

The Major Problems Men Face During and After Incarceration:

A Literature Review on the Effects of the Prison System

Spring 2020

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## The Burdens of the Incarceration System

**Question:** What are the major issues men of all races are facing during and after incarceration in the United States?

### **Introduction**

#### *America's Prison System*

Mass incarceration in America is unlike any other country. More people are living in prison in one state in America than people imprisoned in entire countries (Wagner & Sawyer, 2018). China and India which have a population of over one billion people have fewer prisoners than single states in America per 100,000 people (Wagner & Sawyer, 2018). Having over two thousand state and federal prisons and over three thousand jails to house the biggest prison population in the world is unnecessary and expensive. The United States makes up about 4.31% of the population but houses over 22% of the world's prisoners (Wagner & Sawyer, 2018).

#### *Health in Prison*

One can calculate a person's body mass index (BMI) by measuring their height and weight, and a person with a BMI of 25.0-30.0 is overweight while a person with a BMI of 30.1 above is obese. People with a high (BMI) are at risk for stroke, Type 2 Diabetes, low quality of health, mental illness, pain, and heart disease (Center for Disease Control, 2020). People in prison have a higher risk of developing chronic diseases because of a lack of routine care, and it is reported that 74% of people in prisons are overweight or obese (Maruschak, Berzofsky, & Unangst, 2015). The rate of infection for Tuberculosis (TB), Hepatitis C, and Human Immunodeficiency Virus (HIV) is substantially higher in individuals in prison (Cropsey, Binswanger, Brendan Clark, & Taxman, 2012; Macmadu & Rich, 2015). The prevalence of HIV in prisons is four to five times higher than in the rest of the American population (Macmadu & Rich, 2015). A person in a prison has nine to ten times higher chance of having Hepatitis C than

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the rest of the population. Tuberculosis is moderately rare in the general population affecting about 1%; prisons have reported that 20 to 25% of people test positive for TB (Macmadu & Rich, 2015). Hepatitis and Tuberculosis both have vaccinations and treatments, yet the prevalence is still very high meaning there is not enough access to these vaccinations which can cause spreading.

### *Modern-Day Slavery*

According to Dr. Ashley Nellis from The Sentencing Project, African Americans have a five times higher risk of being incarcerated compared to White people, and in some states, Black people can have a ten times higher risk of incarceration (Nellis, 2016). Hispanics are three times more likely than White people to be incarcerated. It is hypothesized that if incarceration continues to grow as it has been, one in fifteen White people and one in three Black people born after 2001 will face incarceration (Ahalt, Trestman, Rich, Greifinger, & Williams, 2013; Schnittker, Uggen, Shannon, & McElrath, 2015). Arrests made are targeted toward people of color specifically Black people. Black people make up 14% of the population, yet in 2016, 27% of arrests were Black people (The Sentencing Project, 2018). This increase in racial biasing is not ethical and comes from a racist routed past.

### *War on Drugs*

The War on Drugs allowed for police to target people of color (The Sentencing Project, 2018). Prisons and jails are disproportionately filled with people of color as a result. Richard Nixon declaring the beginning of the War on Drugs caused a ripple effect of harsh sentencing and policing toward people of color (NPR, 2007). Ronald Reagan then signs a bill into law in 1986 for harsher sentencing for crack instead of powder cocaine which in turn targeted people of color with a low socioeconomic status because crack is cheaper than powder (NPR, 2007). This

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bill allotted for one 1.7 billion dollars toward drug policing and eventually, the War on Drugs alone has cost America one trillion dollars (NPR, 2007; Pearl, 2018). Even though African Americans make up 12.5% of people who use drugs, 30% of arrests for drug charges are Black people (Pearl, 2018). In 1995, the racial disparity was evident in prisons, but Congress overrode the suggestion to lower sentencing for crack cocaine. This targeting is not limited to drug crimes, but Black people are more likely to get pulled, searched, and arrested (The Sentencing Project, 2018).

The past is very important to look at when examining at studies about prisons, because race affects risk of incarceration, as well as health inside and outside of the prison system. This literature review does not solely focus on people of color; however, throughout the studies, it is evident that race and ethnicity are major components in measuring outcomes.

