# Introduction

I n the early 1970s, the United States embarked on a strange new experi-
ment in public policy. After using incarceration sparingly, like in other
Western democracies, the U.S. justice system began to send people con-
victed of crimes to prison in vast numbers. Beginning in 1972, the 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 incarcera-
tion and the U.S. incarceration rate stood at five times its historic average.
The people who were sent to prison were mostly African American and La-
tino, male, and overwhelmingly poor. Incarceration rates got so high by the
2000s that well over half of black male high school dropouts in their thirties
had been to prison. The sociologist David Garland called this "mass incar-
ceration." The lawyer Michelle Alexander focused on the racial inequality
and called it "the new Jim Crow."[1]

Life changed in poor communities. Black and brown men with little
schooling were getting locked up for felonies and doing, on average, two
years of prison time, though often very much longer. Going to prison be-
came commonplace for a whole generation.

Researchers studied this new reality. Academic papers picked apart the
demography of the prison population and tried to calculate the effects of
incarceration on crime, employment, health, mortality, and families. Re-
searchers drew on criminology, theories of labor markets, epidemiology, and
family demography to make sense of the new world of mass incarceration.
The research showed that the vast American penal system only modestly
reduced crime but was associated with a variety of negative effects. Mass
incarceration was tearing up families, stoking unemployment, and harming

children whose parents had been incarcerated. All these effects were concentrated in poor communities of color. At an annual cost of $80 billion, the nation was spending more on prisons and jails than on the main anti-poverty programs—food stamps ($74 billion) and the Earned Income Tax Credit (EITC) ($69 billion).[2]

Despite an impressive research literature, scholars often had to rely on data that were not designed to study the problem of incarceration. Most quantitative studies analyzed big national data sets that were usually used to calculate unemployment or poverty for the whole U.S. population. People who had been in prison were often overlooked by big data collections because they did not live in conventional households or work in traditional ways. They lived in homeless shelters or doubled up with family. They worked off the books or made money illegally by dealing drugs or through other crime, so surveys and the tax system did not accurately record their income. Their family lives were often tangled, living perhaps with the mother of one child, in close contact with another, but estranged from a third by a court's restraining order. The big data sets did not record these complicated family relationships.

The shortcomings of data reflected shortcomings of theory. Researchers collected data in a certain way—from households, the Internal Revenue Service (IRS), or the welfare office—because they had theories of how social life was organized. Researchers assumed, through their choice of data, that people lived in households and worked for employers who paid taxes. If they were not working, they applied for unemployment benefits. Such theory assumed that people who went to prison were better off, healthier, and more socially stable than they really were. In reality, incarceration draws disproportionately from the homeless, the mentally ill, and the drug-addicted. For example, a leading theory claims that a prison record causes unemployment because employers are concerned that a job applicant with a prison record might be unreliable or cause trouble on the job. But what does such a theory tell us about the many people who have been to prison and never really applied for a proper job? What about those who are coping with mental illness, or whose homelessness has crowded out any time or motivation to look for work? In these such cases, the leading theory cannot tell us much about the employment of people who were incarcerated. Even worse, the life complications that leave the incarcerated below the radar of our big data collections also harm their well-being. Not only were the theo-

ries and data collections often incomplete, they were also likely to misread the effects of incarceration.

Limitations of theory and data led to two major problems with the research. First, the characteristics of the prison population were largely reduced to the markers of age, race, and education. Age, race, and education are easily measured, and incarceration strikingly follows their contours. The incarceration rate is less than 1 percent of the general population, but fifty times higher for twenty- to forty-year-old African American males who have no education beyond high school. However, age, race, and education are often associated with a bleaker reality that includes trauma in childhood, learning problems at school, poor health, and mental illness. The use of these easily measured variables unwittingly sanitized the disadvantages of those who were sent to prison. The accompanying theories often overlooked hazards of biography, health, and ability, and the truly grim conditions of American poverty were papered over.

Second, research on the social world of incarceration said little about crime. The basic reality that people who were imprisoned had been convicted of crimes did not enter the analysis. In part, the absence of crime in these analyses reflected deficiencies of measurement. Crime and criminal involvement were often unmeasured—or at least were not measured well— in the surveys and administrative records used for research. Even more important, the division of labor among different research specialties meant that researchers from the field of family demography or those engaged in labor market studies, for example, took little notice of the criminal involvement of people coming out of prison. Crime—and violence, specifically— are important parts of the world in which incarceration operates. To omit violence from the analysis was to misunderstand the social inequality on which mass incarceration rests.

