing a return to prison?
- Probe for: what do they think they need to do to decrease their likelihood of returning to prison?
- Probe for: how might their personal identity based on their lived experience serve as an obstacle- what do they perceive as their obstacles to successful reentry
- In the future, do you want be a mentor or teacher to others with drug or crime problems? If so, do you have specific plans for how you will do this?
- Have you been on probation or parole before? How many times?
    - Could you tell me about your reentry process last time?
    - Did you have trouble getting stable housing?
    - Did you have trouble finding employment?
    - What do you think could have gone better last time?
    - What do you hope will be different this time?

Section 8: End Interview

End interview by thanking participants and asking if there is anything else that they would like to say or that they think we should know.

- Is there anything else we should know about reentry, the Cumberland House, or any related issue that you think is important that we did not already ask about?
- Is there any topic that you thought we would discuss that I didn't ask you about?
- Do you have any questions for me?

Add for 2nd interview:

- How have things been since we last talked?
- Probe for: experiences of rejection, how they cope with rejection
- What are the positives for you in the building?
- What has gone well?
- What has not gone well?
- Has anything surprised you about life outside of prison? Has anything been different from what you expected?
- What has changed in your life?
- How have your relationships with people changed?
- Who do you spend time with?
- Social networks before verses now
- Changes in social services, case managers, etc.
- Reconnections with family/ old friends
- Employment changes, searches
    - Has your income changed?
    - From what you can tell, how do you think income has changed for others?
- Health issues, services: access to health care and barriers
- Drug and alcohol use changes
- Behavioral health changes
- What goals or milestones have you achieved in your reentry so far?

    - Probe: What accomplishments from the last few months are you proud of?
    - What has been the biggest disappointment so far?
    - Probe: Anything you didn't achieve but really wanted to?

- What is The Cumberland House from your perspective?
- What are the key components of The Cumberland House that you think have made the biggest positive difference for you? In other words, what works best about The Cumberland House?
- From your perspective, are there any elements of The Cumberland House that simply do not work; if so, what and why?
- What do you think it means to participate in The Cumberland House?
- What do you see as the impact of The Cumberland House for residents, staff and the community?
- Would you recommend the Cumberland House or similar program to other previously incarcerated men like you?
- What are your goals for the next few months? What do you hope to be doing when we speak to you next time?
    - What are your plans for making that happen?

Exit Interview

- How do you see your time in the building?
- Did you benefit from being there?
- How do you think others have benefited from being here?
- What kind of things are going well for you?
- What kind of things are still a struggle?
- What could have helped things come out differently?
- What kind of people do well in the building?
- What would make things more successful for people?
- Based on your experiences, what are the advantages of living there?

o Disadvantages?

- Is there a way we can stay in touch with you?

BIBLIOGRAPHY

Auerhahn, Kathleen, James E. McGaha, and Roger C. Swanson. 2005. "The Role of Halfway Houses in the Criminal Justice System: An Analysis of Current Practices and Recommendations for Change." *Crime and Delinquency* 51(1):51-75. doi:10.1177/0011128704264946.

Bolton, Rendelle, Thomas Byrne, Graeme Fincke, Justeen Hyde, Bo Kim, and Samantha Rendon. 2022. "Enhancing Community Integration after Incarceration: Findings from a Qualitative Study." *Health and Justice* 10(33):1-15. doi:10.1186/s40352-022-00173-w.

Berg, Mark T., and Beth M. Huebner. 2011. "Reentry and the Ties that Bind: An Examination of Social Ties, Employment, and Recidivism." *Justice Quarterly* 28(2):382-410. doi:10.1080/07418825.2010.498383.

Boman, John, Thomas Mowen, Joshua Cochran, and Ryan Meldrum. 2018. "Family Matters: Moving Beyond "If" Family Support Matters "Why" Family Support Matters during Reentry from Prison." *Journal of Research in Crime and Delinquency* 56(4):483-523. doi:10.1177/0022427818820902.

Bushway, Shawn D., Hui-Shien Tsao, and Herbert L. Smith. 2016. "How the U.S. Prison Boom has Changed the Age Distribution of the Prison Population." *Journal of Criminology* 54(1):30-55. doi:10.1111/1745-9125.12094.

Carson, E. Ann, and Daniela Golinelli. 2013. "Prisoners in 2012: Trends in Admissions and Releases, 1991-2012." *Bureau of Justice Statistics.* Retrieved (https://bjs.ojp.gov/library/publications/prisoners-2012-trends-admissions-and-releases-1991-2012-revised).

Clark, Valerie A. 2015. "The Effect of Community Context and Post-Release Housing Placements on Recidivism: Evidence from Minnesota." *Minnesota Department of Corrections.* Retrieved (https://mn.gov/doc/assets/Ecology_Study_-_April_2015_tcm1089-272810.pdf).

Couloute, Lucius and Daniel Kopf. 2018. "Out of Prison and Out of Work: Unemployment among

Formerly Incarcerated People." *Prison Policy Initiative* 1-14. Retrieved (https://www.jstor.org/stable/pdf/resrep27307.pdf?refreqid=excelsior%3Ad06d91282ce74%090412add8768006d462a&ab_segments=&origin=&acceptTC=1).