### *Aging*

There is a high aging population in prison because of the War on Drugs adding harsh sentencing and racial targeting. Aging in the incarceration system is becoming a major ethical and financial problem for the United States. From 1993 to 2013 there was a 400% increase in people incarcerated from ages 30-36 years old (Psick, Ahalt, Brown, & Simon, 2017). Aging in prison starts at a much younger age than aging in the rest of the country. People in prison that are 50 years and older report having more chronic and infectious diseases than younger people (Maruschak et al., 2015). The people aging in prison require constant professional care within the confines of a prison. (Macmadu & Rich, 2015). Once released, older adults seek care from their communities which is also insufficient for their needs and leads to overcrowding the medical system in America. This leads to rearrests, homelessness, mortality, and hospitalization (Ahalt et al., 2013).

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### *The Cost of Prison*

On average, an older adult in prison costs 68,000 dollars a year compared to younger people which on average are 22,000 dollars (Reese, 2019). Recidivism is where people that have been released from prison are arrested and given a new sentence. The United States pours millions into the prison system every year, and the recidivism rate within nine years of being released in 2005 is 83% (Alper, Durose, & Markman, 2018; Clarke, 2019). America is pouring money into an institution that does not work for the people most affected by it. Many flaws surround the incarceration system with limited in-depth information for change to happen.

### *Purpose*

There is limited research on the people who make up the prison system. The purpose of this review is to highlight some of the biggest challenges people face while incarcerated and thereafter. This literature review focuses on men that have been incarcerated at one point in their lives. There are 162,349 men currently live in jails or prisons which is 92.9% of the prison and jail population (Federal Bureau of Prisons, 2020). Although women's experiences while incarcerated are equally important and need to be heard, the major issues that these two groups face are very different. A separate literature review is necessary to evaluate the biggest issues for women while in prison. Many racial disparities go into why prisons are disproportionately composed of people of color; however, this literature review does not separate the issues for the men based on race. The studies used in this literature review were selected to encompass the major concerns for the men in the prisons across racial and ethnic groups.

## **Methods**

### *Search Strategies*

The purpose of this literature review is to establish reoccurring major issues with the prison system for men in America. When selecting the articles from databases, articles that attempted to show relationships between the incarceration system and the issue it addressed were selected. The literature review is limited to men who were in prison in the United States. Additionally, using keywords that were found to be consistent issues helped gather articles that could build off each other. There was an exclusion for all articles that were not peer-reviewed and between 2010 and 2020 to produce a current literature review. Additionally, the age restriction was not necessary because of a lack of research on juvenile detention centers; however, no studies include anyone younger than 16 years of age.

Different databases were used because the literature review focuses on different aspects of health and general social issues. This literature review used the following databases to find articles: The Multi-search tool in the UGA Galileo Library Database System, PubMed, PsycINFO, and CINAHL. The UGA Library database has a variety of very general articles and a good starting point for the literature review. The database had a lot of information about large studies conducted. PsycINFO is a database that specializes in psychology articles and was helpful for mental health and the overall health of the prisoners. PubMed was also an important database for the literature review because they have extensive articles of health and wellness for prisoners, specifically primary care. CINAHL was used for the literature review because they have extensive articles on public health, and this area is a major part of the incarceration system especially program-related work.

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### *Multi-search tool in the UGA Galileo Library Database System*

Using the Multi-Search Tool in the UGA Library Database seven articles were selected for this literature review. The following words were used to find the articles: “Incarceration or Prison System” AND “Overcrowding”. Using the exclusion criterion of peer-reviewed articles only, 327 articles were found. To narrow the search down further, the terms “United States” AND “Violence” were added. Three articles were remaining, and one selected. In the same multi-search toolbar, there terms “Health” AND “Male or Man” AND “Incarceration or Prison” (Peer-reviewed) were used to narrow down the search. 796 articles were found to fit the criteria. Adding the “United States”, limited the articles to 52. The first article was selected from the list there. The terms “Health access” AND “Male or Man” AND “Incarceration or Prison” (Peer-reviewed) were used and 38 were left. Three articles were selected for this literature review. The terms “HIV” AND “Prison” AND “United States” AND “Male or Man” generated 20 articles. The fourth article was selected. Lastly, “Mental Health” AND “Aging” AND “United States” AND “Prison or Incarceration” were the terms used. From that search 14 articles were available, and the first article was selected.