The social reality of incarceration, embedded in conditions of violence and severe material hardship, has raised not just empirical questions for social science understanding. There are also urgent ethical questions about what is just and fair where suffering is widespread and often encompasses a lifetime. Mass incarceration answered this question one way: harsh punishment could somehow bring justice to poor communities that struggled not only with crime but also with a corporeal hardship that inscribed the pains of poverty on people's minds and bodies in the form of addiction, mental illness, and disability.

As this book examines the social reality of incarceration, the ethical questions will loom just as large as the empirical. So much of the ethical talk about incarceration, in law and philosophy, is naive about the empirical reality in which it is administered. Nothing is gained in public policy or scientific understanding by abstracting away from a complex social reality that is soaked in moral ambiguity.

To develop a detailed understanding of the aftermath of incarceration, a team of researchers at Harvard University began the Boston Reentry Study in April 2012. Five times in the course of a year, we interviewed 122 men and women who were leaving Massachusetts state prisons and returning to neighborhoods in Boston: the first time a week before prison release; then again two weeks later in the community; and then at two, six, and twelve months after release. We visited sixteen of the seventeen facilities operated by the Massachusetts Department of Correction (DOC), including two secure psychiatric units. The interviews ranged widely. To capture the complexity and insecurity of life for men and women just released from prison, we asked about housing, family, employment, health, drug use, crime, and social background. Outside of prison, we interviewed people on the streets and in private households, treatment facilities, psychiatric wards, and homeless shelters. We tried to measure the complicated webs of family relationships that shifted unevenly after prison. We heard and followed vivid reports of relapse to drug addiction and recurrence of mental illness as respondents drifted off medication. Family members spoke with us about their experience of the incarceration of a loved one and gave us their own life histories. We obtained police and court records on all the respondents in the sample.

More than anything else, we tried to keep track of people. The urgent problems many people experience after prison release—homelessness, mental illness, drug addiction, crime—often make them less willing or able to participate in research studies. Big surveys often failed to interview men and women who were likely to go prison and then missed their first days and weeks after prison release when life was most unsettled. The Boston Reentry Study worked hard to trace the monthly progress of people who lived on the streets and were infirm in mind and body. Prior research with the big surveys provided demographic and social insight but failed to capture the texture of life during the transition from prison to community, particularly in the first days and months, and particularly for the most disadvantaged.

It is in describing this transition that I hope the reentry study makes a contribution.

Release from a Massachusetts prison to a Boston neighborhood resembles the transition from incarceration to community in many urban areas, particularly in the Northeast of the United States. Massachusetts prisoners tend to be incarcerated for somewhat longer than the national average because the state imprisons only felony defendants sentenced to at least two and a half years. In most other states, those sentenced to one year or more are imprisoned. Similar to the national pattern, people released from Massachusetts prisons return mostly to poor and minority neighborhoods.[3] In some ways, Massachusetts is a best-case scenario for prison releasees. The state economy has been strong. Some government benefits are more widely available to releasees in Massachusetts than in other states. Nearly all respondents in the reentry study could see a doctor, their health care paid for by Medicaid, the federal program for low-income people. Most were enrolled in food stamps in the first two months after prison release. Former prisoners are broadly eligible for food stamps in the Northeast, but restrictions are common in Southern and Western states for those with prior drug convictions.[4]

People who have been incarcerated face a harsh type of poverty. The men and women we interviewed were mostly African American and Latino (62 and 23 out of 122), with a median age of thirty-two and an average of ten and a half years of schooling. The sample included 107 men and 15 women. In these respects, our respondents looked like the people who leave U.S. prisons every day. But beyond age, race, and education, two-thirds of our sample reported histories of drug addiction and mental illness. Many had been homeless before they went to prison. Exposure to serious violence and other trauma in childhood was common. Chronic unemployment was widespread, and many had cycled in and out of incarceration through much of their adult lives.