Grigg, Amanda and Gregg Rosenfeld. 2022. "The Limits of Recidivism: Measuring Success After Prison." *National Academies of Sciences, Engineering, and Medicine.* Washington, DC: The National Academies Press.

Harding, David J. and Jeffrey D. Morenoff. 2014. "Incarceration, Prisoner Reentry, and Communities." *Annual Review of Sociology* 40:411-429. doi:10.1146/annurev-soc-071811-145511.

Herbert, Claire W., Jeffrey D. Morenoff, and David J. Harding. 2015. "Homelessness and Housing Insecurity Among Former Prisoners." *The Russell Sage Foundation Journal of the Social Sciences* 1(2):44-79. doi:10.7758/RSF.2015.1.2.04.

Kennedy, Stephanie and Carrie Pettus. 2022. "Housing Stability After Incarceration." *Institute for Justice Research and Development*. Florida State University. Retrieved (https://ijrd.csw.fsu.edu/sites/g/files/upcbnu1766/files/Publications/Housing_Stability_After_Incarcera.pdf).

La Vigne, Nancy G. and Rebecca L. Naser. 2006. "Family Support in the Prisoner Reentry Process: Expectations and Realities." *Journal of Offender Rehabilitation* 43(1):93-106. doi:10.1300/J076v43n01_05.

Liem, Marieke. 2016. *After Life Imprisonment: Reentry in the Era of Mass Incarceration.* New York, New York: New York University Press.

Lockwood, Susan Klinker, John M. Nally, Taiping Ho, and Katie Knutson. 2015. "Racial Disparities and Similarities in Post-Release Recidivism and Employment among ex-Prisoners with a Different Level of Education." *Journal of Prison Education and Reentry* 2(1). Retrieved (https://files.eric.ed.gov/fulltext/EJ1148844.pdf).

Maruschak, Laura M., Jennifer Bronson, and Mariel Alper. 2021. "Survey of Prison Inmates, 2016: Disabilities Reported by Prisoners." *Bureau of Justice Statistics*. Retrieved

(https://bjs.ojp.gov/content/pub/pdf/drpspi16st.pdf).

National Conference of State Legislatures. 2022. “Legislative Primer Series on Community Supervision: Limiting Incarceration in Response to Technical Violations.” [Issue Brief]. Retrieved (https://www.ncsl.org/civil-and-criminal-justice/community-supervision-limiting-incarceration-in-response-to-technical-violations).

Nguyen, Holly, Kyle J. Thomas, and Jennifer J. Tostlebe. 2023. “Revisiting the Relationship between Age, Employment, and Recidivism.” *Journal of Criminology* 61(3):449-481. doi:10.1111/1745-9125.12338.

Onyeali, Rose, Benjamin A. Howell, D. Keith McInnes, Amanda Emerson, and Monica E. Williams. 2023. “The Case for Transitional Services and Programs for Older Adults Re-Entering Society: a Narrative Review of US Departments of Corrections and Recommendations.” *International Journal of Prisoner Health* 19(1):4-19. doi:10.1108/IJPH-08-2021-0073.

Pager, Devah. 2003. “The Mark of a Criminal Record.” *American Journal of Sociology* 108(5):937-975. doi:10.1086/374403.

Severson, Margaret E., Christine Bruns, and Diane S. Fletcher. 2011. “Prisoner Reentry Programming: What’s Needed and What’s Provided.” *Criminal Justice Policy Review* 22(1):71-92. doi:10.1177/0887403410374238.

Small, M.L. 2011. “How to Conduct a Mixed Methods Study: Recent Trends in a Rapidly Growing Literature.” *Annual Review of Sociology* 37(1):57-86. doi:10.1146/012809.102657.

Taxman, Faye S., April Pattavina, and Michael Caudy. 2014. “Justice Reinvestment in the United States: An Empirical Assessment of the Potential Impact.” *Victims and Offenders* 9(1):50-75. doi:10.1080/15564886.2013.860934.

Western, Bruce. 2018. *Homeward: Life in the Year After Prison.* New York, New York: Russell Sage Foundation.

Williams, Brie A., James McGuire, Rebecca G. Lindsay, Jacques Baillargeon, Irina Stijacic Cenzer, Sei J. Lee, and Margot Kushel. 2010. “Coming Home: Health Status and Homelessness Risk of Older

Pre-release Prisoners." *Journal of General Internal Medicine* 25, 1038–1044. doi:10.1007/s11606-010-1416-8.

Williams, Brie and Rita Abraldes. 2007. "Growing Older: Challenges of Prison and Reentry for the Aging Population." *Public Health Behind Bars* 56-72. doi:10.1007/978-0-387-71695-4_5.

Wyse, Jessica. 2016. "Older Men's Social Integration After Prison." *International Journal of Offender Therapy and Comparative Criminology* 62(8):2153-2173. doi:10.1177/0306624X16683210.