### *PubMed*

Using the PubMed Database, seven articles were selected for the literature review. The following search terms were used to find the selected articles: “Male or Men” AND “Medical OR Health” AND “Incarceration OR Prison” AND “United States” AND “Access” NOT “Women or Female”. This search generated 38 articles, and five articles were selected. The second search was “Male or Men” AND “Mental health” AND “Incarceration” AND “United States” NOT “Women or Female”. These terms generated 78 articles, and one article was selected for the literature review.



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### *PsycINFO*

PsycINFO was another prominent database for the selection of articles. The search terms used for the database are listed here in which six articles were selected. “Incarceration OR Prison” AND “Obesity or Overweight” generated 45 articles, and the second article was selected. “Incarceration or Prison” AND “Recidivism” AND “United States” “Male or Man” *inclusion*: Academic Journals showed 45 articles that could be used and two were chosen. The terms: “Prison System” AND “United States” AND “Chronic illness” *exclusion*: men only produced four potential articles, and one was chosen. The terms “Mental health” AND “United States” AND “Incarceration OR Prison” generated 87 articles, and one was selected. “Incarceration OR Prison” AND “Aging” AND “United States” AND “Male or Men” produced 27 articles in which one article was selected.

### *CINAHL*

One article was selected from the CINAHL database. Using the search terms: “Recidivism Factors” AND “United States” AND “Male or Man” 88 articles were generated.

## **Results**

The target population for the literature review was men who had been imprisoned in the United States prison system at one point during their lives. Several major issues arose throughout the research process that these men faced while incarcerated. An overarching theme faced by the men was their state of health. This diverged into mental health, physical health, and access to healthcare with multiple facets within each construct. The other major issue that this group faced was the re-entry process and recidivism.

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### *Health*

Health is a broad term that will be broken down into smaller facets in this literature review as it pertains to the men affected. The major concerns for the men incarcerated under health are aging, physical health, mental health, access to healthcare, and overcrowding with violence.

### *Aging*

Although aging is not something within a person's control, in the prison system aging is a major determinant of health status. Chronic diseases are prevalent in the incarceration system as there is a high percentage of aging prisoners. In a study on issues around aging in prison, it was found that 23.4% of the men have substance abuse issues, 23.6% of the men have chronic diseases, and 7.9% were found to be extremely unhealthy across sections (Nowotny, Cepeda, James-Hawkins, & Boardman, 2016). This data indicates that under half of the men in the study were considered healthy. It was found that older adults with chronic diseases were also the most likely to have a substance abuse issue or mental illness. Additionally, only aging was associated with physical impairments when compared to chronic diseases (Gates et al., 2018). People who struggle with behavioral health issues, substance issues, chronic diseases/ violent behavior are considered very unhealthy across all of these are more likely to have an unintended injury, intended injury, accidental injury, childhood trauma, and hepatitis (Nowotny et al., 2016). In an intervention study with a wellness plan program, older inmates were found to be most likely to complete the program which had statistical significance in decreases smoking and depressive symptoms (Clouse, Mannino, & Curd, 2012). Additionally, through focus groups, it was found that men in the aging population want more activities and programs that pertain to their fitness status as well as healthier dietary options (Loeb & Steffensmeier, 2011). In the same focus

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group, some men reported separating prisons based on age would relieve stress while other men enjoyed co-existing with their younger peers. The men reported feeling healthier in prison because there was no access to drinking and drugs. However, some men perceived their health as worsening because of stress, overcrowding, violence, and stigma (Loeb & Steffensmeier, 2011).

### *Physical Health*

Physical health in this literature review assesses the status of health for people with chronic, infectious, and acute diseases. In a study about readiness to re-enter society, the majority of people re-entering society regardless of mental health status were obese or overweight (70%) (Wolff, Shi, Fabrikant, & Schumann, 2012). In the same study, 60% of men without a mental illness reported gaining weight while incarcerated. As the men's BMIs increased, they became more likely to take medications for diabetes, cardiovascular disease, and arthritis (Wolff et al., 2012). This relationship increases for men with mental illness. Race is a health determinant just as being in the prison system is a health determinant. In a study comparing Black and White people and their health status in the prison system, 82% of the White participants recorded having one of the 16 health issues, and 77% of the Black participants recorded the same. Excluded from the previous reporting, the highest reported issues were flu-like symptoms and injuries (Rosen, Hammond, Wohl, & Golin, 2012). Although Black men had a lower prevalence of reported chronic diseases, once in the prison system Black men were most likely to diagnosed with a pre-existing condition (Rosen et al., 2012). In a sperate study on heart disease, non-Whites were more likely to have a poor blood pressure than White people (Fobian, Froelich, Sellers, Cropsey, & Redmond, 2018). Smoking is very prevalent for people who are incarcerated which can lead to further chronic diseases. In two separate studies, it was found that between 67-78% of the participants were current smokers (Clouse et al., 2012; Fobian et al., 2018). Fobian et al