A lot of research on the aftermath of incarceration views the prison as the cause of certain effects on family life, economic status, and so on. My interest is different. By observing the transition from prison to community, I hope to understand a process. This is a study of social integration where fortunes are shaped by race and poverty, and personal agency is tested by the frailty of mind and body. The process tells us something about the prisons from which people have originated and the families and neighborhoods to which they return. In the era of mass incarceration, social integration

also teaches us about the nature of freedom as men and women released from prison struggle to regain it.

Tracing the many paths from prison to community required special methods. A description of study methods is often consigned to an appendix for the most dedicated readers. What we learn from data, however, is inseparable from how we collect it. Thus, the book begins in chapter 2 by describing how we recruited people into the study and how we followed them for a year after their release. Working with what survey researchers call a "hard-to-reach population," we completed 94 percent of the scheduled interviews, a higher rate of study participation than obtained by earlier studies of samples newly released from prison. Nearly complete participation ensured we spoke to those facing the greatest struggles with homelessness, addiction, and crime. Conducting research with vulnerable people creates as many ethical challenges as scientific ones. Chapter 2 discusses how we thought about the issues of obtaining consent, paying interview incentives to people who desperately needed money, and keeping data confidential.

Chapter 3 examines the first weeks and months after release, as revealed in our interviews. The period immediately after prison release was a time of unique stress for the people we spoke to. The tempo of life in free society was disorienting in those first weeks, and respondents often experienced anxiety, fear, and depression as they confronted the everyday challenges of public transport, new technologies, and the many small tasks involved in finding a place in society. Many were able to return to families and networks of social support. But we saw social isolation, loneliness, and anxiety among the older men and women coming out of prison. Social isolation in the first week after prison release was associated with high rates of unemployment, greater housing insecurity, and detachment from family. The period immediately after prison release also revealed the character of poverty for people embroiled in the criminal justice system. Their incomes were extremely low, most of the financial support they received came from government programs, and families were the leading supplier of housing.

People who go to prison have slipped through the holes of the American safety net. Many struggle with a human frailty where adversities of mental illness, untreated addiction, and physical disability all come together under conditions of poverty. In chapter 4, I describe the depression, post-traumatic stress, and anxiety that were common among the people we spoke to. A few

suffered from the psychotic conditions of schizophrenia and bipolar disorder. Alcoholism and crack and heroin use were also widespread. For people mostly in their thirties and forties, poverty combined with a lifetime of drug use also took a physical toll, yielding high levels of chronic pain and infectious disease. For this mostly male population who did not consistently live with their families in stable households, there were few government programs. Prisons, though intended for punishment, had become the backstop for the American welfare state.

The environments inhabited by the men and women of the Boston Reentry Study after they were released from prison were not just meager and insecure, but also violent (chapter 5). They described violence that was highly contextual, emerging in the chaotic and unsupervised homes of their childhood. Violence was so common in the lives of our respondents, and attached so tightly to the conditions of poverty in which they lived, that it amounted to another type of hardship—alongside food insecurity, housing instability, and poor health—that afflicts the poorest Americans. Living in the harsh conditions of American poverty, the reentry study respondents circulated through the roles of victim, witness, and perpetrator of violence, muddying the question of who should be punished and for what. Human frailty, combined with histories of trauma and victimization, complicates the moral status of those who are sent to prison. In contrast to the stereotypes of tough criminals preying upon weak citizens, the reentry study sample was a group of sometimes troubled people, often surrounded by violence, struggling to keep mind and body together under conditions of acute material hardship.

As we see in chapter 6, this social reality often made earning an income after incarceration an insurmountable challenge. A small number of white, older men got steady, well-paying union jobs in the construction industry. Their experience illustrates the restorative powers, not of work by itself, but of *skilled* work that opens a door to working-class life beyond poverty. For many others, family members provided meals, clothing, and most of the housing that we observed. Receipt of government benefits, usually through food stamps or Supplemental Security Income (SSI), was also common. By the end of the first year after incarceration, over half the sample reported some form of employment, but the work they did was typically informal, often cash jobs offered by friends or family.

A key finding of the research is the crucial role of family support in the year after prison (chapter 7). Facing high rates of unemployment, the men

and women of the reentry study relied heavily on their kin, particularly for a place to stay. Most research on the family lives of those released from prison has focused on partners and children. In our own study, we found that the main supporters were older women—mothers, grandmothers, aunts, and sisters. These women, most in their fifties and sixties, had struggled for economic and social stability in their own lives, but they took in their younger relatives, and often their children too. It is hard to make sense of the support that older women provide to their younger kin who are just out of prison in any terms other than love.