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showed that cardiovascular disease could be better prevented if smoking, BMI, diet, and blood pressure are targeted for people who have been incarcerated.

Human Immunodeficiency Virus is an infectious disease that has high a prevalence in the incarceration system. Men who have sex with men (MSM) are at high risk of contracting HIV. Although healthcare is a human right in the prison system, some men chose not to accept treatment or get tested because they felt a lack of safety, threat of violence, and/or scared that it would not be private. These results were produced in a qualitative study on HIV in prison (Culbert, 2014). In a study measuring HIV in men who have sex with men, they made three groups for comparison: prior incarceration within the year, prior incarceration longer than a year, and never incarcerated. People who had been in the prison system had a statically significant of a higher chance of alcohol abuse, illegal drug use, higher sexual risk within the past 12 months, and a detectable viral load (Khan et al., 2019). Men who left prison within the last year were more likely to have sex without a condom due to alcohol, drugs, and with a non-monogamous partner. The study also measured Hepatitis C (HCV) in which over half of the men who were incarcerated within the last year had this disease while 38.2% of the men who were incarcerated over a year ago currently have HCV (Khan et al., 2019). Comparing young (30 and younger) Black MSM, older (30 and over) Black MSM, non-Black MSM, and men who do not have sex with men, young Black MSM were less likely to find care within six months of being released. This group was also more likely to be homeless and without health insurance (Vagenas et al., 2016). Only 11.1% of young Black MSM had viral suppression at the baseline measurements which the lowest out of all the groups; however, this is not significant compared to the other groups. There were differing interventions between sites; however, post-release the viral suppression for each group increased (Vagenas et al., 2016).

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### *Mental Health*

A person's mental health and physical health affect their health status and each other. In a study measuring readiness to reenter, if men had a mental illness they had a significantly higher chance of reporting difficulty breathing, walking, and feeling intense pain compared to men who did not report a mental illness (Wolff et al., 2012). Men with mental illness were significantly less likely to define their health status as excellent and more likely to define their health as fair or good. Men who reported taking pain and cardiovascular medication were significantly more likely to be overweight and have a mental illness than overweight men without mental illness. Obese men with mental illness were more likely than obese men without mental illness to have medication for cardiovascular disease, intense pain, and arthritis (Wolff et al., 2012). The prison system has now become overwhelmed with the growing number of men with mental illness and does not have a sufficient method for treatment for the individuals affected (Al-Rousan, Rubenstein, Sieleni, Deol, & Wallace, 2017). In the Iowa correctional facilities, it was found that 46.6% of men had a mental illness (Al-Rousan et al., 2017). Males had high rates of impulse control disorders and dysthymia or neurotic depression, and White men had a high rate of having multiple mental conditions compared to Hispanics and Black people. People with mental disorders have a harder time acclimating to society once released and are at a higher risk of recidivism (Al-Rousan et al., 2017). A difference has emerged between jail and prison mental health. People in jail tend to have higher rates of depression, drinking excessively, and drug abuse (Yi, Turney, & Wildeman, 2017).

Having support while in prison from family members does not affect the mental health of people once released; however, family support or lack of it can affect their mental health post-release (Wallace et al., 2016). It was found that having poor family support was more meaningful

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to the person's mental health status than positive family support (Wallace et al., 2016). If these support systems are weak then negative experiences could occur and negatively affect the person's mental health which in turn affects their chances of recidivism (Wallace et al., 2016; Woods, Lanza, Dyson, & Gordon, 2013).