Policymakers concerned about the transition from prison to community tend to focus on the problem of recidivism. Recidivism is usually viewed as a behavioral problem—a continuation of criminal conduct or a failure of rehabilitative transformation. Choice, motivation, and agency lie at the heart of this behavioral perspective. Chapter 8 finds that for the reentry study respondents these powers of decision-making and self-discipline battled hard with human frailty, demography, and the criminal justice system itself. Reincarceration was most common for those who struggled with drug addiction: among the thirty-eight respondents who returned to custody, relapse to addiction was the single biggest predictor of reincarceration. Next most likely to be reincarcerated were people released from prison to the supervision of a parole or probation officer, even though they were less involved in crime upon their release. Community supervision alone appears to make reincarceration more likely. Finally, we also found higher rates of reincarceration among younger respondents, whose youthful peers were more likely to be involved with the authorities.

Most research on the effects of incarceration focuses on the experience of men, but the experience of women is so distinct that I provide a separate discussion in chapter 9. Most people who go to prison have known great vulnerability through trauma, victimization, mental illness, and drug addiction. The biographies of the women we interviewed were regularly the most troubled. They reported the most serious mental health problems and lifetimes of victimization that began in childhood. But these women also retained strong connections to their children and families. Women's incarceration presented the deepest moral ambiguities and underscored the segregative character of incarceration—having one's connection to family and community severed as a mode of punishment.

Massachusetts has a low incarceration rate by national standards, and the African American population in the state's prisons is small compared to the

big jailers in the Southern and Western states (chapter 10). Still, there is great racial disparity in incarceration in Massachusetts, and black incarceration is distinctly different from white. Boston's history of racial conflict hung heavily over the field site, especially for the older respondents—black and white—who had grown up through the tumult of the city's school desegregation in the 1970s and 1980s. The older men and women in the study had lived through the imposition of a racial divide that separated the city's black neighborhoods to the south—in Roxbury, Dorchester, and Mattapan—from the white enclaves in the north, in South Boston, East Boston, and Charlestown. The white men and women we spoke to were older, with long histories of drug addiction, mental illness, and homelessness. The black respondents were mostly younger, with little schooling or work history. Race differentiated two types of poverty. The skid row poverty that afflicted older whites was marked by homelessness, mental illness, and addiction, reflecting deficits of support for serious and lifelong health problems. Younger African American and Latino respondents struggled with school and work. They were involved in drug dealing and gun violence concentrated in the poor minority neighborhoods of Boston's inner city. Their poverty was rooted in deficits of economic opportunity, stemming from the failures of the school system and a labor market that offered few jobs to young men without high school diplomas. The incarceration we observed was racialized, but less by overt discrimination in the criminal justice system than woven into the structure of institutions and urban geography. Racial inequality embedded in the history of a city and the structure of its economy makes the challenge of racial justice no less urgent but more difficult to resolve.

Through all the different phases of prison release, we witnessed racial inequality, deep poverty, layers of trauma, and human frailty. This is the setting in which America's unique experiment with harsh punishment has come to operate. Although the experiment emerged from a moral analysis that drew a bright line between guilty offenders and the innocent victims on whom they preyed, that reality is hard to find when the social contexts of incarceration are closely examined. Instead, we find failures of social policy and support stacked upon communities that live with daily violence on the streets and at home. The moral analysis, like some of the academic research, imports assumptions from middle-class life, in which a basic level of order and security prevails. In reality, in the social spaces in which incarceration operates, life is chaotic, most residents are poor, and victims and

offenders are frequently one and the same. In these social spaces, large doses of punishment do little to promote the social solidarity on which a robust public safety is built, and the problem of criminal justice becomes fundamentally a problem of social justice. How can families and communities that, through their deep social and economic marginality, have enjoyed something less than full membership in American society be drawn into the social compact?

Thus, in chapter 11, we confront the ethics of mass incarceration and look at how we might move forward in politics and public policy. The challenge is twofold: to find a socially integrative response to violence under harsh conditions of poverty and racial inequality, and to find justice. Here, justice means a level of fairness that acknowledges not only the harms suffered through crime but also the harms to those who, through poverty and racial minority, have historically been denied the full extent of their humanity by mass incarceration.