### *Access to Healthcare*

Under the eighth amendment, medical care is a human right for all people in the prison system. A study looking at the contrast of care for White and Black men, Black men were more likely to be treated inside the prison system than White men (Nowotny, 2017; Rosen et al., 2012). White people were 5% less likely to use the healthcare system inside the prison than Black people. Men reported that the jail system did not provide quality care by not looking into family history as potential health risks. (Hawkins, O'Keefe, & James, 2010). However, the men reported overall satisfaction with the prison's healthcare system. In a study on healthcare access for men incarcerated, approximately 13.9%-46.0% of men did not seek medical attention when they needed it (Nowotny, 2017). Men are less likely to seek health attention when there is intentional injury compared to an accidental injury (Nowotny, 2017). The facility can be a health determinant for an inmate and impact their health status and access (Nowotny, 2017).

### *Overcrowding & Violence*

Overcrowding is where a prison has reached its maximum capacity which is typically measured in the amount of bed. In a study on overcrowding with violence, it was found that overcrowding did lead to misconduct which was measured in mark-up slips (Glazener & Nakamura, 2020). However, this was not supported when overcrowding continued to increase.

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### *Insufficient Re-entry Support*

Men re-entering back into society from prison report difficult transitions and recidivism. In a qualitative study on African American fathers, they assessed the biggest barriers these men have when entering back into society in which they stated that the first 30 days of re-entry was harder than prison itself (Skinner-Osei & Stepteau-Watson, 2018). The men reported many different issues they felt affected them most. These issues include unaddressed childhood trauma, low self-esteem, low self-worth, recidivism, and family issues. The men indicated a pressure to re-connect with the oldest children which can be difficult if they are not permitted to see their children for various reasons (Skinner-Osei & Stepteau-Watson, 2018). The men stated that the best part of the re-entry program was group therapy/ talk. The absence of family support is more detrimental to the person than the presence of it (Wallace et al., 2016). In a study about a program's effectiveness, there was a control group and the intervention group. The group who got the treatment and the control did not have significant differences social support, family support, friends support, and both groups had declines in family support throughout the study (Pettus-Davis et al., 2017). As the men's ages increased, there was significantly lower amounts of overall support from friends, financial support from friends, practical support, socializing support, and advice from friends. Age negatively affects social support post-release (Pettus-Davis et al., 2017).

### *Recidivism*

In a study, comparing outcomes of recidivism for people who were put on parole and people who went to jail. The crimes in the study were similar. The article showed that people who were put on parole rather than sentenced had a lower rate of recidivism (Caudy, Tillyer, & Tillyer, 2018). Many different factors contribute to recidivism. For example, not participating in the re-

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entry programs increased recidivism. Men were less likely to recidivate if they lived in transitional housing and participated in mentorships, community support, family support groups, and general support groups (Woods et al., 2013). If the men did not have the supports listed, they were more likely to recidivate.

### **Discussion**

#### *Summary of Findings*

Through conducting this literature review, several themes have reoccurred that affect men inside and outside prison. By entering prison, these men are automatically predisposed to major health and social issues. Their physical and mental health are given limited attention because access to healthcare is varying across prisons and jails. Mental illness, physical health, and access to resources accumulate into poor health outcomes for the men. The social ramifications around re-entry into society and the risks of recidivism are being met with no standardized support system. Without new programs put in place, once these men are put into the prison system it seems statistically improbable to escape it.

#### *Possible Solutions*

Aging in the prison system is something America is going to have to deal with because the aging population is growing vastly. The cost of maintaining older prisoners is three times as expensive as younger prisoners (Reese, 2019). Chronic disease and co-occurring diseases are going to increase if there is not an intervention as already over 50% suffer from substance abuse, behavioral problems, diseases, and physical impairments (Nowotny et al., 2016). Men in prison reported having little interest in the activities offered (Loeb & Steffensmeier, 2011). Having different programs for the older inmates that are more appropriate to their physical needs is necessary as they are more likely to have physical impairments. Having shorter bunks and



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wheelchair access for these men can greatly increase their quality of life. Having wheelchair accommodations for aging inmates is necessary for bigger cells, ramps, and bigger stalls (Office of the Inspector General, 2016). The use of champions as wheelchair pushers was seen as beneficial with acceptable monitoring of the relationship by the staff. Compassionate release is where people will submit an application to the Bureau of Prisons to ask for a release because of terminal illness (Reese, 2019). Using compassionate release and medical parole for ill and older inmates are definite ways to lessen the burden on the men and the system (Chiu, 2010).

Physical health is just as important in prison as it is in the rest of the world. The majority of inmates reported gaining weight while in prison and leaving obese or overweight (Wolff et al., 2012). A nine-month program inside an Italian correctional facility separated men into three groups for exercise: cardiovascular plus training (CRT), high-intensity strength training (HIST), and a control group in which there were no significant health differences between the three groups. The CRT workout had aerobic and resistance training which increased in duration over time. The CRT results were the most significant with improvements in BMI, systolic blood pressure (SBP), diastolic blood pressure (DBP), triglycerides, high-density lipoprotein, and coronary. Participants in both the CRT group and the HIST group showed a significant increase in cardiorespiratory capacity and a decrease in cardiovascular disease (Battaglia et al., 2013). Programs and interventions focusing on physical health for male inmates are effective and need to be implanted for the entire prison population. Injury inflicted by others and self-injury are reoccurring issues across all prisons (Nowotny, 2017; Nowotny et al., 2016). A program called Guiding Rage into Power (GRIP) helps men in prison reduce violent acts through meditation (Cooley, 2019). Using mindfulness techniques helped build behavioral skills and helped build relationships with staff and peers. The program proved to lower violence in the prisons and the

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longer the program the more beneficial they are to the inmates (Cooley, 2019). These programs are transferable among different facilities.

Mental illness affects health outcomes for people incarcerated. Working on lowering the recidivism rate is important because prison is costly, and people deserve to have better projected outcomes. Re-entry programs are also needed. Many of the reentry programs are dependent upon the state as many of them are non-profit. Although the costs are low or zero to enroll, they are not offered to everyone. However, stated in the results section, using parole as an alternative to a sentence reduces recidivism greatly. The Freedom Project (FP) tries to eliminate the systematic racism in the prison system by distributing information to prison staff (Cooley, 2019). They also offer re-entry programs to help integrate people back into society. The program saw a 16% reduction in recidivism 10-years after reentry. In a separate study, using employers as a resource was proven successful for getting a job for people who were formerly incarcerated, and an increase in income by 19.6% (Flatt & Jacobs, 2018).

Black men were less likely to report a chronic disease when entering prison or jail; however, once in prison, the men were more likely to be seen by the medical provider (Rosen et al., 2012). This represents how race is a health determinant as men of color have less access to medical professionals outside of prison, relying heavily on the medical system inside of prison. In the Nowotny 2017, there was evidence of inconsistent use of healthcare across prisons. It is unconstitutional for people in prison to not be guaranteed healthcare. This inconsistency of care could be due to co-pays. Co-pays are an amount a person in prison must pay to see a doctor which was enacted to deter unwarranted doctor visits. Co-pays come out to equal a person's entire monthly earnings (Sawyer, 2017). The typical wage per hour for a person in prison ranges from \$0.00-0.40 per hour, but co-pays in prison fall between \$0.00-\$7.50 (Sawyer, 2017). If a

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person in the general population paid the equivalent to the copay per wage, they would spend hundreds or even a thousand dollars for a doctor's visit. This could explain why inmates are not seeking equal amounts of medical attention across facilities.

Although overcrowding did not lead to violence in the Glazener et al study, feelings of safety around physical harm and theft varied among correctional facilities with inmates reported feeling most scared in prisons with high gang activity. Additionally, a high inmate population correlated with feeling scared of the physical harm from the staff (Wolff & Jing, 2009).

Comparing across genders, 20.7% of men and women reported inmate on inmate violence; however, men are significantly more likely to face inmate and staff violence over women (Wolff, Jing, & Siegel, 2009). As an extremely vulnerable group of people, the staff does not need to take physical force against the people in prison.

Re-entry and recidivism need support programs from prisons and external resources. When the men were entering back into society, they felt isolated and needed support from each other, the prison system, and their families. A lack of familial support negatively affected the men's mental health (Wallace et al., 2016). Recidivism has not been addressed by the government or the prison system in a great way.

In Maryland, a program called Community Mediation Maryland Re-entry Mediation (CMM) tried to bring families and inmates together to set up success post-release. The program is only available to people who seek mediation between themselves and their families as well as the family's consent. The program is six to 12 months before their release date and creates a safe place to communicate with the inmate and their family for a participant produced solution. A mediator is present to encourage engagement, open-communication, and listening. As this program requires consent from families and action taken by the inmate, men who may need this

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resource do not use it or have it. The study showed 45% of the men in the intervention were rearrested compared to 58% of the control group and 56% of their cohort (Crime Solutions, 2017a). Although the study is promising because positive family support correlates with increased mental health, more dramatic changes are needed quickly.

With recidivism rates after nine years at 83%, the United States needs to address this major issue (Alper et al., 2018; Clarke, 2019). The programs currently offered in America are not getting consistently significant results to reduce recidivism and help re-entry. In England, the prison system created a program to help the participants control their behavior and reactions. The program is four to six weeks, two-hour sessions, and can have ten participants at a time. The program (Enhanced Thinking Skills) helps the men and women gain cognitive skills that help them reduce behavior that could allow them to recidivate, think critically, impulse control, interpersonal problem solving, and relapse prevention. They learn these skills and lessons by role-playing, exercises, and discussions. Three studies evaluated Enhanced Thinking Skills from 2003-2013 and all three studies demonstrated a significant decrease of offending behavior between the intervention group and the control group (Crime Solutions, 2017b).

### *Prison Reform*

Prison reform is a widely used term for drastically changing the prison system. Reform could help alleviate the exuberant cost of the jails and prisons. The construct of a prison is to punish people for their crimes, yet once in the prison system, people cannot escape. In a qualitative study about Norway and the United States, guards from the US went to Norway to learn about new methods and their prison system. Once the guards returned to America, additional training lasted several weeks. From the experience, 78% of the guards stated they felt safe at work and 94% said they gained a new understanding of their job (Ahalt, Haney,

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Ekhaugen, & Williams, 2020). The study also stated that the residents in the prison felt a positive change of support from the guards. Additionally, the guards reported better interactions with the violent inmates and allowed inmates to wear normal clothes on Father's Day. Overall, they reported feeling a positive change in how they view the people in prison (Ahalt et al., 2020). Alternatives to prison are a great way to decrease prison funding and recidivism. A program called Sanction Treatment Opportunity Progress (STOP) is for drug offenders who did not have the intent to sell or manufacture a controlled substance. The participants must plead guilty to be in the program, and if they graduate the charges will be dropped and possibly taken off their records. The men in STOP were significantly (61%) less likely to be rearrested compared to the control group over a 2-year period (Crime Solutions, 2011). No subsequent studies have been reported since this study in 1998; however, STOP continues to work with the court system.

### *Limitations*

As the review only includes 20 articles in the results section, it can be hard to encompass all the major issues for the men. Additionally, the incarceration system in America is under-researched with sample sizes that are not generalizable. While studies with large sample sizes are prevalent, there are issues with misrepresented data, outdated information, and self-report issues. The review also is trying to summarize major issues that affect a large part of the United States population. Many studies focus on a specific race as people of different races experience different outcomes. However, the purpose of this literature review is to find issues that affect all men in the prison system across race. Many of the studies selected for the review did not receive funding meaning their data came from the prisons making self-reporting a large limitation overall. Some studies included across several correctional facilities, but some studies had small

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sample sizes and did not have a great tool for measurement making the results hard to quantify and compare.

### *Implications*

Through this literature review, it is evident that the prison system has major flaws that need to be addressed. These issues need to be combatted with funding from the government to have programs that help reduce recidivism, having mental health interventions while sentencing, and major prison reform especially for the aging population. Prison reform in other countries has been proven successful in lowering recidivism, improving mental health, and other health issues.

### **Conclusion**

The purpose of the review is to examine some of the biggest issue's men experience during and after incarceration. As 95% of state prisoners will be released from prison, there needs to be systems in place that allow them to be successful in life after prison (Hughes & Wilson, 2020). The prison system is a broken system that will eventually run out of money and resources. With the limited resources they do offer, there is not adequate support for men as they reenter society. The prison system is failing American's by costing millions of tax paying dollars a year. The law states that people in prison have the right to medical access, but the quality of care is not sufficient. There has been extensive research on successful programming and prison reform outside the United States yet neither of these have been standardized across the nation. The system is doing a disservice to people with mental illness. The funding that goes into the prison system fixes a small part of the problem but does not fix the actual problem enough to make difference for the 2.3 million people who are currently living in incarceration.

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